

Premium rates for continued coverage Critical Illness Insurance

Elmet Technologies, LLC
Group Benefit Plan Number: 752835

Premiums are reflected on a quarterly basis, with the option to select other frequencies. See the chart(s) below and use your current age to determine your cost. If you have any questions, contact Voya Employee Benefits Customer Service.

Employee Coverage Quarterly Rates						
Non-Tobacco User						
Attained Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000
Under 25	\$1.80	\$3.60	\$5.40	\$7.20	\$9.00	\$10.80
25-29	\$3.60	\$7.20	\$10.80	\$14.40	\$18.00	\$21.60
30-34	\$4.50	\$9.00	\$13.50	\$18.00	\$22.50	\$27.00
35-39	\$6.45	\$12.90	\$19.35	\$25.80	\$32.25	\$38.70
40-44	\$9.60	\$19.20	\$28.80	\$38.40	\$48.00	\$57.60
45-49	\$12.90	\$25.80	\$38.70	\$51.60	\$64.50	\$77.40
50-54	\$18.75	\$37.50	\$56.25	\$75.00	\$93.75	\$112.50
55-59	\$26.40	\$52.80	\$79.20	\$105.60	\$132.00	\$158.40
60-64	\$36.00	\$72.00	\$108.00	\$144.00	\$180.00	\$216.00
65-69	\$44.70	\$89.40	\$134.10	\$178.80	\$223.50	\$268.20
70+	\$55.35	\$110.70	\$166.05	\$221.40	\$276.75	\$332.10
Tobacco User						
Attained Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000
Under 25	\$2.25	\$4.50	\$6.75	\$9.00	\$11.25	\$13.50
25-29	\$4.65	\$9.30	\$13.95	\$18.60	\$23.25	\$27.90
30-34	\$6.60	\$13.20	\$19.80	\$26.40	\$33.00	\$39.60
35-39	\$9.90	\$19.80	\$29.70	\$39.60	\$49.50	\$59.40
40-44	\$15.90	\$31.80	\$47.70	\$63.60	\$79.50	\$95.40
45-49	\$22.05	\$44.10	\$66.15	\$88.20	\$110.25	\$132.30
50-54	\$33.30	\$66.60	\$99.90	\$133.20	\$166.50	\$199.80
55-59	\$48.45	\$96.90	\$145.35	\$193.80	\$242.25	\$290.70
60-64	\$68.70	\$137.40	\$206.10	\$274.80	\$343.50	\$412.20
65-69	\$88.20	\$176.40	\$264.60	\$352.80	\$441.00	\$529.20
70+	\$88.20	\$176.40	\$264.60	\$352.80	\$441.00	\$529.20

Children's Coverage

Included in Employee Rate

Premium rates for continued coverage

Critical Illness Insurance

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If you have any questions, contact Voya Employee Benefits Customer Service.

Spouse Coverage Quarterly Rates						
Non-Tobacco User						
Attained Age	\$2,500	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000
Under 25	\$0.90	\$1.80	\$2.70	\$3.60	\$4.50	\$5.40
25-29	\$1.80	\$3.60	\$5.40	\$7.20	\$9.00	\$10.80
30-34	\$2.25	\$4.50	\$6.75	\$9.00	\$11.25	\$13.50
35-39	\$3.23	\$6.45	\$9.68	\$12.90	\$16.13	\$19.35
40-44	\$4.80	\$9.60	\$14.40	\$19.20	\$24.00	\$28.80
45-49	\$6.45	\$12.90	\$19.35	\$25.80	\$32.25	\$38.70
50-54	\$9.38	\$18.75	\$28.13	\$37.50	\$46.88	\$56.25
55-59	\$13.20	\$26.40	\$39.60	\$52.80	\$66.00	\$79.20
60-64	\$18.00	\$36.00	\$54.00	\$72.00	\$90.00	\$108.00
65-69	\$22.35	\$44.70	\$67.05	\$89.40	\$111.75	\$134.10
70+	\$27.68	\$55.35	\$83.03	\$110.70	\$138.38	\$166.05

Tobacco User						
Attained Age	\$2,500	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000
Under 25	\$1.13	\$2.25	\$3.38	\$4.50	\$5.63	\$6.75
25-29	\$2.33	\$4.65	\$6.98	\$9.30	\$11.63	\$13.95
30-34	\$3.30	\$6.60	\$9.90	\$13.20	\$16.50	\$19.80
35-39	\$4.95	\$9.90	\$14.85	\$19.80	\$24.75	\$29.70
40-44	\$7.95	\$15.90	\$23.85	\$31.80	\$39.75	\$47.70
45-49	\$11.03	\$22.05	\$33.08	\$44.10	\$55.13	\$66.15
50-54	\$16.65	\$33.30	\$49.95	\$66.60	\$83.25	\$99.90
55-59	\$24.23	\$48.45	\$72.68	\$96.90	\$121.13	\$145.35
60-64	\$34.35	\$68.70	\$103.05	\$137.40	\$171.75	\$206.10
65-69	\$44.10	\$88.20	\$132.30	\$176.40	\$220.50	\$264.60
70+	\$44.10	\$88.20	\$132.30	\$176.40	\$220.50	\$264.60

*Spouse rates are based on the age of the employee.

Rates are subject to change. Refer to your certificate and riders for a description of benefits and exclusions.

Critical Illness/Specified Disease 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. Form numbers may vary by state.

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Premium rates for continued coverage

Accident Insurance

Elmet Technologies, LLC
Group Benefit Plan Number: 752835

Premiums are reflected on a quarterly basis, with the option to select other frequencies. See the chart(s) below to determine your cost. If you have any questions, contact Voya Employee Benefits Customer Service.

Quarterly Rates		
Employee	Spouse	Children
\$19.41	\$15.93	\$17.49

Rates are subject to change. Refer to your certificate and riders for a description of benefits and exclusions.

Accident Insurance is underwritten by ReliaStar Life Insurance Company (Minneapolis, MN), a member of the Voya® family of companies. Policy form RL-ACC3-POL-16, Certificate form RL-ACC3-CERT-16. Form numbers may vary by state.

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Premium rates for continued coverage Hospital Confinement Indemnity Insurance

Elmet Technologies, LLC
Group Benefit Plan Number: 752835

Premiums are reflected on a quarterly basis, with the option to select other frequencies. See the chart(s) below to determine your cost. If you have any questions, contact Voya Employee Benefits Customer Service.

Low Plan \$100 daily benefit

Coverage Type	Daily Benefit	Quarterly Rates
Employee	\$100	\$39.96
Spouse	\$100	\$39.96
Children	\$100	\$45.93

High Plan \$200 daily benefit

Coverage Type	Daily Benefit	Quarterly Rates
Employee	\$200	\$78.72
Spouse	\$200	\$78.78
Children	\$200	\$90.57

Rates are subject to change. Refer to your certificate and riders for a description of benefits and exclusions.

Hospital Confinement Indemnity Insurance is underwritten by ReliaStar Life Insurance Company (Minneapolis, MN), a member of the Voya® family of companies. Policy form RL-HI2-POL-18, Certificate form RL-HI2-CERT-18. Form numbers may vary by state.

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