

A person is sitting in a meditative pose on a wooden dock extending into a calm lake. The background shows a dense forest of evergreen trees on a hillside under a clear sky. The water reflects the surrounding environment.

Making care and benefits easier

**2024 TPS Medical Holdings dba Heal at Home,
Comfort Keepers, Healing Hands PSA**

SUN LIFE BENEFITS (All Staff > 30 Hrs/Wk)

VISION	
	EE Cost Per Pay
Employee Only	\$ 2.94
Employee + SP	\$ 5.55
Employee + CH	\$ 6.56
Family	\$ 8.73

DENTAL	
	EE Cost Per Pay
Employee Only	\$ 12.27
Employee + SP	\$ 24.55
Employee + CH	\$ 28.76
Family	\$ 41.81

ACCIDENT (Rate per \$1,000 in Coverage)			
EE Cost Per Pay	STANDARD	ENHANCED	
Employee Only	\$ 3.37	\$ 5.25	
Employee + SP	\$ 5.55	\$ 9.11	
Employee + CH	\$ 6.66	\$ 11.04	
Family	\$ 8.84	\$ 14.90	

CRITICAL ILLNESS (Rate per \$1,000 in Coverage)		
(Rate per \$1,000 of Coverage)		
Age	EMPLOYEE EE Cost Per Pay	SPOUSE EE Cost Per Pay
Under Age 25	\$ 0.222	\$ 0.222
25-29	\$ 0.235	\$ 0.235
30-34	\$ 0.282	\$ 0.282
35-39	\$ 0.374	\$ 0.374
40-44	\$ 0.517	\$ 0.517
45-49	\$ 0.711	\$ 0.711
50-54	\$ 1.025	\$ 1.025
55-59	\$ 1.343	\$ 1.343
60-64	\$ 1.602	\$ 1.602
65-69	\$ 2.095	\$ 2.095
70-74	\$ 2.783	\$ 2.783
75 +	\$ 3.803	\$ 3.803

CHILD (\$0.10 per \$1K Coverage)- All Ages

Coverage Amt	Cost Per Pay	EMPLOYEE
\$2,500	\$0.12	Min: \$5K; Max: \$20K- Incr of \$5K
\$5,000	\$0.23	Guaranteed Issue: \$20K
\$7,500	\$0.35	SPOUSE
\$10,000	\$0.46	Min: \$5K; Max: \$200K- Incr of \$5K
		Guaranteed Issue: \$20K
		CHILD
		Min: \$2.5K; Max: \$10K- Incr of \$2.5K
		Guaranteed Issue: \$10K

VOLUNTARY LIFE (Rate per \$1,000 in Coverage)		
Age	EMPLOYEE EE Cost Per Pay	SPOUSE EE Cost Per Pay
Under Age 20	\$ 0.029	\$ 0.029
20-24	\$ 0.029	\$ 0.029
25-29	\$ 0.029	\$ 0.029
30-34	\$ 0.037	\$ 0.037
35-39	\$ 0.042	\$ 0.042
40-44	\$ 0.058	\$ 0.058
45-49	\$ 0.096	\$ 0.096
50-54	\$ 0.174	\$ 0.174
55-59	\$ 0.026	\$ 0.026
60-64	\$ 0.507	\$ 0.507
65-69	\$ 0.793	\$ 0.793
70-74	\$ 1.466	\$ 1.466
75-79	\$ 1.466	\$ 1.466
80-84	\$ 1.466	\$ 1.466
85+	\$ 1.466	\$ 1.466

CHILD (Ages up to 26)	
Coverage Amt	Cost Per Pay
\$2,500	\$ 0.23
\$5,000	\$ 0.46
\$7,500	\$ 0.69
\$10,000	\$ 0.92

EMPLOYEE (Rate per \$1,000 of Coverage)
Min: \$10K; Max: \$500K- Incr of \$10K Guaranteed Issue: \$200K
SPOUSE (Rate per \$1,000 of Coverage)
Min: \$5K; Max: \$200K- Incr of \$5K Guaranteed Issue: \$50K

Dental Insurance



COMMONLY COVERED

- ✓ Exams and cleanings
- ✓ X-rays
- ✓ Fillings
- ✓ Tooth extractions
- ✓ Child braces

▶ PROTECTS YOUR SMILE.

You can feel more confident with dental insurance that encourages routine cleanings and checkups. Dental insurance helps protect your teeth for a lifetime.

▶ PREVENTS OTHER HEALTH ISSUES.

Just annual preventive care alone can help prevent other health issues such as heart disease and diabetes. Many plans cover preventive services at or near 100% to make it easy for you to use your dental benefits.

▶ LOWERS OUT-OF-POCKET EXPENSES.

Seeing an in-network dentist can reduce your fees approximately 30% from their standard fees. Add the benefits of your coinsurance to that and things are looking good for your wallet.

