



2026 Voya Benefits Guide

Interactive experience

At Voya, we fight for everyone's opportunity for a better financial future — and that starts right here. This guide lays out our inclusive employee benefits offering, along with resources that will help you make informed choices for your family. It's time to build your benefits package, your way.

Your benefits. Your way.





We know — feeling overwhelmed about benefits enrollment is not fun. But don't stress, we've made your employee benefits easier-than-ever to navigate, starting with this interactive [Voya Benefits Guide](#). Bye-bye, endless scrolling and scanning. We also have these resources ready for you:

**For Video Learners**

The Voya Benefits Team hosts multiple webinars before and during enrollment season.

Find upcoming enrollment events and watch event replays at [Voya 360°](#).

**For Conversationalists**

Contact the Voya Benefits Team with your questions about enrollment, benefits and everything in between.

Call **(800) 555-1899**.

**For List Lovers**

Benefits are easy as 1-2-3 with our list of [FAQs](#), [numbered checklist](#), and [alphabetical glossary](#).

For personalized guidance

Benefitplace™ is the place with all the information. Get help choosing the benefits that fit your goals & budget. Log in anytime, anywhere via [Voya 360°](#) or the [myVoyage app](#).



Before you begin



Hey there. If you're turning 65 in 2026, check this page out — if not, you can skip ahead to the next page.

If you'll turn age 65 in 2026 and remain employed at Voya, here's how it will affect your benefits.

You are still eligible to enroll in Voya's benefits.

All of Voya's benefits remain an option for you throughout your active employment, subject to full-time and part-time differences.

You are not required to enroll in Medicare,

and will not be penalized by Medicare for deferring Medicare enrollment, as long as you continue to be enrolled in active medical coverage through Voya.

Voya is still the "primary payer."

If you enroll in medical coverage, Voya's plan will continue to pay first for your (and your covered dependents') medical expenses, even though you are eligible for Medicare.

Enrollment in Medicare can be a direct choice by you, or automatically by the Social Security Administration.

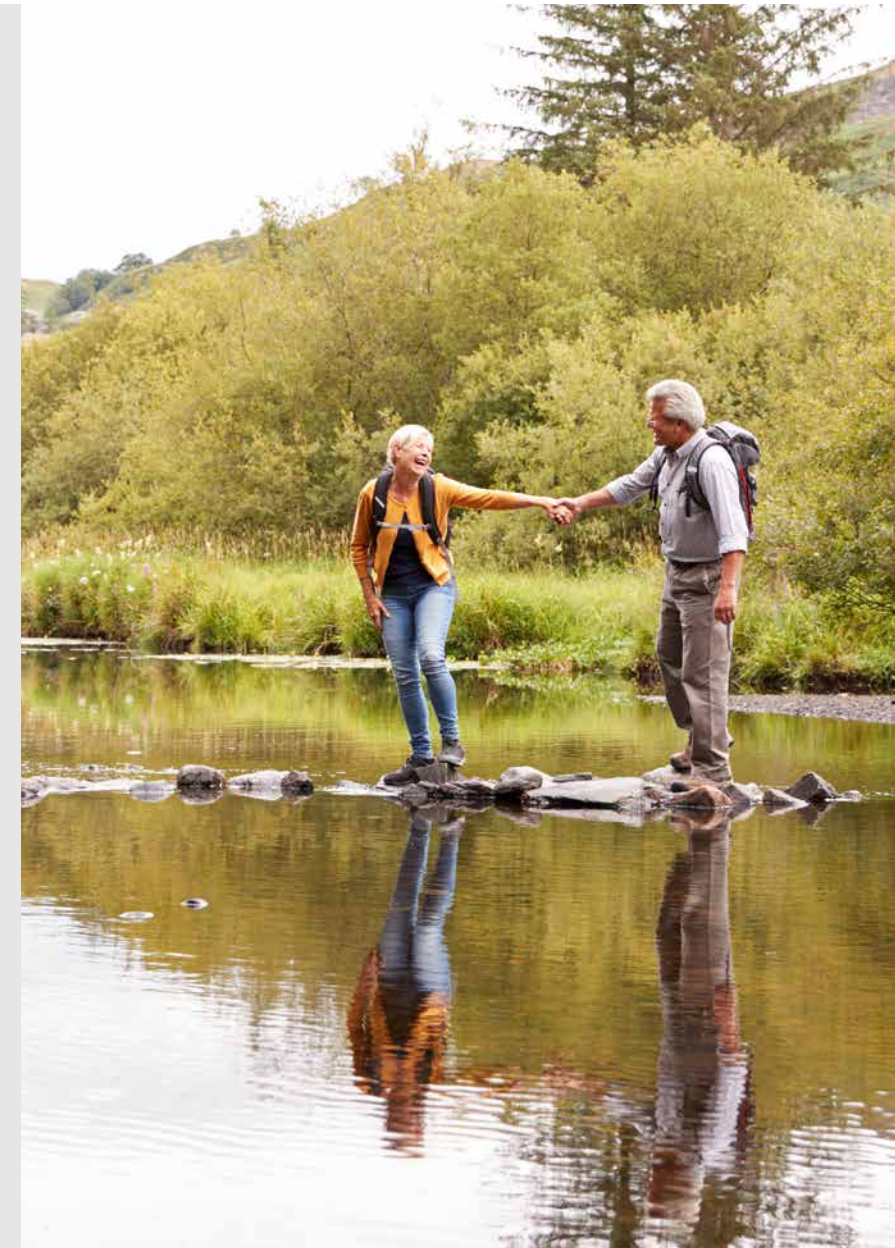
For example, if you are receiving Social Security payments and are over 65, you were likely automatically enrolled in Medicare Part A.

If you become disabled,

waiver of premium for group term life is not available for disabilities that begin on or after age 65. Go [here](#) for more information on group term life, and contact the Voya Benefits Service Center with any questions.

If you are enrolled in Medicare while actively employed:

- You must add Medicare to your Benefitplace profile. Contact the Voya Benefits Service Center for help with that process.
- Any HSA contributions must end. (Note: If your dependent turns age 65 or otherwise enrolls in Medicare, this doesn't impact your eligibility to contribute to an HSA up to applicable IRS annual limits.)
- If you're enrolled in Voya's Consumer Plan and also enrolled in any part of Medicare, you'll no longer be eligible to contribute to an HSA.
- You may elect to contribute to the "full-use" Health FSA in lieu of the HSA. See [Health FSA](#) for more information.



How to navigate:

This clickable **Table of Contents** shows everything in Voya's benefits package. There are six section home pages, which you can quickly find in 2 ways:

- 1) the top navigation bar and
- 2) clicking the section icons throughout



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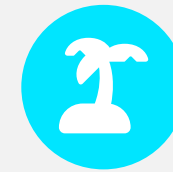
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Important information about this benefits guide: This benefits guide is a summary of benefits only of the Voya benefit programs. It does not attempt to cover all of the details of any plan. These are contained in the official plan documents and insurance contracts that govern the various plans within the benefit programs. All coverages are subject to the terms and conditions of the applicable group policy. Should there be any conflict between the information in this guide and the provisions of the legal documents and contracts, the terms of those documents and contracts will control. Participation in a Voya Benefits program does not give you the right to be employed by the company, nor does it give you the right to claim any benefit not covered by the plan(s). Voya reserves the right to change or terminate any plan at any time without prior notice. More detailed information on a particular benefit plan may be found in the Summary Plan Description for that plan, available on Benefitplace > Resources > SPDs. Only services listed on the schedule are covered. Benefitplace also may be accessed through Voya 360°. Group life insurance, disability income insurance and voluntary insurance products are provided by ReliaStar Life Insurance Company (Minneapolis, MN) and ReliaStar Life Insurance Company of New York (Woodbury, NY). Within the State of New York, only ReliaStar Life Insurance Company of New York is admitted, and its products issued. Both are members of the Voya® family of companies. Form numbers, provisions and availability may vary by state.



Health care

We care deeply about the health and well-being of you and your loved ones. Our health care benefits are designed to support your needs — at work and at home.

Use the links below to quickly navigate this section:

- [Health plans](#)
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Health plans

Voya offers a consumer-driven health plan (CDHP) option and a traditional copay option, both through the UnitedHealthcare (UHC) Choice Plus national provider network.



Health plans comparison chart¹
(offered through UnitedHealthcare)

	Consumer (CDHP)	Traditional (Copay)
Benefits	Consumer plan ²	Traditional plan ^{2,3}
Deductible	\$3,000/\$6,000	\$750/\$1,500
Coinsurance (hospital, outpatient, diagnostic testing)	Plan pays 70% after deductible	Plan pays 80% after deductible
Out-of-pocket maximum (employee/family)	\$6,000/\$12,000 (No individual to exceed \$9,100 for family coverage)	\$3,000/\$6,000
Preventive care	Plan pays 100%	Plan pays 100%
Primary care office visits	Plan pays 70% after deductible	\$30 copay ³
Specialist office visits	Plan pays 70% after deductible	\$75 copay ³
Urgent care visits	Plan pays 70% after deductible	\$100 copay ³
Employer HSA contributions (Note: You must enroll in the HSA to receive the automatic contribution)		
Employee only coverage	\$500 automatic contribution	\$0
All other coverage tiers	\$1000 automatic contribution	\$0

¹Out-of-area (OOA) plan is available only to those who live outside a PPO service area.
² Refer to the Summary of Benefits and Coverage for out-of-network benefits.
³ Traditional Plan office visits and prescription copayments/coinsurance amounts do not apply toward the medical deductible.

Are you “out of area?”

If you have limited access to the plan’s network area, you are eligible for the out-of-area plan. It has the same deductibles, coinsurance and out-of-pocket maximums as the Consumer Plan. If you live in Hawaii, you have access to the Kaiser Permanente HMO plan.

Your eligibility for any particular health plan option is based on your home address and the health plan’s network area. The enrollment website will only show the options available to you.

Go to the [2026 health plans comparison chart](#) for more details.

Paying for coverage

You and Voya share the cost of your health coverage. Your share of the cost is paid with pre-tax employee contributions* — called premiums — that are deducted from your paycheck. The premium amount you pay for coverage depends on four factors:

1. Which health plan option you choose;
2. Which dependents you cover;
3. Your annual compensation; and
4. Whether or not you (and/or your covered spouse/domestic partner) use tobacco.

* Except as required by law for a covered domestic partner and his or her dependent premiums.

How to choose your best option

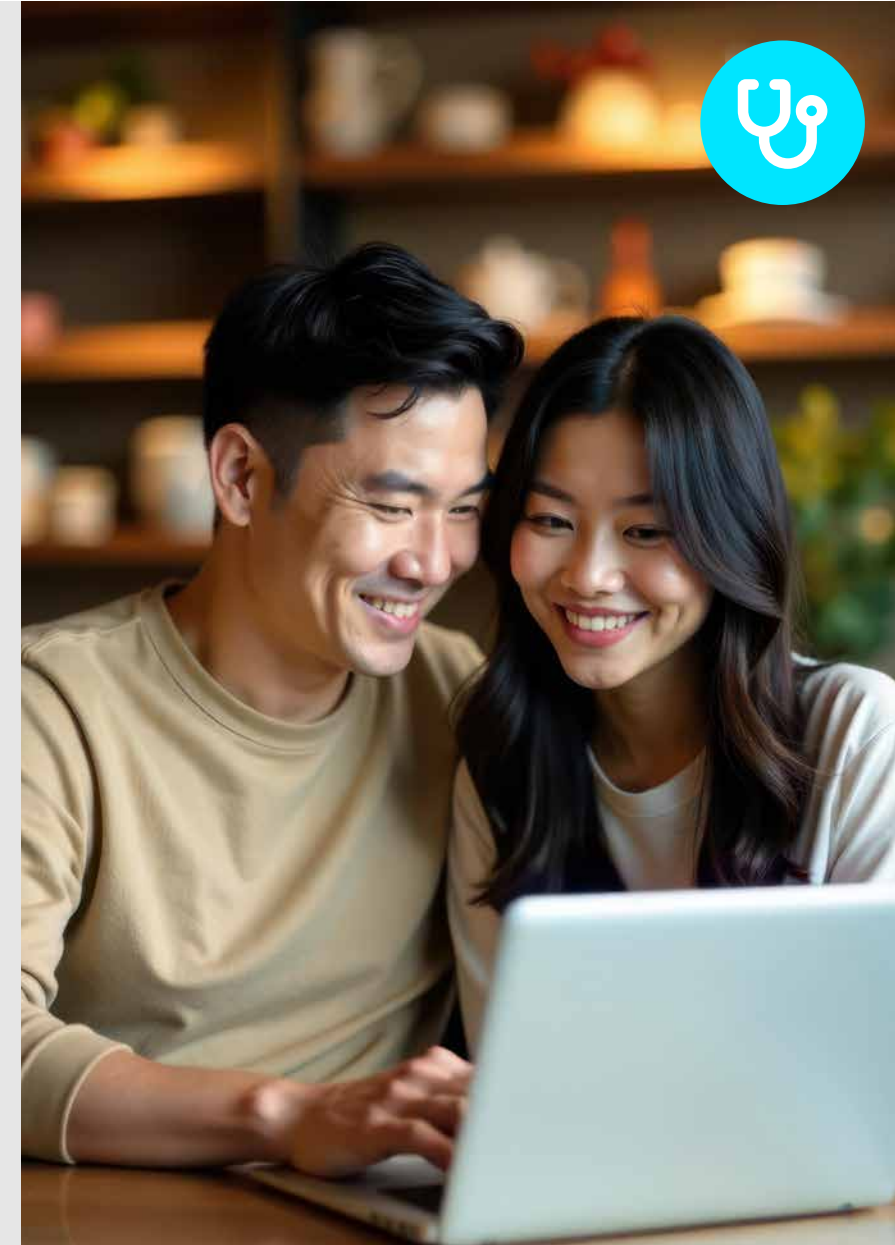
Review plan features, such as the deductible, the percentage you pay for covered services, the out-of-pocket maximums and the premiums. Check the plan charts and rate information in this guide and on Benefitplace. You can also find detailed health plan and UHC in-network provider information at whyuhc.com/voya.

Tobacco user surcharge

Any covered employee and/or covered spouse/domestic partner who used tobacco (including e-cigarettes, cigars or vape pens) within 12 months at the time of enrollment in Voya's health benefits will pay a medical surcharge of \$30 per paycheck, per person. You and/or your spouse/domestic partner can avoid this surcharge by pledging to complete the tobacco-cessation program by June 30, 2026 — administered by Rally and made available at no cost to you. Go to quitnow.net and search for Voya to get started.

Recommendations from an individual's personal physician will be accommodated if the physician determines the standard is not medically appropriate.

Go to the [2026 health rates](#) to see the health plan premiums.





Prescription drug coverage

Prescription drug coverage is part of your health plan, administered through UnitedHealthcare, administered by Optum Rx. You have access to both retail and mail service benefits. The benefits work differently depending on which health plan option you elect, as shown in the chart below.

Prescription drug plan comparison chart

	Consumer	Traditional*
Benefits	Consumer plan	Traditional plan
Deductible	Combined with medical	Not applicable
Out-of-pocket maximum (employee/family)	Combined with medical	\$3,000/\$6,000
ACA preventive drugs	\$0	\$0
High-deductible plan preventive	Not subject to deductible	Not applicable
Retail:		
Tier 1: Generic	\$10 copay after deductible	\$10 copay
Tier 2: Preferred brand	You pay 20% (\$20 min./\$100 max.) after deductible	You pay 20% (\$20 min./\$100 max.)
Tier 3: Non-preferred brand	You pay 20% (\$40 min./\$200 max.) after deductible	You pay 20% (\$40 min./\$200 max.)
Mail service:		
Tier 1: Generic	\$25 copay after deductible	\$25 copay
Tier 2: Preferred brand	You pay 20% (\$50 min./\$150 max.) after deductible	You pay 20% (\$50 min./\$150 max.)
Tier 3: Non-preferred brand	You pay 20% (\$100 min./\$300 max.) after deductible	You pay 20% (\$100 min./\$300 max.)

* Traditional Plan copayments and coinsurance amounts do not apply toward the medical deductible or out-of-pocket maximum; a separate prescription drug out-of-pocket maximum applies.

New for 2026
Pharmacy benefits will be administered by UnitedHealthcare.

Maintenance medications
Maintenance medications can be filled through Optum Home Delivery Pharmacy or your choice of local pharmacy. Maintenance medications are those taken regularly to maintain your health, including treatment for high blood pressure, asthma, diabetes and other conditions.

Preventive drugs
Preventive medications can help you maintain a healthy lifestyle and avoid many illnesses and conditions. If you take a prescription drug that’s classified as preventive, the plan makes those drugs more affordable. See the following page for more information on qualified preventive drugs.

Go to the [2026 health plans comparison chart](#) for more details.

Log in to [myuhc.com](#) or download the UnitedHealthcare app to check formulary coverage and find pharmacies in your network. Once your benefits are effective, you also may log in to estimate your prescription drug costs. Call the number on the back of your ID card with additional questions.

Prescription drug coverage (continued)

Preventive drugs (continued)

There are two categories of preventive drugs:

1 As part of Health Care Reform, health plans must cover certain Preventive Care Medications at no cost to you. Stay up to date on any changes in the law and get updates about Health Care Reform at healthcare.gov. These lists are for general information only. Lists may change over time and some medications listed may not be covered by your specific plan.

To find the most updated information:

- Review your benefit documents.
- View current lists on myuhc.com.
- Call the phone number on your health plan ID card.

