

## **Danville Area Community College 2025 Ancillary Benefits through SunLife**

- ❖ **Dental**
- ❖ **Basic Life/ AD&D**
- ❖ **Voluntary Life/ AD&D**
- ❖ **Short-Term Disability**
- ❖ **Long-Term Disability**
- ❖ **Critical Illness**
- ❖ **Accident**

**Note: Vision is offered through VSP**

# Dental Insurance



## COMMONLY COVERED

- ✓ Exams and cleanings
- ✓ X-rays
- ✓ Fillings
- ✓ Tooth extractions
- ✓ Child braces

### ▶ 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

*Treating the inflammation from periodontal disease can help manage other health problems such as heart disease and diabetes.<sup>1</sup>*

*50% of adults over the age of 30 are suffering from periodontal disease.<sup>2</sup>*

DANVILLE AREA COMMUNITY COLLEGE

All Eligible Employees

POLICY # 973200

Sun Life Assurance Company of Canada

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## What's covered

**Good news!** Your plan covers routine services like cleanings and exams at **100%**.

CALENDAR YEAR MAXIMUM	IN-NETWORK	OUT-OF-NETWORK
Type I, II, III (Preventive, Basic and Major Services)	\$2,000 per person (includes RollMax)	\$2,000 per person (includes RollMax)
Type IV Ortho Service	\$1,250 lifetime per child	\$1,250 lifetime per child

### 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
Type IV Ortho Services	N/A	N/A

### 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%
Type IV Ortho Services	50%	50%

### SERVICES

#### Type I Preventive Dental Services, including:

- Oral evaluations – 2 in any calendar year
- Routine dental cleanings – 2 in any calendar year
- Fluoride treatment – 1 in any 6 month period. *Only for children under age 19*
- Sealants – no more than 1 per tooth in any 36 month period, only for permanent molar teeth. *Only for children under age 19*
- Bitewing x-rays – 2 in any calendar year
- Intraoral complete series x-rays – 1 in any 60 month period
- Genetic test for susceptibility to oral diseases

#### Type II Basic Dental Services, including:

- New fillings
- Space maintainers – *only for children under age 19*
- Periodontal maintenance – 2 in any calendar year
- Localized delivery of antimicrobial agents
- Stainless steel crowns – *only for children under age 19*

#### Type III Major Dental Services, including:

- Dentures and bridges – subject to 10 year replacement limit
- 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
- General anesthesia/IV sedation – medically required
- Minor gum disease (non-surgical periodontics)
- Scaling and root planing – 1 in any 24 month period per area
- Major gum disease (surgical periodontics)

#### Type IV Ortho Services, including:

- Orthodontic treatment is limited to your dependent children

#### 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
- 12 months for orthodontic 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<sup>3</sup>.

### 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>4</sup> and dependent children. An eligible child is defined as a child to age 26.<sup>5</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  
PO Box 311  
Milwaukee, WI 53201-0311

### 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, 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 RollMax, which allows you to rollover a portion of your unused annual maximum for use the next year. When you have paid claims less than \$800 on dental services in a year, you can rollover \$600 to next year. You can rollover unused dollars up to \$1500 total over multiple years.

### 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 \$500.

1. American Academy of Periodontology <https://www.perio.org/consumer/gum-disease-and-other-diseases> (accessed 07/21).

2. American Academy of Periodontology <https://www.perio.org/newsroom/periodontal-disease-fact-sheet> (accessed 07/21).

3. Zellis Network Analytics data as of January 2022 and based on unique dentist count. Sun Life's dental networks include its affiliate, Dental Health Alliance, L.L.C.® (DHA), and dentists under access arrangements with other dental networks. Nationwide counts are state level totals.

4. 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.

5. Please see your employer for more specific information.

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

800-247-6875 • [sunlife.com/us](http://sunlife.com/us)

Dental Insurance

# Basic Life Insurance



*Even among people who have life insurance, many don't have enough.*

## ► 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\*

**\$20,000.** No medical questions asked, **up to the Guaranteed Issue amount of \$20,000.**

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.**

DANVILLE AREA COMMUNITY COLLEGE

All Eligible Employees

POLICY # 973200

Sun Life Assurance Company of Canada

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Basic Life 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.

