

Venus Construction Company

BENEFIT HIGHLIGHTS

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



**Sun Life**

Life's brighter under the sun



# Find your benefits here.

VENUS CONSTRUCTION COMPANY

POLICY # 935683

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.
- ▶ **Basic and 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.



# Dental Insurance

## COMMONLY COVERED

- ✓ Exams and cleanings
- ✓ X-rays
- ✓ Fillings
- ✓ Tooth extractions
- ✓ Root canals

### ▶ PROTECTS YOUR SMILE.

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

### ▶ PREVENTS OTHER HEALTH ISSUES.

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

### ▶ LOWERS OUT-OF-POCKET EXPENSES.

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

## DENTAL FAST FACTS

*Periodontal disease can lead to receding gums, bone damage, loss of teeth, and can increase the risk of other health problems such as heart disease and diabetes.<sup>1</sup>*

*Treatment of gum disease in people with type 2 diabetes can lower blood sugar over time.<sup>2</sup>*

CALENDAR YEAR MAXIMUM	IN-NETWORK	OUT-OF-NETWORK
Type II, III (Basic and Major Services)	\$2,000 per person	\$2,000 per person

Type I Preventive Services do not count toward your Calendar Year maximum

### CALENDAR YEAR DEDUCTIBLE

PROCEDURE	IN-NETWORK	OUT-OF-NETWORK
Type I Preventive Services	N/A	N/A
Type II, III (Basic and Major Services)	\$50 individual/\$150 family	\$50 individual/\$150 family

### 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%

## SERVICES

### Type I Preventive Dental Services, including:

- Oral evaluations – 1 in any 6 month period
- Routine dental cleanings – 1 in any 6 month period
- Fluoride treatment – 1 in any 6 month period. *Only for children under age 14*
- Sealants – no more than 1 per tooth in any 36 month period, only for permanent molar teeth. *Only for children under age 16*
- Genetic test for susceptibility to oral diseases
- New fillings
- Simple extractions, incision and drainage
- Bitewing x-rays – 1 in any 12 month period
- General anesthesia/IV sedation – medically required
- Intraoral complete series x-rays – 1 in any 60 month period
- Localized delivery of antimicrobial agents

### Type III Major Dental Services, including:

- Dentures and bridges – subject to 10 year replacement limit
- Stainless steel crowns– *only for children under age 19*
- Inlay, onlay, and crown restorations – 1 per tooth in any 10 year period
- 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
- Complex oral surgery
- Minor gum disease (non-surgical periodontics)
- Scaling and root planing – 1 in any 24 month period per area
- Periodontal maintenance – 1 in any 6 consecutive months
- Major gum disease (surgical periodontics)

### 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 or basic services
- 12 months for major services

# Frequently asked questions

## How does a PPO work?

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

## How do I find a dentist?

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

## Do I have to choose a dentist in the PPO network?

No. You can visit any licensed dentist for services. However, you could see lower out-of-pocket costs when you visit a dentist in the network.

## Are my dependents eligible for coverage?

Yes. Your plan offers coverage for your spouse<sup>3</sup> and dependent children. An eligible child is defined as a child to age 26.<sup>4</sup>

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

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

## Do I have to file the claim?

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

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

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

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

common questions when it's convenient for you.

## What value added benefits does my plan include?

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

Your plan also includes Preventive Max Waiver® which allows covered dental expenses for preventive services to not apply to the annual maximum.

### CONSIDER A PRE-DETERMINATION OF BENEFITS

They allow us to review your provider's treatment plan to let you know before treatment is started how much of the work should be covered by the plan, and how much you may need to cover. We recommend them for any dental treatment expected to exceed \$300.

1. American Academy of Periodontology [http://www.perio.org/consumer/love\\_the\\_gums\\_you%27re\\_with](http://www.perio.org/consumer/love_the_gums_you%27re_with). (accessed on 06/06/19)

2. <https://www.cdc.gov/diabetes/ndep/pdfs/150-Healthy-teeth-matter.pdf> (accessed 06/06/19)

3. 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.

4. 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 and Major Services

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



# Rate Sheet

Coverage and **weekly (52)** rate for Dental Insurance.

Dental coverage is contributory, meaning that you are responsible for paying for all or a portion of the cost through payroll deduction.

Coverage	Weekly (52) Cost*
Employee	\$5.80
Employee + Spouse	\$11.82
Employee + Child(ren)	\$15.34
Employee + Family	\$21.37

\*The rate is in effect for January 1, 2020. Contact your employer to confirm the portion of the cost for which you will be responsible.



# 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.<sup>1</sup>

### ▶ 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.<sup>2</sup>*

*59% of adults report experiencing symptoms of digital eye strain, such as blurred vision or headaches.<sup>3</sup>*

## What's covered

BENEFIT	FREQUENCY	IN-NETWORK BENEFIT	OUT-OF-NETWORK BENEFIT
<b>Exam services</b>			
WellVision exam®	1 per 12 months	\$10 for exam	Up to \$52
Routine retinal screening		No more than a \$39 copay	N/A
<b>Laser vision correction discount</b>	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
<b>Lenses</b>			
Single lined	1 per 12 months	\$25 (lenses and frame)	Up to \$55
Bifocal lined			Up to \$75
Trifocal			Up to \$95
Lenticular			Up to \$125
Necessary contacts			Up to \$210
<b>Lens enhancements</b>			
Standard		\$50 copay	N/A
Premium progressive		\$80-\$90 copay	N/A
Custom progressive		\$120-\$160 copay	N/A
Other		Average savings of 35-40%	
<b>Frames</b>	1 per 12 months	\$130 for the frame of your choice and 20% off the amount over your allowance	Up to \$57
<b>Elective contact lenses</b> <i>Contact lenses are in place of lenses and frame.</i>	1 per 12 months	15% savings for your contact lens exam (fitting and evaluation)  \$130 for contact lenses	Up to \$105
<b>Additional glasses and sunglasses discount</b>	30% off complete pairs of prescription and non-prescription glasses, including sunglasses for same-day purchases. 20% off all lens options for any other day. Discounts are unlimited for 12 months following exam.		N/A

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<sup>4</sup> of private-practice eye care doctors in the industry through Vision Service Plan (VSP). There are three ways to find an in-network doctor:

1. Visit [vsp.com](http://vsp.com) and select the Signature network.
2. Call VSP at 800-877-7195.
3. Download our mobile app, Benefit Tools, and search for a doctor near you.

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

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

### When will my coverage become effective?

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

### Can I enroll as a late entrant?

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

### Are my dependents eligible for coverage?

Yes. Your plan offers coverage for your spouse<sup>5</sup> and dependent children. An eligible child is defined as a child to age 26.<sup>6</sup>

### How can I get more information about my coverage?

After the effective date of your coverage, you can visit [www.sunlife.com/account](http://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](http://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://vsp.com/eye-symptoms.html> accessed 03/13/19.

2. <https://www.vsp.com/diabetes.html> accessed 03/13/19.

3. The Vision Council <https://www.thevisioncouncil.org/content/digital-eye-strain> accessed on 02/21/19.

4. Netminder as of December 2018.

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.



# Rate Sheet

Coverage and **weekly (52)** rate for Vision Insurance.

Vision coverage is contributory, meaning that you are responsible for paying for all or a portion of the cost through payroll deduction.

Coverage	Weekly (52) Cost*
Employee	\$2.12
Employee + Spouse	\$4.23
Employee + Child(ren)	\$4.66
Employee + Family	\$6.78

\*The rate is in effect for January 1, 2020. Contact your employer to confirm the portion of the cost for which you will be responsible.





# Basic Life Insurance

Even among people who have life insurance, about **1 in 5** say they don't have enough.<sup>1</sup>

## ▶ PROTECTS YOUR LOVED ONES.

Life insurance provides your loved ones with money they can use for household expenses, tuition, mortgage payments and more.

## ▶ HELPS PAY YOUR FINAL EXPENSES.

Your beneficiaries may use this money to pay for your burial or cremation, and pay any outstanding medical bills.

## ▶ PART OF YOUR BENEFIT PACKAGE.

This benefit is completely paid for by your employer. Remember to name your beneficiaries if you haven't done so already.

### BENEFITS

For you\*

**\$15,000.** No medical questions asked.

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

**\*This coverage includes Accidental Death and Dismemberment insurance.**

## Frequently asked questions

### **What is my AD&D benefit?**

We will pay your beneficiaries an Accidental Death insurance amount that matches your Basic Life insurance amount, if you die from a covered accident. Additional benefits are available for accidental injuries (i.e., dismemberment) such as loss of limbs, fingers or sight. Refer to your Certificate for a full list of covered accidental injuries.

