

# Critical Illness Insurance

## Enrollment at a glance

### For the employees of Aramark Corporation



#### What is Critical Illness Insurance?

- It pays a lump-sum benefit if you are diagnosed with a covered illness or condition on or after your coverage effective date.
- You have the option to elect Critical Illness Insurance.

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.

Features of Critical Illness Insurance include:

- **Guaranteed Issue:** No medical questions or tests are required for coverage.
- **Flexible:** You can use the benefit payments for any purpose you like.
- **Portable:** If you leave your current employer or retire, you can take your coverage with you.

#### Who is eligible for Critical Illness Insurance and what are the coverage amounts?

**You**— All active Non-Union FT & PT working at least 20+ hours per week.

- You may elect a Critical Illness benefit amount of \$10,000 or \$20,000.

**Your spouse\***— Coverage is available only if employee coverage is elected.

- You may elect a spouse Critical Illness benefit amount at 50% of your benefit amount (\$5,000 or \$10,000).

**Your children\*\***— birth to age 26. Coverage is available only if employee coverage is elected.

- You may elect a children's Critical Illness benefit amount at 50% of your benefit amount (\$5,000 or \$10,000).

\* The use of "spouse" in this document means a person insured as a spouse as described in the certificate of insurance or rider. This may include domestic partners or civil union partners as defined by the group policy. Please contact your employer for more information.

\*\* The definition of "child" may vary by state. Please contact your employer for more information.

#### When is my coverage effective?

The coverage effective date is the date you are eligible to begin filing claims. The diagnosis of the covered condition must occur on or after the coverage effective date.

#### 2020 Annual Enrollment

- Your coverage becomes effective on January 1, 2021, following the election of coverage. Coverage for your spouse and/or children becomes effective on the same date as your coverage, if elected.

#### New Hires

- If you elect coverage, that coverage becomes effective at 12:01 AM on the latest of the following:
  - The date you are eligible for coverage, if you apply on or before that date.
  - The first day of the month following the date you apply for coverage.
  - The first day of the month following the date you return to active employment, if you are not in active employment when your coverage would otherwise become effective.
- Coverage for your spouse and/or children becomes effective on the same date as your coverage, if elected.

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## What benefits are available?

Critical Illness Insurance provides a benefit payment upon the diagnosis of an illness or condition shown below. Covered illnesses/conditions are broken out into groups called “modules.” Benefits are payable at 100% of the Critical Illness benefit amount unless otherwise stated. For a complete description of benefits, exclusions and limitations, refer to your certificate of insurance and riders.

### Base Module

- Heart attack\*
- Cancer
- Stroke
- Major organ transplant\*\*
- Coronary artery bypass (25% of critical illness benefit amount)
- Carcinoma in situ (25% of critical illness benefit amount)

\* 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.

### Major Organ Module

- 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)
- Severe burns
- Coronary angioplasty (10% of critical illness benefit)
- Implantable/internal 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

- Coma
- Amyotrophic lateral sclerosis (ALS)
- Parkinson’s disease (25% of critical illness benefit)
- Advanced dementia, including Alzheimer’s disease (25% of critical illness benefit)
- Huntington’s disease
- 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)

## What additional benefits does my Critical Illness Insurance include?

The benefits listed below are also included with your Critical Illness coverage.

- **Wellness Benefit:** This provides an annual benefit payment if you complete a health screening test.
  - Your annual benefit amount is \$50 for completing a health screening test.
  - Your spouse’s annual benefit amount is \$50 for completing a health screening test.
  - The annual benefit amount for each child is \$25 with an annual maximum of \$100 for all children.

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## How many times can I receive a benefit payment?

Each benefit payable will be no more than 100% of the Critical Illness benefit amount. The maximum amount payable during the insured person's lifetime is called the total maximum benefit. You may be eligible to receive benefit payments for multiple conditions, up to the total maximum benefit amount. Each diagnosis must be a different diagnosis.

The total maximum benefit amount equals two times the Critical Illness benefit amount for each covered condition. Once the total maximum benefit for a covered condition has been paid, no further benefits are payable for that same covered condition.

Please refer to your certificate of insurance and riders for more information.

