

YOUR BENEFITS FROM SUN LIFE

**Discover new ways to
protect what you love**

Union County, NC

Elected benefits effective 7.1.25



Life insurance

- ✓ Provides the people you love with financial support when you can't be there
- ✓ Helps pay your final expenses
- ✓ Allows you to leave a legacy

Your plan highlights

Basic Life (available at no cost to you)

- **Employee:** 1 times your annual earnings up to a maximum of \$250,000

Voluntary Life

Employee: \$10,000 - \$750,000 in \$10,000 increments – not to exceed 5x your annual earnings. **Elect up to \$300,000 during this Open Enrollment period with no EOI.**

Spouse: \$10,000 - \$100,000 in \$10,000 increments – not to exceed 50% of employee election. **Elect up to \$50,000 during this Open Enrollment period with no EOI.**

Child(ren): \$5,000 - \$15,000 in \$5,000 increments – not to exceed 50% of employee election.

Evidence of Insurability (EOI)

What is it?

An application that asks yes/no questions about your health history. You may need to include:

- Doctor names and info
- Current list of prescriptions

When EOI might be required?

When you request an amount over the Guaranteed Issue amount. Your EOI must be approved by Sun Life. Until then, you will only be covered up to the Guaranteed Issue amount. Please see your plan details for EOI requirements.

Visit www.sunlife.com/eoi to submit your EOI online - it's easy and secure

Why do you need Life insurance?



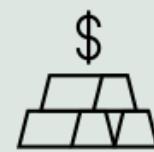
Household expenses



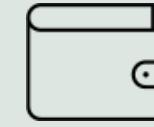
Paid assistant



Financial support of others



Inheritance or philanthropic gift



Shared debt responsibility



Funeral or medical expenses



Voluntary AD&D insurance

- ✓ Keep a life-changing event from changing your family's financial health
- ✓ Offers an additional payment to your beneficiaries if you die in a covered accident
- ✓ May also pay a benefit for accidental injuries that result in loss, like loss of speech, hearing, sight, or loss of limb

Voluntary AD&D insurance

| ACCIDENTAL INJURY | |
|---|------|
| Quadriplegia | 100% |
| Sight of one eye | 50% |
| Speech only | 50% |
| Hearing only | 50% |
| Loss of limb (arm or leg) | 50% |
| Loss of thumb and index finger on the same hand | 25% |



Your plan includes Portability

How much AD&D insurance can you buy?

Choose the benefit amounts that best meet your needs and your budget.

YOU

\$10,000 to
\$500,000 in
\$10,000 increments
-not to exceed 10x
annual earnings

YOUR SPOUSE

If you elect
coverage for
yourself, you can
choose **50%** of
your amount

YOUR CHILDREN

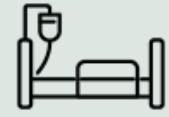
If you elect
coverage for
yourself, you can
choose **15%** of
your amount



Voluntary Short -Term Disability (STD) insurance

- ✓ Provides a weekly cash benefit when you need to take time away from work due to a covered disability
- ✓ Helps you pay for everyday expenses
- ✓ Helps you return to work

What does Short-Term Disability insurance cover?



Surgery recovery



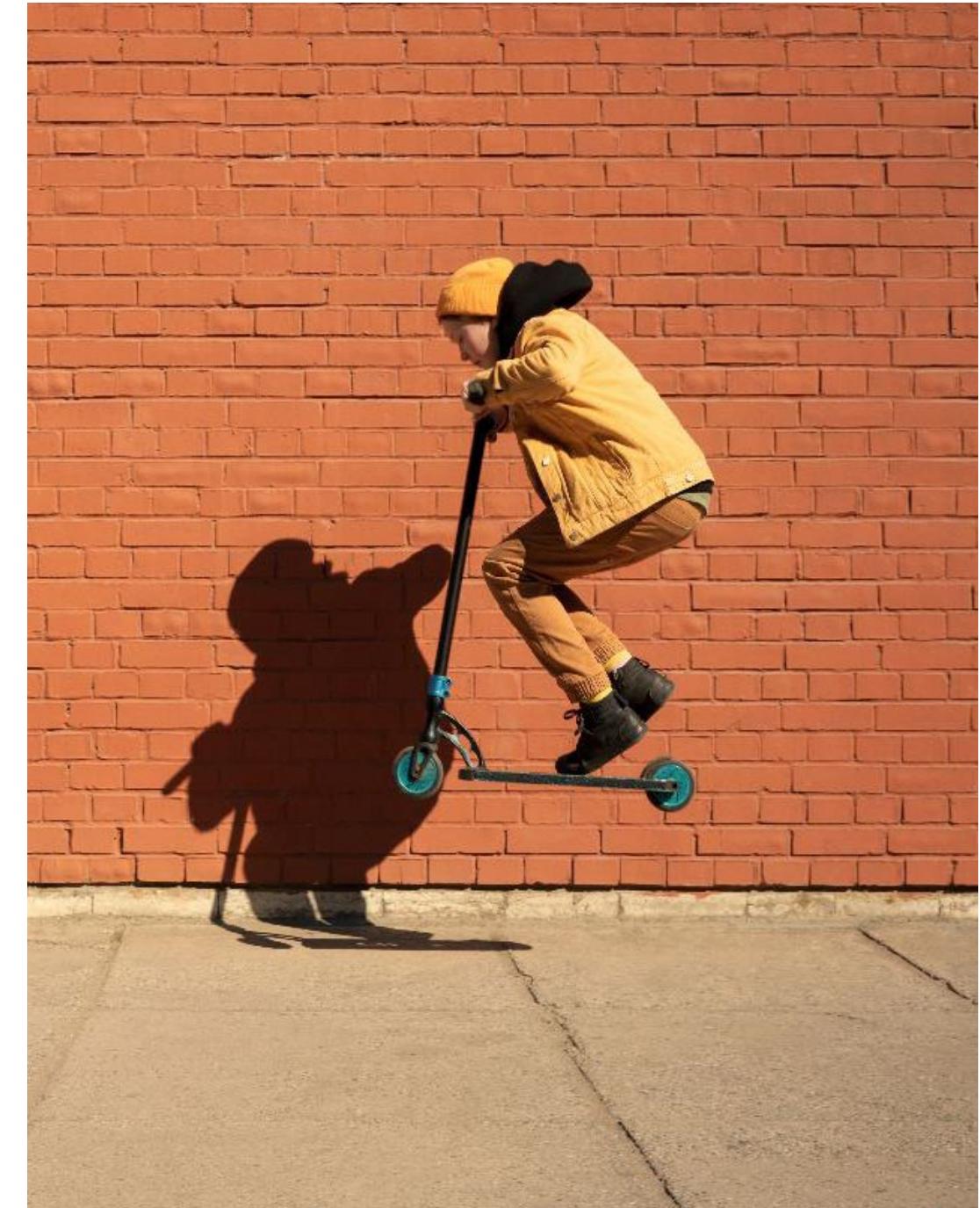
Maternity leave



Disabling illness



Disabling injury



How much, how soon and for how long?