### **Do I need to answer any health questions to enroll?**

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 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.) If your AD&D claim for an accidental injury is approved, the benefit amount will be paid directly to you.

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.)

<p><b>For you*</b></p>	<p>You can choose from <b>\$20,000 to \$500,000</b>—in increments of \$10,000 <b>not to exceed 5 times</b> your Basic Annual Earnings. No medical questions asked <b>up to the Guaranteed Issue amount of \$130,000</b>.</p> <p>Benefits are reduced at age 70 and may reduce again in subsequent years as noted in your Certificate.</p>
<p><b>For your spouse*</b></p>	<p>If you elect coverage for yourself, you can choose from <b>\$5,000 to \$250,000</b>—in increments of \$5,000. No medical questions asked <b>up to the Guaranteed Issue amount of \$50,000</b>.</p> <p>The amount you select for your spouse cannot exceed 50% of your coverage amount.</p>
<p><b>For your child(ren)*</b></p>	<p>If you elect coverage for yourself, you can choose <b>\$1,000, \$5,000 or \$10,000</b>. No medical questions asked.</p> <p>The amount you select for your child(ren) cannot exceed 50% of your coverage amount. Benefits may reduce as noted in your Certificate.</p> <p>A full benefit is payable for a dependent child from birth to 25.</p>

*\*This coverage includes Accidental Death and Dismemberment insurance.*

## Frequently asked questions

### **What is my AD&D benefit?**

If you elect AD&D coverage, we will pay your beneficiaries an Accidental Death insurance amount that matches your Voluntary Life, if you die from a covered accident. Additional benefits are available for accidental injuries (i.e., dismemberment) such as loss of limbs, fingers or sight. Refer to your Certificate for a full list of covered accidental injuries. This plan includes AD&D coverage for your dependents.

### **Do I need to answer any health questions to enroll?**

Yes, if you request an amount higher than the Guaranteed Issue amount. 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.

### **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.) If your AD&D claim for an accidental injury is approved, the benefit amount will be paid directly to you.

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

# Rate Sheet

**Employee** - Coverage and **weekly** cost for Employee Voluntary Life.

Rates are effective as of January 01, 2020.

The chart below shows possible coverage amounts and corresponding costs per pay-period.

Find your age bracket (as of the effective date of coverage) to determine the associated cost for the coverage amount you choose.

Coverage Amounts	Age and Cost												
	<20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$20,000	0.38	0.48	0.60	0.74	0.89	1.13	2.04	3.48	6.45	8.39	13.19	21.57	50.68
\$30,000	0.57	0.72	0.91	1.11	1.34	1.70	3.06	5.22	9.67	12.58	19.79	32.36	76.02
\$40,000	0.76	0.96	1.21	1.48	1.78	2.26	4.08	6.96	12.90	16.77	26.38	43.14	101.35
\$50,000	0.95	1.20	1.51	1.85	2.23	2.83	5.10	8.70	16.12	20.97	32.98	53.93	126.69
\$60,000	1.14	1.44	1.81	2.22	2.67	3.39	6.12	10.44	19.34	25.16	39.57	64.72	152.03
\$70,000	1.32	1.68	2.12	2.58	3.12	3.96	7.14	12.18	22.57	29.35	46.17	75.50	177.37
\$80,000	1.51	1.92	2.42	2.95	3.56	4.52	8.16	13.92	25.79	33.54	52.76	86.29	202.71
\$90,000	1.70	2.16	2.72	3.32	4.01	5.09	9.18	15.66	29.01	37.74	59.36	97.08	228.05
\$100,000	1.89	2.40	3.02	3.69	4.45	5.65	10.20	17.40	32.24	41.93	65.95	107.86	253.38
\$110,000	2.08	2.64	3.33	4.06	4.90	6.22	11.22	19.14	35.46	46.12	72.55	118.65	278.72
\$120,000	2.27	2.88	3.63	4.43	5.34	6.78	12.24	20.88	38.69	50.32	79.14	129.43	304.06
\$130,000	2.46	3.12	3.93	4.80	5.79	7.35	13.26	22.62	41.91	54.51	85.74	140.22	329.40
\$140,000	2.65	3.36	4.23	5.17	6.24	7.92	14.28	24.36	45.13	58.70	92.34	151.01	354.74
\$150,000	2.84	3.60	4.53	5.54	6.68	8.48	15.30	26.10	48.36	62.90	98.93	161.79	380.08
\$160,000	3.03	3.84	4.84	5.91	7.13	9.05	16.32	27.84	51.58	67.09	105.53	172.58	405.42
\$170,000	3.22	4.08	5.14	6.28	7.57	9.61	17.34	29.58	54.81	71.28	112.12	183.36	430.75
\$180,000	3.41	4.32	5.44	6.65	8.02	10.18	18.36	31.32	58.03	75.48	118.72	194.15	456.09
\$190,000	3.60	4.56	5.74	7.02	8.46	10.74	19.38	33.06	61.25	79.67	125.31	204.94	481.43
\$200,000	3.78	4.80	6.05	7.38	8.91	11.31	20.40	34.80	64.48	83.86	131.91	215.72	506.77
\$210,000	3.97	5.04	6.35	7.75	9.35	11.87	21.42	36.54	67.70	88.05	138.50	226.51	532.11
\$220,000	4.16	5.28	6.65	8.12	9.80	12.44	22.44	38.28	70.92	92.25	145.10	237.30	557.45
\$230,000	4.35	5.52	6.95	8.49	10.24	13.00	23.46	40.02	74.15	96.44	151.69	248.08	582.78
\$240,000	4.54	5.76	7.26	8.86	10.69	13.57	24.48	41.76	77.37	100.63	158.29	258.87	608.12
\$250,000	4.73	6.00	7.56	9.23	11.13	14.13	25.50	43.50	80.60	104.83	164.88	269.65	633.46
\$260,000	4.92	6.24	7.86	9.60	11.58	14.70	26.52	45.24	83.82	109.02	171.48	280.44	658.80
\$270,000	5.11	6.48	8.16	9.97	12.03	15.27	27.54	46.98	87.04	113.21	178.08	291.23	684.14
\$280,000	5.30	6.72	8.46	10.34	12.47	15.83	28.56	48.72	90.27	117.41	184.67	302.01	709.48
\$290,000	5.49	6.96	8.77	10.71	12.92	16.40	29.58	50.46	93.49	121.60	191.27	312.80	734.82
\$300,000	5.68	7.20	9.07	11.08	13.36	16.96	30.60	52.20	96.72	125.79	197.86	323.58	760.15
\$310,000	5.87	7.44	9.37	11.45	13.81	17.53	31.62	53.94	99.94	129.99	204.46	334.37	785.49
\$320,000	6.06	7.68	9.67	11.82	14.25	18.09	32.64	55.68	103.16	134.18	211.05	345.16	810.83
\$330,000	6.24	7.92	9.98	12.18	14.70	18.66	33.66	57.42	106.39	138.37	217.65	355.94	836.17
\$340,000	6.43	8.16	10.28	12.55	15.14	19.22	34.68	59.16	109.61	142.56	224.24	366.73	861.51
\$350,000	6.62	8.40	10.58	12.92	15.59	19.79	35.70	60.90	112.83	146.76	230.84	377.52	886.85
\$360,000	6.81	8.64	10.88	13.29	16.03	20.35	36.72	62.64	116.06	150.95	237.43	388.30	912.18
\$370,000	7.00	8.88	11.19	13.66	16.48	20.92	37.74	64.38	119.28	155.14	244.03	399.09	937.52
\$380,000	7.19	9.12	11.49	14.03	16.92	21.48	38.76	66.12	122.51	159.34	250.62	409.87	962.86
\$390,000	7.38	9.36	11.79	14.40	17.37	22.05	39.78	67.86	125.73	163.53	257.22	420.66	988.20
\$400,000	7.57	9.60	12.09	14.77	17.82	22.62	40.80	69.60	128.95	167.72	263.82	431.45	1013.54
\$410,000	7.76	9.84	12.39	15.14	18.26	23.18	41.82	71.34	132.18	171.92	270.41	442.23	1038.88
\$420,000	7.95	10.08	12.70	15.51	18.71	23.75	42.84	73.08	135.40	176.11	277.01	453.02	1064.22
\$430,000	8.14	10.32	13.00	15.88	19.15	24.31	43.86	74.82	138.63	180.30	283.60	463.80	1089.55
\$440,000	8.33	10.56	13.30	16.25	19.60	24.88	44.88	76.56	141.85	184.50	290.20	474.59	1114.89
\$450,000	8.52	10.80	13.60	16.62	20.04	25.44	45.90	78.30	145.07	188.69	296.79	485.38	1140.23
\$460,000	8.70	11.04	13.91	16.98	20.49	26.01	46.92	80.04	148.30	192.88	303.39	496.16	1165.57
\$470,000	8.89	11.28	14.21	17.35	20.93	26.57	47.94	81.78	151.52	197.07	309.98	506.95	1190.91
\$480,000	9.08	11.52	14.51	17.72	21.38	27.14	48.96	83.52	154.74	201.27	316.58	517.74	1216.25
\$490,000	9.27	11.76	14.81	18.09	21.82	27.70	49.98	85.26	157.97	205.46	323.17	528.52	1241.58
\$500,000	9.46	12.00	15.12	18.46	22.27	28.27	51.00	87.00	161.19	209.65	329.77	539.31	1266.92

**Employee - Coverage and weekly cost for Employee Voluntary Life and AD&D.**

Rates are effective as of January 01, 2020.