### **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.

## Important information

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.

### 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.

**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 life 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-LF-01, 12-GPPort-P01, 12-LFPort-C-01, 15-ADD-C-01, 13-ADD-C-01 and 13-ADDPort-C-01.

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GVBH-EE-8384

SLPC 29579

# 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.

DANVILLE AREA COMMUNITY COLLEGE

All Eligible Employees

POLICY #: 973200

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

<b>For you*</b>	<p>You can choose from <b>\$10,000 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 \$200,000</b>.</p> <p>Benefits are reduced at age 70 and may reduce again in subsequent years as noted in your Certificate.</p>
<b>For your spouse*</b>	<p>If you elect coverage for yourself, you can choose from <b>\$5,000 to \$150,000</b>—in increments of \$5,000. No medical questions asked <b>up to the Guaranteed Issue amount of \$30,000</b>.</p> <p>The amount you select for your spouse cannot exceed 100% of your coverage amount. Benefits may reduce as noted in your Certificate.</p>
<b>For your child(ren)*</b>	<p>If you elect coverage for yourself, you can choose <b>\$5,000 to \$10,000</b>—in \$5,000 increments. 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. Child(ren) must primarily depend on the employee for 50% or more of their support.</p> <p>A full benefit is payable for a dependent child who is 14 days to 19 or to 23 years old if a full-time student. (No benefit is payable for a child from birth to 14 days).</p>

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

Sun Life Assurance Company of Canada

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Voluntary Life Insurance

## Frequently asked questions

### What is my AD&D benefit?

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 initial amount higher than the Guaranteed Issue amount or if you want to increase coverage in excess of one increment annually. 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 increase my coverage at a later date?

Yes. You may increase your coverage by one increment amount annually, without having to answer health questions, even if the increase means that your coverage exceeds the Guaranteed Issue amount. Your benefits administrator can advise you on how to increase coverage annually. The maximum benefit amount still applies.

### What if my spouse and I work for the same employer?

Under the policy, if you are married to another employee, you should check with your benefits administrator to confirm whether you are eligible to enroll your spouse as a dependent and to confirm any additional considerations for enrolling dependent children (if dependent child coverage is available).

### 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

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

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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.

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SLPC 29579

## Rates

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

Rates are effective as of January 1, 2025.

The chart below shows possible coverage amounts and their **semi-monthly** costs.

