

# Accident Insurance

## Enrollment at a glance

### For the employees of: The Claremont Colleges

#### What is Accident Insurance?

Accident Insurance pays you benefits for specific injuries and events resulting from a covered accident that occurs, on or after your coverage effective date. The benefit amount depends on the type of injury and care received. You have the option to elect Accident Insurance to meet your needs. Accident 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.

Features of Accident Insurance include:

- **Guaranteed issue:** No medical questions or tests are required for coverage.
- **Flexible:** You can use the benefit payments for any purpose you like.
- **Portable:** If you leave your current employer [or retire], you can take your coverage with you.

#### How can Accident Insurance help?

Below are a few examples of how your Accident Insurance benefits could be used:

- Medical expenses, such as deductibles and copays
- Home healthcare costs
- Lost income due to lost time at work
- Everyday expenses like utilities and groceries

#### Who is eligible for Accident Insurance?

- **You**—All active employees working 20+ hours per week.
- **Your spouse\***—If you have coverage on yourself, you may enroll your spouse, as long as your spouse is not covered under your employer's plan as an employee. Your spouse will be covered for the same Accident benefits as you are.
- **Your children\*\***—If you have coverage on yourself; your natural children, stepchildren, adopted children or children for whom you are a legal guardian; are eligible to be covered under your employer's plan, up to the age of 26. Your children will be covered for the same Accident benefits as you are and one premium amount covers all of your eligible children. If both you and your spouse are covered under this policy as an employee; then only one, but not both, may cover the same children for Accident Insurance. If the parent who is covering the children stops being insured as an employee, then the other parent may apply for children's coverage.

\*The use of "spouse" in this document means a person insured as a spouse as described in the applicable rider. This may include domestic partners or civil union partners as defined by the employer's plan. Please contact your employer for more information.

\*\*The definition of "child" may vary by state. Please contact your employer for more information.

#### When is my coverage effective?

##### Annual Enrollment

Your coverage becomes effective on January 1<sup>st</sup>, following the election of coverage. Coverage for your spouse and/or children becomes effective on the same date as your coverage, if elected.

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

#### What accident benefits are available?

The following list is a summary of the benefits provided by Accident Insurance. You may be required to seek care for your injury within a set amount of time. Note that there may be some variations by state. For a list of standard exclusions and limitations, go to the end of this document. For a complete description of your available benefits, exclusions and limitations, see your certificate of insurance and any riders.

Event	Low	High
<b>Accident hospital care</b>		
<b>Surgery</b> open abdominal, thoracic	\$800	\$1,200
<b>Surgery</b> exploratory or without repair	\$125	\$175
<b>Blood, plasma, platelets</b>	\$400	\$600
<b>Hospital admission</b>	\$1,000	\$1,250
<b>Hospital confinement</b> per day, up to 365 days	\$300	\$375
<b>Critical care unit confinement</b> per day, up to 15 days	\$475	\$600
<b>Rehabilitation facility confinement</b> per day, up to 90 days	\$125	\$200
<b>Coma</b> duration of 14 or more days	\$11,500	\$17,000
<b>Transportation</b> per trip, up to three per accident	\$500	\$750
<b>Lodging</b> per day, up to 30 days	\$120	\$180
<b>Family care</b> per child per day, up to 45 days	\$15	\$25
<b>Accident care</b>		
<b>Initial doctor visit</b>	\$60	\$90
<b>Urgent care facility treatment</b>	\$150	\$225
<b>Emergency room treatment</b>	\$150	\$225
<b>Ground ambulance</b>	\$240	\$360
<b>Air ambulance</b>	\$1,000	\$1,500
<b>Follow-up doctor treatment</b>	\$60	\$90
<b>Chiropractic treatment</b> up to six per accident	\$30	\$45
<b>Medical equipment</b>	\$40	\$120
<b>Physical or occupational therapy</b> up to six per accident	\$30	\$45
<b>Speech therapy</b> up to six per accident	\$30	\$45
<b>Prosthetic device</b> (one)	\$500	\$750
<b>Prosthetic device</b> (two or more)	\$800	\$1,200
<b>Major diagnostic exam</b>	\$80	\$240
<b>X-ray</b>	\$30	\$45
<b>Common injuries</b>		
<b>Burns</b> second degree, at least 36% of the body	\$1,000	\$1,250
<b>Burns</b> third degree, at least 9 but less than 35 square inches of the body	\$4,500	\$7,500
<b>Burns</b> third degree, 35 or more square inches of the body	\$10,000	\$15,000
<b>Skin grafts</b>	25% of the burn benefit	25% of the burn benefit
<b>Emergency dental work</b>	\$250 crown, \$60 extraction	\$350 crown, \$90 extraction
<b>Eye injury</b> removal of foreign object	\$60	\$100
<b>Eye injury</b> surgery	\$225	\$350
<b>Torn knee cartilage</b> surgery with no repair or if cartilage is shaved	\$150	\$225
<b>Torn knee cartilage</b> surgical repair	\$500	\$800
<b>Laceration</b> <sup>1</sup> treated no sutures	\$20	\$30
<b>Laceration</b> <sup>1</sup> sutures up to 2"	\$40	\$60
<b>Laceration</b> <sup>1</sup> sutures 2" – 6"	\$160	\$240
<b>Laceration</b> <sup>1</sup> sutures over 6"	\$320	\$480
<b>Ruptured disk</b> surgical repair	\$500	\$800
<b>Tendon/ligament/rotator cuff</b> exploratory arthroscopic surgery with no repair	\$275	\$425
<b>Tendon/ligament/rotator cuff</b> one, surgical repair	\$550	\$825
<b>Tendon/ligament/rotator cuff</b> two or more, surgical repair	\$800	\$1,225
<b>Concussion</b>	\$150	\$225