The chart below shows possible coverage amounts and corresponding costs per pay-period.

Find your age bracket (as of the effective date of coverage) to determine the associated cost for the coverage amount you choose.

Age and Cost													
Coverage Amounts	<20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$20,000	0.50	0.60	0.72	0.86	1.01	1.25	2.16	3.60	6.57	8.51	13.31	21.69	50.80
\$30,000	0.75	0.90	1.09	1.29	1.52	1.88	3.24	5.40	9.85	12.76	19.97	32.54	76.20
\$40,000	1.00	1.20	1.45	1.72	2.02	2.50	4.32	7.20	13.14	17.01	26.62	43.38	101.59
\$50,000	1.25	1.50	1.81	2.15	2.53	3.13	5.40	9.00	16.42	21.27	33.28	54.23	126.99
\$60,000	1.50	1.80	2.17	2.58	3.03	3.75	6.48	10.80	19.70	25.52	39.93	65.08	152.39
\$70,000	1.74	2.10	2.54	3.00	3.54	4.38	7.56	12.60	22.99	29.77	46.59	75.92	177.79
\$80,000	1.99	2.40	2.90	3.43	4.04	5.00	8.64	14.40	26.27	34.02	53.24	86.77	203.19
\$90,000	2.24	2.70	3.26	3.86	4.55	5.63	9.72	16.20	29.55	38.28	59.90	97.62	228.59
\$100,000	2.49	3.00	3.62	4.29	5.05	6.25	10.80	18.00	32.84	42.53	66.55	108.46	253.98
\$110,000	2.74	3.30	3.99	4.72	5.56	6.88	11.88	19.80	36.12	46.78	73.21	119.31	279.38
\$120,000	2.99	3.60	4.35	5.15	6.06	7.50	12.96	21.60	39.41	51.04	79.86	130.15	304.78
\$130,000	3.24	3.90	4.71	5.58	6.57	8.13	14.04	23.40	42.69	55.29	86.52	141.00	330.18
\$140,000	3.49	4.20	5.07	6.01	7.08	8.76	15.12	25.20	45.97	59.54	93.18	151.85	355.58
\$150,000	3.74	4.50	5.43	6.44	7.58	9.38	16.20	27.00	49.26	63.80	99.83	162.69	380.98
\$160,000	3.99	4.80	5.80	6.87	8.09	10.01	17.28	28.80	52.54	68.05	106.49	173.54	406.38
\$170,000	4.24	5.10	6.16	7.30	8.59	10.63	18.36	30.60	55.83	72.30	113.14	184.38	431.77
\$180,000	4.49	5.40	6.52	7.73	9.10	11.26	19.44	32.40	59.11	76.56	119.80	195.23	457.17
\$190,000	4.74	5.70	6.88	8.16	9.60	11.88	20.52	34.20	62.39	80.81	126.45	206.08	482.57
\$200,000	4.98	6.00	7.25	8.58	10.11	12.51	21.60	36.00	65.68	85.06	133.11	216.92	507.97
\$210,000	5.23	6.30	7.61	9.01	10.61	13.13	22.68	37.80	68.96	89.31	139.76	227.77	533.37
\$220,000	5.48	6.60	7.97	9.44	11.12	13.76	23.76	39.60	72.24	93.57	146.42	238.62	558.77
\$230,000	5.73	6.90	8.33	9.87	11.62	14.38	24.84	41.40	75.53	97.82	153.07	249.46	584.16
\$240,000	5.98	7.20	8.70	10.30	12.13	15.01	25.92	43.20	78.81	102.07	159.73	260.31	609.56
\$250,000	6.23	7.50	9.06	10.73	12.63	15.63	27.00	45.00	82.10	106.33	166.38	271.15	634.96
\$260,000	6.48	7.80	9.42	11.16	13.14	16.26	28.08	46.80	85.38	110.58	173.04	282.00	660.36
\$270,000	6.73	8.10	9.78	11.59	13.65	16.89	29.16	48.60	88.66	114.83	179.70	292.85	685.76
\$280,000	6.98	8.40	10.14	12.02	14.15	17.51	30.24	50.40	91.95	119.09	186.35	303.69	711.16
\$290,000	7.23	8.70	10.51	12.45	14.66	18.14	31.32	52.20	95.23	123.34	193.01	314.54	736.56
\$300,000	7.48	9.00	10.87	12.88	15.16	18.76	32.40	54.00	98.52	127.59	199.66	325.38	761.95
\$310,000	7.73	9.30	11.23	13.31	15.67	19.39	33.48	55.80	101.80	131.85	206.32	336.23	787.35
\$320,000	7.98	9.60	11.59	13.74	16.17	20.01	34.56	57.60	105.08	136.10	212.97	347.08	812.75
\$330,000	8.22	9.90	11.96	14.16	16.68	20.64	35.64	59.40	108.37	140.35	219.63	357.92	838.15
\$340,000	8.47	10.20	12.32	14.59	17.18	21.26	36.72	61.20	111.65	144.60	226.28	368.77	863.55
\$350,000	8.72	10.50	12.68	15.02	17.69	21.89	37.80	63.00	114.93	148.86	232.94	379.62	888.95
\$360,000	8.97	10.80	13.04	15.45	18.19	22.51	38.88	64.80	118.22	153.11	239.59	390.46	914.34
\$370,000	9.22	11.10	13.41	15.88	18.70	23.14	39.96	66.60	121.50	157.36	246.25	401.31	939.74
\$380,000	9.47	11.40	13.77	16.31	19.20	23.76	41.04	68.40	124.79	161.62	252.90	412.15	965.14
\$390,000	9.72	11.70	14.13	16.74	19.71	24.39	42.12	70.20	128.07	165.87	259.56	423.00	990.54
\$400,000	9.97	12.00	14.49	17.17	20.22	25.02	43.20	72.00	131.35	170.12	266.22	433.85	1015.94
\$410,000	10.22	12.30	14.85	17.60	20.72	25.64	44.28	73.80	134.64	174.38	272.87	444.69	1041.34
\$420,000	10.47	12.60	15.22	18.03	21.23	26.27	45.36	75.60	137.92	178.63	279.53	455.54	1066.74
\$430,000	10.72	12.90	15.58	18.46	21.73	26.89	46.44	77.40	141.21	182.88	286.18	466.38	1092.13
\$440,000	10.97	13.20	15.94	18.89	22.24	27.52	47.52	79.20	144.49	187.14	292.84	477.23	1117.53
\$450,000	11.22	13.50	16.30	19.32	22.74	28.14	48.60	81.00	147.77	191.39	299.49	488.08	1142.93
\$460,000	11.46	13.80	16.67	19.74	23.25	28.77	49.68	82.80	151.06	195.64	306.15	498.92	1168.33
\$470,000	11.71	14.10	17.03	20.17	23.75	29.39	50.76	84.60	154.34	199.89	312.80	509.77	1193.73
\$480,000	11.96	14.40	17.39	20.60	24.26	30.02	51.84	86.40	157.62	204.15	319.46	520.62	1219.13
\$490,000	12.21	14.70	17.75	21.03	24.76	30.64	52.92	88.20	160.91	208.40	326.11	531.46	1244.52
\$500,000	12.46	15.00	18.12	21.46	25.27	31.27	54.00	90.00	164.19	212.65	332.77	542.31	1269.92

**Spouse - Coverage and weekly cost for Spouse Voluntary Life.**

Rates are effective as of January 01, 2020.

The chart below shows possible coverage amounts and corresponding costs per pay-period.

Find your age bracket (as of the effective date of coverage) to determine the associated cost for the coverage amount you choose.

