

Richland County Commissioners

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BENEFIT HIGHLIGHTS

Discover new
ways to protect
what you love



Sun Life

Life's brighter under the sun

Find your benefits here.



RICHLAND COUNTY COMMISSIONERS
POLICY # 925321

If you're reading this, it must be enrollment time. But don't sweat it, because we've got you covered. We'll provide you with the right information to get the coverage that's best for you and your family. Some of our offerings might be new to you. Take some time to read through this booklet, so that you feel confident about your choices. And keep in mind that any benefits you choose are easily paid for through payroll deduction.

BENEFITS AT A GLANCE:

- **Basic and Voluntary Life insurance** to protect your family if something happens to you.
- **Accident insurance** that provides a range of benefits for covered accidental injuries.
- **Critical Illness insurance** for help if you are diagnosed with a covered illness.
- **Cancer insurance** that provides a range of benefits for covered cancer treatments.

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Basic Life Insurance

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

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

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

Frequently asked questions

What is my AD&D benefit?

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

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.

1. LIMRA, Facts about Life 2018.

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

Voluntary Life Insurance

➤ MORE PROTECTION FOR YOUR LOVED ONES.

The people you love and support could face financial challenges without you. Life insurance provides your loved ones with money they can use for household expenses, tuition, mortgage payments and more.

➤ HELPS YOU CLOSE ANY COVERAGE GAPS.

You may have life insurance today, either on your own or through your employer. Now is a good time to ask yourself if you need more coverage.

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

For you*

You can choose from **\$20,000 to \$500,000**—in increments of \$10,000 **not to exceed 5 times** your Basic Annual Earnings. No medical questions asked **up to the Guaranteed Issue amount of \$180,000**.

Benefits are reduced at age 70 and may reduce again in subsequent years as noted in your Certificate.

For your spouse*

If you elect coverage for yourself, you can choose from **\$5,000 to \$250,000**—in increments of \$5,000. No medical questions asked **up to the Guaranteed Issue amount of \$50,000**.

The amount you select for your spouse cannot exceed 50% of your coverage amount.

For your child(ren)*

If you elect coverage for yourself, you can choose **\$1,000, \$5,000 or \$10,000**. No medical questions asked.

The amount you select for your child(ren) cannot exceed 50% of your coverage amount. Benefits may reduce as noted in your Certificate.

A full benefit is payable for a dependent child from birth to 19 or to 25 years old if a full-time student.

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

Frequently asked questions

What is my AD&D benefit?

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

Do I need to answer any health questions to enroll?

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

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

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

Can I access my life insurance if I become terminally ill?

You may apply to receive a portion of your life insurance to help cover medical and living expenses. This is called an "Accelerated Benefit" and there are some important things to know about it, including that it is not long-term-care insurance, it may be taxable and it may affect your eligibility for public assistance programs. It will also reduce the total amount of the life insurance payment we pay to your beneficiary(ies).

What happens if I become Totally Disabled?

If we determine that you are Totally Disabled and cannot work, your life insurance coverage may continue at no cost. You must meet certain requirements, as detailed in the Certificate.

How does my beneficiary file a death claim?

Your beneficiary(ies) and your employer will complete the appropriate claims forms and submit them to us. We will notify your beneficiaries when the decision is made and if we have any questions. If approved, beneficiaries may elect to receive a lump sum payment or to have the benefit paid into an account where the funds accumulate interest and can be withdrawn at any time. (State restrictions apply and options may vary by state.) If your AD&D claim for an accidental injury is approved, the benefit amount will be paid directly to you.

1. LIMRA, Facts about Life 2018.

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

Rates

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

Rates are effective as of January 1, 2022.

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.

