Sun Life®



Making care and benefits easier

2027 TPS Medical Holdings

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

VISION

	EE Cost Per Pay
Employee Only	$ 3.67
Employee + SP	$ 6.91
Employee + CH	$ 8.17
Family	$ 10.89

DENTAL

	EE Cost Per Pay
Employee Only	$ 13.30
Employee + SP	$ 26.61
Employee + CH	$ 31.18
Family	$ 45.32

ACCIDENT (Rate per $1K Coverage)

(Rate per $1,000 of 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 $1K Coverage)

(Rate per $1,000 of Coverage)

Age	EMPLOYEE EE Cost Per Pay	SPOUSE EE Cost Per
Under Age 25	$ 0.22	$ 0.22
25-29	$ 0.24	$ 0.24
30-34	$ 0.28	$ 0.28
35-39	$ 0.37	$ 0.37
40-44	$ 0.52	$ 0.52
45-49	$ 0.71	$ 0.71
50-54	$ 1.03	$ 1.03
55-59	$ 1.34	$ 1.34
60-64	$ 1.60	$ 1.60
65-69	$ 2.10	$ 2.10
70-74	$ 2.78	$ 2.78
75 +	$ 3.80	$ 3.80

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

Coverage Amt	Cost Per Pay
$2,500	$0.12
$5,000	$0.23
$7,500	$0.35
$10,000	$0.46

EMPLOYEE

Min: $5K; Max: $20K- Incr of $5K

Guaranteed Issue: $20K

SPOUSE

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

Age	EMPLOYEE EE Cost Per Pay	SPOUSE EE Cost Per Pay
Under Age 20	$ 0.03	$ 0.03
20-24	$ 0.03	$ 0.03
25-29	$ 0.03	$ 0.03
30-34	$ 0.04	$ 0.04
35-39	$ 0.04	$ 0.04
40-44	$ 0.06	$ 0.06
45-49	$ 0.10	$ 0.10
50-54	$ 0.17	$ 0.17
55-59	$ 0.26	$ 0.26
60-64	$ 0.51	$ 0.51
65-69	$ 0.79	$ 0.79
70-74	$ 1.47	$ 1.47
75-79	$ 1.47	$ 1.47
80-84	$ 1.47	$ 1.47
85+	$ 1.47	$ 1.47

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

SHORT TERM DISABILITY

(Rate per $10 of Weekly Benefit)

Age	PLAN 1 EMPLOYEE EE Cost Per Pay
Under Age 25	$ 0.75
25-29	$ 0.70
30-34	$ 0.81
35-39	$ 0.56
40-44	$ 0.38
45-49	$ 0.47
50-54	$ 0.50
55-59	$ 0.58
60-64	$ 0.69
65-69	$ 0.72
70 and over	$ 0.68

HOSPITAL INDEMNITY

EE Cost Per Pay	LOW	HIGH
Employee Only	$ 7.18	$ 10.81
Employee + SP	$ 12.62	$ 20.33
Employee + CH	$ 10.68	$ 16.74
Family	$ 16.13	$ 26.26

Find your benefits here.

Sun Life

TPS MEDICAL HOLDINGS LLC

POLICY #: 964374

If you're reading this, it must be enrollment time. But don't sweat it, because we've got you covered. We'll provide you with the right information to get the coverage that's best for you and your family. Some of our offerings might be new to you. Take some time to read through this booklet, so that you feel confident about your choices. And keep in mind that any benefits you choose are easily paid for through payroll deduction.

BENEFITS AT A GLANCE:

- **Dental insurance** to help maintain healthy smiles and better overall health, too.
- **Vision insurance** with eye exams that can detect other health conditions.
- **Voluntary Life insurance** to protect your family if something happens to you.
- **Short-Term Disability insurance** that pays a portion of your income if a covered disability means you can't work.
- **Accident insurance** that provides a range of benefits for covered accidental injuries.
- **Critical Illness insurance** for help if you are diagnosed with a covered illness.
- **Hospital Indemnity insurance** provides benefits when you have a covered hospital stay.

2907286 VLIF STD DEN VSN ACC CCI HI CL1 11/08/2026 16:49:29

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.

HOW CAN DENTAL CARE HELP?

Gum disease may cause tooth loss and may be linked to other health problems such as heart disease and diabetes.[1]

Brushing, flossing and seeing your dentist regularly can help reduce the impacts of gum disease.[1]

What's covered

Good news! *Your plan covers routine services like cleanings and exams at* ***100%.***

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 (frequency combined with periodontal maintenance)
- 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 (frequency combined with routine dental cleanings)
- 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 up to age 26

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[2]. 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. Treatment is available from out-of-network dentists, but their fees are subject to an allowable charge and could be higher.

