

## Choosing to plan for sudden illness

# Critical Illness Insurance

## Can your finances survive a serious illness?

Maybe it's happened to someone you know. A sudden illness such as a heart attack or stroke can cause devastating physical and financial consequences. Every year about 735,000 Americans have a heart attack. Of these, 525,000 are a first heart attack and 210,000 happen in people who already had a heart attack.<sup>1</sup>

## How can critical illness insurance help?

For many, a critical illness can expose an individual to an unexpected gap in protection. While health plans may help cover many of the direct costs associated with a critical illness, related expenses such as lost income, child care, travel to and from treatment, high deductibles and co-pays may quickly diminish savings.

Critical illness insurance pays a fixed benefit if you are diagnosed after your coverage effective date with a covered critical illness.

## How do I know if I'm eligible to participate in this plan?

You can participate in this plan if you are a full-time employee of the policyholder or an associated company. Full-time means working 20 hours or more per week. Temporary or seasonal workers are not eligible.

This product is inappropriate for those persons who are eligible for Medicaid coverage.



### Key Advantages of This Plan

- Benefits are payable directly to you to be spent any way you choose.
- Pays in addition to any other coverage you may have.
- Flexible coverage options to meet your individual needs.
- Fast and accurate claims service.
- Coverage is fully portable - if you change jobs you can take your coverage with you.

Sources: <sup>1</sup> Mozaffarian D, Benjamin EJ, Go AS, et al. Heart disease and stroke statistics—2015 update: a report from the American Heart Association. *Circulation*. 2015;131:e29-322.

This critical illness only insurance policy provides limited benefits. This limited policy has some specific benefit limits and is not a medical insurance policy, a Medicare Supplement policy or a high deductible health plan or a policy of Workers' Compensation insurance. Please refer to the issued insurance policy for complete details and all benefit requirements, including all limitations, exclusions, restrictions and reductions. We reserve the right to cancel the policy with advance written notice to the policyholder. Insurance policies and certain policy benefits are subject to state variations and may not be available in all states. Issued insurance contracts determine all plan features and benefits. Contact Sun Life Financial for additional details.

## Critical Illness Q&A

### Q. What benefits are provided under this plan?

- A. If you are diagnosed with a covered critical illness, you could receive up to **\$20,000 as a single sum payment** depending on the amount of coverage you elect. You must be diagnosed after your coverage effective date and qualify for the benefit as defined by the policy. Your plan also includes a Wellness Screening benefit. Each critical illness pays a specified percentage of your election amount as shown below:

Covered Illness or Procedure	Initial Diagnosis Benefit Percent of Elected Benefit Payable
• Heart Attack	100%
• Stroke	100%
• End Stage Kidney Disease	100%
• Major Organ Failure	100%
• Occupational HIV/Hepatitis, B,C or D	100%
• Coronary Bypass Surgery	25%
• Angioplasty	5%

Your plan also includes expanded coverage for these additional conditions:

• Cancer - Invasive Cancer	100%
• Cancer - Carcinoma in Situ	25%
• Cancer - Skin Cancer	5%
• Blindness, Loss of Speech, or Loss of Hearing	100%
• Benign Brain Tumor, Paralysis or Coma	100%
• Advanced ALS (Lou Gehrig's Disease)	100%
• Advanced Alzheimer's Disease	25%
• Advanced Parkinson's Disease	25%

### Q. What if I am diagnosed with the same condition again?

- A. If you have received benefits under this plan for a covered critical illness and are diagnosed a second time with the same critical illness, you may qualify for the recurrence benefit. Recurrence benefits are available only for the critical illnesses shown below:

Covered Illness or Procedure	Recurrence Benefit Percent of Elected Benefit Payable
• Heart Attack	100%
• Stroke	100%
• End Stage Kidney Disease	100%
• Major Organ Failure	100%
• Coronary Bypass Surgery	25%
• Angioplasty	5%

The second diagnosis must occur at least 12 consecutive months after the initial diagnosis and you must not have been receiving treatment for the initial diagnosis for at least 12 consecutive months between the initial diagnosis and the second diagnosis. Once the recurrence benefit has been paid, no additional benefit will be paid for that critical illness

### Q. What is the Annual Wellness Screening Benefit?

- A. If you and your dependents enroll in the plan, each of you are eligible for \$100 per benefit year for any one Wellness Screening test from a list of more than 20 covered tests. Covered tests include: cardiac exercise stress test; fasting blood glucose test; blood test for lipids including total cholesterol, LDL, HDL and triglycerides; breast ultrasound or mammography; CA15-3 (blood test for breast cancer); CA 125 (blood test for ovarian cancer); CEA (blood test for colon cancer); chest x-ray; colonoscopy; flexible sigmoidoscopy; hemocult stool analysis; pap smear; PSA (blood test for prostate cancer); serum protein electrophoresis; carotid doppler; electrocardiogram; echocardiogram. In order to receive this benefit, the wellness screening test must be performed after your coverage effective date.

## Critical Illness Q&A

### Q. Can I receive benefits for more than one of these critical illnesses?

A. Yes, you can receive benefits for any covered critical illness shown but there must be at least 6 consecutive months between the diagnosis dates. You can only claim benefits once for each critical illness unless a recurrence benefit is payable.

### Q. Do I have to answer any health questions to enroll for this coverage?

A. You may enroll for up to \$20,000 of coverage for yourself, up to \$10,000 for your spouse and up to \$5,000 for each child without answering health questions.

### Q. Is there a pre-existing condition limitation?

A. Yes, a pre-existing condition applies to you and your dependent's coverage.

A pre-existing condition means an injury, sickness, symptom or physical finding, or any related injury, sickness, symptom or physical finding, for which you or your covered dependent consulted with or received advice from a licensed medical or dental practitioner; or received medical or dental care, treatment or services, including taking drugs, medicine, insulin or similar substances in the 12 months that end on the day before you or your covered dependent became insured under the policy. We will not pay benefits for claims resulting, directly or indirectly, from a pre-existing condition unless you or your covered dependent are initially diagnosed with a critical illness or undergo a procedure after 12 consecutive months during which you or your covered dependent are continuously insured under this plan.

See your certificate for additional pre-existing condition details.

### Q. When will my coverage become effective?

A. Your coverage starts on the entry date specified in the group policy, provided you are at active work on that date. Otherwise, your coverage will become effective on the day you return to full-time duties. If a family member is in a hospital on the day insurance would otherwise take effect, then insurance will take effect on the day after the family member leaves the hospital.

### Q. Can I take my insurance with me if I leave my employer?

A. Yes. **Portability** allows you to continue this group critical illness coverage until age 70 after terminating current employment.