

Critical Illness Insurance

Explore Your Benefits & Costs



Group Name: Brown & Brown, Inc.
Group Number: 738581

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:



Coverage is always
Guaranteed Issue.



Teammates 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 pays a lump-sum benefit if you are diagnosed with a covered illness or condition on or after your coverage effective date. 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 to help lessen the financial impact of a covered illness.

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.

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.

How much coverage is available?

You have the option to enroll in supplemental coverage in the amount(s) below.

Coverage Amount	
For you	You can elect a critical illness benefit amount of \$10,000, \$20,000, \$30,000 or \$40,000
Your spouse	100% of employee benefit
Your children**	50% of employee benefit

**Children up to age 26.

What's covered by Critical Illness Insurance?

Critical Illness Insurance provides a benefit payment for the diagnosis of a covered illness or condition such as:



Heart attack*



Cancer



Stroke



Coronary artery bypass



Major organ transplant**

Sample benefit amounts

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%
Major organ transplant **	100%
Coronary artery bypass	100%

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

**Listed in the certificate of coverage as "major organ transplant," which 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.

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

See the full Schedule of Benefits further in 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. Spouse rates are based on the age of the teammate.

Monthly Rates		
Teammate: \$10,000 Spouse: \$10,000 Child(ren): \$5,000		
Includes Wellness Benefit Rider		
Attained Age	Teammate <i>(with or without children)</i>	Teammate & Spouse <i>(with or without children)</i>
Under 30	\$3.50	\$7.00
30-39	\$4.40	\$8.80
40-49	\$9.50	\$19.00
50-59	\$16.00	\$32.00
60-64	\$22.80	\$45.60
65-69	\$22.80	\$45.60
70+	\$28.70	\$57.40

Monthly Rates		
Teammate: \$20,000 Spouse: \$20,000 Child(ren): \$10,000		
Includes Wellness Benefit Rider		
Attained Age	Teammate <i>(with or without children)</i>	Teammate & Spouse <i>(with or without children)</i>
Under 30	\$7.00	\$14.00
30-39	\$8.80	\$17.60
40-49	\$19.00	\$38.00
50-59	\$32.00	\$64.00
60-64	\$45.60	\$91.20
65-69	\$45.60	\$91.20
70+	\$57.40	\$114.80

Monthly Rates		
Teammate: \$30,000 Spouse: \$30,000 Child(ren): \$15,000		
Includes Wellness Benefit Rider		
Attained Age	Teammate <i>(with or without children)</i>	Teammate & Spouse <i>(with or without children)</i>
Under 30	\$10.50	\$21.00
30-39	\$13.20	\$26.40
40-49	\$28.50	\$57.00
50-59	\$48.00	\$96.00
60-64	\$68.40	\$136.80
65-69	\$68.40	\$136.80
70+	\$86.10	\$172.20

Monthly Rates		
Teammate: \$40,000 Spouse: \$40,000 Child(ren): \$20,000		
Includes Wellness Benefit Rider		
Attained Age	Teammate <i>(with or without children)</i>	Teammate & Spouse <i>(with or without children)</i>
Under 30	\$14.00	\$28.00
30-39	\$17.60	\$35.20
40-49	\$38.00	\$76.00
50-59	\$64.00	\$128.00
60-64	\$91.20	\$182.40
65-69	\$91.20	\$182.40
70+	\$114.80	\$229.60

Semi-Monthly Rates		
Teammate: \$10,000 Spouse: \$10,000 Child(ren): \$5,000		
Includes Wellness Benefit Rider		
Attained Age	Teammate <i>(with or without children)</i>	Teammate & Spouse <i>(with or without children)</i>
Under 30	\$1.75	\$3.50
30-39	\$2.20	\$4.40
40-49	\$4.75	\$9.50
50-59	\$8.00	\$16.00
60-64	\$11.40	\$22.80
65-69	\$11.40	\$22.80
70+	\$14.35	\$28.70

Semi-Monthly Rates		
Teammate: \$20,000 Spouse: \$20,000 Child(ren): \$10,000		
Includes Wellness Benefit Rider		
Attained Age	Teammate <i>(with or without children)</i>	Teammate & Spouse <i>(with or without children)</i>
Under 30	\$3.50	\$7.00
30-39	\$4.40	\$8.80
40-49	\$9.50	\$19.00
50-59	\$16.00	\$32.00
60-64	\$22.80	\$45.60
65-69	\$22.80	\$45.60
70+	\$28.70	\$57.40

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Semi-Monthly Rates		
Teammate: \$30,000 Spouse: \$30,000 Child(ren): \$15,000		
Includes Wellness Benefit Rider		
Attained Age	Teammate <i>(with or without children)</i>	Teammate & Spouse <i>(with or without children)</i>
Under 30	\$5.25	\$10.50
30-39	\$6.60	\$13.20
40-49	\$14.25	\$28.50
50-59	\$24.00	\$48.00
60-64	\$34.20	\$68.40
65-69	\$34.20	\$68.40
70+	\$43.05	\$86.10

Semi-Monthly Rates		
Teammate: \$40,000 Spouse: \$40,000 Child(ren): \$20,000		
Includes Wellness Benefit Rider		
Attained Age	Teammate <i>(with or without children)</i>	Teammate & Spouse <i>(with or without children)</i>
Under 30	\$7.00	\$14.00
30-39	\$8.80	\$17.60
40-49	\$19.00	\$38.00
50-59	\$32.00	\$64.00
60-64	\$45.60	\$91.20
65-69	\$45.60	\$91.20
70+	\$57.40	\$114.80

