



REV HOOPES TRUCKING, LLC
Aetna Open Access® Managed Choice® - QHDP

Coverage for: Individual + Family | Plan Type: POS



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. **NOTE: Information about the cost of this plan (called the premium) will be provided separately.**

This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, <https://www.aetna.com/sbcssearch/getpolicydocs?u=080200-120020-032081> or by calling 1-888-982-3862. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at <https://www.healthcare.gov/sbc-glossary/> or call 1-888-982-3862 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	For each Plan Year, In-Network: Individual \$5,000 / Family \$10,000. Out-of-Network: Individual \$10,000 / Family \$20,000.	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.
Are there services covered before you meet your deductible?	Yes. In-network preventive care is covered before you meet your deductible.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost sharing and before you meet your deductible. See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan?	In-Network: Individual \$5,000 / Family \$10,000. Out-of-Network: Individual \$15,000 / Family \$30,000.	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit?	Premiums, balance-billing charges, health care this plan doesn't cover & penalties for failure to obtain pre-authorization for services.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Will you pay less if you use a network provider?	Yes. See http://www.aetna.com/docfind or call 1-888-982-3862 for a list of in-network providers.	This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist?	No.	You can see the specialist you choose without a referral.



All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	0% <u>coinsurance</u>	20% <u>coinsurance</u>	None
	Specialist visit	0% <u>coinsurance</u>	20% <u>coinsurance</u>	None
	Preventive care /screening /immunization	No charge	20% <u>coinsurance</u> ; deductible doesn't apply to child immunizations; 40% <u>coinsurance</u> for gynecological exams, deductible doesn't apply	You may have to pay for services that aren't preventive. Ask your <u>provider</u> if the services needed are preventive. Then check what your <u>plan</u> will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	0% <u>coinsurance</u>	20% <u>coinsurance</u>	None
	Imaging (CT/PET scans, MRIs)	0% <u>coinsurance</u>	20% <u>coinsurance</u>	None
	Preferred generic drugs	0% <u>coinsurance</u> (retail & mail order)	20% <u>coinsurance</u> (retail)	Covers 30 day supply (retail), 31-90 day supply (retail & participating mail order). Includes contraceptive drugs & devices obtainable from a pharmacy. No charge for preferred generic FDA-approved women's contraceptives in- <u>network</u> . Review your <u>formulary</u> for prescriptions requiring precertification or step therapy for coverage. Your cost will be higher for choosing Brand over Generics. <u>Deductible</u> doesn't apply to certain preventive medications.
	Preferred brand drugs	0% <u>coinsurance</u> (retail & mail order)	20% <u>coinsurance</u> (retail)	
If you need drugs to treat your illness or condition	More information about <u>prescription drug coverage</u> is available at www.aetnapharmacy.com/aetnaadvancedcontrolaetna	0% <u>coinsurance</u> (retail & mail order)	20% <u>coinsurance</u> (retail)	
	Non-preferred generic/brand drugs	0% <u>coinsurance</u> (retail & mail order)	20% <u>coinsurance</u> (retail)	All prescriptions must be filled through the Aetna Specialty Pharmacy <u>Network</u> .
		Applicable cost as noted above for generic or brand drugs	Not covered	
	Specialty drugs			
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	0% <u>coinsurance</u>	20% <u>coinsurance</u>	None
	Physician/surgeon fees	0% <u>coinsurance</u>	20% <u>coinsurance</u>	None
	Emergency room care	0% <u>coinsurance</u>	0% <u>coinsurance</u>	No coverage for non-emergency use.
	Emergency medical transportation	0% <u>coinsurance</u>	0% <u>coinsurance</u>	Non-emergency transport: not covered, except if pre-authorized.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
	<u>Urgent care</u>	0% <u>coinsurance</u>	20% <u>coinsurance</u>	50% <u>coinsurance</u> for non-urgent use.
If you have a hospital stay	Facility fee (e.g., hospital room)	0% <u>coinsurance</u>	20% <u>coinsurance</u>	Penalty of \$400 for failure to obtain <u>pre-authorization</u> for out-of-network care.
	Physician/surgeon fees	0% <u>coinsurance</u>	20% <u>coinsurance</u>	None
If you need mental health, behavioral health, or substance abuse services	Outpatient services	Office & other outpatient services: 0% <u>coinsurance</u>	Office & other outpatient services: 20% <u>coinsurance</u>	None
	Inpatient services	0% <u>coinsurance</u>	20% <u>coinsurance</u>	Penalty of \$400 for failure to obtain <u>pre-authorization</u> for out-of-network care.
If you are pregnant	Office visits	No charge	20% <u>coinsurance</u>	<u>Cost sharing</u> does not apply for <u>preventive services</u> . Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound.) Penalty of \$400 for failure to obtain <u>pre-authorization</u> for out-of-network care may apply.
	Childbirth/delivery professional services	0% <u>coinsurance</u>	20% <u>coinsurance</u>	
	Childbirth/delivery facility services	0% <u>coinsurance</u>	20% <u>coinsurance</u>	
If you need help recovering or have other special health needs	<u>Home health care</u>	0% <u>coinsurance</u>	20% <u>coinsurance</u>	120 visits/ <u>plan year</u> combined with private-duty nursing. Penalty of \$400 for failure to obtain <u>pre-authorization</u> for out-of-network care.
	<u>Rehabilitation services</u>	0% <u>coinsurance</u>	20% <u>coinsurance</u>	60 visits/ <u>plan year</u> for Physical & Occupational Therapy combined, 60 visits/ <u>plan year</u> for Speech Therapy.
	<u>Habilitation services</u>	0% <u>coinsurance</u>	20% <u>coinsurance</u>	None
	<u>Skilled nursing care</u>	0% <u>coinsurance</u>	20% <u>coinsurance</u>	120 days/ <u>plan year</u> . Penalty of \$400 for failure to obtain <u>pre-authorization</u> for out-of-network care.
	<u>Durable medical equipment</u>	0% <u>coinsurance</u>	20% <u>coinsurance</u>	Limited to 1 <u>durable medical equipment</u> for same/similar purpose. Excludes repairs for misuse/abuse.
	<u>Hospice services</u>	0% <u>coinsurance</u>	20% <u>coinsurance</u>	Penalty of \$400 for failure to obtain <u>pre-authorization</u> for out-of-network care.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If your child needs dental or eye care	Children's eye exam	No charge	20% coinsurance	1 routine eye exam/24 months.
	Children's glasses	Not covered	Not covered	Not covered.
	Children's dental check-up	Not covered	Not covered	Not covered.