2 CDHP Preventive list includes medications for which there is supporting evidence suggesting the use of these medications can help lower the risk of adverse and costly events such as hospitalizations or emergency room visits.

- These drugs are available for copay/coinsurance amount
- They are available through your pharmacy benefit and do not apply toward the plan deductible.
- You pay the applicable copayment or coinsurance amount, which is applied to your out-of-pocket maximum.

Go to the [2026 health plans comparison chart](#) for more details.



Dental plan

Voya offers comprehensive dental benefits through Delta Dental. You can use either in- or out-of-network providers, but in-network providers offer negotiated discount pricing, which saves you money.

Dental benefits at-a-glance*

Group number: 03725

Member services: (800) 521-2651 | deltadentalins.com

	Core	Plus
Services	Core in-network benefits**	Plus in-network benefits**
Annual deductible*** (employee/family)	\$50/\$150	\$25/\$50
Annual maximum benefit:	\$1,000 per person	\$2,500 per person
Preventative care - Routine oral exams (two per calendar year) - Cleanings (two per calendar year) - Routine x-rays (refer to Summary Plan Description for limits)	Plan pays 100% before deductible	Plan pays 100% before deductible
Basic care - Fillings - Simple extractions - Endodontics (root canals) - Periodontics (gum treatment)	Plan pays 70% after deductible	Plan pays 90% after deductible
Major care - Inlays - Oral surgery - Crowns - Bridgework - Implants	Plan pays 30% after deductible	Plan pays 60% after deductible
Orthodontic care*** Correction of abnormally positioned teeth (adults and children)	Not covered	Plan pays 50%
Lifetime orthodontic limit:	N/A	\$2,500 per person

* Out-of-network coverage levels are the same but non-network providers may charge you for any amount billed in excess of the program allowance. This is known as balance billing and can only occur when using a non-network provider.

** For specific benefit level/payment and plan limitations, see the Schedule of Benefits in the Summary Plan Description available within the Document Library in Benefitplace, via Voya 360° or myVoyage. Only services listed on the schedule are covered.

*** Deductibles are waived for preventive and orthodontic care.



Paying for coverage

You and Voya share the cost of your dental coverage. Your share of the cost is paid with pre-tax employee contributions* — called premiums — that are deducted from your paycheck.

* Except as required by law for a covered domestic partner and his or her dependent premiums.

Pre-treatment estimates

For basic and major care, you should request your dentist file a claim before treatment so Delta Dental can predetermine the amount of benefits payable for specific treatments for you and/or a covered dependent.

Go to the [2026 plan rates](#) to see dental plan premiums.

Vision plan

Voya offers voluntary vision coverage and discounts through Vision Service Plan (VSP). You can use in-network vision providers and pay only a copayment for most expenses; or you can use an out-of-network provider and be reimbursed for part of your costs when you submit a claim.

Vision benefits at-a-glance*

Group number: 40150282 | Member services: (800) 877-7195 | vsp.com

Services	Frequency	When you use the network...You pay	When you do not use the network... You're reimbursed
Exams	Once every calendar year	\$10 copay	Up to \$45
Contact lens fitting - Standard contact lens fitting* (for an existing contact lens wearer who wears disposable, daily-wear or extended-wear contacts) - Specialty contact lens fitting* (for a new contact lens wearer and/or a patient who wears toric, gas-permeable or multi-focal lenses)	Once every calendar year	Up to \$35 copay	Combined together with elective contacts reimbursement up to \$100
Materials			
Lenses - Single - Bifocal - Trifocal - Lenticular	Once every calendar year	\$20 copay	Up to \$30 Up to \$50 Up to \$60 Up to \$75
Frames	Once every 24 months	\$20 copay, \$150 allowance \$170 allowance on featured frame brands	Up to \$50
Elective contacts (in lieu of glasses) Medically necessary contact lenses	Once every calendar year	\$150 allowance Covered after \$20 copay	Up to \$100 Up to \$210
Reduced cost for Retinal Scanning and VSP LightCare (blue-light filtering)		Contact VSP for details	

* For full benefit and discount features, see the Schedule of Benefits in the Summary Plan Description available within the Document Library in Benefitplace, via Voya 360° or myVoyage.



Paying for coverage

You and Voya share the cost of your vision coverage. Your share of the cost is paid with pre-tax employee contributions* — called premiums — that are deducted from your paycheck.

* Except as required by law for a covered domestic partner and his or her dependent premiums.

Find a provider

Go to vsp.com/eye-doctor to locate a provider near you.

Go to the [2026 plan rates](#) to see vision plan premiums.



Supplemental health insurance

Voya offers supplemental health insurance products that provide benefits in the event of a covered critical illness/specified disease, accident or hospitalization that occurs on or after your coverage effective date. Depending on your location, these plans allow you to personalize your benefits to fit your needs and lifestyle — and to enrich your total rewards package. Through these plans, you have access to competitive and cost-effective group rates.

In addition, the Accident, Critical Illness/Specified Disease, and Hospital Indemnity Insurance includes an annual wellness benefit for you, your spouse and eligible child(ren) when completing an eligible health screening test (such as an annual physical). The wellness benefit is payable only once per year, no matter how many health screening tests are involved.

The Employee Benefits Resource Center (EBRC) has complete information on all your income protection and supplemental insurance. Based on your state of residence, visit the Non-NY or NY sites to review.



Non-NY



NY

Receive claim reminders with Medical Claims Integration (MCI)

You have the option to opt in to get claims reminders based on your medical claims data. It's completely confidential and optional, so you can still enroll in supplemental benefits even if you choose not to participate. As you are going through the enrollment process, you will see an option to opt into MCI.

MCI is available when you have Voya-sponsored medical insurance and also enroll in Accident Insurance, Critical Illness/Specified Disease Insurance and/or Hospital Indemnity Insurance through Voya*. By opting into MCI, your medical claims data can help us to identify potential claims opportunities available through your supplemental health insurance coverage with us. When this happens, you will receive an email reminding you to file a claim. Also included are your covered, eligible dependent children**.

* For more information, including provisions, exclusions and limitations, see product brochures, Certificates of Coverage and applicable riders for a list of covered events available on the Non-NY or NY EBRC sites (see links to the right).

** Eligible dependent children include your children, under the age of 18, who are enrolled in Supplemental Health insurance and your employer-provided medical insurance.

Note: 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. Insurance is issued by ReliaStar Life Insurance Company (Minneapolis, MN) and ReliaStar Life Insurance Company of New York (Woodbury, NY). Within the State of New York, only ReliaStar Life Insurance Company of New York is admitted, and its products issued. Both are members of the Voya® family of companies. Voya Employee Benefits is a division of both companies. Product availability and specific provisions may vary by state.

Accident, Critical Illness/Specified Disease, and Hospital Indemnity plans are limited benefit policies. They are not health insurance and do not satisfy the requirement of minimum essential coverage under the Affordable Care Act.



Critical illness insurance – Non NY

This insurance pays a lump-sum benefit payment upon the diagnosis of a covered disease or illness on or after your coverage effective date.

You can elect among the following coverage levels:

- Employee: \$5,000, \$10,000, \$15,000, \$20,000, \$25,000 or \$30,000
- Spouse/domestic partner: \$5,000, \$10,000 or \$15,000
(Coverage cannot exceed 50% of your election amount)
- Child: \$1,000, \$2,500, \$5,000, \$10,000 or \$15,000
(Coverage cannot exceed 50% of your election amount)

Infectious condition additional benefit rider

- If you, your spouse and/or children are diagnosed with a covered infectious condition OR COVID-19, then this rider pays a benefit amount of \$250.
- If you, your spouse and/or child are hospitalized for that covered infectious disease OR COVID-19 and there is a room and board charge for that hospitalization, then this rider pays a benefit amount of \$1,000. Confinement is specifically defined in the certificate.
- Benefits for diagnosis and/or confinement are payable two times per person per calendar year.
- Unless noted, your payment will be at 100% of your benefit amount.

New York residents: Critical illness insurance is not available; please refer instead to the specified disease insurance on the next page.

Partial list of covered critical illnesses and conditions — based on your elected coverage

Percent of maximum benefit amount		
Base module — event	• Heart attack • Cancer • Stroke	100%
	• Coronary artery • Carcinoma in situ	25%
Major organ module — event	• Type 1 diabetes	100%
	• Open heart surgery (for valve replacement or repair)	25%
Enhanced cancer module — event	Benign brain tumor	100%
	Skin cancer	10%
	Bone marrow transplant	25%
Quality of life module — event	• Permanent paralysis • Loss of sight, hearing or speech • Multiple sclerosis • Amyotrophic lateral sclerosis (ALS) • Parkinson's disease	100%
	Infectious	25%
Additional child diseases module — event	• Cerebral palsy • Congenital birth defects • Down syndrome (This module applies to your insured children only and is in addition to the other modules available.)	100% of benefit amount
Annual wellness benefit		\$100 for employee/spouse and each child(ren)

For more information, including provisions, exclusions and limitations, see product brochures and Certificates of Coverage and applicable riders on the EBRC (QR codes provided on page 12). ReliaStar Life Insurance Company (Minneapolis, MN), a member of the Voya® family of companies. Critical Illness Insurance Certificate Form #RL-CI4-CERT2-20-GA.

Go to [2026 plan rates](#) to see voluntary critical illness insurance rates.





Specified disease insurance — NY only

This insurance pays a one-time, lump-sum benefit payment upon the diagnosis of a covered disease or illness on or after your coverage effective date. You can elect among the following coverage levels:

- Employee: \$5,000, \$10,000, \$15,000, \$20,000 or \$25,000
- Spouse/domestic partner: \$5,000, \$10,000 or \$15,000
- Child: \$1,000, \$2,500, \$5,000 or \$10,000

Note: NY only — for the first six months following your coverage effective date, the plan will not pay benefits for any condition or illness resulting from a pre-existing condition. Refer to the certificate of coverage for the definition of pre-existing condition.

Unless noted, your payment will be at 100% of your benefit amount.

Each proposed insured person (employee, spouse/domestic partner, child(ren)) must be covered by a Voya health care plan, another major health insurance or basic hospital insurance and basic health insurance.

Covered specified diseases — New York only

Specified disease	Percent of maximum benefit amount
Heart attack	100%
Stroke	100%
Major organ failure	100%
Amyotrophic lateral sclerosis (ALS)	100%
Invasive cancer	100%
Carcinoma in situ (CIS)	25% (payable only once)
Skin cancer - standard	\$250*
Skin cancer - thin melanoma	\$500*
Annual wellness benefit	\$100 employee/spouse 50% of the employee amount for child(ren) with a \$200 annual maximum benefit payout across all child(ren)

* In addition to any other benefit

For more information, including provisions, exclusions and limitations, see product brochures and Certificates of Coverage and applicable riders on the EBRC (QR codes provided on page 12). ReliaStar Life Insurance Company of New York (Woodbury, NY), a member of the Voya® family of companies. Specified Disease Insurance Certificate Form #RNY-CI3-CERT-15-VOYA.

Go to [2026 plan rates](#) to see voluntary specified disease insurance rates.





Accident insurance

This insurance pays a set amount for injuries from covered accidents after your coverage begins. Payment depends on injury type and care you receive, and funds can be used as you wish. Benefits are paid directly to you.

Partial list of accident benefits

Event	Non-NY residents	NY residents
Hospital admission	\$1,000	\$1,000
Hospitalization confinement	\$300/day — up to 365 days	\$220/day — up to 365 days in NY metro area \$165/day — up to 365 days outside of NY metro area
Urgent care facility treatment	\$150	N/A
Emergency room treatment	\$150	N/A
Ground ambulance	\$240	N/A
Physical therapy — up to six per accident (Does not apply to occupational therapy)	\$30	\$30
Annual wellness benefit	\$75 for employee/spouse and each child(ren)	\$75 for employee/spouse 50% of the employee amount for child(ren) with \$150 maximum payout across all children

For more information, including provisions, exclusions and limitations, see product brochures and Certificates of Coverage and applicable riders on the EBRC (QR codes provided on page 12). ReliaStar Life Insurance Company (Minneapolis, MN) and ReliaStar Life Insurance Company of New York (Woodbury, NY), members of the Voya® family of companies. Accident Insurance Certificate Form #RL-ACC3-CERT-16-GA; in New York Certificate Form #RNY-ACC2-CERT-15-VOYA

Go to [2026 plan rates](#) to see voluntary accident insurance rates.





Hospital indemnity insurance

This insurance provides a fixed daily payment if you or your covered family members are confined in a covered hospital, intensive care or rehabilitation facility on or after your coverage effective date. The payment amount depends on the type of facility and length of stay. You can use these payments as you wish, and they are provided in addition to any other health insurance benefits.

In addition for non-NY residents, the insurance includes an annual wellness benefit for you, your spouse and eligible child(ren) when completing an eligible health screening test (such as an annual physical). The wellness benefit is payable only once per year, no matter how many health screening tests are involved.

Partial list of hospital indemnity benefits*

	Non-NY residents		NY residents	
	Low plan	High plan	Low plan	High plan
Admission benefit*** Once per confinement <i>Max of 8 total admission benefits per calendar year</i>	\$500 for first day of hospital confinement	\$1,500 for first day of hospital confinement	\$500 for first day of hospital confinement	\$1,500 for first day of hospital confinement
Daily confinement benefit*** Hospital (30-day max per confinement) Intensive care unit (15-day max per confinement) Rehabilitation facility (30-day max per confinement) Observation unit	\$100 \$200 \$50 \$250 (at least 4 consecutive hours, other than inpatient)**	\$150 \$300 \$75 \$250 (at least 4 consecutive hours, other than inpatient)**	\$100 \$200 \$50 \$250 (at least 4 consecutive hours)	\$150 \$240 \$75 \$250 (at least 4 consecutive hours)
Dependent benefits — Spouse and children	100% of employee amount		100% of employee amount	
Newborn benefits	Same as benefits for any other child If coverage is not effective prior to birth, one-time benefit of \$100 (no admission benefit)		Same as benefits for any other child If coverage is not effective prior to birth, one-time benefit of \$100 (no admission benefit)	
Additional benefits	See Voya Employee Benefits Resource Center for additional details: EBRC — Non-NY		See Voya Employee Benefits Resource Center for additional details: EBRC — NY	
Annual wellness benefit	\$75 for employee/spouse and child(ren) with no annual maximum benefit payout across all child(ren)		N/A	

* “Hospital”, “Intensive Care Unit” and “Rehabilitation Facility” are specifically defined in the Certificate of Coverage.

** Not payable for any day that a facility confinement or admission benefit is payable.

*** Only one type of daily Facility Confinement or Admission benefit is payable per day.

For more information, including provisions, exclusions and limitations, see product brochures and Certificates of Coverage and applicable riders on the EBRC (links provided on page 12). ReliaStar Life Insurance Company (Minneapolis, MN) and ReliaStar Life Insurance Company of New York (Woodbury, NY), members of the Voya® family of companies. Hospital Confinement Indemnity Insurance Certificate Form #RL-HI2-CERT-20-GA; in New York, Hospital Confinement Indemnity Insurance Certificate Form #RNY-HI2-CERT-20.

Go to [2026 plan rates](#) to see hospital indemnity insurance rates.

UHC support programs and tools

Our health plan administrator, UHC, provides a number of programs and tools available to support you and your covered dependents.

myuhc.com®

Use UHC's member website, myuhc.com, to:

- **Make real-time inquiries** regarding claims status/history and view/print your explanation of benefits (EOBs);
- **View benefit plan information** and research health condition and treatment options;
- **Order a replacement ID card** or print a temporary card;
- **Search for in-network doctors** that have a "Premium" designation, which represents quality care and cost efficiency;
- **Access wellness content**;
- **Access average costs** for specific treatments in your area within the Find Care and Costs section; and
- **Look up quality ratings and reviews** by provider, hospital or facility.

To register, go to myuhc.com and click on "Register Now." Have your UHC ID card handy.

Convenient tools at home or on-the-go:

- Find drug prices and lower-cost alternatives.
- View real-time benefits and claims history.
- Locate a network pharmacy.
- Access your ID card, if your plan allows.
- Set up text message medication reminders online.
- Request a prior authorization for medication.
- Manage medication for covered dependents and spouses.

If you use home delivery for your medication, you can:

- Request to transfer retail prescriptions to home delivery.
- Track orders.
- Refill home delivery prescriptions.



The UnitedHealthcare website and app gives you the information you need to make the most of your pharmacy benefit. Download the UnitedHealthcare® app to find nearby care options in your network, video chat with a doctor 24/7, see your claim details and check your progress toward your deductible. Available on the App Store and Google Play.





UHC support programs and tools (continued)

Virtual visits

With 24/7 Virtual Visits, see and talk to a doctor¹ from your mobile device² or computer without an appointment. Most visits take 10–15 minutes and doctors can write a prescription,³ if needed, that you can pick up at your local pharmacy. Virtual visits are convenient for conditions such as:

- Bronchitis
- Cold/flu
- Fever
- Migraine/headaches
- Pink eye

You also have access to 25- or 50-minute Behavioral Health sessions by appointment. Access 24/7 Virtual Visits at myuhc.com. On the site, you may also schedule behavioral health virtual visits and research providers in your area. After registering and requesting a visit, you will pay your portion of the service costs according to your Voya health plan, which is generally less than an office visit and can be applied toward your deductible.

¹ Computer and mobile device access is not available in all states.

² Data rates may apply.

³ Certain prescriptions may not be available, and other restrictions may apply.

Advocacy for a better health care experience

UHC's advocacy services can help you get the most out of your benefits. Whether you connect one-on-one with an advocate or nurse by phone or through UHC's digital resources, you can get help making informed decisions about your care that may save you money and lead to better health outcomes.