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<b>Paralysis - paraplegia</b>	\$10,750	\$16,000
<b>Paralysis - quadriplegia</b>	\$16,000	\$24,000
<b>Dislocations</b>	<b>Closed/open reduction<sup>2</sup></b>	<b>Closed/open reduction<sup>2</sup></b>
<b>Hip joint</b>	\$2,550/\$5,100	\$3,850/\$7,700
<b>Knee</b>	\$1,600/\$3,200	\$2,400/\$4,800
<b>Ankle or foot bone(s)</b> other than toes	\$1,000/\$2,000	\$1,500/\$3,000
<b>Shoulder</b>	\$1,000/\$2,000	\$1,600/\$3,200
<b>Elbow</b>	\$750/\$1,500	\$1,100/\$2,200
<b>Wrist</b>	\$750/\$1,500	\$1,100/\$2,200
<b>Finger/toe</b>	\$175/\$350	\$275/\$550
<b>Hand bone(s)</b> other than fingers	\$750/\$1,500	\$1,100/\$2,200
<b>Lower jaw</b>	\$750/\$1,500	\$1,100/\$2,200
<b>Collarbone</b>	\$750/\$1,500	\$1,100/\$2,200
<b>Partial dislocations</b>	25% of the closed reduction amount	25% of the closed reduction amount
<b>Fractures</b>	<b>Closed/open reduction<sup>3</sup></b>	<b>Closed/open reduction<sup>3</sup></b>
<b>Hip</b>	\$2,000/\$4,000	\$3,000/\$6,000
<b>Leg</b>	\$1,500/\$3,000	\$2,500/\$5,000
<b>Ankle</b>	\$1,200/\$2,400	\$1,800/\$3,600
<b>Kneecap</b>	\$1,200/\$2,400	\$1,800/\$3,600
<b>Foot</b> excluding toes, heel	\$1,200/\$2,400	\$1,800/\$3,600
<b>Upper arm</b>	\$1,400/\$2,800	\$2,100/\$4,200
<b>Forearm, hand, wrist</b> except fingers	\$1,200/\$2,400	\$1,800/\$3,600
<b>Finger, toe</b>	\$160/\$320	\$240/\$480
<b>Vertebral body</b>	\$2,240/\$4,480	\$3,360/\$6,720
<b>Vertebral processes</b>	\$960/\$1,920	\$1,440/\$2,880
<b>Pelvis</b> except coccyx	\$2,250/\$4,500	\$3,200/\$6,400
<b>Coccyx</b>	\$200/\$400	\$400/\$800
<b>Bones of face</b> except nose	\$800/\$1,600	\$1,200/\$2,400
<b>Nose</b>	\$400/\$800	\$600/\$1,200
<b>Upper jaw</b>	\$1,000/\$2,000	\$1,500/\$3,000
<b>Lower jaw</b>	\$960/\$1,920	\$1,440/\$2,880
<b>Collarbone</b>	\$960/\$1,920	\$1,440/\$2,880
<b>Rib or ribs</b>	\$300/\$600	\$400/\$800
<b>Skull – simple</b> except bones of face	\$1,000/\$2,000	\$1,400/\$2,800
<b>Skull – depressed</b> except bones of face	\$2,000/\$4,000	\$3,000/\$6,000
<b>Sternum</b>	\$240/\$480	\$360/\$720
<b>Shoulder blade</b>	\$1,200/\$2,400	\$1,800/\$3,600
<b>Chip fractures</b>	25% of the closed reduction amount	25% of the closed reduction amount

