

Critical Illness insurance

Archdiocese of Denver, Inc | All Eligible Lay Employees | 960365

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	You can choose from \$10,000 to \$40,000 of coverage—in increments of \$10,000—with no medical questions asked. Your benefit amount is reduced to 50% at age 70.
For your spouse**	If you elect coverage for yourself, you can choose from \$10,000 to \$40,000 of coverage—in increments of \$10,000—with no medical questions asked. (Not to exceed 100% of your coverage amount.) <i>The benefit may be reduced when the employee benefit amount is reduced</i>
For your child(ren)	If you elect coverage for yourself, you can choose (for each eligible child) from \$5,000 to \$20,000 of coverage—in increments of \$5,000—with no medical questions asked. The coverage you select for your child(ren) cannot exceed 50% of your coverage amount.) An eligible child is defined as your child from birth to age 26.



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 ^R End-Stage Kidney Disease ^R Occupational HIV/Hepatitis B, C, or D Major Organ Failure ^R	Stroke ^R Coronary Artery Bypass Graft ^R (Plan pays 25%) Angioplasty ^R (Plan pays 5%) ^R = Recurrence Benefit available
Cancer Conditions	
Invasive Cancer Non-Invasive Cancer (Plan pays 25%) Skin Cancer (Plan pays 5%)	
Other Conditions	
Complete Blindness Complete Loss of Hearing Loss of Speech Benign Brain Tumor Coma	Paralysis Severe Burns Advanced ALS/Lou Gehrig's Disease Advanced Parkinson's Disease (Plan pays 25%) Advanced Alzheimer's Disease (Plan pays 25%)
Childhood Conditions – Applies to dependent children only	
Down Syndrome Cystic Fibrosis Type 1 Diabetes Mellitus Complex Congenital Heart Disease	Cerebral Palsy Cleft Lip/Palate Muscular Dystrophy Spina Bifida
Wellness screening benefit	
Payable to any covered person on your plan one time each year, once you provide proof of an eligible health screening.	Employee \$50 Spouse \$50 Child \$50

Additional plan features

- Wellness screening benefit:** The 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.)
- Recurrence Benefit:** We will pay you a second time for the same condition, for certain covered conditions as noted in the table by an (R). At least 6 consecutive months must pass between the initial and second diagnosis. Once the recurrence benefit has been paid, no additional benefit will be paid for that critical illness.

Critical Illness FAQs

How do I file a claim?

If you have a diagnosis after the effective date of coverage, you may file a claim with us. 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 critical illness?

Yes; however, there must be at least 12 consecutive months between the diagnosis dates. You can only claim benefits once for each covered condition unless a recurrence benefit is payable (see Additional Plan Features).

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/ahamah-public/@wcm/@sop/@smd/documents/downloadable/ucm_470707.pdf

**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.

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.

Critical Illness

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; a diagnosis that is not explicitly covered under the policy; a diagnosis that occurs prior to the effective date of coverage (unless it is a new and unrelated diagnosis that occurs after the effective date of coverage).

Covered conditions have specific diagnostic criteria that must be met (along with supporting documentation) for a benefit to be paid. For additional information regarding covered conditions, please request an outline of coverage.

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. HealthChampionSM (a health care support service) is not insurance and is provided by ComPsych[®]. ComPsych[®] is a registered trademark 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.

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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Rate Sheet

Rates are effective as of July 1, 2024.

The chart below shows possible coverage amounts and the corresponding costs per monthly pay period.

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

Employee Critical Illness Rates Age and Cost - Monthly Premium										
Coverage Amounts	<30	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69	70+
\$10,000	4.20	6.50	6.50	11.80	11.80	21.80	21.80	34.10	34.10	37.30
\$20,000	8.40	13.00	13.00	23.60	23.60	43.60	43.60	68.20	68.20	74.60
\$30,000	12.60	19.50	19.50	35.40	35.40	65.40	65.40	102.30	102.30	111.90
\$40,000	16.80	26.00	26.00	47.20	47.20	87.20	87.20	136.40	136.40	149.20

Spouse Critical Illness Rates Age and Cost - Monthly Premium										
Coverage Amounts	<30	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69	70+
\$10,000	4.20	6.50	6.50	11.80	11.80	21.80	21.80	34.10	34.10	37.30
\$20,000	8.40	13.00	13.00	23.60	23.60	43.60	43.60	68.20	68.20	74.60
\$30,000	12.60	19.50	19.50	35.40	35.40	65.40	65.40	102.30	102.30	111.90
\$40,000	16.80	26.00	26.00	47.20	47.20	87.20	87.20	136.40	136.40	149.20

Child Critical Illness	
Coverage Amounts	Age and Cost - Monthly Premium
\$5,000	0.55
\$10,000	1.10
\$15,000	1.65
\$20,000	2.20