

ATTACHMENT A

Comparison of Current and Proposed Benefits
Under Agreement No. 24-669

Accident 2.2 Comparison Summary

Accident Hospital Care	Voya's Proposed ACC2.2 Benefits Eff 1.1.2026	
	24 Hour Level 2	24 Hour Voya's InForce ACC2.1 Benefits
Surgery (open abdominal, thoracic)	\$1,000	\$800
Surgery (exploratory or without repair)	\$140	\$125
Blood, Plasma, Platelets	\$500	\$400
Hospital Admission	\$1,125	\$1,000
Hospital Confinement (per day, up to 365 days)	\$300	\$300
Critical Care Unit Confinement (per day, up to 15 days)	\$475	\$475
Rehabilitation Facility Confinement (per day, up to 90 days)	\$150	\$125
Coma (duration of 14 or more days)	\$14,500	\$11,500
Transportation (per trip, up to 3 per accident)	\$650	\$500
Lodging (per day, up to 30 days)	\$150	\$120
Family care (per child per day, up to 45 days)	\$20	\$15

Accident Care

	Level 2	
Initial Doctor Visit	\$75	\$60
Urgent Care Facility Treatment	\$200	\$150
Emergency Room Treatment	\$200	\$150
Ground Ambulance	\$300	\$240
Air Ambulance	\$1,250	\$1,000
Follow Up Doctor Treatment	\$75	\$60
Chiropractic Treatment (up to 6 per accident)	\$40	\$30
Medical Equipment	\$125	\$40
Physical or Occupational Therapy (up to 6 per accident)	\$40	\$30
Speech Therapy (up to 6 per accident)	\$40	\$30
Prosthetic Device (one)	\$625	\$500
Prosthetic Device (2 or more)	\$1,000	\$800
Major Diagnostic Exams	\$200	\$80
Outpatient Surgery (1 per accident)	\$200	\$150
X-ray	\$60	\$30

Common Injuries

	Level 2	
Burns (2nd degree, at least 36% of body)	\$1,125	\$1,000
Burns (3rd degree, at least 9 but less than 35 sq in of body)	\$6,000	\$4,500
Burns (3rd degree, 35 or more sq in of body)	\$12,500	\$10,000
Skin grafts	50% of burn benefit	25% of burn benefit
Emergency Dental Work (Crown)	\$300	\$250

Emergency Dental Work (Extraction)	\$75	\$60
Eye Injury (removal of foreign object)	\$80	\$60
Eye Injury (surgery)	\$275	\$225
Torn Knee Cartilage (surgery with no repair or if cartilage is shaved)	\$175	\$150
Torn Knee Cartilage (surgical repair)	\$650	\$500
Laceration* (treated – no sutures)	\$25	\$20
Laceration* (sutures up to 2")	\$50	\$40
Laceration* (sutures 2" to 6")	\$200	\$160
Laceration* (sutures over 6")	\$400	\$320
Ruptured Disk (surgical repair)	\$650	\$500
Tendon, Ligament, Rotator Cuff (exploratory arthroscopic surgery with no repair)	\$350	\$275
Tendon, Ligament, Rotator Cuff (1, surgical repair)	\$675	\$550
Tendon, Ligament, Rotator Cuff (2 or more, surgical repair)	\$1,000	\$800
Concussion	\$175	\$150
Paralysis (paraplegia)	\$13,500	\$10,750
Paralysis (quadriplegia)	\$20,000	\$16,000

*Laceration benefits are a total of all lacerations per accident.

Common Injuries – DISLOCATIONS Closed/Open Reduction*

Level 2				
Hip Joint	\$3,200	\$6,400	\$2,550	\$5,100
Knee	\$2,000	\$4,000	\$1,600	\$3,200
Ankle or foot bone(s) (other than toes)	\$1,200	\$2,400	\$1,000	\$2,000
Shoulder	\$1,500	\$3,000	\$1,000	\$2,000
Elbow	\$900	\$1,800	\$750	\$1,500
Wrist	\$900	\$1,800	\$750	\$1,500
Finger / toe	\$250	\$500	\$175	\$350
Hand bone(s) (other than fingers)	\$900	\$1,800	\$750	\$1,500
Lower jaw	\$900	\$1,800	\$750	\$1,500
Collarbone	\$900	\$1,800	\$750	\$1,500

Partial dislocations	25% of the closed reduction amount	25% of the closed reduction amount
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*Closed reduction of dislocation = non-surgical reduction of a completely separated joint; Open reduction of dislocation = surgical reduction of a completely separated joint.

