



PROPOSAL

Brighter under the sun

Created for:
Jefferson Parish Government

Introduction

Thank you for the opportunity to offer this proposal to you.

Proposal presented to

Jefferson Parish Government
4901 Jefferson Hwy
Jefferson, LA 70121

SIC Code: 9111

Proposal presented by

Sun Life

Benefits quoted

Dental

Proposed Effective Date

January 1, 2023

Things to know

- This proposal shows a summary of proposed product(s), rates, and underlying assumptions. It is not part of the group policy or an administrative services agreement with Sun Life or its affiliated companies.
- This proposal is valid for 60 days, starting from June 30, 2022, and only for the proposed Effective Date.
- This proposal may include fully insured, nonparticipating coverage that terminates at retirement, unless otherwise noted.
- For fully insured coverages, the rates shown may be subject to recalculation pending a) final enrollment, b) census data, and c) review of any additional data requested in the proposal. Please review the assumptions for information about how the rates were derived.
- For fully insured coverages, we require that you provide a copy of the current carrier's policy or certificate, and for self-funded plans we require your Plan Document at time of sale.

The following notices apply to quotes for fully insured coverage:

Producer licensing

All Sun Life companies require producers who use insurance quotes for the purpose of soliciting, selling, or negotiating insurance to be licensed both by the state where the prospective client is located and by any state where the solicitation, sale, or negotiation of insurance occurs, if different. This requirement pertains to all forms of solicitation, sale, or negotiation of insurance, including but not limited to solicitation, sale, or negotiation conducted in person or by telephone, by e-mail, by fax, or otherwise.

Producer compensation

We encourage brokers and their clients to discuss what commission or other compensation may be paid in connection with the purchase of products and services from Sun Life companies. All Sun Life companies may pay the selling broker, agency, or third party administrator for the promotion, sale, and renewal of the products and services offered in this proposal. In addition to our standard compensation arrangements, we may make additional cash payments or reimbursements to selling brokers in recognition of their marketing and distribution activities, persistency levels, and volume of business. For New York-issued cases, producers must comply with the specific compensation disclosure requirements of New York Regulation 194.

Plan and rates

This proposal may be based on employee census information provided by the employer. Acceptance of the group and final rates will be determined by Sun Life based on actual enrollment and case experience, if required. Terms and conditions of any services agreement or any coverage under a policy may be determined by all required final data and by underwriting rules, minimum participation requirements, and policy provisions in effect on the date coverage begins.

Underwriting companies

The Sun Life group of companies operates under the "Sun Life" name strictly as a marketing name, and no legal significance is expressed or implied. In the United States and elsewhere, insurance products are offered by members of the Sun Life group that are insurance companies. Sun Life Financial Inc., the publicly traded holding company for the Sun Life group of companies, is not an insurance company and does not guarantee the obligations of these insurance companies. Each insurance company relies on its own financial strength and claims-paying ability.

Public sector plans

We are pleased to offer employee benefits that meet the unique needs and administrative practices of the public sector. Our public sector customers can design Group Life and AD&D, Disability, and Dental coverage to suit their needs, using these optional choices to tailor a plan:

- Group Life, Disability, and Dental can offer coverage for part-time employees working as few as 15 hours per week.
- A broader Waiver of Premium provision on Group Life protects older employees and includes longer filing periods.
- Longer Leave of Absence coverage for schools and municipalities.
- Group Life coverage for elected officials, in states that allow it.
- Banking of Sick Leave with Disability, which means we do not require employees to use accumulated sick leave for disability after the Elimination Period.
- Employees are not required to take a disability benefit from their pension plan if taking the benefit reduces the employees' accrued retirement benefit.
- Dental plans including Participating Provider Organization (PPO), Prepaid/DHMO, Dual or Triple Choice, and Voluntary plans.

Plus, as a standard part of Group Life and AD&D, Disability, and Dental coverage, Public Sector customers receive a service guarantee that covers the speed and accuracy of claims processing as well as how quickly we respond to inquiries. The service guarantee is available to all 100% employer-paid and partially employer-paid plans.

