



Critical Illness Insurance

Help minimize the financial stress that may follow the diagnosis of a serious illness

What is it?

Critical Illness Insurance pays a lump-sum benefit if you are diagnosed with a covered illness or condition. Critical Illness Insurance is a limited benefit policy. It is not health insurance and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

What conditions does it cover?

Unless noted, your payment will be at 100% of your benefit amount.

- Heart attack*
- Cancer
- Stroke
- Sudden cardiac arrest
- Major organ transplant**
- Coronary artery bypass (50%)
- Carcinoma in situ (25%)
- Type 1 Diabetes
- Transient ischemic attacks (10%)
- Ruptured or dissecting aneurysm (10%)
- Abdominal aortic aneurysm (10%)
- Thoracic aortic aneurysm (10%)
- Open heart surgery for valve replacement or repair (25%)
- Severe burns
- Transcatheter heart valve replacement or repair (10%)
- Coronary angioplasty (10%)
- Implantable/internal cardioverter defibrillator (ICD) placement (25%)
- Pacemaker placement (10%)
- Benign brain tumor
- Skin cancer (10%)
- Bone marrow transplant (25%)
- Stem cell transplant (25%)
- Permanent paralysis
- Loss of sight
- Loss of hearing
- Loss of speech
- Coma
- Multiple Sclerosis
- Amyotrophic lateral sclerosis (ALS)
- Parkinson's Disease
- Advanced Dementia including Alzheimer's disease
- Huntington's disease
- Muscular dystrophy
- Infectious disease (hospitalization requirement) (25%)***
- Addison's disease (10%)
- Myasthenia gravis (50%)
- Systemic lupus erythematosus (SLE) (50%)
- Systemic sclerosis (scleroderma) (10%)

* A sudden cardiac arrest is not in itself considered a heart attack.

** Major organ transplant means the irreversible failure of your heart, lung, pancreas, entire kidney or liver, or any combination thereof, determined by a physician specialized in care of the involved organ.

*** Diagnosis of a severe infectious disease by a Doctor, when a diagnosis occurs on or after the group's coverage effective date; AND Confinement to a Hospital or a transitional facility for 5 or more consecutive days.

Mr. CooperGroup®

Covered conditions for your insured children:

Cerebral palsy, Congenital birth defects, Cystic fibrosis, Down syndrome, Gaucher disease - type II or III, Infantile Tay-Sachs, Niemann-Pick disease, Pompe disease, Sickle cell anemia, Type 1 diabetes, Type IV glycogen storage disease, Zellweger syndrome



Wellness Benefit

Your coverage includes a Wellness Benefit, which will pay you an annual benefit when you and covered family members complete an eligible health screening test. These screenings may include a mental health screening, flu immunization, a mammogram and a routine eye or dental exam.

\$50 for employees, \$50 for spouses, and \$50 per child

For a list of standard exclusions and limitations, please refer to the limitations and exclusions section later in this document. For a complete description of your benefits, along with applicable provisions, conditions on benefit determination, exclusions and limitations, see your certificate of insurance and any riders.

Why should I consider it?



Use your paid benefit for any purpose, such as paying out-of-pocket medical expenses, copays, deductibles, groceries, gas, utilities and more – it's up to you.



Coverage is always guaranteed issue.



You can choose to take this coverage with you if you leave your employer or retire, and you'll be billed at the same rates via direct billing.

Who can be covered and how much coverage can I get?

You have the option to enroll in coverage in the amount(s) below:	
You	Choice of \$10,000, \$20,000, \$30,000, or \$40,000
Your spouse*	100% of the employee amount
Your children*	100% of the employee amount

* Employees must be enrolled in order to elect coverage for eligible spouse and eligible dependent children as defined in the Certificate of Coverage and Riders.

How many times can I receive this benefit?

The Schedule of Benefits includes a list of covered conditions. There is no total maximum benefit amount or limit to the number of payments you may receive for each covered condition under your plan, except for skin cancer.

You may receive a benefit payment for each different diagnosis of a covered condition shown on your Schedule of Benefits. (a definition of "different diagnosis" is provided in the certificate of coverage).

For skin cancer, the benefit is payable up to 1 time per calendar year, 10 times the lifetime maximum limit. Once the maximum for skin cancer has been reached, no further benefits are payable.

How much does it cost?

The table below shows how much you'll pay for Critical Illness Insurance. The premium is deducted directly from your paycheck. Your rates will depend on your age and how much coverage you select. Your rates could increase as you enter into a new age band based on provisions in your certificate of coverage.