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 145,000+ unique dentists[3].

Do I have to choose a dentist in the PPO network?
No. You can visit any licensed dentist for services.

Are my dependents eligible for coverage?
Yes. Your plan offers coverage for your spouse[4] and dependent children. An eligible child is defined as a child to age 26.[5]

What if my spouse and I work for the same employer?
Under the policy, if you are married to another employee, you should check with your benefits administrator to confirm whether you are eligible to enroll your spouse as a dependent and to confirm any additional considerations for enrolling dependent children (if dependent child coverage is available).

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, PO Box 311, Milwaukee, WI 53201-0311.

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 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 - Sun Life Dental (U.S.), which is available for Apple and Android devices. Or you can call Sun Life's Dental Customer Service at 800-442-7742 any time, day or night, to access our automated system.

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.

When should I consider a pre-determination of benefits?
We recommend them for any dental treatment expected to exceed $500. Pre-determinations 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.

1. Provided for informational purposes only. For further details you should talk to your dental provider.
2. The term PPO does not apply in Texas.
3. 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

Dental plan provisions

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.

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]

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 lifetime.	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 *Includes a wide selection of frames at Walmart®.*	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
Elective contact lenses *Contact lenses are in place of lenses and frame.*	1 per 12 months	$60 for your contact lens exam (fitting and evaluation) $130 for contact lenses	Up to $105
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 network[4] of private-practice eye care doctors in the industry through Vision Service Plan (VSP). There are two ways to find an in-network doctor:
1. Visit vsp.com and select the Choice network.
2. Call VSP at 800-877-7195.

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 spouse[5] 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.

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.

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. 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.

What if my spouse and I work for the same employer?
Under the policy, if you are married to another employee, you should check with your benefits administrator to confirm whether you are eligible to enroll your spouse as a dependent and to confirm any additional considerations for enrolling dependent children (if dependent child coverage is available).

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.)

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

Short-Term Disability Insurance

COMMON CAUSES OF DISABILITY

- Pregnancy
- Injuries
- Joint disorders
- Back disorders
- Digestive disorders

PROTECTS YOUR INCOME WHEN YOU CAN'T WORK.

If you're unable to work because of a covered disability, Short-Term Disability insurance replaces a portion of your income in addition to providing other services and benefits that help you return to work.

PROVIDES YOU WITH A WEEKLY CHECK.

After your claim is approved, you will receive a check for your benefits that helps you pay everyday expenses like your mortgage or rent, childcare and groceries.

BENEFITS (You can purchase this coverage at a group rate.)	
Weekly benefit after your claim is approved	You will receive a check for your benefits on a weekly basis. It will replace **60%** of your Total Weekly Earnings, up to **$1,000** each week.
When benefits begin	Benefits begin as soon as **8 days** from the date you are unable to work due to an injury and **8 days** due to an illness.
Benefits may be paid for	Up to **12 weeks**, as long as you are still unable to work due to a covered disability.
Additional plan information	This plan provides a benefit for covered disabilities resulting from illness or injury that are not work-related.

SHORT-TERM DISABILITY FAST FACTS

1 in 4 workers *will miss up to 3 months of work due to disability during their career.*[1]

More than three-quarters *of workers are living paycheck to paycheck.*[2]

Sun Life Assurance Company of Canada

2907286 SEQ4 CL1 11/08/2026 16:48:36

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 Short-Term Disability claim?

If you become disabled after the effective date of coverage, check with your employer to make sure you are eligible for benefits. You can file a claim with us by downloading forms from our website. We'll ask you and your doctor to provide information about your medical condition and your expected recovery.

How do I qualify for benefits?

You'll start receiving disability payments if you satisfy the Elimination Period (see "When benefits begin" in the table) and meet the policy's definition of disability. Generally, disability is defined as your inability to perform some or all of your job duties due to your injury, illness or pregnancy and may require that you have also had a certain percentage of earnings loss due to your disability. Please see your Certificate for details.

What if I have a pre-existing condition?

If you become disabled within 12 months of your insurance taking effect or 12 months following any increase in your amount of insurance, we will not pay any benefit for any pre-existing condition. A pre-existing condition includes anything you have sought treatment for in the 3 months prior to your insurance becoming effective. Treatment can include consultation, advice, care, services or a prescription for drugs or medicine.

