Supplemental Health Insurance Benefits Enrollment Education

Saint Joseph’s University

Insurance is offered by Voya Employee Benefits and is underwritten by ReliaStar Life Insurance Company, a member of the Voya® family of companies. For specific pricing, provisions, and benefit options please refer to your enrollment materials available from your employer.
Did you know…

• 54% of women and 45% of men say they do not have enough emergency savings for unexpected expenses\(^1\)

• 29% of people cannot meet their monthly expenses\(^1\)

• 30% of employees report issues with personal finances have been a distraction at work\(^1\)

• 38% of employees say it’s likely they will need to use money from their retirement plans for non-retirement expenses\(^1\)

\(^1\)PricewaterhouseCoopers LLP, *Employee Financial Wellness Survey*, 2017
Critical Illness Insurance

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; Waiver of Premium Rider form #RL-C14-WOP-16. Form numbers, provisions and availability may vary by state.

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

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Eligibility

Employee eligibility:
• You must work a minimum of 20+ hours a week
• You must be actively at work at the time of enrollment

Spouse* and children eligibility:
• You must elect coverage on yourself to cover your spouse and/or children
• Your spouse
• Your children to age 26

*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.
What is Critical Illness Insurance

- Pays a lump-sum benefit upon diagnosis of a covered illness or condition
- Flexibility to use the benefit paid to you, however you may choose. Such as: Copays, deductibles, child care, groceries, bills, mortgage
- All benefit amounts are guaranteed issue
- Will pay a reoccurrence benefit should you be diagnosed a second time (12 month subsequent)

<table>
<thead>
<tr>
<th>Critical Illness Options</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
<td>Choice of a $15,000 or $30,000 benefit</td>
</tr>
<tr>
<td>Spouse</td>
<td>50% of the employee benefit</td>
</tr>
<tr>
<td>Child</td>
<td>50% of the employee benefit</td>
</tr>
<tr>
<td>Wellness</td>
<td></td>
</tr>
<tr>
<td>Employee/Spouse</td>
<td>$50 per year</td>
</tr>
<tr>
<td>Child(ren)</td>
<td>50% of the employees benefit to a max of $100 for all children per year</td>
</tr>
</tbody>
</table>

This is a limited benefit policy. This 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

PLAN | INVEST | PROTECT
What are the covered conditions?

- Heart attack
- Stroke
- Major organ transplant
- Coronary artery bypass (25%)
- Cancer
- Carcinoma in situ (25%)
- Skin cancer (10%)
- Severe burns
- Transient ischemic attacks (TIA) (10%)
- Ruptured or dissection aneurysm (10%)
- Abdominal aortic aneurysm (10%)
- Thoracic aortic aneurysm (10%)
- Open heart surgery for valve replacement/repair (25%)
- Transcatheter heart valve replacement/repair (10%)
- Coronary angioplasty (10%)
- Implantable/internal cardioverter defibrillator placement (25%)
- Systemic lupus erythematosus (SLE) (10%)
- Systemic sclerosis (scleroderma) (10%)
- Benign Brain Tumor
- Coma
- Pacemaker placement (10%)
- Bone marrow transplant (25%)
- Stem cell transplant (25%)
- Amyotrophic lateral sclerosis (ALS)
- Parkinson’s disease (25%)
- Advanced dementia, including Alzheimer’s disease (25%)
- Huntington’s disease
- Addison’s disease (10%)
- Myasthenia gravis (50%)
- Infectious disease (25%)

Benefits are payable at 100% of the Critical Illness benefit amount unless otherwise stated.
Example

Patrick had become a little inactive at his desk job and suffered an unexpected heart attack at age 39. He missed a month of work.

