

## 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
- Sudden cardiac arrest
- Major organ transplant\*\*
- Coronary artery bypass (50%)
- Carcinoma in situ (25%)
- Type 1 Diabetes
- Transient ischemic attacks (10%)
- Ruptured or dissecting aneurysm (10%)
- Abdominal and Thoracic Aortic Aneurysm (10%)
- Open Heart Surgery for Valve Replacement or Repair (25%)
- Transcatheter Heart Valve Replacement or Repair (10%)
- Severe burns
- Coronary Angioplasty (10%)
- Implantable (or Internal) Cardioverter Defibrillator (ICD) Placement (25%)
- Pacemaker placement (10%)
- Benign brain tumor
- Skin cancer (25%)
- Bone marrow and stem cell transplant (25%)
- Permanent paralysis
- Loss of sight, speech or hearing
- Coma
- Multiple Sclerosis
- Amyotrophic lateral sclerosis (ALS)
- Parkinson's Disease
- Advanced Dementia
- Muscular dystrophy
- Huntington's Disease
- 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

### 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, Type IV Glycogen Storage Disease, Sickle Cell Anemia, Type I Diabetes, Zellweger Syndrome.

\* 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.



### Wellness Benefit

Your 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.

\$75 for employees, \$75 for spouses, \$75 benefit amount per child, per policy 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.



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.

## Who can be covered?

All active employees working 20+ hours per week.

|                       |                      |
|-----------------------|----------------------|
| <b>You</b>            | \$15,000 or \$30,000 |
| <b>Your spouse*</b>   | \$15,000 or \$30,000 |
| <b>Your children*</b> | \$7,500 – \$15,000   |

\* The use of “spouse” in this document means a person insured as a spouse as described in the certificate of insurance or rider.

Please contact your employer for more information.

\*\* Children birth to age 26 and as defined by your employer's plan. Coverage is available only if employee coverage is elected.

## When is my coverage effective?

### January 1 following date of enrollment

The coverage effective date is the date you are eligible to begin filing claims. The diagnosis of the covered condition must occur on or after the coverage effective date.

Your coverage becomes effective on January 1 following the election of coverage. Coverage for your spouse and/or children becomes effective on the same date as your coverage.

For new hires, after the initial enrollment period, please refer to the certificate of insurance to learn when your coverage will become effective

## 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.

| <b>Monthly (Low Plan)</b><br><b>Employee: \$15,000 Spouse: \$15,000</b><br><b>Child(ren): \$7,500</b><br><b>Wellness Included</b> |         |          |         |          |
|-----------------------------------------------------------------------------------------------------------------------------------|---------|----------|---------|----------|
| Attained Age                                                                                                                      | EE only | EE+SP    | EE+CH   | Family   |
| Under 25                                                                                                                          | \$5.92  | \$13.79  | \$8.25  | \$16.12  |
| 25 - 29                                                                                                                           | \$6.22  | \$14.54  | \$8.55  | \$16.87  |
| 30 - 34                                                                                                                           | \$6.82  | \$15.74  | \$9.15  | \$18.07  |
| 35 - 39                                                                                                                           | \$8.02  | \$18.14  | \$10.35 | \$20.47  |
| 40 - 44                                                                                                                           | \$10.57 | \$23.99  | \$12.90 | \$26.32  |
| 45 - 49                                                                                                                           | \$15.67 | \$36.74  | \$18.00 | \$39.07  |
| 50 - 54                                                                                                                           | \$23.17 | \$56.54  | \$25.50 | \$58.87  |
| 55 - 59                                                                                                                           | \$35.77 | \$88.64  | \$38.10 | \$90.97  |
| 60 - 64                                                                                                                           | \$50.17 | \$125.09 | \$52.50 | \$127.42 |
| 65 - 69                                                                                                                           | \$66.82 | \$165.74 | \$69.15 | \$168.07 |
| 70 +                                                                                                                              | \$92.77 | \$222.44 | \$95.10 | \$224.77 |

| <b>Monthly (High Plan)</b><br><b>Employee: \$30,000 Spouse: \$30,000</b><br><b>Child(ren): \$15,000</b><br><b>Wellness Included</b> |          |          |          |          |
|-------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|
| Attained Age                                                                                                                        | EE only  | EE+SP    | EE+CH    | Family   |
| Under 25                                                                                                                            | \$9.97   | \$23.84  | \$14.62  | \$28.49  |
| 25 - 29                                                                                                                             | \$10.57  | \$25.34  | \$15.22  | \$29.99  |
| 30 - 34                                                                                                                             | \$11.77  | \$27.74  | \$16.42  | \$32.39  |
| 35 - 39                                                                                                                             | \$14.17  | \$32.54  | \$18.82  | \$37.19  |
| 40 - 44                                                                                                                             | \$19.27  | \$44.24  | \$23.92  | \$48.89  |
| 45 - 49                                                                                                                             | \$29.47  | \$69.74  | \$34.12  | \$74.39  |
| 50 - 54                                                                                                                             | \$44.47  | \$109.34 | \$49.12  | \$113.99 |
| 55 - 59                                                                                                                             | \$69.67  | \$173.54 | \$74.32  | \$178.19 |
| 60 - 64                                                                                                                             | \$98.47  | \$246.44 | \$103.12 | \$251.09 |
| 65 - 69                                                                                                                             | \$131.77 | \$327.74 | \$136.42 | \$332.39 |
| 70 +                                                                                                                                | \$183.67 | \$441.14 | \$188.32 | \$445.79 |

## 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.

**Infectious Condition Additional Benefit Rider** If you are diagnosed with a covered infectious condition\* this pays a benefit 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 of \$1,000. 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 1 time per Covered Person per Calendar year.

\*Infectious Condition: Bacterial pneumonia, COVID-19, Legionnaire's Disease, Methicillin-resistant Staphylococcus aureus (MRSA), and Sepsis. 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.

## What do you mean by different diagnosis?

To be eligible for a benefit payment, the diagnosis must be a “different diagnosis” than any previously diagnosed illness or condition. This can mean any of the following:

- An insured person has a diagnosis of a covered critical illness that is different from a previously diagnosed illness or condition. A cancer that has spread to a different area of the body is not a different illness/condition than the previously diagnosed cancer.
- An insured person receives a subsequent diagnosis of a covered critical illness that is for the same illness or condition\* as a critical illness for which benefits were payable under the critical illness insurance policy. The subsequent diagnosis must occur more than 12 months after the date of the previous diagnosis.
- An insured person receives a subsequent diagnosis of a covered critical illness that is for the same illness or condition\* as an illness/condition previously diagnosed prior to his/her coverage effective date under the critical illness insurance policy. The subsequent diagnosis must occur more than 12 months after the date of the previous diagnosis.

\*Including a cancer that has spread to a different area of the body

## How many times can I receive this benefit?

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).

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.

For skin cancer, the benefit is payable up to 1 times per calendar year with a total benefit amount of 10 times the benefit amount you're enrolled in. Once the maximum for skin cancer has been reached, no further benefits are payable.

## 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.) Benefits are not payable or are reduced for any loss based on the following provisions. 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/BILH2>



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 Beth Israel Lahey Health, Inc.**

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