

# Critical Illness Insurance - Washington

Explore Your Benefits & Costs



Group Name: Lakefield Veterinary Group, Inc.  
Group Number: 747572  
Class: All Active Full Time and Part Time Team Members working a minimum of 20 hours per week

**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 Health  
Screening Benefit Rider of \$50 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.

## 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*	50% of the Employee Benefit
Your children**	50% of the Employee Benefit

\*Coverage is available only if employee coverage is elected.

\*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. Extended disabled dependent coverage is available in Washington for ages 26 years old and older if the dependent meets the criteria defined in the Certificate of Coverage.

## What's covered by Critical Illness Insurance?

If any of these conditions are not part of the group's coverage, the box must be removed. If Cancer is part of the group's coverage, remove the brackets.

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	100%

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

\*\*See description under the Schedule of Benefits presented further in this document.

This is only a small 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. If your rates are "attained age" that means that the rates will go up based on your age each policy year.

Employee Coverage			
Bi-Weekly Rates			
Child Rate Embedded			
Includes Wellness Benefit Rider			
Attained Age	\$10,000	\$20,000	\$30,000
Under 25	\$1.20	\$2.40	\$3.60
25-29	\$1.02	\$2.03	\$3.05
30-34	\$1.57	\$3.14	\$4.71
35-39	\$2.72	\$5.45	\$8.17
40-44	\$2.91	\$5.82	\$8.72
45-49	\$4.85	\$9.69	\$14.54
50-54	\$6.18	\$12.37	\$18.55
55-59	\$8.12	\$16.25	\$24.37
60-64	\$9.51	\$19.02	\$28.52
65-69	\$12.74	\$25.48	\$38.22
70+	\$20.12	\$40.25	\$60.37

Spouse Coverage*			
Bi-Weekly Rates			
Includes Wellness Benefit Rider			
Attained Age	\$5,000	\$10,000	\$15,000
Under 25	\$0.90	\$1.80	\$2.70
25-29	\$1.13	\$2.26	\$3.39
30-34	\$1.38	\$2.77	\$4.15
35-39	\$1.73	\$3.46	\$5.19
40-44	\$3.02	\$6.05	\$9.07
45-49	\$3.99	\$7.98	\$11.98
50-54	\$6.42	\$12.83	\$19.25
55-59	\$8.79	\$17.58	\$26.38
60-64	\$13.20	\$26.40	\$39.60
65-69	\$19.82	\$39.65	\$59.47
70+	\$26.82	\$53.63	\$80.45

## Schedule of Benefits

Critical Illness Insurance provides a benefit payment upon the diagnosis of an illness or condition shown below. Covered illnesses and conditions are broken out into groups called "modules". 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 insurance and any riders.

Covered Condition	% of Benefit
<b>Base Module</b>	
Heart attack*	100%
Cancer	100%
Stroke	100%
Sudden cardiac arrest	100%
Major organ transplant**	100%
Coronary artery bypass	100%
Carcinoma in situ	25%

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Covered Condition	% of Benefit
<b>Major Organ Module</b>	
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%
Transcatheter heart valve replacement or repair	10%
Coronary angioplasty	10%
Implantable/internal cardioverter defibrillator (ICD) placement	25%
Pacemaker placement	10%
<b>Enhanced Cancer Module</b>	
Benign brain tumor	100%
Skin cancer	10%
Bone marrow transplant	100%
Stem cell transplant	100%
<b>Quality of Life Module</b>	
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 (Huntington's Chorea)	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%

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

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\*\*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. Acceptance to the UNOS (United Network for Organ Sharing) list is required for this determination, except for kidney failure. If you receive the transplant prior to placement on the network, the network requirement will be waived. If you physician determines you are not healthy enough to be placed on the UNOS list or you are rejected from the list, the network requirement will be waived. "Kidney failure" means chronic, irreversible failure of one or both kidneys for which a Doctor recommends either of the following: regular hemodialysis or peritoneal dialysis (at least weekly) in order to sustain life, which is expected to continue for at least 6 months; or renal transplantation

\*\*\*Diagnosis of a severe infectious disease including Coronavirus by a Doctor, when a diagnosis occurs on or after the group's coverage effective date; AND which results in Confinement to a Hospital for 5 or more consecutive days or 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 may receive a lump-sum benefit payment for each covered condition. There is no limit with the exception of 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

	<p><b>Receive \$50 to use however you'd like</b></p>	<p><b>Health Screening Benefit</b></p> <p>The Health Screening 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.</p> <ul style="list-style-type: none"><li>• Employees benefit amount is \$50.</li><li>• Spouse's benefit amount is \$50.</li><li>• Children's benefit amount is \$50.</li></ul>
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	<p><b>Take your coverage with you</b></p>	<p><b>Portability</b></p> <p>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.</p>
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# Exclusions and limitations

There are no exclusions and limitations.

\*Exclusions and limitations vary 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

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

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-WA; Certificate form #RL-CI4-CERT 16-WA IAGE or RL-CI4-CERT-16-WA AAGE; Spouse Rider form #RL-CI4-SPR-16-WA; Children's Rider form #RL-CI4-CHR-16-WA; Continuation Rider form #RL-CI6-CNT-16-WA; Health Screening Benefit Rider form #RL-CI4-WELL16-WA; Waiver of Premium Rider form #RL-CI4-WOP-16-WA. Form numbers, provisions and availability may vary by employer's plan.

### CI 2.1 Washington Only

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