The program includes:

- A team of compassionate advocates and nurses (assigned to Voya) who work together to help coordinate your care;
- A single point of contact to help resolve your issue and guide you to the right resources;
- Access to highly trained advocates who specialize in resolving complex claim issues and other complicated challenges in real time; and
- Direct extension and voicemail available for advocates, making it easier to connect with your support team.

Log in to myuhc.com and click to call or chat with an UHC advocate, call the member number on your UHC ID card, or connect via the UnitedHealthcare app.

Manual Transition of Care

When you need help and additional time to speak with your physician about switching to a preferred or covered alternative medication and/or satisfying your drug's clinical program requirements, the manual Transition of Care process (TOC) can help.

- Manual TOC allows UnitedHealthcare Customer Service to approve a one-time, one-month override on certain medications that are strategically excluded or have clinical review requirements (e.g. Prior Authorization, Step Therapy) when you're new to UHC pharmacy benefits or you're impacted by a Prescription Drug List (PDL) Cycle change.
- Manual TOC applies to both new and existing members.
- Simply call the number on the back of your ID card to request a TOC override.
- UnitedHealthcare Customer Service will work with you to determine if your drug is eligible for a Transition of Care override.
- For existing members to be eligible, you must also have a paid claim within the last 120 days in your history. The override is not available for new medications. You should have a denied claim in your history for the drug under review in order to help streamline the process.





UHC support programs and tools (continued)

Personal health support

A UHC personal health support nurse can guide you and your family through any health care treatment process, ensuring you receive appropriate and cost-effective services.

Women's health services

- Neonatal Resource Service — Receive education and support from UHC's dedicated team of NICU nurse case managers, social workers and medical directors.
- Fertility Solutions — In coordination with **Maven**, receive treatment support from experienced fertility nurses who can provide information about treatment options and help find Fertility Centers of Excellence (COEs) to get care from specialists.
- Maternity support — Provides expectant mothers with information and support before, during and after pregnancy. Learn steps that may help lead to a healthier pregnancy and birth, with resources and online video courses covering trimester benchmarks, nutrition, exercise, breastfeeding, postpartum and more.

Congenital heart disease resource services

UHC can assist you in managing your child's congenital heart disease (CHD), which includes numerous conditions that vary widely in complexity. The resource service provides access to a Center of Excellence (COE) that meets their clinical qualification criteria.

Orthopedic Health Support program

The Orthopedic Health Support program helps improve health outcomes and reduces cost for back, knee, hip, neck and shoulder conditions. UHC nurse coaches who specialize in early back pain onset and joint issues can help you understand your condition, manage your pain and explore treatment options, including:

- Early intervention and appropriate care;
- Coaching to support behavior change;
- Surgical care and conservative treatment options;
- Shared decision making;
- Pre- and post-surgical counseling;
- Guidance to preferred providers and Centers of Excellence (COEs) for musculoskeletal (MSK) care;
- Digital MSK resources and virtual second opinion services; and
- Long-term support.

Disease management programs

UHC offers integrated care management with designated nurse teams to help you and your family manage prevention, diagnosis, conditions, treatment and recovery associated with coronary artery disease (CAD).

Behavioral Health Family Support Program

If you have a child with behavioral or developmental needs, this program is designed to connect your family with the right support. All employees are eligible to participate in this program at no cost.

Connect with a "navigator" — a licensed behavioral clinician — who will work with you to understand your child and family's needs, and connect you with available services and providers.

Special needs include:

- Attention deficit/hyperactivity disorder
- Autism spectrum disorders
- Eating disorders
- Mood disorders, like depression and anxiety
- Substance abuse disorders
- Developmental delays, and more



If you or your covered dependents are identified as someone who may benefit from one of these programs, a UHC nurse case manager may call you to offer assistance. For more information about UHC support programs and tools, call (877) 311-7847.





Tax-advantaged accounts

This section includes smart ways to stretch your dollars — helping you save on eligible expenses while lowering your taxable income. Understanding how and when to use these accounts can be a meaningful step toward feeling financially confident.

Use the links below to learn more about each account.

- [Accounts at-a-glance](#)
- [Health Savings Account \(HSA\)](#)
- [Limited Purpose FSA](#)
- [Health FSA](#)
- [Dependent Care FSA \(DCFSA\)](#)
- [Commuter accounts](#)
- [Debit card](#)



Tax-advantaged accounts

Voya offers a variety of tax-advantaged accounts designed to help you put aside money for specific out-of-pocket expenses while saving money on taxes at the same time. The accounts include a Health Savings Account (HSA), three types of flexible spending accounts (FSAs) and two commuter benefit spending accounts.

Click me to go
to this section's
home page



Voya accounts at-a-glance

Benefit detail	HSA	Limited purpose FSA	Health FSA	Dependent care FSA	Commuter Benefit Spending Accounts	
					Transit account	Parking account
Voya contribution	Automatic contribution: \$500 employee only; \$1,000 other coverage tiers	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable
Minimum	\$120 annually	\$120 annually	\$120 annually	\$120 annually	\$10 monthly	\$10 monthly
Maximum	\$4,400 annually for self-only coverage/ \$8,750 annually for family coverage	\$3,300 annually ¹	\$3,300 annually ¹	\$7,500 annually for single or married and filing jointly / \$3,750 annually for married couples filing separately	\$340 monthly	\$340 monthly
Expense type	Medical, dental and vision	Dental and vision	Medical, dental and vision	Dependent care	Transit	Parking
Additional information	Must be enrolled in Consumer Plan	Not available if you enroll in Traditional Plan or the Health FSA	Cannot be enrolled in an HSA	Anyone with qualified dependent care expenses can participate	Anyone with qualified transit expenses can participate	Anyone with qualified parking expenses can participate
Common qualified expenses	- Deductible - Copays and coinsurance - Other health expenses	- Dental expenses - Eyeglasses - Contact lenses	- Deductible - Copays and coinsurance - Contact lenses	- Child care - Before- and after-school program - Au pair	- Bus and light rail fares - Train and subway tickets	- After-tax parking at work - Other daily or monthly parking expenses

¹ Maximum limits for Voya's 2026 plan year. Voya follows a one-year lag of IRS annual limits.

Health Account Solutions, including Health Savings Accounts, Flexible Spending Accounts, Commuter Benefits, Health Reimbursement Arrangements, and COBRA Administration offered by Voya Benefits Company, LLC (in New York, doing business as Voya BC, LLC). Custodial services provided by Voya Institutional Trust Company.

This highlights some of the benefits of these accounts. If there is a discrepancy between this material and the plan documents, the plan documents will govern. Subject to any applicable agreements, Voya and its subcontractors reserve the right to amend or modify the services at any time.

The amount saved in taxes will vary depending on the amount set aside in the account, annual earnings, whether or not Social Security taxes are paid, the number of exemptions and deductions claimed, tax bracket and state and local tax regulations. Check with a tax advisor for information on whether your participation will affect tax savings. None of the information provided should be considered tax or legal advice.

Not FDIC/NCUA/NCUSIF Insured | Not a Deposit of a Bank/Credit Union | May Lose Value | Not Bank/Credit Union Guaranteed | Not Insured by Any Federal Government Agency.



Health Savings Account (HSA)

If you join the Consumer-Driven Health Plan, you may qualify for an HSA managed by Voya Benefits Company, LLC (in New York, doing business as Voya BC, LLC). HSA Custodial services provided by Voya Institutional Trust Company.

An HSA lets you save pre-tax money for eligible health care costs — such as deductibles, prescriptions, dental, and vision— that you can use now or in retirement. The account is portable, staying with you even if you leave Voya or retire, and funds roll over each year with no "use it or lose it" rule.

Note: If you participate in an HSA, you are eligible to participate in the Limited Purpose FSA — NOT the Health FSA.

HSA triple-tax advantages

An HSA provides three ways to save on taxes:

- **Contributions are tax-free** — You reduce your taxable income by contributing to your HSA through pre-tax payroll deductions, or make direct contributions with after-tax dollars and take a deduction when you file your tax return.
- **Income earned is tax-free** — Interest earned on your account balance is tax-free.
- **Money you spend is tax-free** — You don't pay any taxes on withdrawals used to pay for eligible health care expenses.

HSA contributions

Both Voya and you can contribute to your HSA:



- Voya makes an automatic contribution of either \$500 or \$1,000, depending on your coverage tier when you enroll in the Consumer Plan. You must enroll in the HSA in order to receive the automatic contribution, even if you choose to contribute the minimum amount.
- You can contribute up to IRS annual limit, which includes Voya's automatic contribution.

How much you can contribute to your HSA

Tier	IRS limit*	Voya automatic contribution
Employee only	\$4,400	\$500
Employee + spouse	\$8,750	\$1,000
Employee + child(ren)	\$8,750	\$1,000
Family	\$8,750	\$1,000

Employees age 55 or older (or who turn 55 during the plan year) can contribute an additional \$1,000.

* You are responsible to monitor your year-to-date contributions. Your maximum annual contribution limit is the IRS limit less the Voya automatic contribution limit, to ensure you do not exceed the IRS limit.

Opening your HSA

As part of the enrollment process, you will have the opportunity to open an HSA with Voya if you enroll in the Consumer Plan. To receive Voya contributions or make your own contributions, you must open your Voya account. Once your account is established, you can go to myhealthaccountsolutions.voya.com to manage your HSA, including designating a beneficiary.

HSA investment options

Once your HSA balance reaches \$1,000, you can choose to invest a portion of your balance in mutual funds. Voya will provide monthly statements detailing your account balance and activity.

You can now earn cash on your account with the Voya Interest Program. **Note:** participation is optional. You must elect to participate through your Health Account Solutions Consumer Portal accessed via Benefitplace.

Investments are not FDIC Insured, are not guaranteed by Voya Benefits Company, LLC (in New York, doing business as Voya BC, LLC), and may lose value. All investing involves risks of fluctuating prices and the uncertainties of return and yield inherent in investing. All security transactions involve substantial risk of loss. Voya Mutual Funds are offered through Voya Investment Distributors, LLC, 230 Park Ave, New York, NY 10169.

For a comprehensive list of eligible healthcare expenses: [IRS Publication 502](#).



Limited Purpose FSA

The Limited Purpose FSA is designed to be used alongside an HSA, and is only available to employees enrolled in Voya's Consumer-Driven Health Plan.

- You may elect the Limited Purpose FSA if you enroll in the Consumer-Driven Health Plan (CDHP).
- Eligible expenses are limited primarily to dental and vision out-of-pocket costs.
- You may contribute from \$120 to \$3,300* to the Limited Purpose FSA.
- Unlike the HSA, Voya does not contribute to the Limited Purpose FSA, and the money in the account does not roll over year to year — you must use it or you will lose it.

For a comprehensive list of eligible healthcare expenses: [IRS Publication 502](#).

For a comprehensive list of eligible dependent care expenses: [IRS Publication 503](#)



Health FSA

The Health FSA is available to employees who enroll in Voya's Traditional Co-pay Health plan, and it allows you to save money on a pre-tax basis to use for eligible medical, dental and vision expenses that aren't covered by your health plan or elsewhere.

- You may contribute from \$120 to \$3,300* to the Health FSA.
- Voya does not contribute to the Health FSA.
- Money in the account does not roll over year to year — you must use it or you will lose it.

Dependent Care FSA

The Dependent Care FSA allows you to save money on a pre-tax basis to then use for eligible dependent care expenses.

- Eligible dependents include:
 - Dependent child(ren) under age 13; or
 - Disabled dependent(s) — no matter how old — who live with you more than eight hours a day and are claimed as dependents on your tax return.
- You may contribute from \$120 to \$7,500 if single or married and filing jointly / \$3,750 if married and filing separately.*

* Maximum limits apply to Voya's 2026 plan year. Voya follows a one-year lag of IRS annual limits.



Important facts

Eligible 2026 expenses for the Limited Purpose, Health and Dependent Care FSAs must be incurred between Jan. 1, 2026, and Mar. 15, 2027, and submitted for reimbursement by March 31, 2027. You will forfeit any money remaining in your account(s) after this deadline.

- Reimbursements from the Limited Purpose and Health FSAs may exceed the amount that has been deposited to your account up to the full amount that you will deposit for the entire year.
- Reimbursements from the Dependent Care FSA cannot exceed the amount that is in your account when your reimbursement is processed.
- Dependent Care FSA expenses may be reimbursed only if they are incurred so that you and your spouse (if applicable), may work or attend school as a full-time student.
- You cannot transfer money from one account to another.

Commuter Benefit Spending Accounts

Transit account

The transit account allows you to pay for the following eligible transit expenses:

- Commuter highway vehicle transportation (a commuter highway vehicle seats seven or more adults and is used for commuting 80% of the time);
- Transit pass (fare card, token, voucher or pass); and
- Ride-shares services: Lyft and Uber.
 - Reimbursement is only allowed for Lyft Line or UberPOOL, the apps' carpooling options.
 - You cannot get reimbursed for regular Lyft or Uber rides.
 - Lyft Line and UberPOOL commuter benefits are only available in select cities.

You may contribute up to \$340 per month on a pre-tax basis. You can roll over any amount left in the transit account at the end of the year into the following year. Your participation in the commuter plan ends on your date of termination.

You must use your Voya debit card to pay for eligible out-of-pocket transit expenses — no manual claims may be submitted.

Important Facts

Eligible 2026 expenses for parking benefits must be submitted for reimbursement within 180 days of the date the expense was incurred.

- Reimbursements from commuter accounts cannot exceed the amount that is in your account when your reimbursement is processed.
- You cannot transfer money from one account to another.

Parking account

The parking account allows you to pay for the following eligible parking expenses:

- Parking at your work location; and
- Parking near a location from which you commute to work by way of public transportation, carpool or commuter highway vehicle.

You may contribute up to \$340 per month on a pre-tax basis. You can roll over any amount left in the parking account at the end of the year into the following year.

Managing your commuter benefits

- You can use your Voya debit card for commuter expenses at approved merchants.
- To enroll, view, change or stop your contributions for the transit or parking accounts, log into Benefitplace from Voya 360° or through the myVoyage app.
- Upon termination with Voya, your benefits debit card will be deactivated and you will have 180 days to submit parking claims (the run-out period). These claims must be incurred while you were still actively employed. **After the run-out period, any remaining funds in your account are forfeited back to the plan.** Per IRS regulations, Voya cannot refund your unused commuter benefits.



One debit card for all of your accounts

Voya offers one debit card to manage all tax-advantaged accounts, allowing you to access your funds from the Health Savings Account, Flexible Spending Accounts and Commuter Benefit Spending Accounts immediately.

For more information about the card or for your account balance(s), call Voya Health Account Services Customer Service at (833) 232-4673 or go to myhealthaccountsolutions.voya.com.



Well-being

These benefits reflect our ongoing commitment to you — offering meaningful support for your health, family, future, and everything in between.

Use the links below to quickly navigate this section.

- [Disability benefits](#)
- [Lyra](#)
- [Garner](#)
- [Diabetes & weight management](#)
- [Maven](#)
- [AccessHope](#)
- [FOLX](#)
- [Health Advocate](#)
- [Bright Horizons](#)



Disability benefits

Voya provides eligible full-time employees with basic short-term disability (STD) and long-term disability (LTD) insurance. These benefits pay you a percentage of your eligible pay in the event of prolonged absence from work due to illness or injury.

Eligible pay

STD:

Current employees — Approved STD benefits are calculated on your annual base salary plus an average of commissions paid in the past 12 months, if applicable. STD benefits do not include overtime or bonus payments.

New hires — Approved STD benefits within the first year of employment are calculated on your base salary in effect on the day prior to your disability date.

LTD:

Approved LTD benefits are calculated on your base salary in effect Sept. 1 of the year preceding the next calendar year plus annual incentive or commission compensation actually paid during the 12 months preceding Sept. 1. For new hires, eligible pay is generally your base salary.

Go to [2026 plan rates](#) to see supplemental LTD insurance rates.

Short-term and long-term disability

Company-paid LTD				Supplemental LTD		
Benefit detail	Company-paid STD	Benefit	Limit	Plan	Limit	Tax implications
Coverage	Week 1: \$0 Weeks 2-7: 100% Weeks 8-26: 80%	50% of eligible pay	\$10,000/month	1. 60% of eligible pay	\$15,000	Deduction is pre-tax; benefit is taxable
				2. 60% of eligible pay	\$15,000	Deduction is post tax; benefit is non-taxable
				3. 70% of eligible pay	\$20,000	Deduction is pre-tax; benefit is taxable
Waiting period	7 calendar days	26 weeks		26 weeks		
Guarantee issue	N/A	N/A		No evidence of insurability required at initial enrollment		

For more information, including provisions, exclusions and limitations, see product brochures and Certificates of Coverage and applicable riders on the EBRC (links provided on page 12). ReliaStar Life Insurance Company (Minneapolis, MN) and ReliaStar Life Insurance Company of New York (Woodbury, NY), members of the Voya® family of companies. Certificate Form #HC13GPGA; in New York, Certificate Form #HC08GPNY.

Evidence of insurability (EOI)

LTD coverage during your initial eligibility:

- You are not required to submit EOI if you elect to enroll in either the 60% or 70% supplemental coverage levels.
- If you do not enroll during your initial eligibility, you may be subject to EOI if you choose to enroll in the future.
- When EOI is required, the insurance company will need to approve it before coverage becomes effective.

