

Critical Illness Insurance

Explore Your Benefits & Costs



Group Name: Senior Lifestyle DC, LLC
Group Number: 738344

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 \$75 for
completing an eligible health
screening test.



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 health insurance product 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.

ReliaStar Life Insurance Company
a member of the Voya® family of companies

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How much coverage is available?

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

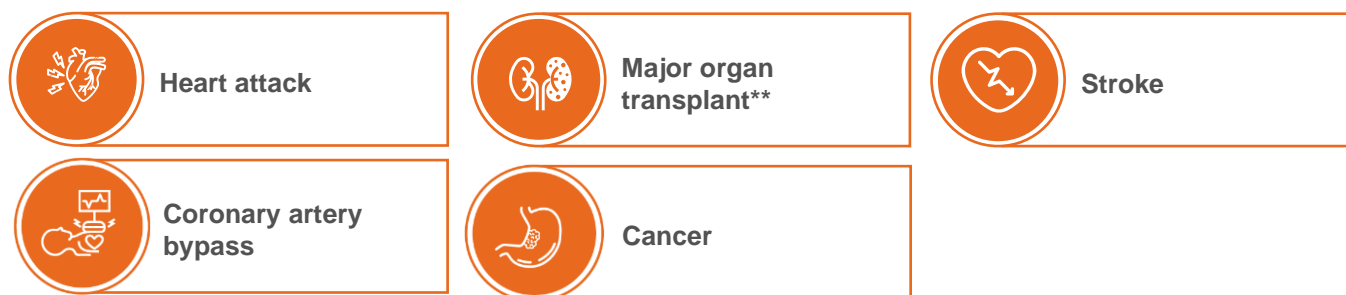
Coverage Amount	
For you	\$10,000, \$15,000, \$20,000 or \$30,000
Your spouse*	Exactly 50% of the EE amount
Your children**	Exactly 50% of the EE amount

*"Spouse" may include domestic partners or civil union partners as defined by your employer's plan.

**Child(ren) up to age 26.

What's covered by Critical Illness Insurance?

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



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%
Major organ transplant**	100%
Coronary artery bypass	100%

* 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									
Child Rate Embedded									
Includes Wellness Benefit Rider									
Non-Tobacco User					Tobacco User				
Issue Age	\$10,000	\$15,000	\$20,000	\$30,000	Issue Age	\$10,000	\$15,000	\$20,000	\$30,000
Under 30	\$2.12	\$3.18	\$4.25	\$6.37	Under 30	\$2.58	\$3.88	\$5.17	\$7.75
30-39	\$3.32	\$4.98	\$6.65	\$9.97	30-39	\$3.83	\$5.75	\$7.66	\$11.49
40-49	\$6.28	\$9.42	\$12.55	\$18.83	40-49	\$6.65	\$9.97	\$13.29	\$19.94
50-59	\$12.18	\$18.28	\$24.37	\$36.55	50-59	\$12.28	\$18.42	\$24.55	\$36.83
60-64	\$20.08	\$30.12	\$40.15	\$60.23	60-64	\$20.58	\$30.88	\$41.17	\$61.75
65-69	\$20.08	\$30.12	\$40.15	\$60.23	65-69	\$20.58	\$30.88	\$41.17	\$61.75
70+	\$24.78	\$37.18	\$49.57	\$74.35	70+	\$24.88	\$37.32	\$49.75	\$74.63

Spouse Coverage*									
Bi-Weekly Rates									
Includes Wellness Benefit Rider									
Non-Tobacco User					Tobacco User				
Issue Age	\$5,000	\$7,500	\$10,000	\$15,000	Issue Age	\$5,000	\$7,500	\$10,000	\$15,000
Under 30	\$1.06	\$1.59	\$2.12	\$3.18	Under 30	\$1.29	\$1.94	\$2.58	\$3.88
30-39	\$1.66	\$2.49	\$3.32	\$4.98	30-39	\$1.92	\$2.87	\$3.83	\$5.75
40-49	\$3.14	\$4.71	\$6.28	\$9.42	40-49	\$3.32	\$4.98	\$6.65	\$9.97
50-59	\$6.09	\$9.14	\$12.18	\$18.28	50-59	\$6.14	\$9.21	\$12.28	\$18.42
60-64	\$10.04	\$15.06	\$20.08	\$30.12	60-64	\$10.29	\$15.44	\$20.58	\$30.88
65-69	\$10.04	\$15.06	\$20.08	\$30.12	65-69	\$10.29	\$15.44	\$20.58	\$30.88
70+	\$12.39	\$18.59	\$24.78	\$37.18	70+	\$12.44	\$18.66	\$24.88	\$37.32

