

Cole County Commission

BENEFIT HIGHLIGHTS

**Discover new
ways to protect
what you love**



Sun Life

Life's brighter under the sun

Welcome

It's time to enroll in your benefits!

We are pleased to offer you coverage made available through Sun Life as part of your employee benefits program. With benefits from Sun Life, you can stay confident knowing that no matter what unexpected events lie ahead, you have made a plan to help protect your future and your finances.

This booklet contains information about the following coverages being offered to you:

Dental Insurance

Vision Insurance

Basic Life and Accidental Death and Dismemberment Insurance

Optional Life and Accidental Death and Dismemberment Insurance

These coverages may be available to your spouse and dependent children as well. Please take the time to review the benefits, your choices, and how much coverage costs, and select the ones that best fit your needs.

Enrolling is easy! Simply fill out your enrollment form and return it to your benefits administrator.

If you have questions about the benefits being offered to you, please reach out to your benefits administrator.

Get to know Sun Life

The coverages offered to you are made available through Sun Life. We are a leading provider of employee benefits in the U.S., and our mission is to help people protect what they love about their lives. You can count on our financial strength and strong global presence. Founded in 1865, Sun Life has operations in 26 countries and serves millions of people around the world.

Dental Insurance

COMMONLY COVERED

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

▶ PROTECTS YOUR SMILE.

You can feel more confident with dental insurance that encourages routine cleanings and checkups. Dental insurance helps protect your teeth for a lifetime.

▶ PREVENTS OTHER HEALTH ISSUES.

Just annual preventive care alone can help prevent other health issues such as heart disease and diabetes. Many plans cover preventive services at or near 100% to make it easy for you to use your dental benefits.

▶ LOWERS OUT-OF-POCKET EXPENSES.

Seeing an in-network dentist can reduce your fees approximately 30% from their standard fees. Add the benefits of your coinsurance to that and things are looking good for your wallet.

DENTAL FAST FACTS

Periodontal disease can lead to receding gums, bone damage, loss of teeth, and can increase the risk of other health problems such as heart disease and diabetes.¹

Treatment of gum disease in people with type 2 diabetes can lower blood sugar over time.²

CALENDAR YEAR MAXIMUM	IN-NETWORK	OUT-OF-NETWORK
Type I, II, III (Preventive, Basic and Major Services)	\$1,000 per person	\$1,000 per person
Type IV Ortho Service	\$1,000 lifetime per child under age 26	\$1,000 lifetime per child under age 26

CALENDAR YEAR DEDUCTIBLE

PROCEDURE	IN-NETWORK	OUT-OF-NETWORK
Type I Preventive Services	N/A	N/A
Type II, III (Basic and Major Services)	\$50 individual/\$150 family	\$50 individual/\$150 family
Type IV Ortho Services	N/A	N/A

THE PLAN PAYS THE FOLLOWING PERCENTAGE FOR PROCEDURES

PROCEDURE	IN-NETWORK	OUT-OF-NETWORK
Type I Preventive Services	100%	100%
Type II Basic Services	100%	80%
Type III Major Services	60%	50%
Type IV Ortho Services	50%	50%

SERVICES

Type I Preventive Dental Services, including:

- Oral evaluations – 1 in any 6 month period
- Routine dental cleanings – 1 in any 6 month period
- Fluoride treatment – 1 in any 6 month period. *Only for children under age 19*
- Sealants – no more than 1 per tooth in any 36 month period, only for permanent molar teeth. *Only for children under age 16*
- Bitewing x-rays – 1 in any 12 month period
- Intraoral complete series x-rays – 1 in any 60 month period
- Genetic test for susceptibility to oral diseases

Type II Basic Dental Services, including:

- New fillings
- Simple extractions, incision and drainage
- Endodontics (includes root canal therapy) – 1 per tooth in any 24 month period
- General anesthesia/IV sedation – medically required
- Minor gum disease (non-surgical periodontics)
- Scaling and root planing – 1 in any 24 month period per area
- Periodontal maintenance – 1 in any 6 consecutive months
- Localized delivery of antimicrobial agents
- Stainless steel crowns – *only for children under age 19*
- Major gum disease (surgical periodontics)

Type III Major Dental Services, including:

- Dentures and bridges – subject to 10 year replacement limit
- Inlay, onlay, and crown restorations – 1 per tooth in any 10 year period
- Dental implants – subject to 10 year replacement limit
- Surgical extractions of erupted teeth, impacted teeth, or exposed root
- Biopsy (including brush biopsy)
- Complex oral surgery

Type IV Ortho Services, including:

- Orthodontic treatment is limited to the dependent children or student age listed above

Waiting Periods

For a complete description of services and waiting periods, please review your certificate of insurance. If you were covered under your employer's prior plan the wait will be waived for any type of service covered under the prior plan and this plan.