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

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+
\$10,000	0.39	0.39	0.42	0.58	0.88	1.30	2.06	3.18	4.38	8.01	13.28
\$20,000	0.77	0.77	0.83	1.16	1.76	2.60	4.12	6.36	8.76	16.01	26.55
\$30,000	1.16	1.16	1.25	1.74	2.64	3.90	6.18	9.54	13.14	24.02	39.83
\$40,000	1.54	1.54	1.66	2.32	3.52	5.20	8.24	12.72	17.52	32.02	53.10
\$50,000	1.93	1.93	2.08	2.90	4.40	6.50	10.30	15.90	21.90	40.03	66.38
\$60,000	2.31	2.31	2.49	3.48	5.28	7.80	12.36	19.08	26.28	48.03	79.65
\$70,000	2.70	2.70	2.91	4.06	6.16	9.10	14.42	22.26	30.66	56.04	92.93
\$80,000	3.08	3.08	3.32	4.64	7.04	10.40	16.48	25.44	35.04	64.04	106.20
\$90,000	3.47	3.47	3.74	5.22	7.92	11.70	18.54	28.62	39.42	72.05	119.48
\$100,000	3.85	3.85	4.15	5.80	8.80	13.00	20.60	31.80	43.80	80.05	132.75
\$110,000	4.24	4.24	4.57	6.38	9.68	14.30	22.66	34.98	48.18	88.06	146.03
\$120,000	4.62	4.62	4.98	6.96	10.56	15.60	24.72	38.16	52.56	96.06	159.30
\$130,000	5.01	5.01	5.40	7.54	11.44	16.90	26.78	41.34	56.94	104.07	172.58
\$140,000	5.39	5.39	5.81	8.12	12.32	18.20	28.84	44.52	61.32	112.07	185.85
\$150,000	5.78	5.78	6.23	8.70	13.20	19.50	30.90	47.70	65.70	120.08	199.13
\$160,000	6.16	6.16	6.64	9.28	14.08	20.80	32.96	50.88	70.08	128.08	212.40
\$170,000	6.55	6.55	7.06	9.86	14.96	22.10	35.02	54.06	74.46	136.09	225.68
\$180,000	6.93	6.93	7.47	10.44	15.84	23.40	37.08	57.24	78.84	144.09	238.95
\$190,000	7.32	7.32	7.89	11.02	16.72	24.70	39.14	60.42	83.22	152.10	252.23
\$200,000	7.70	7.70	8.30	11.60	17.60	26.00	41.20	63.60	87.60	160.10	265.50
\$210,000	8.09	8.09	8.72	12.18	18.48	27.30	43.26	66.78	91.98	168.11	278.78
\$220,000	8.47	8.47	9.13	12.76	19.36	28.60	45.32	69.96	96.36	176.11	292.05
\$230,000	8.86	8.86	9.55	13.34	20.24	29.90	47.38	73.14	100.74	184.12	305.33
\$240,000	9.24	9.24	9.96	13.92	21.12	31.20	49.44	76.32	105.12	192.12	318.60
\$250,000	9.63	9.63	10.38	14.50	22.00	32.50	51.50	79.50	109.50	200.13	331.88
\$260,000	10.01	10.01	10.79	15.08	22.88	33.80	53.56	82.68	113.88	208.13	345.15
\$270,000	10.40	10.40	11.21	15.66	23.76	35.10	55.62	85.86	118.26	216.14	358.43
\$280,000	10.78	10.78	11.62	16.24	24.64	36.40	57.68	89.04	122.64	224.14	371.70
\$290,000	11.17	11.17	12.04	16.82	25.52	37.70	59.74	92.22	127.02	232.15	384.98
\$300,000	11.55	11.55	12.45	17.40	26.40	39.00	61.80	95.40	131.40	240.15	398.25
\$310,000	11.94	11.94	12.87	17.98	27.28	40.30	63.86	98.58	135.78	248.16	411.53
\$320,000	12.32	12.32	13.28	18.56	28.16	41.60	65.92	101.76	140.16	256.16	424.80
\$330,000	12.71	12.71	13.70	19.14	29.04	42.90	67.98	104.94	144.54	264.17	438.08
\$340,000	13.09	13.09	14.11	19.72	29.92	44.20	70.04	108.12	148.92	272.17	451.35
\$350,000	13.48	13.48	14.53	20.30	30.80	45.50	72.10	111.30	153.30	280.18	464.63
\$360,000	13.86	13.86	14.94	20.88	31.68	46.80	74.16	114.48	157.68	288.18	477.90
\$370,000	14.25	14.25	15.36	21.46	32.56	48.10	76.22	117.66	162.06	296.19	491.18
\$380,000	14.63	14.63	15.77	22.04	33.44	49.40	78.28	120.84	166.44	304.19	504.45
\$390,000	15.02	15.02	16.19	22.62	34.32	50.70	80.34	124.02	170.82	312.20	517.73
\$400,000	15.40	15.40	16.60	23.20	35.20	52.00	82.40	127.20	175.20	320.20	531.00
\$410,000	15.79	15.79	17.02	23.78	36.08	53.30	84.46	130.38	179.58	328.21	544.28
\$420,000	16.17	16.17	17.43	24.36	36.96	54.60	86.52	133.56	183.96	336.21	557.55
\$430,000	16.56	16.56	17.85	24.94	37.84	55.90	88.58	136.74	188.34	344.22	570.83
\$440,000	16.94	16.94	18.26	25.52	38.72	57.20	90.64	139.92	192.72	352.22	584.10
\$450,000	17.33	17.33	18.68	26.10	39.60	58.50	92.70	143.10	197.10	360.23	597.38