Age and Cost													
Coverage Amounts	<20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$5,000	0.09	0.12	0.15	0.18	0.22	0.28	0.51	0.87	1.61	2.10	3.30	5.39	12.67
\$10,000	0.19	0.24	0.30	0.37	0.45	0.57	1.02	1.74	3.22	4.19	6.60	10.79	25.34
\$15,000	0.28	0.36	0.45	0.55	0.67	0.85	1.53	2.61	4.84	6.29	9.89	16.18	38.01
\$20,000	0.38	0.48	0.60	0.74	0.89	1.13	2.04	3.48	6.45	8.39	13.19	21.57	50.68
\$25,000	0.47	0.60	0.76	0.92	1.11	1.41	2.55	4.35	8.06	10.48	16.49	26.97	63.35
\$30,000	0.57	0.72	0.91	1.11	1.34	1.70	3.06	5.22	9.67	12.58	19.79	32.36	76.02
\$35,000	0.66	0.84	1.06	1.29	1.56	1.98	3.57	6.09	11.28	14.68	23.08	37.75	88.68
\$40,000	0.76	0.96	1.21	1.48	1.78	2.26	4.08	6.96	12.90	16.77	26.38	43.14	101.35
\$45,000	0.85	1.08	1.36	1.66	2.00	2.54	4.59	7.83	14.51	18.87	29.68	48.54	114.02
\$50,000	0.95	1.20	1.51	1.85	2.23	2.83	5.10	8.70	16.12	20.97	32.98	53.93	126.69
\$55,000	1.04	1.32	1.66	2.03	2.45	3.11	5.61	9.57	17.73	23.06	36.27	59.32	139.36
\$60,000	1.14	1.44	1.81	2.22	2.67	3.39	6.12	10.44	19.34	25.16	39.57	64.72	152.03
\$65,000	1.23	1.56	1.97	2.40	2.90	3.68	6.63	11.31	20.96	27.26	42.87	70.11	164.70
\$70,000	1.32	1.68	2.12	2.58	3.12	3.96	7.14	12.18	22.57	29.35	46.17	75.50	177.37
\$75,000	1.42	1.80	2.27	2.77	3.34	4.24	7.65	13.05	24.18	31.45	49.47	80.90	190.04
\$80,000	1.51	1.92	2.42	2.95	3.56	4.52	8.16	13.92	25.79	33.54	52.76	86.29	202.71
\$85,000	1.61	2.04	2.57	3.14	3.79	4.81	8.67	14.79	27.40	35.64	56.06	91.68	215.38
\$90,000	1.70	2.16	2.72	3.32	4.01	5.09	9.18	15.66	29.01	37.74	59.36	97.08	228.05
\$95,000	1.80	2.28	2.87	3.51	4.23	5.37	9.69	16.53	30.63	39.83	62.66	102.47	240.72
\$100,000	1.89	2.40	3.02	3.69	4.45	5.65	10.20	17.40	32.24	41.93	65.95	107.86	253.38
\$105,000	1.99	2.52	3.17	3.88	4.68	5.94	10.71	18.27	33.85	44.03	69.25	113.25	266.05
\$110,000	2.08	2.64	3.33	4.06	4.90	6.22	11.22	19.14	35.46	46.12	72.55	118.65	278.72
\$115,000	2.18	2.76	3.48	4.25	5.12	6.50	11.73	20.01	37.07	48.22	75.85	124.04	291.39
\$120,000	2.27	2.88	3.63	4.43	5.34	6.78	12.24	20.88	38.69	50.32	79.14	129.43	304.06
\$125,000	2.37	3.00	3.78	4.62	5.57	7.07	12.75	21.75	40.30	52.41	82.44	134.83	316.73
\$130,000	2.46	3.12	3.93	4.80	5.79	7.35	13.26	22.62	41.91	54.51	85.74	140.22	329.40
\$135,000	2.55	3.24	4.08	4.98	6.01	7.63	13.77	23.49	43.52	56.61	89.04	145.61	342.07
\$140,000	2.65	3.36	4.23	5.17	6.24	7.92	14.28	24.36	45.13	58.70	92.34	151.01	354.74
\$145,000	2.74	3.48	4.38	5.35	6.46	8.20	14.79	25.23	46.75	60.80	95.63	156.40	367.41
\$150,000	2.84	3.60	4.53	5.54	6.68	8.48	15.30	26.10	48.36	62.90	98.93	161.79	380.08
\$155,000	2.93	3.72	4.69	5.72	6.90	8.76	15.81	26.97	49.97	64.99	102.23	167.19	392.75
\$160,000	3.03	3.84	4.84	5.91	7.13	9.05	16.32	27.84	51.58	67.09	105.53	172.58	405.42
\$165,000	3.12	3.96	4.99	6.09	7.35	9.33	16.83	28.71	53.19	69.19	108.82	177.97	418.08
\$170,000	3.22	4.08	5.14	6.28	7.57	9.61	17.34	29.58	54.81	71.28	112.12	183.36	430.75
\$175,000	3.31	4.20	5.29	6.46	7.79	9.89	17.85	30.45	56.42	73.38	115.42	188.76	443.42
\$180,000	3.41	4.32	5.44	6.65	8.02	10.18	18.36	31.32	58.03	75.48	118.72	194.15	456.09
\$185,000	3.50	4.44	5.59	6.83	8.24	10.46	18.87	32.19	59.64	77.57	122.01	199.54	468.76
\$190,000	3.60	4.56	5.74	7.02	8.46	10.74	19.38	33.06	61.25	79.67	125.31	204.94	481.43
\$195,000	3.69	4.68	5.90	7.20	8.69	11.03	19.89	33.93	62.87	81.77	128.61	210.33	494.10
\$200,000	3.78	4.80	6.05	7.38	8.91	11.31	20.40	34.80	64.48	83.86	131.91	215.72	506.77
\$205,000	3.88	4.92	6.20	7.57	9.13	11.59	20.91	35.67	66.09	85.96	135.21	221.12	519.44
\$210,000	3.97	5.04	6.35	7.75	9.35	11.87	21.42	36.54	67.70	88.05	138.50	226.51	532.11
\$215,000	4.07	5.16	6.50	7.94	9.58	12.16	21.93	37.41	69.31	90.15	141.80	231.90	544.78
\$220,000	4.16	5.28	6.65	8.12	9.80	12.44	22.44	38.28	70.92	92.25	145.10	237.30	557.45
\$225,000	4.26	5.40	6.80	8.31	10.02	12.72	22.95	39.15	72.54	94.34	148.40	242.69	570.12
\$230,000	4.35	5.52	6.95	8.49	10.24	13.00	23.46	40.02	74.15	96.44	151.69	248.08	582.78
\$235,000	4.45	5.64	7.10	8.68	10.47	13.29	23.97	40.89	75.76	98.54	154.99	253.47	595.45
\$240,000	4.54	5.76	7.26	8.86	10.69	13.57	24.48	41.76	77.37	100.63	158.29	258.87	608.12
\$245,000	4.64	5.88	7.41	9.05	10.91	13.85	24.99	42.63	78.98	102.73	161.59	264.26	620.79
\$250,000	4.73	6.00	7.56	9.23	11.13	14.13	25.50	43.50	80.60	104.83	164.88	269.65	633.46

**Spouse - Coverage and weekly cost for Spouse Voluntary Life and AD&D.**

Rates are effective as of January 01, 2020.

The chart below shows possible coverage amounts and corresponding costs per pay-period.

Find your age bracket (as of the effective date of coverage) to determine the associated cost for the coverage amount you choose.