DENTAL FAST

Treating the inflammation from periodontal disease can help manage other health problems such as heart disease and diabetes.¹

50% of adults over the age of 30 are suffering from periodontal disease.²

TPS MEDICAL HOLDINGS

All Eligible Employees

POLICY # 964374

Sun Life Assurance Company of Canada

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CALENDAR YEAR MAXIMUM	IN-NETWORK	OUT-OF-NETWORK
Type I, II, III (Preventive, Basic and Major Services)	\$1,000 per person	\$1,000 per person
Type IV Ortho Service	\$1,000 lifetime per child	\$1,000 lifetime per child

CALENDAR YEAR DEDUCTIBLE

PROCEDURE	IN-NETWORK	OUT-OF-NETWORK
Type I Preventive Services	N/A	N/A
Type II, III (Basic and Major Services)	\$10 individual/\$30 family	\$10 individual/\$30 family
Type IV Ortho Services	N/A	N/A

THE PLAN PAYS THE FOLLOWING PERCENTAGE FOR PROCEDURES

PROCEDURE	IN-NETWORK	OUT-OF-NETWORK
Type I Preventive Services	100%	100%
Type II Basic Services	80%	80%
Type III Major Services	50%	50%
Type IV Ortho Services	50%	50%

SERVICES

Type I Preventive Dental Services, including:

- Oral evaluations – 2 in any calendar year
- Routine dental cleanings – 2 in any calendar year
- Fluoride treatment – 1 in any 6 month period. *Only for children under age 19*
- Sealants – no more than 1 per tooth in any 36 month period, only for permanent molar teeth. *Only for children under age 19*
- Space maintainers – *only for children under age 19*
- Bitewing x-rays – 1 in any calendar year
- Genetic test for susceptibility to oral diseases

Type II Basic Dental Services, including:

- New fillings
- Simple extractions, incision and drainage
- Surgical extractions of erupted teeth, impacted teeth, or exposed root
- Biopsy (including brush biopsy)
- Endodontics (includes root canal therapy) – 1 per tooth in any 24 month period
- Intraoral complete series x-rays – 1 in any 60 month period
- Periodontal maintenance – 2 in any calendar year
- Localized delivery of antimicrobial agents
- Stainless steel crowns – *only for children under age 19*

Type III Major Dental Services, including:

- Dentures and bridges – subject to 5 year replacement

limit

- Inlay, onlay, and crown restorations – 1 per tooth in any 5 year period
- Dental implants – subject to 5 year replacement limit
- Complex oral surgery
- General anesthesia/IV sedation – medically required
- Minor gum disease (non-surgical periodontics)
- Scaling and root planing – 1 in any 24 month period per area
- Major gum disease (surgical periodontics)

Type IV Ortho Services, including:

- Orthodontic treatment is limited to your dependent children

Waiting Periods

For a complete description of services and waiting periods, please review your certificate of insurance. If you were covered under your employer's prior plan the wait will be waived for any type of service covered under the prior plan and this plan.

- No waiting period for preventive, basic or major services
- No waiting period for orthodontic services

Frequently asked questions

How does a PPO work?

PPO stands for Participating Provider Organization. With a dental PPO plan, dental providers agree to participate in a dental network by offering discounted fees on most dental procedures. When you visit a provider in the network, you could see lower out-of-pocket costs because providers in the network agree to these pre-negotiated discounted fees on eligible claims.

How do I find a dentist?

Simply visit www.sunlife.com/findadentist. Follow the prompts to find a dentist in your area who participates in the PPO network. You do not need to select a dentist in advance. The PPO network for your plan is the Sun Life Dental Network® with 130,000+ unique dentists³.

How can using a network dentist help lower my costs?

You are free to use the dentist or specialist of your choice. However, this plan allows you to have access to the Sunlife Dental Network® PPO dentists and to take advantage of their fee discounts. Treatment is available from out-of-network dentists, but their fees are subject to an allowable charge. The allowable amount for out-of-network dentists is based on 45% off the 80th percentile of the amount charged by other dentists in the same geographic area. Patients are responsible for fees in excess of the allowable charge. There can be significant out-of-pocket expenses if an out-of-network dentist is chosen.

Are my dependents eligible for coverage?

Yes. Your plan offers coverage for your spouse⁴ and dependent children. An eligible child is defined as a child to age 26.⁵

What if I have already started dental work, like a root canal or braces, that requires several visits?

Your coverage with us may handle these procedures differently than your prior plan. To ensure a smooth transition for work in progress, call our dental claims experts before your next visit at 800-442-7742.

Do I have to file the claim?

Many dentists will file claims for you. If a dentist will not file your claim, simply ask your dentist to complete a standard American Dental Association (ADA) claim form and mail it to:

Sun Life
P.O. Box 2940
Clinton, IA 52733

How can I get more information about my coverage or find my dental ID card?

After the effective date of your coverage, you can view benefit information online at your convenience through your Sun Life account. To create an account go to www.sunlife.com/account and register. You can also access this information from our mobile app, which is available for Apple and Android devices. Or you can call Sun Life's Dental Customer Service at 800-442-7742. You can also call any time, day or night, to access our automated system and get answers to common questions when it's convenient for you.

What value added benefits does my plan include?

Your plan includes our Lifetime of Smiles® program, with benefits many people prefer, such as brush biopsies for the early detection of oral cancer.

CONSIDER A PRE-DETERMINATION OF BENEFITS

They allow us to review your provider's treatment plan to let you know before treatment is started how much of the work should be covered by the plan, and how much you may need to cover. We recommend them for any dental treatment expected to exceed \$500.