<table>
<thead>
<tr>
<th>Expense</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Out-of-pocket medical expenses &amp; co-pays:</td>
<td>$5,000*</td>
</tr>
<tr>
<td>Mortgage:</td>
<td>$2,500</td>
</tr>
<tr>
<td>Food/utilities:</td>
<td>$1,500</td>
</tr>
<tr>
<td>Car payment and insurance:</td>
<td>$950</td>
</tr>
<tr>
<td>Misc. living expenses:</td>
<td>$500</td>
</tr>
<tr>
<td><strong>Total out-of-pocket expenses:</strong></td>
<td><strong>$10,450</strong></td>
</tr>
<tr>
<td><strong>Total benefit paid under policy:</strong></td>
<td><strong>$15,000</strong> ****</td>
</tr>
</tbody>
</table>

The amounts shown are for illustrative purposes only. Actual costs/results may vary. The benefit amount assumes a Maximum Critical Illness Benefit in the amount as shown. Your employer may offer/provide different amounts or options.
Critical Illness Insurance: Additional benefits

Wellness Benefit
This provides an annual benefit payment for completing a health screening test.
- Your annual benefit amount is $50.
- Your spouse’s annual benefit amount is $50.
- The annual benefit amount for each child is 50% of your benefit amount with an annual maximum of $100 for all children.
Wellness Benefit

Covered screening tests include a wide range of tests aimed at early detection.

Health screening tests include but are not limited to:

- COVID-19
- Blood test for triglycerides
- Bone marrow testing
- Breast ultrasound, sonogram, MRI
- CA 15-3 (breast cancer)
- CEA (blood test for colon cancer)
- Chest x-ray
- Colonoscopy
- Hemoccult stool analysis
- Serum protein electrophoresis
- (myeloma)
- Fasting blood glucose test
- Mammography

- Pap smear or thing prep pap test
- PSA (prostate cancer)
- Hearing test
- Thermography
- Flexible sigmoidoscopy
- Serum cholesterol for HLD & LDL levels
- Routine eye exam
- Routine dental exam
- Wellness child/preventative exams for ages one through 18
Accident Insurance

This is a summary only. For a complete description of your benefits, along with any applicable provisions on benefit determination, exclusions and limitations, see your certificate of insurance and any riders. Accident Insurance is underwritten by ReliaStar Life Insurance Company, 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, Wellness Benefit Rider Form #RL-ACC3-WELL-16, Accidental Death & Dismemberment (AD&D) Rider Form #RL-ACC3-ADR-16, Catastrophic Accident Rider Form #RL-ACC3-CAR-16, Off Job Accident Disability Income Rider form #RL-ACC3-DIR-16, Sickness Hospital Confinement Rider Form #RL-ACC3-HCR-16, Waiver of Premium Rider form #RL-ACC3-WOP-16, Continuation of Insurance Rider form #RL-ACC3-CNT-16. Form numbers, provisions and availability may vary by state and employer’s plan.

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

Employee eligibility:

• You must work a minimum of 20+ hours a week
• You must be actively at work at the time of enrollment

Spouse* and children eligibility:

• You must elect coverage on yourself to cover your spouse and/or children
• Your spouse
• Your children to age 26

*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.
Accident Insurance: What’s covered?

Accident Insurance pays benefits for specific injuries and events resulting from a covered accident.

These benefits can be used for any purpose, such as:

- Lost time from work
- Mortgage/rent/utilities
- Co-pays/deductibles/coinsurance
- Home healthcare costs
- Childcare expenses
- House-cleaning expenses
- Everyday expenses like groceries

Benefits are available for, but not limited to*:

- Surgery, open abdominal thoracic, or exploratory or without repair
- Hospital admission
- Hospital confinement, per day up to 365
- Transportation, per trip, up to three per accident
- Lodging, per day up to 30 days
- Medical equipment
- Physical therapy, per treatment, up to six
- Concussion
- Dislocations

This is a limited benefit policy. This is not health insurance and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

This is a summary only. The policy, certificate and riders should be reviewed for complete provisions, conditions on benefit determination, exclusions and limitations. Product provisions and availability may vary by state.
## Accident – Benefits Schedule