## What do you mean by different diagnosis?

To be eligible for a benefit payment, the diagnosis must be a "different diagnosis" than any previously diagnosed illness or condition. This can mean any of the following:

- An insured person has 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 person 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 critical illness insurance policy**. The subsequent diagnosis must occur more than 12 months after the date of the previous diagnosis.
- An insured person 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 his/her coverage effective date under the critical illness insurance policy**. The subsequent diagnosis must occur more than 12 months after the date of the previous diagnosis.

\*Including a cancer that has spread to a different area of the body

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

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## How much does Critical Illness Insurance cost?

See the chart(s) below for your cost.

Weekly									
Employee: \$10,000 Spouse: \$5,000 Child(ren): \$5,000									
Wellness Included									
Non-Tobacco User					Tobacco User				
Attained Age	EE Only	EE+SP	EE+CH	Family	Attained Age	EE Only	EE + SP	EE + CH	Family
Under 25	\$0.66	\$1.23	\$0.91	\$1.48	Under 25	\$0.96	\$1.71	\$1.21	\$1.96
25-29	\$0.70	\$1.30	\$0.95	\$1.55	25 - 29	\$1.05	\$1.86	\$1.30	\$2.11
30-34	\$0.75	\$1.38	\$1.00	\$1.63	30 - 34	\$1.12	\$1.99	\$1.37	\$2.24
35-39	\$0.89	\$1.62	\$1.14	\$1.87	35 - 39	\$1.33	\$2.33	\$1.58	\$2.58
40-44	\$1.47	\$2.47	\$1.72	\$2.72	40 - 44	\$2.50	\$3.99	\$2.75	\$4.24
45-49	\$2.25	\$3.97	\$2.50	\$4.22	45 - 49	\$3.96	\$6.61	\$4.21	\$6.86
50-54	\$2.53	\$4.55	\$2.78	\$4.80	50 - 54	\$4.35	\$7.49	\$4.60	\$7.74
55-59	\$3.15	\$5.87	\$3.40	\$6.12	55 - 59	\$5.50	\$9.79	\$5.75	\$10.04
60-64	\$3.82	\$7.20	\$4.07	\$7.45	60 - 64	\$6.89	\$12.28	\$7.14	\$12.53
65-69	\$4.37	\$7.81	\$4.62	\$8.06	65 - 69	\$6.91	\$12.39	\$7.16	\$12.64
70+	\$5.18	\$9.73	\$5.43	\$9.98	70 +	\$9.50	\$16.82	\$9.75	\$17.07

Weekly									
Employee: \$20,000 Spouse: \$10,000 Child(ren): \$10,000									
Wellness Included									
Non-Tobacco User					Tobacco User				
Attained Age	EE Only	EE+SP	EE+CH	Family	Attained Age	EE Only	EE + SP	EE + CH	Family
Under 25	\$1.03	\$1.87	\$1.54	\$2.38	Under 25	\$1.63	\$2.84	\$2.14	\$3.35
25-29	\$1.12	\$2.03	\$1.63	\$2.54	25 - 29	\$1.81	\$3.14	\$2.32	\$3.65
30-34	\$1.21	\$2.19	\$1.72	\$2.70	30 - 34	\$1.95	\$3.39	\$2.46	\$3.90
35-39	\$1.49	\$2.66	\$2.00	\$3.17	35 - 39	\$2.37	\$4.09	\$2.88	\$4.60
40-44	\$2.64	\$4.36	\$3.15	\$4.87	40 - 44	\$4.72	\$7.41	\$5.23	\$7.92
45-49	\$4.21	\$7.36	\$4.72	\$7.87	45 - 49	\$7.63	\$12.65	\$8.14	\$13.16
50-54	\$4.77	\$8.52	\$5.28	\$9.03	50 - 54	\$8.41	\$14.40	\$8.92	\$14.91
55-59	\$6.01	\$11.17	\$6.52	\$11.68	55 - 59	\$10.72	\$19.02	\$11.23	\$19.53
60-64	\$7.35	\$13.82	\$7.86	\$14.33	60 - 64	\$13.49	\$23.98	\$14.00	\$24.49
65-69	\$8.46	\$15.05	\$8.97	\$15.56	65 - 69	\$13.53	\$24.20	\$14.04	\$24.71
70+	\$10.07	\$18.87	\$10.58	\$19.38	70 +	\$18.70	\$33.04	\$19.21	\$33.55