Common Injuries – FRACTURES Closed/Open Reduction*

Level 2				
Hip	\$2,500	\$5,000	\$2,000	\$4,000
Leg	\$1,800	\$3,600	\$1,500	\$3,000
Ankle	\$1,500	\$3,000	\$1,200	\$2,400
Kneecap	\$1,500	\$3,000	\$1,200	\$2,400
Foot (excluding toes, heel)	\$1,500	\$3,000	\$1,200	\$2,400
Upper arm	\$1,750	\$3,500	\$1,400	\$2,800
Forearm, hand, wrist (except fingers)	\$1,500	\$3,000	\$1,200	\$2,400

Finger, Toe	\$200	\$400	\$160	\$320
Vertebral body	\$2,800	\$5,600	\$2,240	\$4,480
Vertebral processes	\$1,200	\$2,400	\$960	\$1,920
Pelvis (except coccyx)	\$2,750	\$5,500	\$2,250	\$4,500
Coccyx	\$300	\$600	\$200	\$400
Bones of the face (except nose)	\$1,000	\$2,000	\$800	\$1,600
Nose	\$500	\$1,000	\$400	\$800
Upper jaw	\$1,250	\$2,500	\$1,000	\$2,000
Lower jaw	\$1,200	\$2,400	\$960	\$1,920
Collarbone	\$1,200	\$2,400	\$960	\$1,920
Ribs or rib	\$350	\$700	\$300	\$600
Skull – Simple (except bones of the face)	\$1,250	\$2,500	\$1,000	\$2,000
Skull – Depressed (except bones of the face)	\$2,500	\$5,000	\$2,000	\$4,000
Sternum	\$300	\$600	\$240	\$480
Shoulder blade	\$1,500	\$3,000	\$1,200	\$2,400

Chip fractures 25% of the closed reduction amount 25% of the closed reduction amount

*Closed reduction of fracture = non-surgical; Open reduction of fracture = surgical

Accidental Death

Level 2		
Common Carrier		
Employee	\$65,000	\$65,000
Spouse	\$30,000	\$30,000
Children	\$15,000	\$15,000
Other Accidental Death		
Employee	\$30,000	\$30,000
Spouse	\$12,500	\$12,500
Children	\$6,000	\$6,000

Accidental Dismemberment

Loss of both hands or both feet or sight in both eyes	\$20,000	\$20,000
Loss of one hand or one foot AND sight in one eye	\$14,000	\$14,000
Loss of one hand AND one foot	\$14,000	\$14,000
Loss of one hand OR one foot	\$7,500	\$7,500
Loss of two or more fingers or toes	\$1,200	\$1,200
Loss of one finger or toe	\$750	\$750

Additional Benefits

Sports Accident Benefit	Included	Included
Wellness Benefit (\$ amount)	EE/SP/CH = \$50; no CH max	Not Included
Wellness Waiting Period	None	N/A
Health System Benefit	N/A	N/A
Rate Guarantee	5 Years	3 Years
Portability	Included	Included
Benefit Waiting Period	0 days	0 days

Accident 2.2 Comparison Summary

Accident Hospital Care	Voya's Proposed ACC2.2 Benefits Eff 1.1.2026	
	24 Hour	24 Hour
	Level 4	Voya's InForce ACC2.1 Benefits
Surgery (open abdominal, thoracic)	\$1,500	\$1,200
Surgery (exploratory or without repair)	\$200	\$175
Blood, Plasma, Platelets	\$625	\$600
Hospital Admission	\$1,750	\$1,250
Hospital Confinement (per day, up to 365 days)	\$375	\$375
Critical Care Unit Confinement (per day, up to 15 days)	\$600	\$600
Rehabilitation Facility Confinement (per day, up to 90 days)	\$200	\$200
Coma (duration of 14 or more days)	\$18,500	\$17,000
Transportation (per trip, up to 3 per accident)	\$800	\$750
Lodging (per day, up to 30 days)	\$200	\$180
Family care (per child per day, up to 45 days)	\$30	\$25

Accident Care

	Level 4	
Initial Doctor Visit	\$100	\$90
Urgent Care Facility Treatment	\$250	\$225
Emergency Room Treatment	\$250	\$225
Ground Ambulance	\$400	\$360
Air Ambulance	\$2,000	\$1,500
Follow Up Doctor Treatment	\$100	\$90
Chiropractic Treatment (up to 6 per accident)	\$60	\$45
Medical Equipment	\$275	\$120
Physical or Occupational Therapy (up to 6 per accident)	\$60	\$45
Speech Therapy (up to 6 per accident)	\$60	\$45
Prosthetic Device (one)	\$1,250	\$750
Prosthetic Device (2 or more)	\$2,000	\$1,200
Major Diagnostic Exams	\$300	\$240
Outpatient Surgery (1 per accident)	\$250	\$225
X-ray	\$90	\$45