\$100 to \$1,500 in
\$100 increments
up to 60% of your
total weekly
earnings



Choice 1:
15 days after injury
15 days after illness

Choice 2:
31 days after injury
31 days after illness



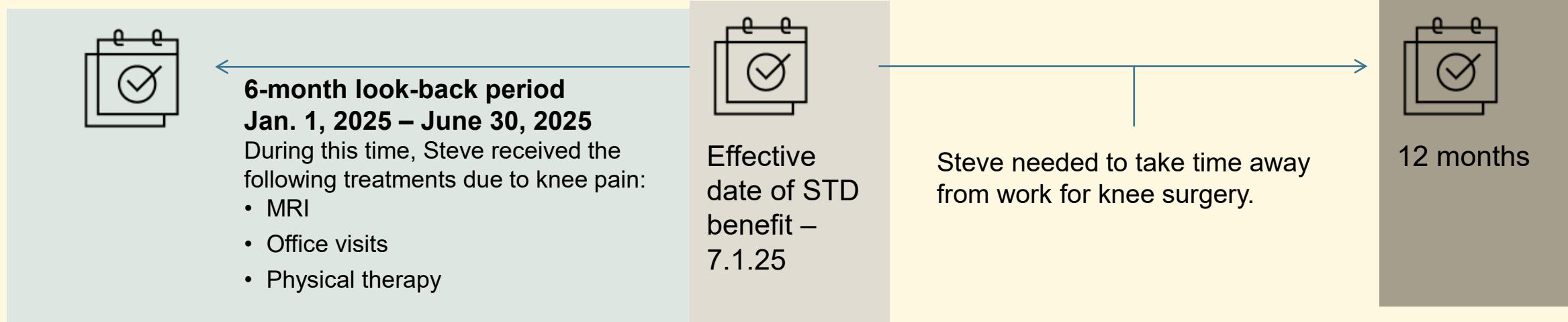
Choice 1:
Receive benefits for
up to **24 weeks**

Choice 2:
Receive benefits for
up to **22 weeks**

- Employee-paid
- Illness or injuries
not work-related
- 6/12 pre-ex

Pre-existing condition scenario: Surgery

Steve has been suffering from knee pain. Within a year of his Short-Term Disability coverage becoming effective, he ended up needing surgery.



It is likely that the STD benefit would not be paid because Steve received treatments for his knee pain during the look-back period that led up to him needing surgery.

This scenario was created for example purposes only. Refer to your certificate for more information about your pre-existing conditions limitation.



Voluntary Long-Term Disability (LTD) insurance

- ✓ Provides a monthly cash benefit when you need to take an extended time away from work due to a covered disability
- ✓ Helps you pay for everyday expenses
- ✓ Helps you return to work

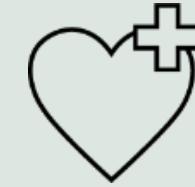
What does Long-Term Disability insurance cover?



Disabling injury



Disabling illness



Heart attack
recovery



Cancer recovery

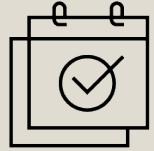


Stroke recovery

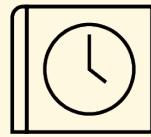
How much, how soon and for how long?



\$500 to \$5,000 in
\$100 increments up
to 60% of your total
monthly earnings



180 days
after injury or
illness
(Elimination
Period)



Receive benefits for
up to 5 years
Graded (See plan
documents for
additional
information)

- Employee-paid
- Illness or injuries
that occur on or off
the job
- 6/12 pre-ex



Dental insurance

- ✓ Protects your smile
- ✓ Prevents other health issues
- ✓ Lowers out-of-pocket expenses

Basic Plan Key Points

- **Deductible :**
In & Out-of-Network: \$50 individual/ \$150 family (Doesn't apply to Type I services)
- **Annual maximum:** \$1,000 per person (In and Out-Of-Network)



Co-Insurance for Covered Services

| Procedure | In-Network | Out-of-Network |
|-------------------|------------|----------------|
| Type I Services | 100% | 100% |
| Type II Services | 80% | 80% |
| Type III Services | 50% | 50% |

**Includes Preventive Max Waiver – doesn't include Type I Preventive expenses toward the annual plan maximum

Enhanced Plan Key Points

- **Deductible :**
 - In & Out-of-Network: \$50 individual/ \$150 family (Doesn't apply to Type I services)
- **Annual maximum:** \$2,000 per person (In and Out-Of-Network)
- **Ortho Annual Maximum:** \$2,000 lifetime child and adult

Co-Insurance for Covered Services

| Procedure | In-Network | Out-of-Network |
|-------------------|------------|----------------|
| Type I Services | 100% | 100% |
| Type II Services | 80% | 80% |
| Type III Services | 50% | 50% |
| Type IV Services | 50% | 50% |



**Includes Preventive Max Waiver – doesn't include Type I Preventive expenses toward the annual plan maximum

Dental ID card

We will be mailing you a Dental ID card to your home address. Please make sure your address is up to date in Employee Navigator.

You can access a copy of your dental ID card through your Sun Life account at www.sunlife.com/account

If your card isn't available yet

Provide this info and your social security number at your next dental appointment.

Information for your dentist:

Sun Life Dental

Group name: Union County, NC

Policy #: 975422

Effective date: 7.1.25

Sun Life Focus Dental Network ®

Electronic claims : Payor 70408

Toll-free phone: 800-442-7742, extension 1555443

Check out our short video for step-by-step instructions on downloading your dental ID card at www.sunlife.com/dentalIDcard

Sun Life Dental (U.S.) mobile app

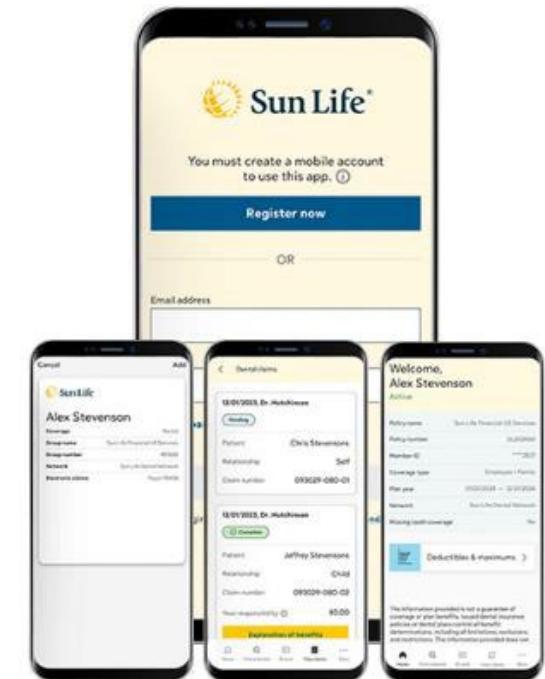
Sun Life Dental (U.S.) is an easy and convenient way to access your Sun Life dental benefits. Everything you need to manage your dental benefits can be found right on your phone. It's just one more way we make care and benefits easier.

