Critical Illness insurance
CHEIBA Trust | All Eligible Employees | 935917

Protect your savings in case of a serious illness
An illness can lead to unexpected costs not covered by your health plan. Deductibles and copays, or other costs like travel and child care can reduce your savings. Critical illness insurance provides a cash benefit when you or a person on your plan is diagnosed with a covered condition, like a heart attack or stroke. The benefit is paid directly to you, to use however you want.

How it works
Your employer is offering you and your coworkers this coverage as a group, at a group rate. You are responsible for paying a portion or all of the cost.

Benefits

<table>
<thead>
<tr>
<th>For you</th>
<th>You can choose from $5,000 to $30,000 of coverage—in increments of $5,000—with no medical questions asked. Your benefit amount is reduced to 50% at age 70.</th>
</tr>
</thead>
<tbody>
<tr>
<td>For your spouse**</td>
<td>If you elect coverage for yourself, you can choose from $2,500 to $15,000 of coverage—in increments of $2,500—with no medical questions asked. (Not to exceed 50% of your coverage amount.) The benefit may be reduced when the employee benefit amount is reduced</td>
</tr>
<tr>
<td>For your child(ren)</td>
<td>If you elect coverage for yourself, you can choose (for each eligible child) between $2,500 and $5,000 of coverage—with no medical questions asked. The coverage you select for your child(ren) cannot exceed 50% of your coverage amount.) An eligible child is defined as your child from birth to age 26.</td>
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What did Critical Illness insurance mean for Denise?
Denise had a heart attack in her mid-40s. Her medical expenses piled up at the worst possible time.

1. Denise filed a claim with Sun Life. We reviewed her medical information, including details from her physician and approved her claim.
2. Denise received her cash benefit which helped her pay her medical deductible and copays, and travel expenses for medical appointments.
3. The insurance allowed Denise to focus on her recovery, and less on her bank account.

High blood pressure is a contributing factor to heart attack and stroke. The number of people who have HBP*:

- Nearly 1 in 5 people, aged 35-44
- 1 in 3 people, aged 45-54
- More than half of people aged 55-64

Sun Life Assurance Company of Canada
sunlife.com
800-247-6875
Covered Conditions

Once your coverage goes into effect, you can file a claim for covered conditions diagnosed after your insurance’s effective date. The full list of conditions is listed here.

Covered conditions – The plan pays 100% of the benefit amount unless stated otherwise

Core Conditions

Heart Attack\textsuperscript{R}
End-Stage Kidney Disease\textsuperscript{R}
Occupational HIV/Hepatitis B, C, or D
Major Organ Failure\textsuperscript{R}

Stroke\textsuperscript{R}
Coronary Artery Bypass Graft\textsuperscript{R} (Plan pays 25%)
Angioplasty\textsuperscript{R} (Plan pays 5%)
\textsuperscript{R} = Recurrence Benefit available

Cancer Conditions

Invasive Cancer
Non-Invasive Cancer (Plan pays 25%)
Skin Cancer (Plan pays 5%)

Other Conditions

Complete Blindness
Complete Loss of Hearing
Loss of Speech
Benign Brain Tumor
Coma

Paralysis
Severe Burns
Advanced ALS/Lou Gehrig’s Disease
Advanced Parkinson’s Disease (Plan pays 25%)
Advanced Alzheimer’s Disease (Plan pays 25%)

Childhood Conditions – Applies to dependent children only

Down Syndrome
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

Additional plan features

- Wellness screening benefit: The application is easy to fill out and includes common screenings, like certain blood tests; Pap smear; skin cancer screening; Lipid panels; cardiac exercise stress test; Electrocardiogram (ECG); Immunizations and interscholastic sports physical exam. (List may vary by state.)

- Health Care Support Services: You can talk with medical and claims experts about your medical coverage, benefits, diagnosis, and treatment options. They can also help you with claims and billing issues.

