

# Critical Illness Insurance

Explore Your Benefits & Costs



Group Name: UnityPoint Health  
Group Number: 688941

**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 expanded cost and benefit information for Critical Illness Insurance. As you explore, keep in mind:



Coverage is always guaranteed issue.



Employees get an annual Wellness Benefit of \$50 for completing an eligible health screening test.



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

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 health insurance product for added protection if one of the following covered conditions comes your way.

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.

ReliaStar Life Insurance Company  
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## How much coverage is available?

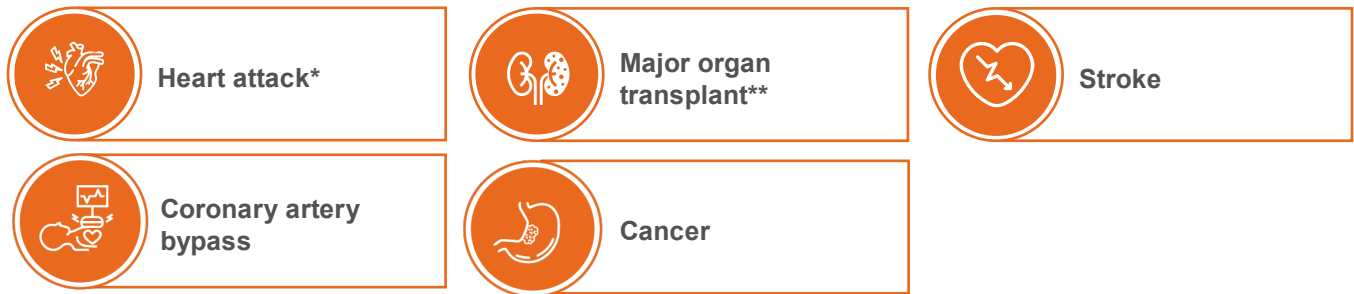
You have the option to enroll in coverage in the amount(s) below.

	Coverage Amount
For you	Choice of \$10,000, \$20,000 or \$30,000
Your spouse	\$10,000 – Not to exceed 100% of employee benefit
Your children*	\$5,000 – Not to exceed 50 % of employee benefit

\*Child(ren) up to age 26.

## What's covered by Critical Illness Insurance?

Critical Illness Insurance provides benefits for the covered conditions and diagnoses shown below. The most common conditions we pay claims for include:



## Sample benefit amounts

If one of these events happens on or after your coverage effective date, and your claim is approved, 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%
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 small preview of the benefits available to you.**

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

## 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 Bi-Weekly Rates (26 pay periods) Includes Wellness Benefit Rider				Spouse Coverage* Bi-Weekly Rates (26 pay periods) Includes Wellness Benefit Rider		Children Coverage Bi-Weekly Rates (26 pay periods) Includes Wellness Benefit Rider	
Attained Age	\$10,000	\$20,000	\$30,000	Attained Age	\$10,000	Benefit	Rate
Under 30	\$2.22	\$4.43	\$6.65	Under 30	\$2.68	\$5,000	\$1.41
30-39	\$2.77	\$5.54	\$8.31	30-39	\$3.18		
40-49	\$5.22	\$10.43	\$15.65	40-49	\$6.00		
50-59	\$10.15	\$20.31	\$30.46	50-59	\$12.55		
60-64	\$14.68	\$29.35	\$44.03	60-64	\$19.15		
65-69	\$18.88	\$37.75	\$56.63	65-69	\$21.92		
70+	\$25.48	\$50.95	\$76.43	70+	\$33.05		

\*Spouse rate dependent on spouse age.

Children birth to age 26; no limit to the number of children per family.

## Schedule of Benefits

The table below outlines a more detailed list of what's covered. 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 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.

Covered Condition	% of Benefit
Heart attack*	100%
Cancer	100%
Stroke	100%
Sudden cardiac arrest	25%
Major organ transplant (includes Major Organ Failure & End Stage Renal (Kidney) Failure)**	100%
Coronary artery bypass	25%
Carcinoma in situ	25%

Type 1 Diabetes	100%
Transient ischemic attacks (TIA)	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	100%
Transcatheter heart valve replacement or repair	10%
Coronary angioplasty	10%
Pacemaker Placement	10%
Implantable/internal cardioverter defibrillator (ICD) placement	25%
Benign brain tumor	100%
Skin cancer	10%
Bone marrow transplant	25%
Stem cell transplant	25%
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	100%
Huntington's disease	100%
Muscular dystrophy	100%
Infectious disease (hospitalization requirement)***	25%
Addison's disease	10%
Myasthenia gravis	50%
Systemic lupus erythematosus (SLE)	50%
Systemic sclerosis (scleroderma)	10%
Occupational HIV	100%
Occupational Hepatitis B or C	100%

\* 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, including COVID-19, 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 5 or more consecutive days.