<table>
<thead>
<tr>
<th>Accident hospital care</th>
<th>Low</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgery open abdominal, thoracic</td>
<td>$800</td>
<td>$1,200</td>
</tr>
<tr>
<td>Surgery exploratory or without repair</td>
<td>$125</td>
<td>$175</td>
</tr>
<tr>
<td>Blood, plasma, platelets</td>
<td>$400</td>
<td>$600</td>
</tr>
<tr>
<td>Hospital admission</td>
<td>$1,000</td>
<td>$1,250</td>
</tr>
<tr>
<td>Hospital confinement per day, up to 365 days</td>
<td>$300</td>
<td>$375</td>
</tr>
<tr>
<td>Critical care unit confinement per day, up to 15 days</td>
<td>$475</td>
<td>$600</td>
</tr>
<tr>
<td>Rehabilitation facility confinement per day, up to 90 days</td>
<td>$125</td>
<td>$200</td>
</tr>
<tr>
<td>Coma duration of 14 or more days</td>
<td>$11,500</td>
<td>$17,000</td>
</tr>
<tr>
<td>Transportation per trip, up to three per accident</td>
<td>$500</td>
<td>$750</td>
</tr>
<tr>
<td>Lodging per day, up to 30 days</td>
<td>$120</td>
<td>$180</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Accident care</th>
<th>Low</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial doctor visit</td>
<td>$60</td>
<td>$90</td>
</tr>
<tr>
<td>Emergency room treatment</td>
<td>$150</td>
<td>$225</td>
</tr>
<tr>
<td>Ground ambulance</td>
<td>$240</td>
<td>$360</td>
</tr>
<tr>
<td>Air ambulance</td>
<td>$1,000</td>
<td>$1,500</td>
</tr>
<tr>
<td>Follow-up doctor treatment</td>
<td>$60</td>
<td>$90</td>
</tr>
<tr>
<td>Medical equipment</td>
<td>$40</td>
<td>$120</td>
</tr>
<tr>
<td>Physical or occupational therapy up to six per accident</td>
<td>$30</td>
<td>$45</td>
</tr>
<tr>
<td>Speech therapy up to 6 per accident</td>
<td>$30</td>
<td>$45</td>
</tr>
<tr>
<td>Prosthetic device (one)</td>
<td>$500</td>
<td>$750</td>
</tr>
<tr>
<td>Prosthetic device (two or more)</td>
<td>$800</td>
<td>$1,200</td>
</tr>
<tr>
<td>Major diagnostic exam</td>
<td>$80</td>
<td>$240</td>
</tr>
<tr>
<td>X-ray</td>
<td>$30</td>
<td>$45</td>
</tr>
</tbody>
</table>

### Common Injuries

<table>
<thead>
<tr>
<th>Low</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laceration$^1$ treated no sutures</td>
<td>$20</td>
</tr>
<tr>
<td>Laceration$^1$ sutures up to 2”</td>
<td>$40</td>
</tr>
<tr>
<td>Laceration$^1$ sutures 2” – 6”</td>
<td>$160</td>
</tr>
<tr>
<td>Laceration$^1$ sutures over 6”</td>
<td>$320</td>
</tr>
<tr>
<td>Ruptured disk surgical repair</td>
<td>$500</td>
</tr>
<tr>
<td>Tendon/ligament/rotator cuff exploratory arthroscopic surgery with no repair</td>
<td>$275</td>
</tr>
<tr>
<td>Tendon/ligament/rotator cuff one, surgical repair</td>
<td>$550</td>
</tr>
<tr>
<td>Tendon/ligament/rotator cuff two or more, surgical repair</td>
<td>$800</td>
</tr>
<tr>
<td>Concussion</td>
<td>$150</td>
</tr>
<tr>
<td>Paralysis - paraplegia</td>
<td>$10,750</td>
</tr>
<tr>
<td>Paralysis - quadriplegia</td>
<td>$16,000</td>
</tr>
</tbody>
</table>

Please refer to the benefit summary for full schedule.
Exclusions and Limitations

Exclusions in the Certificate 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.

*See the certificate of insurance and riders for a complete list of available benefits, along with applicable provisions, exclusions and limitations.
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.
## Accident Insurance example

John slid into home base while playing in a summer softball league, broke his ankle and tore his ACL in the process.