Download your ID card – You can view and share an electronic ID card right from your phone, send it to your dentist's office via text or email and save it to your phone's digital wallet.

Find a dentist near you – Locate an in-network provider near you with the click of a button.

Get your claims status – Quickly check the status of your claims to see how they have been paid. You can even view, save, or send your Explanation of Benefits.

View your plan overview – Learn more about plan benefits with easy access to your deductible and maximum.



App store



Google Play

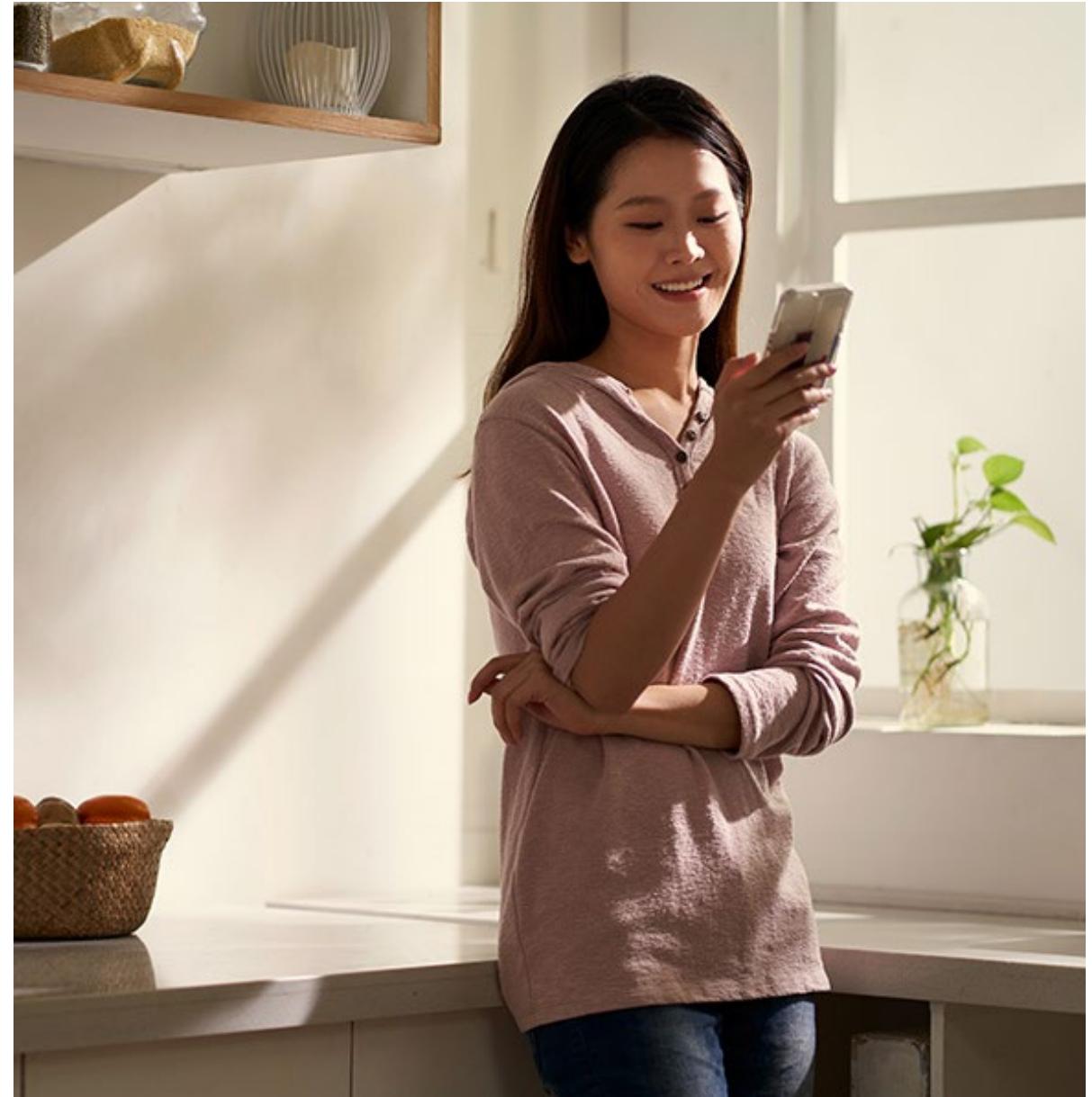


How to find a dentist

- Visit www.sunlife.com/findadentist
Select “**Sun Life Focus Dental Network** ”.
Enter your search criteria and a list of
participating dentists will be provided
- **Call customer service** at 800-442-7742 for
assistance in locating a network dentist
- Download the **Sun Life mobile app**
- Access it from the **Dental Health Center** at
www.sunlife.com/dentalhealthcenter

Is your dentist not in our network?

Use the Provider nomination card if your
dentist is not in our network of dentists.



Easy Start



- If for any reason, within the first 90 days of your policy's start date, you have:
 - questions regarding plan benefits, or
 - you or your dental office needs to verify coverage
- You can contact an Easy Start Specialist.

Phone Number:
800-442-7742

Extension: 1555443

Do not use option 2





Community Eye Care - Vision insurance

- ✓ Protects your eyes
- ✓ Prevents other health issues
- ✓ Lowers out-of-pocket expenses

Your plan highlights

| 150 PLAN | | | |
|-----------------------------|---|-------------|------------------------------|
| BENEFIT | COVERAGE WITH A CEC NETWORK PROVIDER | COPAY | OUT-OF-NETWORK REIMBURSEMENT |
| Eye Exam | A comprehensive routine eye exam. | \$15 | 100% minus the copay |
| Retinal Screening | An enhancement to the eye exam where high-resolution images are taken of the inside of the eye to detect and monitor conditions like diabetes. | \$39 | n/a |
| Eyewear | An annual \$150 flexible allowance for prescription and non-prescription eyewear. 20% discount on glasses/10% discount on contacts for any overages. | \$15 | Up to 100% minus the copay |
| Contact Lens Fitting | A contact lens evaluation and fitting. | \$15 | 100% minus the copay |

| 200 PLAN | | | |
|-----------------------------|---|-------------|------------------------------|
| BENEFIT | COVERAGE WITH A CEC NETWORK PROVIDER | COPAY | OUT-OF-NETWORK REIMBURSEMENT |
| Eye Exam | A comprehensive routine eye exam. | \$15 | 100% minus the copay |
| Retinal Screening | An enhancement to the eye exam where high-resolution images are taken of the inside of the eye to detect and monitor conditions like diabetes. | \$39 | n/a |
| Eyewear | An annual \$200 flexible allowance for prescription and non-prescription eyewear. 20% discount on glasses/10% discount on contacts for any overages. | \$15 | Up to 100% minus the copay |
| Contact Lens Fitting | A contact lens evaluation and fitting. | \$15 | 100% minus the copay |