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)	
<ul style="list-style-type: none"> • Acupuncture • Bariatric surgery • Cosmetic surgery • Dental care (Adult & Child) 	<ul style="list-style-type: none"> • Glasses (Child) • Long-term care • Non-emergency care when traveling outside the U.S. • Routine foot care • Weight loss programs - Except for required preventive services.

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

<ul style="list-style-type: none"> • Chiropractic care - 20 visits/plan year. • Hearing aids - \$1,000 maximum/36 months. 	<ul style="list-style-type: none"> • Infertility treatment - or more information & exceptions, see policy document using summary box link on page 1. • Private-duty nursing - Included as part of <u>home health care</u>. • Routine eye care (Adult) - 1 routine eye exam/24 months.
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Your Rights to Continue Coverage:

There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Pennsylvania Department of Insurance, Bureau of Consumer Services, Phone: 877-881-6388, TTY/TDD: 717-783-3898, <http://www.insurance.pa.gov/Consumers>.

- For more information on your rights to continue coverage, contact the plan at 1-888-982-3862.
- If your group health coverage is subject to ERISA, you may also contact the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform.
- For non-federal governmental group health plans, you may also contact the Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.ccio.cms.gov.
- If your coverage is a church plan, church plans are not covered by the Federal COBRA continuation coverage rules. If the coverage is insured, individuals should contact their State insurance regulator regarding their possible rights to continuation coverage under State law.

Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights:

There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information on how to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact:

- Aetna directly by calling the toll free number on your Medical ID Card, or by calling our general toll free number at 1-888-982-3862.
- Pennsylvania Department of Insurance, Bureau of Consumer Services, Phone: 877-881-6388, TTY/TTD: 717-783-3898, <http://www.insurance.pa.gov/Consumers>.
- If your group health coverage is subject to ERISA, you may also contact the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform.
- For non-federal governmental group health plans, you may also contact the Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.cciio.cms.gov.

Does this plan provide Minimum Essential Coverage? Yes.

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

Does this plan meet Minimum Value Standards? Yes.

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

To see examples of how this plan might cover costs for a sample medical situation, see the next section.

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost-sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

- **The plan's overall deductible** **\$5,000**
- Specialist coinsurance **0%**
- Hospital (facility) coinsurance **0%**
- Other coinsurance **0%**

This EXAMPLE event includes services like:

Specialist office visits (*prenatal care*)
Childbirth/Delivery Professional Services
Childbirth/Delivery Facility Services
Diagnostic tests (ultrasounds and blood work)
Specialist visit (anesthesia)

Managing Joe's Type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

- **The plan's overall deductible** **\$5,000**
- Specialist coinsurance **0%**
- Hospital (facility) coinsurance **0%**
- Other coinsurance **0%**

This EXAMPLE event includes services like:

Primary care physician office visits (*including disease education*)
Diagnostic tests (blood work)
Prescription drugs
Durable medical equipment (glucose meter)

Mia's Simple Fracture

(in-network emergency room visit and follow up care)

- **The plan's overall deductible** **\$5,000**
- Specialist coinsurance **0%**
- Hospital (facility) coinsurance **0%**
- Other coinsurance **0%**

This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)
Diagnostic test (x-ray)
Durable medical equipment (crutches)
Rehabilitation services (physical therapy)

Total Example Cost	\$12,700
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In this example, Peg would pay:

Cost Sharing

Deductibles	\$5,000
Copayments	\$0
Coinsurance	\$0

What isn't covered

Limits or exclusions	\$60
The total Peg would pay is	\$5,060

Total Example Cost	\$5,600
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In this example, Joe would pay:

Cost Sharing

Deductibles	\$5,000
Copayments	\$0
Coinsurance	\$0

What isn't covered

Limits or exclusions	\$20
The total Joe would pay is	\$5,020

Total Example Cost	\$2,800
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In this example, Mia would pay:

Cost Sharing

Deductibles	\$2,800
Copayments	\$0
Coinsurance	\$0

What isn't covered

Limits or exclusions	\$0
The total Mia would pay is	\$2,800

Note: These numbers assume the patient does not participate in the plan's wellness program. If you participate in the plan's wellness program, you may be able to reduce your costs. For more information about the wellness program, please contact: 1-888-982-3862.