Age and Cost													
Coverage Amounts	<20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$5,000	0.12	0.15	0.18	0.21	0.25	0.31	0.54	0.90	1.64	2.13	3.33	5.42	12.70
\$10,000	0.25	0.30	0.36	0.43	0.51	0.63	1.08	1.80	3.28	4.25	6.66	10.85	25.40
\$15,000	0.37	0.45	0.54	0.64	0.76	0.94	1.62	2.70	4.93	6.38	9.98	16.27	38.10
\$20,000	0.50	0.60	0.72	0.86	1.01	1.25	2.16	3.60	6.57	8.51	13.31	21.69	50.80
\$25,000	0.62	0.75	0.91	1.07	1.26	1.56	2.70	4.50	8.21	10.63	16.64	27.12	63.50
\$30,000	0.75	0.90	1.09	1.29	1.52	1.88	3.24	5.40	9.85	12.76	19.97	32.54	76.20
\$35,000	0.87	1.05	1.27	1.50	1.77	2.19	3.78	6.30	11.49	14.89	23.29	37.96	88.89
\$40,000	1.00	1.20	1.45	1.72	2.02	2.50	4.32	7.20	13.14	17.01	26.62	43.38	101.59
\$45,000	1.12	1.35	1.63	1.93	2.27	2.81	4.86	8.10	14.78	19.14	29.95	48.81	114.29
\$50,000	1.25	1.50	1.81	2.15	2.53	3.13	5.40	9.00	16.42	21.27	33.28	54.23	126.99
\$55,000	1.37	1.65	1.99	2.36	2.78	3.44	5.94	9.90	18.06	23.39	36.60	59.65	139.69
\$60,000	1.50	1.80	2.17	2.58	3.03	3.75	6.48	10.80	19.70	25.52	39.93	65.08	152.39
\$65,000	1.62	1.95	2.36	2.79	3.29	4.07	7.02	11.70	21.35	27.65	43.26	70.50	165.09
\$70,000	1.74	2.10	2.54	3.00	3.54	4.38	7.56	12.60	22.99	29.77	46.59	75.92	177.79
\$75,000	1.87	2.25	2.72	3.22	3.79	4.69	8.10	13.50	24.63	31.90	49.92	81.35	190.49
\$80,000	1.99	2.40	2.90	3.43	4.04	5.00	8.64	14.40	26.27	34.02	53.24	86.77	203.19
\$85,000	2.12	2.55	3.08	3.65	4.30	5.32	9.18	15.30	27.91	36.15	56.57	92.19	215.89
\$90,000	2.24	2.70	3.26	3.86	4.55	5.63	9.72	16.20	29.55	38.28	59.90	97.62	228.59
\$95,000	2.37	2.85	3.44	4.08	4.80	5.94	10.26	17.10	31.20	40.40	63.23	103.04	241.29
\$100,000	2.49	3.00	3.62	4.29	5.05	6.25	10.80	18.00	32.84	42.53	66.55	108.46	253.98
\$105,000	2.62	3.15	3.80	4.51	5.31	6.57	11.34	18.90	34.48	44.66	69.88	113.88	266.68
\$110,000	2.74	3.30	3.99	4.72	5.56	6.88	11.88	19.80	36.12	46.78	73.21	119.31	279.38
\$115,000	2.87	3.45	4.17	4.94	5.81	7.19	12.42	20.70	37.76	48.91	76.54	124.73	292.08
\$120,000	2.99	3.60	4.35	5.15	6.06	7.50	12.96	21.60	39.41	51.04	79.86	130.15	304.78
\$125,000	3.12	3.75	4.53	5.37	6.32	7.82	13.50	22.50	41.05	53.16	83.19	135.58	317.48
\$130,000	3.24	3.90	4.71	5.58	6.57	8.13	14.04	23.40	42.69	55.29	86.52	141.00	330.18
\$135,000	3.36	4.05	4.89	5.79	6.82	8.44	14.58	24.30	44.33	57.42	89.85	146.42	342.88
\$140,000	3.49	4.20	5.07	6.01	7.08	8.76	15.12	25.20	45.97	59.54	93.18	151.85	355.58
\$145,000	3.61	4.35	5.25	6.22	7.33	9.07	15.66	26.10	47.62	61.67	96.50	157.27	368.28
\$150,000	3.74	4.50	5.43	6.44	7.58	9.38	16.20	27.00	49.26	63.80	99.83	162.69	380.98
\$155,000	3.86	4.65	5.62	6.65	7.83	9.69	16.74	27.90	50.90	65.92	103.16	168.12	393.68
\$160,000	3.99	4.80	5.80	6.87	8.09	10.01	17.28	28.80	52.54	68.05	106.49	173.54	406.38
\$165,000	4.11	4.95	5.98	7.08	8.34	10.32	17.82	29.70	54.18	70.18	109.81	178.96	419.07
\$170,000	4.24	5.10	6.16	7.30	8.59	10.63	18.36	30.60	55.83	72.30	113.14	184.38	431.77
\$175,000	4.36	5.25	6.34	7.51	8.84	10.94	18.90	31.50	57.47	74.43	116.47	189.81	444.47
\$180,000	4.49	5.40	6.52	7.73	9.10	11.26	19.44	32.40	59.11	76.56	119.80	195.23	457.17
\$185,000	4.61	5.55	6.70	7.94	9.35	11.57	19.98	33.30	60.75	78.68	123.12	200.65	469.87
\$190,000	4.74	5.70	6.88	8.16	9.60	11.88	20.52	34.20	62.39	80.81	126.45	206.08	482.57
\$195,000	4.86	5.85	7.07	8.37	9.86	12.20	21.06	35.10	64.04	82.94	129.78	211.50	495.27
\$200,000	4.98	6.00	7.25	8.58	10.11	12.51	21.60	36.00	65.68	85.06	133.11	216.92	507.97
\$205,000	5.11	6.15	7.43	8.80	10.36	12.82	22.14	36.90	67.32	87.19	136.44	222.35	520.67
\$210,000	5.23	6.30	7.61	9.01	10.61	13.13	22.68	37.80	68.96	89.31	139.76	227.77	533.37
\$215,000	5.36	6.45	7.79	9.23	10.87	13.45	23.22	38.70	70.60	91.44	143.09	233.19	546.07
\$220,000	5.48	6.60	7.97	9.44	11.12	13.76	23.76	39.60	72.24	93.57	146.42	238.62	558.77
\$225,000	5.61	6.75	8.15	9.66	11.37	14.07	24.30	40.50	73.89	95.69	149.75	244.04	571.47
\$230,000	5.73	6.90	8.33	9.87	11.62	14.38	24.84	41.40	75.53	97.82	153.07	249.46	584.16
\$235,000	5.86	7.05	8.51	10.09	11.88	14.70	25.38	42.30	77.17	99.95	156.40	254.88	596.86
\$240,000	5.98	7.20	8.70	10.30	12.13	15.01	25.92	43.20	78.81	102.07	159.73	260.31	609.56
\$245,000	6.11	7.35	8.88	10.52	12.38	15.32	26.46	44.10	80.45	104.20	163.06	265.73	622.26
\$250,000	6.23	7.50	9.06	10.73	12.63	15.63	27.00	45.00	82.10	106.33	166.38	271.15	634.96



**Child** - Coverage and **weekly** cost for Child Voluntary Life.

Rates are effective as of January 01, 2020.

The chart below shows possible coverage amounts and corresponding costs per pay-period.

Coverage Amounts	Cost per pay period
\$1,000	0.05
\$5,000	0.23
\$10,000	0.46

**Child** - Coverage and **weekly** cost for Child Voluntary Life and AD&D.

Rates are effective as of January 01, 2020.

The chart below shows possible coverage amounts and corresponding costs per pay-period.

Coverage Amounts	Cost per pay period
\$1,000	0.05
\$5,000	0.26
\$10,000	0.52



# Short-Term Disability Insurance

VOLUNTARY

## 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.)

<b>Weekly benefit after your claim is approved</b>	Get a weekly check of <b>\$100 to \$1,000</b> , in any <b>\$50</b> increment you choose, to replace a portion of your income—up to <b>60%</b> of your Total Weekly Earnings.
<b>When benefits begin</b>	Benefits begin as soon as <b>15 days</b> from the date you are unable to work due to an injury and <b>15 days</b> due to an illness.
<b>Benefits may be paid for</b>	Up to <b>11 weeks</b> , as long as you are still unable to work due to a covered disability.
<b>Additional plan information</b>	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.<sup>1</sup>

**More than three-quarters of workers** are living paycheck to paycheck.<sup>2</sup>

## 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 6 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.

### **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.

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.

**Employee - Coverage and weekly cost for Short Term Disability.**

Rates are effective as of January 01, 2020.

The chart below shows possible coverage amounts and corresponding costs per pay-period.

Locate the annual earnings closest to your salary, without exceeding it. The corresponding coverage amount represents the maximum coverage you could select.

Find your age bracket (as of the effective date of coverage) to determine the associated cost for the coverage amount you choose.