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Out-of-pocket medical expenses incurred:</td>
<td>$500</td>
</tr>
<tr>
<td>Deductible</td>
<td>$100</td>
</tr>
<tr>
<td>Urgent care copay:</td>
<td>$300</td>
</tr>
<tr>
<td>X-ray and MRI copay:</td>
<td>$750</td>
</tr>
<tr>
<td>Surgery copay ($3,750 x 20%):</td>
<td>$150</td>
</tr>
<tr>
<td>Physical therapy visit copays (6):</td>
<td></td>
</tr>
<tr>
<td><strong>Total out-of-pocket expenses:</strong></td>
<td><strong>$1,800</strong>*</td>
</tr>
<tr>
<td>Total benefits paid under Accident policy:</td>
<td><strong>$1,355</strong></td>
</tr>
<tr>
<td>Total benefits paid under Accident policy with sports accident benefit (25%)</td>
<td><strong>$1,694</strong></td>
</tr>
</tbody>
</table>

The amounts shown above are for illustrative purposes only. Actual costs and results may vary. Your employer may offer a different level of coverage with other options. Please see your certificate for details.
How to file a claim

Log on to www.voya.com/claims

How to file an insurance claim
ReliaStar Life Insurance Company, Minneapolis, MN
A member of the Voya® family of companies

For certificate or policyholders of Accident and Critical Illness Insurance:

Group Policy Name: Saint Joseph’s University
Group Policy Number: 0071819-0

Online submission via the Voya Claims Center
Step 1 - Visit the www.voya.com/claims and click on "Start A Claim".
Step 2 - Complete the questionnaire.
This generates a custom claim form package for you.
- If you are filing a Wellness Benefit claim, this process is completed online during this questionnaire. No claim form is necessary. Simply submit your claim at the end of the questionnaire.
Step 3 - Download your claim form package.
Step 4 - Complete the form package.
Have each form completed by the appropriate party, as outlined in the claim form package.
Step 5 - Gather additional documents.
Collect any additional supporting documents, as instructed on the claim form “for you”.
Step 6 - Submit.
Using your preferred submission method, submit your completed and signed forms, as well as any supporting documents.
- To submit online via a secure upload, visit Voya.com and click on “Contact & Services > Claims Center > Upload a Claim”.
- To mail your submission, see the top of your custom claim form package.

Questions about the claim process?
For Accident and/or Critical Illness Insurance claims, call 1-877-238-7584.

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Who do I contact with questions?

For more information, please call the Voya Employee Benefits Customer Service Team at (877) 236-7564 or log on to https://presents.voya.com/EBRC/SaintJosephsUniversity
Where can I find more information?

How much does it cost?

This table shows your rates for Accident Insurance. The cost provided below includes Accident Insurance premium and a fee for Voya Travel Assistance.

<table>
<thead>
<tr>
<th>Low Plan - Monthly Rates</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
<td>Employee and Spouse</td>
<td>Employee and Children</td>
<td>Family</td>
<td></td>
</tr>
<tr>
<td>$3.88</td>
<td>$8.05</td>
<td>$7.92</td>
<td>$12.09</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>High Plan - Monthly Rates</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
<td>Employee and Spouse</td>
<td>Employee and Children</td>
<td>Family</td>
<td></td>
</tr>
<tr>
<td>$7.22</td>
<td>$14.40</td>
<td>$14.92</td>
<td>$21.60</td>
<td></td>
</tr>
</tbody>
</table>

What’s covered?

Accident Insurance provides a benefit payment after a covered accident that results in the specific injuries and treatments listed in this document. Some of the most common treatments and conditions we pay benefits for include:

- ER treatment
- X-rays
- Physical therapy
- Stitches
- Follow-up doctor treatment(s)

Sample payment amounts

If one of these events happens to you, and your claim is approved, you’d receive a benefit payment in the amount listed below. Use it however you’d like:

<table>
<thead>
<tr>
<th>Accident-related treatment</th>
<th>Low</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency room treatment</td>
<td>$150</td>
<td>$225</td>
</tr>
<tr>
<td>X-ray</td>
<td>$30</td>
<td>$45</td>
</tr>
<tr>
<td>Physical or occupational therapy (up to six per accident)</td>
<td>$30</td>
<td>$45</td>
</tr>
<tr>
<td>Stitches (including, up to 2)</td>
<td>$40</td>
<td>$60</td>
</tr>
<tr>
<td>Follow-up doctor treatment</td>
<td>$60</td>
<td>$50</td>
</tr>
</tbody>
</table>
Thank you!