The plan would be responsible for the other costs of these EXAMPLE covered services.

PAYFLEX[®]

What you need to know when opening your account

Protecting your health savings account (HSA)

When you apply for your HSA, we'll first need to confirm some of your information. We'll confirm your full name, address, birth date and Social Security number. This is required under Section 326 of the USA PATRIOT Act. It's also known as the Customer Identification Process (CIP).

For faster enrollment, make sure your information is complete and correct

Always use the most accurate and current information when you enroll in an HSA.

Here are a few tips:

- Use your current residential address, not a PO box or a non-U.S. address.
- You must be at least 18 years old.
- Use your full legal name. You may not have legally changed your name after marriage or divorce yet.
- Don't use your nickname (for example, "Becky" for "Rebecca").
- Use your middle initial.
- Don't use the Americanized version of your name (for example, "Sue Young" rather than "Soon Yong").
- Don't use a different spelling of your name (for example, "Caren" for "Karen" or "Marie Delacruz" instead of "Marie De La Cruz").
- Use your correct Social Security number.

Next steps if your information doesn't pass

We'll send you a letter within three business days. It will explain the CIP issue and request the documentation needed to confirm your identity or address.

- If you don't respond within 30 days, we'll send you a second letter.
- If you don't respond within 30 days of your second letter, we'll send you a third and final letter.



Questions? Talk to us.

Visit payflex.com or call us directly at **1-844-PAYFLEX (1-844-729-3539)**. We're here to help Monday – Friday, 7 a.m. – 7 p.m. CT, and Saturday, 9 a.m. – 2 p.m. CT.

Don't forget:

- Carefully complete your enrollment application.
- Always respond if we ask for additional information.

PayFlex Systems USA, Inc.

This material is for informational and educational purposes only. It does not contain legal or tax advice. You should contact your legal counsel or your tax advisor if you have any questions or if you need additional information. Information is believed to be accurate as of the production date; however, it is subject to change. PayFlex cannot and shall not provide any payment or service in violation of any United States (U.S.) economic or trade sanctions. For more information about PayFlex, go to payflex.com.

Health Savings Account (HSA)

Saving money now and in the future

Want to reduce your taxable income and increase your take-home pay? Just enroll in an HSA today and start saving money on eligible health care expenses for you, your spouse and your tax dependents.

What do people love about the HSA?

- You can contribute pretax and post-tax dollars.
- You can contribute up to **\$3,550***/individual and **\$7,100***/family (pretax) annually.
- Unused funds roll over from year to year.
- Your HSA stays with you even if you switch employers, change health plans or retire.
- If you have an HSA somewhere else, you can transfer the balance to your new HSA.
- Your money can earn interest — plus, you can enjoy investment options.

Some common eligible expenses may include:

- Deductibles, copays and coinsurance
- Eligible prescriptions
- Vision care, including LASIK eye surgery
- Dental care, including orthodontia

Pay the PayFlex[®] way

Once funds are available in your HSA, PayFlex makes it easy to pay for your eligible expenses. You can:

- **Use the PayFlex Card[®], your account debit card:** When you use the PayFlex Card, your expense is automatically paid from your account.
- **Pay yourself back:** Pay for eligible expenses with cash, a check or your personal credit card. Then, withdraw funds from your HSA to pay yourself back. You can even have your payment deposited directly into your checking or savings account.
- **Pay your provider:** Use the PayFlex online feature to pay your provider directly from your account.

*The maximum contribution limits are subject to change annually.

**Please note that not all states provide favorable income tax treatment for HSAs.

Take care of your HSA and it could grow

There aren't many accounts where you can make tax-free contributions and tax-free withdrawals — while enjoying tax-free growth.** So why not use your HSA to help maximize your potential to save for your future?

Once you have a minimum balance (typically \$1,000) in your HSA, you can open an investment account. There are a variety of mutual funds to choose from. Plus, there are no transfer or trading fees. And no minimum investment amount for a trade request.



Keep it simple with the PayFlex Mobile[®] app

- Manage your account and view alerts.
- Make payments, withdrawals and deposits.
- View common eligible expense items, and more.

Are you eligible for an HSA?

To enroll in an HSA, you must be enrolled in a qualified high-deductible health plan. In addition, you cannot have:

- Other health coverage that pays for out-of-pocket health care expenses before you meet your plan deductible
- A general-purpose health care flexible spending account or health reimbursement arrangement in the same year (and neither can your spouse)
- Medicare or TRICARE
- Veterans Affairs medical benefits that have been used in the prior three months — except in cases where the hospital care or medical services were for a service-connected disability
- Someone claim you as a dependent on their tax return

HSA tips to remember:

- View the Internal Revenue Service contribution limits and a list of common eligible expense items on the PayFlex member website.
- Annual contribution limits include contributions made by both you and your employer (if applicable).
- You can make a one-time, tax-free transfer from an Individual Retirement Account. This amount counts toward your HSA annual contribution limit.
- If you're age 55 or older, you can contribute up to an additional \$1,000 annually.
- If you use your HSA for ineligible expenses, you'll need to pay income taxes and a 20 percent penalty tax on that amount. **Note:** If you're age 65 or older or disabled at the time of this withdrawal, you won't have to pay the penalty tax. However, you're still responsible for paying income taxes.
- Save your itemized statements, detailed receipts and any Explanation of Benefits statements for your expense records.