LTD coverage during annual enrollment or a qualified life event:

- If you do not have supplemental LTD coverage, you may elect the 60% coverage level without providing EOI.
- If you do not have supplemental LTD coverage, you must provide EOI if you elect the 70% coverage level.
- If you do have 60% supplemental LTD coverage, you may elect the 70% coverage level without providing EOI.

Lyra

Mental health care and support

You and your dependents have access to mental health care from Lyra Health. Lyra provides a range of care options for your emotional and mental health — how, when and where you need it — at no cost to you.

No matter where you are in your mental health journey, Lyra can match you to providers specific to your needs — from alleviating anxiety and depression to navigating relationships, and from managing stress to finding balance.

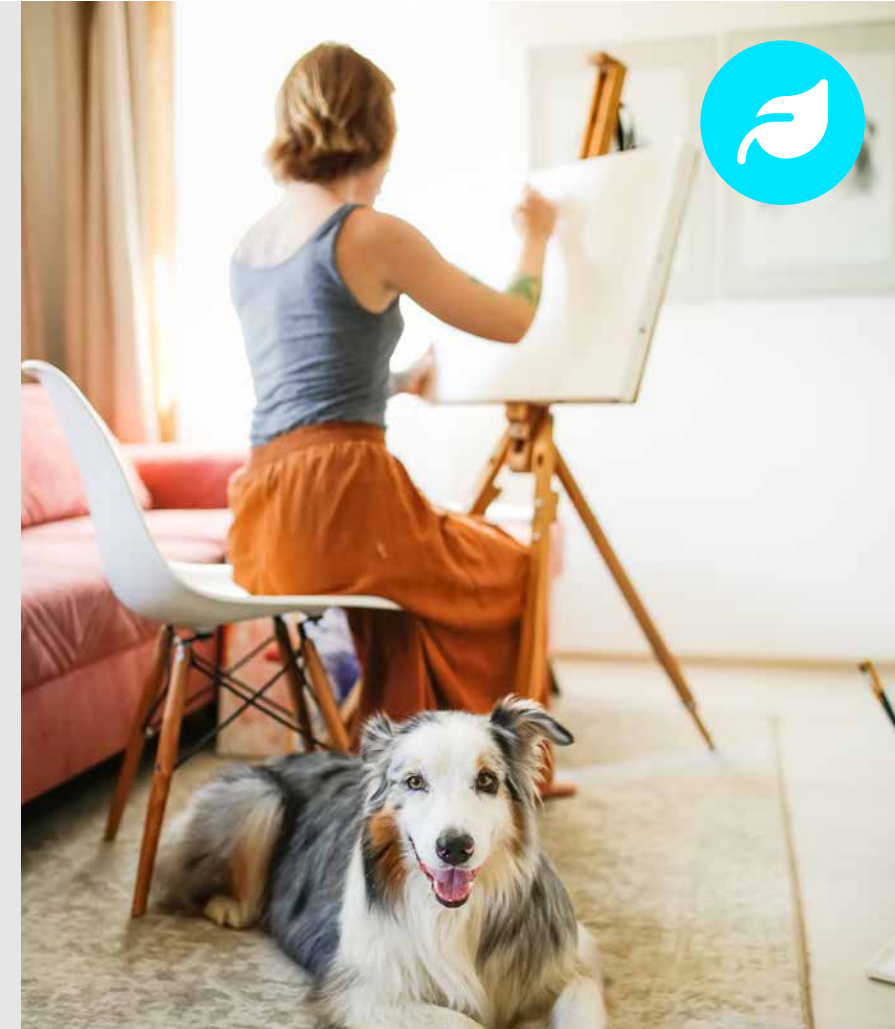
Lyra offerings include:

- Ten mental health coaching and/or therapy sessions for you, your family and dependents (per person per year), with additional sessions and medication management support available to those enrolled in Voya's health plan*;
- Guided self-care with a coach who will create a plan specific to your mental health needs;
- On-demand access to Lyra Essentials, a self-care library for help with sleep, meditation, stress relief and more; and
- 24/7 confidential support for managers who have concerns about an employee's mental well-being.

* Additional sessions and medication management support are billed through Voya's health plan and subject to in-network outpatient mental health cost-sharing, as defined under your health plan.

Get started with Lyra in three easy steps:

1. Visit voya.lyrahealth.com to create your account.
2. Take the care assessment to get paired with high-quality providers who have diverse backgrounds and identities. Lyra's mental health coaches and therapists are custom matched to you and have appointments available right away.
3. Meet with your provider virtually or in person to get started on your journey.



To access these programs call (877) 858-0077 or visit voya.lyrahealth.com.





Our priority is your health

Voya Financial is partnering with Garner Health to help you find the best doctors and get reimbursed for your out-of-pocket medical expenses.

Garner is dedicated to helping you find the best-performing doctors for your specific needs because choosing better doctors leads to better health outcomes and lower costs for you.

Enrolling in a Voya medical plan grants you access to the Garner Health app, which helps you locate the top-quality doctors near you, referred to as Top Providers.

Garner reimburses qualifying medical costs up to \$500 for individuals and \$1,000 for families when you see Top Providers.

Get reimbursed for these medical costs:

- Office visits
- Prescriptions
- Imaging
- Lab work

What makes Top Providers different?

Garner analyzes one of the country's largest databases of medical claim records to evaluate doctors based on real patient outcomes to find the top-performing providers. These Top Providers are in-network, near you, and have appointment availability to see you.

Garner identifies Top Providers based on their ability to:

- Follow current medical research
- Accurately diagnose patient problems
- Achieve the best patient outcomes

Expert help when you need it

We get it — navigating healthcare can be confusing. That's why the Garner Concierge team is here to help with fast answers on how to use your healthcare reimbursement benefit.

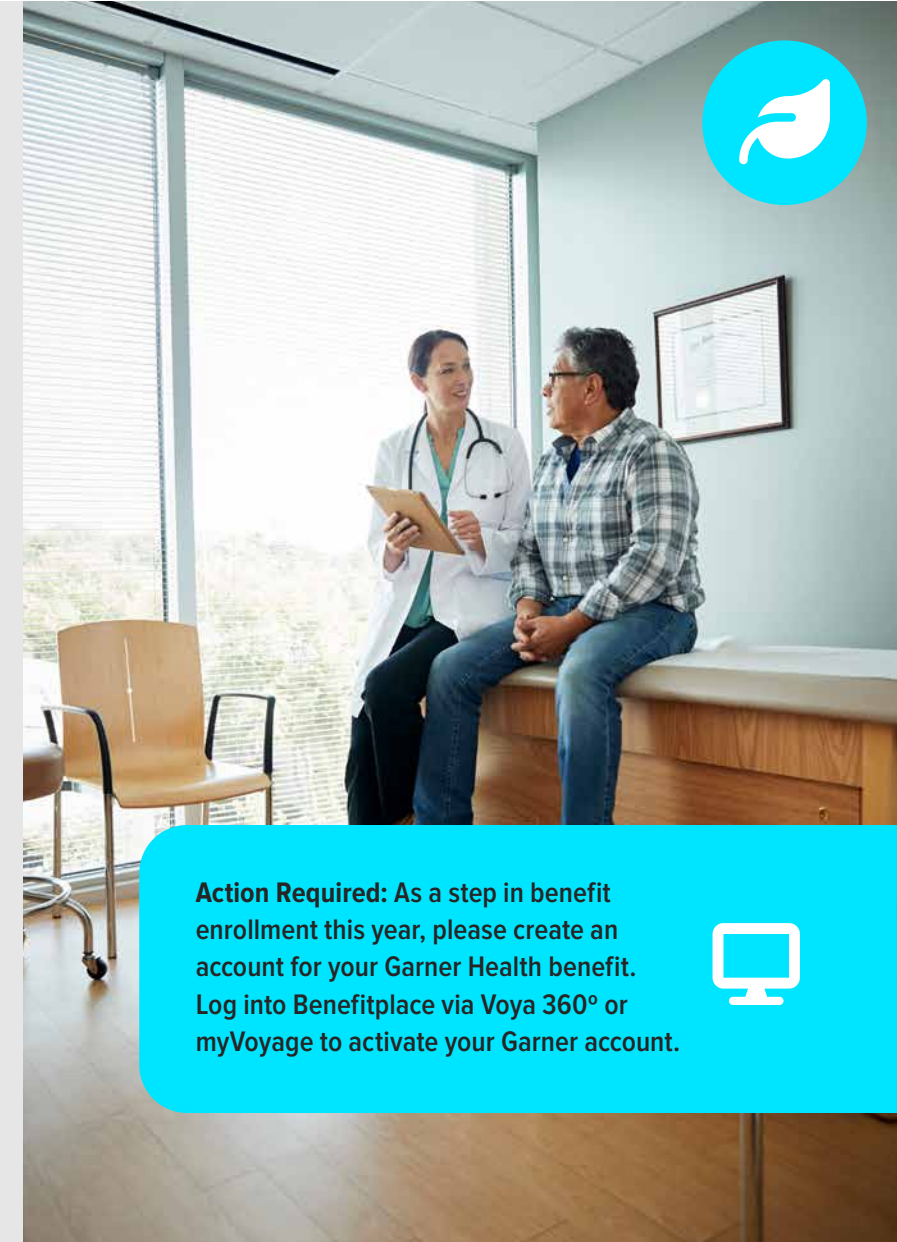
The Garner Concierge team can assist in understanding your benefits, finding Top Providers for you and your family, or answering questions about your reimbursements and claims.

You can contact the Concierge team through:

- In-app messaging
- Phone: **(866) 761-9586**
- Email: **concierge@getgarner.com**

The Concierge team is available Monday through Friday, 8 a.m. to 10 p.m. ET. Se habla español.

HSA note: The IRS requires HSA holders to meet a minimum out-of-pocket amount before Garner can reimburse medical costs: \$1,700 (individual) or \$3,400 (family) for 2026. Do not use HSA funds for expenses reimbursed by Garner.



Action Required: As a step in benefit enrollment this year, please create an account for your Garner Health benefit. Log into Benefitplace via Voya 360° or myVoyage to activate your Garner account.





Diabetes & weight management

Personalized digital guidance and access to health professionals

Voya's diabetes and weight management offering empowers you with tools, insights and expert support to help you reach your health goals. The programs are available at no cost to qualified Voya employees and eligible dependents enrolled in a Voya health plan.

The program offers even more condition-specific benefits that make it easier for you to manage your health, including:

- Diabetes management — Receive unlimited strips and a connected blood glucose meter, along with personalized insights.
- Blood pressure management — Get real-time tips and one-on-one coaching, as well as a connected blood pressure monitor.
- Weight management — Work with a health coach for guidance on healthy habits and receive a connected scale to help track your progress.
- Diabetes Prevention Program — Reduce your risk of type 2 diabetes with an all-in-one weight, activity and food-tracking program.

The benefits of this personalized program include:

- Top technology — Receive tools that enable you to track and manage your health on the go by automatically logging your data in a private dashboard and easy-to-use app.
- Personalized insights — Get real-time tips and personalized feedback to help you learn and improve — or keep up the good work.
- Expert coaching — Talk to a Teladoc health coach for advice on nutrition, weight loss and more, whenever you need extra support.

Visit myuhc.com to learn more.

To learn more and join, visit myuhc.com.





Virtual support for reproductive, family and women's health at your fingertips with Maven

No matter where you are on your family planning journey, it can be stressful. Maven Clinic offers support for a variety of fertility and family planning issues to help you navigate the stressors with ease. If you're enrolled in a Voya health plan, you can get 24/7 support from Maven Clinic for needs such as:

- Adoption and surrogacy
- UI and IVF
- Male fertility
- Maternity
- Menopause
- Mental health
- Parenting and pediatrics
- Partner support
- Postpartum
- Pregnancy
- Return-to-work support

Your free membership includes access to a personal care advocate who can help you navigate the Maven platform and connect you with providers. You also can video chat or message with top-rated providers in more than 35 specialties, attend provider-led virtual classes, and access expert resources on every topic.

Find more information at mavenclinic.com/join/takecare or myuhc.com, call (877) 311-7847 or download the Maven Clinic app.



Cancer support from AccessHope

Get cancer support from experts at AccessHope when you need it.

- Cancer support line — Connect with experienced oncology nurses who will answer your questions and provide the support you need from the comfort of your home. You can get help preparing for your next appointment, find out about new available cancer treatments, or reach out for additional emotional support.
- Expert advisory review — Request a review of your cancer diagnosis and treatment from a team of expert physicians. A specialist who focuses on your type of cancer will review your medical records and work directly with your physician to help ensure you receive the best treatments and care possible. You and your local oncologist will receive a summary of the review and recommendations.
- Accountable precision oncology — In cases of complex diagnoses with evolving treatment options, AccessHope's specialists will review your diagnosis and provide expert support, insights, treatment recommendations, and consideration of clinical trials, all in collaboration with your physician.

Visit Benefitplace > Resources or call AccessHope at (844) 939-4673 or visit voya.myaccesshope.org.



FOLX Health

Available to all employees, FOLX Health offers comprehensive range of services in coordination with your insurance plan, from the convenience of your home. These services include mental health care, gender affirming care, primary care, sexual and reproductive health services, fertility consultations, and more. With a diverse network of LGBTQIA+ expert clinicians, we ensure inclusive care for all members of the community ages 18+, along with support and services for family members and allies.

To learn more about everything you get with your FOLX membership, [read this article](#).

FOLX Health membership are covered by Voya and provided to you at no cost. As a FOLX member, you can:

- Book virtual care appointments with an expert clinician.
- Receive holistic support via Advocacy and Navigation teams.
- Get community support via the FOLX Community Platform.

To register for these services, visit folxhealth.com/voya.





Health Advocate

Health Advocate provides personalized assistance to help you resolve health care issues, saving you time and money. This program is available to you, your spouse/domestic partner, dependent child(ren) and parents/parents-in-law at no cost.

Consult with your personal Health Advocate to:

- Find the right doctors (including specialists), hospitals and other providers nationwide;
- Schedule appointments, arrange second opinions and transfer health records;
- Work with insurance companies to obtain approvals for needed services;
- Access Cleveland Clinic's MyConsult® Online Medical Second Opinion Program;
- Resolve benefits issues such as insurance claims and billing issues, untangle health care bills and coordinate benefits;
- Find eldercare services such as adult day care and more; and
- Answer questions about test results, treatments and medications.

Contact Health Advocate 24/7 at HealthAdvocate.com/voya or answers@HealthAdvocate.com or call (866) 695-8622.



Bright Horizons

Through Bright Horizons, you have access to support care and education needs for you and your family.

Bright Horizons offers various programs in the following areas:

- Back-up child care
- Full-time child care
- Adult and elder care
- Virtual tutoring sessions
- Academic support
- Back-up pet care

To register for these services, go to clients.brighthouse.com/voya. First-time registrants: Enter Voya as employer username and care4you as password. For more information, call Bright Horizons at (877) BH-CARES (242-2737).





Additional benefits

These benefits round out your coverage with valuable extras — some included automatically and some for you to personally choose.

Use the links below to quickly navigate this section.

- [Basic life and AD&D](#)
- [Supplemental life](#)
- [Supplemental AD&D](#)
- [Legal insurance](#)
- [Physical wellness](#)
- [Pet insurance](#)
- [Adoption](#)
- [Caregiving](#)
- [Student loan repayment](#)
- [Paid time off \(PTO\)](#)
- [Parental leave](#)
- [Tuition reimbursement](#)
- [Volunteerism](#)



Basic life and accidental death & dismemberment (AD&D) insurance

Voya provides eligible employees with basic life and AD&D coverage of one times your eligible pay* or \$50,000. This insurance is company-paid group term coverage and does not require evidence of insurability (EOI).

* Your eligible pay for purposes of determining life insurance coverage is your base salary in effect Sept. 1 of the year preceding the next calendar year plus annual incentive or commission compensation actually paid during the 12 months preceding Sept. 1. For new hires, eligible pay is generally your base salary.

You may elect the \$50,000 option to avoid paying imputed income taxes if your eligible pay is greater than \$50,000. If you initially elected \$50,000, you may later change to one times your eligible pay without EOI.

The Employee Benefits Resource Center (EBRC) has complete information on all your income protection and supplemental insurance. Based on your state of residence, visit the Non-NY or NY sites to review.



Non-NY



NY

Supplemental and dependent life insurance

You have the opportunity to purchase additional group term life insurance for you and your eligible spouse/domestic partner or child(ren).

Evidence of insurability (EOI)

Supplemental life insurance coverage during your initial eligibility:

- You are not required to submit EOI if you elect to enroll in two times your eligible pay for yourself, \$20,000 for your spouse or any allowed amount for dependent child(ren).

Supplemental life insurance coverage during annual enrollment:

- If you do have supplemental life insurance, you are not required to submit EOI if you elect to enroll in an additional one times your eligible pay.
- If you do not have supplemental life insurance, you are required to submit EOI for any amount.
- You are required to submit EOI if you elect to enroll or increase coverage for your spouse.
- You are not required to submit EOI if you elect to enroll or increase coverage for your dependent child(ren).
- When EOI is required, the insurance company will need to approve it before coverage becomes effective.

Go to **2026 plan rates** to see supplemental employee and dependent life insurance rates.

Supplemental life insurance coverage for a qualified life event:

- If you do have supplemental life insurance, you are not required to submit EOI if you elect to enroll in an additional one times your eligible pay.
- If you do not have supplemental life insurance, you are not required to submit EOI if you elect to enroll in up to two times your eligible pay.
- You are required to submit EOI if you elect to enroll or increase coverage for your spouse.
- You are not required to submit EOI if you elect to enroll or increase coverage for your dependent child(ren).



