

# Critical Illness Insurance

Explore Your Benefits & Costs



Group Number: 738492

**FLEXIBLE**  
BENEFITS  
**FOR YOU**



**There are more than just medical bills to pay after a heart attack, stroke, or other unexpected covered medical condition. Critical Illness Insurance provides a benefit payment that can help.**

This document includes cost and benefit information for Critical Illness Insurance. As you explore, keep in mind:



Coverage is always  
Guaranteed Issue.



Simplified claims process has  
limited paperwork and can be  
submitted/tracked online.



Benefit payments go directly to  
you. Use them however you'd  
like!

Critical Illness Insurance pays a lump-sum benefit if you are diagnosed with a covered illness or condition on or after your coverage effective date. Critical Illness Insurance doesn't replace your medical coverage; instead, it complements it. **The benefit payments don't go out to pay for medical bills or treatments you may need; instead they come in—directly to you—to be used however you'd like.** Choose this supplemental coverage to help lessen the financial impact of a covered illness.

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.

## When is my coverage effective?

If you elect coverage during Open Enrollment, it becomes effective on January 1, 2027. Coverage for your spouse and/or children becomes effective on the same date as yours.

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

## How much coverage is available?

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

|               | Coverage Amount                                                                                                           |
|---------------|---------------------------------------------------------------------------------------------------------------------------|
| For you       | Choice of \$5,000, \$10,000, \$20,000 or \$30,000                                                                         |
| Your spouse   | Choice of \$5,000, \$10,000, \$20,000 or \$30,000<br><i>Spouse coverage may not exceed the Employee's elected amount.</i> |
| Your children | Choice of \$5,000, \$10,000, or \$15,000<br><i>Child coverage may not exceed the Employee's elected amount.</i>           |

## What's covered by Critical Illness Insurance?

Critical Illness Insurance provides a benefit payment for the diagnosis of a covered illness or condition such as:



**Heart attack\***



**Cancer**



**Stroke**



**Coronary artery  
bypass**



**Major organ  
transplant\*\***

## Sample benefit amounts

Benefits are payable at 100% of the Critical Illness benefit amount shown above unless otherwise stated. Use your benefit payment however you'd like.

| Covered Condition         | % of Benefit |
|---------------------------|--------------|
| Heart attack*             | 100%         |
| Cancer                    | 100%         |
| Stroke                    | 100%         |
| Major organ transplant ** | 100%         |
| Coronary artery bypass    | 25%          |

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

\*\*Listed in the certificate of coverage as "major organ transplant," which 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.

**This is only a preview of the benefits available to you.**

**See the full Schedule of Benefits toward the end of this document.**

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## How much does Critical Illness Insurance cost?

The table below shows how much you'll pay for Critical Illness Insurance. Rates are dependent on your age and amount of coverage selected.

| Employee Coverage          |         |          |          |          |
|----------------------------|---------|----------|----------|----------|
| Monthly Rates <sup>1</sup> |         |          |          |          |
| Issue Age                  | \$5,000 | \$10,000 | \$20,000 | \$30,000 |
| Under 30                   | \$2.63  | \$4.03   | \$6.83   | \$9.63   |
| 30-39                      | \$3.83  | \$6.43   | \$11.63  | \$16.83  |
| 40-49                      | \$7.08  | \$12.93  | \$24.63  | \$36.33  |
| 50-59                      | \$11.23 | \$21.23  | \$41.23  | \$61.23  |
| 60-64                      | \$17.33 | \$33.43  | \$65.63  | \$97.83  |
| 65-69                      | \$17.33 | \$33.43  | \$65.63  | \$97.83  |
| 70+                        | \$17.33 | \$33.43  | \$65.63  | \$97.83  |

| Spouse Coverage <sup>2</sup> |         |          |          |          |
|------------------------------|---------|----------|----------|----------|
| Monthly Rates <sup>1</sup>   |         |          |          |          |
| Issue Age                    | \$5,000 | \$10,000 | \$20,000 | \$30,000 |
| Under 30                     | \$2.63  | \$4.03   | \$6.83   | \$9.63   |
| 30-39                        | \$3.83  | \$6.43   | \$11.63  | \$16.83  |
| 40-49                        | \$7.08  | \$12.93  | \$24.63  | \$36.33  |
| 50-59                        | \$11.23 | \$21.23  | \$41.23  | \$61.23  |
| 60-64                        | \$17.33 | \$33.43  | \$65.63  | \$97.83  |
| 65-69                        | \$17.33 | \$33.43  | \$65.63  | \$97.83  |
| 70+                          | \$17.33 | \$33.43  | \$65.63  | \$97.83  |

| Children Coverage <sup>3</sup> |        |
|--------------------------------|--------|
| Monthly Rates <sup>1</sup>     |        |
| Coverage Amount                | Rate   |
| \$5,000                        | \$1.00 |
| \$10,000                       | \$2.00 |
| \$15,000                       | \$3.00 |

<sup>1</sup>Rates do not include any administrative fee.

<sup>2</sup>Spouse" may include domestic partners or civil union partners as defined by your employer's plan.

<sup>3</sup>Children birth to age 26; no limit to the number of children per family.