Got questions?

Just visit payflex.com or call us directly at 1-844-729-3539 (TTY: 711). We're here to help Monday - Friday 7a.m. - 7p.m. CT, and Saturday 9a.m. - 2p.m. CT.

PayFlex Systems USA, Inc.

There may be fees associated with a Health Savings Account ("HSA"). These are the same types of fees you may pay for checking account transactions. Please see the HSA fee schedule in your HSA enrollment materials for more information.

This material is for informational purposes only and is not an offer of coverage. It contains only a partial, general description of plan benefits or programs and does not constitute a contract. It does not contain legal or tax advice. You should contact your legal counsel if you have any questions or if you need additional information. In case of a conflict between your plan documents and the information in this material, the plan documents will govern. Eligible expenses may vary from employer to employer. Please refer to your employer's Summary Plan Description ("SPD") for more information about your covered benefits. Information is believed to be accurate as of the production date; however, it is subject to change. PayFlex cannot and shall not provide any payment or service in violation of any United States (U.S.) economic or trade sanctions. For more information about PayFlex, go to payflex.com.

Investment services are independently offered through a third-party financial institution. By transferring funds into an HSA investment account, you can potentially benefit from capital appreciation in the value of mutual fund holdings. However, you will also be exposed to a number of risks, including the loss of principal, and you should always read the prospectuses for the mutual funds you intend on purchasing to familiarize yourself with these risks.

The HSA investment account is an optional, self-directed service. We do not provide investment advice for HSA investment account participants. You are solely responsible for any investment account decisions you make. Mutual funds and brokerage investments are not FDIC-insured and are subject to investment risk, including fluctuations in value and the possible loss of the principal amount invested. The prospectus describes the funds' investment objectives and strategies, their fees and expenses, and the risks inherent to investing in each fund. Investors should always read the prospectus carefully before making any investment decision. System response and account access times may vary due to a variety of factors, including trading volumes, market conditions, system performance and other factors.

PayFlex Mobile® is a registered trademark of PayFlex Systems USA, Inc.

PayFlex Card® is a registered trademark of PayFlex Systems USA, Inc.

PAYFLEX®



Rev Group of Companies Telemedicine Service

WHAT is telemedicine?

Doctors available via phone or video, 24/7

WHEN should I call First Stop Health?

When you don't feel well, experience a minor injury or illness, run out of a prescription* while traveling, or have a medical question.

WHY should I use telemedicine?

It saves you time and money. Doctors can diagnose and treat you from the comfort of home (or wherever you are).

HOW does it work?

Call, log in at fshealth.com, or download the First Stop Health mobile app to request your doctor visit. You're all set to get started — no registration required!

HOW MUCH does it cost?

Nothing! \$0 — no fees or copays. It's provided to medical-enrolled employees and their covered dependents as part of the Rev Group of Companies benefits package.

Talk to a doctor 24/7!
888-691-7867

REVGroup
of Companies

TOP 10 REASONS

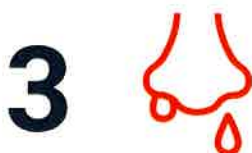
members call First Stop Health



1
Sore Throat



2
Cough



3
Sinus Infection



4
Urinary Tract Infection



5
Skin Rash



6
Eye Infection



7
Ear Ache



8
Upset Stomach



9
Muscle/Joint Pain

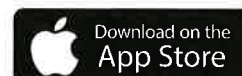


10
Rx Refill*



Rev Group of Companies provides
telemedicine to medical-enrolled
employees and their covered dependents
for FREE.

Get the app





Talk to a doctor from the safety of home

You don't like sitting in germey waiting rooms, especially when you're sick. So why get out of bed when you can talk to a doctor from the comfort and safety of home? Use telemedicine for:

- Muscle/Joint Pain
- Rx Refill*
- UTI
- Fever
- Toothache
- Headache
- Skin Rash
- Sore Throat
- And More

Rev Group of Companies provides telemedicine to medical-enrolled employees and their covered dependents for FREE!



Get the App





Where to turn when you need care

With more doctors and clinics offering virtual care, you might be wondering exactly where to turn when you're under the weather. Here's the breakdown:

Use First Stop Health

- get treatment for cough, sore throat, UTI and more
- avoid waiting rooms
- talk to a doctor in minutes
- ask a medical question (don't trust Dr. Google!)

See your primary physician

- schedule appointments for ongoing care for chronic conditions
- ask questions about lifestyle medications for hair loss, weight control, etc.

Rev Group of Companies provides First Stop Health to medical-enrolled employees and their covered dependents.



Get the App



You can also go to fshealth.com
or call 888-691-7867.

