

Critical Illness Insurance



➤ HELPS PROTECT YOUR FINANCES FROM AN ILLNESS.

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

➤ HELPS COVER RELATED EXPENSES.

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

➤ PAYS A CASH BENEFIT DIRECTLY TO YOU.

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

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

Included:

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

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

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

BOYLAND AUTO ORLANDO, LLC DBA MERCEDES-BENZ OF SOUTH ORLANDO

All Eligible Employees

POLICY #: 948045

Sun Life Assurance Company of Canada

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800-247-6875 • sunlife.com/us

Critical Illness Insurance

What's covered

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

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

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

^R = Recurrence Benefit available

When would I need the Recurrence Benefit?

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

Frequently asked questions

Do I need to answer any health questions to enroll?

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

How do I file a critical illness claim?

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

How do I get the Wellness Screening Benefit?

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

Can I receive benefits for more than one critical illness?

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

How is my benefit taxed?

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

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

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

CRITICAL ILLNESS FAST FACT

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

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

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

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

Important information

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

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

Limitations and exclusions

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

Critical Illness

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

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

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

Information about services offered

Value-added services are not insurance, are offered only on specific lines of coverage, and carry a separate charge, which is added to the cost of the insurance. The cost is included in the total amount billed.

Health Navigator Help Line is provided by PinnacleCare. PinnacleCare is a member of the Sun Life Financial Inc. ("Sun Life") family of companies. PinnacleCare and its employees do not diagnose medical conditions, recommend treatment options or provide medical care, and any information or services provided should not be considered medical advice. Any medical decisions should be made only after consultation with and at the direction of the medical provider. Any person or entity who provides health care services following a referral or other service provided does so independently and not as an agent or representative of PinnacleCare.

Sun Life reserves the right to discontinue any of the Services at any time. Employers who provide group insurance coverage and make available value-added services within an I.R.C. Section 125 cafeteria plan should consult a tax professional to determine whether those services are Qualified Benefits for Section 125 plans. Value-added services are not available in New York and may not be available in all other states.

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 12-GP-01, 15-GP-01, 12-SD-C-01, and 16-SD-C-01.

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Rates

Rates are effective as of October 1, 2024.

The chart below shows possible coverage amounts and their **bi-weekly** costs.

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

Employee Critical Illness - Choice 1 Non-tobacco rates | Age and cost - pay period (bi-weekly) premium

Coverage amounts	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$5,000	0.37	0.46	0.65	0.83	1.29	1.71	2.24	2.84	3.35	4.29	4.57	4.02
\$10,000	0.74	0.92	1.29	1.66	2.58	3.42	4.48	5.68	6.69	8.58	9.14	8.03
\$15,000	1.11	1.38	1.94	2.49	3.88	5.12	6.72	8.52	10.04	12.88	13.71	12.05
\$20,000	1.48	1.85	2.58	3.32	5.17	6.83	8.95	11.35	13.38	17.17	18.28	16.06
\$25,000	1.85	2.31	3.23	4.15	6.46	8.54	11.19	14.19	16.73	21.46	22.85	20.08
\$30,000	2.22	2.77	3.88	4.98	7.75	10.25	13.43	17.03	20.08	25.75	27.42	24.09
\$35,000	2.58	3.23	4.52	5.82	9.05	11.95	15.67	19.87	23.42	30.05	31.98	28.11
\$40,000	2.95	3.69	5.17	6.65	10.34	13.66	17.91	22.71	26.77	34.34	36.55	32.12
\$45,000	3.32	4.15	5.82	7.48	11.63	15.37	20.15	25.55	30.12	38.63	41.12	36.14
\$50,000	3.69	4.62	6.46	8.31	12.92	17.08	22.38	28.38	33.46	42.92	45.69	40.15

Employee Critical Illness - Choice 1 Tobacco rates | Age and cost - pay period (bi-weekly) premium