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+
\$20,000	0.92	0.92	1.02	1.20	1.75	2.68	4.43	8.40	10.80	17.91	47.72
\$30,000	1.38	1.38	1.52	1.80	2.63	4.02	6.65	12.60	16.20	26.86	71.58
\$40,000	1.85	1.85	2.03	2.40	3.51	5.35	8.86	16.80	21.60	35.82	95.45
\$50,000	2.31	2.31	2.54	3.00	4.38	6.69	11.08	21.00	27.00	44.77	119.31
\$60,000	2.77	2.77	3.05	3.60	5.26	8.03	13.29	25.20	32.40	53.72	143.17
\$70,000	3.23	3.23	3.55	4.20	6.14	9.37	15.51	29.40	37.80	62.68	167.03
\$80,000	3.69	3.69	4.06	4.80	7.02	10.71	17.72	33.60	43.20	71.63	190.89
\$90,000	4.15	4.15	4.57	5.40	7.89	12.05	19.94	37.80	48.60	80.58	214.75
\$100,000	4.62	4.62	5.08	6.00	8.77	13.38	22.15	42.00	54.00	89.54	238.62
\$110,000	5.08	5.08	5.58	6.60	9.65	14.72	24.37	46.20	59.40	98.49	262.48
\$120,000	5.54	5.54	6.09	7.20	10.52	16.06	26.58	50.40	64.80	107.45	286.34
\$130,000	6.00	6.00	6.60	7.80	11.40	17.40	28.80	54.60	70.20	116.40	310.20
\$140,000	6.46	6.46	7.11	8.40	12.28	18.74	31.02	58.80	75.60	125.35	334.06
\$150,000	6.92	6.92	7.62	9.00	13.15	20.08	33.23	63.00	81.00	134.31	357.92
\$160,000	7.38	7.38	8.12	9.60	14.03	21.42	35.45	67.20	86.40	143.26	381.78
\$170,000	7.85	7.85	8.63	10.20	14.91	22.75	37.66	71.40	91.80	152.22	405.65
\$180,000	8.31	8.31	9.14	10.80	15.78	24.09	39.88	75.60	97.20	161.17	429.51
\$190,000	8.77	8.77	9.65	11.40	16.66	25.43	42.09	79.80	102.60	170.12	453.37
\$200,000	9.23	9.23	10.15	12.00	17.54	26.77	44.31	84.00	108.00	179.08	477.23
\$210,000	9.69	9.69	10.66	12.60	18.42	28.11	46.52	88.20	113.40	188.03	501.09
\$220,000	10.15	10.15	11.17	13.20	19.29	29.45	48.74	92.40	118.80	196.98	524.95
\$230,000	10.62	10.62	11.68	13.80	20.17	30.78	50.95	96.60	124.20	205.94	548.82
\$240,000	11.08	11.08	12.18	14.40	21.05	32.12	53.17	100.80	129.60	214.89	572.68
\$250,000	11.54	11.54	12.69	15.00	21.92	33.46	55.38	105.00	135.00	223.85	596.54
\$260,000	12.00	12.00	13.20	15.60	22.80	34.80	57.60	109.20	140.40	232.80	620.40
\$270,000	12.46	12.46	13.71	16.20	23.68	36.14	59.82	113.40	145.80	241.75	644.26
\$280,000	12.92	12.92	14.22	16.80	24.55	37.48	62.03	117.60	151.20	250.71	668.12
\$290,000	13.38	13.38	14.72	17.40	25.43	38.82	64.25	121.80	156.60	259.66	691.98
\$300,000	13.85	13.85	15.23	18.00	26.31	40.15	66.46	126.00	162.00	268.62	715.85
\$310,000	14.31	14.31	15.74	18.60	27.18	41.49	68.68	130.20	167.40	277.57	739.71
\$320,000	14.77	14.77	16.25	19.20	28.06	42.83	70.89	134.40	172.80	286.52	763.57
\$330,000	15.23	15.23	16.75	19.80	28.94	44.17	73.11	138.60	178.20	295.48	787.43
\$340,000	15.69	15.69	17.26	20.40	29.82	45.51	75.32	142.80	183.60	304.43	811.29
\$350,000	16.15	16.15	17.77	21.00	30.69	46.85	77.54	147.00	189.00	313.38	835.15
\$360,000	16.62	16.62	18.28	21.60	31.57	48.18	79.75	151.20	194.40	322.34	859.02
\$370,000	17.08	17.08	18.78	22.20	32.45	49.52	81.97	155.40	199.80	331.29	882.88
\$380,000	17.54	17.54	19.29	22.80	33.32	50.86	84.18	159.60	205.20	340.25	906.74
\$390,000	18.00	18.00	19.80	23.40	34.20	52.20	86.40	163.80	210.60	349.20	930.60
\$400,000	18.46	18.46	20.31	24.00	35.08	53.54	88.62	168.00	216.00	358.15	954.46
\$410,000	18.92	18.92	20.82	24.60	35.95	54.88	90.83	172.20	221.40	367.11	978.32
\$420,000	19.38	19.38	21.32	25.20	36.83	56.22	93.05	176.40	226.80	376.06	1002.18
\$430,000	19.85	19.85	21.83	25.80	37.71	57.55	95.26	180.60	232.20	385.02	1026.05
\$440,000	20.31	20.31	22.34	26.40	38.58	58.89	97.48	184.80	237.60	393.97	1049.91
\$450,000	20.77	20.77	22.85	27.00	39.46	60.23	99.69	189.00	243.00	402.92	1073.77
\$460,000	21.23	21.23	23.35	27.60	40.34	61.57	101.91	193.20	248.40	411.88	1097.63

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+
\$470,000	21.69	21.69	23.86	28.20	41.22	62.91	104.12	197.40	253.80	420.83	1121.49
\$480,000	22.15	22.15	24.37	28.80	42.09	64.25	106.34	201.60	259.20	429.78	1145.35
\$490,000	22.62	22.62	24.88	29.40	42.97	65.58	108.55	205.80	264.60	438.74	1169.22
\$500,000	23.08	23.08	25.38	30.00	43.85	66.92	110.77	210.00	270.00	447.69	1193.08

Rates

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

Rates are effective as of January 1, 2022.

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.