Group Dental

We are pleased to offer comprehensive PPO plans and flexible features that can be easily paired to meet your group's dental needs. Here are the highlights:

- **Flexible Plan Designs:** Employers can customize our Passive PPO, Active PPO, and/or Maximum Allowable Charge (MAC) plans to meet their needs.* Offer two plans for a Dual Choice benefit. Include optional features—like orthodontia coverage—for a more robust offering. Adjust benefit waiting periods, deductibles, and some procedure types to suit your employees and your bottom line.
 - **Voluntary Dental:** Once a plan design is selected, employers can choose to offer the plan at 100% employee paid for a truly voluntary plan. All voluntary plans are equipped with a voluntary enrollment strategy to improve participation in the plan. Participation requirements apply.
 - **Administrative Services Only (ASO) Dental:** An Administrative Services Only (ASO) plan offers the cost advantages of self-funding while providing the same claims processing, payment, reporting and other administrative services found in a fully insured plan. Dental ASO is an administrative service provided to employer sponsored, self-insured dental plans. It is not insurance.
 - **Sun Life Dental Network®:** Our Dental plans offer one of the nation's largest PPO **networks**¹. With strong provider penetration and quality assurance controls, it's easy for employees to receive quality dental care from a network dentist near home or work.
 - **Lifetime of Smiles®:** We know oral health leads to overall health. That's why we built a program to encourage preventive care with optional benefits, such as Preventive Max Waiver® to allow families and individual to get routine dental care without tapping into their annual maximums or Family Share Max® which allows families to pull from one shared dental coverage pool replacing traditional individual maximums.
 - **Robust Online Services:** Employers with Sun Life Dental have access to Sun Life Connect, our user friendly portal for online administration. Your employees can create a Sun Life account to view Explanation of Benefits, find a dentist, learn about dental insurance, read about dental health, and more.
 - **Great Service, Guaranteed:** We are dedicated to providing our customers with prompt, responsive customer service. To prove it, we offer a money-back service guarantee that covers the speed and accuracy of our claims processing as well as how quickly we respond to our customers' phone calls. In addition, we include an overall satisfaction guarantee to ensure that our customers are 100% satisfied with our service. If we do not meet our service standards, the employer will receive a refund via check. Sun Life's maximum liability under this guarantee for any policy year is limited to the lesser of 3% of the policyholder's annual Dental premium or \$5,000. The maximum payment for a breach of any one component is one-third of the maximum liability (lesser of 1% or \$1,667). If a policyholder has more than one line of insurance coverage, the Overall Satisfaction component will be paid only if the service issue arises under this guarantee. Certain limitations apply.
1. Zelis 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.

*Product offerings may not be available in all states and may vary depending on state laws and regulations.

Group Dental coverage is underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) under Policy Form Series 15-GP-01.

Group Dental

Class

All Eligible Employees

Plan design and rates

Basic Plan design summary

| Dental plan overview | |
|---|---|
| Eligible Employees: | All Full-Time United States Employees working in the United States who are scheduled to work a minimum of 20 hours per week |
| Effective Date: | January 1, 2023 |
| Plan type | Maximum Allowable Charge |
| Dental PPO Network | Sun Life Dental Network SM |
| In-Network Reimbursement | Sun Life Dental Network SM |
| Out-of-Network Reimbursement | 45% off the 80th Percentile of the Usual and Customary Charge |
| Orthodontic coverage (Type IV) | This plan includes Child Only Orthodontic coverage. A person must be covered under a Dental Plan to be eligible for Orthodontic coverage |
| Dependent Coverage Children | Children to age 26 |
| Annual Enrollment | Yes |
| Employee coverage contributions | Employee pays for a portion or all of the cost of Employee coverage |
| Dependent coverage contributions | Employee pays for a portion or all of the cost of Dependent coverage |

The listed coinsurance percentages shown below represent the portion of Sun Life's allowable charge for which the plan will be responsible. Network providers agree to accept the network's allowable charge for covered services as payment in full. If covered employees or their eligible dependents receive services from a non-network provider, Sun Life will apply the coinsurance percentages shown below to 45th Percentile of the usual and customary charge for covered services and they will be responsible for the difference up to the provider's charge.