Common Injuries

	Level 4	
Burns (2nd degree, at least 36% of body)	\$1,500	\$1,250
Burns (3rd degree, at least 9 but less than 35 sq in of body)	\$8,500	\$7,500
Burns (3rd degree, 35 or more sq in of body)	\$20,000	\$15,000
Skin grafts	50% of burn benefit	25% of burn benefit
Emergency Dental Work (Crown)	\$400	\$350

Emergency Dental Work (Extraction)	\$125	\$90
Eye Injury (removal of foreign object)	\$110	\$100
Eye Injury (surgery)	\$400	\$350
Torn Knee Cartilage (surgery with no repair or if cartilage is shaved)	\$250	\$225
Torn Knee Cartilage (surgical repair)	\$900	\$800
Laceration* (treated – no sutures)	\$50	\$30
Laceration* (sutures up to 2")	\$90	\$60
Laceration* (sutures 2" to 6")	\$350	\$240
Laceration* (sutures over 6")	\$750	\$480
Ruptured Disk (surgical repair)	\$900	\$800
Tendon, Ligament, Rotator Cuff (exploratory arthroscopic surgery with no repair)	\$600	\$425
Tendon, Ligament, Rotator Cuff (1, surgical repair)	\$925	\$825
Tendon, Ligament, Rotator Cuff (2 or more, surgical repair)	\$1,400	\$1,225
Concussion	\$275	\$225
Paralysis (paraplegia)	\$18,000	\$16,000
Paralysis (quadriplegia)	\$27,000	\$24,000

*Laceration benefits are a total of all lacerations per accident.

Common Injuries – DISLOCATIONS Closed/Open Reduction*

Level 4				
Hip Joint	\$4,000	\$8,000	\$3,850	\$7,700
Knee	\$2,500	\$5,000	\$2,400	\$4,800
Ankle or foot bone(s) (other than toes)	\$1,700	\$3,400	\$1,500	\$3,000
Shoulder	\$2,000	\$4,000	\$1,600	\$3,200
Elbow	\$1,250	\$2,500	\$1,100	\$2,200
Wrist	\$1,250	\$2,500	\$1,100	\$2,200
Finger / toe	\$300	\$600	\$275	\$550
Hand bone(s) (other than fingers)	\$1,250	\$2,500	\$1,100	\$2,200
Lower jaw	\$1,250	\$2,500	\$1,100	\$2,200
Collarbone	\$1,250	\$2,500	\$1,100	\$2,200

Partial dislocations	25% of the closed reduction amount	25% of the closed reduction amount
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*Closed reduction of dislocation = non-surgical reduction of a completely separated joint; Open reduction of dislocation = surgical reduction of a completely separated joint.

Common Injuries – FRACTURES Closed/Open Reduction*

Level 4				
Hip	\$5,000	\$10,000	\$3,000	\$6,000
Leg	\$2,700	\$5,400	\$2,500	\$5,000
Ankle	\$2,250	\$4,500	\$1,800	\$3,600
Kneecap	\$2,250	\$4,500	\$1,800	\$3,600
Foot (excluding toes, heel)	\$2,250	\$4,500	\$1,800	\$3,600
Upper arm	\$2,400	\$4,800	\$2,100	\$4,200
Forearm, hand, wrist (except fingers)	\$2,250	\$4,500	\$1,800	\$3,600

Finger, Toe	\$300	\$600	\$240	\$480
Vertebral body	\$4,000	\$8,000	\$3,360	\$6,720
Vertebral processes	\$1,750	\$3,500	\$1,440	\$2,880
Pelvis (except coccyx)	\$3,500	\$7,000	\$3,200	\$6,400
Coccyx	\$450	\$900	\$400	\$800
Bones of the face (except nose)	\$1,300	\$2,600	\$1,200	\$2,400
Nose	\$650	\$1,300	\$600	\$1,200
Upper jaw	\$1,600	\$3,200	\$1,500	\$3,000
Lower jaw	\$1,750	\$3,500	\$1,440	\$2,880
Collarbone	\$1,750	\$3,500	\$1,440	\$2,880
Ribs or rib	\$450	\$900	\$400	\$800
Skull – Simple (except bones of the face)	\$1,500	\$3,000	\$1,400	\$2,800
Skull – Depressed (except bones of the face)	\$4,000	\$8,000	\$3,000	\$6,000
Sternum	\$400	\$800	\$360	\$720
Shoulder blade	\$2,250	\$4,500	\$1,800	\$3,600