- No waiting period for preventive, basic or major services
- No waiting period for orthodontic services

Frequently asked questions

How does a PPO work?

PPO stands for Participating Provider Organization. With a dental PPO plan, dental providers agree to participate in a dental network by offering discounted fees on most dental procedures. When you visit a provider in the network, you could see lower out-of-pocket costs because providers in the network agree to these pre-negotiated discounted fees on eligible claims.

How do I find a dentist?

Simply visit www.sunlife.com/findadentist. Follow the prompts to find a dentist in your area who participates in the PPO network. You do not need to select a dentist in advance. The PPO network for your plan is the Sun Life Dental Network® with 130,000+ unique dentists.

Do I have to choose a dentist in the PPO network?

No. You can visit any licensed dentist for services. However, you could see lower out-of-pocket costs when you visit a dentist in the network.

Are my dependents eligible for coverage?

Yes. Your plan offers coverage for your spouse³ and dependent children. An eligible child is defined as a child to age 26.⁴

What if I have already started dental work, like a root canal or braces, that requires several visits?

Your coverage with us may handle these procedures differently than your prior plan. To ensure a smooth transition for work in progress, call our dental claims experts before your next visit at 800-442-7742.

Do I have to file the claim?

Many dentists will file claims for you. If a dentist will not file your claim, simply ask your dentist to complete a standard American Dental Association (ADA) claim form and mail it to:

Sun Life
P.O. Box 2940
Clinton, IA 52733

How can I get more information about my coverage or find my dental ID card?

After the effective date of your coverage, you can view benefit information online at your convenience through your Sun Life account. To create an account go to www.sunlife.com/account and register. You can also access this information from our mobile app—*Benefit Tools*, which is available for Apple and Android devices. Or you can call Sun Life's Dental Customer Service at 800-442-7742. You can also call any time, day or night, to access our automated system and get answers to

common questions when it's convenient for you.

What value added benefits does my plan include?

Your plan includes our Lifetime of Smiles® program, with benefits many people prefer, such as brush biopsies for the early detection of oral cancer.

CONSIDER A PRE-DETERMINATION OF BENEFITS

They allow us to review your provider's treatment plan to let you know before treatment is started how much of the work should be covered by the plan, and how much you may need to cover. We recommend them for any dental treatment expected to exceed \$300.

1. American Academy of Periodontology http://www.perio.org/consumer/love_the_gums_you%27re_with. (accessed on 06/06/19)

2. <https://www.cdc.gov/diabetes/ndep/pdfs/150-Healthy-teeth-matter.pdf> (accessed 06/06/19)

3. If permitted by the Employer's employee benefit plan and not prohibited by state law, the term "spouse" in this benefit includes any individual who is either recognized as a spouse, a registered domestic partner, or a partner in a civil union, or otherwise accorded the same rights as a spouse.

4. Please see your employer for more specific information.

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

Dental plan provisions

Benefit adjustments

Benefits will be coordinated with any other dental coverage. Under the Alternative Treatment provision, benefits will be payable for the most economical services or supplies meeting broadly accepted standards of dental care.

Late entrant

If you or a dependent apply for dental insurance more than 31 days after you become eligible, you or your dependent are a late entrant. The benefits for the first 24 months for late entrants will be limited as follows:

TIME INSURED CONTINUOUSLY UNDER THE POLICY	BENEFITS PROVIDED FOR ONLY THESE SERVICES
Less than 6 months	Preventive Services
At least 6 months but less than 12 months	Preventive Services and fillings under Basic Services
At least 12 months but less than 24 months	Preventive and Basic Services
At least 24 months	Preventive, Basic, Major and Ortho Services

We will not pay for treatments subject to the late entrant limitation, and started or completed during the late entrant limitation period.