1. American Academy of Periodontology <https://www.perio.org/consumer/gum-disease-and-other-diseases> (accessed 07/21).

2. American Academy of Periodontology <https://www.perio.org/newsroom/periodontal-disease-fact-sheet> (accessed 07/21).

3. Zelis Network Analytics data as of January 2022 and based on unique dentist count. Sun Life's dental networks include its affiliate, Dental Health Alliance, L.L.C.® (DHA), and dentists under access arrangements with other dental networks. Nationwide counts are state level totals.

4. If permitted by the Employer's employee benefit plan and not prohibited by state law, the term "spouse" in this benefit includes any individual who is either recognized as a spouse, a registered domestic partner, or a partner in a civil union, or otherwise accorded the same rights as a spouse.

5. Please see your employer for more specific information.

Read the *Important information* section for more details including limitations and exclusions

Important information

Benefit adjustments

Benefits will be coordinated with any other dental coverage. Under the Alternative Treatment provision, benefits will be payable for the most economical services or supplies meeting broadly accepted standards of dental care.

Late entrant

If you or a dependent apply for dental insurance more than 31 days after you become eligible, you or your dependent are a late entrant. The benefits for the first 12 months for late entrants will be limited as follows:

TIME INSURED CONTINUOUSLY UNDER THE POLICY	BENEFITS PROVIDED FOR ONLY THESE SERVICES
Less than 12 months	Preventive and Basic Services
At least 12 months	Preventive, Basic, Major and Ortho Services

We will not pay for treatments subject to the late entrant limitation, and started or completed during the late entrant limitation period.

To become insured, you must meet the eligibility requirements set forth by your employer. Your coverage effective date will be determined by the Policy and may be delayed if you are not actively at work on the date your coverage would otherwise go into effect. Similarly, dependent coverage, if offered, may be delayed if your dependents are in the hospital (except for newborns) on the date coverage would otherwise become effective. Refer to your Certificate for details.

Limitations and exclusions

The below exclusions and limitations may vary by state law and regulations. This list may not be comprehensive. Please see your Certificate or ask your benefits administrator for details.

Dental

We will not pay a benefit for any Dental procedure, which is not listed as a covered dental expense. Any dental service incurred prior to the Effective date or after the termination date is not covered, unless specifically listed in the certificate. A member must be a covered dental member under the Plan to receive dental benefits. The Plan has frequency limitations on certain preventive and diagnostic services, restorations (fillings), periodontal services, endodontic services, and replacement of dentures, bridges and crowns. All services must be necessary and provided according to acceptable dental treatment standards. Treatment performed outside the United States is not covered, except for emergency dental treatment, subject to a maximum benefit. Dental procedures for Orthodontics; TMJ; replacing a tooth missing prior the effective date; implants and implant related services; or occlusal guards for bruxism are not covered unless coverage is elected or mandated by the state.

This Overview is preliminary to the issuance of the Policy. Refer to your Certificate for details. Receipt of this Overview does not constitute approval of coverage under the Policy. In the event of a discrepancy between this Overview, the Certificate and the Policy, the terms of the Policy will govern. Product offerings may not be available in all states and may vary depending on state laws and regulations.

This plan does not provide coverage for pediatric oral health services that satisfies the requirements for "minimum essential coverage" as defined by The Patient Protection and Affordable Care Act (PPACA).

Sun Life companies include Sun Life and Health Insurance Company (U.S.) and Sun Life Assurance Company of Canada (collectively, "Sun Life").

Group insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states, except New York, under Policy Form Series 15-GP-01 and 16-DEN-C-01.

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GVBH-EE-8384

SLPC 29579

Vision Insurance



COMMONLY COVERED

- ✓ Annual exams
- ✓ Lenses
- ✓ Frames
- ✓ Contact lenses
- ✓ Laser vision correction discount

▶ PROTECTS YOUR EYES.

You can help protect your eyesight by visiting an eye doctor regularly. Vision insurance includes an annual comprehensive eye exam with an eye care doctor. Taking care of your eyes today can lead to a better quality of life later.

▶ PREVENTS OTHER HEALTH ISSUES.

Just annual preventive care alone can help detect signs of chronic health conditions such as high blood pressure and diabetes. Early detection can be key before costly symptoms arise.¹

▶ LOWERS OUT-OF-POCKET EXPENSES.

Seeing an in-network eye care provider can reduce your expenses with savings on frames, lenses, contacts, eye exams and more.

VISION INSURANCE FAST FACTS

Roughly, 90% of diabetes-related blindness can be avoided by getting an annual eye exam.²

59% of adults report experiencing symptoms of digital eye strain, such as blurred vision or headaches.³