Annual Earnings	Weekly Coverage Amounts	Age and Cost										
		<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$8,670	\$100	1.03	0.92	0.86	0.83	0.85	0.95	1.27	1.71	1.99	2.24	2.52
\$13,000	\$150	1.55	1.37	1.28	1.25	1.28	1.42	1.91	2.56	2.99	3.36	3.78
\$17,340	\$200	2.06	1.83	1.71	1.67	1.71	1.90	2.54	3.41	3.99	4.49	5.04
\$21,670	\$250	2.58	2.29	2.14	2.08	2.13	2.37	3.18	4.26	4.98	5.61	6.31
\$26,000	\$300	3.09	2.75	2.57	2.50	2.56	2.85	3.81	5.12	5.98	6.73	7.57
\$30,340	\$350	3.61	3.21	3.00	2.92	2.99	3.32	4.45	5.97	6.98	7.85	8.83
\$34,670	\$400	4.13	3.66	3.42	3.33	3.42	3.79	5.09	6.82	7.98	8.97	10.09
\$39,000	\$450	4.64	4.12	3.85	3.75	3.84	4.27	5.72	7.67	8.97	10.09	11.35
\$43,340	\$500	5.16	4.58	4.28	4.17	4.27	4.74	6.36	8.53	9.97	11.22	12.61
\$47,670	\$550	5.67	5.04	4.71	4.58	4.70	5.22	6.99	9.38	10.97	12.34	13.87
\$52,000	\$600	6.19	5.50	5.14	5.00	5.12	5.69	7.63	10.23	11.96	13.46	15.13
\$56,340	\$650	6.71	5.96	5.57	5.42	5.55	6.17	8.27	11.09	12.96	14.58	16.40
\$60,670	\$700	7.22	6.41	5.99	5.83	5.98	6.64	8.90	11.94	13.96	15.70	17.66
\$65,000	\$750	7.74	6.87	6.42	6.25	6.40	7.11	9.54	12.79	14.95	16.82	18.92
\$69,340	\$800	8.25	7.33	6.85	6.66	6.83	7.59	10.17	13.64	15.95	17.94	20.18
\$73,670	\$850	8.77	7.79	7.28	7.08	7.26	8.06	10.81	14.50	16.95	19.07	21.44
\$78,000	\$900	9.28	8.25	7.71	7.50	7.68	8.54	11.44	15.35	17.94	20.19	22.70
\$82,340	\$950	9.80	8.70	8.13	7.91	8.11	9.01	12.08	16.20	18.94	21.31	23.96
\$86,670	\$1,000	10.32	9.16	8.56	8.33	8.54	9.48	12.72	17.05	19.94	22.43	25.22



# 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.

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.

### ACCIDENT FAST FACTS

#### **Falls**

*are the leading cause of injuries treated in emergency rooms every year, for people of all ages.<sup>1</sup>*

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

## 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.

<b>DISLOCATIONS</b>	<b>OPEN (SURGERY)</b>	<b>CLOSED (NO SURGERY)</b>
Hip	\$4,000	\$1,000
Knee, ankle, or bones of the foot	\$1,000	
Knee		\$400
Ankle or bones of the foot		\$300
Elbow or wrist	\$800	\$400
Shoulder	\$1,000	\$400
Collarbone or bones of the hand	\$1,600	\$300
Finger(s) or toe(s)	\$200	\$100
Lower jaw	\$1,000	\$500
<b>FRACTURES</b>	<b>OPEN (SURGERY)</b>	<b>CLOSED (NO SURGERY)</b>
Hip or thigh	\$3,000	\$1,500
Skull-depressed	\$5,000	\$2,500
Skull-simple	\$2,500	\$1,250
Vertebral processes or Rib	\$1,200	\$300
Bones of the face, Upper jaw or upper arm	\$750	\$375
Nose, Heel or Finger	\$700	\$175
Leg, Vertebrae, Sternum or Pelvis	\$1,600	\$800
Lower jaw, Collarbone, Shoulder, Forearm, Hand, Wrist, Foot, Ankle, Kneecap or Elbow	\$650	\$325
Toe	\$250	\$125
Coccyx	\$400	\$200
<b>ADDITIONAL INJURIES</b>		
Eye Injury - surgical repair		\$300
Eye Injury - object remove		\$65
Paralysis—paraplegia		\$25,000
Paralysis—quadriplegia		\$50,000
Coma		\$20,000
Concussion		\$100
<b>BURNS</b>	<b>2ND DEGREE</b>	<b>3RD DEGREE</b>
20-40 square centimeters	\$400	\$1,000
41-65 square centimeters	\$800	\$2,000
66-160 square centimeters	\$1,200	\$6,000
161-225 square centimeters	\$1,600	\$14,000
More than 225 square centimeters	\$2,000	\$20,000
Skin graft	50% of the applicable Burn Benefit	
<b>LACERATIONS</b>		
No sutures and treated by doctor		\$35
Single laceration under 5 cm with sutures		\$65
5-15 cm with sutures (total of all lacerations)		\$250
Greater than 15 cm with sutures (total of all lacerations)		\$500



<b>MEDICAL SERVICES</b>	
Diagnostic Exam - Arteriogram, Angiogram, CT, CAT, EKG, EEG, or MRI (1 time per benefit year)	\$200
Accident Emergency Treatment, non-emergency room (once per covered accident)	\$75
Physician's Follow-up Treatment office visit (per visit, up to 6 times per covered accident)	\$25
Physical Therapy (per visit up to 10 visits per covered accident)	\$25
Medical Devices	\$125
Prosthesis (one)	\$500
Blood, Plasma, or Platelet Transfusion	\$200
<b>HOSPITAL</b>	
Hospital Admission (once per benefit year)	\$1,000
Hospital Confinement (per day up to 365 days per covered accident)	\$250
Intensive Care Unit Admission (once per Benefit Year; payable instead of Hospital Admission benefit if Confined immediately to ICU)	\$1,500
Intensive Care Unit Confinement (per day up to 30 days, payable in addition to any Hospital Confinement benefit)	\$500
Ambulance (Ground)	\$200
Ambulance (Air)	\$1,500
Emergency Room Admission	\$150
Family Lodging (per day up to 30 days per benefit year)	\$100
Transportation (100 or more miles up to 3 times per covered accident)	\$600
Rehabilitation Unit (per day up to 365 days per covered accident)	\$150
<b>SURGERY</b>	
Miscellaneous Surgery requiring general anesthesia (not covered by any other benefit)	\$300
Open Surgery	\$1,250
Exploratory Surgery or Debridement	\$300
Laparoscopic Surgery	\$300
Tendon/Ligament/Rotator Cuff Tear	\$625
Torn Knee Cartilage	\$625
Ruptured/Herniated Disc	\$625
<b>EMERGENCY DENTAL</b>	
Emergency Dental extraction	\$65
Emergency Dental crown	\$200
<b>WELLNESS</b>	
Wellness Screening Benefit (once per benefit year)	\$50

<b>LIFE AND DISMEMBERMENT LOSSES*</b>	
Accidental Death	\$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)	\$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
Loss of one hand, foot, leg, or arm	\$7,500
Loss of sight of one eye or loss of one eye	\$7,500
Two or more fingers or toes	\$1,500
One finger or one toe	\$1,500

\*Benefits displayed for life and dismemberment are for the employee only. Spouse benefits are 100% of the employee benefit amount for death and 50% of the employee benefit amount for dismemberment. Dependent children benefits are 20% 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.

### **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 and cancer screenings, cardiac stress tests, immunizations, school sports exams and more (may vary by state). Our wellness screening benefit claim form can also be downloaded from our website.

### **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.

# Rate Sheet

Coverage and **weekly (52)** rate for Accident Insurance.

Accident coverage is contributory, meaning that you are responsible for paying for all or a portion of the cost through payroll deduction.

Coverage	Weekly (52) Cost*
Employee	\$4.10
Employee + Spouse	\$6.20
Employee + Child(ren)	\$6.53
Employee + Family	\$8.63

\*The rate is in effect for January 1, 2020. Contact your employer to confirm the portion of the cost for which you will be responsible.



# 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.

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

For you	<p>You can choose between <b>\$5,000</b> and <b>\$20,000</b> of coverage, in increments of \$5,000. No medical questions asked.</p> <p>Your benefit amount is reduced to 50% at age 70.</p>
For your spouse	<p>If you elect coverage for yourself, you can choose between <b>\$2,500</b> and <b>\$10,000</b> of coverage, in increments of \$2,500. No medical questions asked.</p> <p>Not to exceed 50% of your coverage amount.</p> <p>The benefit may be reduced when the employee benefit amount is reduced.</p>
For your child(ren)	<p>If you elect coverage for yourself, you can choose <b>\$2,500</b> or <b>\$5,000</b> of coverage. No medical questions asked.</p> <p>Not to exceed 50% of your coverage amount.</p> <p>The benefit may be reduced when the employee benefit amount is reduced.</p> <p>An eligible child is defined as your child from birth to age 26.</p>

## 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.*

<b>Core Conditions</b>	Heart Attack <sup>R</sup> End-Stage Kidney Disease <sup>R</sup> Occupational HIV/Hepatitis B, C, or D Major Organ Failure <sup>R</sup>	Stroke <sup>R</sup> Coronary Artery Bypass Graft <sup>R</sup> (Pays 25%) Angioplasty <sup>R</sup> (Pays 5%)
<b>Cancer Conditions</b>	Invasive Cancer <sup>R</sup> Noninvasive Cancer <sup>R</sup> (Pays 25%) Skin Cancer <sup>R</sup> (Pays 5%)	
<b>Other Conditions</b>	Complete Blindness Loss of Speech Coma	Complete Loss of Hearing Benign Brain Tumor Paralysis
<b>Wellness Screening Benefit</b>	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

<sup>R</sup> = 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.