## 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%
Gaucher disease, type II or III	100%
Infantile Tay-Sachs	100%
Niemann-Pick disease	100%
Pompe disease	100%
Sickle cell anemia	100%
Type 1 diabetes	100%
Type IV glycogen storage disease	100%
Zellweger syndrome	100%

## Multiple benefit payments

You can receive a lump-sum benefit payment (up to 100% of the benefit amount associated with that condition) for each covered condition. The number of times a benefit is payable for each covered condition is unlimited. 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:



Receive **\$50** to use however you'd like

### Wellness Benefit

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. Employees receive an annual benefit of \$50.

- Spouses receive an annual benefit of \$50.
- Children receive 100% of your benefit amount per child.



Receive a benefit for an infectious condition

### Infectious Condition Additional Benefit Rider

If you are diagnosed with COVID-19\*\*, this pays a benefit amount of \$100. If you are hospitalized for COVID-19 and there is a room & board charge for that hospitalization, this pays a benefit amount of \$1,000. Confinement is specifically defined in the certificate and also includes assignment to an observation unit in a Hospital for at least 20 consecutive hours. (This benefit is separate from Infectious Disease and does not require a hospital confinement of 5 or more consecutive days)

A benefit is payable up to a maximum of 1 times per Covered Person per Policy calendar year.

Coverage benefits for infectious conditions, such as COVID-19, have NOT been filed or approved in Washington.

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



**Receive a benefit for a Specified Condition**

## Specified Conditions Rider \*\*

### Specified Conditions Diagnosis Benefit

We will pay you a Specified Condition Diagnosis benefit if you are diagnosed with Autism Spectrum Disorder Level 3 on or after the coverage effective date. If your spouse and/or child(ren) are covered for Critical Illness, they are eligible for this benefit, also.

This pays a benefit amount as shown below:

Specified Condition	CI Benefit Amount \$10,000			CI Benefit Amount \$20,000		
	EE	SP	CH	EE	SP	CH
Autism Spectrum Disorder Level 3	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000
<b>CI Benefit Amount \$30,000</b>						
	<b>EE</b>	<b>SP</b>	<b>CH</b>			
	\$5,000	\$5,000	\$5,000			

### Specified Condition Facility Confinement Benefit

If you are diagnosed with Bipolar disorder or Depressive disorder that results in a Confinement to a Hospital\*, Rehabilitation Facility or Transitional Care Facility, we will pay you a Specified Condition Facility Confinement benefit. This benefit is payable if the Confinement occurs on or after the coverage effective date regardless of when the Specified Condition is Diagnosed. If your spouse and/or child(ren) are covered for Critical Illness they are eligible for 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. A Specified Condition Facility Confinement benefit is payable up to a total maximum of one time per a Covered Person's lifetime.

This pays a benefit amount shown below:

Specified Condition	Benefit Amount \$10,000			Benefit Amount \$20,000		
	EE	SP	CH	EE	SP	CH
Bipolar disorder	\$2,500	\$2,500	\$1,250	\$5,000	\$2,500	\$1,250
Depressive disorder	\$2,500	\$2,500	\$1,250	\$5,000	\$2,500	\$1,250
<b>Benefit Amount \$30,000</b>						
	<b>EE</b>	<b>SP</b>	<b>CH</b>			
	\$7,500	\$2,500	\$1,250			
	\$7,500	\$2,500	\$1,250			

\*\*This rider is subject to approval by the Iowa Department of Insurance and Financial Services – Insurance Division and may change. Any claims that are filed prior to state approval may be delayed.

\* Hospital means an institution that is run for the care and treatment of sick or injured persons as in-patients and which, on its premises or in facilities available to the Hospital on a pre-arranged basis, fully meets each of the following requirements:

- It is operated in accordance with the laws pertaining to hospitals in the jurisdiction in which it is located;
- It is under the supervision of a medical staff and has one or more Doctors available at all times;
- It provides 24 hours a day service by registered graduate nurses (RNs); and
- It is not an institution or any part of an institution used as: a hospice unit, including any bed designated as a hospice or a swing bed; a convalescent home; a rest or nursing facility; a free-standing surgical center; an extended-care facility; a skilled nursing facility; or a facility primarily affording custodial, educational care or care for the aged.

## Exclusions and limitations

There are no exclusions and limitations.



**Ready to Enroll?**

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

or go to <https://presents.voya.com/EBRC/UnityPointHealth>

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; Wellness Benefit Rider form #RL-CI4-WELL2-20; Infectious Condition Additional Benefit rider form #RL-CI4-ICBR-22; and (pending state approval) Specified Condition Benefit Rider form #RL-CI4-SCR-23. Form numbers, provisions and availability may vary by state and employer's plan.

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**CI 2.1 Only**

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