Paychex and NexGen EAP help you find balance in your life



Your Integrated EAP, Work/Life, and Wellness Benefit

Today, more than ever, we are looking for ways to stay healthy and balance our work responsibilities with a busy family life.

Your employer offers you and your eligible family members access to NexGen EAP, a prepaid and confidential service that provides quick online or telephonic support to assist you with day-to-day issues, improve your work/life balance and enhance your well being.

Your NexGen EAP® Benefits Include:

- 24/7 access to a NexGen EAP intake specialist
- Dedicated Personal Assistants
- Wellness program
- Personalized web portal
- NexGenEAP mobile app

Access to Quality EAP Counseling

NexGen EAP includes the coordination of confidential counseling referrals with a qualified provider.

Legal Consultations

Free legal consultations on issues such as budgeting, buying a home, bankruptcy, will preparation, immigration issues, ID theft resources, etc.

Total Wellbeing Program

Access through your personalized web portal.

- counseling
- work/life and wellness resources
- submit requests directly to your Personal Assistant
- access exclusive entertainment discounts
- chat live
- start a legal request

Virtual Concierge Services

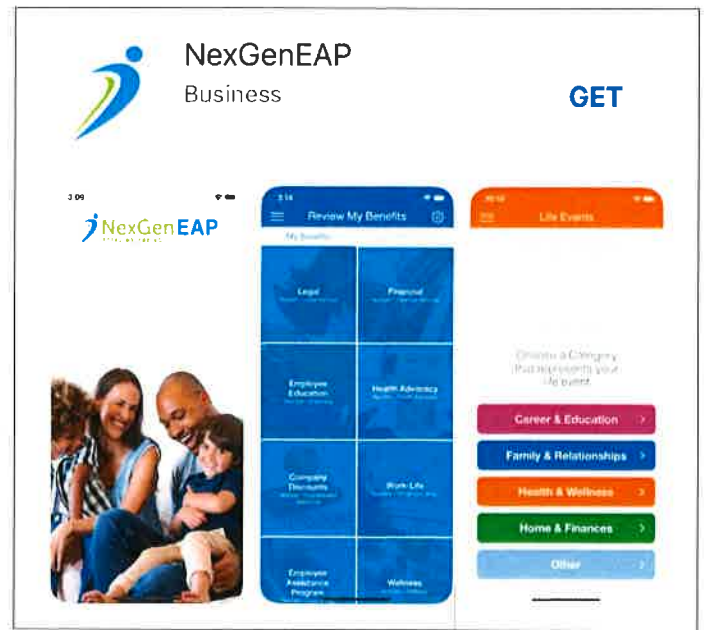
The Virtual Concierge Service is available 24/7 to save you valuable time and help you balance the competing demands of work and life. The Virtual Concierge Service features dedicated Personal Assistants available to provide you with research, referrals, or information on just about any topic.

Wellness Program

- Comprehensive Health Risk Assessment (HRA)
- Up to three sessions with a Personal Wellness Coordinator to help navigate wellness services
- Wellness tools, trackers, and articles

Pharmacy Discount Card

Your Prescription Drug Discount Card may provide discount pricing on commonly used prescription drugs at a variety of participating pharmacies. This card cannot be used in conjunction with health insurance. Login to www.eniweb.com to access your card.



NexGenEAP Mobile App

The NexGenEAP Mobile App gives you the ability to find information about counseling, Virtual Concierge services, and legal benefits.

To access EAP, Personal Assistant, Wellness, or Work/Life Services:

Simply call 1-800-960-5371 or go to www.eniweb.com and follow these steps:

- 1. Click on Member Log-in**
Enter user name & password if a returning user, or if a new user, click on Register
- 2. Enter Company ID: PAS220**
Enter 1st Name & Last Name
- 3. Click on Next & then continue to follow prompts**

Dental Insurance



COMMONLY COVERED

- ✓ Exams and cleanings
- ✓ X-rays
- ✓ Fillings
- ✓ Tooth extractions
- ✓ Root canals

► 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.

Your employer is offering you a choice of two dental plans. Please review the information for both the basic and enhanced plans. Then, choose the one plan that best fits your needs.

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

REV HOOPES TRUCKING, LLC

All Eligible Employees

POLICY # 945832

Sun Life Assurance Company of Canada

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What's covered (basic plan)

Good news! Your plan covers routine services like cleanings and exams at **100%**.

CALENDAR YEAR MAXIMUM	IN-NETWORK	OUT-OF-NETWORK
Type I, II (Preventive and Basic Services)	\$1,000 per person	\$1,000 per person

CALENDAR YEAR DEDUCTIBLE

PROCEDURE	IN-NETWORK	OUT-OF-NETWORK
Type I Preventive Services	N/A	N/A
Type II Basic Services	\$50 individual/\$150 family	\$50 individual/\$150 family

THE PLAN PAYS THE FOLLOWING PERCENTAGE FOR PROCEDURES

PROCEDURE	IN-NETWORK	OUT-OF-NETWORK
Type I Preventive Services	100%	100%
Type II Basic Services	80%	80%
Type III Major Services	0%	0%

SERVICES

Type I Preventive Dental Services, including:

- Oral evaluations – 2 in any 12 month period
- Routine dental cleanings – 2 in any 12 month period
- Fluoride treatment – 1 in any 6 month period. *Only for children under age 14*
- Sealants – no more than 1 per tooth in any 36 month period, only for permanent molar teeth. *Only for children under age 16*
- Space maintainers – *only for children under age 19*
- 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
- Surgical extractions of erupted teeth, impacted teeth, or exposed root
- Biopsy (including brush biopsy)
- 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 – 2 in any 12 consecutive

months

- Localized delivery of antimicrobial agents
- Major gum disease (surgical periodontics)
- Dentures and bridges – subject to 10 year replacement limit

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 or basic services

What's covered (enhanced plan)

Good news! Your plan covers routine services like cleanings and exams at **100%**.