<sup>1</sup> Laceration benefits are a total of all lacerations per accident.

<sup>2</sup> Closed reduction of dislocation = Non-surgical reduction of a completely separated joint. Open reduction of dislocation = Surgical reduction of a completely separated joint.

<sup>3</sup> Closed reduction of fracture = Non-surgical. Open reduction of fracture = Surgical.

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## What does my Accident Insurance include?

The benefits listed below are included with your Accident Insurance coverage. For a list of standard exclusions and limitations, please refer to the end of this document. For a complete description of your available benefits, exclusions and limitations, see your certificate of insurance and any riders.

- **Sports Accident Benefit:** If your accident occurs while participating in an organized sporting activity as defined in the certificate; the accident hospital care, accident care or common injuries benefit will be increased by 25%; to a maximum additional benefit of \$1,000.

## Are there additional non-insurance services available?

- **Voya Travel Assistance:** When traveling more than 100 miles from home, Voya Travel Assistance offers enhanced security for your leisure and business trips. You and your dependents can take advantage of four types of services: pre-trip information, emergency personal services, medical assistance services and emergency transportation services.

*Voya Travel Assistance services are provided by Europ Assistance USA, Bethesda, MD.*

## How much does Accident Insurance cost?

All employees pay the same rate, no matter their age. See the chart below for the premium amounts. Rates shown are guaranteed until January 1, 2023. The cost provided below includes Accident Insurance premium and a fee for Voya Travel Assistance.

Monthly Rates - Low Plan			
Employee	Employee and Spouse	Employee and Children	Family
\$7.97	\$13.28	\$15.72	\$21.03

  

Monthly Rates - High Plan			
Employee	Employee and Spouse	Employee and Children	Family
\$11.52	\$19.20	\$22.73	\$30.41

  

Bi-Weekly Rates (26 Pay Periods) - Low Plan			
Employee	Employee and Spouse	Employee and Children	Family
\$3.68	\$6.13	\$7.26	\$9.71

  

Bi-Weekly Rates (26 Pay Periods) - High Plan			
Employee	Employee and Spouse	Employee and Children	Family
\$5.32	\$8.86	\$10.49	\$14.04

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### Semi-Monthly Rates (24 Pay Periods) - Low Plan

Employee	Employee and Spouse	Employee and Children	Family
\$3.99	\$6.64	\$7.86	\$10.52

### Semi-Monthly Rates (24 Pay Periods) - High Plan

Employee	Employee and Spouse	Employee and Children	Family
\$5.76	\$9.60	\$11.37	\$15.21

### Exclusions and Limitations\*

Exclusions for the Certificate, Spouse Accident Insurance, and Children's Accident Insurance are listed below. (These may vary by state.)

Benefits are not payable for any loss caused in whole or directly by any of the following\*:

- Participation or attempt to participate in a felony or illegal activity.
- An accident while the covered person is operating a motorized vehicle while intoxicated. Intoxication means the covered person's blood alcohol content meets or exceeds the legal presumption of intoxication under the laws of the state where the accident occurred.
- Suicide, attempted suicide or any intentionally self-inflicted injury, while sane or insane.
- War or any act of war, whether declared or undeclared, other than acts of terrorism.
- Loss sustained while on active duty as a member of the armed forces of any nation. We will refund, upon written notice of such service, any premium which has been accepted for any period not covered as a result of this exclusion.
- Alcoholism, drug abuse, or misuse of alcohol or taking of drugs, other than under the direction of a doctor.
- Riding in or driving any motor-driven vehicle in a race, stunt show or speed test.
- Operating, or training to operate, or service as a crew member of, or jumping, parachuting or falling from, any aircraft or hot air balloon, including those which are not motor-driven. Flying as a fare-paying passenger is not excluded.
- Engaging in hang-gliding, bungee jumping, parachuting, sail gliding, parasailing, parakiting, kite surfing or any similar activities.
- Practicing for, or participating in, any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received.
- Any sickness or declining process caused by a sickness.