TPS MEDICAL HOLDINGS

All Eligible Employees

POLICY # 964374

Sun Life Assurance Company of Canada

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What's covered

BENEFIT	FREQUENCY	IN-NETWORK BENEFIT	OUT-OF-NETWORK BENEFIT
Exam services			
WellVision exam®	1 per 12 months	\$10 for exam	Up to \$45
Routine retinal screening		No more than a \$39 copay	N/A
Laser vision correction discount	Once per eye per life-time.	Average 15% off the regular price or 5% off the promotional price. Discounts only available from contracted facilities.	N/A
Lenses			
Single lined	1 per 12 months	\$25 (lenses and frame)	Up to \$30
Bifocal lined			Up to \$50
Trifocal			Up to \$60
Lenticular			Up to \$100
Necessary contacts			Up to \$210
Lens enhancements			
Standard		No cost	N/A
Premium progressive		\$95-\$105 copay	N/A
Custom progressive		\$150-\$175 copay	N/A
Other		Average savings of 20-25%	N/A
Frames	1 per 24 months	\$130 for the frame of your choice and 20% off the amount over your allowance \$70 allowance at Costco®*	Up to \$70
<i>Includes a wide selection of frames at Walmart®.</i>			
Elective contact lenses	1 per 12 months	\$60 for your contact lens exam (fitting and evaluation) \$130 for contact lenses	Up to \$105
<i>Contact lenses are in place of lenses and frame.</i>			
Additional glasses and sunglasses discount	20% off complete pairs of prescription and non-prescription glasses, including sunglasses. Discounts are unlimited for 12 months following exam.		N/A
Coverage with retail providers	*Coverage with retail providers may be different. Check with Costco for VSP member pricing. The Costco allowance is equivalent to the allowance at preferred providers and other retail providers.		

This chart outlines services for Plan 3.

Administrative services for the vision insurance plan are provided by Vision Service Plan (VSP)®.

Frequently asked questions

How do I use my vision benefit?

Once enrolled, simply tell your VSP doctor you're a member and they will handle the rest. If you visit an in-network doctor for services and materials, you don't need an ID card or have forms to complete.

How do I locate an in-network VSP doctor?

You will have access to the largest national network⁴ of private-practice eye care doctors in the industry through Vision Service Plan (VSP). There are three ways to find an in-network doctor:

1. Visit vsp.com and select the Choice network.
2. Call VSP at 800-877-7195.
3. Download our mobile app, Benefit Tools, and search for a doctor near you.

What happens if I use an out-of-network doctor?

You will be required to pay the full amount to the doctor at time of service. You can then submit a claim for reimbursement, which is a lesser benefit when compared to visiting a VSP doctor.

When will my coverage become effective?

Your coverage starts on the effective date specified in your group policy, provided you are actively at work on that date. Otherwise, your coverage will become effective on the day you return to full-time duties.

Can I enroll as a late entrant?

If you elect coverage more than 31 days after your eligibility date, your effective date will be delayed to the next plan anniversary date.

Are my dependents eligible for coverage?

Yes. Your plan offers coverage for your spouse⁵ and dependent children. An eligible child is defined as a child to age 26.⁶

How can I get more information about my coverage?

After the effective date of your coverage, you can visit www.sunlife.com/account to create a Sun Life account. Once you're logged in, you'll be able to see your plan details and more. Or you can call VSP Customer Service at 800-877-7195.

Can I use my benefits to buy glasses or contacts online?

Absolutely. Just visit www.eyeconic.com. Once you have linked your benefits you will be able to see how your coverage will be applied to different options that you are reviewing. Eyeconic features a virtual try-on tool so you can see how the glasses will look on you before you make your purchase.

1. <https://www.vsp.com/eyewear-wellness/eye-health/health-conditions/health-conditions-detected-during-eye-exams> (accessed 07/21).

2. <https://www.diabetes.org/diabetes/eye-health> (accessed 07/21).

3. "2021 Update: Computer Vision Syndrome", April 25, 2021 on optometrists.org.

4. Netminder as of January 2021.

5. If permitted by the Employer's benefit plan and not prohibited by state law, the term "spouse" in this benefit includes any individual who is either recognized as a spouse, a registered domestic partner, or a partner in a civil union, or otherwise accorded the same rights as a spouse.

6. Please see your employer for more specific information.

Read the *Important information* section for more details including limitations and exclusions.

Important information

To become insured, you must meet the eligibility requirements set forth by your employer. Your coverage effective date will be determined by the Policy and may be delayed if you are not actively at work on the date your coverage would otherwise go into effect. Similarly, dependent coverage, if offered, may be delayed if your dependents are in the hospital (except for newborns) on the date coverage would otherwise become effective. Refer to your Certificate for details.

Limitations and exclusions

The below conditions and limitations may vary by state law and regulations. This list may not be comprehensive. Please see your Certificate or ask your benefits administrator for details.

Vision

We will not pay a benefit for any vision materials, services or options that are not shown in the Benefit Highlights section of the certificate. Any vision service incurred prior to the Effective date or after the termination date is not covered. A member must be a covered vision member under the Plan to receive vision benefits. In no event will benefits exceed the lesser of the actual cost of the examination or materials or the limits of coverage shown in the Benefit Highlights section of the certificate. The plan is designed to cover visually necessary materials rather than cosmetic materials; the member will be responsible for any additional costs above the basic cost.

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This vision plan does not provide coverage for pediatric vision health services that satisfies the requirement for “minimum essential coverage” as defined by The Patient Protection and Affordable Care Act (“PPACA”).

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Group insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states, except New York, under Policy Form Series 15-GP-01 and 16-VIS-C-01.

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GVBH-EE-8384

SLPC 29579

Accident Insurance



You can purchase this coverage for you and your family. Child coverage is available to age 26.

▶ HELPS YOUR FINANCES AFTER A MISHAP.

When you, your spouse or child has a covered accident, like a fall from a bicycle that requires medical attention, you can receive cash benefits to help cover the unexpected costs.

▶ HELPS COVER RELATED EXPENSES.

While health plans may cover direct costs associated with an accident, you can use accident benefits to help cover related expenses like lost income, childcare, deductibles and co-pays.

