

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



Compass Critical Illness Insurance

Compass Critical Illness Insurance pays a lump-sum benefit upon the diagnosis of a covered illness or condition.

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.

Product highlights

PERPETUAL GUARANTEED ISSUE

There are no health questions to answer in order to obtain coverage—whether it is elected during the initial enrollment or any enrollment in the future.

ADAPTABLE TO MOST ENROLLMENT SYSTEMS

Include our products on virtually any enrollment platform or benefits administration system, ensuring you aren't tied to a carrier's system. Employees can select their benefits as part of their annual or open enrollment process.

SELF-ADMINISTERED BILLING

Your client can be the system of record, providing us with the lives and volumes to reconcile each month. There are no tedious list bills to review.

TRUE GROUP PRODUCT

Our Compass products are true group products designed to integrate enrollment and administration to match an employer's core benefit offerings. Employers are provided with a single certificate they can distribute or post on their intranet.

PORTABII ITY

Employees can choose to continue all or some of their insurance coverage when they terminate employment.

*Availability varies by state.

Benefits can be used for any purpose, including:

- Bills mortgage/rent, utilities
- Medical costs co-pays, deductibles, coinsurance
- · Home health care costs
- Alternative or complementary therapy

Who can be covered?

EMPLOYEE

- · Actively at work
- Working a minimum or 20* hours per week
- *16 hours for healthcare industries

SPOUSE

- Through age 69
- Can include domestic partner as the employer defines

CHILDREN

- Up to age 26
- Coverage extended for children with disabilities beyond maximum age
- One premium covers all children

3 premium payment options

EMPLOYER-PAID

Ideal for employers who are moving to a high-deductible health plan and want to provide a financial cushion for their employees. The employer can choose to provide coverage for the employee only or all family members.

EMPLOYEE-PAID

Employees can elect coverage for themselves or their spouse and children, which allows the employer to enhance their benefit offerings with little to no expense.

COMBINATION OF EMPLOYER-/EMPLOYEE-PAID

This hybrid option allows the employer to pay for a portion of the benefit offering. The employee can elect additional benefit amounts for themself, and their spouse and children.

2 rate options

ATTAINED AGE

Premiums are adjusted based on the age of the insured.

ISSUE AGE

Premiums are based on the age of the insured at the time the initial coverage is issued.

*Availability varies by state.





Covered conditions and illnesses modules

Choose the modules that fit your group's unique needs. The base module is included in every plan offering. The benefits included with each module are show below.

BASE MODULE

- · Heart attack (cardiac arrest is not a heart attack)
- · Cancer**
- Stroke
- Major organ transplant***
- Coronary artery bypass** (25% of critical illness benefit)
- Carcinoma in situ** (25% of critical illness benefit)

MAJOR ORGAN MODULE

- Type 1 diabetes
- Severe burns
- Transient ischemic attacks (TIA) (10% of critical illness benefit)
- Ruptured or dissecting aneurysm (10% of critical illness benefit)
- Abdominal aortic aneurysm (10% of critical illness benefit)
- Thoracic aortic aneurysm (10% of critical illness benefit)
- Open heart surgery for valve replacement or repair (25% of critical illness benefit)
- Transcatheter heart valve replacement or repair (10% of critical illness benefit)
- Coronary angioplasty (10% of critical illness benefit)
- Implantable cardioverter defibrillator (ICD) placement (25% of critical illness benefit)
- Pacemaker placement (10% of critical illness benefit)

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
- · Loss of sight, hearing or speech
- Coma
- Multiple sclerosis
- Amyotrophic lateral sclerosis (ALS)
- Parkinson's disease
- · Advanced dementia, including Alzheimer's
- Huntington's disease
- Muscular dystrophy
- Infectious disease (25% of critical illness benefit)
- Addison's disease (10% of critical illness benefit)
- Myasthenia gravis (50% of critical illness benefit)
- Systemic lupus erythematosus (SLE) (50% of critical illness benefit)
- Systemic sclerosis (scleroderma) (10% of critical illness benefit)
- Occupational HIV or Hepatitis B or C**

ADDITIONAL CHILD DISEASES MODULE (MUST HAVE CHILD COVERAGE TO ADD)

- Cerebral palsy
- Congenital birth defects
- Cystic fibrosis
- Down syndrome
- Gaucher disease, type II or III
- Infantile Tay-Sachs
- Niemann-Pick disease
- Pompe disease
- Sickle cell anemia**
- Type 1 diabetes**
- Type IV glycogen storage disease
- Zellweger syndrome**
- **Benefit is optional
- ***Major organ transplant means the irreversible failure of the heart, lung, pancreas, entire kidney or liver, or any combination thereof, determined by a physician specialized in care of the involved organ.







Enhanced optional benefits

HEALTH REWARD INCREASE BENEFIT**

Employees who actively participate in and receive financial incentives from employer-sponsored wellness programs are eligible for an annual increase in their Compass Critical Illness Insurance benefit amount. This benefit is only available to employees.

LODGING BENEFIT**

Payable if the insured's adult companion incurs lodging charges while the insured is receiving treatment prescribed by a doctor due to the diagnosis of a critical illness. In order to qualify for the benefit, treatment must be more than 100 miles from the insured's home.

TRANSPORTATION BENEFIT**

Payable for transportation of the insured when receiving treatment by a doctor due to the diagnosis of a critical illness and treatment is not available locally. In order to qualify for the benefit, treatment must be more than 100 miles from home one way. Does not apply to transportation by ground ambulance or air ambulance.