For more information, please contact:  
Voya Employee Benefits Customer Service at (877) 236-7564.  
To learn more, go to: <https://presents.voya.com/EBRC/Claremont>

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. Accident Insurance is underwritten by ReliaStar Life Insurance Company (Minneapolis, MN), a member of the Voya® family of companies. Policy Form #RL-ACC3-POL-16; Certificate Form #RL-ACC3-CERT-16; and Rider Forms: Spouse Accident Rider Form #RL-ACC3-SPR-16, Children's Accident Rider Form #RL-ACC3-CHR-16. Form numbers, provisions and availability may vary by state.

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# Hospital Confinement Indemnity Insurance

## Enrollment at a glance

### For the employees of: The Claremont Colleges

#### What is Hospital Confinement Indemnity Insurance?

Hospital Confinement Indemnity Insurance pays a daily benefit if you have a covered stay in a hospital\*, critical care unit or rehabilitation facility. The benefit amount is determined by the type of facility and the number of days you stay. You have the option to elect Hospital Confinement Indemnity Insurance to meet your needs. Hospital Confinement Indemnity 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.

Features of Hospital Confinement Indemnity Insurance include:

- **Guaranteed issue:** No medical questions or tests are required for coverage.
- **Flexible:** You can use the benefit payments for any purpose you like.
- **Portable:** If you leave your current employer or retire, you can take the policy with you and select from a variety of payment plans.

\*A hospital does not include an institution or part of an institution used as: a hospice care unit; a convalescent home; a rest or nursing facility; a free-standing surgical center; a rehabilitative center; an extended care facility; a skilled nursing facility; or a facility primarily affording custodial, educational care, or care or treatment for persons suffering from mental diseases or disorders, or care for the aged, or drug or alcohol addiction. "Critical care unit" and "rehabilitative facility" are specifically defined in this policy. See the certificate for details.

#### How can Hospital Confinement Indemnity Insurance help?

Below are a few examples of how your Hospital Confinement Indemnity Insurance benefit could be used (coverage amounts may vary):

- Medical expenses, such as deductibles and copays
- Travel, food and lodging expenses for family members
- Child care
- Everyday expenses like utilities and groceries

#### Who is eligible for Hospital Confinement Indemnity Insurance?

- **You**—all active employees working 20+ hours per week.
- **Your spouse\***— Coverage is available only if employee coverage is elected. Your spouse will have the same Hospital Confinement Indemnity benefits as you do.
- **Your children\*\***— to age 26. Coverage is available only if employee coverage is elected. Your children are covered for the same Hospital Confinement Indemnity benefits as you are. One premium amount covers all of your eligible children. If both you and your spouse are covered under the policy as an employee, then only one, but not both, may cover the same children for Hospital Confinement Indemnity Insurance. If the parent who is covering the children stops being insured as an employee then the other parent may apply for children's coverage.

\*The use of "spouse" in this document means a person insured as a spouse as described in the certificate of insurance or rider. This may include domestic partners or civil union partners as defined by the group policy. Please contact your employer for more information.

\*\*The definition of "child" may vary by state. Please contact your employer for more information.

#### What Hospital Confinement Indemnity Insurance benefits are available?

The following list is a summary of the benefits provided by Hospital Confinement Indemnity Insurance. For a list of standard exclusions and limitations, go to the end of this document. For a complete description of your available benefits, exclusions and limitations, see your certificate of insurance and any riders.

- You have the option to purchase a daily benefit amount of \$100 or \$200.
- The benefit amounts paid depend on the type of facility and the number of days of confinement. Any combination of confinement benefits payable will not exceed a total of 30 days during a period of confinement(s).

