



Wellness Benefit Included!

Child coverage at no cost!

Critical Illness

The Critical Illness Plan, administered by Voya Financial and underwritten by ReliaStar Life Insurance Company, pays a benefit if a covered individual is diagnosed with a covered illness or condition on or after the coverage effective date. Employees can choose a benefit amount of \$15,000, \$25,000 or \$40,000.

The Critical Illness Plan 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.

Benefit Amount: \$15,000, \$25,000 or \$40,000	
Pays 100% of benefit in the event of:	Pays 10% to 50% of benefit in the event of:
<ul style="list-style-type: none"> Cancer Heart Attack Stroke Major Organ Transplant Bone Marrow Transplant Carcinoma in situ Permanent paralysis Coma Severe Burns Loss of Sight/Speech/Hearing Advanced Dementia Benign Brain Tumor Parkinson's Disease Multiple Sclerosis Muscular Dystrophy Occupational HIV Hepatitis B or C Type 1 Diabetes ALS Huntington's Disease Coronary artery bypass Stem cell transplant 	<ul style="list-style-type: none"> Skin Cancer: 10% Sudden Cardiac Arrest: 25% Pacemaker placement: 10% Infectious disease: 25% Transient Ischemic Attack: 10% Open heart surgery for valve replacement or repair: 25% Transcatheter heart valve replacement or repair: 10% Coronary angioplasty: 10% ICD placement: 25% Aneurysm (ruptured or dissecting, abdominal aortic, or thoracic aortic): 10% Addison's disease: 10% Systemic sclerosis: 10% Myasthenia gravis: 50% Systemic Lupus Erythematosus: 50%

Features of the Critical Illness Plan include:

- Guaranteed issue — no health questions required at initial enrollment.
- Benefits paid directly to the employee.
- No waiting period for new diagnosis.
- Benefits for covered dependents are the same as covered employees.
- Total payable for each insured person is unlimited for most diagnoses.
- Same diagnosis of a critical illness for which benefits were previously paid by Voya must have 6 month separation period between diagnoses.
- Skin cancer benefits are payable only up to 10 times per covered member.

Monthly Cost

The monthly premium for the employee and/or spouse is based on the age of the covered employee as of January 1 of the current plan year, and are in five-year age bands. An employee may not be covered both as an employee and as a dependent.

Employee/Spouse

Employee Age	Benefit Amount*		
	\$15,000	\$25,000	\$40,000
<25	\$.90	\$ 1.50	\$ 2.40
25 – 29	\$ 1.20	\$ 2.00	\$ 3.20
30 – 34	\$ 2.10	\$ 3.50	\$ 5.60
35 – 39	\$ 2.70	\$ 4.50	\$ 7.20
40 – 44	\$ 4.20	\$ 7.00	\$ 11.20
45 – 49	\$ 7.80	\$ 13.00	\$ 20.80
50 – 54	\$ 10.80	\$ 18.00	\$ 28.80
55 – 59	\$ 15.90	\$ 26.50	\$ 42.40
60 – 64	\$ 29.70	\$ 49.50	\$ 79.20
65 – 69	\$ 42.00	\$ 70.00	\$ 112.00
70 +	\$ 49.80	\$ 83.00	\$ 132.80

*The costs are per covered person (employee/spouse) for the benefit amount elected.

Dependent Child(ren)	Monthly Rate
Up to age 26	No cost

Example: Calculating Cost for \$15,000 Option

Employee age is 43	\$4.20
Spouse rate based on employee age	\$4.20
Three children (varying ages)	\$0
Total Monthly Premium	\$8.40

*For more information on covered illnesses/condition definitions, visit ncflex.org.

Additional Benefits: Each Critical Illness option includes a **\$50 or \$25 Wellness Benefit** per covered person for one health screening test per year. See [page 23](#) for more information.

Also included on all three options, the **Infectious Disease Benefit Rider**. The Diagnosis Benefit pays \$100 once per calendar year per covered person for a COVID-19 diagnosis. The Hospital Confinement Benefit pays \$2,000 once per calendar year per covered person if confined to a hospital due to COVID-19.

Example: Benefit Payment*

Covered Condition	Lump-Sum Benefit Payment Received
The employee has a heart attack	\$25,000
Three months later, the employee is diagnosed with noninvasive cancer	\$6,250
12 months later the employee has another heart attack	\$25,000
Two months later the employee becomes paralyzed	\$25,000
Total Payout	\$81,250

**This example represents an employee who has chosen the \$25,000 option. An employee's individual experience may vary.*

Beneficiary

To designate a beneficiary, please visit ncflex.org. Click on the "Enroll Now" button and log in to designate a beneficiary.

Tax Considerations

If Voya pays an employee benefits totaling \$600 or more in a plan year, they will receive an IRS 1099-MISC after the plan year ends. The employee should consult with a tax advisor regarding the possible affects to their taxes.

Certificate of Coverage

The Certificate of Coverage, which can be found in the Critical Illness section of ncflex.org, provides complete details about the benefits and the limitations and exclusions.

Pre-Existing Condition

A pre-existing condition means a sickness or condition which resulted in medical treatment, consultation, care or services (including diagnostic measures) for a designated period of time before the coverage or increase effective date. There are no pre-existing condition limitations on this Critical Illness Insurance coverage. Covered members will be eligible for the benefit amount as shown on the schedule of benefits in the certificate, if they are diagnosed with a covered Critical Illness on or after their coverage effective date. For a complete description of available benefits, exclusions and limitations, see the certificate of insurance and any riders.

Portability

If an employee leaves employment or retires, portability of the Critical Illness Plan is available, if elected prior to the employee reaching age 70. For details and rates, employees may contact Voya at **877-464-5111**.



Wood Stork | Photo by: Melissa McGaw | © N.C. Wildlife Resources Commission

Wellness Benefit:

The Wellness Benefit is included in all three Critical Illness Plan options. If a participating employee completes an eligible health screening test, they are eligible for a Wellness Benefit payment. The health screening test must occur on or after their effective date. If the employee's spouse and/or children are covered under their Critical Illness Plan, they're also eligible for this benefit payment for a covered health screening.

Only one benefit is payable per covered member per calendar year, regardless of how many screenings are completed by that member.

Covered Member	Wellness Benefit available once per year with a covered screening:
Employee	\$50
Spouse	\$50
Child	\$25

What types of health screening tests are eligible?

Health screening tests include, but are not limited to:

- Blood tests 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
- Serum Protein Electrophoresis (myeloma)
- Breast ultrasound, sonogram, MRI
- Chest x-ray
- Mammography
- Colonoscopy
- CA 15-3 (breast cancer)
- Stress test on bicycle or treadmill
- 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
- COVID-19 test conducted at home or by a medical professional



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