Monthly										
Employee: \$40,000 Spouse: \$40,000 Child(ren): \$40,000										
Wellness Included										
Attained		Non-Tobacco User				Attained		Tobacco User		
Age	EE Only	EE+SP	EE+CH	Family	Age	EE Only	EE + SP	EE + CH	Family	
Under 25	\$10.05	\$20.10	\$10.05	\$20.10	Under 25	\$18.05	\$36.10	\$18.05	\$36.10	
25-29	\$12.45	\$24.90	\$12.45	\$24.90	25 - 29	\$21.25	\$42.50	\$21.25	\$42.50	
30-34	\$16.05	\$32.10	\$16.05	\$32.10	30 - 34	\$26.05	\$52.10	\$26.05	\$52.10	
35-39	\$21.25	\$42.50	\$21.25	\$42.50	35 - 39	\$34.05	\$68.10	\$34.05	\$68.10	
40-44	\$30.85	\$61.70	\$30.85	\$61.70	40 - 44	\$50.05	\$100.10	\$50.05	\$100.10	
45-49	\$38.05	\$76.10	\$38.05	\$76.10	45 - 49	\$61.65	\$123.30	\$61.65	\$123.30	
50-54	\$48.45	\$96.90	\$48.45	\$96.90	50 - 54	\$79.65	\$159.30	\$79.65	\$159.30	
55-59	\$59.65	\$119.30	\$59.65	\$119.30	55 - 59	\$97.25	\$194.50	\$97.25	\$194.50	
60-64	\$70.85	\$141.70	\$70.85	\$141.70	60 - 64	\$116.05	\$232.10	\$116.05	\$232.10	
65-69	\$90.85	\$181.70	\$90.85	\$181.70	65 - 69	\$149.25	\$298.50	\$149.25	\$298.50	
70+	\$125.25	\$250.50	\$125.25	\$250.50	70 +	\$205.25	\$410.50	\$205.25	\$410.50	

Monthly Employee: \$30,000 Spouse: \$30,000 Child(ren): \$30,000 Wellness Included										
Attained		Non-Tobacco User				Attained		Tobacco User		
Age	EE Only	EE+SP	EE+CH	Family	Age	EE Only	EE + SP	EE + CH	Family	
Under 25	\$7.85	\$15.70	\$7.85	\$15.70	Under 25	\$13.85	\$27.70	\$13.85	\$27.70	
25-29	\$9.65	\$19.30	\$9.65	\$19.30	25 - 29	\$16.25	\$32.50	\$16.25	\$32.50	
30-34	\$12.35	\$24.70	\$12.35	\$24.70	30 - 34	\$19.85	\$39.70	\$19.85	\$39.70	
35-39	\$16.25	\$32.50	\$16.25	\$32.50	35 - 39	\$25.85	\$51.70	\$25.85	\$51.70	
40-44	\$23.45	\$46.90	\$23.45	\$46.90	40 - 44	\$37.85	\$75.70	\$37.85	\$75.70	
45-49	\$28.85	\$57.70	\$28.85	\$57.70	45 - 49	\$46.55	\$93.10	\$46.55	\$93.10	
50-54	\$36.65	\$73.30	\$36.65	\$73.30	50 - 54	\$60.05	\$120.10	\$60.05	\$120.10	
55-59	\$45.05	\$90.10	\$45.05	\$90.10	55 - 59	\$73.25	\$146.50	\$73.25	\$146.50	
60-64	\$53.45	\$106.90	\$53.45	\$106.90	60 - 64	\$87.35	\$174.70	\$87.35	\$174.70	
65-69	\$68.45	\$136.90	\$68.45	\$136.90	65 - 69	\$112.25	\$224.50	\$112.25	\$224.50	
70+	\$94.25	\$188.50	\$94.25	\$188.50	70 +	\$154.25	\$308.50	\$154.25	\$308.50	

Monthly Employee: \$20,000 Spouse: \$20,000 Child(ren): \$20,000 Wellness Included										
Attained		Non-Tobacco User				Attained		Tobacco User		
Age	EE Only	EE+SP	EE+CH	Family	Age	EE Only	EE + SP	EE + CH	Family	
Under 25	\$5.65	\$11.30	\$5.65	\$11.30	Under 25	\$9.65	\$19.30	\$9.65	\$19.30	
25-29	\$6.85	\$13.70	\$6.85	\$13.70	25 - 29	\$11.25	\$22.50	\$11.25	\$22.50	
30-34	\$8.65	\$17.30	\$8.65	\$17.30	30 - 34	\$13.65	\$27.30	\$13.65	\$27.30	
35-39	\$11.25	\$22.50	\$11.25	\$22.50	35 - 39	\$17.65	\$35.30	\$17.65	\$35.30	
40-44	\$16.05	\$32.10	\$16.05	\$32.10	40 - 44	\$25.65	\$51.30	\$25.65	\$51.30	
45-49	\$19.65	\$39.30	\$19.65	\$39.30	45 - 49	\$31.45	\$62.90	\$31.45	\$62.90	
50-54	\$24.85	\$49.70	\$24.85	\$49.70	50 - 54	\$40.45	\$80.90	\$40.45	\$80.90	
55-59	\$30.45	\$60.90	\$30.45	\$60.90	55 - 59	\$49.25	\$98.50	\$49.25	\$98.50	
60-64	\$36.05	\$72.10	\$36.05	\$72.10	60 - 64	\$58.65	\$117.30	\$58.65	\$117.30	
65-69	\$46.05	\$92.10	\$46.05	\$92.10	65 - 69	\$75.25	\$150.50	\$75.25	\$150.50	
70+	\$63.25	\$126.50	\$63.25	\$126.50	70 +	\$103.25	\$206.50	\$103.25	\$206.50	