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- **Initial Confinement Benefit:** This provides an additional payment of 10x the daily benefit amount after confinement in a hospital, critical care unit, and/or rehabilitation facility. This benefit is limited to a maximum of four Initial Confinement Benefits per calendar year for all covered persons, but no more than one for each covered person.
- **Hospital**—The benefit payment is 1x the daily benefit amount, up to 30 days per confinement.
- **Critical care unit (CCU)**—The benefit payment is 2x the daily benefit amount, up to 15 days per confinement.
- **Rehabilitation facility**—The benefit payment is one-half of the daily benefit amount, up to 30 days per confinement.

### How much does Hospital Confinement Indemnity Insurance cost?

All employees pay the same rate, no matter their age. See the chart below for the premium amounts. Rates shown are guaranteed until January 1, 2023.

Low Plan Rates				
Coverage Type	Daily Benefit	Monthly Rate	Bi-weekly Rate	Semi-monthly Rate
Employee	\$100	\$18.91	\$8.73	\$9.46
Employee + Spouse	\$100	\$39.62	\$18.29	\$19.81
Employee + Children	\$100	\$28.56	\$13.18	\$14.28
Employee + Family	\$100	\$49.27	\$22.74	\$24.64

High Plan Rates				
Coverage Type	Daily Benefit	Monthly Rate	Bi-weekly Rate	Semi-monthly Rate
Employee	\$200	\$37.82	\$17.46	\$18.91
Employee + Spouse	\$200	\$79.24	\$36.57	\$39.62
Employee + Children	\$200	\$57.13	\$26.37	\$28.57
Employee + Family	\$200	\$98.55	\$45.48	\$49.28

### When is my coverage effective?

The effective date of coverage is the date you are eligible to begin filing claims. The confinement must start on or after the coverage effective date.

#### Annual Enrollment

Your coverage becomes effective on January 1<sup>st</sup>, 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.



## Exclusions and limitations

Exclusions for the certificate, Initial Confinement Benefit, Spouse Hospital Confinement Indemnity Insurance and Children's Hospital Confinement Indemnity Insurance are listed below. (These may vary by state.) Benefits are not payable for any loss caused in whole or directly by any of the following\*:

- Participation or attempt to participate in a felony or illegal activity.
- Operation of a motorized vehicle while intoxicated.
- Suicide, attempted suicide or any intentionally self-inflicted injury, while sane or insane.
- War or any act of war, whether declared or undeclared, other than acts of terrorism.
- Loss that occurs while on full-time active duty as a member of the armed forces of any nation. We will refund, upon written notice of such service, any premium which has been accepted for any period not covered as a result of this exclusion.
- Alcoholism, drug abuse, or misuse of alcohol or taking of drugs, other than under the direction of a doctor.
- Elective surgery, except when required for appropriate care as a result of the covered person's injury or sickness.\*\*
- Riding in or driving any motor-driven vehicle in a race, stunt show or speed test.
- Operating, or training to operate, or service as a crew member of, or jumping, parachuting or falling from, any aircraft or hot air balloon, including those which are not motor-driven. Flying as a fare-paying passenger is not excluded.
- Engaging in hang-gliding, bungee jumping, parachuting, sail gliding, parasailing, parakiting, kite surfing or any similar activities.
- Practicing for, or participating in, any semiprofessional or professional competitive athletic contests for which any type of compensation or remuneration is received.

\*See the certificate and any riders for a complete list of available benefits, along with applicable provisions, exclusions and limitations.

\*\*Not applicable to Accident Benefit.



Questions?

For more information, please contact:

Voya Employee Benefits Customer Service at (877) 236-7564.  
To learn more, go to: <https://presents.voya.com/EBRC/Claremont>

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. Hospital Confinement Indemnity Insurance is underwritten by ReliaStar Life Insurance Company (Minneapolis, MN), a member of the Voya® family of companies. Policy Form #RL-HI-POL-12; Certificate Form #RL-HI-CERT-12; and Rider Forms: Spouse Hospital Confinement Indemnity Rider Form #RL-HI-SPR-12; Children's Hospital Confinement Indemnity Rider Form #RL-HI-CHR-12; and Initial Confinement Benefit Rider Form #RL-HI-ICN-12. Form numbers, provisions and availability may vary by state.