Employee Coverage									
Weekly Rates									
Child Rate Embedded									
Includes Wellness Benefit Rider									
Non-Tobacco User					Tobacco User				
Issue Age	\$10,000	\$15,000	\$20,000	\$30,000	Issue Age	\$10,000	\$15,000	\$20,000	\$30,000
Under 30	\$1.06	\$1.59	\$2.12	\$3.18	Under 30	\$1.29	\$1.94	\$2.58	\$3.88
30-39	\$1.66	\$2.49	\$3.32	\$4.98	30-39	\$1.92	\$2.87	\$3.83	\$5.75
40-49	\$3.14	\$4.71	\$6.28	\$9.42	40-49	\$3.32	\$4.98	\$6.65	\$9.97
50-59	\$6.09	\$9.14	\$12.18	\$18.28	50-59	\$6.14	\$9.21	\$12.28	\$18.42
60-64	\$10.04	\$15.06	\$20.08	\$30.12	60-64	\$10.29	\$15.44	\$20.58	\$30.88
65-69	\$10.04	\$15.06	\$20.08	\$30.12	65-69	\$10.29	\$15.44	\$20.58	\$30.88
70+	\$12.39	\$18.59	\$24.78	\$37.18	70+	\$12.44	\$18.66	\$24.88	\$37.32

Spouse Coverage*									
Weekly Rates									
Includes Wellness Benefit Rider									
Non-Tobacco User					Tobacco User				
Issue Age	\$5,000	\$7,500	\$10,000	\$15,000	Issue Age	\$5,000	\$7,500	\$10,000	\$15,000
Under 30	\$0.53	\$0.80	\$1.06	\$1.59	Under 30	\$0.65	\$0.97	\$1.29	\$1.94
30-39	\$0.83	\$1.25	\$1.66	\$2.49	30-39	\$0.96	\$1.44	\$1.92	\$2.87
40-49	\$1.57	\$2.35	\$3.14	\$4.71	40-49	\$1.66	\$2.49	\$3.32	\$4.98
50-59	\$3.05	\$4.57	\$6.09	\$9.14	50-59	\$3.07	\$4.60	\$6.14	\$9.21
60-64	\$5.02	\$7.53	\$10.04	\$15.06	60-64	\$5.15	\$7.72	\$10.29	\$15.44
65-69	\$5.02	\$7.53	\$10.04	\$15.06	65-69	\$5.15	\$7.72	\$10.29	\$15.44
70+	\$6.20	\$9.29	\$12.39	\$18.59	70+	\$6.22	\$9.33	\$12.44	\$18.66

*Spouse rates based off of spouse age.

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

Schedule of Benefits

The table below presents 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 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
Base Module	
Heart attack*	100%
Cancer	100%
Stroke	100%
Sudden cardiac arrest	100%
Major organ transplant (includes Major Organ Failure & End Stage Renal (Kidney) Failure)**	100%
Coronary artery bypass	100%
Carcinoma in situ	50%
Major Organ Module	
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%
Implantable/internal cardioverter defibrillator (ICD) placement	25%
Pacemaker placement	10%
Enhanced Cancer Module	
Benign brain tumor	100%
Skin cancer	10%
Bone marrow transplant	100%
Stem cell transplant	100%

Quality of Life Module

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%
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 14 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 may receive a lump-sum benefit payment for each covered condition. The number of times a benefit is payable for each covered condition is unlimited, except for skin cancer 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 insurance and any riders.



Receive \$75 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 benefit amount is \$75.
- Spouse's benefit amount is \$75.
- 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 a covered infectious condition** this pays a benefit amount of \$100. If you are hospitalized for that covered infectious condition** and there is a room & board charge for the 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.

A benefit is payable up to a maximum of 1 time per Covered Person, per Calendar year.



**Take your
coverage with
you**

Portability

If you are in a situation where you will lose eligibility for benefits, such as reduced hours, termination 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

There are no exclusions and limitations.



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

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

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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Wellness Benefit

Senior Lifestyle DC, LLC
738344



What is the Wellness Benefit?

The Wellness Benefit is included with your Critical Illness Insurance coverage. It provides an annual benefit payment if you complete a covered health screening test on or after your coverage effective date, whether or not there is any out-of-pocket cost to you. You only need to complete one health screening test and may only receive a benefit payment once per calendar year, even if you complete multiple tests. You may also receive a benefit payment for your spouse and/or children if they are covered for the Wellness Benefit and complete a health screening test on or after your coverage effective date.

Getting your Wellness Benefit is easy.

You, your covered spouse and/or your covered children complete a health screening test.

1

What types of health screening tests are eligible?