Coverage amounts	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$5,000	0.53	0.72	0.99	1.36	1.96	2.88	3.55	4.89	6.05	8.24	7.57	8.15
\$10,000	1.06	1.43	1.98	2.72	3.92	5.77	7.11	9.78	12.09	16.48	15.14	16.29
\$15,000	1.59	2.15	2.98	4.08	5.88	8.65	10.66	14.68	18.14	24.72	22.71	24.44
\$20,000	2.12	2.86	3.97	5.45	7.85	11.54	14.22	19.57	24.18	32.95	30.28	32.58
\$25,000	2.65	3.58	4.96	6.81	9.81	14.42	17.77	24.46	30.23	41.19	37.85	40.73
\$30,000	3.18	4.29	5.95	8.17	11.77	17.31	21.32	29.35	36.28	49.43	45.42	48.88
\$35,000	3.72	5.01	6.95	9.53	13.73	20.19	24.88	34.25	42.32	57.67	52.98	57.02
\$40,000	4.25	5.72	7.94	10.89	15.69	23.08	28.43	39.14	48.37	65.91	60.55	65.17
\$45,000	4.78	6.44	8.93	12.25	17.65	25.96	31.98	44.03	54.42	74.15	68.12	73.32
\$50,000	5.31	7.15	9.92	13.62	19.62	28.85	35.54	48.92	60.46	82.38	75.69	81.46

Rates

Rates are effective as of October 1, 2024.

The chart below shows possible coverage amounts and their **bi-weekly** costs.

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

Spouse rates are based on the employee's age.

Spouse Critical Illness - Choice 1 Non-tobacco rates | Age and cost - pay period (bi-weekly) premium

Coverage amounts	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$2,500	0.18	0.23	0.32	0.42	0.65	0.85	1.12	1.42	1.67	2.15	2.28	2.01
\$5,000	0.37	0.46	0.65	0.83	1.29	1.71	2.24	2.84	3.35	4.29	4.57	4.02
\$7,500	0.55	0.69	0.97	1.25	1.94	2.56	3.36	4.26	5.02	6.44	6.85	6.02
\$10,000	0.74	0.92	1.29	1.66	2.58	3.42	4.48	5.68	6.69	8.58	9.14	8.03
\$12,500	0.92	1.15	1.62	2.08	3.23	4.27	5.60	7.10	8.37	10.73	11.42	10.04
\$15,000	1.11	1.38	1.94	2.49	3.88	5.12	6.72	8.52	10.04	12.88	13.71	12.05
\$17,500	1.29	1.62	2.26	2.91	4.52	5.98	7.83	9.93	11.71	15.02	15.99	14.05
\$20,000	1.48	1.85	2.58	3.32	5.17	6.83	8.95	11.35	13.38	17.17	18.28	16.06
\$22,500	1.66	2.08	2.91	3.74	5.82	7.68	10.07	12.77	15.06	19.32	20.56	18.07
\$25,000	1.85	2.31	3.23	4.15	6.46	8.54	11.19	14.19	16.73	21.46	22.85	20.08
\$27,500	2.03	2.54	3.55	4.57	7.11	9.39	12.31	15.61	18.40	23.61	25.13	22.08
\$30,000	2.22	2.77	3.88	4.98	7.75	10.25	13.43	17.03	20.08	25.75	27.42	24.09
\$32,500	2.40	3.00	4.20	5.40	8.40	11.10	14.55	18.45	21.75	27.90	29.70	26.10
\$35,000	2.58	3.23	4.52	5.82	9.05	11.95	15.67	19.87	23.42	30.05	31.98	28.11
\$37,500	2.77	3.46	4.85	6.23	9.69	12.81	16.79	21.29	25.10	32.19	34.27	30.12
\$40,000	2.95	3.69	5.17	6.65	10.34	13.66	17.91	22.71	26.77	34.34	36.55	32.12
\$42,500	3.14	3.92	5.49	7.06	10.98	14.52	19.03	24.13	28.44	36.48	38.84	34.13
\$45,000	3.32	4.15	5.82	7.48	11.63	15.37	20.15	25.55	30.12	38.63	41.12	36.14
\$47,500	3.51	4.38	6.14	7.89	12.28	16.22	21.27	26.97	31.79	40.78	43.41	38.15
\$50,000	3.69	4.62	6.46	8.31	12.92	17.08	22.38	28.38	33.46	42.92	45.69	40.15

Rates

Rates are effective as of October 1, 2024.