Schedule of Benefits

The table below presents a more detailed list of the conditions covered under Critical Illness Insurance. 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 limitations and 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
Base Module	
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%
Major Organ Module	
Type 1 Diabetes	100%
Ruptured or dissecting aneurysm	25%
Severe burns	100%
Enhanced Cancer Module	
Benign brain tumor	100%
Skin cancer	25%
Bone marrow transplant	100%
Stem cell transplant	100%
Quality of Life Module	
Permanent paralysis	100%
Loss of sight	100%

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Covered Condition	% of Benefit
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)***	25%
Addison's disease	100%
Myasthenia gravis	100%
Systemic lupus erythematosus (SLE)	100%
Systemic sclerosis (scleroderma)	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 or a transitional facility for 5 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%

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Additional benefits

In addition to the covered conditions mentioned above, the benefits listed below are also included with your Critical Illness coverage:


Benefit Type	Benefit Amount
Lodging benefit	\$50 per day, up to 30 days per critical illness
Transportation benefit	\$250 per day, up to 3 trips per critical illness


Multiple benefit payments

You may receive a lump-sum benefit payment for each covered condition. There is no limit with the exception of skin cancer to the number of payments you may receive for each covered condition under your plan. Additional details are provided in the certificate of coverage.

What else is included?

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

	Receive \$50 to use however you'd like	Wellness Benefit The Wellness Benefit provides an annual benefit if you complete a covered health screening test whether or not there is any out-of-pocket cost to you. <ul style="list-style-type: none">• Employees benefit amount is \$50. Spouse's benefit amount is \$50.• Children receive 100% of your benefit amount per child.
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	Take your coverage with you	Portability If you are in a situation where your eligibility for benefits is changing, such as reduced hours, termination from employment, 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.
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Specified Conditions Rider

Specified Conditions Diagnosis Benefit

We will pay you a Specified Condition Diagnosis benefit if you are diagnosed with Autism Spectrum Disorder Level 3 on or after the coverage effective date. If your spouse and/or child(ren) are covered for Critical Illness, they are eligible for this benefit, also.

This pays a benefit amount as shown below:

Specified Condition -	CI Benefit Amount \$10,000			CI Benefit Amount \$20,000		
	EE	SP	CH	EE	SP	CH
Autism Spectrum Disorder Level 3	\$5,000	\$5,000	\$5,000	\$10,000	\$10,000	\$10,000
	CI Benefit Amount \$30,000			CI Benefit Amount \$40,000		
	EE	SP	CH	EE	SP	CH
	\$15,000	\$15,000	\$15,000	\$20,000	\$20,000	\$20,000

Specified Condition Facility Confinement Benefit*

If you are diagnosed with Bipolar disorder or Depressive disorder that results in a Confinement to a Hospital* rehabilitation Facility or Transitional Care Facility, we will pay you a Specified Condition Facility Confinement benefit. This benefit is payable if the Confinement occurs on or after the coverage effective date regardless of when the Specified Condition is Diagnosed. If your spouse and/or child(ren) are covered for Critical Illness they are eligible for this benefit.

Confined or Confinement means that on the advice of a Health Care Provider, your assignment to a bed as a resident inpatient in a Hospital, Rehabilitation Facility or Transitional Care Facility. Being admitted to an Observation Unit for 20 hours or more also meets the definition of Confined or Confinement.

There must be a charge for room and board for the Confinement, other than in any government, military or veterans' facility or Observation Unit. A Specified Condition Facility Confinement benefit is payable up to a total maximum of one time per a Covered Person's lifetime.

This pays a benefit amount shown below:

Specified Condition	Benefit Amount \$10,000			Benefit Amount \$20,000		
	EE	SP	CH	EE	SP	CH
Bipolar disorder	\$2,500	\$2,500	\$1,250	\$5,000	\$5,000	\$2,500
Depressive disorder	\$2,500	\$2,500	\$1,250	\$5,000	\$5,000	\$2,500
Specified Condition	Benefit Amount \$30,000			Benefit Amount \$40,000		
	EE	SP	CH	EE	SP	CH
Bipolar disorder	\$7,500	\$7,500	\$3,750	\$10,000	\$10,000	\$5,000
Depressive disorder	\$7,500	\$7,500	\$3,750	\$10,000	\$10,000	\$5,000



Specified Conditions Rider

* Hospital means an institution that is run for the care and treatment of sick or injured persons as in-patients and which, on its premises or in facilities available to the Hospital on a pre-arranged basis, fully meets each of the following requirements:

- It is operated in accordance with the laws pertaining to hospitals in the jurisdiction in which it is located;
- It is under the supervision of a medical staff and has one or more Doctors available at all times;
- It provides 24 hours a day service by registered graduate nurses (RNs); and
- It is not an institution or any part of an institution used as: a hospice unit, including any bed designated as a hospice or a swing bed; a convalescent home; a rest or nursing facility; a free-standing surgical center; an extended-care facility; a skilled nursing facility; or a facility primarily affording custodial, educational care or care for the aged.

Exclusions and limitations

There are no exclusions and limitations.

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

Questions?

Enrollment instructions will be provided by your employer. If you have additional questions before you enroll, please call:

- Voya Employee Benefits Customer Service at (888) 790-6056
- To file a claim, go to www.voya.com/claims

Florida Licensed Agent: Steve Wells

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; Infectious Condition Additional Benefit Rider form #RL-CI4-ICBR-22; Specified Condition Benefit Rider form #RL-CI4-SCR-23; Benefit Enhancement Rider form #RL-CI4-BER-23; and Additional Services Rider form #RL-CI4-VAS-20. Form numbers, provisions and availability may vary by state and employer's plan.

CI 2.1 Only

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