Monthly Employee: \$10,000 Spouse: \$10,000 Child(ren): \$10,000 Wellness Included										
Attained		Non-Tobacco User				Attained		Tobacco User		
Age	EE Only	EE+SP	EE+CH	Family	Age	EE Only	EE + SP	EE + CH	Family	
Under 25	\$3.45	\$6.90	\$3.45	\$6.90	Under 25	\$5.45	\$10.90	\$5.45	\$10.90	
25-29	\$4.05	\$8.10	\$4.05	\$8.10	25 - 29	\$6.25	\$12.50	\$6.25	\$12.50	
30-34	\$4.95	\$9.90	\$4.95	\$9.90	30 - 34	\$7.45	\$14.90	\$7.45	\$14.90	
35-39	\$6.25	\$12.50	\$6.25	\$12.50	35 - 39	\$9.45	\$18.90	\$9.45	\$18.90	
40-44	\$8.65	\$17.30	\$8.65	\$17.30	40 - 44	\$13.45	\$26.90	\$13.45	\$26.90	
45-49	\$10.45	\$20.90	\$10.45	\$20.90	45 - 49	\$16.35	\$32.70	\$16.35	\$32.70	
50-54	\$13.05	\$26.10	\$13.05	\$26.10	50 - 54	\$20.85	\$41.70	\$20.85	\$41.70	
55-59	\$15.85	\$31.70	\$15.85	\$31.70	55 - 59	\$25.25	\$50.50	\$25.25	\$50.50	
60-64	\$18.65	\$37.30	\$18.65	\$37.30	60 - 64	\$29.95	\$59.90	\$29.95	\$59.90	
65-69	\$23.65	\$47.30	\$23.65	\$47.30	65 - 69	\$38.25	\$76.50	\$38.25	\$76.50	
70+	\$32.25	\$64.50	\$32.25	\$64.50	70 +	\$52.25	\$104.50	\$52.25	\$104.50	

What else is included?

The benefits below are also included with your coverage. For a complete description of your benefits, along with applicable provisions, conditions on benefit determination, exclusions and limitations, see your certificate of insurance and any riders.

Portability If you are in a situation where your eligibility for benefits is changing, such as reduced hours, termination from employment, or a life event such as divorce, you may want to continue your insurance coverage. Portability allows you to continue your coverage under the same group policy by paying your premiums directly to the insurance company.

Exclusions and limitations

There are no exclusions and limitations.

Questions?

Enrollment instructions will be provided by your employer. If you have additional questions before you enroll, please call:

- Voya Employee Benefits Customer Service at (877) 236-7564

Scan the QR code to visit your Employee Benefits Resource Center to learn more about this benefit and review instructions on how to file a claim after your effective date.

<https://presents.voya.com/EBRC/MrCooper>



This is a summary of benefits only. A complete description of benefits, limitations, exclusions and termination of coverage will be provided in the certificate of insurance and riders. All coverage is subject to the terms and conditions of the group policy. If there is any discrepancy between this document and the group policy documents, the policy documents will govern. To keep coverage in force, premiums are payable up to the date of coverage termination. Critical Illness Insurance is underwritten by ReliaStar Life Insurance Company (Minneapolis, MN), a member of the Voya® family of companies. Policy form #RL-CI4-POL-16; Certificate form #RL-CI4-CERT2-20; Spouse Rider form #RL-CI4-SPR2-20; Children's Rider form #RL-CI4-CHR2-20; Continuation Rider form #RL-CI4-CNT2-20; Absence from Employment Premium Waiver Rider form #RL-CI4-AEPW-20; Wellness Benefit Rider form #RL-CI4-WELL2-20; Waiver of Premium Rider form #RL-CI4-WOP-16; Infectious Condition Additional Benefit Rider form #RL-CI4-ICBR-22; Specified Condition Benefit Rider form #RL-CI4-SCR-23; Benefit Enhancement Rider form #RL-CI4-BER-23; and Additional Services Rider form #RL-CI4-VAS-20. Form numbers, provisions and availability may vary by state and employer's plan.

CI 2.1 Only

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