The chart below shows possible coverage amounts and their **bi-weekly** costs.

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

Spouse rates are based on the employee's age.

Spouse Critical Illness - Choice 1 Tobacco rates | Age and cost - pay period (bi-weekly) premium

Coverage amounts	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$2,500	0.27	0.36	0.50	0.68	0.98	1.44	1.78	2.45	3.02	4.12	3.78	4.07
\$5,000	0.53	0.72	0.99	1.36	1.96	2.88	3.55	4.89	6.05	8.24	7.57	8.15
\$7,500	0.80	1.07	1.49	2.04	2.94	4.33	5.33	7.34	9.07	12.36	11.35	12.22
\$10,000	1.06	1.43	1.98	2.72	3.92	5.77	7.11	9.78	12.09	16.48	15.14	16.29
\$12,500	1.33	1.79	2.48	3.40	4.90	7.21	8.88	12.23	15.12	20.60	18.92	20.37
\$15,000	1.59	2.15	2.98	4.08	5.88	8.65	10.66	14.68	18.14	24.72	22.71	24.44
\$17,500	1.86	2.50	3.47	4.77	6.87	10.10	12.44	17.12	21.16	28.83	26.49	28.51
\$20,000	2.12	2.86	3.97	5.45	7.85	11.54	14.22	19.57	24.18	32.95	30.28	32.58
\$22,500	2.39	3.22	4.47	6.13	8.83	12.98	15.99	22.02	27.21	37.07	34.06	36.66
\$25,000	2.65	3.58	4.96	6.81	9.81	14.42	17.77	24.46	30.23	41.19	37.85	40.73
\$27,500	2.92	3.93	5.46	7.49	10.79	15.87	19.55	26.91	33.25	45.31	41.63	44.80
\$30,000	3.18	4.29	5.95	8.17	11.77	17.31	21.32	29.35	36.28	49.43	45.42	48.88
\$32,500	3.45	4.65	6.45	8.85	12.75	18.75	23.10	31.80	39.30	53.55	49.20	52.95
\$35,000	3.72	5.01	6.95	9.53	13.73	20.19	24.88	34.25	42.32	57.67	52.98	57.02
\$37,500	3.98	5.37	7.44	10.21	14.71	21.63	26.65	36.69	45.35	61.79	56.77	61.10
\$40,000	4.25	5.72	7.94	10.89	15.69	23.08	28.43	39.14	48.37	65.91	60.55	65.17
\$42,500	4.51	6.08	8.43	11.57	16.67	24.52	30.21	41.58	51.39	70.03	64.34	69.24
\$45,000	4.78	6.44	8.93	12.25	17.65	25.96	31.98	44.03	54.42	74.15	68.12	73.32
\$47,500	5.04	6.80	9.43	12.93	18.63	27.40	33.76	46.48	57.44	78.27	71.91	77.39
\$50,000	5.31	7.15	9.92	13.62	19.62	28.85	35.54	48.92	60.46	82.38	75.69	81.46

Rates are effective as of October 1, 2024.

The chart below shows possible coverage amounts and their **bi-weekly** costs.

Child(ren) Critical Illness - Choice 1

Coverage amounts	Cost - pay period (bi-weekly) premium
\$5,000	0.18
\$10,000	0.37
\$15,000	0.55
\$20,000	0.74