

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* | • Skin cancer (10%) |
| • Cancer | • Bone marrow transplant (75%) |
| • Stroke | • Stem cell transplant (75%) |
| • Sudden cardiac arrest | • Permanent paralysis |
| • Major organ transplant** | • Loss of sight |
| • Coronary artery bypass | • Loss of hearing |
| • Carcinoma in situ (50%) | • Loss of speech |
| • Type 1 Diabetes | • Coma |
| • Transient ischemic attacks (10%) | • Multiple Sclerosis |
| • Ruptured or dissecting aneurysm (10%) | • Amyotrophic lateral sclerosis (ALS) |
| • Abdominal aortic aneurysm (10%) | • Parkinson's Disease |
| • Thoracic aortic aneurysm (10%) | • Advanced Dementia including Alzheimer's disease |
| • Open heart surgery for valve replacement or repair (25%) | • Huntington's disease |
| • Severe burns | • Muscular dystrophy |
| • Transcatheter heart valve replacement or repair (10%) | • Infectious disease (hospitalization requirement) (25%)*** |
| • Coronary angioplasty (10%) | • Addison's disease (10%) |
| • Implantable/internal cardioverter defibrillator (ICD) placement (25%) | • Myasthenia gravis (50%) |
| • Pacemaker placement (10%) | • Systemic lupus erythematosus (SLE) (50%) |
| • Benign brain tumor | • Systemic sclerosis (scleroderma) (10%) |
| | • Occupational HIV |
| | • Occupational Hepatitis B or C |

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.

\$100 for employees, \$100 for spouses, \$100 per child, per calendar year

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.

* 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.

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

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.

You have the option to enroll in coverage in the amount(s) below:	
You	Choice of \$5,000, \$10,000, or \$20,000
Your spouse*	Choice of \$5,000 or \$10,000 not to exceed 100% of employee benefit
Your children*	Choice of \$5,000 or \$10,000 not to exceed 100% of employee benefit

* 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 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.

Employee Coverage							
Semi-Monthly Rates (24 pay periods)							
Includes Wellness Benefit Rider							
Non-Tobacco User				Tobacco User			
Issue Age	\$5,000	\$10,000	\$20,000	Issue Age	\$5,000	\$10,000	\$20,000
Under 25	\$2.58	\$3.85	\$6.40	Under 25	\$3.38	\$5.45	\$9.60
25-29	\$2.63	\$3.95	\$6.60	25-29	\$3.48	\$5.65	\$10.00
30-34	\$2.78	\$4.25	\$7.20	30-34	\$3.75	\$6.20	\$11.10
35-39	\$3.18	\$5.05	\$8.80	35-39	\$4.40	\$7.50	\$13.70
40-44	\$3.98	\$6.65	\$12.00	40-44	\$5.70	\$10.10	\$18.90
45-49	\$5.35	\$9.40	\$17.50	45-49	\$7.95	\$14.60	\$27.90
50-54	\$7.20	\$13.10	\$24.90	50-54	\$11.00	\$20.70	\$40.10
55-59	\$9.48	\$17.65	\$34.00	55-59	\$14.78	\$28.25	\$55.20
60-64	\$12.50	\$23.70	\$46.10	60-64	\$19.70	\$38.10	\$74.90
65-69	\$17.23	\$33.15	\$65.00	65-69	\$27.53	\$53.75	\$106.20
70+	\$17.23	\$33.15	\$65.00	70+	\$27.53	\$53.75	\$106.20

Spouse Coverage Semi-Monthly Rates (24 pay periods) Includes Wellness Benefit Rider					
Non-Tobacco User			Tobacco User		
Issue Age	\$5,000	\$10,000	Issue Age	\$5,000	\$10,000
Under 25	\$3.03	\$4.75	Under 25	\$4.13	\$6.95
25-29	\$3.10	\$4.90	25-29	\$4.25	\$7.20
30-34	\$3.38	\$5.45	30-34	\$4.73	\$8.15
35-39	\$3.88	\$6.45	35-39	\$5.55	\$9.80
40-44	\$5.05	\$8.80	40-44	\$7.48	\$13.65
45-49	\$6.88	\$12.45	45-49	\$10.48	\$19.65
50-54	\$9.45	\$17.60	50-54	\$14.70	\$28.10
55-59	\$12.45	\$23.60	55-59	\$19.63	\$37.95
60-64	\$16.30	\$31.30	60-64	\$25.98	\$50.65
65-69	\$21.43	\$41.55	65-69	\$34.43	\$67.55
70+	\$21.43	\$41.55	70+	\$34.43	\$67.55

Children Coverage Semi-Monthly Rates (24 pay periods) Includes Wellness Benefit Rider	
Coverage Amount	Rate
\$5,000	\$3.78
\$10,000	\$7.55

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.

Specified Conditions Rider For Mental Illness and Neurodevelopmental Disorders provides you a benefit if you are diagnosed with and/or confined* to a facility for covered specified conditions, such as a depressive disorder or Autism Spectrum Disorder on or after your coverage effective date. Those who are covered under the Critical Illness Insurance policy are able to receive this benefit.

*Confined or Confinement means that on the advice of a Health Care Provider, your assignment to a bed as a resident inpatient in a Hospital, Rehabilitation Facility or Transitional Care Facility. Being admitted to an Observation Unit for 20 hours or more also meets the definition of Confined or Confinement. There must be a charge for room and board for the Confinement, other than in any government, military or veterans' facility or Observation Unit.

Benefit Enhancement Rider increases the benefit amount of a covered Critical Illness and Additional Benefits as shown on the base certificate. This benefit applies to you and your covered spouse and children.

Infectious Condition Additional Benefit Rider If you are diagnosed with a covered infectious condition, this pays a benefit amount of \$100. If you are hospitalized with a covered infectious condition and there is a room & board charge for that hospitalization, this pays a benefit amount of \$2,000. Confinement also includes assignment to an observation unit in a Hospital for at least 20 consecutive hours.

A benefit is payable up to a maximum of 3 times per Covered Person per Calendar year.

Continuation of Insurance allows you to maintain your current Critical Illness Insurance coverage for yourself, your spouse and children during an employer-approved leave of absence.

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

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/BibbCountyPublicSchools>

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

Date Prepared: 08/19/2025

©2024 Voya Services Company. All rights reserved. CN3849802_0926

3693671_091524