Group Name: Lineage Logistics
Group Number: 72224-3
Benefit Enhancements effective 7/1/26



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
- Major organ transplant**
- Coronary artery bypass (50%)
- Carcinoma in situ (50%)
- Sudden Cardiac Arrest
- 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
- Stem cell transplant
- Permanent paralysis
- Loss of sight, speech or hearing
- Coma
- Multiple sclerosis
- Amyotrophic lateral sclerosis (ALS)
- Parkinson's Disease
- Advanced Dementia, including Alzheimer's disease
- Huntington's disease (Huntington's Chorea)
- Muscular dystrophy
- Infectious disease (hospitalization requirement) (25%)***
- Addison's disease (10%)
- Myasthenia gravis (50%)
- Systemic lupus erythematosus (SLE) (50%)
- Systemic sclerosis (scleroderma) (10%)

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.
- 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.

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

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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 or $20,000
Your spouse*	100% of employee benefit
Your children*	50% 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 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, 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.

Employee Coverage
Monthly Rates
Child Rate Embedded

Non-Tobacco User			Tobacco User		
Attained Age	**$10,000**	**$20,000**	**Attained Age**	**$10,000**	**$20,000**
Under 30	$2.30	$4.60	Under 30	$4.20	$8.40
30-39	$2.80	$5.60	30-39	$4.80	$9.60
40-49	$7.10	$14.20	40-49	$11.90	$23.80
50-59	$13.50	$27.00	50-59	$22.20	$44.40
60-64	$19.40	$38.80	60-64	$31.00	$62.00
65-69	$19.40	$38.80	65-69	$31.00	$62.00
70+	$26.20	$52.40	70+	$42.10	$84.20

Spouse Coverage*
Monthly Rates

Non-Tobacco User			Tobacco User		
Attained Age	**$10,000**	**$20,000**	**Attained Age**	**$10,000**	**$20,000**
Under 30	$2.30	$4.60	Under 30	$4.20	$8.40
30-39	$2.80	$5.60	30-39	$4.80	$9.60
40-49	$7.10	$14.20	40-49	$11.90	$23.80
50-59	$13.50	$27.00	50-59	$22.20	$44.40
60-64	$19.40	$38.80	60-64	$31.00	$62.00
65-69	$19.40	$38.80	65-69	$31.00	$62.00
70+	$26.20	$52.40	70+	$42.10	$84.20

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 level 1-3 on or after your coverage effective date. Those who are covered under the Critical Illness Insurance policy are able to receive this benefit.

Annual Maximum: payable one time per covered person per calendar year.

Total Maximum: payable 2 times per covered person's lifetime.

Exception: A Diagnosis of Autism Spectrum Disorder Level 3 or Autism Spectrum Disorder Level 2 or Autism Spectrum Disorder Level 1 does not count toward the annual maximum; each level is only payable once per a Covered Person's lifetime.

*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.

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, 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/LineageLogisticsHoldings

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; Waiver of Premium Rider form #RL-CI4-WOP-16; and Infectious Condition Additional Benefit Rider form #RL-CI4-ICBR-22; Continuation of Insurance Rider form #RL-CI4-CNT-16; Benefit Enhancement Rider form #RL-CI4-BER-23; Specified Conditions Rider form #RL-CI4-SCR-23; and Additional Services Rider form #RL-CI4-ASPR-23. Form numbers, provisions and availability may vary by state and employer's plan.

CI 2.0 Only

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