## Rates

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+
\$460,000	17.71	17.71	19.09	26.68	40.48	59.80	94.76	146.28	201.48	368.23	610.65
\$470,000	18.10	18.10	19.51	27.26	41.36	61.10	96.82	149.46	205.86	376.24	623.93
\$480,000	18.48	18.48	19.92	27.84	42.24	62.40	98.88	152.64	210.24	384.24	637.20
\$490,000	18.87	18.87	20.34	28.42	43.12	63.70	100.94	155.82	214.62	392.25	650.48
\$500,000	19.25	19.25	20.75	29.00	44.00	65.00	103.00	159.00	219.00	400.25	663.75

## Rates

**Spouse** – Coverage and **semi-monthly** cost for Spouse Voluntary Life and AD&D.

Rates are effective as of January 1, 2025.

The chart below shows possible coverage amounts and their **semi-monthly** costs.

Find your spouse's 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 spouse's age.

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+
\$5,000	0.19	0.19	0.21	0.29	0.44	0.65	1.03	1.59	2.19	4.00	6.64
\$10,000	0.39	0.39	0.42	0.58	0.88	1.30	2.06	3.18	4.38	8.01	13.28
\$15,000	0.58	0.58	0.62	0.87	1.32	1.95	3.09	4.77	6.57	12.01	19.91
\$20,000	0.77	0.77	0.83	1.16	1.76	2.60	4.12	6.36	8.76	16.01	26.55
\$25,000	0.96	0.96	1.04	1.45	2.20	3.25	5.15	7.95	10.95	20.01	33.19
\$30,000	1.16	1.16	1.25	1.74	2.64	3.90	6.18	9.54	13.14	24.02	39.83
\$35,000	1.35	1.35	1.45	2.03	3.08	4.55	7.21	11.13	15.33	28.02	46.46
\$40,000	1.54	1.54	1.66	2.32	3.52	5.20	8.24	12.72	17.52	32.02	53.10
\$45,000	1.73	1.73	1.87	2.61	3.96	5.85	9.27	14.31	19.71	36.02	59.74
\$50,000	1.93	1.93	2.08	2.90	4.40	6.50	10.30	15.90	21.90	40.03	66.38
\$55,000	2.12	2.12	2.28	3.19	4.84	7.15	11.33	17.49	24.09	44.03	73.01
\$60,000	2.31	2.31	2.49	3.48	5.28	7.80	12.36	19.08	26.28	48.03	79.65
\$65,000	2.50	2.50	2.70	3.77	5.72	8.45	13.39	20.67	28.47	52.03	86.29
\$70,000	2.70	2.70	2.91	4.06	6.16	9.10	14.42	22.26	30.66	56.04	92.93
\$75,000	2.89	2.89	3.11	4.35	6.60	9.75	15.45	23.85	32.85	60.04	99.56
\$80,000	3.08	3.08	3.32	4.64	7.04	10.40	16.48	25.44	35.04	64.04	106.20
\$85,000	3.27	3.27	3.53	4.93	7.48	11.05	17.51	27.03	37.23	68.04	112.84
\$90,000	3.47	3.47	3.74	5.22	7.92	11.70	18.54	28.62	39.42	72.05	119.48
\$95,000	3.66	3.66	3.94	5.51	8.36	12.35	19.57	30.21	41.61	76.05	126.11
\$100,000	3.85	3.85	4.15	5.80	8.80	13.00	20.60	31.80	43.80	80.05	132.75
\$105,000	4.04	4.04	4.36	6.09	9.24	13.65	21.63	33.39	45.99	84.05	139.39
\$110,000	4.24	4.24	4.57	6.38	9.68	14.30	22.66	34.98	48.18	88.06	146.03
\$115,000	4.43	4.43	4.77	6.67	10.12	14.95	23.69	36.57	50.37	92.06	152.66
\$120,000	4.62	4.62	4.98	6.96	10.56	15.60	24.72	38.16	52.56	96.06	159.30
\$125,000	4.81	4.81	5.19	7.25	11.00	16.25	25.75	39.75	54.75	100.06	165.94
\$130,000	5.01	5.01	5.40	7.54	11.44	16.90	26.78	41.34	56.94	104.07	172.58
\$135,000	5.20	5.20	5.60	7.83	11.88	17.55	27.81	42.93	59.13	108.07	179.21
\$140,000	5.39	5.39	5.81	8.12	12.32	18.20	28.84	44.52	61.32	112.07	185.85
\$145,000	5.58	5.58	6.02	8.41	12.76	18.85	29.87	46.11	63.51	116.07	192.49
\$150,000	5.78	5.78	6.23	8.70	13.20	19.50	30.90	47.70	65.70	120.08	199.13

## Rates

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

Rates are effective as of January 1, 2025.