CALENDAR YEAR MAXIMUM	IN-NETWORK	OUT-OF-NETWORK
Type I, II, III (Preventive, Basic and Major Services)	\$1,500 per person	\$1,500 per person
Type IV Ortho Service	\$1,000 lifetime per child	\$1,000 lifetime per child

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	80%	80%
Type III Major Services	50%	50%
Type IV Ortho Services	50%	50%

SERVICES

Type I Preventive Dental Services, including:

- Oral evaluations – 2 in any 12 month period
- Routine dental cleanings – 2 in any 12 month period
- Fluoride treatment – 1 in any 6 month period. *Only for children under age 14*
- Sealants – no more than 1 per tooth in any 36 month period, only for permanent molar teeth. *Only for children under age 16*
- Space maintainers – *only for children under age 19*
- 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
- Surgical extractions of erupted teeth, impacted teeth, or exposed root
- Biopsy (including brush biopsy)
- 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 – 2 in any 12 consecutive

months

- Localized delivery of antimicrobial agents
- Major gum disease (surgical periodontics)

Type III Major Dental Services, including:

- Dentures and bridges – subject to 10 year replacement limit
- Stainless steel crowns– *only for children under age 19*
- Inlay, onlay, and crown restorations – 1 per tooth in any 10 year period
- Dental implants – subject to 10 year replacement limit

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 (basic plan)

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.

How can using a network dentist help lower my costs?

You are free to use the dentist or specialist of your choice. However, this plan allows you to have access to the Sunlife Dental Network® PPO dentists and to take advantage of their fee discounts. Treatment is available from out-of-network dentists, but their fees are subject to an allowable charge. The allowable amount for out-of-network dentists is based on 45% off the 80th percentile of the amount charged by other dentists in the same geographic area. Patients are responsible for fees in excess of the allowable charge. There can be significant out-of-pocket expenses if an out-of-network dentist is chosen.

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

Frequently asked questions (enhanced plan)

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.

How can using a network dentist help lower my costs?

You are free to use the dentist or specialist of your choice. However, this plan allows you to have access to the Sunlife Dental Network® PPO dentists and to take advantage of their fee discounts. Treatment is available from out-of-network dentists, but their fees are subject to an allowable charge. The allowable amount for out-of-network dentists is based on 45% off the 80th percentile of the amount charged by other dentists in the same geographic area. Patients are responsible for fees in excess of the allowable charge. There can be significant out-of-pocket expenses if an out-of-network dentist is chosen.

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

Important information

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 12 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	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.

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

Limitations and exclusions

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

Dental

We will not pay a benefit for any Dental procedure, which is not listed as a covered dental expense. Any dental service incurred prior to the Effective date or after the termination date is not covered, unless specifically listed in the certificate. A member must be a covered dental member under the Plan to receive dental benefits. The Plan has frequency limitations on certain preventive and diagnostic services, restorations (fillings), periodontal services, endodontic services, and replacement of dentures, bridges and crowns. All services must be necessary and provided according to acceptable dental treatment standards. Treatment performed outside the United States is not covered, except for emergency dental treatment, subject to a maximum benefit. Dental procedures for Orthodontics; TMJ; replacing a tooth missing prior the effective date; implants and implant related services; or occlusal guards for bruxism are not covered unless coverage is elected or mandated by the state.

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.

This 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).

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

Group insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states, except New York, under Policy Form Series 15-GP-01 and 16-DEN-C-01.

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GVBH-EE-8384

SLPC 29579

Rates

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

Rates are effective as of May 1, 2021.

Dental coverage is contributory. You are responsible for paying for all or a part of the cost through payroll deduction.

Basic plan

Coverage	Cost per pay period*
Employee	\$6.92
Employee + Spouse	\$13.97
Employee + Child(ren)	\$20.84
Employee + Family	\$27.90

Enhanced plan

Coverage	Cost per pay period*
Employee	\$11.92
Employee + Spouse	\$24.06
Employee + Child(ren)	\$30.75
Employee + Family	\$42.89