▶ PAYS CASH BENEFITS DIRECTLY TO YOU.

Accident Insurance can be used however you want, and it pays in addition to any other coverage you may already have. Benefits are payable directly to you. And get this – there are no health questions or pre-existing conditions limitations.

ACCIDENT FAST FACTS

Falls

are the leading cause of injuries treated in emergency rooms every year, for people of all ages.¹

This coverage pays benefits for accidents that occur off the job.

TPS MEDICAL HOLDINGS

All Eligible Employees

POLICY # 964374

Sun Life Assurance Company of Canada

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What's covered

Once your coverage goes into effect, you can file a claim for covered accidents that occur after your insurance plan's effective date. Unless otherwise specified, benefits are payable only once for each covered accident, as applicable. The full list of benefits is listed here. Choose the plan that best meets your needs and your budget.

DISLOCATIONS	Standard Plan		Enhanced Plan	
	OPEN (SURGERY)	CLOSED (NO SURGERY)	OPEN (SURGERY)	CLOSED (NO SURGERY)
Hip	\$4,000	\$2,000	\$8,000	\$4,000
Knee, ankle, or bones of the foot	\$2,000	\$1,000	\$3,000	\$1,500
Elbow, wrist, or Lower jaw	\$800	\$400	\$2,000	\$1,000
Shoulder	\$1,000	\$500	\$2,000	\$1,000
Collarbone or bones of the hand	\$1,600	\$800	\$2,000	\$1,000
Finger(s) or toe(s)	\$200	\$100	\$400	\$200
FRACTURES	OPEN (SURGERY)	CLOSED (NO SURGERY)	OPEN (SURGERY)	CLOSED (NO SURGERY)
Hip or thigh	\$4,000	\$2,000	\$6,000	\$3,000
Skull-depressed	\$6,000	\$3,000	\$7,500	\$3,750
Skull-simple	\$3,000	\$1,500	\$4,000	\$2,000
Vertebral processes, Bones of the face, Nose, Lower jaw, Collarbone, Shoulder, Forearm, Hand, Wrist, Foot, Ankle, Kneecap, Elbow or Heel	\$700	\$350	\$1,500	\$750
Leg	\$2,000	\$1,000	\$3,000	\$1,500
Vertebrae, Sternum or Pelvis	\$1,600	\$800	\$2,400	\$1,200
Upper jaw or upper arm	\$800	\$400	\$1,500	\$750
Rib, Finger, Toe or Coccyx	\$400	\$200	\$600	\$300
Multiple ribs	\$1,000	\$500	\$1,500	\$750
ADDITIONAL INJURIES				
Eye Injury - surgical repair		\$200		\$300
Eye Injury - object remove		\$200		\$300
Brain injury		\$500		\$500
Paralysis—paraplegia		\$5,000		\$12,500
Paralysis—quadriplegia		\$10,000		\$20,000
Coma		\$5,000		\$10,000
Concussion		\$100		\$200
BURNS	2ND DEGREE	3RD DEGREE	2ND DEGREE	3RD DEGREE
20-40 square centimeters	\$200	\$500	\$300	\$750
41-65 square centimeters	\$400	\$1,000	\$600	\$1,500
66-160 square centimeters	\$600	\$3,000	\$800	\$4,500
161-225 square centimeters	\$800	\$7,000	\$1,200	\$10,000
More than 225 square centimeters	\$1,000	\$10,000	\$1,500	\$15,000
Skin graft	50% of the applicable Burn Benefit		50% of the applicable Burn Benefit	
LACERATIONS				
No sutures and treated by doctor		\$20		\$35
Single laceration under 5 cm with sutures		\$35		\$65
5-15 cm with sutures (total of all lacerations)		\$125		\$250
Greater than 15 cm with sutures (total of all lacerations)		\$500		\$700

MEDICAL SERVICES		
Diagnostic Exam - Arteriogram, Angiogram, CT, CAT, EKG, EEG, or MRI (1 time per benefit year)	\$100	\$200
Diagnostic Exam - X-ray (1 time per covered accident)	\$50	\$100
Accident Emergency Treatment, non-emergency room (once per covered accident)	\$100	\$200
Physician's Follow-up Treatment office visit (per visit, up to 6 times per covered accident)	\$50	\$100
Physical Therapy (per visit up to 10 visits per covered accident)	\$25	\$50
Medical Devices	\$200	\$400
Epidural Pain Management (up to 2 times per covered accident)	\$50	\$100
Prescription drug	\$15	\$35
Prosthesis (one)	\$500	\$750
Prosthesis (two)	\$1,000	\$1,500
Blood, Plasma, or Platelet Transfusion	\$100	\$200
HOSPITAL		
Hospital Admission (once per benefit year)	\$1,000	\$1,500
Hospital Confinement (per day up to 365 days per covered accident)	\$200	\$300
Intensive Care Unit Admission (once per Benefit Year; payable instead of Hospital Admission benefit if Confined immediately to ICU)	\$1,500	\$2,000
Intensive Care Unit Confinement (per day up to 14 days, payable in addition to any Hospital Confinement benefit)	\$200	\$300
Ambulance (Ground)	\$300	\$400
Ambulance (Air)	\$1,000	\$1,500
Emergency Room Admission	\$100	\$200
Family Lodging (per day up to 30 days per benefit year)	\$50	\$100
Transportation (100 or more miles up to 3 times per covered accident)	\$250	\$500
Rehabilitation Unit (per day up to 30 days per covered accident)	\$50	\$100
SURGERY		
Miscellaneous Surgery requiring general anesthesia (not covered by any other benefit)	\$300	\$750
Open Surgery	\$1,000	\$1,500
Exploratory Surgery or Debridement	\$250	\$500
Tendon/Ligament/Rotator Cuff Tear	\$500	\$750
Torn Knee Cartilage	\$500	\$750
Ruptured/Herniated Disc	\$500	\$750
EMERGENCY DENTAL		
Emergency Dental extraction	\$30	\$65
Emergency Dental crown	\$100	\$200

