

Critical Illness Insurance

Explore Your Benefits & Costs



Group Name: Plexus Corp.
Group Number: 701939

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:



No medical questions or tests are required for coverage.



Employees get an annual Wellness Benefit of \$50 for completing an eligible health screening test.



Benefit payments go directly to you. Use them however you'd like!

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 for added protection if one of the following covered conditions comes your way.

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.

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How much coverage is available?

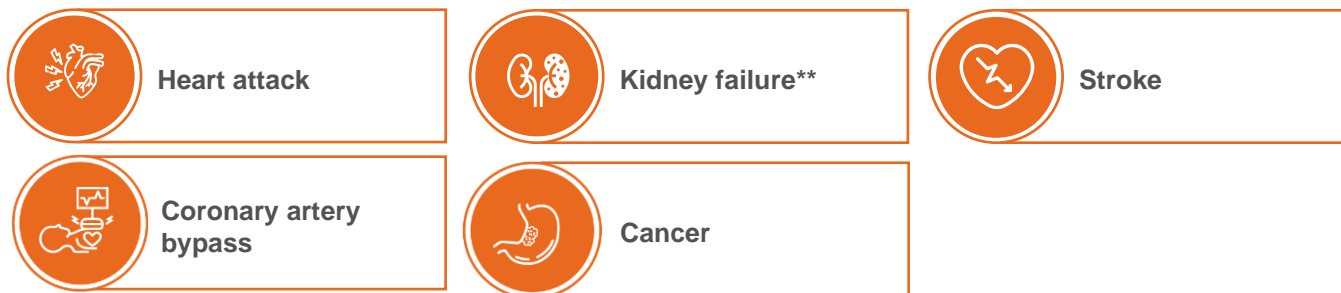
For those employees enrolled in the HDHP and their dependents, your employer is providing basic coverage of \$5,000 at no cost to you. You have the option to enroll in additional coverage in the amount(s) below.

	Coverage Amount
For you	\$5,000
Your spouse	100% of Employee Benefit
Your children*	100% of Employee Benefit

*Child(ren) up to age 26.

What's covered by Critical Illness Insurance?

Critical Illness Insurance provides benefits for the covered conditions and diagnoses shown below. The most common conditions we pay claims for include:



Sample benefit amounts

If one of these events happens on or after your coverage effective date, and your claim is approved, 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%
Coronary artery bypass	100%

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

This is only a small preview of the benefits available to you.

See the full Schedule of Benefits toward the end of this document.

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.

Employee Coverage		Spouse Coverage	
Bi-Weekly Rates		Bi-Weekly Rates	
Child Rate Embedded		Child Rate Embedded	
Includes Wellness Benefit Rider		Includes Wellness Benefit Rider	
Attained Age	\$5,000	Attained Age	\$5,000
Under 25	\$0.88	Under 25	\$0.88
25-29	\$0.88	25-29	\$0.88
30-34	\$0.95	30-34	\$0.95
35-39	\$1.15	35-39	\$1.18
40-44	\$1.80	40-44	\$1.87
45-49	\$2.70	45-49	\$2.86
50-54	\$4.11	50-54	\$4.32
55-59	\$5.75	55-59	\$6.18
60-64	\$7.25	60-64	\$7.75
65-69	\$9.07	65-69	\$9.28
70+	\$12.60	70+	\$10.64

Employee Coverage		Spouse Coverage	
Weekly Rates		Weekly Rates	
Child Rate Embedded		Child Rate Embedded	
Includes Wellness Benefit Rider		Includes Wellness Benefit Rider	
Attained Age	\$5,000	Attained Age	\$5,000
Under 25	\$0.44	Under 25	\$0.44
25-29	\$0.44	25-29	\$0.44
30-34	\$0.47	30-34	\$0.47
35-39	\$0.58	35-39	\$0.59
40-44	\$0.90	40-44	\$0.93
45-49	\$1.35	45-49	\$1.43
50-54	\$2.05	50-54	\$2.16
55-59	\$2.87	55-59	\$3.09
60-64	\$3.62	60-64	\$3.88
65-69	\$4.53	65-69	\$4.64
70+	\$6.30	70+	\$5.32

*Children birth to age 26; no limit to the number of children per family.