Can I work while I'm disabled?

Your plan is designed to encourage and support your return to work. If you are able to work part-time, for example, you may receive part of your benefit while working.

Will income from other sources affect my benefit?

Your benefit may be reduced by Social Security benefits; disability benefits from retirement, government plans or state disability income such as California SDI; state paid family and medical leaves; other group disability plans; no-fault benefits, salary continuance or sick leave; and return-to-work earnings. For more information or to determine if this coverage is appropriate for you, contact your benefits administrator.

How is my benefit taxed?

If you or your employer pays for all or part of the cost of coverage on a pre-tax basis, all or part of your benefit amount will be Form W-2 taxable income. In these situations, FICA tax deductions may reduce the amount we will pay you.

The group disability insurance policies described in this advertisement provide disability income insurance only.

1. Realitycheckup.org, Council for Disability Awareness, 2018

2. "Living Paycheck to Paycheck is a Way of Life for Majority of U.S. Workers," CareerBuilder.com, Aug. 2017.

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

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, child care, 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.

You also get Emergency Travel Assistance and Identity Theft Protection

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.

	STANDARD		ENHANCED	
DISLOCATIONS	**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**
21-40 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 15 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.

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.

Included:

Health Navigator Help Line *for expert guidance with health needs and medical billing questions.*

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.

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 – *The plan pays 100% of the benefit amount unless stated otherwise.*

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 *Applies to dependent children only*	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.

Hospital Indemnity Insurance

HELPS PROTECT YOUR FINANCES.
When you, your spouse or child are facing a hospital stay, you can receive a benefit to help pay unexpected expenses not covered by your plan.

HELPS COVER RELATED EXPENSES.
While health plans may cover direct costs associated with an illness or injury, you can use your hospital indemnity benefits to help cover related expenses like lost income, child care, deductibles and copays.

PAYS CASH BENEFITS DIRECTLY TO YOU.
Hospital Indemnity insurance payments 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.

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

BENEFITS	
Benefits are payable for hospital stays due to:	• Sickness • Accidents* • Routine pregnancy • Complications of pregnancy • Newborn complications • Mental and nervous disorders • Substance abuse
Additional reasons to sign up:	• No medical questions to answer - guaranteed issue coverage

Your employer is offering you a choice of two plans. Please review the information for both plans. Then, choose the one plan that best fits your needs.

*Confinements due to an accident must be within 365 days of the accident.

What's covered - LOW

This plan provides benefits due to hospital stays for covered accidents or sickness. Once your Hospital Indemnity coverage goes into effect, you can file a claim for covered hospital stays occurring after your plan's effective date.

The benefits shown in the schedule are payable for each person covered by the plan unless otherwise stated.

BENEFIT SCHEDULE - LOW

FIRST DAY BENEFITS Payable per benefit year	**LOW**
First day hospital confinement – This benefit pays the first day you stay in a regular hospital bed.	$500 per day 1 day
First day ICU confinement – This benefit pays the first day you stay in an ICU bed.	$1,000 per day 1 day
CONFINEMENT BENEFITS Payable per benefit year	**LOW**
Hospital confinement – This benefit pays for a hospital stay in a standard room.	$100 per day Up to 30 days
Newborn nursery confinement – This benefit pays for a routine well baby newborn stay in the hospital nursery.	$100 per day Up to 3 days
Intensive Care Unit (ICU) confinement – This benefit pays for a hospital ICU stay.	$100 per day Up to 30 days
ADDITIONAL AND ENHANCED BENEFITS Payable per benefit year	**LOW**
Observation unit stay – This benefit pays for a stay in an observation unit of less than 20 hours.	$100 per day Up to 1 day
Wellness screening benefit – This benefit pays for a covered wellness test or exam even without a hospital stay.	$50 per day 1 day per insured per benefit year

What's covered – HIGH

This plan provides benefits due to hospital stays for covered accidents or sickness. Once your Hospital Indemnity coverage goes into effect, you can file a claim for covered hospital stays occurring after your plan's effective date.

The benefits shown in the schedule are payable for each person covered by the plan unless otherwise stated.