LIFE AND DISMEMBERMENT LOSSES*		
Accidental Death	\$15,000	\$25,000
Accidental Death Common Carrier (pays an additional benefit if accidental death occurs while traveling as a fare-paying passenger on a public conveyance)	\$30,000	\$100,000
Catastrophic Loss: Both arms or both hands, both legs or both feet, one hand and one foot or one arm and one leg, or irrecoverable loss of sight of both eyes	\$15,000	\$25,000
Loss of one hand, foot, leg, or arm	\$7,500	\$15,000
Loss of sight of one eye or loss of one eye	\$7,500	\$15,000
Two or more fingers or toes	\$1,500	\$3,000
One finger or one toe	\$750	\$1,500
Loss of hearing of one ear or loss of one ear	\$2,500	\$5,000

*Benefits displayed for life and dismemberment are for the employee only. Spouse benefits are 100% of the employee benefit amount for death and 100% of the employee benefit amount for dismemberment. Dependent children benefits are 50% of the employee benefit amount for death and 50% of the employee benefit amount for dismemberment.

Frequently asked questions

How do I file an accident claim?

If you have an accident after the effective date of coverage, you can file a claim with us by downloading forms from our website. We'll ask that you and your doctor provide information about the accident and the treatment provided.

What happens once my claim is approved?

The benefit amount you receive will depend on your injury and/or the treatment provided. Remember, benefits are payable only once for each covered accident, unless noted otherwise in the benefit schedule.

Is there a time period that I need to follow?

Injuries and other related benefits due to a covered accident must be diagnosed or treated within a defined period of time from the date of your accident. This could be as few as three days for certain benefits. Please refer to your Certificate for details.

Can I take my insurance with me if I leave my employer?

Depending upon state variations and your employer's plan, you may have an option to continue group coverage when your employment terminates. Your employer can advise you about your options.

Is my benefit taxable?

If you or your employer pay for all or part of the cost of coverage on a pre-tax basis, some or all of your benefit amount will be tax reported on a Form 1099 as taxable income. Please reach out to a tax advisor or your employer if you have any questions.

Accident insurance is a limited benefit policy. The Certificate has exclusions that may affect any benefits payable. Benefits payable are subject to all terms and conditions of your Certificate.

1. "Health, United States, 2016," US Department of Health and Human Services, Table 75.

Read the *Important information* section for more details including limitations and exclusions.

The following coverage(s) do not constitute comprehensive health insurance (often referred to as “major medical coverage”). They do NOT provide basic hospital, basic medical, or major medical insurance.

To become insured, you must meet the eligibility requirements set forth by your employer. Your coverage effective date will be determined by the Policy and may be delayed if you are not actively at work on the date your coverage would otherwise go into effect. Similarly, dependent coverage, if offered, may be delayed if your dependents are in the hospital (except for newborns) on the date coverage would otherwise become effective. Refer to your Certificate for details.

Limitations and exclusions

The below exclusions and limitations may vary by state law and regulations. This list may not be comprehensive. Please see your Certificate or ask your benefits administrator for details.

Accident

We will not pay a benefit that is due to or results from: suicide while sane or insane; intentionally self-inflicted injuries; committing or attempting to commit an assault, felony or other criminal act; war or an act of war; active participation in a riot, rebellion or insurrection; voluntary use of any controlled substance/illegal drugs; operation of a motorized vehicle while intoxicated; if you do not submit proof of your loss as required by us (this covers medical examination, continuing care, death certificate, medical records, etc.); incarceration; engaging in hang-gliding, bungee jumping, parachuting, sail gliding, parasailing, parakiting or mountaineering; participating in or practicing for any semi-professional or professional competitive athletic contest in which any compensation is received, including coaching or officiating; injuries sustained from commercial air transportation other than riding as a fare paying passenger;

work-related illness or injuries unless you are enrolled in 24-hour coverage.

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Sun Life companies include Sun Life and Health Insurance Company (U.S.) and Sun Life Assurance Company of Canada (collectively, “Sun Life”).

Group insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states, except New York, under Policy Form Series 12-GP-01, 12-AC-C-01, 15-GP-01 and 16-AC-C-01.

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GVBH-EE-8384

SLPC 29579

Critical Illness Insurance



▶ HELPS PROTECT YOUR FINANCES FROM AN ILLNESS.

When you, your spouse or child is diagnosed with a covered condition, you can receive a cash benefit to help pay unexpected costs not covered by your health plan.

▶ HELPS COVER RELATED EXPENSES.