Chip fractures 25% of the closed reduction amount 25% of the closed reduction amount

*Closed reduction of fracture = non-surgical; Open reduction of fracture = surgical

Accidental Death

Level 4		
Common Carrier		
Employee	\$100,000	\$100,000
Spouse	\$50,000	\$50,000
Children	\$25,000	\$25,000
Other Accidental Death		
Employee	\$50,000	\$50,000
Spouse	\$20,000	\$20,000
Children	\$10,000	\$10,000

Accidental Dismemberment

Loss of both hands or both feet or sight in both eyes	\$28,000	\$28,000
Loss of one hand or one foot AND sight in one eye	\$22,000	\$22,000
Loss of one hand AND one foot	\$22,000	\$22,000
Loss of one hand OR one foot	\$12,500	\$12,500
Loss of two or more fingers or toes	\$1,800	\$1,800
Loss of one finger or toe	\$1,250	\$1,250

Additional Benefits

Sports Accident Benefit	Included	Included
Wellness Benefit (\$ amount)	EE/SP/CH = \$50; no CH max	Not Included
Wellness Waiting Period	None	N/A
Health System Benefit	N/A	N/A
Rate Guarantee	5 Years	3 Years
Portability	Included	Included
Benefit Waiting Period	0 days	0 days

Critical Illness 2.1 Comparison Summary

	Voya's Proposed CI2.1 Eff 1.1.2026	Voya's InForce CI2.0 Benefits
	% of Benefit	% of benefit
Base Module		
Heart Attack	100%	100%
Stroke	100%	100%
Coronary Artery Bypass	25%	25%
Major Organ Transplant (includes End Stage Renal Failure)	100%	100%
Sudden Cardiac Arrest	100%	0%
Major Organ Module		
Type I Diabetes	100%	0%
Severe Burns	100%	100%
Transient Ischemic Attacks	10%	10%
Ruptured or Dissecting Aneurysm	10%	10%
Abdominal Aortic Aneurysm	10%	10%
Thoracic Aortic Aneurysm	10%	10%
Open Heart Surgery for Valve Replacement or Repair	25%	25%
Transcatheter Heart Valve Replacement or Repair	10%	10%
Coronary Angioplasty	10%	10%
Implantable (or Internal) Cardioverter Defibrillator (ICD) Placement	25%	25%
Pacemaker Placement	10%	10%
Benign Brain Tumor	100%	0%
Bone Marrow Transplant	25%	0%
Stem Cell Transplant	25%	0%
Enhanced Cancer Module		
Invasive Cancer	100%	100%
Non-Invasive Cancer	25%	25%
Skin Cancer	10%	0%
Skin Cancer # payable per year / # lifetime maximum	1/10	0%
Quality of Life Module		
Permanent Paralysis	100%	0%
Loss of Sight, Hearing or Speech	100%	100%
Coma	100%	100%
Multiple Sclerosis	100%	50%
Amyotrophic Lateral Sclerosis (ALS)	100%	50%
Parkinson's Disease	100%	0%
Advanced Dementia including Alzheimer's Disease	100%	0%
Huntington's Disease	100%	0%
Muscular Dystrophy	100%	0%
Infectious Disease		
Polio	25%	25%
Rabies	25%	25%
Meningitis	25%	25%
Lyme's Disease	25%	25%
Bovine spongiform encephalopathy (Mad Cow Disease)	25%	25%
Flesh eating bacteria	25%	25%
Methicillin-resistant Staphylococcus aureus (MRSA)	25%	25%
Sepsis	25%	25%
Tuberculosis	25%	25%
Bacterial pneumonia	25%	25%
Diphtheria	25%	25%
Encephalitis	25%	25%
Legionnaire's Disease	25%	25%
Malaria	25%	25%
Necrotizing Fasciitis	25%	25%
Osteomyelitis	25%	25%
Tetanus	25%	25%
Ebola Virus Disease	25%	25%
COVID-19	25%	25%
Addison's Disease	10%	0%

Myasthenia Gravis	50%	0%
Systemic Lupus Erythematosus (SLE)	50%	0%
Systemic Sclerosis (Scleroderma)	10%	0%