## Schedule of Benefits

The tables on the following pages present a more detailed list of the conditions covered under Critical Illness Insurance. Please note that the covered condition/diagnosis must happen on or after your coverage effective date. Benefits are payable at 100% of the Critical Illness benefit amount unless otherwise stated. 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 coverage and any applicable riders.

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PLAN | INVEST | PROTECT



| Covered Condition                                                                          | % of Benefit |
|--------------------------------------------------------------------------------------------|--------------|
| Heart attack*                                                                              | 100%         |
| Cancer                                                                                     | 100%         |
| Stroke                                                                                     | 100%         |
| Major organ transplant (includes Major Organ Failure & End Stage Renal (Kidney) Failure)** | 100%         |
| Coronary artery bypass                                                                     | 25%          |
| Carcinoma in situ                                                                          | 25%          |
| Severe burns                                                                               | 100%         |
| Benign brain tumor                                                                         | 100%         |
| Skin cancer                                                                                | \$250        |
| Permanent paralysis                                                                        | 100%         |
| Loss of sight                                                                              | 100%         |
| Loss of hearing                                                                            | 100%         |
| Loss of speech                                                                             | 100%         |
| Coma                                                                                       | 100%         |
| Multiple sclerosis                                                                         | 100%         |
| Amyotrophic lateral sclerosis (ALS)                                                        | 100%         |
| Parkinson's disease                                                                        | 100%         |
| Advanced dementia, including Alzheimer's disease                                           | 25%          |
| Huntington's disease                                                                       | 25%          |
| Muscular dystrophy                                                                         | 25%          |
| Infectious disease (hospitalization requirement)***                                        | 25%          |
| Myasthenia gravis                                                                          | 25%          |
| Systemic lupus erythematosus (SLE)                                                         | 25%          |
| Systemic sclerosis (scleroderma)                                                           | 25%          |

## Benefits for insured children

In addition to the covered conditions mentioned above, coverage for your insured children includes:

| Covered Condition        | % of Benefit |
|--------------------------|--------------|
| Cerebral palsy           | 100%         |
| Congenital birth defects | 100%         |
| Cystic fibrosis          | 100%         |
| Down syndrome            | 100%         |
| Sickle cell anemia       | 25%          |

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## Additional benefits

In addition to the covered conditions mentioned above, the benefits listed below are also included with your Critical Illness coverage.

| Benefit Type    | Benefit Amount                                    |
|-----------------|---------------------------------------------------|
| Lodging benefit | \$200 per day, up to 30 days per critical illness |

\* 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.

\*\*\* Infectious Disease means a diagnosis of an infectious disease by a doctor when a diagnosis occurs on or after the group's coverage effective date; and individual is confined to a hospital for 5 or more consecutive days. Infectious Diseases include but are not limited to: Polio; Rabies; Meningitis; Lyme Disease; Bovine spongiform encephalopathy (Mad Cow Disease); Flesh eating bacteria; Methicillin-resistant Staphylococcus aureus (MRSA); Sepsis; Tuberculosis; Bacterial pneumonia; Diphtheria; Encephalitis; Legionnaire's Disease; Malaria; Necrotizing Fasciitis; Osteomyelitis; Tetanus; Ebola Virus Disease; and Coronavirus.

## Multiple benefit payments

You may receive a lump-sum benefit payment for each covered condition. With the exception of skin cancer, there is no limit to the number of payments you may receive for each covered condition under your plan. Additional details are provided in the certificate of coverage.

## What else is included?

The Critical Illness Insurance available through your employer includes the following additional benefits. For a complete description of your benefits, along with applicable provisions, conditions on benefit determination, exclusions and limitations, see your certificate of coverage.

|                                                                                     |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|-------------------------------------------------------------------------------------|-------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  | <b>Receive \$100 to use however you'd like!</b> | <b>Wellness Benefit</b><br>The Wellness Benefit provides an annual benefit if you complete a covered health screening test, whether or not there is any out-of-pocket cost to you. <ul style="list-style-type: none"><li>Employee's benefit amount is \$100.</li><li>Spouse's benefit amount is \$100.</li><li>Children receive 100% of your benefit amount per child with no annual maximum</li></ul>                                       |
|  | <b>Continue coverage at no cost to you!</b>     | <b>Waiver of Premium</b><br>If you aren't working because you are totally disabled, Waiver of Premium allows you to keep your Critical Illness Insurance coverage for a period of time without paying premiums. You may need to complete a waiting period of total disability before premiums are waived, during which time premiums need to be paid. Only premiums for employee coverage will be waived; all other coverage will terminate. |



### Take your coverage with you!

#### 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 vary by state and by your employer's plan. Please review your certificate of coverage for details.



### Questions?

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

- For questions related to enrollment you can call the **GaBreeze Benefits Center** at 877-342-7339
- For questions related to the Voya products you can call the **Voya Employee Benefits Customer Service** at 844-262-6042 or visit Voya's Employee Benefit Resource Center at <https://presents.voya.com/EBRC/stateofgeorgia>

**Please Note:** You are responsible for electing the benefits you want by either:

- Entering elections on the GaBreeze website, [www.GaBreeze.ga.gov](http://www.GaBreeze.ga.gov), or
- Calling the GaBreeze Benefits Center at 877-342-7339

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; 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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