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	0.23	0.23	0.25	0.30	0.44	0.67	1.11	2.10	2.70	4.48	11.93
\$10,000	0.46	0.46	0.51	0.60	0.88	1.34	2.22	4.20	5.40	8.95	23.86
\$15,000	0.69	0.69	0.76	0.90	1.32	2.01	3.32	6.30	8.10	13.43	35.79
\$20,000	0.92	0.92	1.02	1.20	1.75	2.68	4.43	8.40	10.80	17.91	47.72
\$25,000	1.15	1.15	1.27	1.50	2.19	3.35	5.54	10.50	13.50	22.38	59.65
\$30,000	1.38	1.38	1.52	1.80	2.63	4.02	6.65	12.60	16.20	26.86	71.58
\$35,000	1.62	1.62	1.78	2.10	3.07	4.68	7.75	14.70	18.90	31.34	83.52
\$40,000	1.85	1.85	2.03	2.40	3.51	5.35	8.86	16.80	21.60	35.82	95.45
\$45,000	2.08	2.08	2.28	2.70	3.95	6.02	9.97	18.90	24.30	40.29	107.38
\$50,000	2.31	2.31	2.54	3.00	4.38	6.69	11.08	21.00	27.00	44.77	119.31
\$55,000	2.54	2.54	2.79	3.30	4.82	7.36	12.18	23.10	29.70	49.25	131.24
\$60,000	2.77	2.77	3.05	3.60	5.26	8.03	13.29	25.20	32.40	53.72	143.17
\$65,000	3.00	3.00	3.30	3.90	5.70	8.70	14.40	27.30	35.10	58.20	155.10
\$70,000	3.23	3.23	3.55	4.20	6.14	9.37	15.51	29.40	37.80	62.68	167.03
\$75,000	3.46	3.46	3.81	4.50	6.58	10.04	16.62	31.50	40.50	67.15	178.96
\$80,000	3.69	3.69	4.06	4.80	7.02	10.71	17.72	33.60	43.20	71.63	190.89
\$85,000	3.92	3.92	4.32	5.10	7.45	11.38	18.83	35.70	45.90	76.11	202.82
\$90,000	4.15	4.15	4.57	5.40	7.89	12.05	19.94	37.80	48.60	80.58	214.75
\$95,000	4.38	4.38	4.82	5.70	8.33	12.72	21.05	39.90	51.30	85.06	226.68
\$100,000	4.62	4.62	5.08	6.00	8.77	13.38	22.15	42.00	54.00	89.54	238.62
\$105,000	4.85	4.85	5.33	6.30	9.21	14.05	23.26	44.10	56.70	94.02	250.55
\$110,000	5.08	5.08	5.58	6.60	9.65	14.72	24.37	46.20	59.40	98.49	262.48
\$115,000	5.31	5.31	5.84	6.90	10.08	15.39	25.48	48.30	62.10	102.97	274.41
\$120,000	5.54	5.54	6.09	7.20	10.52	16.06	26.58	50.40	64.80	107.45	286.34
\$125,000	5.77	5.77	6.35	7.50	10.96	16.73	27.69	52.50	67.50	111.92	298.27
\$130,000	6.00	6.00	6.60	7.80	11.40	17.40	28.80	54.60	70.20	116.40	310.20
\$135,000	6.23	6.23	6.85	8.10	11.84	18.07	29.91	56.70	72.90	120.88	322.13
\$140,000	6.46	6.46	7.11	8.40	12.28	18.74	31.02	58.80	75.60	125.35	334.06
\$145,000	6.69	6.69	7.36	8.70	12.72	19.41	32.12	60.90	78.30	129.83	345.99
\$150,000	6.92	6.92	7.62	9.00	13.15	20.08	33.23	63.00	81.00	134.31	357.92
\$155,000	7.15	7.15	7.87	9.30	13.59	20.75	34.34	65.10	83.70	138.78	369.85
\$160,000	7.38	7.38	8.12	9.60	14.03	21.42	35.45	67.20	86.40	143.26	381.78
\$165,000	7.62	7.62	8.38	9.90	14.47	22.08	36.55	69.30	89.10	147.74	393.72
\$170,000	7.85	7.85	8.63	10.20	14.91	22.75	37.66	71.40	91.80	152.22	405.65
\$175,000	8.08	8.08	8.88	10.50	15.35	23.42	38.77	73.50	94.50	156.69	417.58
\$180,000	8.31	8.31	9.14	10.80	15.78	24.09	39.88	75.60	97.20	161.17	429.51
\$185,000	8.54	8.54	9.39	11.10	16.22	24.76	40.98	77.70	99.90	165.65	441.44
\$190,000	8.77	8.77	9.65	11.40	16.66	25.43	42.09	79.80	102.60	170.12	453.37
\$195,000	9.00	9.00	9.90	11.70	17.10	26.10	43.20	81.90	105.30	174.60	465.30
\$200,000	9.23	9.23	10.15	12.00	17.54	26.77	44.31	84.00	108.00	179.08	477.23
\$205,000	9.46	9.46	10.41	12.30	17.98	27.44	45.42	86.10	110.70	183.55	489.16
\$210,000	9.69	9.69	10.66	12.60	18.42	28.11	46.52	88.20	113.40	188.03	501.09
\$215,000	9.92	9.92	10.92	12.90	18.85	28.78	47.63	90.30	116.10	192.51	513.02
\$220,000	10.15	10.15	11.17	13.20	19.29	29.45	48.74	92.40	118.80	196.98	524.95

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+
\$225,000	10.38	10.38	11.42	13.50	19.73	30.12	49.85	94.50	121.50	201.46	536.88
\$230,000	10.62	10.62	11.68	13.80	20.17	30.78	50.95	96.60	124.20	205.94	548.82
\$235,000	10.85	10.85	11.93	14.10	20.61	31.45	52.06	98.70	126.90	210.42	560.75
\$240,000	11.08	11.08	12.18	14.40	21.05	32.12	53.17	100.80	129.60	214.89	572.68
\$245,000	11.31	11.31	12.44	14.70	21.48	32.79	54.28	102.90	132.30	219.37	584.61
\$250,000	11.54	11.54	12.69	15.00	21.92	33.46	55.38	105.00	135.00	223.85	596.54

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

Rates are effective as of January 1, 2022.