Rate Sheet

Coverage and **monthly** rate for Dental Insurance.

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

Coverage	Monthly Cost*
Employee	\$34.66
Employee + Spouse	\$76.68
Employee + Child(ren)	\$78.48
Employee + Family	\$115.22

*The rate is in effect for January 1, 2020. Contact your employer to confirm the portion of the cost for which you will be responsible.

Vision Insurance

COMMONLY COVERED

- ✓ Annual exams
- ✓ Lenses
- ✓ Frames
- ✓ Contact lenses
- ✓ Laser vision correction discount

▶ PROTECTS YOUR EYES.

You can help protect your eyesight by visiting an eye doctor regularly. Vision insurance includes an annual comprehensive eye exam with an eye care doctor. Taking care of your eyes today can lead to a better quality of life later.

▶ PREVENTS OTHER HEALTH ISSUES.

Just annual preventive care alone can help detect signs of chronic health conditions such as high blood pressure and diabetes. Early detection can be key before costly symptoms arise.¹

▶ LOWERS OUT-OF-POCKET EXPENSES.

Seeing an in-network eye care provider can reduce your expenses with savings on frames, lenses, contacts, eye exams and more.

VISION INSURANCE FAST FACTS

Roughly, 90% of diabetes-related blindness can be avoided by getting an annual eye exam.²

59% of adults report experiencing symptoms of digital eye strain, such as blurred vision or headaches.³

What's covered

BENEFIT	FREQUENCY	IN-NETWORK BENEFIT	OUT-OF-NETWORK BENEFIT
Exam services			
WellVision exam®	1 per 12 months	\$10 for exam	Up to \$52
Routine retinal screening		No more than a \$39 copay	N/A
Laser vision correction discount	Once per eye per lifetime.	Average 15% off the regular price or 5% off the promotional price. Discounts only available from contracted facilities.	N/A
Lenses			
Single lined	1 per 12 months	\$25 (lenses and frame)	Up to \$55
Bifocal lined			Up to \$75
Trifocal			Up to \$95
Lenticular			Up to \$125
Necessary contacts			Up to \$210
Lens enhancements			
Standard		\$50 copay	N/A
Premium progressive		\$80-\$90 copay	N/A
Custom progressive		\$120-\$160 copay	N/A
Other		Average savings of 35-40%	
Frames	1 per 24 months	\$130 for the frame of your choice and 20% off the amount over your allowance	Up to \$57
Elective contact lenses <i>Contact lenses are in place of lenses and frame.</i>	1 per 12 months	15% savings for your contact lens exam (fitting and evaluation) \$130 for contact lenses	Up to \$57
Additional glasses and sunglasses discount	30% off complete pairs of prescription and non-prescription glasses, including sunglasses for same-day purchases. 20% off all lens options for any other day. Discounts are unlimited for 12 months following exam.		N/A

This chart outlines services for Plan 3.

Administrative services for the vision insurance plan are provided by Vision Service Plan (VSP).

Frequently asked questions

How do I use my vision benefit?

Once enrolled, simply tell your VSP doctor you're a member and they will handle the rest. If you visit an in-network doctor for services and materials, you don't need an ID card or have forms to complete.

How do I locate an in-network VSP doctor?

You will have access to the largest national network⁴ of private-practice eye care doctors in the industry through Vision Service Plan (VSP). There are three ways to find an in-network doctor:

1. Visit vsp.com and select the Signature network.
2. Call VSP at 800-877-7195.
3. Download our mobile app, Benefit Tools, and search for a doctor near you.

What happens if I use an out-of-network doctor?

You will be required to pay the full amount to the doctor at time of service. You can then submit a claim for reimbursement, which is a lesser benefit when compared to visiting a VSP doctor.

When will my coverage become effective?

Your coverage starts on the effective date specified in your group policy, provided you are actively at work on that date. Otherwise, your coverage will become effective on the day you return to full-time duties.

Can I enroll as a late entrant?

If you elect coverage more than 31 days after your eligibility date, your effective date will be delayed to the next plan anniversary date.

Are my dependents eligible for coverage?

Yes. Your plan offers coverage for your spouse⁵ and dependent children. An eligible child is defined as a child to age 26.⁶

How can I get more information about my coverage?

