

## Critical Illness Insurance: Effective 1/1/25

# 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. 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 (100%)
- Carcinoma in situ (50%)
- Type 1 Diabetes
- Transient ischemic attacks (10%)
- Ruptured or dissecting aneurysm (10%)
- Severe burns
- Abdominal aortic aneurysm (10%)
- Thoracic aortic aneurysm (10%)
- Open heart surgery for valve replacement or repair (25%)
- Transcatheter heart valve replacement or repair (10%)
- Coronary angioplasty (10%)
- Pacemaker placement (10%)
- Benign brain tumor
- Skin cancer (10%)
- Bone marrow transplant
- Stem cell transplant
- Permanent paralysis
- Loss of sight, speech or hearing
- Coma
- Multiple sclerosis
- Amyotrophic lateral sclerosis (ALS)
- Parkinson's Disease
- Advanced Dementia
- Muscular dystrophy (50%)
- Infectious disease- COVID-19: \$100/annual benefit
- Infectious disease (hospitalization requirement) (25%)\*\*\*
- Addison's disease (10%)
- Myasthenia gravis (50%)
- Systemic lupus erythematosus (SLE) (50%)
- Systemic sclerosis (scleroderma) (10%)
- Occupational HIV or Hepatitis B or C



### Wellness Benefit

Critical Illness coverage includes a Wellness Benefit, which will pay you and covered family members an annual benefit if you 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.

The Wellness Benefit is \$50 for employee, \$50 for spouse/partner and \$50 per child per policy calendar year.

### 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

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.



Your coverage goes with you if you leave your employer or retire, and you'll be billed at the same rates via direct billing by the insurance company.

\* 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.

You have the option to enroll in additional supplemental coverage in the amount(s) below.

|  |          |
|--|----------|
| <b>You</b>                               | \$10,000 |
| <b>Your spouse/partner<sup>1,2</sup></b> | \$5,000  |
| <b>Your children<sup>1,3</sup></b>       | \$5,000  |

<sup>1</sup> Coverage is available only if employee coverage is elected.

<sup>2</sup> The use of "spouse" in this document means a person insured as a spouse/domestic partner as described in the certificate of insurance or rider.

<sup>3</sup> Children birth to age 26 and as defined by your employer's plan. Coverage is available only if employee coverage is elected.

## 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 times per calendar year with a total benefit amount of 10 skin cancer occurrences. Once the maximum for skin cancer has been reached, no further benefits are payable.

## 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.

**Waiver of premium rider** If you aren't working because you are totally disabled, you will still be covered under your Critical Illness Insurance without paying premiums for a determined period of time. A waiting period of total disability may apply before premiums are waived. Only premiums for employee coverage will be waived; all other coverage will terminate.

**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, bi-polar disorder or Autism Spectrum Disorder level 3 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.

**Infectious Condition Additional Benefit Rider** If you are diagnosed with COVID-19\* this pays a benefit. If you are hospitalized with COVID-19\* and there is a room & board charge for that hospitalization, this pays a benefit. 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 1 time[s] per Covered Person per Calendar year.

\*A COVID-19 diagnosis must be confirmed by a medical professional.

**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.

## Additional Benefits

Lodging Benefit: \$100 per day, up to 30 days per critical illness

Transportation Benefit: \$100 per day, up to 3 trips per critical illness

## 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. If your rates are "attained age" that means that the rates will go up based on your age each policy year.

| Monthly            |         |         |                 |              |                     |         |         |
|--------------------|---------|---------|-----------------|--------------|---------------------|---------|---------|
| Employee: \$10,000 |         |         | Spouse: \$5,000 |              | Child(ren): \$5,000 |         |         |
| Non-Tobacco User   |         |         |                 | Tobacco User |                     |         |         |
| Issue Age          | EE Only | EE+1    | Family          | Issue Age    | EE Only             | EE+1    | FAMILY  |
| Under 26           | \$2.60  | \$3.80  | \$5.00          | Under 26     | \$3.80              | \$5.55  | \$7.30  |
| 26-30              | \$3.90  | \$5.65  | \$7.40          | 26-30        | \$5.50              | \$7.95  | \$10.40 |
| 31-35              | \$5.80  | \$8.15  | \$10.50         | 31-35        | \$7.60              | \$10.85 | \$14.10 |
| 36-40              | \$7.00  | \$10.25 | \$13.50         | 36-40        | \$11.80             | \$16.70 | \$21.60 |
| 41-45              | \$10.90 | \$14.45 | \$18.00         | 41-45        | \$17.90             | \$24.50 | \$31.10 |
| 46-50              | \$14.80 | \$19.75 | \$24.70         | 46-50        | \$22.10             | \$29.85 | \$37.60 |
| 51-55              | \$17.10 | \$24.35 | \$31.60         | 51-55        | \$25.90             | \$37.80 | \$49.70 |
| 56-60              | \$20.30 | \$28.90 | \$37.50         | 56-60        | \$33.10             | \$46.95 | \$60.80 |
| 61-65              | \$26.80 | \$37.90 | \$49.00         | 61-65        | \$35.40             | \$52.10 | \$68.80 |
| 66-70              | \$31.10 | \$44.60 | \$58.10         | 66-70        | \$38.90             | \$57.25 | \$75.60 |
| 71+                | \$36.00 | \$53.55 | \$71.10         | 71+          | \$42.10             | \$62.30 | \$82.50 |

## Questions?

If you have additional questions, please call:

- Voya Employee Benefits Customer Service at (877) 236-7564
- or go to <https://presents.voya.com/EBRC/KimberlyClarkCorporation>

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

For the employees of Kimberly-Clark Corporation

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