BENEFIT SCHEDULE – HIGH

FIRST DAY BENEFITS Payable per benefit year	**HIGH**
First day hospital confinement – This benefit pays the first day you stay in a regular hospital bed.	$1,000 per day 1 day
First day ICU confinement – This benefit pays the first day you stay in an ICU bed.	$2,000 per day 1 day
CONFINEMENT BENEFITS Payable per benefit year	**HIGH**
Hospital confinement – This benefit pays for a hospital stay in a standard room.	$200 per day Up to 30 days
Newborn nursery confinement – This benefit pays for a routine well baby newborn stay in the hospital nursery.	$100 per day Up to 3 days
Intensive Care Unit (ICU) confinement – This benefit pays for a hospital ICU stay.	$200 per day Up to 30 days
ADDITIONAL AND ENHANCED BENEFITS Payable per benefit year	**HIGH**
Observation unit stay – This benefit pays for a stay in an observation unit of less than 20 hours.	$100 per day Up to 1 day
Wellness screening benefit – This benefit pays for a covered wellness test or exam even without a hospital stay.	$50 per day 1 day per insured per benefit year

Frequently asked questions

What benefits will I receive for my newborn child?
If your newborn has to stay in the Neonatal Intensive Care unit (NICU), benefits are payable. Hospital stays for routine newborn care are provided under the *Newborn nursery confinement benefit*.

How do I file a Hospital Indemnity claim?
If you are confined to the hospital after the effective date of coverage, you can file a claim with us by downloading forms from our website. You will need to provide information about your hospital stay.

Do I need to file my claim within a certain timeframe?
You should file your claim within 30 days of a covered confinement or as soon as reasonably possible.

How do I get the Wellness Screening Benefit?
You can receive payment if you or a family member have a covered screening test or exam. This benefit is payable each year for specific blood tests, cancer screenings, cardiac stress tests, immunizations, school sports exams and more (may vary by state). The claim form can be downloaded from our website.

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.

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 option.

Please read the *Important information* section of this document.

Helpful definitions

Benefit year means a calendar year beginning on January 1 of any year and ending on December 31 of that year.

Confinement means resident inpatient stay in a hospital for at least 20 continuous hours. There must be a charge for room and board unless it is a Veteran's Administration Hospital or other federal government operated hospital.

An observation unit stay of 20 hours or more will be paid under the *First day hospital confinement* benefit. Hours spent in an observation unit are not eligible for the *First day ICU confinement* benefit. An observation unit stay of 20 hours or more will be covered under the *Daily hospital confinement* benefit.

Confinement does not include the period of time in a hospital emergency room, observation room, a freestanding surgical facility or an outpatient facility.

Covered Accident means an accident that the policy or applicable riders or endorsements attached to it does not exclude.

Covered Sickness means a sickness that the policy or applicable riders or endorsements attached to it does not exclude.

Hospital means a licensed facility that provides inpatient medical care and treatment to sick and injured persons with 24-hour nursing service under the supervision of a physician. Hospital does not include a rest home; a skilled nursing facility; an extended care facility; a place of convalescence; a Rehabilitation unit; a hospice facility; a place providing custodial care; a mental and nervous disorder facility or a substance abuse facility.

Intensive Care Unit (ICU) means a specifically designated part of a hospital that provides the highest level of medical care. It is restricted to patients who are critically ill or injured and who require intensive comprehensive observation and care, including a neonatal intensive care unit specializing in the care of ill or premature newborn infants. The ICU must be under continuous observation by a specially trained nursing staff assigned exclusively to the intensive care unit on a 24-hour basis and have an assigned physician on a full-time basis. An ICU is not a progressive care unit; an intermediate care unit; a private monitored room; sub-acute intensive care unit or an observation unit.

Inpatient or Inpatient Treatment means receiving treatment as a resident patient using, and being charged for, the room and board facilities of a hospital. The requirement that you be charged does not apply to confinement in a Veteran's Administration Hospital or other federal government operated hospital.

Observation Unit means a specified area within a hospital, apart from the Emergency Room, where a patient can be monitored by a physician and which is under the direct supervision of a physician or registered nurse; is staffed by nurses assigned specifically to that unit; and provides care seven days per week, 24 hours per day.

An observation unit stay lasting 20 hours or more is treated as a Hospital confinement.

Rehabilitation Unit means a distinct unit within a hospital that provides rehabilitation care services on an inpatient basis. Rehabilitation care services consist of multidisciplinary physical restorative services to achieve the highest possible functional ability for disability due to sickness or injury. Services are provided by or under the supervision of a trained and experienced rehabilitation physician. A rehabilitation unit is not a freestanding rehabilitative facility; a nursing home; an extended care facility; a skilled nursing facility; a rest home or home for the aged; a hospice facility; a facility for the treatment of alcoholism or drug addiction or an assisted living facility.