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

Coverage amounts	Cost per pay period
\$1,000	0.10
\$5,000	0.51
\$10,000	1.02

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.¹

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

What's covered

Once your coverage goes into effect, you can file a claim for covered accidents that occur after your insurance plan's effective date. Unless otherwise specified, benefits are payable only once for each covered accident, as applicable. The full list of benefits is listed here.

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

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

LIFE AND DISMEMBERMENT LOSSES*	
Accidental Death	\$25,000
Accidental Death Common Carrier (pays an additional benefit if accidental death occurs while traveling as a fare-paying passenger on a public conveyance)	\$100,000
Catastrophic Loss: Both arms or both hands, both legs or both feet, one hand and one foot or one arm and one leg, or irrecoverable loss of sight of both eyes	\$15,000
Loss of one hand, foot, leg, or arm	\$7,500
Loss of sight of one eye or loss of one eye	\$7,500
Two or more fingers or toes	\$1,500
One finger or one toe	\$1,500

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

Frequently asked questions

How do I file an accident claim?

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

What happens once my claim is approved?

The benefit amount you receive will depend on your injury and/or the treatment provided. Remember, benefits are payable only once for each covered accident, unless noted otherwise in the benefit schedule.

Is there a time period that I need to follow?

Injuries and other related benefits due to a covered accident must be diagnosed or treated within a defined period of time from the date of your accident. This could be as few as three days for certain benefits. Please refer to your Certificate for details.

How do I get the Wellness Screening Benefit?

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

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

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

Is my benefit taxable?

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

Accident insurance is a limited benefit policy. The Certificate has exclusions that may affect any benefits payable. Benefits payable are subject to all terms and conditions of your Certificate.

1. "Health, United States, 2016," US Department of Health and Human Services, Table 75.

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

Rates

Coverage and **bi-weekly** cost for Accident.

Rates are effective as of January 1, 2022.

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	\$7.50
Employee + Spouse	\$10.11
Employee + Child(ren)	\$11.15
Employee + Family	\$13.75

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



Critical Illness insurance

Richland County Commissioners | All Eligible Employees | 925321

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

For you	<p>You can choose from \$5,000 to \$50,000 of coverage—in increments of \$5,000—with no medical questions asked up to the Guaranteed Issue amount of \$10,000.</p> <p>Your benefit amount is reduced to 50% at age 70.</p>
For your spouse	<p>If you elect coverage for yourself, you can choose from \$2,500 to \$25,000 of coverage—in increments of \$2,500 up to the Guaranteed Issue amount of \$5,000.</p> <p>(Not to exceed 50% of your coverage amount.)</p> <p>The benefit may be reduced when the employee benefit amount is reduced.</p>
For your child(ren)	<p>If you elect coverage for yourself, you can choose (for each eligible child) from \$2,500 to \$5,000 of coverage—in increments of \$2,500—with no medical questions asked.</p> <p>The coverage you select for your child(ren) cannot exceed 50% of your coverage amount.)</p> <p>The benefit may be reduced when the employee benefit amount is reduced.</p> <p>An eligible child is defined as your child from birth to age 26.</p>

What 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*

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 End-Stage Heart Failure	Stroke Coronary Artery Bypass Graft (pays 25%)
Cancer Conditions	
Invasive Cancer Cancer in situ (pays 25%)	
Other Conditions	
Blindness Major organ failure (except heart failure) End stage kidney disease Paralysis (excluding paralysis from stroke) Coma	

Additional plan features

- **Wellness screening benefit:** The claims 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.)

Critical Illness FAQs

What happens if I get one of the conditions?

If you are diagnosed with a covered condition and your claim is approved, you will receive a lump sum payment. You cannot collect more than 100% of your elected benefit in any one category unless you qualify for a recurrence benefit. You can receive benefits from a different procedure category if there is at least 6 consecutive months between the diagnosis or procedure dates.

What happens if I experience a recurrence of a previously diagnosed covered condition?

If, after 18 months of being treatment free from the initial critical illness, you are diagnosed with the same condition or have the same procedure again, we'll pay an additional 25% of the previously paid benefit. The recurrence benefit can only be paid once in each category. Note: the recurrence benefit is not payable for Category 3.

What if I have a pre-existing condition?

If you submit a claim 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 or received 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.

Do I have to answer health questions to enroll?

You will be required to answer health questions if (1) you do not elect coverage when it's first available to you and you want to elect at a later date; (2) you request an amount higher than the Guaranteed Issue amount noted in the table, if offered; or (3) you want to increase coverage at a later date. You will need to fill out and submit our Evidence of Insurability application which must be approved by Sun Life before the coverage takes effect.

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.

*Heart disease and stroke statistics, 2015 update. http://my.americanheart.org/idc/groups/ahamh-public/@wcm/@sop/@smd/documents/downloadable/ucm_470707.pdf

Rates

Rates are effective as of January 1, 2022.