Infectious Condition Benefit Rider

Infectious Condition Diagnosis Benefit	COVID-19	0%
Infectious Condition Diagnosis Benefit Amount	\$100	0%
Infectious Condition Hospital Confinement Benefit	COVID-19	0%
Infectious Condition Hospital Confinement Benefit Amount	\$1,000	0%

Childhood Conditions

Additional Childhood Conditions		
Cerebral Palsy	100%	100%
Congenital Birth Defects	100%	100%
Cystic Fibrosis	100%	100%
Down Syndrome	100%	100%
Gaucher Disease, Type II or III	100%	100%
Infantile Tay Sachs	100%	100%
Niemann-Pick Disease	100%	100%
Pompe Disease	100%	100%
Type IV Glycogen Storage Disease	100%	100%
Sickle Cell Anemia	100%	100%
Type I Diabetes	100%	100%
Zellweger Syndrome	100%	100%

Plan Specifics

Rate Guarantee	5 Years	3 Years
Total Benefit Multiplier	Unlimited	2X
Pre-Existing Conditions	Waived	Waived
Benefit Reduction	None	None
Attained Age or Issue Age	Attained Age	Attained Age
Wellness	EE/SP/CH = \$100; no CH max	EE & SP = \$50 CH = 50% of EE benefit; up to 4
Wellness Waiting Period	None	None
Portability	Included	Included
Benefit Waiting Period	0 days	0 days

Guaranteed Issue Amounts

Employee Amount	\$20,000	\$20,000
Spouse Amount	\$10,000	\$10,000
Child Amount	\$10,000	\$10,000

Hospital Indemnity 2 Comparison Summary

	Voya's Proposed HI2 Benefits Eff 1.1.2026	Voya's InForce HI1 Benefits
Hospital Indemnity Benefit		
Daily Confinement	\$100	\$100
Daily Confinement Benefit Period	30 days	30 days
Critical Care Unit (CCU) Confinement	\$200	\$200
Critical Care Unit (CCU) Confinement Benefit Period	15 days	15 days
Rehabilitation Facility Confinement	\$50	\$50
Rehabilitation Facility Benefit Period	30 days	30 days
Admission Benefits		
Hospital Admission	\$500	\$500
# of Admissions	8 Admissions	2 Admissions per person, up to four per family
Critical Care Unit (CCU) Admission	\$500	\$0
Non-Confinement Related Daily Benefit		
Observation Unit Visit	\$250; per calendar year	\$0
Newborn Benefits	Flat \$200	\$0
Alcohol Addiction Facilities	Included	0
Mental Health Disorder Facilities	Included	0
Plan Specifics		
Pre-Existing Provision	Waived	Waived
Rate Guarantee	5 Years	3 Years
	EE/SP/CH = \$50; no CH max	EE & SP = \$50 CH = 50% of EE benefit; up to 4
Wellness		
Wellness Waiting Period	0 days	0 days
Reduction Schedule	None	None
Benefit Waiting Period	0 days	0 days
Eligibility Waiting Period	30 days	30 days
Other available Benefits		

Hospital Indemnity 2 Comparison Summary

	Voya's Proposed HI2 Benefits Eff 1.1.2026	Voya's InForce HI1 Benefits
Hospital Indemnity Benefit		
Daily Confinement	\$200	\$200
Daily Confinement Benefit Period	30 days	30 days
Critical Care Unit (CCU) Confinement	\$400	\$400
Critical Care Unit (CCU) Confinement Benefit Period	30 days	15 days
Rehabilitation Facility Confinement	\$100	\$100
Rehabilitation Facility Benefit Period	30 days	30 days
Admission Benefits		
Hospital Admission	\$1,000	\$1,000
# of Admissions	8 Admissions	2 Admissions per person, up to four per family
Critical Care Unit (CCU) Admission	\$1,000	\$0
Non-Confinement Related Daily Benefit		
Observation Unit Visit	\$250; once per calendar year	\$0
Newborn Benefits	Flat \$200	\$0
Alcohol Addiction Facilities	Included	0
Mental Health Disorder Facilities	Included	0
Plan Specifics		
Pre-Existing Provision	Waived	Waived
Rate Guarantee	5 Years	3 Years
	EE/SP/CH = \$50; no CH max	EE & SP = \$50 CH = 50% of EE benefit; up to 4
Wellness		
Wellness Waiting Period	0 days	None
Reduction Schedule	None	None
Benefit Waiting Period	0 days	0 days
Eligibility Waiting Period	30 days	30 days