



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.

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

* 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 for 5 or more consecutive days or in a transitional facility for 14 or more consecutive days.



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 members, \$100 for spouses, and \$50 per child, with a maximum of \$200 payable for all children per policy 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 by the insurance company.

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

You have the option to enroll for coverage in the amount(s) below:

You	\$5,000-\$30,000 in \$5,000 increments
Your spouse*	\$5,000-\$15,000 in \$5,000 increments
Your children*	\$1,000, \$2,500, \$5,000 or \$10,000

* Members 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. Your rates will depend on your age and how much coverage you select. Your rates could increase as you enter into a new age range based on provisions in your certificate of coverage.

How many times can I receive this benefit?

The Schedule of Benefits includes a list of covered conditions, and each condition has a total maximum benefit amount.

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).

The total maximum benefit amount for each condition is 1-3 times the benefit amount you're enrolled in. Once this maximum for each covered condition has been reached, no further benefits are payable for that covered condition.

Member Coverage Annual Rates Includes Wellness Benefit Rider						
Attained Age	Coverage Amounts					
	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000
Under 25	\$ 39.60	\$ 79.20	\$ 118.80	\$ 158.40	\$ 198.00	\$ 237.60
25 - 29	\$ 39.60	\$ 79.20	\$ 118.80	\$ 158.40	\$ 198.00	\$ 237.60
30 - 34	\$ 44.40	\$ 88.80	\$ 133.20	\$ 177.60	\$ 222.00	\$ 266.40
35 - 39	\$ 44.40	\$ 88.80	\$ 133.20	\$ 177.60	\$ 222.00	\$ 266.40
40 - 44	\$ 75.60	\$ 151.20	\$ 226.80	\$ 302.40	\$ 378.00	\$ 453.60
45 - 49	\$ 75.60	\$ 151.20	\$ 226.80	\$ 302.40	\$ 378.00	\$ 453.60
50 - 54	\$163.80	\$ 327.60	\$ 491.40	\$ 655.20	\$ 819.00	\$ 982.80
55 - 59	\$163.80	\$ 327.60	\$ 491.40	\$ 655.20	\$ 819.00	\$ 982.80
60 - 64	\$263.40	\$ 526.80	\$ 790.20	\$1,053.60	\$1,317.00	\$1,580.40
65 - 69	\$337.80	\$ 675.60	\$1,013.40	\$1,351.20	\$1,689.00	\$2,026.80
70 +	\$454.80	\$ 909.60	\$1,364.40	\$1,819.20	\$2,274.00	\$2,728.80

Spouse Coverage Annual Rates Includes Wellness Benefit Rider			
Attained Age	Coverage Amounts		
	\$5,000	\$10,000	\$15,000
Under 25	\$ 37.20	\$ 74.40	\$ 111.60
25 - 29	\$ 37.20	\$ 74.40	\$ 111.60
30 - 34	\$ 44.40	\$ 88.80	\$ 133.20
35 - 39	\$ 44.40	\$ 88.80	\$ 133.20
40 - 44	\$ 78.00	\$ 156.00	\$ 234.00
45 - 49	\$ 78.00	\$ 156.00	\$ 234.00
50 - 54	\$151.20	\$ 302.40	\$ 453.60
55 - 59	\$151.20	\$ 302.40	\$ 453.60
60 - 64	\$225.00	\$ 450.00	\$ 675.00
65 - 69	\$290.40	\$ 580.80	\$ 871.20
70 +	\$385.80	\$ 771.60	\$1,157.40

Children Coverage Annual Rates Includes Wellness Benefit Rider		
Coverage Amount		Rate
\$	1,000	\$ 5.40
\$	2,500	\$ 13.56
\$	5,000	\$ 27.00
\$	10,000	\$ 54.00

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

Exclusions and Limitations for the Certificate, Spouse Critical Illness Insurance Rider, and Children's Critical Illness Insurance Rider are listed below. (These may vary by state.) For a complete description of your available benefits, exclusions, and limitations, see your certificate of insurance and any riders.

Age Reductions

The member's and spouse's critical illness benefit amount, and total maximum benefit amount will reduce to 50% on their 70th birthday. Premiums do not reduce.



Questions?

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

- ALPA's Member Insurance Team at (888) 359-2572, Option 3, Option 4 or email Insurance@alpa.org.
- Visit your Member Benefits Resource Center to learn more about this benefit and review instructions on how to file after your effective date. <https://presents.voya.com/EBRC/ALPA>

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-CERT-16; Spouse Critical Illness Rider form #RL-CI4-SPR-16; Children's Critical Illness Rider form #RL-CI4-CHR-16; Wellness Benefit Rider form #RL-CI4-WELL-16; and Additional Services Rider form #RL-CI4-ASPR-23. Form numbers, provisions and availability may vary by state and group's plan.

CI 2.0 Only

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