After the effective date of your coverage, you can visit www.sunlife.com/account to create a Sun Life account. Once you're logged in, you'll be able to see your plan details and more. Or you can call VSP Customer Service at 800-877-7195.

Can I use my benefits to buy glasses or contacts online?

Absolutely. Just visit www.eyeconic.com. Once you have linked your benefits you will be able to see how your coverage will be applied to different options that you are reviewing. Eyeconic features a virtual try-on tool so you can see how the glasses will look on you before you make your purchase.

1. <https://vsp.com/eye-symptoms.html> accessed 03/13/19.

2. <https://www.vsp.com/diabetes.html> accessed 03/13/19.

3. The Vision Council <https://www.thevisioncouncil.org/content/digital-eye-strain> accessed on 02/21/19.

4. Netminder as of December 2018.

5. If permitted by the Employer's benefit plan and not prohibited by state law, the term "spouse" in this benefit includes any individual who is either recognized as a spouse, a registered domestic partner, or a partner in a civil union, or otherwise accorded the same rights as a spouse.

6. Please see your employer for more specific information.

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

Rate Sheet

Coverage and **monthly** rate for Vision Insurance.

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

Coverage	Monthly Cost*
Employee	\$8.40
Employee + Spouse	\$16.80
Employee + Child(ren)	\$16.80
Employee + Family	\$25.20

*The rate is in effect for January 1, 2020. Contact your employer to confirm the portion of the cost for which you will be responsible.

Employer-paid Life and Accidental Death and Dismemberment (AD&D)

Cole County Commission | 903207

Protect your family

Life insurance provides the people you love with financial support when you can't be there—and when they need it most.

How it works

Your employer is providing coverage for you, at no cost to you!

Benefits

For you	\$15,000 , with no medical questions asked. Benefits are reduced to 65% at age 65, to 40% at age 70, to 25% at age 75, and to 15% at age 80. Your coverage ends at termination of employment or retirement.
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Reasons why you may need life insurance



Provide financial support for others



Pay household expenses



Pay tuition



Leave an inheritance or philanthropic gift



Pay funeral or medical expenses

Accidental Death and Dismemberment (AD&D)

This coverage includes an equal amount of AD&D insurance that provides a benefit if you suffer a covered accidental injury or die from a covered accident.	Benefits – This is a partial list. Refer to the certificate for the full list of covered accidental injuries.			
	Accidental injury	The plan pays	Accidental injury	The plan pays
	Accidental death	100%	Loss of speech only or hearing only	50%
	Quadriplegia	100%	Loss of limb (arm or leg)	50%
	Loss of sight of one eye	50%	Loss of thumb and index finger on same hand	25%

Additional considerations

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 not long-term-care insurance. It will reduce the total amount of the life insurance payment we pay to your beneficiary(ies). Receipt of the Accelerated Benefit may be taxable and may affect your eligibility for public assistance programs.
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.
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.
Services	Emergency Travel Assistance and Identity Theft Protection.

Life and AD&D FAQ

How is my benefit claim filed and paid?

You or your beneficiary(ies) and your employer will complete the appropriate claims forms and submit these to Sun Life. Our claims examiners review the claim and gather additional information if necessary. We will notify you or your beneficiaries when the decision is made. If your death claim is approved, beneficiaries may

elect to receive a lump sum payment or to have the benefit paid into an account where the funds accumulate interest and can be withdrawn at any time. (State restrictions apply and options may vary by state.) If your AD&D claim for an accidental injury is approved, the benefit amount will be paid directly to you.

Read the important plan provisions section for more information including limitations and exclusions.

Optional Life and Accidental Death and Dismemberment (AD&D) insurance

Cole County Commission | 903207

Protect your family

The people you love and support could face financial challenges if you were no longer around. Life insurance provides your loved ones with money they can use for household expenses, tuition, mortgage payments and more.

How it works

You have the opportunity to purchase additional life insurance, beyond what your employer has provided for you. Your employer is offering you and your coworkers this coverage as a group, at a group rate. You are responsible for paying all or a portion of the cost. Choose the benefit that best meets your needs and your budget.