The chart below shows possible coverage amounts and their **semi-monthly** costs.

Coverage amounts	Cost per pay period
\$5,000	0.55
\$10,000	1.10

# Short-Term Disability Insurance



## 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.)

Weekly benefit after your claim is approved	You will receive a check for your benefits on a weekly basis. It will replace <b>60%</b> of your Total Weekly Earnings, up to <b>\$750</b> each week.
When benefits begin	Benefits begin as soon as <b>30 days</b> from the date you are unable to work due to an injury and <b>30 days</b> due to an illness.
Benefits may be paid for	Up to <b>48 weeks</b> , as long as you are still unable to work due to a covered disability.
Additional plan information	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>

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All Eligible Employees

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Short-Term Disability Insurance

## 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 3 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.

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.

## 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. 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 the Certificate or ask your benefits administrator for details.

### 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; operation of a motorized vehicle while intoxicated. We will not pay a benefit for any accident or sickness covered by Worker's 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.).

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, 15-GP-01, 12-DI-C-01, 16-DI-C-01, TDBPOLICY-2006 and TDI-POLICY..

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# Rates

**Employee - monthly** rate for Short-Term Disability.

Rates are effective as of January 1, 2025.

Short-Term Disability coverage is contributory. You are responsible for paying for all or a part of the cost through payroll deduction.

Follow the example below to figure out your monthly and pay period costs.

Rate*
\$0.585

Example weekly benefit (60% of earnings)	Divide by 10	Multiply by rate	Example monthly cost	
\$350	/ 10 = 35	x 0.585	= \$20.48	
Your weekly benefit (60% of earnings)	Divide by 10	Multiply by rate	Your monthly cost	
\$	/ 10 =	x \$	= \$	
Your monthly cost	Multiply by 12 months	Annual cost	Divide by your number of pay periods per year (ex: 12,24,26,52,etc.)	Your estimated cost per pay period
\$	x 12	= \$	/	= \$

\*Contact your employer to confirm your part of the cost.

# Long-Term Disability Insurance



## COMMON CAUSES OF DISABILITY

- ✓ Musculoskeletal conditions
- ✓ Circulatory conditions
- ✓ Cancer
- ✓ Nervous system disorders
- ✓ Injuries

### HELPS YOU KEEP YOUR LIFE ON TRACK.

If you're unable to work because of a covered disability, Long-Term Disability Insurance replaces a portion of your income. After your claim is approved, you will receive a monthly check for your benefits that helps you pay everyday expenses like your mortgage or rent, childcare and groceries.

### HELPS YOU RETURN TO WORK.

If you are able, Sun Life has benefits and services, including guidance from vocational rehabilitation counselors, to help you return to work.

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

Monthly benefit after your claim is approved	You will receive a check for your benefits on a monthly basis. It will replace <b>60%</b> of your Total Monthly Earnings, up to <b>\$8,000</b> each month.
When benefits begin	Benefits begin as soon as <b>365 days</b> from the date of your disability.
Benefits may be paid for	Up to age 65, but not less than 5 years, if you are age 60 or under at the start of disability. If you become disabled after age 60, additional benefit duration restrictions apply.
Additional plan information	This plan provides a benefit for covered disabilities resulting from illness or injury that occur on or off the job.

## LONG-TERM DISABILITY FAST FACT

**34.6 months**

*The length of the average long-term disability claim.<sup>1</sup>*

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Long-Term Disability Insurance

## 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 Long-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 12 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; 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.

The group disability insurance policies described in this advertisement provide disability income insurance only.