Calendar Year Deductible

| Procedure Type | In-Network Deductible | Out-of-Network Deductible |
|----------------------------|--------------------------------|--------------------------------|
| Type I Preventive Services | Not applicable | |
| Type II Basic Services | \$50 individual / \$150 family | \$50 individual / \$150 family |
| Type III Major Services | | |
| Type IV Ortho Services | Not applicable | |

Group Dental coverage is underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) under Policy Form Series 15-GP-01.

Deductible values are combined between In-Network and Out-of-Network.

Coinsurance

| | 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% |

Benefit Waiting Periods

- A Late Entrant Benefit Waiting Period of 6 months for Type II Basic Restorations, 12 months for all other Type II Basic Services, and 12 months for Type III Major Services will apply to employees who enroll in this dental plan more than 31 days after becoming eligible.
- A Late Entrant Benefit Waiting Period of 12 months for Type IV Orthodontic Services will apply to employees who enroll in this dental plan more than 31 days after becoming eligible.

Calendar Year Maximum Benefit

| | In-Network | Out-of-Network |
|--|--|--|
| Types I, II and III (Preventive, Basic and Major) Services | \$1,000 per person | \$1,000 per person |
| Type IV Ortho Services | \$1,000 lifetime per child under age 26 | \$1,000 lifetime per child under age 26 |

This plan includes Preventive Max Waiver®, which makes regular dental checkups easy by not counting Type I Preventive expenses toward the annual plan maximum. This leaves more coverage for employees and their covered dependents when they need it most, encouraging employees to maintain good oral health with routine care.

Group Dental coverage is underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) under Policy Form Series 15-GP-01.

Basic Plan covered expenses

| Type I Preventive covered dental expenses | Coverage limitations |
|---|---|
| Oral Evaluations | 2 in any calendar year |
| Dental Prophylaxis (Cleanings) | 1 per 6 months - frequency combined with Periodontal Maintenance |
| Fluoride Treatments | Covered Persons under age 19 1 in any 6 consecutive months |
| Sealants | Covered Persons under age 16 Once per tooth per 36 consecutive months on permanent first and second molars |
| Full Mouth X-Rays | 1 in 60 consecutive months |
| Bite-Wing X-Rays | 2 in a calendar year |
| Intraoral X-Rays | 4 Films in any 12 month period |
| Space Maintainers | Covered Persons under age 19 Once per tooth in any 3 year period |
| Type II Basic covered dental expenses | Coverage limitations |
| Palliative Treatment | Paid as a separate benefit only if no treatment, except x-rays, was rendered during the visit |
| Simple Extractions | No Limitation |
| Periodontal Maintenance | Periodontal Maintenance following active Periodontal Therapy - Once in any 3 consecutive months. The number of Dental Prophylaxis and Periodontal Maintenance is combined and is limited to 4 in any 12 consecutive month period |
| Amalgam Restorations | Once per tooth surface in any 24 consecutive months |
| Composite and Silicate Restorations | Once per tooth surface in any 24 consecutive months and excluding posterior teeth |
| Periodontics (Non-Surgical) Scaling and Root Planing | Once per 24 consecutive months per area of the mouth |
| Surgical Periodontics | Once per 36 consecutive months per area of the mouth |
| Endodontics: Root Canal Therapy | Root Canal Therapy is limited to 1 time per tooth in any consecutive 24 months period |
| Oral Surgery: Surgical Extraction of Erupted and Impacted Teeth | Multiple surgical services on 1 area of the mouth will be based on the most inclusive procedure |
| General Anesthesia | Benefits payable as a separate expense only when required for the surgical extraction of an impacted tooth |

Group Dental coverage is underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) under Policy Form Series 15-GP-01.

| Type III Major covered dental expenses | Coverage limitations |
|--|---|
| Inlays and Onlays | Covered if tooth cannot be restored by fillings Once per tooth in any 5 years period |
| Crowns | Covered if tooth cannot be restored by filling or other means Once per tooth in any 5 years period |
| Crown Buildup | Once per 5 years |
| Full or Partial Dentures | Once in any 5 years |
| Fixed Bridges | Once in any 5 years |
| Surgical Implants | Once per 5 years |
| Type IV Orthodontic covered expenses | Coverage limitations |
| Orthodontic Treatment | Orthodontic treatment is limited to the Dependent Children or student age listed above |