Benefits

<p>For you</p>	<p>You can choose from \$10,000 to \$200,000—in increments of \$10,000, not to exceed 5 times your basic annual earnings—with no medical questions asked up to the Guaranteed Issue amount of \$150,000.</p> <p>The benefit amount is reduced to 65% at age 65, to 40% at age 70, to 25% at age 75, and to 15% at age 80.</p> <p>Your coverage ends at termination of employment or retirement.</p>
<p>For your spouse</p>	<p>If you elect coverage for yourself, you can choose from \$5,000 to \$100,000—in increments of \$5,000—with no medical questions asked up to the Guaranteed Issue amount of \$50,000.</p> <p>(The amount you select for your spouse cannot exceed 50% of your coverage amount.)</p> <p>Spouse rates are based on spouse age.</p> <p>The benefit amount is reduced to 65% when your spouse turns age 65.</p> <p>Coverage ends when your spouse turns age 70.</p> <p>The benefit amount may be reduced when the employee benefit amount is reduced.</p>
<p>For your child(ren)</p>	<p>If you elect coverage for yourself, you can choose 50% of your coverage, up to a maximum of \$10,000.</p> <p>The benefit amount may be reduced when the employee benefit amount is reduced.</p>



What does life insurance mean for the Jones family?

Jason and Charlotte just bought their first house and are expecting their first child. They didn't think they could afford life insurance—and they didn't think they needed it because they're young and healthy.

However, Jason's best friend from high school was recently killed in a car accident. Sadly, his wife is selling their home because she can't afford the mortgage on her own.

Jason and Charlotte started to rethink life insurance, and were surprised to find options at work that meet their budget.

Since most people would have trouble paying living expenses after several months if their primary wage earner died, it may be worth asking, who depends on you?*

A full benefit is payable for a dependent child who is 14 days to 23 years old or to age 25 if a full-time student.

Accidental Death and Dismemberment (AD&D)

You may choose an equal amount of AD&D insurance that provides a benefit if you suffer a covered accidental injury or die from a covered accident.	Benefits – This is a partial list. Refer to the certificate for the full list of covered accidental injuries.			
	Accidental injury	The plan pays	Accidental injury	The plan pays
	Accidental death	100%	Loss of speech only or hearing only	50%
	Quadriplegia	100%	Loss of limb (arm or leg)	50%
	Loss of sight of one eye	50%	Loss of thumb and index finger on same hand	25%

Additional considerations

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 not long-term-care insurance. It will reduce the total amount of the life insurance payment we pay to your beneficiary(ies). Receipt of the Accelerated Benefit may be taxable and may impact your eligibility for public assistance programs.
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.
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.
If I’ve had a life change	You may be able to adjust your coverage as your needs change (e.g., you get married or have a baby). Certain changes require you to answer health questions. Ask your employer for details.
Services	Emergency Travel Assistance and Identity Theft Protection.

Life and AD&D FAQ

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.

How is my benefit claim filed and paid?

You or your beneficiary(ies) and your employer will complete the appropriate claims forms and submit

these to Sun Life. Our claims examiners review the claim and gather additional information if necessary. We will notify you or your beneficiaries when the decision is made. If your death claim is approved, beneficiaries may elect to receive a lump sum payment or to have the benefit paid into an account where the funds accumulate interest and can be withdrawn at any time. (State restrictions apply and options may vary by state.) If your AD&D claim for an accidental injury is approved, the benefit amount will be paid directly to you.

Read the important plan provisions section for more information including limitations and exclusions.

* Facts About Life 2016, LIMRA.com, September 2016, accessed June 2018.

Rate Sheet

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

Rates are effective as of January 01, 2020.

The chart below shows possible coverage amounts and corresponding costs per month.