Coverage amounts

Benefit detail	Employee	Spouse*	Dependent child(ren)**
Increment	Eligible pay	\$20,000	\$5,000
Minimum	1 x eligible pay	\$20,000	\$5,000
Maximum	5 x eligible pay up to \$1.5 million	\$100,000	\$15,000
Guarantee issue	2 x eligible pay	\$20,000	\$15,000

For more information, including exclusions and limitations, see the Certificate of Coverage, available on the Non-NY or NY EBRC sites (see links in box to the left).

* \$20,000 to a maximum of \$100,000 chosen in \$20,000 increments, not to exceed 50% of your amount of basic life insurance.

** Dependent child(ren) coverage only payable through age 26.

ReliaStar Life Insurance Company (Minneapolis, MN) and ReliaStar Life Insurance Company of New York (Woodbury, NY), members of the Voya® family of companies.

Supplemental personal and family AD&D insurance

For an additional layer of protection, you can purchase supplemental personal and family AD&D insurance that pays benefits if you or a covered dependent dies or is severely injured in an accident.

Note: If you or your spouse/domestic partner are both employees of Voya, only one of you can cover your same eligible, dependent child(ren). Additionally, if you or your spouse/domestic partner both work for Voya and are insured under basic group term insurance, you cannot cover yourself and also be covered for benefits as a dependent by your spouse/domestic partner.

Business travel accident (BTA) insurance

Voya provides company-paid BTA insurance of five times eligible pay to all eligible employees. The coverage pays benefits if you die in an accident while traveling on Voya business. The minimum your beneficiaries would receive is \$100,000 and the maximum is \$750,000. Refer to the BTA policy for details.

Supplemental personal and family accident (AD&D) coverage amounts

Benefit detail	Employee	Family	
		Spouse	Child(ren)
Increment	Eligible pay	\$50,000	\$25,000
Minimum	1 x eligible pay	\$50,000	\$25,000
Maximum	5 x eligible pay up to \$1.5 million	\$200,000	\$50,000
Limitations	Maximum includes basic AD&D insurance	Transit	Parking
Guarantee issue	5 x eligible pay up to \$1.5 million	\$200,000	\$50,000

For more information, including exclusions and limitations, see the Certificate of Coverage, available on the Non-NY or NY EBRC sites. EOI not required at initial eligibility or annual enrollment. ReliaStar Life Insurance Company and ReliaStar Life Insurance Company of New York, members of the Voya® family of companies.

Go to [2026 plan rates](#) to see supplemental personal and family AD&D insurance rates.



Legal insurance

Voya offers UltimateAdvisor® legal insurance through ARAG for help with a variety of legal issues. This insurance provides comprehensive coverage for most covered legal matters when you work with a network attorney — either in person, over the phone or online.

Examples of legal services:

- Wills and estate planning (wills, power of attorney)
- Family law (name change, adoption, divorce)
- Consumer-protection issues (car repair, consumer fraud)
- Civil damage claims (libel, slander, pet-related issues)
- Criminal matters (misdemeanors, juvenile matters)
- General matters (affidavits, promissory notes)
- Landlord/tenant rights (contracts, security deposits)
- Real estate matters (buy/sell a home, easements)
- Small claims court (small claims assistance)
- Tax issues (IRS tax audit, property taxes)
- Traffic matters (license restoration)
- Reduced-fee benefits available for other services

Identity theft protection

Identity theft protection is an important feature of the UltimateAdvisor legal insurance. If you fall prey to identity theft, the plan will help with full-service identity restoration and lost wallet services. The plan provides coverage of up to \$1 million for expenses associated with restoring your identity.

For more information, visit [ARAGLegalCenter.com](https://araglegalcenter.com) and enter access code 10364VOY. Or call (800) 247-4184 to speak with an ARAG customer care specialist.

Limitations and exclusions apply. Insurance products are underwritten by ARAG Insurance Company of Des Moines, Iowa, GuideOne® Mutual Insurance Company of West Des Moines, Iowa, or GuideOne Specialty Mutual Insurance Company of West Des Moines, Iowa. Service products are provided by ARAG Services, LLC. This material is for illustrative purposes only and is not a contract. For terms, benefits or exclusions, call our toll-free number.





Physical wellness

One Pass Select™ is a fitness and well-being subscription service that's designed around you and your goals. There are 5 membership tiers to choose from, with the option to change tiers monthly. Visit the experience at www.onepassselect.com.

Unitedhealthcare members will be able to access One Pass Select on the myuhc.com site or app.

Pet insurance

Pet insurance through Nationwide offers a choice of reimbursement options so you can find coverage that fits your budget. If you need coverage other than for a cat or dog, or have other questions, contact Nationwide at **(844) 208-1108**.

Adoption assistance

If you choose to adopt a child who is under the age of 18, you may receive up to \$5,000 toward qualified adoption expenses.

Caregiving assistance

This benefit matches you with a dedicated care coordinator to help you care for loved ones who are aging, chronically ill, disabled or need medical care. For more information go to wellthy.com/voya or call **(877) 588-3917**.

Student loan repayment assistance

The Student Loan Repayment program, administered through Bright Horizons EdAssist Solutions, provides education loan repayment assistance to eligible employees.

Paid Time Off

Paid Time Off (PTO) at Voya provides flexibility and choice to help you balance your work and personal life through a combination of vacation and sick time.

Parental leave

To support the birth, adoption or fostering of a child, eligible employees may receive parental leave for bonding activities related to the care and well-being of a newborn or adopted child. Eligible employees may take up to 12 weeks paid parental leave that will run concurrent with FMLA and state leaves.

Tuition reimbursement

Eligible employees may receive financial assistance for approved educational courses if they choose to continue their education in areas that will improve their present job performance.

Volunteerism and giving

Voya believes in the value of service to the communities in which our employees work and live. We offer several volunteering opportunities, including National Day of Service, Community Partners (CP) Teams, and Employee Volunteer Policies.

Volunteer Time Away (VTA)

You can receive paid time off when you participate in community activities during regular work hours.

- Full-time regular employees can volunteer a maximum of 40 hours per calendar year or approximately three to four hours per month.
- Part-time regular employees can volunteer a maximum of 20 hours per calendar year or approximately one to two hours per month.

Volunteer Matching Gifts

If you volunteer your own time to an eligible nonprofit organization, Voya will make a \$500 contribution to that organization when you volunteer 50 or more hours during the calendar year (not including the time allowed for VTA).

Giving policy

Voya Foundation matches employee gifts dollar for dollar, up to \$5,000, for eligible nonprofit organizations.



Voya's **Inspiration Station** is your primary resource for volunteering and giving. Search for Voya-sponsored opportunities, submit VTA requests, track volunteer time, and track charitable contributions and Voya Match. Visit [myHR on SharePoint](#) for more information on these and other important Voya benefits.



Retirement benefits

Planning for the future starts today. Our retirement benefits are designed to help you build long-term financial security and peace of mind — giving you the tools to make confident decisions and take meaningful steps toward your goals.

Use the links below to quickly navigate this section.

- [Voya 401\(k\) Savings Plan](#)
- [Retirement Plan](#)
- [Retiree medical plan](#)



Voya 401(k) Savings Plan

You are eligible to participate in Voya's 401(k) Savings Plan on day one of your employment.

Here's how the plan works:

- You may contribute between 1% and 50% of your eligible compensation each pay period up to the annual IRS contribution or compensation limit, whichever is reached first.*
- If you are age 50 or older (or turning age 50 during the year), you may make an additional catch-up contribution of \$7,500. In 2025, if you are age 60 to 63 (or will turn 60 during the year), you may make up to \$11,250 in catch-up contributions to your account.*
- You may contribute to the plan on a pre-tax 401(k), after-tax 401(k) or Roth after-tax basis.*
 - Starting January 1, 2026, if your 2025 FICA wages (Box 3 of your W-2) exceed \$145,000, your catch-up contributions must be made as Roth after-tax to comply with the SECURE 2.0 Act of 2022.
- Each pay period, Voya matches your contributions dollar-for-dollar up to 6% of your eligible compensation, up to the annual IRS contribution or compensation limit, whichever is reached first.
 - Voya matches your pre-tax 401(k) and Roth contributions. The match ends in the pay period in which you meet either the IRS contribution or compensation limit.

— After-tax 401(k) and catch-up contributions are not matched.

- You become vested in the company's matching contributions 25% per year of service and become 100% vested after four years of service. A year of service is a calendar year in which you work at least 1,000 hours.
- If you do not elect to enroll within 60 days of when your employment begins, you will automatically be enrolled in the plan and will contribute 6% of your pay on a pre-tax basis. You can change this election at any time.

Not FDIC/NCUA/NCUSIF Insured • Not a Deposit of a Bank/Credit Union • May Lose Value • Not Bank/Credit Union Guaranteed • Not Insured by Any Federal Government Agency • Mutual funds and Collective Trusts offered under a retirement plan are long-term investments designed for retirement purposes. An administration fee and fund management fees will apply. Early withdrawals may be subject to an IRC 10% premature distribution penalty tax, if taken prior to age 59½. Money taken from the plan will be taxed as ordinary income in the year the money is distributed. Account values fluctuate with market conditions, and when distributed the principal may be worth more or less than its original amount invested. • Any insurance products, annuities and funding agreements that you may have purchased are sold as securities and are issued by Voya Retirement Insurance and Annuity Company ("VRIAC"). Fixed annuities are issued by VRIAC. VRIAC is solely responsible for meeting its obligations. Plan administrative services provided by VRIAC or Voya Institutional Plan Services, LLC ("VIPS"). Neither VRIAC nor VIPS engage in the sale or solicitation of securities. If custodial or trust agreements are part of this arrangement, they may be provided by Voya Institutional Trust Company. All companies are members of the Voya® family of companies. **Securities distributed by Voya Financial Partners, LLC (member SIPC) or other broker-dealers with which it has a selling agreement.** All products or services may not be available in all states.

Getting started now makes a difference

Are you already enrolled in the plan?

To change your elections, manage your investments or update your beneficiary designation, access your Savings Plan account from [myHR on SharePoint](#) or visit voyaretirementplans.com to access your account from any computer.

Are you a new hire?

To enroll, watch for your "Welcome to Voya and Benefitplace: Voya Benefits Enrollment" email and click on the Voya New Hire eBook to access the Savings Plan Enrollment Center. Your plan number is 776991, your verification number is 77699199.

You can enroll or change elections by calling the Voya Retirement Plan Service Center at (800) 584-6001 to speak with a member service representative.



* Savings Plan annual limits will be updated in the member system after the IRS releases the new amounts. 2025 IRS limits: \$350,000 compensation; \$7,500 catch-up (age 50 or older); \$23,500 pre-tax + Roth; \$70,000 total (pre- + Roth + after- + employer). Additional catch-up contribution for age 60-63 is \$11,250 as of January 1, 2025.

Voya Retirement Plan (pension)

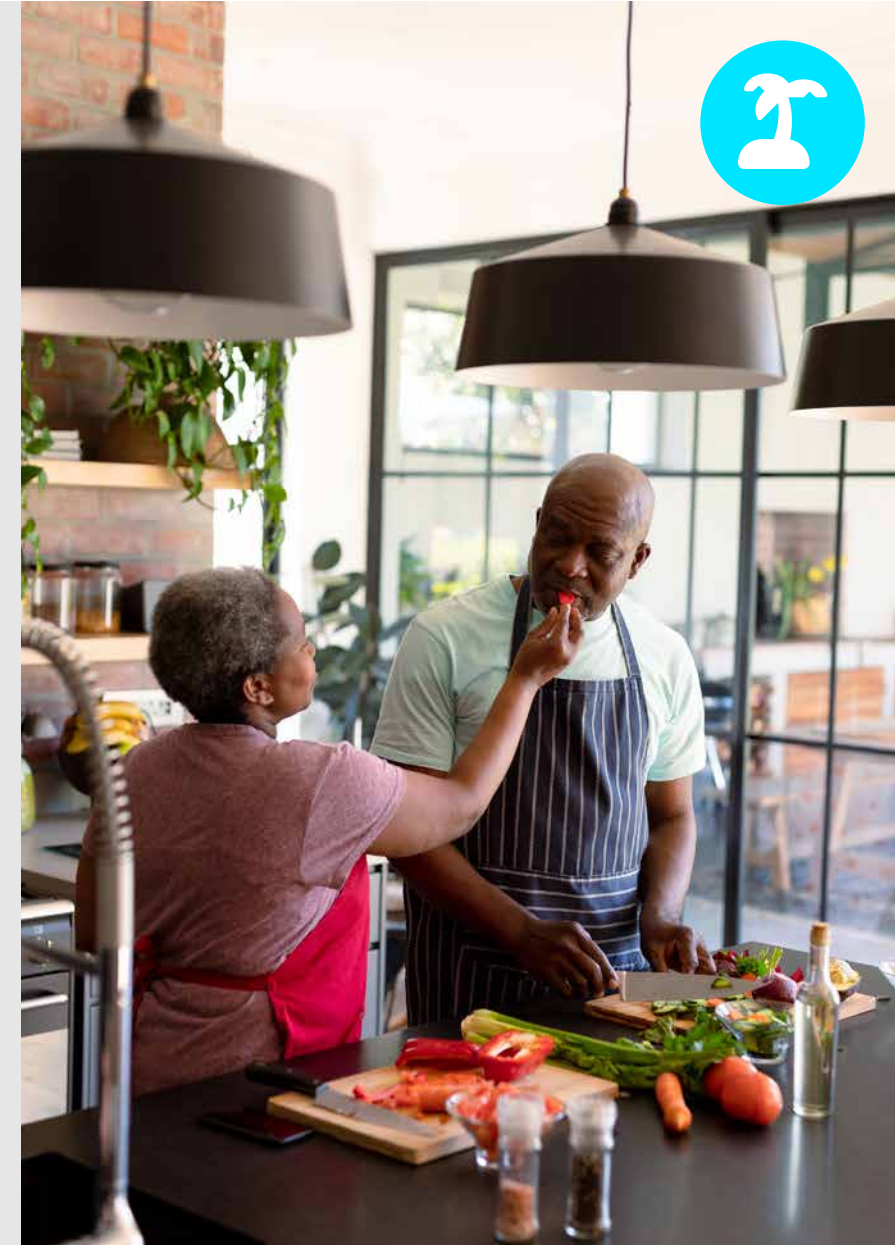
Voya provides an employer-funded cash-balance retirement plan. Here's how the plan works:

- Voya credits an amount equal to 4% of your eligible pay each month to your cash-balance benefit.
- Interest on the cash-balance benefit is credited monthly at the 30-year U.S. Treasury securities bond rate in effect in August of the preceding calendar year.
- You become fully vested in your cash-balance benefit when you've completed three years of service. A year of service is a calendar year in which you work at least 1,000 hours.
- Benefit payable as a monthly annuity, cash lump sum or rollover to another plan following termination date.
- You may choose to receive payment any time after termination, but no later than age 65.

Visit [myHR on SharePoint](#) for more information about Voya's retirement benefits.

Voya retiree medical plan

The Voya retiree medical plan helps you transition to retirement by providing access to health insurance coverage during early retirement until you become eligible for Medicare coverage. To be eligible, you must be age 55 or older and have completed at least five consecutive years of service when you leave active employment with Voya.





Resources

Everything you need to make confident, informed choices is right here — clear plan comparisons, pricing, contact information and required notices, all organized to help you feel supported and equipped to understand your benefits all year long.

Use the links below to quickly navigate this section.