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	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$5,000	1.13	1.36	1.75	2.33	3.12	4.18	5.10	5.88	7.06	9.60	12.92
\$10,000	2.26	2.72	3.51	4.66	6.23	8.35	10.20	11.77	14.12	19.20	25.85
\$15,000	3.39	4.08	5.26	6.99	9.35	12.53	15.30	17.65	21.18	28.80	38.77
\$20,000	4.52	5.45	7.02	9.32	12.46	16.71	20.40	23.54	28.25	38.40	51.69
\$25,000	5.65	6.81	8.77	11.65	15.58	20.88	25.50	29.42	35.31	48.00	64.62
\$30,000	6.78	8.17	10.52	13.98	18.69	25.06	30.60	35.31	42.37	57.60	77.54
\$35,000	7.92	9.53	12.28	16.32	21.81	29.24	35.70	41.19	49.43	67.20	90.46
\$40,000	9.05	10.89	14.03	18.65	24.92	33.42	40.80	47.08	56.49	76.80	103.38
\$45,000	10.18	12.25	15.78	20.98	28.04	37.59	45.90	52.96	63.55	86.40	116.31
\$50,000	11.31	13.62	17.54	23.31	31.15	41.77	51.00	58.85	70.62	96.00	129.23

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

Coverage amounts	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$5,000	1.20	1.55	2.17	3.23	4.75	6.99	9.23	11.35	14.24	18.78	22.73
\$10,000	2.40	3.09	4.34	6.46	9.51	13.98	18.46	22.71	28.48	37.57	45.46
\$15,000	3.60	4.64	6.51	9.69	14.26	20.98	27.69	34.06	42.72	56.35	68.19
\$20,000	4.80	6.18	8.68	12.92	19.02	27.97	36.92	45.42	56.95	75.14	90.92
\$25,000	6.00	7.73	10.85	16.15	23.77	34.96	46.15	56.77	71.19	93.92	113.65
\$30,000	7.20	9.28	13.02	19.38	28.52	41.95	55.38	68.12	85.43	112.71	136.38
\$35,000	8.40	10.82	15.18	22.62	33.28	48.95	64.62	79.48	99.67	131.49	159.12
\$40,000	9.60	12.37	17.35	25.85	38.03	55.94	73.85	90.83	113.91	150.28	181.85
\$45,000	10.80	13.92	19.52	29.08	42.78	62.93	83.08	102.18	128.15	169.06	204.58
\$50,000	12.00	15.46	21.69	32.31	47.54	69.92	92.31	113.54	142.38	187.85	227.31

Rates

Rates are effective as of January 1, 2022.

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	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$2,500	0.57	0.68	0.88	1.17	1.56	2.09	2.55	2.94	3.53	4.80	6.46
\$5,000	1.13	1.36	1.75	2.33	3.12	4.18	5.10	5.88	7.06	9.60	12.92
\$7,500	1.70	2.04	2.63	3.50	4.67	6.27	7.65	8.83	10.59	14.40	19.38
\$10,000	2.26	2.72	3.51	4.66	6.23	8.35	10.20	11.77	14.12	19.20	25.85
\$12,500	2.83	3.40	4.38	5.83	7.79	10.44	12.75	14.71	17.65	24.00	32.31
\$15,000	3.39	4.08	5.26	6.99	9.35	12.53	15.30	17.65	21.18	28.80	38.77
\$17,500	3.96	4.77	6.14	8.16	10.90	14.62	17.85	20.60	24.72	33.60	45.23
\$20,000	4.52	5.45	7.02	9.32	12.46	16.71	20.40	23.54	28.25	38.40	51.69
\$22,500	5.09	6.13	7.89	10.49	14.02	18.80	22.95	26.48	31.78	43.20	58.15
\$25,000	5.65	6.81	8.77	11.65	15.58	20.88	25.50	29.42	35.31	48.00	64.62

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

Coverage amounts	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$2,500	0.60	0.77	1.08	1.62	2.38	3.50	4.62	5.68	7.12	9.39	11.37
\$5,000	1.20	1.55	2.17	3.23	4.75	6.99	9.23	11.35	14.24	18.78	22.73
\$7,500	1.80	2.32	3.25	4.85	7.13	10.49	13.85	17.03	21.36	28.18	34.10
\$10,000	2.40	3.09	4.34	6.46	9.51	13.98	18.46	22.71	28.48	37.57	45.46
\$12,500	3.00	3.87	5.42	8.08	11.88	17.48	23.08	28.38	35.60	46.96	56.83
\$15,000	3.60	4.64	6.51	9.69	14.26	20.98	27.69	34.06	42.72	56.35	68.19
\$17,500	4.20	5.41	7.59	11.31	16.64	24.47	32.31	39.74	49.83	65.75	79.56
\$20,000	4.80	6.18	8.68	12.92	19.02	27.97	36.92	45.42	56.95	75.14	90.92
\$22,500	5.40	6.96	9.76	14.54	21.39	31.47	41.54	51.09	64.07	84.53	102.29
\$25,000	6.00	7.73	10.85	16.15	23.77	34.96	46.15	56.77	71.19	93.92	113.65

Rates are effective as of January 1, 2022.

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
\$2,500	0.06
\$5,000	0.12

Cancer insurance

Richland County Commissioners | All Eligible Employees | 925321

Protect your savings against the costs of cancer

A cancer diagnosis may have crossed your mind over the years. Or you may have a family history. Recovering from cancer would be your main focus. Cancer also has a financial impact that can be hard to recover from. Cancer insurance pays you cash benefits for a variety of the ways your cancer is treated.