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# Critical Illness Insurance

## Enrollment at a glance

### For the employees of: The Claremont Colleges

#### What is Critical Illness Insurance?

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. You have the option to elect Critical Illness Insurance. 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.

Features of Critical Illness Insurance include:

- **Guaranteed Issue:** No medical questions or tests are required for coverage.
- **Flexible:** You can use the benefit payments for any purpose you like.
- **Portable:** If you leave your current employer or retire, you can take your coverage with you.

#### Who is eligible for Critical Illness Insurance and what are the coverage amounts?

- **You**—all active employees working 20+ hours per week. You may elect a Critical Illness benefit amount of \$15,000 or \$30,000.
- **Your spouse\***— Coverage is available only if employee coverage is elected. You may elect a spouse Critical Illness benefit amount of \$7,500 or \$15,000. You may elect a spouse Critical Illness benefit amount at 50% of your benefit amount.
- **Your children\*\***— birth to age 26. Coverage is available only if employee coverage is elected. You may elect a children's Critical Illness benefit amount of \$5,000 or \$10,000.

\* The use of "spouse" in this document means a person insured as a spouse as described in the certificate of insurance or rider. This may include domestic partners or civil union partners as defined by the group policy. Please contact your employer for more information.

\*\* The definition of "child" may vary by state. Please contact your employer for more information.

#### When is my coverage effective?

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.

##### Annual Enrollment

Your coverage becomes effective on January 1<sup>st</sup>, following the election of coverage. Coverage for your spouse and/or children becomes effective on the same date as your coverage, if elected.

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

## What benefits are available?

Critical Illness Insurance provides a benefit payment upon the diagnosis of an illness or condition shown below. Covered illnesses/conditions are broken out into groups called “modules.” Benefits are payable at 100% of the Critical Illness benefit amount unless otherwise stated. For a complete description of benefits, exclusions and limitations, refer to your certificate of insurance and riders.

### Base Module

- Heart attack\*
- Cancer (invasive)
- Stroke
- Major organ transplant\*\*
- Coronary artery bypass (25% of critical illness benefit amount)
- Cancer (Non-invasive) (25% of critical illness benefit amount)

\* 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.

### Enhanced Cancer Module

- Benign brain tumor
- Skin cancer (10% of critical illness benefit)
- Bone marrow transplant (25% of critical illness benefit)
- Stem cell transplant (25% of critical illness benefit)

### Quality of Life Module

- Permanent paralysis
- Coma

In addition, the module below applies to your insured children:

### Additional Child Diseases Module

(This module applies to your insured children only, and is in addition to the other modules available.)

- 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

## What additional benefits does my Critical Illness Insurance include?

The benefits listed below are also included with your Critical Illness coverage.

- **Wellness Benefit:** This provides an annual benefit payment if you complete a health screening test.
  - Your annual benefit amount is \$50 for completing a health screening test.
  - Your spouse's annual benefit amount is \$50 for completing a health screening test.
  - The annual benefit amount for each child is \$25 with an annual maximum of \$100 for all children.

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## How many times can I receive a benefit payment?

Each benefit payable will be no more than 100% of the Critical Illness benefit amount. The maximum amount payable during the insured person's lifetime is called the total maximum benefit. You may be eligible to receive benefit payments for multiple conditions, up to the total maximum benefit amount. Each diagnosis must be a different diagnosis. The total maximum benefit amount equals two times the Critical Illness benefit amount for each covered condition. Once the total maximum benefit for a covered condition has been paid, no further benefits are payable for that same covered condition.

Please refer to your certificate of insurance and riders for more information.

## 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**.
- 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.

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

## How much does Critical Illness Insurance cost?

See the chart(s) below for your cost. Rates shown are guaranteed until January 1, 2023.