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

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

REV HOOPES TRUCKING, LLC

All Eligible Employees

POLICY # 945832

Sun Life Assurance Company of Canada

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Vision Insurance

What's covered

BENEFIT	FREQUENCY	IN-NETWORK BENEFIT	OUT-OF-NETWORK BENEFIT
Exam services			
WellVision exam®	1 per 12 months	\$0 for exam	Up to \$60
Routine retinal screening		No more than a \$39 copay	N/A
Laser vision correction discount	Once per eye per life-time.	Average 15% off the regular price or 5% off the promotional price. Discounts only available from contracted facilities.	N/A
Lenses			
Single lined			Up to \$30
Bifocal lined			Up to \$50
Trifocal	1 per 12 months	Combined with Exams Copay (lenses and frame)	Up to \$65
Lenticular			Up to \$100
Necessary contacts			Up to \$210
Lens enhancements			
Standard		\$55 copay	N/A
Premium progressive		\$95-\$105 copay	N/A
Custom progressive		\$150-\$175 copay	N/A
Other		Average savings of 20-25%	N/A
Frames	1 per 12 months	\$130 for the frame of your choice and 20% off the amount over your allowance \$70 allowance at Costco® and Walmart®*	Up to \$70
Elective contact lenses	1 per 12 months	\$60 for your contact lens exam (fitting and evaluation) \$130 for contact lenses	Up to \$105
<i>Contact lenses are in place of lenses and frame.</i>			
Additional glasses and sunglasses discount	20% off complete pairs of prescription and non-prescription glasses, including sunglasses. Discounts are unlimited for 12 months following exam.		N/A
Coverage with retail providers	*Coverage with retail providers may be different. Check with Costco for VSP member pricing. Costco and Walmart allowance is equivalent to the allowance at preferred providers and other retail providers.		

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 Choice 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.

Important information

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

Limitations and exclusions

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

Vision

We will not pay a benefit for any vision materials, services or options that are not shown in the Benefit Highlights section of the certificate. Any vision service incurred prior to the Effective date or after the termination date is not covered. A member must be a covered vision member under the Plan to receive vision benefits. In no event will benefits exceed the lesser of the actual cost of the examination or materials or the limits of coverage shown in the Benefit Highlights section of the certificate. The plan is designed to cover visually necessary materials rather than cosmetic materials; the member will be responsible for any additional costs above the basic cost.

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.

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

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

Group insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states, except New York, under Policy Form Series 15-GP-01 and 16-VIS-C-01.

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GVBH-EE-8384

SLPC 29579

Rates

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

Rates are effective as of May 1, 2021.

Vision coverage is contributory. You are responsible for paying for all or a part of the cost through payroll deduction.

Coverage	Cost per pay period*
Employee	\$4.01
Employee + Spouse	\$8.03
Employee + Child(ren)	\$6.80
Employee + Family	\$11.21

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

Accident Insurance



You can purchase this coverage for you and your family. Child coverage is available to age 26.

▶ HELPS YOUR FINANCES AFTER A MISHAP.

When you, your spouse or child has a covered accident, like a fall from a bicycle that requires medical attention, you can receive cash benefits to help cover the unexpected costs.

▶ HELPS COVER RELATED EXPENSES.

While health plans may cover direct costs associated with an accident, you can use accident benefits to help cover related expenses like lost income, child care, deductibles and co-pays.

▶ PAYS CASH BENEFITS DIRECTLY TO YOU.

Accident Insurance can be used however you want, and it pays in addition to any other coverage you may already have. Benefits are payable directly to you. And get this – there are no health questions or pre-existing conditions limitations.

What's more, all family members on your plan are eligible for a wellness-screening benefit, also paid directly to you once each year per covered person.

ACCIDENT FAST FACTS

Falls

are the leading cause of injuries treated in emergency rooms every year, for people of all ages.¹

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

REV HOOPES TRUCKING, LLC

All Eligible Employees

POLICY # 945832

Sun Life Assurance Company of Canada

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800-247-6875 • sunlife.com/us

Accident Insurance

What's covered

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

DISLOCATIONS	LOW PLAN		HIGH PLAN	
	OPEN (SURGERY)	CLOSED (NO SURGERY)	OPEN (SURGERY)	CLOSED (NO SURGERY)
Hip	\$2,000	\$1,000	\$4,000	\$2,000
Knee, ankle, or bones of the foot	\$1,000	\$500	\$2,000	\$1,000
Elbow, wrist or Lower jaw	\$400	\$200	\$800	\$400
Shoulder	\$500	\$250	\$1,000	\$500
Collarbone or bones of the hand	\$800	\$400	\$1,600	\$800
Finger(s) or toe(s)	\$100	\$50	\$200	\$100
FRACTURES	OPEN (SURGERY)	CLOSED (NO SURGERY)	OPEN (SURGERY)	CLOSED (NO SURGERY)
Hip or thigh	\$2,000	\$1,000	\$4,000	\$2,000
Skull-depressed	\$3,000	\$1,500	\$6,000	\$3,000
Skull-simple	\$1,500	\$750	\$3,000	\$1,500
Vertebral processes, Bones of the face or Nose	\$350	\$175	\$700	\$350
Leg	\$1,000	\$500	\$2,000	\$1,000
Vertebrae, Sternum or Pelvis	\$800	\$400	\$1,600	\$800
Upper jaw or upper arm	\$375	\$190	\$750	\$375
Lower jaw, Collarbone, Shoulder, Forearm, Hand, Wrist, Foot, Ankle, Kneecap, Elbow or Heel	\$325	\$170	\$650	\$325
Rib, Finger, Toe or Coccyx	\$175	\$90	\$350	\$175
Multiple ribs	\$500	\$250	\$1,000	\$500
ADDITIONAL INJURIES				
Eye Injury - surgical repair	\$125		\$250	
Eye Injury - object remove	\$125		\$250	
Gunshot wound	\$250		\$500	
Paralysis—paraplegia	\$12,500		\$25,000	
Paralysis—quadriplegia	\$25,000		\$50,000	
Coma	\$5,000		\$10,000	
Concussion	\$50		\$100	
BURNS	2ND DEGREE	3RD DEGREE	2ND DEGREE	3RD DEGREE
20-40 square centimeters	\$200	\$500	\$400	\$1,000
41-65 square centimeters	\$400	\$1,000	\$800	\$2,000
66-160 square centimeters	\$600	\$3,000	\$1,200	\$6,000
161-225 square centimeters	\$800	\$7,000	\$1,600	\$14,000
More than 225 square centimeters	\$1,000	\$10,000	\$2,000	\$20,000
Skin graft	50% of the applicable Burn Benefit		50% of the applicable Burn Benefit	
LACERATIONS				
No sutures and treated by doctor	\$20		\$35	
Single laceration under 5 cm with sutures	\$35		\$65	
5-15 cm with sutures (total of all lacerations)	\$125		\$250	
Greater than 15 cm with sutures (total of all lacerations)	\$250		\$500	