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.

The benefit schedule on the following pages lists what the plan pays for covered cancer treatments.

Benefits

Coverage is provided for	A covered person who is diagnosed with cancer after the effective date of insurance. Coverage is available for you and your family. An eligible child is defined as your child from birth to age 26.
Additional plan features	Benefits are payable directly to you, the employee This plan pays benefits in addition to any other coverage you may have.



What did cancer insurance mean for Beth?

Beth was diagnosed with breast cancer in her mid-50s. She was concerned about her health, and about her finances.

Beth filed claims with Sun Life as she received treatments.

We reviewed her medical information and details from her physician. We approved her claims.

She received cash benefits for hospital stays, radiation and chemotherapy treatments.

These benefits helped her pay her medical deductible and copays, and travel expenses for medical appointments

Did you know? A recent study shows that cancer patients spend 11% of their household income on expenses related to their cancer treatments. This may prompt you to consider cancer insurance.*

Benefit schedule

Once your coverage goes into effect, you can file a claim for covered cancer treatments for cancer diagnoses that occur after your insurance's effective date. Unless otherwise specified, benefits are payable only once. The full list of benefits is listed here. Choose the plan (Level 1 or Level 2) that best meet your needs and your budget.

Covered service	Level 1	Level 2
Second Surgical Opinion	\$200	\$200
Surgery and General Anesthesia Benefits vary based on the procedure performed. Combined maximum for any one surgery is \$2,000 for Level 1 and \$7,500 for Level 2. Surgery for skin cancer and reconstruction is not covered under this benefit.	Anesthesia \$50 to \$1,815 Surgical \$150 to \$5,500	Anesthesia \$50 to \$1,815 Surgical \$150 to \$5,500
Hospital Confinement (limited to 90 days per period of confinement)	\$200 Daily	\$400 Daily
In-hospital and Outpatient Blood and Plasma	\$50 Daily	\$50 Daily
Ambulance (limited to 2 one-way trips per period of confinement per person)	\$250	\$250 Ground \$2,000 Air
Cancer Screening Includes colonoscopy, CA 125 test, chest x-ray, flexible sigmoidoscopy, mammogram, pap smear, biopsy, PSA, CT scans or MRI scans, BRCA testing, or Hemocult stool specimen. This benefit is limited to once per benefit year.	\$50	\$75
In-hospital Doctor Visits Limited to a maximum of 75 visits.	\$25 Daily	\$25 Daily
Prosthesis Lifetime maximum for surgically implanted prosthesis is \$4,000 for Level 1 and \$6,000 for Level 2. Lifetime maximum for other devices is \$400 for Level 1 and \$600 for Level 2.	Surgically implanted \$2,000 Other \$200	Surgically implanted \$3,000 Other \$300
Skin Cancer		
Biopsy Only	\$100	\$100
Reconstructive surgery following previous excision of skin cancer	\$250	\$250
Excision of skin cancer without flap or graft	\$375	\$375
Excision of skin cancer with flap or graft	\$600	\$600
Radiation and Chemotherapy		
Injected Cytotoxic Medications	\$300 Weekly	\$1,000 Weekly
Pump Dispensed Cytotoxic Medications	\$300 First Prescription and Per Refill	\$1,000 First Prescription and Per Refill
Oral Cytotoxic Medications	\$150 Per Prescription	\$500 Per Prescription
Cytotoxic Medications Administration by Any Other Method	\$300 Weekly	\$1,000 Weekly
External Radiation Therapy	\$400 Weekly	\$600 Weekly
Insertion of Interstitial or Intracavity Administration of Radioisotopes or Radium	\$450 Weekly	\$750 Weekly
Oral or IV Radiation This benefit is not payable for the same day the Experimental Treatment benefit is payable. These benefits are not payable for treatment planning, therapeutic devices, immunotherapy, laboratory tests, diagnostic x-rays, dosimetry or simulation associated with these procedures.	\$400 Weekly	\$600 Weekly

Covered service	Level 1	Level 2
Maximums apply: Oral Cytotoxic Medications are subject to a monthly maximum of \$450 for Level 1 and \$1,500 for Level 2, other listed treatments are subject to a yearly maximum of \$4,000 for Level 1 and \$12,000 for Level 2.		
Extended-care Facility This benefit is payable if the extended care confinement occurs within 30 days of a period of hospital confinement due to internal cancer and you have received a Hospital Confinement benefit. Limited to a maximum of 90 days per benefit year per covered person. This benefit is not payable for any day the Hospital Confinement benefit is payable.	\$200 Daily	\$200 Daily
Hospice Limited to a maximum of 100 days during the covered person's lifetime. This benefit is not payable for any day the Extended-Care Facility benefit, the Home Health Care benefit or the Hospital Confinement benefit is payable.	\$100 Daily	\$100 Daily