### What if I have a pre-existing condition?

If you are diagnosed with a covered critical illness 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 12 months prior to your insurance becoming effective. Treatment can include consultation, advice, care, services or a prescription for drugs or medicine.

### 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.





Rates are effective as of January 01, 2020.

The chart below shows possible coverage amounts and the corresponding costs per weekly pay period.

Find your age bracket (as of the effective date of coverage) to determine the associated cost for the coverage amount you choose.

<b>Employee Critical Illness - Choice 1</b>						
<b>Smoker Rates</b>						
<b>Age and Cost - Weekly Premium</b>						
<b>Coverage Amounts</b>	<b>&lt;30</b>	<b>30-39</b>	<b>40-49</b>	<b>50-59</b>	<b>60-69</b>	<b>70+</b>
\$5,000	1.43	2.21	4.30	7.82	14.04	24.12
\$10,000	2.51	4.08	8.26	15.30	27.73	47.90
\$15,000	3.60	5.95	12.21	22.77	41.43	71.68
\$20,000	4.68	7.82	16.17	30.25	55.13	95.46

<b>Employee Critical Illness - Choice 1</b>						
<b>Non-smoker Rates</b>						
<b>Age and Cost - Weekly Premium</b>						
<b>Coverage Amounts</b>	<b>&lt;30</b>	<b>30-39</b>	<b>40-49</b>	<b>50-59</b>	<b>60-69</b>	<b>70+</b>
\$5,000	1.20	1.62	2.65	4.30	6.50	13.78
\$10,000	2.05	2.90	4.96	8.26	12.66	27.23
\$15,000	2.90	4.18	7.26	12.21	18.83	40.67
\$20,000	3.76	5.46	9.57	16.17	24.99	54.11

Rates are effective as of January 01, 2020.

The chart below shows possible coverage amounts and the corresponding costs per weekly pay period.

Find your age bracket (as of the effective date of coverage) to determine the associated cost for the coverage amount you choose.

<b>Spouse Critical Illness - Choice 1 Smoker Rates Age and Cost - Weekly Premium</b>						
<b>Coverage Amounts</b>	<b>&lt;30</b>	<b>30-39</b>	<b>40-49</b>	<b>50-59</b>	<b>60-69</b>	<b>70+</b>
\$2,500	0.88	1.28	2.32	4.08	7.19	12.23
\$5,000	1.43	2.21	4.30	7.82	14.04	24.12
\$7,500	1.97	3.15	6.28	11.56	20.89	36.01
\$10,000	2.51	4.08	8.26	15.30	27.73	47.90

<b>Spouse Critical Illness - Choice 1 Non-smoker Rates Age and Cost - Weekly Premium</b>						
<b>Coverage Amounts</b>	<b>&lt;30</b>	<b>30-39</b>	<b>40-49</b>	<b>50-59</b>	<b>60-69</b>	<b>70+</b>
\$2,500	0.77	0.98	1.50	2.32	3.42	7.06
\$5,000	1.20	1.62	2.65	4.30	6.50	13.78
\$7,500	1.62	2.26	3.80	6.28	9.58	20.51
\$10,000	2.05	2.90	4.96	8.26	12.66	27.23

Rates are effective as of January 01, 2020.

The chart below shows possible coverage amounts and the corresponding costs per weekly pay period.

<b>Child Critical Illness - Choice 1 Cost - Weekly Premium</b>	
<b>Coverage Amounts</b>	<b>Weekly Premium</b>
\$2,500	0.16
\$5,000	0.32

# Important information

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

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

## Limitations and exclusions

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

### Dental

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

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

### Vision

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

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

### Life

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

### Accidental Death and Dismemberment

We will not pay a benefit that is due to or results from: suicide while sane or insane; injuring oneself intentionally; committing or attempting to commit an assault, felony or other criminal act; war or an act of war; active participation in a riot, rebellion or insurrection; voluntary use of any controlled substance/illegal drugs; operation of a motorized vehicle while intoxicated; bodily or mental infirmity or disease or infection unless due to an accidental injury; riding in or driving any motor-driven vehicle in a race, stunt show, or speed test.

### Short-Term Disability

We will not pay a benefit that is caused by, contributed to in any way or resulting from: intentionally self-inflicted injuries; committing or attempting to commit an assault, felony or other criminal act; war or an act of war; active participation in a riot, rebellion or insurrection. We will not pay a benefit for any accident or sickness covered by Workers’ Compensation or similar law; or for any work-related illness or injuries unless otherwise stated previously; or if you do not submit proof of your loss as required by us (this covers medical examination, continuing care, death certificate, medical records, etc.).

### Accident

We will not pay a benefit that is due to or results from: suicide while sane or insane; intentionally self-inflicted injuries; committing or attempting to commit an assault, felony or other criminal act; war or an act of war; active participation in a riot, rebellion or insurrection; voluntary use of any controlled substance/illegal drugs; operation of a motorized vehicle while intoxicated; if you do not submit proof of your loss as required by us (this covers medical examination, continuing care, death certificate, medical records, etc.); incarceration; engaging in hang-gliding, bungee jumping, parachuting, sail gliding, parasailing, parakiting or mountaineering; participating in or practicing for any semi-professional or professional competitive athletic contest in which any compensation is received, including coaching or officiating; injuries sustained from commercial air transportation other than riding as a fare paying passenger; work-related illness or injuries unless you are enrolled in 24-hour coverage.

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

### Critical Illness

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

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

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

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

Group insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states, except New York, under Policy Form Series 93P-LH, 98P-ADD, 12-GP-01, 15-GP-01, 15-LF-C-01, 15-ADD-C-01, 16-DEN-C-01, 16-VIS-C-01, 12-DI-C-01, 16-DI-C-01, 12-AC-C-01, 16-AC-C-01, 13-SD-C-01, 16-SD-C-01, 16-CAN-C-01, TDBPOLICY-2006, and TDI-POLICY.

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# Evidence of Insurability (EOI)

## Frequently asked questions

### **What is Evidence of Insurability?**

Your group insurance policy may require Evidence of Insurability (EOI) for you and your dependents. Evidence of Insurability is a statement, or proof, of an employee's or dependent's medical history. We use it to determine whether or not we will provide the benefit you are requesting.

### **What is the EOI application?**

The EOI application is an application on which you and/or your dependent(s) answer "yes" or "no" to questions concerning certain medical conditions. If you answer "yes" to any question(s), you are required to provide specific details of the condition, such as pertinent dates, treatments, and names of physicians. In some cases, a paramedical examination may also be required.

### **When do I need to submit an EOI application?**

You may need to submit an EOI application, if you:

- apply for a coverage amount above the Guaranteed Issue amount,
- declined coverage for yourself or your dependent(s) within the initial eligibility period and are now applying for coverage, or
- enroll yourself or your dependent(s) and then subsequently elect to increase coverage.

Please refer to your benefit highlights page for complete information specific to your plan.

### **What is the process for submitting an EOI application?**

To be considered for coverage, you must complete an EOI application, either online or on paper.

#### **Submit your medical information online**

It's the quick, easy, and smart way to submit EOI. And it's completely secure and confidential.

1. Have the following information ready:

- Your group policy number, location, and the amount of coverage for yourself and any dependents who require EOI, and
- Height, weight, and recent medical history for you and any dependents.

2. Go to [www.mysunlifebenefits.com](http://www.mysunlifebenefits.com)

- Click on Apply for Evidence of Insurability Online, follow the instructions, review your answers, and sign your application electronically before you submit. You will receive an official acknowledgment that Sun Life Financial has received your EOI application. If you are approved, you may receive an approval e-mail that same day.

#### **Submit your medical information on paper**

If you need a paper application, you can access a printable version at [www.mysunlifebenefits.com](http://www.mysunlifebenefits.com).

- Click Download Paper Forms
- Click Employee Benefits
- Select Evidence of Insurability
- Select the EOI application for the state in which your company is headquartered

After Sun Life receives and processes your EOI application, you will receive either a final decision or pending notification. If your application is pending, you may be contacted to schedule a medical exam (at Sun Life's expense). Coverage subject to EOI will not go into effect until Sun Life approves your application in writing.

# Evidence of Insurability (EOI)

## **How long does the approval process take?**

As soon as we have received a completed online EOI application and as soon as the coverage amount is certified by your employer, often we can issue an approval within minutes and notify you or your employer via our online system or e-mail. For paper applications and applications that require review by a member of our medical underwriting team, the process usually takes five to seven business days. This time range is contingent on you returning a complete EOI application and our ability to obtain the necessary health information.

## **How will I be notified if I am approved?**

If you submit your EOI application online and are approved right away, you will receive an e-mail. If you submit your EOI application via fax or mail, a letter will be sent to your home notifying you of the approval.