- Members are covered across the country with 34 in-network national and regional retail optical chain providers. Visit cecvision.com/search to find a provider near you.
- CustomerService@cecvision.com / 888-254-4290 / cecvision.com



Accident insurance

- ✓ Helps protect your finances after a covered accident
- ✓ Helps fill the gap between medical insurance payments and your actual cost
- ✓ You'll receive a benefit check directly from Sun Life
- ✓ Includes The Wellness Benefit, which pays you directly for one of over 30 standard health screenings per year

What does Accident insurance cover?

| Covered benefit | Benefit Amount |
|----------------------------|-----------------------------------|
| Leg fracture | \$4,000 (Open) / \$2,000 (Closed) |
| Shoulder dislocation | \$2,000 (Open) / \$1,000 (Closed) |
| X-ray | \$100 |
| Emergency room admission | \$300 |
| Ambulance ride (ground) | \$400 |
| Loss of hearing in one ear | \$5,000 |

Open = Surgery
Closed = No Surgery

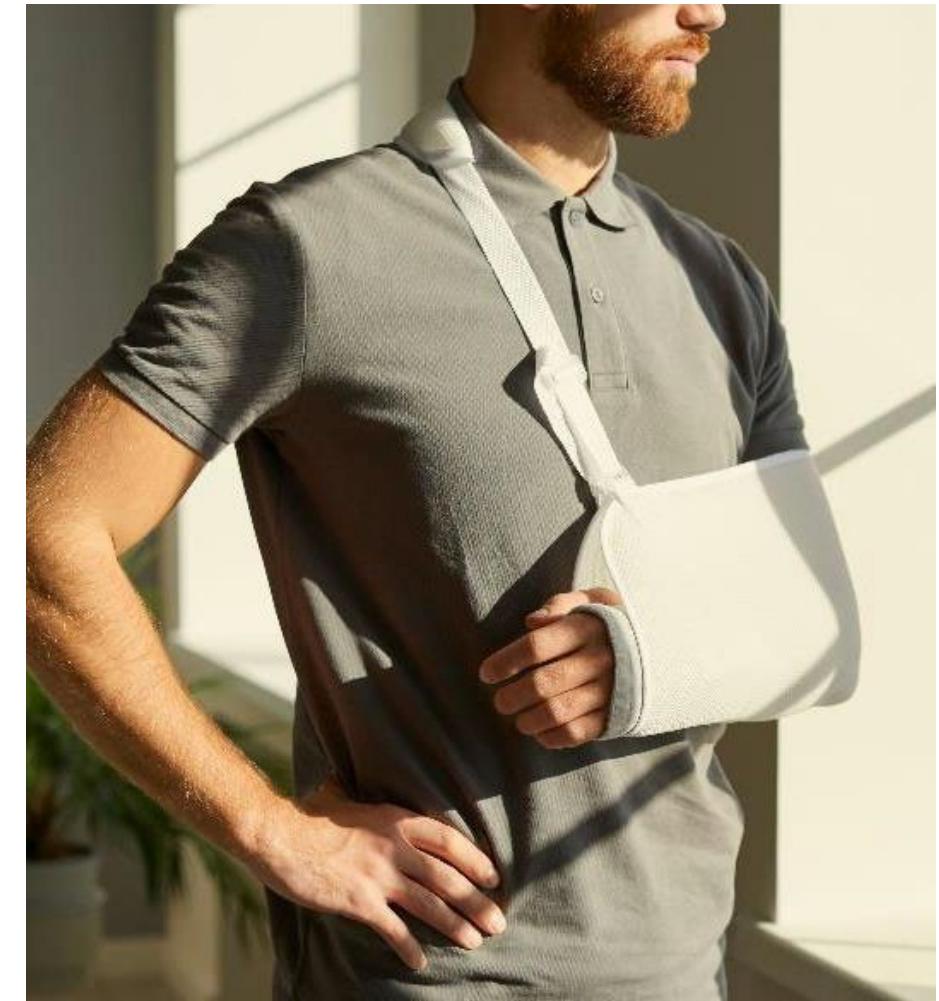
How Accident insurance can help you

ASSUMPTION

A DIY project results in a deep arm wound, which requires a trip to the ER and surgery.

| Covered benefits | Benefit schedule |
|--|------------------|
| Emergency room visit | \$300 |
| MRI | \$300 |
| Surgery on tendon/ligament/rotator cuff tear | \$750 |
| Laceration 2 to 6 inches with sutures | \$250 |
| Follow-up visit (Up to 6 visits) (\$50 visit) | \$300 |
| Physical therapy (Up to 10 visits) (\$50 each) | \$150 |
| Total payments received from Sun Life Accident policy | \$2,050 |

For illustrative purposes only. Covered benefits shown represent hypothetical payments from the Accident insurance plan only. They do not represent payments from a health insurance plan.



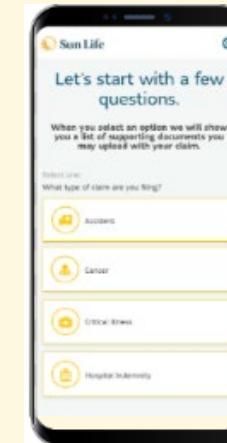
BENEFIT

You receive \$2,050 for the treatment of your injury to help pay for out-of-pocket medical expenses.

Your plan includes The Wellness Benefit¹

- Pays you directly when you have a covered screening
- **\$100** Once per covered person, per calendar year
- Pays in addition to your other coverages

File your claim in 3 easy steps, in 5 minutes or less, via your smartphone



1. Select the plan to get started
2. Guided claims process is fast and easy
3. Documents are uploaded as you go

There are over 30 tests² covered, including:

- Blood test for lipids including total cholesterol, LDL, HDL and triglycerides
- Breast ultrasound or mammography
- Chest x-ray
- Colonoscopy
- Immunizations including flu and COVID-19
- Pap smear
- PSA (blood test for prostate cancer)
- Electrocardiogram (EKG)
- Echocardiogram (Echo)
- School/Sports/Camp exams
- Vision exams
- Dental exams

1. The Accident policies provide one [Wellness Benefit] per calendar year per covered person from the list of covered benefits. See certificate for details of covered items and services. Only tests and procedures listed in the certificate are eligible for benefit payment. [The Wellness Benefit] is subject to state availability and is not available in all jurisdictions. Some Accident policies do not contain the [Wellness Benefit].

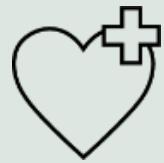
2. Please see your certificate for additional details and the complete list of tests covered.