Additional benefits available if you enroll in Level 2

Covered service	Benefit amount
First Occurrence Payable if diagnosed with Internal Cancer for the first time. This benefit is only payable once per lifetime.	\$5,000
National Cancer Institute Evaluation/Consultation This benefit is not payable for the same day the Second Surgical Opinion benefit is payable. This benefit is limited and only payable once per lifetime.	\$500
Medical Imaging When a follow-up evaluation is performed using any imaging test as directed by a doctor after an initial diagnosis of internal cancer, (except breast mammography and breast ultrasound) this benefit is payable. You may receive this benefit twice per benefit year provided you or your covered dependent are charged for these procedures and they are performed on an outpatient basis.	\$100
Home Health Care The service must begin within 7 days of the date you or your covered dependent are released from hospital confinement. This benefit is not payable for any day the Hospice benefit is payable. Caregivers must be licensed or certified. Limited to a maximum of 10 visits per period of hospital confinement; up to 30 visits per benefit year.	\$50 Per Visit
Outpatient Hospital Surgical This benefit is not payable for surgery performed in a doctor's office or if you or your covered dependent are hospital confined on the same day. Limited to a maximum of 3 days per procedure.	\$250 Daily
Transportation The hospital or clinic must be more than 100 miles away from your or your covered dependent's residence. Limited to 3 round trips per benefit year, per covered person.	\$500
Lodging The hospital or clinic must be more than 100 miles away from your or your covered dependent's residence. Limited to 1 benefit per day up to 90 days per benefit year, per covered person.	\$100 Daily
Bone Marrow or Stem Cell Transplant A benefit is paid for either a bone marrow transplant or a stem cell transplant, not both. Payable once per lifetime, per covered person.	Bone Marrow \$10,000 Donor (\$1,500) Stem Cell \$2,500
Nursing Services Care must be provided by a licensed registered graduate nurse or vocational nurse, but not by a family member. Limited to 30 days per benefit year per covered person.	\$125 Daily

Covered service	Benefit amount
Immunotherapy We will not pay benefits under this provision for the same treatment under either the Radiation and Chemotherapy Benefit or the Experimental Treatment Benefit. Lifetime maximum of \$3,500 applies, per covered person.	\$450 Monthly
Reconstructive Surgery In addition, 30% of the surgery amounts listed is paid for general anesthesia used during these procedures. Breast Symmetry (modification of the non-cancerous breast performed within 5 years of reconstructing the cancerous breast) Breast Reconstruction Facial Reconstruction Breast Transverse Rectus Abdominis Myocutaneous (TRAM) Flap	\$350 \$700 \$700 \$2,500
Alternative Care Pays the amount shown per visit to an accredited practitioner for you or your covered dependent upon the diagnosis of internal cancer for Palliative care (acupuncture, massage therapy, bio- feedback and hypnosis), and Lifestyle training (smoking cessation, Yoga, meditation, relaxation techniques, Tai Chi and nutritional counseling). Limited to 20 visits per benefit year under either category, per covered person and lifetime maximum of 2 benefit years. There is also a one- time benefit (\$150) for Integrative Assessment and Education when performed by an accredited practitioner following the diagnosis of internal cancer.	\$50 Per Visit
Experimental Treatment Treatment must be administered by medical personnel in a doctor's office, clinic, or hospital; maximum monthly benefit is \$1,050. We will not pay benefits under this provision for laboratory tests, immunotherapy, diagnostic x-rays and therapeutic device or other procedures related to these treatments. This benefit is not payable for any day the Radiation or Chemotherapy benefit is payable.	\$150 Daily
Anti-nausea drugs	\$100 Monthly
Post-hospital Doctor Visits This benefit is payable per doctor visit once every 6 months. Benefits payable up to 5 years after the diagnosis of internal cancer for the purpose of ongoing cancer evaluation.	\$50 Per Visit

Cancer insurance FAQs

How do I file a claim?

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 cancer diagnosis?

Regardless of types of Cancer or number of diagnoses, you may receive benefits for covered Cancer treatments from your inforce policy. If you have Level 2 coverage, the First Occurrence Benefit provides a one-time payment for your initial Cancer diagnosis in addition to your covered treatment benefits.

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.

What if I have a pre-existing condition?

If you submit a claim 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 or received 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 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.

"Cancer insurance" is a limited benefit policy. The certificate has exclusions and limitations 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.

* Even Insured Patients Are Overwhelmed By The Cost Of Cancer Care," Duke University study, www.forbes.com, August 2017

Rate Sheet

Coverage and **bi-weekly** rate for Cancer Insurance.

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

Level 1

Bi-Weekly Cost*				
Employee Age	Employee	Employee + Spouse	Employee + Child(ren)	Employee + Family
Thru 49	4.56	7.75	12.95	16.14
50-59	5.62	9.55	14.01	17.94
60-64	8.96	15.23	17.35	23.62
65+	12.00	20.39	20.39	28.78

Level 2

Bi-Weekly Cost*				
Employee Age	Employee	Employee + Spouse	Employee + Child(ren)	Employee + Family
Thru 49	10.70	18.20	11.77	19.27
50-59	13.20	22.44	14.27	23.51
60-64	21.05	35.78	22.12	36.85
65+	28.19	47.92	29.26	48.99

*The rate is in effect for January 1, 2022. Contact your employer to confirm the portion of the cost for which you will be responsible.

Important information

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

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

Limitations and exclusions

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

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.