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

Age and Cost											
Coverage Amounts	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$10,000	0.95	0.95	1.04	1.23	1.99	3.42	5.22	8.45	11.87	20.33	20.33
\$20,000	1.90	1.90	2.08	2.46	3.98	6.84	10.44	16.90	23.74	40.66	40.66
\$30,000	2.85	2.85	3.12	3.69	5.97	10.26	15.66	25.35	35.61	60.99	60.99
\$40,000	3.80	3.80	4.16	4.92	7.96	13.68	20.88	33.80	47.48	81.32	81.32
\$50,000	4.75	4.75	5.20	6.15	9.95	17.10	26.10	42.25	59.35	101.65	101.65
\$60,000	5.70	5.70	6.24	7.38	11.94	20.52	31.32	50.70	71.22	121.98	121.98
\$70,000	6.65	6.65	7.28	8.61	13.93	23.94	36.54	59.15	83.09	142.31	142.31
\$80,000	7.60	7.60	8.32	9.84	15.92	27.36	41.76	67.60	94.96	162.64	162.64
\$90,000	8.55	8.55	9.36	11.07	17.91	30.78	46.98	76.05	106.83	182.97	182.97
\$100,000	9.50	9.50	10.40	12.30	19.90	34.20	52.20	84.50	118.70	203.30	203.30
\$110,000	10.45	10.45	11.44	13.53	21.89	37.62	57.42	92.95	130.57	223.63	223.63
\$120,000	11.40	11.40	12.48	14.76	23.88	41.04	62.64	101.40	142.44	243.96	243.96
\$130,000	12.35	12.35	13.52	15.99	25.87	44.46	67.86	109.85	154.31	264.29	264.29
\$140,000	13.30	13.30	14.56	17.22	27.86	47.88	73.08	118.30	166.18	284.62	284.62
\$150,000	14.25	14.25	15.60	18.45	29.85	51.30	78.30	126.75	178.05	304.95	304.95
\$160,000	15.20	15.20	16.64	19.68	31.84	54.72	83.52	135.20	189.92	325.28	325.28
\$170,000	16.15	16.15	17.68	20.91	33.83	58.14	88.74	143.65	201.79	345.61	345.61
\$180,000	17.10	17.10	18.72	22.14	35.82	61.56	93.96	152.10	213.66	365.94	365.94
\$190,000	18.05	18.05	19.76	23.37	37.81	64.98	99.18	160.55	225.53	386.27	386.27
\$200,000	19.00	19.00	20.80	24.60	39.80	68.40	104.40	169.00	237.40	406.60	406.60

Spouse - Coverage and monthly cost for Spouse Optional Life.

Rates are effective as of January 01, 2020.

The chart below shows possible coverage amounts and corresponding costs per month.

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

Age and Cost										
Coverage Amounts	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69
\$5,000	0.34	0.34	0.38	0.48	0.86	1.57	2.47	4.09	5.80	10.03
\$10,000	0.67	0.67	0.76	0.95	1.71	3.14	4.94	8.17	11.59	20.05
\$15,000	1.01	1.01	1.14	1.43	2.57	4.71	7.41	12.26	17.39	30.08
\$20,000	1.34	1.34	1.52	1.90	3.42	6.28	9.88	16.34	23.18	40.10
\$25,000	1.68	1.68	1.90	2.38	4.28	7.85	12.35	20.43	28.98	50.13
\$30,000	2.01	2.01	2.28	2.85	5.13	9.42	14.82	24.51	34.77	60.15
\$35,000	2.35	2.35	2.66	3.33	5.99	10.99	17.29	28.60	40.57	70.18
\$40,000	2.68	2.68	3.04	3.80	6.84	12.56	19.76	32.68	46.36	80.20
\$45,000	3.02	3.02	3.42	4.28	7.70	14.13	22.23	36.77	52.16	90.23
\$50,000	3.35	3.35	3.80	4.75	8.55	15.70	24.70	40.85	57.95	100.25
\$55,000	3.69	3.69	4.18	5.23	9.41	17.27	27.17	44.94	63.75	110.28
\$60,000	4.02	4.02	4.56	5.70	10.26	18.84	29.64	49.02	69.54	120.30
\$65,000	4.36	4.36	4.94	6.18	11.12	20.41	32.11	53.11	75.34	130.33
\$70,000	4.69	4.69	5.32	6.65	11.97	21.98	34.58	57.19	81.13	140.35
\$75,000	5.03	5.03	5.70	7.13	12.83	23.55	37.05	61.28	86.93	150.38
\$80,000	5.36	5.36	6.08	7.60	13.68	25.12	39.52	65.36	92.72	160.40
\$85,000	5.70	5.70	6.46	8.08	14.54	26.69	41.99	69.45	98.52	170.43
\$90,000	6.03	6.03	6.84	8.55	15.39	28.26	44.46	73.53	104.31	180.45
\$95,000	6.37	6.37	7.22	9.03	16.25	29.83	46.93	77.62	110.11	190.48
\$100,000	6.70	6.70	7.60	9.50	17.10	31.40	49.40	81.70	115.90	200.50

Child - Coverage and monthly cost for Child Optional Life.