- Recurrence Benefit: We will pay you a second time for the same condition, for certain covered conditions as noted in the table by an (R). At least 12 consecutive months must pass between the initial and second diagnosis. Once the recurrence benefit has been paid, no additional benefit will be paid for that critical illness.
Critical Illness FAQs

How do I file a claim?
If you have a diagnosis after the effective date of coverage, you may file a claim with us. We will ask for information from you and your doctor about your medical condition. You can download forms from our website. Please complete and sign all forms. Missing information or signatures can delay your claim.

Can I receive benefits for more than one critical illness?
Yes; however, there must be at least 6 consecutive months between the diagnosis dates. You can only claim benefits once for each covered condition unless a recurrence benefit is payable (see Additional Plan Features).

What if I have a pre-existing condition?
If you submit a claim within 6 months of your insurance taking effect, or 6 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 or received 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.

Is my benefit taxable?
If you pay for your coverage all post-tax, your benefit will not be taxable income or tax reported by us to the IRS. If you pay for your coverage all pre-tax, if you pay for part of your coverage post-tax and your employer pays for the rest, or if your employer pays the entire premium, some or all of your benefit amount will be tax reported on a Form 1099 as taxable income. Please consult with 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 group coverage when your employment terminates. Your employer can advise you about your options.

In some states, "Critical Illness" is referred to as "Specified Disease."

"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 plan provisions section for more information including limitations and exclusions.


** 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.
Rates are effective as of January 01, 2020.
The chart below shows possible coverage amounts and the corresponding costs per monthly pay period.
Find your age bracket (as of the effective date of coverage) to determine the associated cost for the coverage amount you choose.

### Employee Critical Illness - Choice 1
#### Age and Cost - Monthly Premium

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### Spouse Critical Illness - Choice 1
#### Age and Cost - Monthly Premium

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### Child Critical Illness - Choice 1
#### Cost - Monthly Premium

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Important plan provisions

The following coverage(s) do not constitute comprehensive health insurance (often referred to as “major medical coverage”) and do not satisfy the requirement for Minimum Essential Coverage under the Affordable Care Act. They do NOT provide basic hospital, basic medical, or major medical insurance as defined by the New York State Department of Financial Services.

To become insured, all persons must be actively at work and performing their regular duties at their usual place of business on the proposed effective date or their date of coverage will be deferred until they return to active work. Refer to the Certificate for details and similar requirements for dependent coverage.

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.

Life

If cause of death is suicide, no amount of contributory Life insurance will be paid if suicide occurs within a specific time period after the insurance or increase in insurance becomes effective. Please see the 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/legal 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.

Long-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; 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.); or for any Period of disability during which you are incarcerated.

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/legal 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.

Critical Illness

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/legal 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; a diagnosis that is not explicitly covered under the policy; a diagnosis that occurs prior to the effective date of coverage (unless it is a new and unrelated diagnosis that occurs after the effective date of coverage). Covered conditions have specific diagnostic criteria that must be met (along with supporting documentation) for a benefit to be paid. For additional information regarding covered conditions, please request an outline of coverage.

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. HealthChampionSM (a health care support service) is not insurance and is provided by ComPsych®. ComPsych® is a registered trademark of ComPsych Corporation. The entities that provide the value-added services are not subcontractors of Sun Life and Sun Life is not responsible or liable for the care, services, or advice provided by them. Sun Life reserves the right to discontinue any of the Services at any time.

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 Financial companies include Sun Life and Health Insurance Company (U.S.) and Sun Life Assurance Company of Canada (collectively, "Sun Life Financial" or "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-A00, 12-GP-01, 13-ADD-C-01, 15-GP-01, 15-LF-C-01, 15-ADD-C-01, 12-DI-C-01, 16-DI-C-01, TDBPOLICY-2006, TDI-POLICY, 12-AC-C-01, 16-AC-C-01, 12-SD-C-01, 16-SD-C-01, and 16-CAN-C-01.

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