1. "Chances of disability," Council for Disability Awareness, [disabilitycanhappen.org](http://disabilitycanhappen.org), last accessed April 2019.

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. 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.

### 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. We will not pay a benefit 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. Disability benefits may be limited for certain conditions.

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").

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## Rates

**Employee - monthly** rate for Long-Term Disability.

Rates are effective as of January 1, 2025.

Long-Term Disability coverage is contributory. You are responsible for paying for all or a part of the cost through payroll deduction.

Find your age bracket (as of the effective date of coverage) to see your rate.

Follow the example below to figure out your monthly and pay period costs.

Your age	Rate*
Under 25	\$0.120
25 - 29	\$0.174
30 - 34	\$0.180
35 - 39	\$0.276
40 - 44	\$0.438
45 - 49	\$0.414
50 - 54	\$0.402
55 - 59	\$0.528
60 - 64	\$0.450
65 - 69	\$0.306
70+	\$0.186

Example monthly earnings	Divide by 100	Multiply by rate	Example monthly cost	
\$2,500	/ 100 = 25	x 0.120	= \$3.00	
Your monthly earnings	Divide by 100	Multiply by rate	Your monthly cost	
\$	/ 100 =	x \$	= \$	
Your monthly cost	Multiply by 12 months	Annual cost	Divide by your number of pay periods per year (ex: 12,24,26,52,etc.)	Your estimated cost per pay period
\$	x 12	= \$	/	= \$

\*Contact your employer to confirm your part of the cost.

# 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 <b>\$5,000</b> and <b>\$20,000</b> of coverage, in increments of \$5,000. No medical questions asked.
For your spouse	If you elect coverage for yourself, you can choose between <b>\$5,000</b> and <b>\$20,000</b> of coverage, in increments of \$5,000. 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 <b>\$2,500</b> and <b>\$10,000</b> of coverage, in increments of \$2,500. 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.

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All Eligible Employees

POLICY #: 973200

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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.

<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 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
<b>Childhood Conditions</b> <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
<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 3 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. 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.

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SLPC 29579

## Rates

Rates are effective as of January 1, 2025.

The chart below shows possible coverage amounts and their **semi-monthly** 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 | Age and cost - pay period (semi-monthly) 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	0.85	1.00	1.20	1.53	2.10	3.35	5.03	7.25	11.25	14.90	20.20	20.20
\$10,000	1.70	2.00	2.40	3.05	4.20	6.70	10.05	14.50	22.50	29.80	40.40	40.40
\$15,000	2.55	3.00	3.60	4.58	6.30	10.05	15.08	21.75	33.75	44.70	60.60	60.60
\$20,000	3.40	4.00	4.80	6.10	8.40	13.40	20.10	29.00	45.00	59.60	80.80	80.80

## Rates

Rates are effective as of January 1, 2025.

The chart below shows possible coverage amounts and their **semi-monthly** 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 spouse's age.

### Spouse Critical Illness - Choice 1 | Age and cost - pay period (semi-monthly) 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	0.85	1.00	1.20	1.53	2.10	3.35	5.03	7.25	11.25	14.90	20.20	20.20
\$10,000	1.70	2.00	2.40	3.05	4.20	6.70	10.05	14.50	22.50	29.80	40.40	40.40
\$15,000	2.55	3.00	3.60	4.58	6.30	10.05	15.08	21.75	33.75	44.70	60.60	60.60
\$20,000	3.40	4.00	4.80	6.10	8.40	13.40	20.10	29.00	45.00	59.60	80.80	80.80

Rates are effective as of January 1, 2025.

The chart below shows possible coverage amounts and their **semi-monthly** costs.