Class

All Eligible Employees

Plan design and rates

Enhanced Plan design summary

| Dental plan overview | |
|---|---|
| Eligible Employees: | All Full-Time United States Employees working in the United States who are scheduled to work a minimum of 20 hours per week |
| Effective Date: | January 1, 2023 |
| Plan type | PPO |
| Dental PPO Network | Sun Life Dental Network SM |
| In-Network Reimbursement | Sun Life Dental Network SM |
| Out-of-Network Reimbursement | 90th Percentile of the Usual and Customary Charge |
| Orthodontic coverage (Type IV) | This plan includes Child Only Orthodontic coverage. A person must be covered under a Dental Plan to be eligible for Orthodontic coverage |
| Dependent Coverage Children | Children to age 26 |
| Annual Enrollment | Yes |
| Employee coverage contributions | Employee pays for a portion or all of the cost of Employee coverage |
| Dependent coverage contributions | Employee pays for a portion or all of the cost of Dependent coverage |

Group Dental coverage is underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) under Policy Form Series 15-GP-01.

The listed coinsurance percentages shown below represent the portion of Sun Life’s allowable charge for which the plan will be responsible. Network providers agree to accept the network’s allowable charge for covered services as payment in full. If covered employees or their eligible dependents receive services from a non-network provider, Sun Life will apply the coinsurance percentages shown below to 90th Percentile of the usual and customary charge for covered services and they will be responsible for the difference up to the provider’s charge.

Calendar Year Deductible

| Procedure Type | In-Network Deductible | Out-of-Network Deductible |
|----------------------------|--------------------------------|--------------------------------|
| Type I Preventive Services | Not applicable | |
| Type II Basic Services | \$50 individual / \$150 family | \$50 individual / \$150 family |
| Type III Major Services | | |
| Type IV Ortho Services | Not applicable | |

Deductible values are combined between In-Network and Out-of-Network.

Coinsurance

| | 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% |

Benefit Waiting Periods

- A Late Entrant Benefit Waiting Period of 6 months for Type II Basic Restorations, 12 months for all other Type II Basic Services, and 12 months for Type III Major Services will apply to employees who enroll in this dental plan more than 31 days after becoming eligible.
- A Late Entrant Benefit Waiting Period of 12 months for Type IV Orthodontic Services will apply to employees who enroll in this dental plan more than 31 days after becoming eligible.

Calendar Year Maximum Benefit

| | In-Network | Out-of-Network |
|--|---|---|
| Types I, II and III (Preventive, Basic and Major) Services | \$1,500 per person | \$1,500 per person |
| Type IV Ortho Services | \$1,500 lifetime per child under age 26 | \$1,500 lifetime per child under age 26 |

This plan includes Preventive Max Waiver®, which makes regular dental checkups easy by not counting Type I Preventive expenses toward the annual plan maximum. This leaves more coverage for employees and their covered dependents when they need it most, encouraging employees to maintain good oral health with routine care.

Group Dental coverage is underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) under Policy Form Series 15-GP-01.