Monthly Low UNI-TOBACCO: 4-Tier Rating					Monthly High UNI-TOBACCO: 4-Tier Rating				
Employee: \$15,000 Spouse: \$7,500 Child(ren): \$5,000					Employee: \$30,000 Spouse: \$15,000 Child(ren): \$10,000				
Includes Wellness Benefit Rider					Includes Wellness Benefit Rider				
Attained Age	EE only	EE+SP	EE+CH	Family	Attained Age	EE only	EE+SP	EE+CH	Family
Under 25	\$6.10	\$10.25	\$8.05	\$12.20	Under 25	\$10.90	\$17.90	\$14.80	\$21.80
25 - 29	\$6.10	\$10.25	\$8.05	\$12.20	25 - 29	\$10.90	\$17.90	\$14.80	\$21.80
30 - 34	\$7.15	\$11.90	\$9.10	\$13.85	30 - 34	\$13.00	\$21.20	\$16.90	\$25.10
35 - 39	\$7.15	\$11.90	\$9.10	\$13.85	35 - 39	\$13.00	\$21.20	\$16.90	\$25.10
40 - 44	\$14.20	\$22.78	\$16.15	\$24.73	40 - 44	\$27.10	\$42.95	\$31.00	\$46.85
45 - 49	\$14.20	\$22.78	\$16.15	\$24.73	45 - 49	\$27.10	\$42.95	\$31.00	\$46.85
50 - 54	\$28.75	\$46.25	\$30.70	\$48.20	50 - 54	\$56.20	\$89.90	\$60.10	\$93.80
55 - 59	\$28.75	\$46.25	\$30.70	\$48.20	55 - 59	\$56.20	\$89.90	\$60.10	\$93.80
60 - 64	\$43.00	\$68.23	\$44.95	\$70.18	60 - 64	\$84.70	\$133.85	\$88.60	\$137.75
65 - 69	\$52.90	\$85.10	\$54.85	\$87.05	65 - 69	\$104.50	\$167.60	\$108.40	\$171.50
70 +	\$78.25	\$119.45	\$80.20	\$121.40	70 +	\$155.20	\$236.30	\$159.10	\$240.20

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Bi-Weekly Low UNI-TOBACCO: 4-Tier Rating				
Employee: \$15,000 Spouse: \$7,500 Child(ren): \$5,000				
Includes Wellness Benefit Rider				
Attained Age	EE only	EE+SP	EE+CH	Family
Under 25	\$2.82	\$4.74	\$3.72	\$5.64
25 - 29	\$2.82	\$4.74	\$3.72	\$5.64
30 - 34	\$3.30	\$5.49	\$4.20	\$6.39
35 - 39	\$3.30	\$5.49	\$4.20	\$6.39
40 - 44	\$6.55	\$10.51	\$7.45	\$11.41
45 - 49	\$6.55	\$10.51	\$7.45	\$11.41
50 - 54	\$13.27	\$21.35	\$14.17	\$22.25
55 - 59	\$13.27	\$21.35	\$14.17	\$22.25
60 - 64	\$19.85	\$31.49	\$20.75	\$32.39
65 - 69	\$24.42	\$39.28	\$25.32	\$40.18
70 +	\$36.12	\$55.14	\$37.02	\$56.04

Bi-Weekly High UNI-TOBACCO: 4-Tier Rating				
Employee: \$30,000 Spouse: \$15,000 Child(ren): \$10,000				
Includes Wellness Benefit Rider				
Attained Age	EE only	EE+SP	EE+CH	Family
Under 25	\$5.03	\$8.26	\$6.83	\$10.06
25 - 29	\$5.03	\$8.26	\$6.83	\$10.06
30 - 34	\$6.00	\$9.78	\$7.80	\$11.58
35 - 39	\$6.00	\$9.78	\$7.80	\$11.58
40 - 44	\$12.51	\$19.83	\$14.31	\$21.63
45 - 49	\$12.51	\$19.83	\$14.31	\$21.63
50 - 54	\$25.94	\$41.49	\$27.74	\$43.29
55 - 59	\$25.94	\$41.49	\$27.74	\$43.29
60 - 64	\$39.09	\$61.77	\$40.89	\$63.57
65 - 69	\$48.23	\$77.35	\$50.03	\$79.15
70 +	\$71.63	\$109.06	\$73.43	\$110.86