While health plans may cover direct costs associated with a critical illness, you can use your benefit to help with related expenses like lost income, child care, travel to and from treatment, deductibles and co-pays.

▶ PAYS A CASH BENEFIT DIRECTLY TO YOU.

Critical Illness insurance can be used however you want, and it pays in addition to any other coverage you may already have.

What's more, all family members on your plan are eligible for a wellness-screening benefit, also paid directly to you once each year per covered person.

With Critical Illness Insurance, you also get access to health care support services. You can talk with medical and claims experts about your medical coverage, benefits, diagnosis and treatment options.

BENEFITS *(You can purchase this coverage at a group rate.)*

For you	You can choose between \$5,000 and \$20,000 of coverage, in increments of \$5,000. No medical questions asked.
For your spouse	If you elect coverage for yourself, you can choose between \$5,000 and \$20,000 of coverage, in increments of \$5,000. No medical questions asked. Not to exceed 100% of your coverage amount.
For your child(ren)	If you elect coverage for yourself, you can choose between \$2,500 and \$10,000 of coverage, in increments of \$2,500. No medical questions asked. Not to exceed 50% of your coverage amount. An eligible child is defined as your child from birth to age 26.

TPS MEDICAL HOLDINGS

All Eligible Employees

POLICY #: 964374

Sun Life Assurance Company of Canada

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What's covered

Once your coverage goes into effect, you can file a claim for covered conditions diagnosed after your insurance plan's effective date. Below is the full list of conditions.

COVERED CONDITIONS – <i>The plan pays 100% of the benefit amount unless stated otherwise.</i>		
Core Conditions	Heart Attack ^R End-Stage Kidney Disease ^R Occupational HIV/Hepatitis B, C, or D Major Organ Failure ^R	Stroke ^R Coronary Artery Bypass Graft ^R (Pays 25%) Angioplasty ^R (Pays 5%)
Cancer Conditions	Invasive Cancer ^R Noninvasive Cancer ^R (Pays 25%) Skin Cancer ^R (Pays 5%)	
Other Conditions	Complete Blindness Complete Loss of Hearing Loss of Speech Benign Brain Tumor Coma	Severe Burns Advanced ALS/Lou Gehrig's Disease Advanced Parkinson's Disease (Pays 25%) Advanced Alzheimer's Disease (Pays 25%) Paralysis
Childhood Conditions <i>Applies to dependent children only</i>	Down Syndrome Cystic Fibrosis Type 1 Diabetes Mellitus Complex Congenital Heart Disease	Cerebral Palsy Cleft Lip/Palate Muscular Dystrophy Spina Bifida
Wellness Screening Benefit	Payable to any covered person on your plan one time each year, once you provide proof of an eligible health screening.	Employee \$50 Spouse \$50 Child \$50

^R = Recurrence Benefit available

When would I need the Recurrence Benefit?

Sometimes people are diagnosed with the same condition twice. If this happens to you, and 12 consecutive months have passed between the first and second diagnoses, we'll pay you an additional benefit (the amount of which is noted in your Certificate). Only the conditions marked (R) in the table above are eligible for the Recurrence Benefit. Once a Recurrence Benefit has been paid, no additional benefit will be paid for that critical illness.

Frequently asked questions

Do I need to answer any health questions to enroll?

If you contribute to the cost of your insurance, you may need to complete health questions if you don't elect coverage when it's first available to you and you want to elect at a later date, or if you want to increase coverage. To answer health questions, please fill out our Evidence of Insurability application. Health questions must be approved by Sun Life before coverage takes effect. Please see your Certificate for details.

How do I file a critical illness claim?

If you have a diagnosis after the effective date of coverage, you can file a claim with us by downloading forms from our website. We'll ask that you and your doctor provide information about your medical condition.

How do I get the Wellness Screening Benefit?

You may be paid the benefit when you or a covered family member submit proof of a covered screening each year, like specific blood tests, cancer screenings, cardiac stress tests, immunizations, school sports exams and more (may vary by state). The claim form can also be downloaded from our website.

Can I receive benefits for more than one critical illness?

Yes. In order to receive benefits for more than one critical illness, there must be at least 6 consecutive months between each diagnosis date. You can only claim benefits once for each covered condition unless a recurrence benefit is payable.

How is my benefit taxed?

If you or your employer pay for all or part of the cost of coverage on a pre-tax basis, some or all of your benefit amount will be tax reported on a Form 1099 as taxable income. Please reach out to a tax advisor or your employer if you have any questions.

Can I take my insurance with me if I leave my employer?

Depending upon state variations and your employer's plan, you may have an option to continue coverage when your employment terminates. Your employer can advise you about your options.

CRITICAL ILLNESS FAST FACT *Most heart attack victims are middle-aged or older; the risk of a heart attack climbs for men after age 45 and for women after age 55.***

**"What Are Your Odds of a Heart Attack?" health.com, June 2018.

Critical Illness insurance is a limited benefit policy. The certificate has exclusions, limitations and benefit waiting periods for certain conditions that may affect any benefits payable. Benefits payable are subject to all terms and conditions of the certificate.

Read the *Important information* section for more details including limitations and exclusions.

Important information

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Limitations and exclusions

The below exclusions and limitations may vary by state law and regulations. This list may not be comprehensive. Please see your Certificate or ask your benefits administrator for details.