Enhanced Plan covered expenses

| Type I Preventive covered dental expenses | Coverage limitations |
|---|---|
| Oral Evaluations | 2 in any calendar year |
| Dental Prophylaxis (Cleanings) | 1 per 6 months - frequency combined with Periodontal Maintenance |
| Fluoride Treatments | Covered Persons under age 19 1 in any 6 consecutive months |
| Sealants | Covered Persons under age 16 Once per tooth per 36 consecutive months on permanent first and second molars |
| Full Mouth X-Rays | 1 in 60 consecutive months |
| Bite-Wing X-Rays | 2 in a calendar year |
| Intraoral X-Rays | 4 Films in any 12 month period |
| Space Maintainers | Covered Persons under age 19 Once per tooth in any 3 year period |
| Type II Basic covered dental expenses | Coverage limitations |
| Palliative Treatment | Paid as a separate benefit only if no treatment, except x-rays, was rendered during the visit |
| Simple Extractions | No Limitation |
| Periodontal Maintenance | Periodontal Maintenance following active Periodontal Therapy - Once in any 3 consecutive months. The number of Dental Prophylaxis and Periodontal Maintenance is combined and is limited to 4 in any 12 consecutive month period |
| Amalgam Restorations | Once per tooth surface in any 24 consecutive months |
| Composite and Silicate Restorations | Once per tooth surface in any 24 consecutive months (Anterior and Posterior teeth) |
| Periodontics (Non-Surgical) Scaling and Root Planing | Once per 24 consecutive months per area of the mouth |
| Surgical Periodontics | Once per 36 consecutive months per area of the mouth |
| Endodontics: Root Canal Therapy | Root Canal Therapy is limited to 1 time per tooth in any consecutive 24 months period |
| Oral Surgery: Surgical Extraction of Erupted and Impacted Teeth | Multiple surgical services on 1 area of the mouth will be based on the most inclusive procedure |
| General Anesthesia | Benefits payable as a separate expense only when required for the surgical extraction of an impacted tooth |

Group Dental coverage is underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) under Policy Form Series 15-GP-01.

| Type III Major covered dental expenses | Coverage limitations |
|--|---|
| Inlays and Onlays | Covered if tooth cannot be restored by fillings Once per tooth in any 5 years period |
| Crowns | Covered if tooth cannot be restored by filling or other means Once per tooth in any 5 years period |
| Crown Buildup | Once per 5 years |
| Full or Partial Dentures | Once in any 5 years |
| Fixed Bridges | Once in any 5 years |
| Surgical Implants | Once per 5 years |
| Type IV Orthodontic covered expenses | Coverage limitations |
| Orthodontic Treatment | Orthodontic treatment is limited to the Dependent Children or student age listed above |

Dental rates and premium

Basic Plan

| | Total Employees | Dental and Orthodontia monthly rate | Total monthly premium |
|-----------------------|-----------------|-------------------------------------|-----------------------|
| Employee only | 501 | \$19.95 | \$9,994.95 |
| Employee + spouse | 83 | \$38.59 | \$3,202.97 |
| Employee + child(ren) | 61 | \$48.16 | \$2,937.76 |
| Employee + Family | 72 | \$58.81 | \$4,234.32 |
| Total | 717 | | \$20,370.00 |

Enhanced Plan

| | Total Employees | Dental and Orthodontia monthly rate | Total monthly premium |
|-----------------------|-----------------|-------------------------------------|-----------------------|
| Employee only | 1071 | \$27.01 | \$28,927.71 |
| Employee + spouse | 235 | \$52.24 | \$12,276.40 |
| Employee + child(ren) | 171 | \$64.07 | \$10,955.97 |
| Employee + Family | 180 | \$78.62 | \$14,151.60 |
| Total | 1657 | | \$66,311.68 |

For illustration purposes, the total employees shown for each plan is based on data provided to us. Actual employee count will vary at final enrollment.

Sequence Number: 1

Group Dental coverage is underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) under Policy Form Series 15-GP-01.

Included in this plan:

- This proposal is net of broker commissions
- 24-month rate guarantee from the Effective Date
- Rates assume 3136 eligible employees, with 2374 participating or 75.7% participation. Upon sale, quoted rates and benefits may be adjusted based on achieved participation levels
- Sun Life reserves the right to adjust rates if final participation is more than 10% different than the participation shown here
- Rates assume this is the only dental plan being offered to employees in this class.

Group Dental coverage is underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) under Policy Form Series 15-GP-01.