## **How will I be notified if I am denied?**

If you are denied the requested coverage, a letter is sent to your home. This letter outlines why you were denied and gives you instructions on how you can appeal the decision.

## **When does my coverage take effect?**

Coverage is effective on the later of the date Sun Life approves your application in writing or the date your coverage is effective under your employer's group insurance policy, provided that you or your dependent(s) are eligible under the group policy.

## **About privacy and security**

In accordance with Sun Life Financial's strict privacy practices, your answers to the Health History portion of the EOI application are completely confidential. Sun Life never shows them to your employer. Also, we do not share your e-mail address or other personal information with any third parties except as permitted or required by law. The website includes state-of-the-art security; any information entered is encrypted and transmitted using Secure Sockets Layer (SSL) technology.

These instructions on how to submit an Evidence of Insurability form apply only to life and disability policies.

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, 01C-LH-PT, GP-A, GC-A, 12-GP-01, 12-DI-C-01, 13-SD-C-01, 12-SD-C-01, 12-SD-R-01, 13-SD-R-01, 12-AC-C-01, 12-AC-R-01, and 12-AC-R-02. Product offerings may not be available in all states and may vary depending on state laws and regulations.

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## Group Enrollment Form

Sun Life Assurance Company of Canada  
 One Sun Life Executive Park  
 Wellesley Hills, MA 02481

Employer use (check one):  New employee  Change  COBRA

### 1. General Information

<b>Employer Name</b> Venus Construction Company	<b>Account / Policy Number</b> 935683	<b>Location</b>
--	--	-----------------

### 2. Employee Information

<b>Employee's Full Legal Name (First, M.I., Last)</b>		<input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Date of Birth</b>	
<b>Street Address</b>		<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Occupation</b>	<b>Eligibility Class (if applicable)</b>	<b>Social Security Number</b>	<b>Phone Number</b>	
<b>Date employed:</b> <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Date: _____	<input type="checkbox"/> Return from layoff <input type="checkbox"/> Rehire	Date: _____	
<b>Current Active Employment Type</b> _____ # of hours <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		<b>Earnings \$</b> <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Other: _____		

### 3. Dependent Information

Please complete this entire section if you are selecting dependent coverage. No employee can be insured as a dependent when he/she is also insured as an employee for any benefit under the same policy.

**If more space is needed, please add additional pages.**

Relationship	Full legal name (First, M.I., Last)	Gender	Social Security number	Date of birth	Student Y / N
Spouse					
Children					

#### 4. Benefit Elections

You need to complete all sections of the enrollment form including electing or refusing insurance coverage below and sign it. This must be done either during the enrollment period or within 31 days of your eligibility date. Benefits completely paid by your employer ("non-contributory benefits") cannot be refused. Not all of the benefit options listed below will be necessarily available to you. Your employer will tell you which benefits are available and what your Maximum Guaranteed Issue amount is.

Elect	Refuse	Coverage
<input type="checkbox"/>	<input type="checkbox"/>	Dental: <input type="checkbox"/> Employee <input type="checkbox"/> Employee + Spouse <input type="checkbox"/> Employee + Child(ren) <input type="checkbox"/> Employee + Family Were you covered under another dental plan within the last 31 days? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," provide the termination date: _____ Reason for termination of coverage? _____
<input type="checkbox"/>	<input type="checkbox"/>	Vision: <input type="checkbox"/> Employee <input type="checkbox"/> Employee + Spouse <input type="checkbox"/> Employee + Child(ren) <input type="checkbox"/> Employee + Family
<input type="checkbox"/>	<input type="checkbox"/>	Employee Voluntary Life    \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Employee Matching Voluntary Accidental Death & Dismemberment (AD&D)
<input type="checkbox"/>	<input type="checkbox"/>	Spouse Voluntary Life    \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Spouse Matching Voluntary Accidental Death & Dismemberment (AD&D)
<input type="checkbox"/>	<input type="checkbox"/>	Child(ren) Voluntary Life    \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Child(ren) Matching Voluntary Accidental Death & Dismemberment (AD&D)
<input type="checkbox"/>	<input type="checkbox"/>	Voluntary Short-Term Disability (STD)    \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Accident: <input type="checkbox"/> Employee <input type="checkbox"/> Employee + Spouse <input type="checkbox"/> Employee + Child(ren) <input type="checkbox"/> Employee + Family
<input type="checkbox"/>	<input type="checkbox"/>	Critical Illness: Employee amount \$ _____ Have you used tobacco in any form in the past 12 months? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No Spouse amount \$ _____ Has your spouse used tobacco in any form in the past 12 months? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No Child(ren) amount \$ _____

**Employer provided benefits**--Your employer pays the premiums for the following benefits if you are eligible for them. Enrollment is automatic; no election is required.

- Employee Basic Life and Accidental Death & Dismemberment (AD&D)



## 5. Beneficiary Designation Information

### Primary Beneficiary Designation

On the lines below, list the individual(s) who should receive proceeds in the event of your death. You may specify as many individuals as you like, but the total proceeds must equal 100%. This is your primary beneficiary. Attach additional pages if necessary. If you do not name a beneficiary or if no beneficiary is alive at the time of your death, proceeds will be payable in accordance with your Group insurance policy. Designation applies to all coverages for which a beneficiary designation is required.

Primary Beneficiary(ies)

Percent share  
of proceeds\*

1 Name (First, M.I., Last)	Relationship to employee	Social Security number	%
Address	Phone number	Date of birth	
2 Name (First, M.I., Last)	Relationship to employee	Social Security number	%
Address	Phone number	Date of birth	

\*Must equal 100%

### Secondary Beneficiary Designation

On the lines below, list the individual(s) who should receive the proceeds ONLY IF ALL of the individuals listed above are not living at the time of your death. This is your secondary (or contingent) beneficiary. The Secondary beneficiary is not paid if a primary beneficiary is alive at the time of your death. Attach additional pages if necessary.

Secondary Beneficiary(ies)

Percent share  
of proceeds\*

1 Name (First, M.I., Last)	Relationship to employee	Social Security number	%
Address	Phone number	Date of birth	
2 Name (First, M.I., Last)	Relationship to employee	Social Security number	%
Address	Phone number	Date of birth	

\*Must equal 100%

## 6. Signature and authorization information

I understand that:

- I am requesting coverage under a Group Insurance policy offered by my employer. This coverage will end when my employment terminates, subject to any portability or continuation provisions available under the Group Insurance policy.
- My employer will deduct all or part of the premium for contributory coverage from my pay.
- If applying for coverage more than 31 days past my eligibility date, Evidence of Insurability (EOI) may be required.
- For Life, Critical Illness, and Short-Term Disability insurance, Evidence of Insurability may be required for amounts over my Guarantee Issue for this enrollment.
- Increases to current Life, Critical Illness, and Short-Term Disability benefits may require Evidence of Insurability.
- If I decline coverage for myself or, if applicable, for my family now and want it at a later date, I/we will have to submit an Evidence of Insurability application, if required for the elected coverage(s), to be approved by Sun Life Assurance Company of Canada (Wellesley, MA). For Dental coverage, I understand that I will not be entitled to benefits until the expiration of any Late Entrant benefit waiting period specified in the certificate of insurance.
- For Dental Insurance plans, I have the right to select any dental care provider of my choice.
- The dental plan includes a pre-determination provision that will advise me in advance of the benefits I may be eligible for if the procedure is performed.
- Coverages include benefit waiting periods, limitations, exclusions and a pre-existing conditions provision that may affect my entitlement to benefits.
- If I am not actively at work due to injury, illness, layoff or leave of absence on the date that any initial or increased coverage is scheduled to start under the plan, such coverage will not start until the date I return to work.
- When required by the coverage, if my spouse or any of my dependent children are confined due to an injury or illness, as required by the coverage, on the date that any initial or increased coverage is scheduled to start under the plan, such coverage will not start until the date they are no longer confined and are able to perform their normal activities.

By signing below, I am representing that the information I have provided is true and correct to the best of my knowledge and belief.

X

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Today's Date

**To the Employee:** Make a copy of this form for your records before submitting it to your employer.

**To the Employer:** This original enrollment form should remain at the employer's site. Family status, coverage, or beneficiary changes should be recorded on another copy of the Enrollment Form.

Agent, Broker, and/or Enroller information:

Agent name
Agent / Broker name
Enroller name

### Contact us



#### By mail

Sun Life Financial  
One Sun Life Executive Park  
Wellesley Hills, MA 02481



[www.sunlife.com/us](http://www.sunlife.com/us)



Customer Service **800-247-6875** M-F 8:00 a.m.-8:00 p.m., ET



▶ **TALK TO YOUR BENEFITS ADMINISTRATOR  
TODAY TO LEARN MORE ABOUT YOUR CHOICES.**



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