Accident

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

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

Critical Illness

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

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

Cancer

We will not pay a benefit that is due to or results from: services or Treatment not included in the Covered Cancer Benefits; war or an act of war; active military duty; intentionally self-inflicted injuries while sane or insane; services or Treatment for which the Insured is not charged, unless there is no charge because the facility is a United States government facility; services or Treatment provided by a Family Member; services or Treatment for premalignant conditions; services or Treatment for conditions with malignant potential; services or Treatment for non-cancer illnesses; elective plastic or cosmetic surgery.

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

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

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

Group insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states, except New York, under Policy Form Series 93P-LH, 98P-ADD, 12-GP-01, 15-GP-01, 15-LF-C-01, 15-ADD-C-01, 16-DEN-C-01, 16-VIS-C-01, 12-DI-C-01, 16-DI-C-01, 12-AC-C-01, 16-AC-C-01, 13-SD-C-01, 16-SD-C-01, 16-CAN-C-01, 20-HI-C-01, 12-GPPort-P-01, 20-HIPORT-C-01, TDBPOLICY-2006, and TDI-POLICY.

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Evidence of Insurability



Frequently asked questions

What is Evidence of Insurability?

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

What is the EOI application?

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

When do I need to submit an EOI application?

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

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

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

What is the process for submitting an EOI application?

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

Submit your medical information online

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

1. Have the following information ready:

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

2. Go to www.sunlife.com/account

- Under *My Benefits*, select a coverage
- On the right hand side, click on *Submit Evidence of Insurability (EOI)*, follow the instructions, review your answers, and sign your application electronically before you submit. You will receive an official acknowledgment that Sun Life has received your EOI application. If you are approved, you may receive an approval e-mail that same day.

Submit your medical information on paper

If you need a paper application, you can access a printable version at www.sunlife.com/account.

- Click *Where can I find a form?*
- From list of forms, select EOI Application

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

How long does the approval process take?

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

How will I be notified if I am approved?

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

How will I be notified if I am denied?

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

When does my coverage take effect?

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

About privacy and security

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

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

Group insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states, except New York, under Policy Form Series 93P-LH, 98P-ADD, 07-SL, 01C-LH-PT, GP-A, GC-A, 12-GP-01, 12-DI-C-01, 13-SD-C-01, 12-SD-C-01, 12-SD-R-01, 13-SD-R-01, 12-AC-C-01, 12-AC-R-01, and 12-AC-R-02. Product offerings may not be available in all states and may vary depending on state laws and regulations.

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Group Enrollment Form

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

Employer use (check one): ☐ New employee ☐ Change ☐ COBRA

1. General Information

Employer Name Richland County Commissioners	Account / Policy Number 925321	Location
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2. Employee Information

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

3. Dependent Information

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

If more space is needed, please add additional pages.

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

4. Benefit Elections

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

Elect	Refuse	Coverage
<input type="checkbox"/>	<input type="checkbox"/>	Employee Voluntary Life and Accidental Death & Dismemberment (AD&D) \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Spouse Voluntary Life and Accidental Death & Dismemberment (AD&D) \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Child(ren) Voluntary Life and Accidental Death & Dismemberment (AD&D) \$ _____

4. Benefit Elections (continued)

Elect	Refuse	Coverage
<input type="checkbox"/>	<input type="checkbox"/>	Accident: <input type="checkbox"/> Employee <input type="checkbox"/> Employee + Spouse <input type="checkbox"/> Employee + Child(ren) <input type="checkbox"/> Employee + Family
<input type="checkbox"/>	<input type="checkbox"/>	Critical Illness: Employee amount \$ _____ Have you used tobacco in any form in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No Spouse amount \$ _____ Has your spouse used tobacco in any form in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No Child(ren) amount \$ _____

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

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

5. Beneficiary Designation Information

Primary Beneficiary Designation

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

Primary Beneficiary(ies)

Percent share
of proceeds*

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

*Must equal 100%

Secondary Beneficiary Designation

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

Secondary Beneficiary(ies)

Percent share
of proceeds*

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

*Must equal 100%

6. Signature and authorization information

I understand that:

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

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

X

Employee Signature

Today's Date

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

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

Agent, Broker, and/or Enroller information:

Agent name
Agent / Broker name
Enroller name

Contact us



By mail

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



www.sunlife.com/us



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

Sun Life Financial

One Sun Life Executive Park, Wellesley Hills, MA 02481

Group Enrollment form



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

Employer use (check one): ☐ New employee ☐ Change

1 General information

Employer name Richland County Commissioners	Account/policy number 925321	Location
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2 Employee information

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

3 Dependent information

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

If more space is needed, please add additional pages.

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

4 Benefit elections

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

Elect	Refuse	Coverage
<input type="checkbox"/>	<input type="checkbox"/>	Cancer: <input type="checkbox"/> Level 1 / Low plan <input type="checkbox"/> Level 2 / High plan <input type="checkbox"/> Employee <input type="checkbox"/> Employee + Spouse/partner <input type="checkbox"/> Employee + Child(ren) <input type="checkbox"/> Employee + Family Have you used tobacco in any form in the past 12 months?..... <input type="checkbox"/> Yes <input type="checkbox"/> No Do all persons to be insured currently have a major medical or basic hospital and basic medical plan in force that will not be replaced? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," such persons are not eligible for this insurance.

6 Signature and authorization information

I understand that:

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

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

X

Employee Signature

Today's Date

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

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

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► **TALK TO YOUR BENEFITS ADMINISTRATOR
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