Assumptions

- Prior dental plan certificates are required.
- Rates available with a minimum participation of 65% of eligible employees (10 life minimum).
- High/Low must have 20 eligible employees and 10 enrolled lives (5 in each plan).
- A minimum of 5 children units are required for orthodontia coverage.
- Rates are based on the assumption that dental has been in force for 24+ months. We reserve the right to re-rate if coverage has been in force for less than 24 months.
- Assumes direct employer-employee relationship.
- Sun Life is assumed to be the sole provider of dental insurance to the employer named in this proposal.
- Notification of any employer-completed merger or acquisition.
- Standard Sun Life policy language, as filed in the policyholder's situs state, is offered. No special language or state filings are included unless approved in advance and policy provisions are subject to state requirements and availability.
- An employee must be Actively at Work on his/her Effective Date for coverage to become effective. If an employee is not Actively at Work on his or her Effective Date, coverage will not become effective until the employee is again Actively at Work. Continuity of coverage may apply for takeover plans.
- Common ownership of the business units.
- Sun Life requires a final census, which includes participation information for contributory/voluntary benefits, before the point of sale and reserves the right to re-rate the proposal upon verification of dates of birth, genders, salaries, individual benefit elections, and occupations.
- If post-enrollment review shows that the group did not meet all of the underwriting requirements, we reserve the right to re-rate retroactive to the Effective Date or terminate the contract.
- This quote is provided based on information provided with the proposal request. It is intended for informational purposes and is not an offer to contract. The Employer may apply for the group dental insurance shown in this proposal. If the application is accepted by Sun Life, the final rates and benefits will be based on the enrollment census and the verification of the information provided with the rate request.
- Rates assume the group does not currently have dental coverage with Sun Life. However, if the group is currently covered under a Sun Life plan, the rates quoted in this proposal are not valid, and the renewal rates will apply instead. Please contact your Sun Life representative for more information about your renewal rates.

This dental plan does not provide coverage for pediatric oral health services that satisfies the requirements for "minimum essential coverage" as defined by the Patient Protection and Affordable Care Act. ("PPACA").

Group Dental coverage is underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) under Policy Form Series 15-GP-01.

Disclosures

Policy disclosures

Dental

Limitations and Exclusions

The group policy, which is described in this proposal, may include exclusions. Exclusions may prevent expenses from being covered based on certain circumstances. The following expenses may not be covered:

- procedures not performed by a licensed dentist
- procedures not listed as covered dental expenses
- dental care for injuries that are work-related, self-inflicted, or not caused by an accident
- orthognathic surgery
- dental care resulting from active participation in a riot or commission of a felony
- experimental treatment, oral hygiene, plaque-control programs, and dietary instruction
- dental care for injuries sustained as a result of war or act of war
- charges for pulp caps
- charges for pulpal therapy
- charges for stainless steel crowns
- charges for fluoride treatments
- charges for sealants
- charges for space maintainers
- dental expenses incurred while coverage is not in force
- charges for care, treatment, services, or supplies to the extent that any benefit is provided by Medicare
- charges not customarily made when there is no insurance or charges for which there is no legal obligation to pay
- charges for failure to keep appointments
- replacement or repair of lost, stolen, or damaged prosthetic or orthodontic appliance
- additional services, such as orthodontia and/or surgical implants, are not covered, unless specifically listed under covered services.
- charges for diagnostic services and treatment of jaw joint problems, such as temporomandibular joint disorders, by any method unless specifically covered under the Certificate.

This plan provides out-of-network benefits on a Usual and Customary fee basis. Our Usual and Customary amounts are developed using industry available rate data supplemented with Sun Life's Dental charge data as appropriate. The out-of-network charge is then calculated at the selected percentile of such data. We review and update the non-network allowances manually in October.

Other limitations that are plan specific may apply. Please review the Design & Rates section for information on the specific limitations associated to each plan. Other exclusions may apply, please see your certificate for a complete list.

GDOT-6208

General disclosures

1. For current financial ratings, please visit www.sunlife.com.

The Sun Life group of companies operates under the “Sun Life” name strictly as a marketing name, and no legal significance is expressed or implied. In the United States and elsewhere, insurance products are offered by members of the Sun Life group that are insurance companies. Sun Life Financial Inc., the publicly traded holding company for the Sun Life group of companies, is not an insurance company and does not guarantee the obligations of these insurance companies. Each insurance company relies on its own financial strength and claims-paying ability.

2. 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. Emergency Travel Assistance is provided by Assist America®. Identity Theft Protection is provided by SecurAssist®, an Assist America program. ComPsych® is a registered trade mark of ComPsych Corporation. The entities that provide the value-added services are not subcontractors of Sun Life and Sun Life is not responsible or liable for the care, services, or advice provided by them. Sun Life reserves the right to discontinue any of the Services at any time. 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.