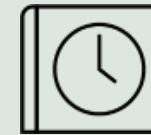
Critical Illness insurance

- ✓ Helps protect your finances if you're diagnosed with one of the covered conditions
- ✓ Benefits are payable directly to you
- ✓ Does not coordinate with medical insurance
- ✓ Includes The Wellness Benefit which pays you directly for one of over 30 standard health screenings per year
- ✓ No pre-existing condition limitation
- ✓ Once your coverage goes into effect, you can file a claim for covered conditions diagnosed after your insurance plan's effective date

What does Critical Illness insurance cover?



Heart attack
and/or stroke



Alzheimer's
and/or ALS



Cancer



Childhood
conditions



Pays a benefit for
preventive tests



Some conditions
include a Recurrence
Benefit

How much Critical Illness insurance can you buy?

Choose the benefit amounts that best meet your needs and your budget.

You:

\$10,000 to \$40,000
in **\$10,000**
increments

Your spouse:

\$10,000 to \$40,000
in **\$10,000**
increments – not to
exceed 100% of
employee amount

Your children:

\$5,000 to \$20,000
in **\$5,000**
increments – not to
exceed 50% of
employee amount

How Critical Illness insurance can help

Denise suffered a heart attack due to a blocked artery. After she filed a claim, she received a check for her Critical Illness benefit amount.

Denise then needed surgery 8 months later ¹ and then suffered another heart attack 2 years later. Fortunately, Denise had Critical Illness insurance with a Recurrence Benefit ².

Assumed benefit = \$40,000

| Covered condition | Benefit |
|--|-----------------|
| Wellness Benefit ³ : blood test for cholesterol | \$ 100 |
| Heart attack (100 %) | \$40,000 |
| Coronary artery bypass graft (25%) | \$10,000 |
| Recurrent heart attack (100 %) | \$40,000 |
| Total | \$90,100 |

These potential benefits are for illustrative purposes only and actual benefits may vary based on the terms of the policy and the claimant's circumstances.

1. Your plan may include a waiting period before a different condition may be payable under the same contract. 2. Your plan may include a waiting period before the same condition may be payable under recurrence. [3. [Wellness Benefit] is payable once per covered person, per contract year. May not be available in all states.]



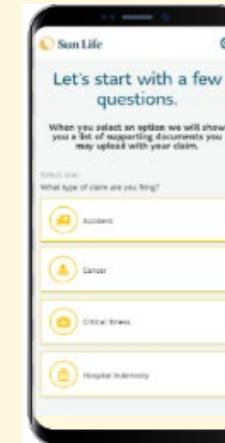
BENEFIT

Our Critical Illness insurance policy could pay Denise \$90,100 to help pay for out-of-pocket medical or other expenses.

Your plan includes The Wellness Benefit¹

- Pays you directly when you have a covered screening
- **\$100** Once per covered person, per calendar year
- Pays in addition to your other coverages

File your claim in 3 easy steps, in 5 minutes or less, via your smartphone



1. Select the plan to get started
2. Guided claims process is fast and easy
3. Documents are uploaded as you go

There are over 30 tests² covered, including:

- Blood test for lipids including total cholesterol, LDL, HDL and triglycerides
- Breast ultrasound or mammography
- Chest x-ray
- Colonoscopy
- Immunizations including flu and COVID-19
- Pap smear
- PSA (blood test for prostate cancer)
- Electrocardiogram (EKG)
- Echocardiogram (Echo)
- School/Sports/Camp exams
- Vision exams
- Dental exams

1. The Critical Illness policies provide one [Wellness Benefit] per calendar year per covered person from the list of covered benefits. See certificate for details of covered items and services. Only tests and procedures listed in the certificate are eligible for benefit payment. Some Critical Illness policies do not contain the [Wellness Benefit]. [The Wellness Benefit] is subject to state availability and is not available in all jurisdictions.

2. Please see your certificate for additional details and the complete list of tests covered.

Hospital Indemnity insurance

IMPORTANT: This is a fixed indemnity policy, NOT health insurance

- This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.
- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

Looking for comprehensive health insurance?

- Visit HealthCare.gov online or call 1-800-318-2596 (TTY: 1-855-889-4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

Questions about this policy?

- For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website (naic.org) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.



Hospital Indemnity insurance

- ✓ Helps protect your finances if a hospital stay is needed
- ✓ Helps fill the gap between medical insurance payments and your actual cost
- ✓ You'll receive a benefit check directly from Sun Life
- ✓ Includes The Wellness Benefit, which pays you directly for one of over 30 standard health screenings per year

FACT: The average hospital stay is 4.6 days, at an average cost of \$13,262. Surgery can add another \$100,000.

1. Debt.org/hospital-surgerycosts Accessed 3.4.24

Hospital Indemnity plan features

| Payment Schedule | Low Plan | High Plan |
|---|----------------|----------------|
| Choose the plan that best meets your need and budget | | |
| First day hospital stay – 1 day per year This benefit pays the first day you stay in a regular hospital bed | \$1,500 | \$2,000 |
| Daily hospital stays – Up to 365 days per year This benefit pays for a hospital stay in a standard room. | \$100 | \$200 |
| Intensive Care Unit (ICU) stays – Up to 30 days per year This benefit pays for an ICU stay and is paid in addition to Daily Hospital Confinement | \$300 per day | \$300 per day |
| Newborn Nursery Confinement – Up to 3 days per year This benefit pays for a routine well baby newborn stay in the hospital nursery | \$100 per day | \$100 per day |
| Rehabilitation unit stay – Up to 60 days per year This benefit pays for an inpatient stay in a hospital rehabilitation unit. Your rehabilitation unit stay must begin within 30 days of a related confinement | \$100 per day | \$100 per day |
| The Wellness Screening Benefit | \$100 per year | \$100 per year |



- ✓ Plan is HSA compatible
- ✓ No medical questions to answer—guaranteed issue coverage

Example of Hospital Indemnity

John was in a serious accident. He had to stay in the hospital's intensive care unit for 3 days and then spent 9 days in a regular room.

| Covered Benefit | Eligible Days | Low Benefit Amount | High Benefit Amount |
|------------------------------|---------------|--------------------|---------------------|
| First day hospital stay | 1 | \$1,500 | \$2,000 |
| ICU stay | 2 | \$600 | \$600 |
| Hospital stay | 8 | \$800 | \$1,600 |
| Total benefit paid for John: | | \$2,900 | \$4,200 |

These potential benefits are for illustrative purposes only and actual benefits may vary based on the terms of the policy and the claimant's specific circumstances.



Hospital Indemnity insurance could pay John up to \$4,200

Your plan includes The Wellness Benefit¹

- Pays you directly when you have a covered screening
- **\$100** Once per covered person, per calendar year
- Pays in addition to your other coverages

File your claim in 3 easy steps, in 5 minutes or less, via your smartphone



1. Select the plan to get started
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There are over 30 tests² covered, including:

- Blood test for lipids including total cholesterol, LDL, HDL and triglycerides
- Breast ultrasound or mammography
- Chest x-ray
- Colonoscopy
- Immunizations including flu and COVID-19
- Pap smear
- PSA (blood test for prostate cancer)
- Electrocardiogram (EKG)
- Echocardiogram (Echo)
- Sports Exams and more

1. The Hospital Indemnity policies provide one [Wellness Benefit] per calendar year per covered person from the list of covered benefits. See certificate for details of covered items and services. Only tests and procedures listed in the certificate are eligible for benefit payment. Some Hospital Indemnity policies do not contain the [Wellness Benefit]. [The Wellness Benefit] is subject to state availability and is not available in all jurisdictions.