- [Contact information](#)
- [FAQs](#)
- [Enrollment checklist](#)
- [Glossary of important terms](#)
- [Health plan comparisons](#)
- [Hawaii HMO](#)
- [Plan rates](#)
- [Required notices](#)



Important contact information

Benefit	Phone	Web
401(k) Savings Plan	(800) 584-6001	voyaretirementplans.com
Back-up child care/elder care (<i>Bright Horizons</i>)	(877) BH-CARES / (877-242-2737)	clients.brighthorizons.com/voya Username: voya; Password: care4you
Benefitplace (<i>Voya Benefits Center</i>)	(800) 555-1899	secure-enroll.com/sso/saml/VOYA/MemberLogin
Cancer support (<i>AccessHope</i>)	(844) 939-4673	voya.myaccesshope.org
Caregiving assistance (<i>Wellthy</i>)	(877) 588-3917	wellthy.com/voya
Critical illness/accident/specified disease (<i>ReliaStar</i>)	(877) 236-7564	Non-NY: presents.voya.com/EBRC/voya NY: presents.voya.com/EBRC/voyaNY
Dental (<i>Delta Dental</i>)	(800) 521-2651	deltadentalins.com
Diabetes management (<i>UnitedHealthcare</i>)	(877) 311-7847	myuhc.com
Employee Assistance Program (EAP) Behavioral Health Family Support (<i>Lyra</i>)	(877) 858-0077	voya.lyrahealth.com
Employee gifting and volunteerism (<i>Inspiration Station</i>)	N/A	voya.benevity.org
Family planning support (<i>Maven</i>)	(877) 311-7847	mavenclinic.com/join/takecare or myuhc.com
Health advocacy (<i>Health Advocate</i>)	(866) 695-8622	healthadvocate.com/voya
Hypertension management (<i>UnitedHealthcare</i>)	(877) 311-7847	myuhc.com
Leave of absence (FMLA/STD) (<i>Sedgwick</i>)	(866) 315-1068	sedgwick.com Client Number: 2646
Legal services (<i>ARAG Group</i>)	(866) 315-1068	ARAGLegalCenter.com Access Code: 10364voy
LGBTQIA+ care support (<i>FOLX Health</i>)	N/A	folxhealth.com/voya
Life insurance (<i>ReliaStar Life Insurance Company</i>)	(800) 955-7736 Customer Service (888) 238-4840 Claims	Non-NY: presents.voya.com/EBRC/voya NY: presents.voya.com/EBRC/voyaNY
Long-term disability (<i>ReliaStar Life Insurance Company</i>)	(800) 955-7736 Customer Service (888) 305-0602 Claims	Non-NY: presents.voya.com/EBRC/voya NY: presents.voya.com/EBRC/voyaNY



Important contact information

Benefit	Phone	Web
Medical (<i>Kaiser Permanente</i>)	(808) 432-5955 Oahu, Hawaii (800) 966-5955 other islands	kaiserpermanente.org
Medical and prescription drugs (<i>UnitedHealthcare (UHC)</i>)	(877) 311-7847	Already enrolled: myuhc.com New hire: whyuhc.com/voya
Medical provider tool (<i>Garner</i>)	(866) 761-9586	concierge@getgarner.com
Mental health care (<i>Lyra</i>)	(877) 858-0077	voya.lyrahealth.com
Pet insurance (<i>Nationwide</i>)	(844) 208-1108	N/A
Retirement plan (<i>Pension plan</i>)	(800) 555-1899	ybr.com/voya
Student Loan Program (<i>EdAssist Bright Horizons</i>)	(877) 276-7089	voya.edassist.com
Tax-advantaged accounts <i>Health Savings Account, Flexible Spending Accounts, Commuter Benefit Spending Accounts</i>	(833) 232-4673	myhealthaccountsolutions.voya.com
Telemedicine (<i>24/7 Virtual Visits</i>)	(877) 311-7847	myuhc.com
Tuition reimbursement (<i>EdAssist Bright Horizons</i>)	(877) 276-7089	voya.edassist.com
Vision (<i>Vision Service Plan (VSP)</i>)	(800) 877-7195	vsp.com
Weight management (<i>UnitedHealthcare</i>)	(877) 311-7847	myuhc.com

Throughout the remainder of this guide, you will find health plan comparison charts, plan rate information and several required notices.

Important information about this benefits guide: This benefits guide is a summary of benefits only of the Voya benefit programs. It does not attempt to cover all of the details of any plan. These are contained in the official plan documents and insurance contracts that govern the various plans within the benefit programs. All coverages are subject to the terms and conditions of the applicable group policy. Should there be any conflict between the information in this guide and the provisions of the legal documents and contracts, the terms of those documents and contracts will control. Participation in a Voya Benefits program does not give you the right to be employed by the company, nor does it give you the right to claim any benefit not covered by the plan(s). Voya reserves the right to change or terminate any plan at any time without prior notice. More detailed information on a particular benefit plan may be found in the Summary Plan Description for that plan, available on Benefitplace > Resources > SPDs. Only services listed on the schedule are covered. Benefitplace also may be accessed through Voya 360°. Group life insurance, disability income insurance and voluntary insurance products are provided by ReliaStar Life Insurance Company (Minneapolis, MN) and ReliaStar Life Insurance Company of New York (Woodbury, NY). Within the State of New York, only ReliaStar Life Insurance Company of New York is admitted, and its products issued. Both are members of the Voya® family of companies. Form numbers, provisions and availability may vary by state.



Frequently asked questions

We understand there may be questions you need answered. We've included common benefits and enrollment questions and answers below. You can also find information within Benefitplace, via Voya 360°, or by going to the Important Contact Info page and finding the resource you need more information on.

Q. Where do I go to enroll?

A. All health and wellness enrollments are completed in Benefitplace. You will find Benefitplace on Voya 360° and in the myVoyage app.

Q. When do I enroll if I'm already a Voya employee?

A. Elect your benefits during Annual Enrollment. This is your one time each year to make changes to your benefit elections, unless you experience a qualified life event.

Q. When do I enroll if I'm a new hire?

A. You must enroll for benefits within 30 days of your hire date. Your elections will be effective from your date of hire through Dec. 31.

Q. What happens if I'm already a Voya employee and I don't enroll?

You must enroll during the annual enrollment period (October 22–November 7, 2025) to have benefits coverage in 2026. Your 2025 health-related elections will not roll over for next year. Your 401(k) Savings Plan elections will carry over to 2026.

If you do not enroll by the annual enrollment deadline:

- You will not be enrolled in any of Voya's health care plans, such as medical, dental, vision and supplemental health. You will also need to make elections for your tax-advantaged accounts.
- Your elections for life and disability insurance will carry over to 2026.

Q. What happens if I'm a new Voya employee and I don't enroll?

A. If you do not enroll within 30 days from your hire date:

- You will not be enrolled in any of Voya's health care, supplement or voluntary plans.
- You will receive default coverage in company-provided benefits such as short-term disability, basic long-term disability, basic life insurance and business travel accident insurance.
- Your next opportunity to enroll in benefits will be during the next annual enrollment period.

Q. When can I make changes?

A. If you experience a qualified life event — such as a change in marital status, birth of a child or death of a dependent — you can make relevant changes to your benefit elections during the year. You must make any changes generally within 30 days of the event and up to 90 days for a birth or adoption of a child. The coverage change you make must be consistent with your status change.

For more information about qualified life events, to view your current benefits or report a qualified life event, log into Benefitplace.

Q. Who can be covered?

A. You, if you are a regular full-time or part-time employee, based on the following:

- Full-time: If you are scheduled to work at least 30 hours a week, you are eligible for all benefits described in this guide.
- Part-time: If you work at least 17.5 hours a week benefits described in this guide except the disability plans.

Your eligible dependents, including:

- Your legal spouse or domestic partner;
- Your child(ren) or legal dependent(s) under age 26; or
- Your unmarried child(ren) age 26 or over who became disabled prior to age 26 and who you claim as a dependent on your tax return.



2026 Enrollment checklist

Before you begin

Your benefits. Your way. Step by step.

1 Use this interactive guide. It summarizes the benefits available to you. Additional information, including Summary Plan Descriptions, are available within the Document Library in Benefitplace, via Voya 360° or myVoyage.

2 Consider your needs for each benefit option. Think about how you used your benefits this past year and consider what you may need in the coming year.

Ask yourself:

- Have my benefits served me well this year?
- Did I pick the right health plan coverage last year?
- Are there better options to fit my needs next year?
- Do I expect any life changes that will affect how I use my benefits?
- Should I enroll in an FSA or HSA to help cover out-of-pocket costs?
- Do I have the life and disability insurance I need?

3 Go online to enroll. Go to Benefitplace, via Voya 360° or myVoyage, to begin the enrollment process.

4 Use the Benefitplace effortless guidance tool to help you compare plan options and costs. You'll receive personalized benefit combinations based on your health and financial needs. Simply select, "View my personalized guidance" when you begin enrollment.

- Add your beneficiaries and dependents as you make your enrollment decisions.
- Understand how your choice in medical coverage affects eligibility for certain tax-advantaged accounts.
 - And remember to sign up for your chosen accounts separately, if needed.

5 Confirm your elections. After you enroll, you should save your confirmation statement. Review this statement carefully and save it for your records.

Ready for step 1?
Click here to start at the top of this guide.

When you have questions, call the Voya Benefits Service Center at **(800) 555-1899**.



Note: Voya Financial and its affiliated companies (collectively, "Voya") are making available to you the Personalized Enrollment Guidance tool offered by SAVVI Financial LLC. ("SAVVI"). Voya has a financial ownership interest in SAVVI, including representation on SAVVI's board of directors, and also maintains business relationships with SAVVI that create an incentive for Voya to promote SAVVI's products and services and for SAVVI to promote Voya's products and services. Please access and read SAVVI's Firm Brochure which is available at this link: <https://www.savvifi.com/legal/form-adv>. It contains general information about SAVVI's business, including conflicts of interest.



Glossary

Affordable Care Act (ACA)

Also called Health Care Reform, the ACA requires health plans to comply with certain requirements.

The ACA became law in March 2010. Since then, the ACA has required some changes to medical coverage — like covering dependent children to age 26, no lifetime dollar limits on medical benefits, covering preventive care in-network without cost-sharing if the plan is grandfathered, etc., among other requirements.

Brand Name Drug

The original manufacturer's version of a particular drug. Because the research and development costs that went into developing these drugs are reflected in the price, brand name drugs cost more than generic drugs.

Coinsurance

A percentage of costs you pay “out-of-pocket” for covered expenses after you meet the deductible.

Consumer Driven Health Plan (CDHP)

Consumer driven health plans (CDHPs) are a type of high-deductible health insurance plan (commonly called "HDHPs") with lower premiums and higher deductibles than traditional health plans. Only those enrolled in a CDHP are eligible to open and contribute tax-free to a health savings account (HSA).

Copayment (Copay)

A fee you have to pay “out-of-pocket” for certain services, such as a doctor's office visit or prescription drug.

Deductible

The amount you pay “out-of-pocket” before the health plan will start to pay its share of covered expenses.

Generic Drug

Lower-cost alternative to a brand name drug that has the same active ingredients and works the same way.

Health Savings Account (HSA)

A health savings account (HSA) is a portable savings account that allows you to set aside money for health care expenses on a tax-free basis. You must be enrolled in a high-deductible or consumer-driven health plan in order to open an HSA. An HSA rolls over from year to year, pays interest, can be invested, and is owned by you — even if you leave the company.

Out-of-Pocket Maximum

The most you pay each year “out-of-pocket” for covered expenses. Once you've reached the out-of-pocket maximum, the health plan pays 100% for covered expenses.

Plan Year

The year for which the benefits you choose during enrollment remain in effect. If you're a new employee, your benefits remain in effect for the remainder of the plan year in which you enroll, and you enroll for the next plan year during the next enrollment period.

Preventive Care

Health care services you receive when you are not sick or injured — so that you will stay healthy. These include annual checkups, gender- and age-appropriate health screenings, well-baby care, and immunizations recommended by the Advisory Committee on Immunization Practices (ACIP).



2026 Health plans

Comparison of benefits (in-network¹)

Group number: 216280
UnitedHealthcare member services: (877) 311-7847
whyuhc.com/voya

	Consumer Plan ²	Traditional Plan ³
Services covered by UnitedHealthcare		
Deductible – employee/family	\$3,000/\$6,000	\$750/\$1,500
Coinsurance	Plan pays 70% after deductible	Plan pays 80% after deductible
Out-of-pocket maximum – employee/family	\$6,000/\$12,000 No individual to exceed \$9,100 in family coverage	\$3,000/\$6,000
Preventive care	Plan pays 100%	Plan pays 100%
Primary care office visits	Plan pays 70% after deductible	\$30 copay ⁴
Specialist office visits	Plan pays 70% after deductible	\$75 copay ⁴
Hospital services	Plan pays 70% after deductible	Plan pays 80% after deductible
Emergency room visit	Plan pays 70% after deductible	\$300 copay ⁴
Urgent care visit	Plan pays 70% after deductible	\$100 copay ⁴
Employer HSA contributions		
Employee only coverage	\$500 automatic contribution	\$0
All other coverage tiers	\$1,000 automatic contribution	\$0
Prescription drugs covered by UnitedHealthcare via Optum Rx		
Deductible – employee/family	Combined with medical	Not combined with medical
Out-of-pocket maximum – employee/family	Combined with medical	\$3,000/\$6,000 ³
ACA preventive drugs	You pay \$0	You pay \$0
High-deductible preventive drugs	Not subject to deductible	Not applicable
Retail		
Tier 1: Generic	\$10 copay after deductible	\$10 copay ⁴
Tier 2: Preferred brand	You pay 20% (\$20 min./\$100 max.) after deductible	You pay 20% (\$20 min./\$100 max.)
Tier 3: Non-preferred brand	You pay 20% (\$40 min./\$200 max.) after deductible	You pay 20% (\$40 min./\$200 max.)
Mail service		
Tier 1: Generic	\$25 copay after deductible	\$25 copay ⁴
Tier 2: Preferred brand	You pay 20% (\$50 min./\$150 max.) after deductible	You pay 20% (\$50 min./\$150 max.)
Tier 3: Non-preferred brand	You pay 20% (\$100 min./\$300 max.) after deductible	You pay 20% (\$100 min./\$300 max.)

¹ Refer to the Summary of Benefits and Coverage available within the Document Library in Benefitplace, via Voya 360° or myVoyage.
² Out-of-Area (OOA) plan is available only to those who live outside a PPO service area.
³ Traditional Plan has a separate prescription drug out-of-pocket maximum.
⁴ Traditional Plan office visit copayments and prescription copayments/coinsurance amounts do not apply toward the medical deductible; prescription copayments/coinsurance do not apply to the medical out-of-pocket maximum.



2026 Health plans

Kaiser Permanente – Hawaii HMO at-a-glance (in-network)

Group number: 36309
Kaiser member services: Oahu: (808) 432-5955; Other islands: (800) 966-5955
kaiserpermanente.org

Services	In-network benefits
Deductible – employee/family	None
Out-of-pocket maximum – employee/family	\$2,500/\$7,500
Preventive care	Plan pays 100%
Outpatient care - Physician office visits - Outpatient surgical (includes physician/surgeon fees) - Diagnostic x-rays and laboratory tests	\$15 copay \$15 copay Plan pays 90%
Emergency care - Emergency room visit - Ambulance service	\$75 copay Plan pays 80%
Inpatient care (includes room and board, surgery, physician visits, anesthesiology)	\$75 copay per day
Skilled nursing care	100% (up to 120 days)
Maternity care - Initial visit to confirm pregnancy - Subsequent prenatal and postnatal visits - Delivery, including hospital admission	\$15 copay 100% 100%
Chiropractic care	No coverage
Physical, occupational and speech therapy	\$15 copay
Behavioral health - Inpatient care - Outpatient care	\$75 copay per day \$15 copay per visit
Children’s eye exam	\$15 copay
Prescription drugs	
Up to 30-day retail or 90-day mail order - Generic - Preferred and non-preferred brand - Specialty	\$15 copay retail and \$30 mail order \$50 copay retail and \$100 mail order \$200 copay retail

Note: The plan summary is intended to only highlight some of the principal provisions of the plan. Please refer to the Summary Plan Description within the Document Library in Benefitplace, via Voya 360° or myVoyage for further details of the plan or for specific limitations and exclusions.



2026 Plan rates (semi-monthly employee contributions)

Health, dental and vision plans

Your medical rates are based on a compensation calculation called Medical BAR (“MBAR”) and whether you and/or your spouse/ domestic partner use tobacco.

- For new hires, your MBAR used for determining your initial health plan rate is:
 - Your annual base salary; or
 - Your annual base salary plus guaranteed pay, if applicable.
- For current employees, your MBAR used for determining your health plan rate — for any given year — is:
 - Your annual base salary as of Sept. 1 of the prior year; plus
 - Your earned commissions during the 12 months preceding Sept. 1, if applicable.
- Any covered employee and/or covered spouse/domestic partner who uses tobacco (including e-cigarettes, cigars or vape pens) at the time of enrollment in Voya’s health benefits will pay a surcharge of \$30 per paycheck.

Salary band 1 (less than \$50,000.99)

	Consumer Plan	Traditional Plan	Out-of-area plan	Kaiser Hawaii HMO	Dental Core	Dental Plus	Vision
Full-time and part-time							
EE only	\$4.12	\$80.60	\$4.12	\$25.00	\$2.54	\$14.85	\$1.50
EE + spouse	\$96.17	\$249.16	\$96.17	\$50.00	\$9.41	\$34.02	\$3.01
EE + child(ren)	\$88.47	\$199.33	\$88.47	\$37.50	\$10.35	\$37.42	\$3.41
EE + family	\$136.75	\$308.10	\$136.75	\$62.50	\$15.06	\$54.44	\$5.25

Salary band 2 (\$50,001–\$100,000.99)

	Consumer Plan	Traditional Plan	Out-of-area plan	Kaiser Hawaii HMO	Dental Core	Dental Plus	Vision
Full-time and part-time							
EE only	\$5.95	\$114.33	\$5.95	\$31.25	\$2.54	\$14.85	\$1.50
EE + spouse	\$138.85	\$355.64	\$138.85	\$62.50	\$9.41	\$34.02	\$3.01
EE + child(ren)	\$127.74	\$284.52	\$127.74	\$46.87	\$10.35	\$37.42	\$3.41
EE + family	\$197.46	\$439.78	\$197.46	\$78.12	\$15.06	\$54.44	\$5.25

Salary band 3 (\$100,001–\$150,000.99)

	Consumer Plan	Traditional Plan	Out-of-area plan	Kaiser Hawaii HMO	Dental Core	Dental Plus	Vision
Full-time and part-time							
EE only	\$7.14	\$137.20	\$7.14	\$62.50	\$2.54	\$14.85	\$1.50
EE + spouse	\$166.62	\$426.78	\$166.62	\$125.00	\$9.41	\$34.02	\$3.01
EE + child(ren)	\$153.28	\$341.42	\$153.28	\$93.75	\$10.35	\$37.42	\$3.41
EE + family	\$236.95	\$527.73	\$236.95	\$156.25	\$15.06	\$54.44	\$5.25



2026 Plan rates (semi-monthly employee contributions)

Salary band 4 (\$150,001–\$200,000.99)

	Consumer Plan	Traditional Plan	Out-of-area plan	Kaiser Hawaii HMO	Dental Core	Dental Plus	Vision
Full-time and part-time							
EE only	\$8.98	\$175.88	\$8.98	\$93.75	\$2.54	\$14.85	\$1.50
EE + spouse	\$209.81	\$543.61	\$209.81	\$187.50	\$9.41	\$34.02	\$3.01
EE + child(ren)	\$193.03	\$434.91	\$193.03	\$140.62	\$10.35	\$37.42	\$3.41
EE + family	\$298.37	\$672.22	\$298.37	\$234.37	\$15.06	\$54.44	\$5.25

Salary band 5 (\$200,001–\$250,000.99)

	Consumer Plan	Traditional Plan	Out-of-area plan	Kaiser Hawaii HMO	Dental Core	Dental Plus	Vision
Full-time and part-time							
EE only	\$10.86	\$212.53	\$10.86	\$125.00	\$2.54	\$14.85	\$1.50
EE + spouse	\$253.53	\$656.87	\$253.53	\$250.00	\$9.41	\$34.02	\$3.01
EE + child(ren)	\$233.24	\$525.51	\$233.24	\$187.50	\$10.35	\$37.42	\$3.41
EE + family	\$360.53	\$812.26	\$360.53	\$312.50	\$15.06	\$54.44	\$5.25

Salary band 6 (\$250,001 and above)

	Consumer Plan	Traditional Plan	Out-of-area plan	Kaiser Hawaii HMO	Dental Core	Dental Plus	Vision
Full-time and part-time							
EE only	\$12.35	\$241.84	\$12.35	\$156.25	\$2.54	\$14.85	\$1.50
EE + spouse	\$288.50	\$747.47	\$288.50	\$312.50	\$9.41	\$34.02	\$3.01
EE + child(ren)	\$265.41	\$597.99	\$265.41	\$234.37	\$10.35	\$37.42	\$3.41
EE + family	\$410.25	\$924.30	\$410.25	\$390.62	\$15.06	\$54.44	\$5.25



2026 Plan rates (semi-monthly employee contributions)

Supplemental and dependent life insurance

Your premiums will not change during the year if your salary increases, but higher rates will go into effect if your birthday causes you to move to a higher age-band during the year. Most insurance companies charge tobacco users more for life insurance because they generally present a higher risk. A tobacco user is anyone who has used any tobacco product in the past 12 months.