Service guarantees: If we do not meet the terms of a guarantee, a policyholder may request in writing a service guarantee review. Sun Life will determine whether it failed to meet the guarantee and whether a payment is made. If the request is approved, payment will be made by check during the policy year, as long as the policy remains in force during this time. Sun Life’s maximum liability under a guarantee for any policy year is limited to the lesser of 3% of the policyholder’s annual premium or \$5,000 for each line of coverage. The maximum payment for a breach of any one component of a guarantee is one-third of the maximum liability (lesser of 1% or \$1,667). If a policyholder has more than one line of insurance coverage, the Overall Satisfaction component will be paid under the guarantee under which the service issue arises. Please note the Service Guarantees apply to Life, STD (including ASO), LTD and Dental (including ASO). For ASO contracts, service guarantee payments will be based on the annual service fee. Service Guarantees are not available for Stop Loss, Accident, Critical Illness, Cancer, Hospital Indemnity or Gap.

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, 98P-ADD, 07-SL REV 7-12, 07P-LH-PT/07C-LH-PT, 01P-ADD-PT/01C-ADD-PT, GP-A, GC-A, 12-GP-01, 16-DEN-C-01, 12-DI-C-01, 16-DI-C-01, 13-SD-C-01, 12-AC-C-01, 16-AC-C-01, 16-ACPort-C-01, 13-ADD-C-01, 15-ADD-C-01, 12-GPPort-P-01, 13-ADDPort-C-01, 12-STDPort-C-01, ACPort-C-01, 13-SDPort-C-01, 16-SD-C-01, 16-SDPort-C-01, 16-CAN-C-01, 16-CANPort-C-01, 15-LF-C-01, 15-LFPort-C-01, 16-VIS-C-01, TDBPOLICY-2006, TDI-POLICY, 20-HI-C-01, 12-GPPORT-P-01, 20-HIORT-C-01, 21-PFML-GP-01-CT and 20-PFML-GP-01-MA. In New York, group insurance policies are underwritten by Sun Life and Health Insurance Company (U.S.) (Lansing, MI) under Policy Form Series 15-GP-01, 13-GP-LF-01, 13-LF-C-01, 13-GP-LH-01, 13-ADD-C-01, 12-DI-C-01, 13-LTD-C-01, 13-STD-C-01, 06P-NY-DBL, 06P-NY-DBL-R-PFL, 07-NYSL REV 7-12, GC-A, GP-A, 12-GP-SD-01, 13-SD-C-01, 12-GP-01, 12-AC-C-01, 12-GPPort-01, 13-LFPort-C-01, 13-ADDPort-C-01, 15-LF-GP-01, 15-SD-GP-01, 12-STDPort-C-01, 12-ACPort-C-01 and 13-SDPort-C-01. Prepaid dental products are provided and administered by Sun Life Assurance Company of Canada (SLOC) under Form Series BDC-GDSA, PDC, and are provided by prepaid dental companies, affiliated with SLOC, under Form Series BDC-GDSA, UDC-CA-GA06-UDC, UDC-CA-GA06-89, FB-NJ-0281, UDC-09-GDSA-TX, PDC in certain states except New York. Prepaid dental companies are Denticare of Alabama, Inc., United Dental Care of Arizona, Inc., UDC Dental California, Inc., United Dental Care of Colorado, Inc., Union Security DentalCare of Georgia, Inc., United Dental Care of Missouri, Inc., Union Security DentalCare of New Jersey, Inc., United Dental Care of New Mexico, Inc., UDC Ohio, Inc., United Dental Care of Texas, Inc., and United Dental Care of Utah, Inc. In New York, prepaid dental products are provided and administered by Sun Life and Health Insurance Company (U.S.) (SLHIC) (Lansing, MI) under Form Series BDC-GDSA-NY. Product offerings may not be available in all states and may vary depending on state laws and regulations.

This coverage does not constitute comprehensive health insurance (often referred to as “major medical coverage”) and does not satisfy the requirement for Minimum Essential Coverage under the Affordable Care Act.

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