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Bi-Weekly									
Employee: \$10,000 Spouse: \$5,000 Child(ren): \$5,000									
Wellness Included									
Attained					Tobacco User				
Age	EE Only	EE+SP	EE+CH	Family	Age	EE Only	EE + SP	EE + CH	Family
Under 25	\$1.32	\$2.45	\$1.83	\$2.96	Under 25	\$1.92	\$3.42	\$2.43	\$3.93
25-29	\$1.41	\$2.61	\$1.92	\$3.12	25 - 29	\$2.10	\$3.72	\$2.61	\$4.23
30-34	\$1.50	\$2.77	\$2.01	\$3.28	30 - 34	\$2.24	\$3.97	\$2.75	\$4.48
35-39	\$1.78	\$3.23	\$2.29	\$3.74	35 - 39	\$2.65	\$4.66	\$3.16	\$5.17
40-44	\$2.93	\$4.94	\$3.44	\$5.45	40 - 44	\$5.01	\$7.99	\$5.52	\$8.50
45-49	\$4.50	\$7.94	\$5.01	\$8.45	45 - 49	\$7.92	\$13.23	\$8.43	\$13.74
50-54	\$5.05	\$9.09	\$5.56	\$9.60	50 - 54	\$8.70	\$14.98	\$9.21	\$15.49
55-59	\$6.30	\$11.75	\$6.81	\$12.26	55 - 59	\$11.01	\$19.59	\$11.52	\$20.10
60-64	\$7.64	\$14.40	\$8.15	\$14.91	60 - 64	\$13.78	\$24.56	\$14.29	\$25.07
65-69	\$8.75	\$15.63	\$9.26	\$16.14	65 - 69	\$13.82	\$24.78	\$14.33	\$25.29
70+	\$10.36	\$19.45	\$10.87	\$19.96	70 +	\$18.99	\$33.62	\$19.50	\$34.13

Bi-Weekly									
Employee: \$20,000 Spouse: \$10,000 Child(ren): \$10,000									
Wellness Included									
Attained					Tobacco User				
Age	EE Only	EE+SP	EE+CH	Family	Age	EE Only	EE + SP	EE + CH	Family
Under 25	\$2.05	\$3.73	\$3.07	\$4.75	Under 25	\$3.25	\$5.67	\$4.27	\$6.69
25-29	\$2.24	\$4.06	\$3.26	\$5.08	25 - 29	\$3.62	\$6.27	\$4.64	\$7.29
30-34	\$2.42	\$4.38	\$3.44	\$5.40	30 - 34	\$3.90	\$6.78	\$4.92	\$7.80
35-39	\$2.98	\$5.31	\$4.00	\$6.33	35 - 39	\$4.73	\$8.17	\$5.75	\$9.19
40-44	\$5.28	\$8.72	\$6.30	\$9.74	40 - 44	\$9.44	\$14.82	\$10.46	\$15.84
45-49	\$8.42	\$14.72	\$9.44	\$15.74	45 - 49	\$15.25	\$25.29	\$16.27	\$26.31
50-54	\$9.53	\$17.03	\$10.55	\$18.05	50 - 54	\$16.82	\$28.80	\$17.84	\$29.82
55-59	\$12.02	\$22.34	\$13.04	\$23.36	55 - 59	\$21.44	\$38.03	\$22.46	\$39.05
60-64	\$14.70	\$27.65	\$15.72	\$28.67	60 - 64	\$26.98	\$47.96	\$28.00	\$48.98
65-69	\$16.92	\$30.10	\$17.94	\$31.12	65 - 69	\$27.07	\$48.42	\$28.09	\$49.44
70+	\$20.15	\$37.76	\$21.17	\$38.78	70 +	\$37.41	\$66.09	\$38.43	\$67.11

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For more information, please contact or go to:

- Mercer Voluntary Benefit Call Center at (800) 642-5746

To learn more, go to [www.AramarkSupplementalPlans.com](http://www.AramarkSupplementalPlans.com)

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. Form numbers, provisions and availability may vary by state.

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