Schedule of Benefits

The table below outlines a more detailed list of what's covered. 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 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
Heart attack*	100%
Cancer	100%
Stroke	100%
Sudden cardiac arrest	100%
Major organ transplant (includes Major Organ Failure & End Stage Renal (Kidney) Failure)**	100%
Coronary artery bypass	100%
Carcinoma in situ	100%
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%
Severe burns	100%
Transcatheter heart valve replacement or repair	10%
Coronary angioplasty	10%
Implantable/internal cardioverter defibrillator (ICD) placement	25%
Pacemaker placement	10%
Benign brain tumor	100%
Skin cancer	10%
Bone marrow transplant	100%
Stem cell transplant	100%
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	100%
Muscular dystrophy	100%
Infectious disease (hospitalization requirement)***	50%
Addison's disease	10%
Myasthenia gravis	50%
Systemic lupus erythematosus (SLE)	50%
Systemic sclerosis (scleroderma)	10%
Occupational HIV	100%
Occupational Hepatitis B or C	100%

* 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.

*** Diagnosis of a severe infectious disease by a doctor, including COVID-19, when a diagnosis occurs on or after the group's coverage effective date; AND Confinement to a Hospital for 5 or more consecutive days, or in a transitional facility for 14 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 benefit payment up to 100% of the Critical Illness benefit amount for each different diagnosis, up to the total maximum benefit. (A definition of "different diagnosis" is provided in the certificate of coverage).

Total maximum benefit. The total maximum benefit amount is unlimited. For skin cancer, the benefit is payable up to 1 time per calendar year, 10 times lifetime maximum limit. Once the total maximum benefit for a covered condition has been paid, no further benefits are payable for that same covered condition.

What else is included?

The Critical Illness Insurance available through your employer includes the following additional benefits:

receive **\$50** to use however you'd like

Wellness Benefit

This provides an annual benefit payment if you complete an eligible health screening test (such as an annual physical) or experience a covered hospital stay, and receive a benefit payment.

- For employees, the annual benefit amount is \$50.
- Your spouse's annual benefit amount is \$50.
- The annual benefit for child coverage is 100% of your benefit amount per child, with no annual maximum for all children.

A benefit is payable only once per year, even if the covered person receives multiple health screening tests.



keep coverage during a leave of absence

Continuation of Insurance

Continuation allows you to maintain your current Hospital Indemnity Insurance coverage for yourself, your spouse, and children during an employer-approved leave of absence.



Take your coverage with you

Portability

If you are in a situation where you will lose eligibility for benefits, such as reduced hours, termination, 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.



Receive
a benefit
for an
infectious
condition

Infectious Condition Additional Benefit Rider

If you are diagnosed with a covered infectious condition** this pays a benefit amount of \$100. If you are hospitalized for that covered infectious condition** and there is a room & board charge for that hospitalization, this pays a benefit amount of \$1,000. Confinement is specifically defined in the certificate and also includes assignment to an observation unit in a hospital for at least 20 consecutive hours.

A benefit is payable up to a maximum of 2 times per Covered Person per Calendar year.

When you have the ICBR and the Infectious Disease Benefit

The Infectious Condition Additional Benefit Rider is payable if you are hospitalized for a covered infectious condition** and there is a room & board charge for that hospitalization. Confinement is specifically defined in the certificate and also includes assignment to an observation unit in a hospital for at least 20 consecutive hours.

The Infectious Disease benefit under the Quality-of-Life module is payable when diagnosis of a severe infectious disease by a doctor result in confinement to a hospital or a transitional facility for 5 or more consecutive days.

Based on the provisions of your certificate of coverage and rider, you may be eligible to receive benefits under both if you are diagnosed and hospitalized for a covered infectious disease or condition. Note that these are not coordinated benefits and eligibility for one does not assume or mean eligibility for the other. For a complete description of your benefits, along with applicable provisions, condition on benefit determination, exclusions, and limitations, see your certificate of coverage and any riders.

Coverage benefits for infectious conditions, such as COVID-19, have NOT been filed or approved in Washington.

****A COVID-19 diagnosis must be confirmed by a medical professional**

Exclusions and limitations

Exclusions and limitations vary by state and by your employer's plan. Please review your certificate of coverage for details.



Ready to Enroll?

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/stageebr/plexuscorp>

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-CERT2-20; Spouse Rider form #RL-CI4-SPR2-20; Children's Rider form #RL-CI4-CHR2-20; Continuation Rider form #RL-CI4-CNT2-20; Absence from Employment Premium Waiver Rider form #RL-CI4-AEPW-20; Wellness Benefit Rider form #RL-CI4-WELL2-20; Waiver of Premium Rider form #RL-CI4-WOP-16; Additional Services Rider form #RL-CI4-VAS-20. Form numbers, provisions and availability may vary by state and employer's plan.

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CI 2.1 Only

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