### Child(ren) Critical Illness - Choice 1

Coverage amounts	Cost - pay period (semi-monthly) premium
\$2,500	0.10
\$5,000	0.20
\$7,500	0.30
\$10,000	0.40

# 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.*

DANVILLE AREA COMMUNITY COLLEGE  
All Eligible Employees  
POLICY # 973200

Sun Life Assurance Company of Canada

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800-247-6875 • [sunlife.com/us](https://sunlife.com/us)

Accident Insurance

## 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.

DISLOCATIONS	OPEN (SURGERY)	CLOSED (NO SURGERY)
Hip	\$8,000	\$4,000
Knee, ankle, or bones of the foot	\$4,000	\$1,000
Elbow, wrist, Shoulder, Collarbone, bones of the hand or Lower jaw	\$2,000	\$1,000
Finger(s) or toe(s)	\$400	\$200
FRACTURES	OPEN (SURGERY)	CLOSED (NO SURGERY)
Hip or thigh	\$6,000	\$3,000
Skull-depressed	\$10,000	\$5,000
Skull-simple	\$5,000	\$2,500
Vertebral processes, Bones of the face, Nose, Upper jaw, upper arm, Lower jaw, Collarbone, Shoulder, Forearm, Hand, Wrist, Foot, Ankle, Kneecap, Elbow or Heel	\$1,500	\$750
Leg, Vertebrae or Sternum	\$3,000	\$1,500
Pelvis	\$3,200	\$1,600
Rib, Finger, Toe or Coccyx	\$600	\$300
Multiple ribs	\$2,000	\$1,000
ADDITIONAL INJURIES		
Eye Injury - surgical repair		\$250
Eye Injury - object remove		\$250
Gunshot wound		\$500
Paralysis—paraplegia		\$25,000
Paralysis—quadriplegia		\$50,000
Coma		\$10,000
Concussion		\$100
BURNS	2ND DEGREE	3RD DEGREE
21-40 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	
LACERATIONS		
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
Diagnostic Exam - X-ray (1 time per covered accident)	\$100
Accident Emergency Treatment, non-emergency room (once per covered accident)	\$150
Physician's Follow-up Treatment office visit (per visit, up to 6 times per covered accident)	\$100
Physical Therapy (per visit up to 10 visits per covered accident)	\$50
Medical Devices	\$500
Epidural Pain Management (up to 2 times per covered accident)	\$150
Prescription drug	\$50
Prosthesis (one)	\$500
Prosthesis (two)	\$1,000
Blood, Plasma, or Platelet Transfusion	\$200
<b>HOSPITAL</b>	
Hospital Admission (once per benefit year)	\$2,000
Hospital Confinement (per day up to 365 days per covered accident)	\$400
Intensive Care Unit Admission (once per Benefit Year; payable instead of Hospital Admission benefit if Confined immediately to ICU)	\$3,000
Intensive Care Unit Confinement (per day up to 15 days, payable in addition to any Hospital Confinement benefit)	\$500
Ambulance (Ground)	\$400
Ambulance (Air)	\$2,000
Emergency Room Admission	\$200
Family Lodging (per day up to 30 days per benefit year)	\$100
Transportation (100 or more miles up to 3 times per covered accident)	\$500
Rehabilitation Unit (per day up to 30 days per covered accident)	\$100
<b>SURGERY</b>	
Miscellaneous Surgery requiring general anesthesia (not covered by any other benefit)	\$750
Open Surgery	\$2,500
Exploratory Surgery or Debridement	\$500
Tendon/Ligament/Rotator Cuff Tear	\$1,250
Torn Knee Cartilage	\$1,250
Ruptured/Herniated Disc	\$1,250
<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	\$50,000
Accidental Death Common Carrier (pays an additional benefit if accidental death occurs while traveling as a fare-paying passenger on a public conveyance)	\$200,000
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	\$25,000
Loss of one hand, foot, leg, or arm	\$15,000
Loss of sight of one eye or loss of one eye	\$15,000
Two or more fingers or toes	\$3,000
One finger or one toe	\$1,500
Loss of hearing of one ear or loss of one ear	\$5,000

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

## 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.

### 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.

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## Rates

Coverage and **semi-monthly** cost for Accident.

Rates are effective as of January 1, 2025.

Accident coverage is contributory. You are responsible for paying for all or a part of the cost through payroll deduction.

Coverage	Cost per pay period*
Employee	\$3.85
Employee + Spouse	\$5.69
Employee + Child(ren)	\$6.80
Employee + Family	\$8.64

\*Contact your employer to confirm your part of the cost.