Employee

Non-tobacco user rates	
Age band	Per \$1,000
< 25	\$0.030
25-29	\$0.035
30-34	\$0.040
35-39	\$0.045
40-44	\$0.050
45-49	\$0.075
50-54	\$0.115
55-59	\$0.215
60-64	\$0.330
65-69	\$0.635
70+	\$1.030

Tobacco user rates	
Age band	Per \$1,000
< 25	\$0.035
25-29	\$0.045
30-34	\$0.055
35-39	\$0.070
40-44	\$0.085
45-49	\$0.120
50-54	\$0.165
55-59	\$0.295
60-64	\$0.490
65-69	\$0.895
70+	\$1.460

Your spouse or domestic partner

Non-tobacco user rates	
Age band	Per \$1,000
< 25	\$0.040
25-29	\$0.045
30-34	\$0.055
35-39	\$0.060
40-44	\$0.065
45-49	\$0.105
50-54	\$0.155
55-59	\$0.280
60-64	\$0.430
65-69	\$0.830
70+	\$1.340

Tobacco user rates	
Age band	Per \$1,000
< 25	\$0.045
25-29	\$0.060
30-34	\$0.070
35-39	\$0.095
40-44	\$0.110
45-49	\$0.160
50-54	\$0.220
55-59	\$0.390
60-64	\$0.655
65-69	\$1.195
70+	\$1.945

Your child(ren)

Coverage	Your cost
\$5,000	\$0.50
\$10,000	\$0.99
\$15,000	\$1.49

Note: Premiums may change during the year if you move into a new age bracket.

For more information, including exclusions and limitations, see the Certificate of Coverage, available on the **Non-NY** or **NY** EBRC sites.



2026 Plan rates (semi-monthly employee contributions)

Sample supplemental employee life insurance costs

Use this chart as a guide to your semi-monthly payroll deduction. Your cost is based on 1) your current age; 2) your eligible pay; and 3) whether or not you use tobacco. During the online enrollment process, you will see your actual premium due before submitting your elections.

Employee

Non-tobacco user rates										
Age band	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000	\$175,000	\$200,000	\$250,000	\$300,000	\$350,000
<25	\$1.50	\$2.25	\$3.00	\$3.75	\$4.50	\$5.25	\$6.00	\$7.50	\$9.00	\$10.50
25-29	\$1.75	\$2.63	\$3.50	\$4.38	\$5.25	\$6.13	\$7.00	\$8.75	\$10.50	\$12.25
30-34	\$2.00	\$3.00	\$4.00	\$5.00	\$6.00	\$7.00	\$8.00	\$10.00	\$12.00	\$14.00
35-39	\$2.25	\$3.38	\$4.50	\$5.63	\$6.75	\$7.88	\$9.00	\$11.25	\$13.50	\$15.75
40-44	\$2.50	\$3.75	\$5.00	\$6.25	\$7.50	\$8.75	\$10.00	\$12.50	\$15.00	\$17.50
45-49	\$3.75	\$5.63	\$7.50	\$9.38	\$11.25	\$13.13	\$15.00	\$18.75	\$22.50	\$26.25
50-54	\$5.75	\$8.63	\$11.50	\$14.38	\$17.25	\$20.13	\$23.00	\$28.75	\$34.50	\$40.25
55-59	\$10.75	\$16.13	\$21.50	\$26.88	\$32.25	\$37.63	\$43.00	\$53.75	\$64.50	\$75.25
60-64	\$16.50	\$24.75	\$33.00	\$41.25	\$49.50	\$57.75	\$66.00	\$82.50	\$99.00	\$115.50
65-69*	\$20.64	\$30.96	\$41.28	\$51.59	\$61.91	\$72.23	\$82.55	\$103.19	\$123.83	\$144.46
70+*	\$25.75	\$38.63	\$51.50	\$64.38	\$77.25	\$90.13	\$103.00	\$128.75	\$154.50	\$180.25

* Age-reduction schedule applies.

Tobacco user rates										
Age band	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000	\$175,000	\$200,000	\$250,000	\$300,000	\$350,000
<25	\$1.75	\$2.63	\$3.50	\$4.38	\$5.25	\$6.13	\$7.00	\$8.75	\$10.50	\$12.25
25-29	\$2.25	\$3.38	\$4.50	\$5.63	\$6.75	\$7.88	\$9.00	\$11.25	\$13.50	\$15.75
30-34	\$2.75	\$4.13	\$5.50	\$6.88	\$8.25	\$9.63	\$11.00	\$13.75	\$16.50	\$19.25
35-39	\$3.50	\$5.25	\$7.00	\$8.75	\$10.50	\$12.25	\$14.00	\$17.50	\$21.00	\$24.50
40-44	\$4.25	\$6.38	\$8.50	\$10.63	\$12.75	\$14.88	\$17.00	\$21.25	\$25.50	\$29.75
45-49	\$6.00	\$9.00	\$12.00	\$15.00	\$18.00	\$21.00	\$24.00	\$30.00	\$36.00	\$42.00
50-54	\$8.25	\$12.38	\$16.50	\$20.63	\$24.75	\$28.88	\$33.00	\$41.25	\$49.50	\$57.75
55-59	\$14.75	\$22.13	\$29.50	\$36.88	\$44.25	\$51.63	\$59.00	\$73.75	\$88.50	\$103.25
60-64	\$24.50	\$36.75	\$49.00	\$61.25	\$73.50	\$85.75	\$98.00	\$122.50	\$147.00	\$171.50
65-69*	\$29.09	\$43.63	\$58.18	\$72.72	\$87.26	\$101.81	\$116.35	\$145.44	\$174.53	\$203.61
70+*	\$36.50	\$54.75	\$73.00	\$91.25	\$109.50	\$127.75	\$146.00	\$182.50	\$219.00	\$255.50

* Age-reduction schedule applies.

Note: Premiums may change during the year if you move into a new age bracket.

Dependent life insurance costs

Your cost will be calculated based on your coverage level, as shown below, based on the rates provided [here](#).

Your spouse or domestic partner

Non-tobacco user rates					
Age band	Available coverage/volume increments				
	\$20,000	\$40,000	\$60,000	\$80,000	\$100,000
<25	\$0.80	\$1.60	\$2.40	\$3.20	\$4.00
25-29	\$0.90	\$1.80	\$2.70	\$3.60	\$4.50
30-34	\$1.10	\$2.20	\$3.30	\$4.40	\$5.50
35-39	\$1.20	\$2.40	\$3.60	\$4.80	\$6.00
40-44	\$1.30	\$2.60	\$3.90	\$5.20	\$6.50
45-49	\$2.10	\$4.20	\$6.30	\$8.40	\$10.50
50-54	\$3.10	\$6.20	\$9.30	\$12.40	\$15.50
55-59	\$5.60	\$11.20	\$16.80	\$22.40	\$28.00
60-64	\$8.60	\$17.20	\$25.80	\$34.40	\$43.00
65-69*	\$10.79	\$21.58	\$32.37	\$43.16	\$53.95
70+*	\$13.40	\$26.80	\$40.20	\$53.60	\$67.00

* Age-reduction schedule applies.

Note: Premiums may change during the year if you move into a new age bracket.

Your spouse or domestic partner

Tobacco user rates					
Age band	Available coverage/volume increments				
	\$20,000	\$40,000	\$60,000	\$80,000	\$100,000
<25	\$0.90	\$1.80	\$2.70	\$3.60	\$4.50
25-29	\$1.20	\$2.40	\$3.60	\$4.80	\$6.00
30-34	\$1.40	\$2.80	\$4.20	\$5.60	\$7.00
35-39	\$1.90	\$3.80	\$5.70	\$7.60	\$9.50
40-44	\$2.20	\$4.40	\$6.60	\$8.80	\$11.00
45-49	\$3.20	\$6.40	\$9.60	\$12.80	\$16.00
50-54	\$4.40	\$8.80	\$13.20	\$17.60	\$22.00
55-59	\$7.80	\$15.60	\$23.40	\$31.20	\$39.00
60-64	\$13.10	\$26.20	\$39.30	\$52.40	\$65.50
65-69*	\$15.54	\$31.07	\$46.61	\$62.14	\$77.68
70+*	\$19.45	\$38.90	\$58.35	\$77.80	\$97.25

Supplemental personal and family AD&D insurance

Employee

The rate is **\$0.01 per \$1,000** of coverage and elected in increments of your eligible pay. During the online enrollment process, you will see your actual premium due before submitting your elections.

Family

Your spouse or domestic partner		
Coverage	Spouse/DP	Your cost
Option 1	\$50,000	\$0.30
Option 2	\$100,000	\$0.60
Option 3	\$150,000	\$0.90
Option 4	\$200,000	\$1.20

Your child(ren)		
Coverage	Child(ren)	Your cost
Option 1	\$25,000	\$0.25
Option 2	\$50,000	\$0.50

Sample supplemental personal AD&D insurance costs

Use this chart to help estimate your cost.

Coverage	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000	\$200,000	\$250,000	\$300,000
Your cost	\$0.50	\$0.75	\$1.00	\$1.25	\$1.50	\$2.00	\$2.50	\$3.00

For more information, including exclusions and limitations, see the Certificate of Coverage, available on the **Non-NY** or **NY** EBRC sites.

Supplemental long-term disability (LTD) insurance

Coverage	Your cost per \$100 of monthly coverage
60% of eligible pay with pre-tax payroll deduction	\$0.05
60% of eligible pay with post-tax payroll deduction	\$0.065
70% of eligible pay with pre-tax payroll deduction	\$0.095

Sample supplemental LTD insurance costs

60% of eligible pay; pre-tax payroll deduction; maximum monthly benefit \$15,000 (taxable income)

Annual Coverage	\$50,000	\$75,000	\$100,000	\$150,000
Your cost	\$2.08	\$3.13	\$4.17	\$6.25

60% of eligible pay; post-tax payroll deduction; maximum monthly benefit \$15,000 (non-taxable income)

Annual Coverage	\$50,000	\$75,000	\$100,000	\$150,000
Your cost	\$2.71	\$4.06	\$5.42	\$8.13

70% of eligible pay; pre-tax payroll deduction; maximum monthly benefit \$20,000 (taxable income)

Annual Coverage	\$50,000	\$75,000	\$100,000	\$150,000
Your cost	\$3.96	\$5.94	\$7.92	\$11.88



2026 Plan rates (semi-monthly employee contributions)

Supplemental health accident insurance

Coverage tier	Non-NY residents	NY residents
Employee only	\$2.60	\$3.26
Employee + spouse/ domestic partner	\$4.63	\$6.68
Employee + child(ren)	\$4.96	\$6.30
Family	\$6.98	\$9.71

Supplemental health critical illness insurance —
Non-New York only

Employee

Non-tobacco user rates						
Age band	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000
< 25	\$1.23	\$1.95	\$2.68	\$3.40	\$4.13	\$4.85
25-29	\$1.28	\$2.05	\$2.83	\$3.60	\$4.38	\$5.15
30-34	\$1.35	\$2.20	\$3.05	\$3.90	\$4.75	\$5.60
35-39	\$1.55	\$2.60	\$3.65	\$4.70	\$5.75	\$6.80
40-44	\$2.00	\$3.50	\$5.00	\$6.50	\$8.00	\$9.50
45-49	\$2.80	\$5.10	\$7.40	\$9.70	\$12.00	\$14.30
50-54	\$4.18	\$7.85	\$11.53	\$15.20	\$18.88	\$22.55
55-59	\$6.15	\$11.80	\$17.45	\$23.10	\$28.75	\$34.40
60-64	\$9.13	\$17.75	\$26.38	\$35.00	\$43.63	\$52.25
65-69	\$11.90	\$23.30	\$34.70	\$46.10	\$57.50	\$68.90
70+	\$13.63	\$26.75	\$39.88	\$53.00	\$66.13	\$79.25

Tobacco user rates						
Age band	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000
< 25	\$2.03	\$3.55	\$5.08	\$6.60	\$8.13	\$9.65
25-29	\$2.13	\$3.75	\$5.38	\$7.00	\$8.63	\$10.25
30-34	\$2.30	\$4.10	\$5.90	\$7.70	\$9.50	\$11.30
35-39	\$2.73	\$4.95	\$7.18	\$9.40	\$11.63	\$13.85
40-44	\$3.68	\$6.85	\$10.03	\$13.20	\$16.38	\$19.55
45-49	\$5.38	\$10.25	\$15.13	\$20.00	\$24.88	\$29.75
50-54	\$8.28	\$16.05	\$23.83	\$31.60	\$39.38	\$47.15
55-59	\$13.15	\$25.80	\$38.45	\$51.10	\$63.75	\$76.40
60-64	\$18.80	\$37.10	\$55.40	\$73.70	\$92.00	\$110.30
65-69	\$24.65	\$48.80	\$72.95	\$97.10	\$121.25	\$145.40
70+	\$32.38	\$64.25	\$96.13	\$128.00	\$159.88	\$191.75

For details, see Certificate of Coverage within the Document Library in Benefitplace, via Voya 360° or myVoyage.

Your spouse or domestic partner

Non-tobacco user rates			
Age band	\$5,000	\$10,000	\$15,000
< 25	\$1.23	\$1.95	\$2.68
25-29	\$1.28	\$2.05	\$2.83
30-34	\$1.35	\$2.20	\$3.05
35-39	\$1.55	\$2.60	\$3.65
40-44	\$2.00	\$3.50	\$5.00
45-49	\$2.80	\$5.10	\$7.40
50-54	\$4.18	\$7.85	\$11.53
55-59	\$6.15	\$11.80	\$17.45
60-64	\$9.13	\$17.75	\$26.38
65-69	\$11.90	\$23.30	\$34.70
70+	\$13.63	\$26.75	\$39.88

Tobacco user rates			
Age band	\$5,000	\$10,000	\$15,000
< 25	\$2.03	\$3.55	\$5.08
25-29	\$2.13	\$3.75	\$5.38
30-34	\$2.30	\$4.10	\$5.90
35-39	\$2.73	\$4.95	\$7.18
40-44	\$3.68	\$6.85	\$10.03
45-49	\$5.38	\$10.25	\$15.13
50-54	\$8.28	\$16.05	\$23.83
55-59	\$13.15	\$25.80	\$38.45
60-64	\$18.80	\$37.10	\$55.40
65-69	\$24.65	\$48.80	\$72.95
70+	\$32.38	\$64.25	\$96.13

Your child(ren)

Coverage	Your cost
\$1,000	\$0.19
\$2,500	\$0.48
\$5,000	\$0.95
\$10,000	\$1.90
\$15,000	\$2.85

Note: Premiums may change during the year if you move into a new age bracket.

For more information, including exclusions and limitations, see the Certificate of Coverage, available on the **Non-NY** or **NY** EBRC sites.