CHILD CARE BENEFIT**

Payable if the insured is receiving treatment prescribed by a doctor while confined to a hospital or treatment center due to the diagnosis of a critical illness, and the insured has an eligible child receiving childcare during the confinement.

**Benefit is optional and/or flexible price points.

Additional benefits

WELLNESS BENEFIT

The insured employee and spouse are each covered for an annual benefit of \$100* for completing a health screening test. The standard child benefit is 50% of the employee's benefit amount, with an annual maximum of \$200* for all children.

*Standard amount

CONSECUTIVE WELLNESS BENEFIT

This allows for a one-time increase in the Wellness Benefit for receiving a health screening test two calendar years in a row.

WAIVER OF PREMIUM BENEFIT

If an employee becomes totally disabled, this benefit allows the employee to continue their Critical Illness Insurance coverage without needing to pay premiums. Employees may need to complete a waiting period of total disability before premiums are waived, during which time premiums need to be paid.

Additional benefits availability and provisions may vary by state.



Flexible plan designs

Use our variable coverage modules to build a benefit package that fits your client's budget and unique benefit needs.

First, choose between the following plan options:

- Per Policy Plan: The full critical illness benefit amount is payable once, regardless of how many modules are included in the plan. Once 100% has been paid, the insured cannot receive benefit payments for any other covered conditions and the coverage terminates (unless a total maximum benefit amount applies).
- Per Module Plan: The full critical illness benefit is payable once from each module selected by the employer. Once 100% for a module has been paid, the insured cannot receive benefit payments for another covered condition from that same module (unless a total maximum benefit amount applies).
- Per Diagnosis Plan: The full critical illness benefit amount is payable once for each covered condition under each module selected by the employer. Once 100% for a covered condition has been paid, the insured cannot receive a benefit payment for the same covered condition again (unless a total maximum benefit amount applies).

Next, select the total maximum benefit:

- What's a total maximum benefit? This is the maximum amount payable under the plan. The critical illness benefit amount for each covered condition is 100% unless otherwise stated. A total maximum benefit can pay multiple 100% benefits for multiple diagnoses during the insured's lifetime. The total maximum benefit will be set according to the type of plan selected: per policy, per module or per diagnosis.
- Set the increment: Employers can set the total maximum benefit as an increment (recommendation is 2 maximum benefits) that reflects their group's needs.
- Spouse and/or child coverage: Any payment for a spouse and/or children does not reduce the employee's total maximum benefit amount or vice versa. However, if the employee's coverage terminates because the employee's total maximum benefit amount has been paid before the children and/or spouse total maximum benefit amount has been reached, then the spouse and child coverage also terminates.
- Partial benefits: Benefits for some covered conditions are payable at less than 100% of the critical illness benefit amount. Any partial payment reduces the critical illness benefit amount as well as the total maximum benefit amount.





DIFFERENT DIAGNOSIS

For an insured to be eligible for a benefit payment, the diagnosis must be a "different diagnosis." This can mean any of the following:

- An insured receives a diagnosis of a covered critical illness that is different from a previously diagnosed illness or condition. A cancer that has spread to a different area of the body is not a different illness/ condition than the previously diagnosed cancer.
- An insured 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 Compass Critical Illness Insurance policy. The subsequent diagnosis must occur more than six months** after the date of the previous diagnosis.
- An insured receives a subsequent diagnosis of a covered critical illness that is for the same illness or condition* as an illness/condition previously diagnosed prior to their coverage effective date under the Compass Critical Illness Insurance policy. The subsequent diagnosis must occur more than six months** after the date of the previous diagnosis.

Some exceptions may apply due to the nature of the covered critical illness or condition.

*including a cancer that has spread to a different area of the body
**separation period can either be 6 months or 12 months

Exclusions and limitations*

Benefits are not payable for any critical illness resulting from a pre-existing condition if the date of diagnosis for the critical illness occurs during the first 12 months following the insured person's coverage effective date (including increases). Pre-existing condition means a sickness, injury or physical condition which, within the 12 month period prior to the insured person's coverage effective date, resulted in the insured person receiving medical treatment, consultation, care or services (including diagnostic measures).

The employee's and spouse's critical illness benefit amount and total maximum benefit amount will reduce to 50% on the policy anniversary that is on or next follows the insured person's 70th birthday. Premiums do not reduce.

* Exclusions and limitations may vary by state.

Optional non-insurance services

COMPASS CARE PACKAGE

The Compass Care Package provides employees and their families with holistic services during and beyond a critical illness event. To access the health advocacy program, employees will be provided a toll-free number that connects them with a Master-level counselor. The services this program provides include:

- administrative support with claims and billing issues,
- · help understanding benefits,
- · resource referrals,

- support with cost estimation/fee negotiation, and
- · assisting beneficiaries if a death occurs.

Compass Care Package services are provided by ComPsych® Corporation, Chicago, IL.

The journey to retirement is not always met with a smooth road. We can help your clients prepare for unforeseen life events by helping to protect their livelihoods and retirements through an array of employee benefit insurance products.

By working with us, you benefit from:

- Solid ratings by the leading independent financial rating organizations that illustrate we can meet our customer claims and guarantees.
- Products that can be built on an array of enrollment platforms or benefits administration systems.
- A diverse product portfolio that complements many benefit plans.
- Convenient payroll deductions based on elected premium payment option.
- · Seamless support with a dedicated local account team.
- Prompt underwriting, efficient claims processing and more.
- A competitive, relationship-focused compensation program.

Our generalist approach offers a holistic view of your benefits challenges. This helps us create the solution that leverages the right mix of products and services.