Rates are effective as of January 01, 2020.

The chart below shows possible coverage amounts and corresponding costs per month.

Coverage Amounts	Cost per Month
\$5,000	0.84
\$10,000	1.68

Important plan provisions

The following coverage(s) do not constitute comprehensive health insurance (often referred to as “major medical coverage”) and do not satisfy the requirement for Minimum Essential Coverage under the Affordable Care Act. They do NOT provide basic hospital, basic medical, or major medical insurance as defined by the New York State Department of Financial Services.

To become insured, all persons must be actively at work and performing their regular duties at their usual place of business on the proposed effective date or their date of coverage will be deferred until they return to active work. Refer to the Certificate for details and similar requirements for dependent coverage.

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

If cause of death is suicide, no amount of contributory Life insurance will be paid if suicide occurs within a specific time period after the insurance or increase in insurance becomes effective. Please see the 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.

Information about services offered

Value-added services are not insurance, are offered only on specific lines of coverage and carry a separate charge, which is added to the cost of the insurance. The cost is included in the total amount billed. Emergency Travel Assistance is provided by Assist America®. Identity Theft Protection is provided by SecurAssist®, an Assist America program. 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.

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 Financial companies include Sun Life and Health Insurance Company (U.S.) and Sun Life Assurance Company of Canada (collectively, “Sun Life Financial” or “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, 13-ADD-C-01, 15-GP-01, 15-LF-C-01, 15-ADD-C-01, 12-DI-C-01, 16-DI-C-01, TDBPOLICY-2006, TDI-POLICY, 12-AC-C-01, 16-AC-C-01, 12-SD-C-01, 16-SD-C-01, and 16-CAN-C-01.

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GVBH-EE-6701

SLPC 29219 08/18 (exp 08/20)



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.mysunlifebenefits.com
 - Click on *Apply for Evidence of Insurability Online*, follow the instructions, review your answers, and sign your application electronically before you submit. You will receive an official acknowledgment that Sun Life Financial 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.mysunlifebenefits.com.

- Click Download Paper Forms
- Click Employee Benefits
- Select Evidence of Insurability
- Select the EOI application for the state in which your company is headquartered

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.

Evidence of Insurability

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 Financial'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 only apply 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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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 COBRA

1. General Information

Employer Name Cole County Commission	Account / Policy Number 935397	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: _____ 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.

Elect	Refuse	Coverage
<input type="checkbox"/>	<input type="checkbox"/>	Dental: <input type="checkbox"/> Employee <input type="checkbox"/> Employee + Spouse <input type="checkbox"/> Employee + Child(ren) <input type="checkbox"/> Employee + Family Were you covered under another dental plan within the last 31 days? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," provide the termination date: _____ Reason for termination of coverage? _____
<input type="checkbox"/>	<input type="checkbox"/>	Vision: <input type="checkbox"/> Employee <input type="checkbox"/> Employee + Spouse <input type="checkbox"/> Employee + Child(ren) <input type="checkbox"/> Employee + Family

5. 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.
- For Dental coverage, I understand that I will not be entitled to benefits until the expiration of any Late Entrant benefit waiting period specified in the certificate of insurance.
- For Dental Insurance plans, I have the right to select any dental care provider of my choice.
- The dental plan includes a pre-determination provision that will advise me in advance of the benefits I may be eligible for if the procedure is performed.
- Coverages include benefit waiting periods, limitations and exclusions 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 Financial
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 COBRA

1. General Information

Employer Name Cole County Commission	Account / Policy Number 903207	Location
--	--	-----------------

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: _____ 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 Optional Life and Accidental Death & Dismemberment (AD&D) \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Spouse Optional Life Insurance \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Child Optional Life Insurance \$ _____

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 (EOI) may be required.
- For Life insurance, Evidence of Insurability may be required for amounts over my Guarantee Issue for this enrollment.
- Increases to current Life 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 and exclusions 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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Enroller name

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► **TALK TO YOUR BENEFITS ADMINISTRATOR
TODAY TO LEARN MORE ABOUT YOUR CHOICES.**



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