2. Please see your certificate for additional details and the complete list of tests covered.

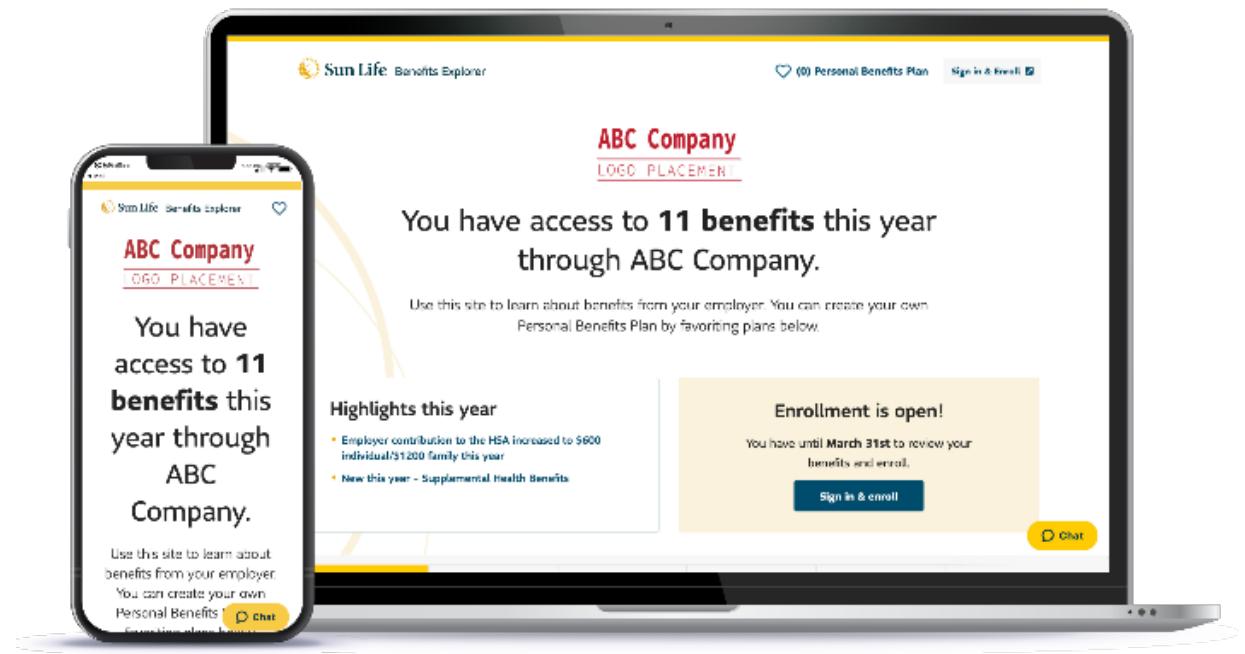
Visit Benefits Explorer today!

Benefits Explorer is your digital benefit counselor.

You can:

- ✓ Learn about the benefits your employer is offering this year
- ✓ Create your personal benefits plan
- ✓ Chat with a live benefits counselor or schedule an appointment for a virtual call

Here is your Benefits Explorer QR code:





Thank you!

Read on for important disclosures

Important disclosures

Life and AD&D policies may have Evidence of Insurability requirements and exclusions subject to state law. This coverage does ~~not~~ constitute comprehensive health insurance (often referred to as "major medical coverage") and does not satisfy the requirement for ~~Essential~~ Coverage under the Affordable Care Act. Please see your plan details for more information

Short & Long Term Disability policy contains limitations and exclusions that may affect benefits. Please see your plan details or ask your benefits administrator for information on Elimination Periods, Waiting Periods, and ~~Existing~~ Conditions provisions. This product ~~uses~~ other income offsets, which may reduce the benefit payable under the policy such that all sources of disability income replace a fixed percentage. This coverage does not constitute comprehensive health insurance (often referred to as "major medical coverage") and does not ~~satisfy~~ the requirement for Minimum Essential Coverage under the Affordable Care Act. In NY the expected benefit ratio for this policy is 65%. The group policies ~~described~~ in this advertisement provide disability income insurance only. They do NOT provide basic hospital, basic medical, or ~~major~~ ~~medical~~ ~~defined~~ by the New York State Department of Financial Services.

Value added services and EAP not insurance, are offered only on specific lines of coverage, and carries a separate charge, which is added to the cost of the insurance. The cost is included in the total amount billed. The entities that provide the ~~added~~ services and EAP are ~~sub~~ contractors 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 terminate these Services at any time. Employers who provide group insurance coverage and make available this Service within an I.R.C. Section 125 plan ~~can~~ ~~not~~ consult a tax professional to determine whether those services are Qualified Benefits for Section 125 plans. In New York, EAP ~~services~~ with Short Term and Long Term Disability insurance. The Program and the services provided under it will end upon the earliest of the following dates: (a) the Policy terminates; (b) the date the Policyholder terminates the Rider; and (c) the date the service provider ceases to provide services to the Program and we are not able to find a suitable replacement for the provider. We reserve the right to change the provider of the services in the Program.

Important disclosures

Dental plans do not provide coverage for pediatric oral health services that satisfies the requirements for "minimum essential coverage" by the Patient Protection and Affordable Care Act. ("PPACA") A dental plan pays only those procedures and services specifically listed in the Copayment Schedule, incurred by a covered member after the policy's effective date and before any future termination date. Services by Non-Plan Providers are covered only for Emergency Services. Prosthetics are subject to a 5-year replacement limitation. Extractions for Orthodontic purposes only are at a 25% discount off of the Plan Provider's normal retail charge. Implants and implant related procedures are not covered. Orthodontic treatment involving therapy for myofunctional problems, TMJ (temporomandibular joint) dysfunctions, micrognathia, macroglossia, cleft palate or other pre- or developmental abnormalities are not covered. Limitations and exclusions apply with respect to the Member's oral conditions without regard to whether or not such conditions existed before the effective date of the Member's enrollment. Please see the Evidence of Coverage or ask your administrator for details.

Vision plan pays only those vision materials, services, and options shown in the Benefit Highlights section of the certificate, ~~incurred after~~ effective date and before any future termination date. Benefits are limited to the lesser of the actual cost of the examination ~~and~~ ~~any necessary~~ (non cosmetic) materials or the limits of coverage shown in the Benefit Highlights section of the certificate. A member must be a ~~covered~~ member under the Plan to receive vision benefits and is responsible for any additional costs above the basic cost. This vision plan does not pay for pediatric vision services that satisfies the requirements for “minimum essential coverage” as defined by the Patient Protection and Affordable Care Act (PPACA).

