

Group Critical Illness and Cancer Insurance Benefit Highlights

for Employees of Lincoln Land Community College - #224379
All Eligible Employees

Why Critical Illness and Cancer Insurance?

Any illness can have financial consequences, such as unexpected medical costs of not being able to work.

This insurance pays you a lump sum amount of money – to use however you wish – if you're diagnosed with a covered illness or condition.

Benefits:

- Available to all Full-Time United States Employees working in the United States working 30 hours or more per week.
- Benefit amounts: Employee
 - You can choose the benefit amounts that best meet your needs. Benefit amounts may range from \$5,000 to \$20,000, in \$5,000 increments.
 - Guaranteed Issue amount is \$20,000.
- Benefit amounts: Spouse and Dependent Children: Actively-at-work employees who apply for coverage may also choose to purchase coverage for their spouse and dependent children. Spouse and dependent children may be able to obtain coverage even if the employee does not qualify.

For your Spouse:

- You can choose the benefit amounts that best meet your needs. Benefit amounts may range from \$5,000 to \$10,000, in \$2,500 increments.
- Guaranteed Issue amount is \$10,000

For your Dependent Children:

- Benefit amount is \$5,000
- Benefit payments and maximums: Depending on the diagnosis, we will pay either the full benefit or a partial benefit. We will also pay for subsequent diagnoses or occurrences as long as those diagnoses are not for the same covered condition for which we previously paid a benefit. The maximum benefit payable is one benefit for each covered condition, up to 100% per category, not to exceed 200% of benefit payable for all covered conditions. The covered conditions by category are listed under Features of the plan.
- Wellness screening benefit: To promote healthy lifestyles and early detection, we will pay employees a defined amount, once per calendar year, when we receive proof of an eligible health screening, like an electrocardiogram. We will also pay the employee for spouse screening. The wellness screening benefit is not available to children.
- Health care support services¹: Sun Life has partnered with ComPsych® to provide a 24/7 service to help employees navigate medical plans and benefits. Expert benefits and claims specialists and registered nurses help employees understand medical coverage, provide guidance on claims, offer information about their medical diagnosis and treatment choices, and give practical resources and support.



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Features of the Plan

Wellness screening benefit	\$100 / yr	
Health care support services ¹	Yes	
Covered Condition	Coverage	Benefit Waiting Period
<u>Circulatory Conditions Category</u>		
Heart Attack	100%	None
Stroke	100%	None
End-Stage Heart Failure	100%	None
Coronary Artery Disease	25%	None
<u>Cancer Conditions Category</u>		
Cancer	100%	30 days
Non-Life Threatening Cancer	25%	30 days
<u>Other Conditions Category</u>		
Benign Brain Tumor	100%	30 days
Coma	100%	None
Major Organ Failure	100%	None
Severe Burns	100%	None
Paralysis	100%	None
<u>Childhood Conditions Category</u>		
Cerebral Palsy	100%	30 days
Complex Congenital Heart Disease	100%	30 days
Cystic Fibrosis	100%	30 days
Muscular Dystrophy	100%	30 days
Type 1 Diabetes Mellitus	100%	30 days

Dependent children are covered for each category/condition listed. Childhood conditions apply only if Dependent Child coverage is elected.

Cost to You

- **Critical Illness and Cancer** coverage is contributory, meaning that you are responsible for paying for all or a portion of the cost through payroll deduction.
- Calculate your monthly cost by dividing your benefit amount by 1,000 and multiplying the result by the rate found in the chart below. Follow the example below to determine your cost.

Critical Illness and Cancer Insurance Rates

Employee		
Age	Monthly Cost per \$1,000 of coverage	
	Smoker	Non-smoker
Under 25	\$0.65	\$0.64
25-29	\$0.65	\$0.64
30-34	\$0.95	\$0.85
35-39	\$0.95	\$0.85
40-44	\$2.04	\$1.49
45-49	\$2.04	\$1.49
50-54	\$4.87	\$2.80
55-59	\$4.87	\$2.80
60-64	\$11.17	\$5.41
65-69	\$11.17	\$5.41
70-74	\$17.73	\$8.60
75-79	\$20.94	\$11.23
80 and Over	\$22.55	\$12.72

Spouse		
Age	Monthly Cost per \$1,000 of coverage	
	Smoker	Non-smoker
Under 25	\$0.65	\$0.64
25-29	\$0.65	\$0.64
30-34	\$0.95	\$0.85
35-39	\$0.95	\$0.85
40-44	\$2.04	\$1.49
45-49	\$2.04	\$1.49
50-54	\$4.87	\$2.80
55-59	\$4.87	\$2.80
60-64	\$11.17	\$5.41
65-69	\$11.17	\$5.41
70-74	\$17.73	\$8.60
75-79	\$20.94	\$11.23
80 and Over	\$22.55	\$12.72

Spouse rates are based on Spouse age.

Child(ren)	
Monthly Cost per \$1,000 of coverage	
All Ages	\$0.93

Example amount of insurance	Divided by 1000	Multiplied by rate	Example cost*	
\$15,000	/ 1000 = 15	x \$0.86	\$12.90	
Your volume of insurance	Divided by 1000	Multiplied by rate	Your cost*	Cost per pay period
\$	/ 1000 =	x \$	\$	\$

*Contact your employer to confirm the portion of the cost for which you will be responsible.