Semi-Monthly Low UNI-TOBACCO: 4-Tier Rating				
Employee: \$15,000 Spouse: \$7,500 Child(ren): \$5,000				
Includes Wellness Benefit Rider				
Attained Age	EE only	EE+SP	EE+CH	Family
Under 25	\$3.05	\$5.13	\$4.03	\$6.11
25 - 29	\$3.05	\$5.13	\$4.03	\$6.11
30 - 34	\$3.58	\$5.96	\$4.56	\$6.94
35 - 39	\$3.58	\$5.96	\$4.56	\$6.94
40 - 44	\$7.10	\$11.39	\$8.08	\$12.37
45 - 49	\$7.10	\$11.39	\$8.08	\$12.37
50 - 54	\$14.38	\$23.13	\$15.36	\$24.11
55 - 59	\$14.38	\$23.13	\$15.36	\$24.11
60 - 64	\$21.50	\$34.11	\$22.48	\$35.09
65 - 69	\$26.45	\$42.55	\$27.43	\$43.53
70 +	\$39.13	\$59.73	\$40.11	\$60.71

Semi-Monthly High UNI-TOBACCO: 4-Tier Rating				
Employee: \$30,000 Spouse: \$15,000 Child(ren): \$10,000				
Includes Wellness Benefit Rider				
Attained Age	EE only	EE+SP	EE+CH	Family
Under 25	\$5.45	\$8.95	\$7.40	\$10.90
25 - 29	\$5.45	\$8.95	\$7.40	\$10.90
30 - 34	\$6.50	\$10.60	\$8.45	\$12.55
35 - 39	\$6.50	\$10.60	\$8.45	\$12.55
40 - 44	\$13.55	\$21.48	\$15.50	\$23.43
45 - 49	\$13.55	\$21.48	\$15.50	\$23.43
50 - 54	\$28.10	\$44.95	\$30.05	\$46.90
55 - 59	\$28.10	\$44.95	\$30.05	\$46.90
60 - 64	\$42.35	\$66.93	\$44.30	\$68.88
65 - 69	\$52.25	\$83.80	\$54.20	\$85.75
70 +	\$77.60	\$118.15	\$79.55	\$120.10



For more information, please contact:

Voya Employee Benefits Customer Service at (877) 236-7564.

To learn more, go to: <https://presents.voya.com/EBRC/Claremont>

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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. Form numbers, provisions and availability may vary by state.

EB0808-44127-0819

The Claremont Colleges, Group #71223-0, Date Prepared: 09/30/2019

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# Wellness Benefit

## At a glance



For employees of The Claremont Colleges enrolled in Critical Illness Insurance.

### What is the Wellness Benefit?

The Wellness Benefit is a rider that is included with your Critical Illness Insurance coverage. It provides an annual benefit payment if you complete a 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. Note that you may only receive a benefit payment once per year, even if you complete multiple health screening tests. If your spouse/domestic partner and/or children are covered for Critical Illness Insurance, they are also covered for this benefit.

### How can the Wellness Benefit help?

Regular health screenings increase the chance of a positive outcome 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 test can be used to help pay for the cost of the test or however you like.

### What types of health screening tests are eligible?

Health screening tests include but are not limited to:

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

### How much does it cost?

The Wellness Benefit is automatically included with your Critical Illness Insurance coverage at no additional cost to you.

### What is my Wellness Benefit amount?

#### For Critical Illness Insurance

The annual benefit for you and your covered spouse is \$50 each for completing a health screening test. The annual benefit for any covered child is \$50 up to a maximum of \$100 for all children per calendar year.

ReliaStar Life Insurance Company (Minneapolis, MN), a member of the Voya® family of companies

## How do I file a claim?

You can quickly and easily file your Wellness Benefit claim online.

1. Go to [Voya.com/claims](http://Voya.com/claims).
2. Scroll down to the "Have a Wellness Benefit Claim?" section and click the "Submit your claim" button.
3. Check all products that apply – Critical Illness.
4. Click "Continue" and follow the screen prompts. Once all questions are answered, click "Submit".

Your Group Name is: The Claremont Colleges

Your Group Number is: 0071223-0

Our Compass insurance products pay a fixed benefit amount upon the occurrence of specified events that occur on or after the insured person's coverage effective date. They are not health insurance and do not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

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 of the group policy. If there is any discrepancy between this document and the group policy documents, the policy documents will govern.

Insurance products are issued and underwritten by ReliaStar Life Insurance Company (Minneapolis, MN), a member of the Voya® family of companies. Critical Illness Insurance Policy form # RL-CI4-POL-16; Certificate form # RL-CI4-CERT-16; Wellness Benefit Rider form # RL-CI4-WELL-16. Form numbers, provisions and availability may vary by state.

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