Critical Illness

We will not pay a benefit that is due to or results from services, treatment or complications not included in the Benefit Highlights; provided by an immediate family member; or unrelated to a Critical Illness/Specified Disease. These include an autologous bone marrow transplant, suicide, attempted suicide or intentionally self inflicted injuries, elective plastic or cosmetic surgery, active military duty, war, any act of war, or your active duty in any armed service during a time of war (excluding during acts of terrorism); your active participation in a riot, rebellion or insurrection; committing or attempting to commit an assault, felony or other criminal act; engaging in dangerous conduct or hazardous activity where there is a likelihood of death or serious injury; being incarcerated in a penal institution of any kind; being legally intoxicated or under the influence of any narcotic, unless taken on the advice of a physician and taken as prescribed.

Covered conditions have specific diagnostic criteria that must be met (along with supporting documentation) for a benefit to be paid. For additional information regarding covered conditions, please request an outline of coverage.

This product is inappropriate for individuals who are eligible for Medicaid coverage.

Information about services offered

Value-added services are not insurance, are offered only on specific lines of coverage and carry a separate charge, which is added to the cost of insurance. The cost is included in the total amount billed. HealthChampionSM (a health care support service) is not insurance and is provided by ComPsych[®]. ComPsych[®] is a registered trademark of ComPsych Corporation. The entities that provide the value-added services are not subcontractors of Sun Life and Sun Life is not responsible or liable for the care, services, or advice provided by them. Sun Life reserves the right to discontinue any of the Services at any time.

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GVBH-EE-8384

SLPC 29579

Voluntary Life Insurance



▶ MORE PROTECTION FOR YOUR LOVED ONES.

The people you love and support could face financial challenges without you. Life insurance provides your loved ones with money they can use for household expenses, tuition, mortgage payments and more.

▶ HELPS YOU CLOSE ANY COVERAGE GAPS.

You may have life insurance today, either on your own or through your employer. Now is a good time to ask yourself if you need more coverage.

TPS MEDICAL HOLDINGS

All Eligible Employees

POLICY #: 964374

BENEFITS (You can purchase this coverage at a group rate.)

For you

You can choose from **\$10,000 to \$500,000**—in increments of \$10,000 **not to exceed 5 times** your Basic Annual Earnings. No medical questions asked **up to the Guaranteed Issue amount of \$200,000**.

Benefits are reduced at age 65 and may reduce again in subsequent years as noted in your Certificate.

For your spouse

If you elect coverage for yourself, you can choose from **\$5,000 to \$200,000**—in increments of \$5,000. No medical questions asked **up to the Guaranteed Issue amount of \$50,000**.

The amount you select for your spouse cannot exceed 100% of your coverage amount. Benefits may reduce as noted in your Certificate.

For your child(ren)

If you elect coverage for yourself, you can choose **\$2,500, \$5,000, \$7,500 or \$10,000**. No medical questions asked.

The amount you select for your child(ren) cannot exceed 100% of your coverage amount. Benefits may reduce as noted in your Certificate. Child(ren) must primarily depend on the employee for 50% or more of their support.

A full benefit is payable for a dependent child who is 14 days to 26. A reduced benefit of \$1,000 is payable for a child from birth to 14 days.

Frequently asked questions

Do I need to answer any health questions to enroll?

Yes, if you request an initial amount higher than the Guaranteed Issue amount or if you want to increase coverage in excess of one increment annually. To answer health questions, please fill out our Evidence of Insurability application. Health questions must be approved by Sun Life before coverage takes effect. Please see your Certificate for details.

Can I increase my coverage at a later date?

Yes. You may increase your coverage by one increment amount annually, without having to answer health questions, even if the increase means that your coverage exceeds the Guaranteed Issue amount. Your benefits administrator can advise you on how to increase coverage annually. The maximum benefit amount still applies.

Can I take my insurance with me if I leave my employer?

Depending upon state variations and your employer's plan, you may have an option to continue group coverage when your employment terminates. Your employer can advise you about your options.

Can I access my life insurance if I become terminally ill?

You may apply to receive a portion of your life insurance to help cover medical and living expenses. This is called an "Accelerated Benefit" and there are some important things to know about it, including that it is not long-term-care insurance, it may be taxable and it may affect your eligibility for public assistance programs. It will also reduce the total amount of the life insurance payment we pay to your beneficiary(ies).

What happens if I become Totally Disabled?

If we determine that you are Totally Disabled and cannot work, your life insurance coverage may continue at no cost. You must meet certain requirements, as detailed in the Certificate.

How does my beneficiary file a death claim?

Your beneficiary(ies) and your employer will complete the appropriate claims forms and submit them to us. We will notify your beneficiaries when the decision is made and if we have any questions. If approved, beneficiaries may elect to receive a lump sum payment or to have the benefit paid into an account where the funds accumulate interest and can be withdrawn at any time. (State restrictions apply and options may vary by state.)

1. LIMRA, Facts about Life 2018.

Read the *Important information* section for more details including limitations and exclusions.

Important information

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Limitations and exclusions

The below exclusions and limitations may vary by state law and regulations. This list may not be comprehensive. Please see the Certificate or ask your benefits administrator for details.

Life

In some states, your employer's group policy may exclude payment for suicide that occurs within a specific time period after the insurance or increase in insurance becomes effective. Please see your Certificate for details.

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