2026 Plan rates (semi-monthly employee contributions)

Supplemental health specified disease insurance — New York only

Employee

Non-tobacco user rates						Tobacco user rates					
Age band	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	Age band	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000
<20	\$1.55	\$2.48	\$3.40	\$4.33	\$5.25	<20	\$2.83	\$5.03	\$7.23	\$9.43	\$11.63
20-24	\$1.55	\$2.48	\$3.40	\$4.33	\$5.25	20-24	\$2.83	\$5.03	\$7.23	\$9.43	\$11.62
25-29	\$1.60	\$2.58	\$3.55	\$4.53	\$5.50	25-29	\$2.93	\$5.23	\$7.53	\$9.83	\$12.13
30-34	\$1.70	\$2.78	\$3.85	\$4.93	\$6.00	30-34	\$3.15	\$5.68	\$8.20	\$10.73	\$13.25
35-39	\$1.93	\$3.23	\$4.53	\$5.83	\$7.13	35-39	\$3.68	\$6.73	\$9.78	\$12.83	\$15.88
40-44	\$2.38	\$4.13	\$5.88	\$7.63	\$9.38	40-44	\$4.75	\$8.88	\$13.00	\$17.13	\$21.25
45-49	\$3.23	\$5.83	\$8.43	\$11.03	\$13.63	45-49	\$6.73	\$12.83	\$18.93	\$25.03	\$31.13
50-54	\$4.50	\$8.38	\$12.25	\$16.13	\$20.00	50-54	\$9.73	\$18.83	\$27.93	\$37.03	\$46.13
55-59	\$6.35	\$12.08	\$17.80	\$23.53	\$29.25	55-59	\$14.13	\$27.63	\$41.13	\$54.63	\$68.13
60-64	\$9.90	\$19.18	\$28.45	\$37.73	\$47.00	60-64	\$22.43	\$44.23	\$66.03	\$87.83	\$109.63
65-69	\$15.45	\$30.28	\$45.10	\$59.93	\$74.75	65-69	\$35.50	\$70.38	\$105.25	\$140.13	\$175.00
70+	\$20.67	\$40.72	\$60.78	\$80.82	\$100.88	70+	\$47.78	\$94.93	\$142.07	\$189.23	\$236.38

Your spouse or domestic partner

Non-tobacco user rates				Tobacco user rates			
Age band	\$5,000	\$10,000	\$15,000	Age band	\$5,000	\$10,000	\$15,000
<20	1.78	2.93	4.08	<20	3.35	6.08	8.80
20-24	1.78	2.93	4.08	20-24	3.35	6.08	8.80
25-29	1.85	3.08	4.30	25-29	3.50	6.38	9.25
30-34	1.95	3.28	4.60	30-34	3.75	6.88	10.00
35-39	2.23	3.83	5.43	35-39	4.43	8.23	12.03
40-44	2.80	4.97	7.15	40-44	5.73	10.83	15.93
45-49	3.85	7.08	10.30	45-49	8.20	15.77	23.35
50-54	5.43	10.23	15.02	50-54	11.90	23.17	34.45
55-59	7.75	14.88	22.00	55-59	17.35	34.08	50.80
60-64	12.13	23.63	35.13	60-64	27.68	54.73	81.78
65-69	19.00	37.38	55.75	65-69	43.88	87.13	130.38
70+	25.47	50.32	75.18	70+	59.10	117.58	176.05

Your child(ren)

Coverage	Your cost
\$1,000	\$1.18
\$2,500	\$2.01
\$5,000	\$3.40
\$10,000	\$6.18

Note: Premiums may change during the year if you move into a new age bracket.



2026 Plan rates (semi-monthly employee contributions)

Supplemental hospital indemnity insurance

Hospital indemnity – Non-New York only

	Low plan	High plan
Employee only	\$3.56	\$7.38
Employee + spouse/domestic partner	\$7.27	\$15.24
Employee + child(ren)	\$6.64	\$13.54
Family	\$10.35	\$21.40

Hospital indemnity – New York only

	Low plan	High plan
Employee only	\$3.54	\$7.45
Employee + spouse/domestic partner	\$7.20	\$15.30
Employee + child(ren)	\$6.53	\$13.66
Family	\$10.18	\$21.55

For more information, including exclusions and limitations, see the Certificate of Coverage, available on the **Non-NY** or **NY** EBRC sites.



Voya 2026 Required Notices

About this Guide

This guide highlights your benefits. Official plan and insurance documents govern your rights and benefits under each plan. For more details about your benefits, including covered expenses, exclusions, and limitations, please refer to the individual Summary Plan Descriptions (SPDs), plan document, and/or certificate of coverage for each plan. Your SPDs can be obtained within the Document Library in Benefitplace, via Voya 360° or myVoyage; you may also request a copy free of charge by calling **(800) 555-1899**.

Enclosed are important notices about your rights under your health and welfare plan, the Voya Services Company Employee Welfare Benefits Plan (the “Plan”). The information in the accompanying guide provides updates to your existing SPDs as of January 1, 2025, and is intended to be a Summary of Material Modification.

If any discrepancy exists between this guide and the official documents, the official documents will prevail. Voya Services Company reserves the right to amend or terminate any of its plans or policies, make changes to the benefits, costs, and other provisions relative to benefits at any time with or without notice, subject to applicable law.

Reminder of Availability of Privacy Notice

This is to remind plan participants and beneficiaries of the Voya Services Company Employee Welfare Benefits Plan (the “Plan”) that the Plan has issued a Health Plan Privacy Notice that describes how the Plan uses and discloses protected health information (PHI). You can obtain a copy of the Voya Services Company Employee Welfare Benefits Plan Privacy Notice upon your written request to the Human Resources Department, at the following address:

Voya Services Company, Human Resources
5780 Powers Ferry Road, NW
Atlanta, GA 30327

If you have any questions, please contact the Voya Human Resources Office at **(800) 555-1899**.

Patient Protection Notice

The Voya Services Company Employee Welfare Benefits Plan generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members.

For information on how to select a primary care provider, and for a list of the participating primary care providers, contact the Voya Services Company at **(800) 555-1899**.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from the Voya Services Company Employee Welfare Benefits Plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in-network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact the Voya Services Company at **(800) 555-1899**.

Women’s Health and Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women’s Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

**Voya 2026 Required Notices**

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, call your plan administrator at **(800) 555-1899**.

Newborns' and Mothers' Health Protection Act Disclosure

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

USERRA

Your right to continued participation in the Plan during leaves of absence for active military duty is protected by the Uniformed Services Employment and Reemployment Rights Act (USERRA). Accordingly, if you are absent from work due to a period of active duty in the military for less than 6 weeks, your Plan participation will not be interrupted, and you will continue to pay the same amount as if you were not absent.

If the absence is for more than 6 months and not more than 24 months, you may continue to maintain your coverage under the Plan by paying up to 102% of the full amount of premiums. You and your dependents may also have the opportunity to elect COBRA coverage. Contact the Voya Benefits Services Center for more information.

Also, if you elect not to continue your health plan coverage during your military service, you have the right to be reinstated in the Plan upon your return to work, generally without any waiting periods or pre-existing condition exclusions, except for service-connected illnesses or injuries, as applicable.

Important Notice from Voya Services Company About Your Prescription Drug Coverage and Medicare

Medicare Part D Notice of Creditable Coverage

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Voya Services Company and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Voya Services Company has determined that the prescription drug coverage offered by the Voya Services Company Employee Welfare Benefits Plan is, on average, for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7th.

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However, if you lose (or are losing) your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage If You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Voya Services Company coverage will not be affected.

Your Voya Services Company coverage pays for other medical expenses in addition to prescription drugs. This coverage provides benefits before Medicare coverage does (i.e., the plan pays primary). You and your covered family members who join a Medicare prescription drug plan will be eligible to continue receiving prescription drug coverage and these other medical benefits. Medicare prescription drug coverage will be secondary for you or the covered family members who join a Medicare prescription drug plan.

If you do decide to join a Medicare drug plan and voluntarily drop your current medical and prescription drug coverage from the plan, be aware that you and your dependents may not be able to get this coverage back until the next annual enrollment or you experience a qualifying life event.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Voya Services Company and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go 19 months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice or Your Current Prescription Drug Coverage:

Contact the Voya Benefits Service Center at the number listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Voya Services Company changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage:

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans. For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program for personalized help. See the inside back cover of your copy of the "Medicare & You" handbook for their telephone number.
- Call **800-MEDICARE (800-633-4227)**. TTY users should call **877-486-2048**.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help:

- Visit Social Security on the web at www.ssa.gov, or
- Call **800-772-1213**. TTY users should call **800-325-0778**.

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: October 2025

Name of Entity/Sender: Voya Services Company

Contact: Voya Benefits Service Center

Address: 5780 Powers Ferry Road, NW, Atlanta, GA 30327

Phone Number: **(800) 555-1899**

**Voya 2026 Required Notices**

Your ERISA Rights

As a participant in the Voya Services Company benefit plans, you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA), as amended. ERISA provides that all plan participants shall be entitled to receive information about their plan and benefits, continue group health plan coverage, and enforce their rights. ERISA also requires that plan fiduciaries act in a prudent manner.

Receive Information About Your Plan and Benefits

You are entitled to:

- Examine, without charge, at the plan administrator's office, all plan documents—including pertinent insurance contracts, trust agreements, and a copy of the latest annual report (Form 5500 Series) filed by the plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration;
- Obtain, upon written request to the plan's administrator, copies of documents governing the operation of the plan, including insurance contracts and copies of the latest annual report (Form 5500 Series), and updated Summary Plan Description. The administrator may make a reasonable charge for the copies.
- Receive a summary report of the plan's annual financial report. The plan administrator is required by law to furnish each participant with a copy of this Summary Annual Report.

Continued Group Health Plan Coverage

You are entitled to:

- Continued health care coverage for yourself, spouse, or dependents if there is a loss of coverage under the plan as a result of a qualifying event. You or your dependents may have to pay for such coverage. Review the Summary Plan Description governing the plan on the rules governing your COBRA continuation coverage rights.

Prudent Actions by Plan Fiduciaries

In addition to creating rights for plan participants, ERISA imposes duties upon the people who are responsible for the operation of the plans. The people who operate your plans are called "fiduciaries," and they have a duty to act prudently and in the interest of you and other plan participants and beneficiaries. No one, including your employer or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a benefit or exercising your rights under ERISA.

Enforce Your Rights

If your claim for a benefit is denied or ignored, in whole or in part, you have a right to:

- Know why this was done;
- Obtain copies of documents relating to the decision without charge; and
- Appeal any denial.

All of these actions must occur within certain time schedules.

Under ERISA, there are steps you can take to enforce your rights. For instance, you may file suit in a federal court if:

- You request a copy of plan documents or the latest annual report from the plan and do not receive them within 30 days. In such a case, the court may require the plan administrator to provide the materials and pay you up to \$110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the administrator;
- You have followed all the procedures for filing and appealing a claim (as outlined earlier in this summary) and your claim for benefits is denied or ignored, in whole or in part. You may also file suit in a state court;
- You disagree with the plan's decision or lack thereof concerning the qualified status of a domestic relations order or a medical child support order; or
- The plan fiduciaries misuse the plan's money, or if you are discriminated against for asserting your rights. You may also seek assistance from the U.S. Department of Labor.

The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if the court finds your claim frivolous.



Voya 2026 Required Notices

Assistance With Your Questions

If you have questions about how your plan works, contact the Human Resources Department. If you have any questions about this statement or your rights under ERISA, or if you need assistance in obtaining documents from the plan administrator, you should contact the nearest office listed on EBSA's website: <https://www.dol.gov/agencies/ebsa/about-ebsa/about-us/regional-offices>.

Or you may write to the:

Division of Technical Assistance and Inquiries
Employee Benefits Security Administration
U.S. Department of Labor
200 Constitution Avenue, NW
Washington, DC 20210

You may also obtain certain publications about your rights and responsibilities under ERISA by calling the Employee Benefits Security Administration at: **1-866-444-3272**. You may also visit the EBSA's website on the Internet at: <https://www.dol.gov/agencies/ebsa>.

General Notice of Continuation Coverage Rights Under COBRA

Introduction

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end.

For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What Is COBRA Continuation Coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.



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Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

Sometimes, filing a proceeding in bankruptcy under title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to Voya Services Company, and that bankruptcy results in the loss of coverage of any retired employee covered under the Plan, the retired employee will become a qualified beneficiary. The retired employee's spouse, surviving spouse, and dependent children will also become qualified beneficiaries if bankruptcy results in the loss of their coverage under the Plan.

When Is COBRA Coverage Available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;
- Commencement of a proceeding in bankruptcy with respect to the employer; or
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to the Voya Benefits Service Center.

How Is COBRA Continuation Coverage Provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability Extension of 18-Month Period of COBRA Continuation Coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

Second Qualifying Event Extension of 18-Month Period of Continuation Coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child.

This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.



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Are There Other Coverage Options Besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, Children's Health Insurance Program (CHIP), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

Can I Enroll in Medicare Instead of COBRA Continuation Coverage After My Group Health Plan Coverage Ends?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period to sign up for Medicare Part A or B, beginning on the earlier of:

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit <https://www.medicare.gov/medicare-and-you>.

If You Have Questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below.

For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/agencies/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.healthcare.gov.

Keep Your Plan Informed of Address Changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan Contact Information

Voya Services Company Employee Welfare Benefits Plan
Voya Services Company
5780 Powers Ferry Road, NW, Atlanta, GA 30327
(800) 555-1899

HIPAA Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in the Voya Services Company group health plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage).

However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. To request special enrollment or obtain more information, contact the Voya Benefits Service Center at (800) 555-1899.



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The Child(ren)'s Health Insurance Program (CHIP)

Medicaid and CHIP offer free or low-cost health coverage to child(ren) and families

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a state listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **(877) KIDS NOW** or insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at askebsa.dol.gov or call **(866) 444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2025. Contact your state for more information on eligibility.

State	Website and phone numbers
Alabama – Medicaid	Website: http://myalhipp.com/ Phone: (855) 692-5447
Alaska – Medicaid	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: (866) 251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
Arkansas – Medicaid	Website: http://myarhipp.com/ Phone: (855) MyARHIPP (855-692-7447)
California – Medicaid	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: (916) 445-8322 Fax: (916) 440-5676 hipp@dhcs.ca.gov
Colorado – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: (800) 221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: (800) 359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: (855) 692-6442
Florida – Medicaid	Website: https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html Phone: (877) 357-3268
Georgia – Medicaid and CHIP	GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: (678) 564-1162, press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: (678) 564-1162, press 2



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State	Website and phone numbers
Indiana – Medicaid	Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfr/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584
Iowa – Medicaid and CHIP (Hawki)	Medicaid Website: https://hhs.iowa.gov/programs/welcome-iowa-medicaid Medicaid Phone: (800) 338-8366 Hawki Website: https://hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/hawki Hawki Phone: (800) 257-8563 HIPP Website: https://hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/hipp HIPP Phone: (888) 346-9562
Kansas – Medicaid	Website: https://www.kancare.ks.gov Phone: (800) 792-4884 HIPP Phone: (800) 967-4660
Kentucky – Medicaid	Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: (855) 459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: (877) 524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms
Louisiana – Medicaid	Website: www.medicaid.la.gov or www.ldh.la.gov/la hipp Phone: (888) 342-6207 (Medicaid hotline) or (855) 618-5488 (LaHIPP)
Maine – Medicaid	Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: (800) 442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: (800) 977-6740 TTY: Maine relay 711
Massachusetts – Medicaid and CHIP	Website: https://www.mass.gov/masshealth/pa Phone: (800) 862-4840 TTY: 711 Email: masspremassistance@accenture.com
Minnesota – Medicaid	Website: https://mn.gov/dhs/health-care-coverage/ Phone: (800) 657-3672
Missouri – Medicaid	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: (573) 751-2005
Montana – Medicaid	Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: (800) 694-3084 Email: HSHIPPProgram@mt.gov
Nebraska – Medicaid	Website: https://dhhs.ne.gov/pages/accessnebraska.aspx Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178
Nevada – Medicaid	Medicaid Website: https://dhcftp.nv.gov Medicaid Phone: (800) 992-0900
New Hampshire – Medicaid	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: (603) 271-5218 Toll free number for the HIPP program: (800) 852-3345, ext 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov
New Jersey – Medicaid and CHIP	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: (800) 701-0710 (TTY: 711)
New York – Medicaid	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: (800) 541-2831



Voya 2026 Required Notices

State	Website and phone numbers
North Carolina – Medicaid	Website: https://medicaid.ncdhhs.gov/ Phone: (919) 855-4100
North Dakota – Medicaid	Website: https://www.hhs.nd.gov/healthcare Phone: (844) 854-4825
Oklahoma – Medicaid and CHIP	Website: http://www.insureoklahoma.org Phone: (888) 365-3742
Oregon – Medicaid and CHIP	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: (800) 699-9075
Pennsylvania – Medicaid and CHIP	Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: (800) 692-7462 CHIP Website: Children’s Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 800-986-KIDS (5437)
Rhode Island – Medicaid and CHIP	Website: http://www.eohhs.ri.gov/ Phone: (855) 697-4347, or (401) 462-0311 (Direct Rlte Share Line)
South Carolina – Medicaid	Website: https://www.scdhhs.gov Phone: (888) 549-0820
South Dakota – Medicaid	Website: http://dss.sd.gov Phone: (888) 828-0059
Texas – Medicaid	Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: (800) 440-0493
Utah – Medicaid and CHIP	Utah’s Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/
Vermont – Medicaid	Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: (800) 250-8427
Virginia – Medicaid and CHIP	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid and CHIP Phone: (800) 432-5924
Washington – Medicaid	Website: https://www.hca.wa.gov/ Phone: (800) 562-3022
West Virginia – Medicaid and CHIP	Website: https://bms.wv.gov/ http://mywvhipp.com/ Medicaid Phone: (304) 558-1700 CHIP Toll-free Phone: (855) MyWVHIPP (699-8447)
Wisconsin – Medicaid and CHIP	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: (800) 362-3002
Wyoming – Medicaid	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: (800) 251-1269

To see if any other states have added a premium assistance program since July 31, 2025, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
(866) 444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
(877) 267-2323, Menu Option 4, Ext. 61565