Important disclosures

Accident insurance is a limited benefit policy provides accident coverage only and does not provide basic hospital, basic medical, or major medical insurance. The coverage does not constitute comprehensive health insurance (often referred to as "major medical coverage") and does not satisfy the requirement for Minimum Essential Coverage under the Affordable Care Act. Failing to maintain Minimum Essential Coverage may result in a ~~This penalty~~ does not provide coverage for sickness. The certificate and its riders have exclusions and limitations that may affect any benefits payable. Benefits payable are subject to all terms and conditions of the certificate. The policy, certificate, and any rider, if applicable, may not be available in ~~all states~~ ~~including~~ New York consumers. The expected benefit ratio for this policy is 65%. This ratio is the portion of future premiums which the Company expects to ~~return~~ ~~been~~ averaged over all people with the policy. In New York and California, to be eligible for Accident Insurance coverage, the Insured must also be covered under major medical, or at least basic hospital and basic medical insurance.

Cancer insurance is a limited benefit policy does NOT provide basic hospital, basic medical, or major medical insurance. The certificate has exclusions, limitations and benefit waiting periods for certain conditions (as detailed in the certificate) that may affect any benefits payable. Benefits payable are subject to all terms and conditions of the certificate. The policy, certificate, and rider, if applicable, may not be available in all states ~~and~~ ~~based~~ on state laws and regulations. This coverage does not constitute comprehensive health insurance (often referred to as "major medical coverage"). If you ~~have~~ ~~a~~ ~~PreExisting Condition~~ limitation, this means during the exclusionary period prior to any Insured's effective date of insurance or the ~~effective~~ ~~and~~ ~~increase~~ in any Insured's amount of insurance, any condition for which any Insured sought medical treatment, consultation, advice, care or services, ~~diagnostic~~ measures for the condition, regardless of whether the condition was diagnosed or suspected at that time; or took prescribed drugs or medicines ~~not~~ ~~to~~ California, to be eligible for Cancer Insurance coverage, the Insured must also be covered under major medical, or at least basic hospital and ~~basic~~ ~~assured~~. Limitations may vary by state law and regulations. Please see the Certificate or ask your benefits administrator for details. We will ~~not~~ ~~pay~~ ~~that~~ due to or results from: services or Treatment not included in the Covered Cancer Benefits; war or an act of war; active military duty; ~~intentionally~~ ~~injuries~~ while sane or insane; services or Treatment for which the Insured is not charged, unless there is no charge because the facility is ~~a~~ ~~State~~ ~~government~~ facility; services or Treatment for premalignant conditions; services or Treatment for conditions with malignant potential; services or Treatment for cancer illnesses; elective plastic or cosmetic surgery. This cancer only insurance policy provides limited benefits. This limited policy has ~~some~~ ~~specific~~ ~~limits~~ and is not a medical insurance policy, a Medicare Supplement policy, or a high deductible health plan. Please refer to the issued insurance policy details and all benefit requirements, including all limitations, exclusions, restrictions and reductions. We reserve the right to cancel the policy ~~upon~~ ~~written~~ notice to the policyholder. Insurance policies and certain policy benefits are subject to state variations and may not be available in ~~all~~ ~~states~~ ~~in~~ ~~laid~~ insurance contracts determine all plan features and benefits

Important disclosures

Critical Illness/Specified Disease insurance is a limited benefit policy. Policies NOT provide basic hospital, basic medical, or major medical insurance. The certificate has exclusions, limitations, and benefit waiting periods for certain conditions (as detailed in the certificate) that ~~may affect~~ ~~any~~ benefits payable. Benefits payable are subject to all terms and conditions of the certificate. The policy, certificate and rider, if applicable, may not be valid in all states and may vary based on state laws and regulations. This overview is preliminary to the issuance of the policy and certificate. This coverage ~~is not~~ ~~not~~ ~~not~~ comprehensive health insurance (often referred to as "major medical coverage"). If your plan includes ~~Existing Condition~~ limitation, this means during the exclusionary period prior to any Insured's effective date of insurance or the effective date of an increase in any Insured's amount of insurance, ~~any~~ ~~any~~ for which any Insured sought medical treatment, consultation, advice, care or services, including diagnostic measures for the condition, regardless ~~of~~ ~~when~~ the condition was diagnosed or suspected at that time; or took prescribed drugs or medicines for the condition. The below exclusions and limitations ~~by state~~ ~~and~~ ~~and~~ law and regulations. This list may not be comprehensive. Please see the Certificate or ask your benefits administrator for details. We will not pay any benefit that is caused by, contributed to in any way, or resulting from any Covered Condition Diagnosed outside the United States or Canada without confirmation of the diagnosis by a Physician who practices in the United States or Canada. 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 rebellion or insurrection; voluntary use of any controlled substance/illegal drugs; operation of a motorized vehicle while intoxicated; if you do not ~~sub~~ ~~sub~~ ~~sub~~ as required by us (this covers medical examination, continuing care, death certificate, medical records, etc.); incarceration; a diagnosis ~~not~~ ~~not~~ ~~not~~ explicitly covered under the policy; a diagnosis that occurs prior to the effective date of coverage (unless it is a new and unrelated diagnosis that occurs after the effective date of coverage). 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.

Important disclosures

Hospital Indemnity insurance is a limited benefit policy. It does NOT provide basic hospital, basic medical, or major medical insurance. It is not a Medicare Supplement policy. The certificate has exclusions, limitations, and benefit waiting periods for certain conditions that affect any benefits payable. Benefits payable are subject to all terms and conditions of the certificate. The policy, certificate, rider if applicable, may not be available in all states and may vary based on state laws and regulations. This product is inappropriate for individuals eligible for Medicaid coverage. This coverage does not constitute comprehensive health insurance (often referred to as "major medical") and does not satisfy the requirement for Minimum Essential Coverage under the Affordable Care Act and CA, must also be covered under major medical, or at least basic hospital and basic medical insurance, to be eligible. In NY, the expected benefit is 65%. This ratio is the portion of future premiums which the Company expects to return as benefits, when averaged over all people. The following exclusions may vary by plan design, state law and regulations. This list may not be comprehensive. Please contact your benefits administrator for details. No benefits will be payable relating to or resulting from services or treatment rendered or confinement outside the United States or Canada. No benefits will be payable for any loss that is caused or contributed to by: war or any act of active duty in any armed service during a time of war (this does not include acts of terrorism); active military duty; riding in a motor vehicle in a race, stunt show, speed test or driving while intoxicated; committing or attempting to commit an assault, other criminal act; active participation in a riot, rebellion or insurrection; committing or attempting to commit suicide, whether sane or injuring oneself intentionally; incarceration in a penal institution of any kind; pregnancy or childbirth, except complications of pregnancy and nervous disorder; substance abuse; a covered accident or covered sickness arising out of or in the course of any work or for elective abortion or complications thereof; elective or cosmetic surgery or procedures, except for reconstructive surgery unless congenital anomaly or disease of a dependent child which has resulted in a defect; artificial insemination, in vitro fertilization, fertilization; treatment, supplies or services provided by, through or, behalf of any government agency or program for which there is a charge; or sterilization, tubal ligation or vasectomy, and reversal thereof, unless recommended by a physician.