Covered Health screening tests include but are not limited to:

- | | | |
|---|---------------------------------------|---|
| • Blood test for triglycerides | • Mammography | • Well child/preventative exams age 1 through age 18 |
| • Pap smear or thin prep pap test | • Colonoscopy | • Biometric screenings |
| • Flexible sigmoidoscopy | • CA 15-3 (breast cancer) | • Electrocardiogram (EKG) |
| • CEA (blood test for colon cancer) | • Stress test on bicycle or treadmill | • Annual Physical Exam – Adults |
| • Bone marrow testing | • Fasting blood glucose test | • CA 125 (ovarian cancer) |
| • Serum cholesterol test for HDL & LDL levels | • Thermography | • Tests for sexually transmitted infections (STIs) |
| • Hemoccult stool analysis | • PSA (prostate cancer) | • Ultrasound screening for abdominal aortic aneurysms |
| • Serum Protein Electrophoresis (myeloma) | • Hearing test | • Hemoglobin A1C (HbA1c) |
| • Breast ultrasound, sonogram, MRI | • Routine eye exam | • Bone density screening |
| • Molecular or antigen test (Coronavirus disease (COVID-19)*) | • Routine dental exam | |
| • Immunizations | | |
| • Chest x-ray | | |

2

Visit the Voya Claims Center at [voya.com/claims](https://presents.voya.com/EBRC/seniorlifestylecorporation) OR your Employee Benefits Resource Center at Insert Client EBRC Link <https://presents.voya.com/EBRC/seniorlifestylecorporation>

Have ready: Group policy name: Senior Lifestyle DC, LLC

Group policy number: 738344

3

Complete the questions regarding the health screening test, electronically sign and submit your claim. A confirmation number will be provided, as well as the option to save the form for your records. You will receive a follow up email with a claim number, which you can use to check the status of your claim.

4

Receive a benefit payment for each covered individual for whom an eligible claim was filed.

How can the Wellness Benefit help?

Every day we learn more and more about the importance of regular health screenings and the increased chances of survival when serious illnesses are detected early. The Wellness Benefit encourages you to get regular health screenings. The benefit payment you receive for your health screening can be used to help pay for the cost of the test or however you like.

It's automatically included.

The Wellness Benefit is included with your Critical Illness insurance.

How much is the Wellness Benefit?

Your group's plan specifies the benefit amount payable for each person who completes a health screening test.

WELLNESS BENEFIT WITH YOUR CRITICAL ILLNESS INSURANCE:

\$75

**For yourself
& for your covered
spouse**

+

\$75

**100% of the benefit amount
For each covered child**



If you have any questions about the claim process, call **1-877-236-7564**.

*Includes COVID tests performed at a medical facility, pharmacy or at-home.

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. Insurance products are issued by ReliaStar Life Insurance Company (Minneapolis, MN), a member of the Voya® family of companies. Voya Employee Benefits is a division of ReliaStar Life Insurance Company. Product availability and specific provisions may vary by state or employer's plan.

Senior Lifestyle DC, LLC Group #738344 Date Prepared: 6/6/2024

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Are you ready to file a claim?

Submitting a claim is as easy as 1, 2, 3



Group Policy Name:

Senior Lifestyle DC, LLC

Group Policy Number:

738344

For certificate or policy holders of:

Accident Insurance
Critical Illness Insurance
Hospital Confinement
Indemnity Insurance Wellness
Benefit

Voya Employee Benefits offers an easy, formless claims submission process for your Supplemental Health coverages. If you are enrolled in these coverages, you can complete and submit your entire claim online without having to print any forms.



Submit claim

1. Visit the Voya Online Claims Center at voya.com/claims. Click on “Get Started” under “Start a Claim”. **You will need to enter your group name and policy number.**
2. After answering a few questions, you will be asked to upload supporting documentation for your claim.
3. Electronically sign and submit your claim. You will immediately receive an email with a **confirmation number** letting you know the claim submission was successful.



Claim confirmed

Once the claim is set up, you will receive a second email with a **claim number**.



Check status

By entering your **claim number**, you can then check the status of your claim with accessible, real-time monitoring by visiting the Online Claims Center at voya.com/claims.

The online claims submission process usually takes about 15 minutes. If your claim is approved, you should receive your paid benefit within 10 business days of the approval.

Visit the Online Claims Center to file your claim today

This communication does not confirm eligibility for a benefit. Filing a claim may require any necessary medical records or proof of claim as determined during the review process. A complete description of benefits, limitations, exclusions and termination of coverage will be provided in the certificate of insurance and riders. Insurance is issued and underwritten by ReliaStar Life Insurance Company (Minneapolis, MN), a member of the Voya® family of companies. Voya Employee Benefits is a division of ReliaStar Life Insurance Company. Form numbers, provisions and availability may vary by state and employer's plan.

Senior Lifestyle DC, LLC # 738344, Account # 0001, Date Prepared 06/06/2024

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