

CRITICAL ILLNESS/SPECIFIED DISEASE

**Now available: COVID-19 benefit
on your Sun Life Critical Illness* plan**

For employees with Sun Life Critical Illness coverage today:

Sun Life knows that people everywhere are concerned about COVID-19. In response, we have added a COVID-19 benefit to our Critical Illness plans. This cash benefit will help with your expenses should you have a COVID-19 diagnosis that meets all of the below criteria.

COVID-19 benefit criteria:

- Diagnosed with COVID-19 by a Physician; and
- Confined in an intensive care unit (ICU) for 5 days or longer

Answers to your questions

How much is this benefit?

This benefit is 100% of the amount of the insurance you elected during your enrollment.

When is this benefit payable?

The benefit is payable if all of the above criteria is met and the following is true:

- the diagnosis occurred while your policy is active; and
- Major Organ Failure is a covered condition in your policy

Active means on or after your policy effective date of coverage and before the date your insurance is cancelled.

How is the benefit paid?

Benefits are payable to you by check when all of the terms and conditions of the contract and the COVID-19 benefit are met. We anticipate payment will go out within 5 to 10 business days from the day you file your claim. This time period could be extended if we require additional medical documentation to confirm you have met the criteria for this benefit or other documentation necessary to issue payments.

Is the COVID-19 benefit payable in addition to lung (major organ) failure?

The COVID-19 benefit is an extension of the Major Organ Failure benefit. Only one of these benefits are payable except as described in the recurrence benefit in your policy.

Do my Spouse and Dependent Children qualify for this benefit?

If you elected Critical Illness coverage for your Spouse and/or Dependent Children during your enrollment, they will also qualify for this benefit.

What if I am diagnosed with COVID-19 again?

If a recurrence benefit is included in your policy, it is payable for COVID-19, when:

- Benefits have been paid previously under this policy by us; and
- COVID-19 is diagnosed again 12 months after the first COVID-19 diagnosis and all of the above COVID-19 benefit criteria are met (subject to state variations included in your policy); and
- You do not receive treatment for COVID-19 or related complications for 12 months after the first diagnosis except for follow-up physician office visits and prescription medications as needed.

Are COVID-19 tests covered under the wellness benefit?

For policies that include a wellness benefit, this benefit is payable for chest x-rays, CT scans and immunizations. Our benefit does not cover nasal swab virus testing. Remember, your wellness benefit is payable once per year for each covered family

member for multiple preventive screenings in addition to those listed above.

How are benefits handled in the event of death related to COVID-19 before a payment is made?

Benefits are payable once a claim is made by an executor or the administrator of the estate. If no claim is made by an executor, we may pay a partial amount to a spouse, son or daughter, or directly to a funeral home. We'll pay the full amount once the claim is initiated by an executor or the administrator of the estate.

For this benefit, what is an Intensive Care Unit?

Hospital Intensive Care Unit (ICU) means a specifically designated part of a Hospital called an intensive care unit that:

- provides the highest level of medical care and is restricted to patients who are critically ill or injured and who require intensive comprehensive observation and care, including a neonatal intensive care unit specializing in the care of ill or premature newborn infants;
- is equipped with special lifesaving equipment for the care of the critically ill or injured;
- is under constant and continuous observation by a specially trained staff assigned to the intensive care unit

A hospital intensive care unit is not any of the following step-down units:

- a progressive care unit;
- an intermediate care unit;
- a private monitored room;
- sub-acute intensive care unit; or
- an observation unit.

What if I don't have Critical Illness coverage today? Can I get it now?

If you do not have coverage today, you may elect Critical Illness coverage during your next approved enrollment period.

We're here to help. COVID-19 has raised challenging issues for everyone. Please talk to your Human Resources representative if you have questions and keep this notice with your important paperwork.



Availability, terms and conditions may vary and are subject to state restrictions. Not available in all states.

*In some states, Critical Illness plans are referred to as Specified Disease.

Critical Illness insurance is a limited benefit policy. It provides critical illness coverage only and does not provide basic hospital, basic medical, or major medical insurance.

This coverage does not constitute comprehensive health insurance (often referred to as "major medical coverage"). Failing to maintain Minimum Essential Coverage may result in a tax penalty. Critical Illness insurance products are underwritten by Sun Life Assurance Company of Canada (SLOC) (Wellesley Hills, MA) in all states, except New York, under Policy Form Series 16-SD-C-01, 15-GP-01, 12-GP-01, and 13-SD-C-01. In New York, Specified Disease insurance policies are underwritten by Sun Life and Health Insurance Company (U.S.) (Lansing, MI) under Policy Form Series 15-GP-01, 15-SD-GP-01, 12-GP-SD-01, 13-SD-C-01, 12-GPPort-01 and 13-SDPort-C-01.

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