Important disclosures

Hospital Confinement Indemnity “Gap” insurance policy provides limited benefits Hospital Confinement Indemnity “Gap” or Supplemental Medical Expense “Gap” insurance underwritten by Fidelity Security Life Insurance Company®, Kansas City, MO 64111, Group Master Policy M9022; Group Policy form No. M9054 and M9111 and is sold by Sun Life Assurance Company of Canada under a marketing agreement. Insurance coverage benefits may not be available in all states. Gap Insurance does not provide any benefits for the following: any Expenses incurred during the period the Insured Person does not have coverage under a Major Medical Plan; war, declared or undeclared; suicide or any attempt thereof, while sane (in Colorado or Missouri, while sane); any intentionally self-inflicted Injury or Sickness, while sane or insane (in Colorado or Missouri, while sane); while the Insured Person is in the service of the Armed Forces of any country. Orders to active military service for training purposes of two months or less constitute service in the Armed Forces. Upon notice to the Company of entering the Armed Forces, the Company will return to the Insured Person any premium paid, less any benefits paid, for any period during which the Insured Person is in such service; any expense for which there is no coverage, no charge is made or in the absence of coverage, no charge would be made; Pregnancy of a Dependent child, except Complications of Pregnancy services unless: resulting from an Injury occurring while the Insured Person’s coverage under the Policy is in force; or due to congenital disomaly of a Dependent newborn child; mental illness or functional or organic nervous disorders, regardless of the cause; treatment of alcohol addiction or complications thereof; any Injury that occurs while an Insured Person has been determined to be intoxicated: by judicial or administrative order; by evidence of an alcohol concentration in the Insured Person’s blood, breath or urine which equals or exceeds the limits set by applicable vehicle laws; or by other evidence demonstrating the Insured Person was under the influence of any alcohol, narcotic, barbiturate or hallucinatory substance the same was administered on the advice of a Physician and was taken according to the prescribed dosage; and the use of such substances as the cause of the Injury; Injury or Sickness for which compensation is payable under any Workers’ Compensation Law, any Occupational Disease Law; any loss for which the Insured Person is not required to pay a Deductible, Copayment and/or Coinsurance under the Insured Person’s Major Medical Plan. Any expense for which benefits are excluded under the Insured Person’s Major Medical Plan; or an Insured Person engaging in any activity which is a violation of the law of the jurisdiction where the loss or cause of loss occurred. A violation of law includes both misdemeanor and felonies. Major Medical Plan. If an Insured Person did not have a Major Medical Plan on the Insured Person’s Effective Date under the Policy, the Company will then be to refund all premiums paid for that Insured Person. Hospital Confinements due to Pregnancy, termination of Pregnancy and Complications of Pregnancy are payable if the Pregnancy is payable under the Insured Person’s Major Medical/Comprehensive Policy. Benefits for Pregnancy and/or Pregnancy under this provision are limited to an Insured or an Insured Dependent spouse.



Not approved for use in New Mexico.

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 93P-LH, 98P-ADD, 07-SL REV 7-12, 07P-LH-PT/07C-LH-PT, 01P-ADD-PT/01C-ADD-PT, GP-A, GC-A, 12-GP-01, 15-GP-01, 12-DI-C-01, 16-DI-C-01, 12-SD-C-01, 13-SD-C-01, 13-SDPort-C-01, 12-AC-C-01, 12-ACPort-C-01, 16-AC-C-01, 16-ACPort-C-01, 13-ADD-C-01, 13-ADDPort-C-01, 15-ADD-C-01, 12-GPPort-P-01, 12-STDPort-C-01, 16-SD-C-01, 16-SDPort-C-01, 16-CAN-C-01, 16-CANPort-C-01, 15-LF-C-01, 15-LFPort-C-01, 16-DEN-C-01, 16-VIS-C-01, TDBPOLICY, TDI-POLICY, 20-HI-C-01, 12-GPPort-P-01, 20-HIPORT-C-01, 20-PFML-GP-01-MA, 21-PFML-GP-01-CT, 23-FAMLI-GP-01-CO, 22-PFML-GP-01-OR, 23-SD-C-01, 23-SD-PORT-C-01, 23-SD-R-01, 23-SD-R-02, 23-SD-R-03, 23-SD-R-04, 23-SD-R-05, 23-SD-R-05. Prepaid dental products are provided and administered by Sun Life Assurance Company of Canada (SLOC) under Form Series BDC-GDSA, PDC, and are provided by prepaid dental companies, affiliated with SLOC, under Form Series BDC-GDSA, UDC-CA-GA06-UDC, UDC-CA-GA06-89, FB-NJ-0281, UDC-09-GDSA-TX, PDC in certain states except New York. Prepaid dental companies are Denticare of Alabama, Inc., United Dental Care of Arizona, Inc., UDC Dental California, Inc., United Dental Care of Colorado, Inc., Union Security DentalCare of Georgia, Inc., United Dental Care of Missouri, Inc., Union Security DentalCare of New Jersey, Inc., United Dental Care of New Mexico, Inc., UDC of Ohio, Inc., and United Dental Care of Texas, Inc.. In New York, group insurance policies are underwritten by Sun Life and Health Insurance Company (U.S.) (Lansing, MI) under Policy Form Series 15-GP-01, 13-GP-LF-01, 13-LF-C-01, 13-GP-LH-01, 13-ADD-C-01, 12-DI-C-01, 13-LTD-C-01, 13-STD-C-01, 06P-NY-DBL, 07-NYSL REV 7-12, GC-A, GP-A, 12-GP-SD-01, 13-SD-C-01, 13-SDPort-C-01, 12-GP-01, 12-AC-C-01, 12-ACPort-C-01, 13-LFPort-C-01, 13-ADDPort-C-01, 15-LF-GP-01, 15-SD-GP-01, 12-STDPort-C-01, 16-VIS-C-01, 15-HI-GP-01, 20-HI-C-01, 12-GPPort-P-01. In New York, prepaid dental products are provided and administered by Sun Life and Health Insurance Company (U.S.) (SLHIC) (Lansing, MI) under Form Series BDC-GDSA-NY. Product offerings may not be available in all states and may vary depending on state laws and regulations. Certain provisions, benefits, exclusions or limitations may vary by state. Plans contain limitations, exclusions and restrictions. Contact us for additional information. The group insurance policies described in this advertisement do NOT provide basic hospital, basic medical, or major medical insurance.

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