How to enroll

- Critical Illness and Cancer Insurance coverage begins once you meet the eligibility requirements, satisfy any waiting period applicable to your policy, and complete the enrollment process.
- Once you have elected the coverage that's right for you, your spouse and dependent children, simply fill out the Critical Illness and Cancer enrollment form provided by your employer. Be sure to sign, date, and return the form to your employer. Please submit the form to your employer along with any Evidence of Insurability forms that may be required.

For complete plan details

- Critical Illness and Cancer is a limited benefit policy. The certificate has exclusions, limitations (as detailed below) and benefit waiting periods for certain conditions which may affect any benefits payable. Any benefits payable are subject to all terms and conditions of the certificate. The policy, certificate and rider may not be available in all states.
- **Note to Employees Covered or Considering Coverage under Health Savings Accounts (HSA) Established in Connection with High Deductible Health Plans (HDHP):** Based on the limited available regulatory guidance, Sun Life believes its Critical Illness and Cancer insurance is appropriate for use with an HSA and may be purchased when the employee and/or their family members are covered under an HDHP. However, Sun Life cannot provide legal or tax advice. If there are legal or tax questions, we suggest that you consult your own legal or tax advisor before purchasing this insurance.
- **Please note:** 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.
- This highlight flyer is intended to provide an overview of the benefits available from your employer and is not a complete description of plan provisions. Receipt of this flyer does not certify eligibility for benefits under this plan.
- For complete plan designs, you may request a copy of the Sun Life Financial Group booklet from your employer.

About Evidence of Insurability

- Evidence of Insurability — also called "proof of good health" — is required if:
 - You initially enroll for Employee Insurance that exceeds the Guaranteed Issue Amount;
 - You are a late entrant;
 - You request any additional coverage above your originally elected amount; and
 - You have a family status change

- Your employer will advise you if you need to submit an Evidence of Insurability application. If so, Sun Life Financial may arrange for you to take a medical exam (at our expense) and/or complete a questionnaire. Coverage will not go into effect until Sun Life Financial approves the application in writing.

Exclusions

In addition to the exclusions stated below and in the covered conditions section of the certificate, we will not pay any benefit that is caused by, contributed to in any way, or resulting from any Critical Illness condition diagnosed outside the United States or Canada without confirmation of the diagnoses by the type of Specialist Physician specified for each of the Covered Conditions in the certificate who practices in the United States or Canada.

We will not pay a benefit for any Critical Illness that is due to or results from:

- intentionally self-inflicted injuries;
- elective plastic or cosmetic surgery;
- active military duty;
- participation in war, declared or undeclared, or any act of war;
- active participation in riot, rebellion or insurrection;
- committing or attempting to commit an assault, felony, or other criminal act;
- your engagement in dangerous conduct or hazardous activity where there is a likelihood of death or serious injury;
- being legally intoxicated or under the influence of any narcotic unless taken on the advice of a Physician and taken as prescribed; or
- improper or illegal use of inhalants or huffing.

These exclusions may vary by state.

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

Limitations

In addition to the limitations and exclusions described above and those stated in the Covered Conditions section of this overview, we will not pay any benefit for any Critical Illness that is Diagnosed in the twelve months period following the effective date of any Insured's insurance and results from a Pre-Existing Condition.

Pre-Existing Condition means during the six months prior to any Insured's effective date of insurance or the effective date of an increase in any Insured's amount of insurance, any condition for which any Insured:

- sought medical treatment, consultation, advice, care or services, including diagnostic measures for the condition, regardless of whether the condition was diagnosed or suspected at that time.
- took prescribed drugs or medicines for the condition; or
- had symptoms for which an ordinarily prudent person would have consulted a health care provider for diagnosis, care or treatment.

When newborn children, newly placed foster children or newly adopted children are added to your Dependent Children Insurance within a certain number of days (as noted in the certificate) of birth, placement or adoption, the Pre-Existing Condition limitation does not apply.

For more information, consult with your Benefits Administrator.

Other limitations that are plan specific may apply. Please review the certificate for information on the specific limitations.

¹Health ChampionSM (health care support services) is provided by ComPsych[®]. It is not insurance and carries a separate charge which is added to the cost of the insurance. The cost is included in the total amount billed. Sun Life is not responsible or liable for care, services, or advice given by any provider or vendor of the Services. Sun Life reserves the right to discontinue any of the Services at any time

This Overview is preliminary to the issuance of the Policy and booklet certificate. It does not describe the specific benefits under the Policy.

Sun Life Financial and its respective representatives cannot provide tax or legal advice. You should consult your own advisor regarding any tax or legal questions.

Critical Illness and Cancer Insurance is a limited benefit policy. It 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 may vary based on state laws and regulations.

Based on the limited available regulatory guidance, Sun Life believes its Critical Illness and Cancer Insurance is appropriate for use with an HSA and may be purchased when employees and/or their family members are covered under an HDHP. However, Sun Life cannot provide legal or tax advice. If there are legal or tax questions, we suggest that employees consult their own legal or tax advisor before purchasing this insurance.

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.

Group insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states, except New York, under Policy Form Series 12-GP-01, 12-SD-C-01, 13-SD-C-01, 12-SD-R-01, and 13-SD-R-01. Product offerings may not be available in all states and may vary depending on state laws and regulations

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