MEDICAL SERVICES		
Diagnostic Exam - Arteriogram, Angiogram, CT, CAT, EKG, EEG, or MRI (1 time per benefit year)	\$100	\$200
Diagnostic Exam - X-ray (1 time per covered accident)	\$50	\$100
Accident Emergency Treatment, non-emergency room (once per covered accident)	\$100	\$150
Physician's Follow-up Treatment office visit (per visit, up to 6 times per covered accident)	\$75	\$100
Physical Therapy (per visit up to 10 visits per covered accident)	\$25	\$25
Medical Devices	\$400	\$500
Epidural Pain Management (up to 2 times per covered accident)	\$100	\$150
Prescription drug	\$35	\$50
Prosthesis (one)	\$250	\$500
Prosthesis (two)	\$500	\$1,000
Blood, Plasma, or Platelet Transfusion	\$100	\$200
HOSPITAL		
Hospital Admission (once per benefit year)	\$1,500	\$2,000
Hospital Confinement (per day up to 365 days per covered accident)	\$300	\$400
Intensive Care Unit Admission (once per Benefit Year; payable instead of Hospital Admission benefit if Confined immediately to ICU)	\$2,500	\$3,000
Intensive Care Unit Confinement (per day up to 14 days, payable in addition to any Hospital Confinement benefit)	\$300	\$500
Ambulance (Ground)	\$300	\$400
Ambulance (Air)	\$1,000	\$2,000
Emergency Room Admission	\$150	\$200
Family Lodging (per day up to 30 days per benefit year)	\$50	\$100
Transportation (100 or more miles up to 3 times per covered accident)	\$250	\$500
Rehabilitation Unit (per day up to 30 days per covered accident)	\$50	\$100
SURGERY		
Miscellaneous Surgery requiring general anesthesia (not covered by any other benefit)	\$150	\$300
Open Surgery	\$625	\$1,250
Exploratory Surgery or Debridement	\$125	\$250
Tendon/Ligament/Rotator Cuff Tear	\$300	\$625
Torn Knee Cartilage	\$300	\$625
Ruptured/Herniated Disc	\$300	\$625
EMERGENCY DENTAL		
Emergency Dental extraction	\$30	\$65
Emergency Dental crown	\$100	\$200
WELLNESS		
Wellness Screening Benefit (once per benefit year)	\$50	\$50
LIFE AND DISMEMBERMENT LOSSES*		
	LOW PLAN	HIGH PLAN
Accidental Death	\$15,000	\$25,000
Accidental Death Common Carrier (pays an additional benefit if accidental death occurs while traveling as a fare-paying passenger on a public conveyance)	\$30,000	\$100,000
Catastrophic Loss: Both arms or both hands, both legs or both feet, one hand and one foot or one arm and one leg, or irrecoverable loss of sight of both eyes	\$7,500	\$15,000
Loss of one hand, foot, leg, or arm	\$3,750	\$7,500
Loss of sight of one eye or loss of one eye	\$3,750	\$7,500
Two or more fingers or toes	\$2,000	\$2,000
One finger or one toe	\$1,000	\$1,000

Frequently asked questions

How do I file an accident claim?

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

What happens once my claim is approved?

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

Is there a time period that I need to follow?

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

How do I get the Wellness Screening Benefit?

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

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

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

Is my benefit taxable?

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

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

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

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

Important information

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

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

Limitations and exclusions

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

Accident

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

work-related illness or injuries unless you are enrolled in 24-hour coverage.

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

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

Group insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states, except New York, under Policy Form Series 12-GP-01, 12-AC-C-01, 15-GP-01 and 16-AC-C-01.

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GVBH-EE-8384

SLPC 29579

Rates

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

Rates are effective as of May 1, 2021.

Accident coverage is contributory. You are responsible for paying for all or a part of the cost through payroll deduction.

Low plan

Coverage	Cost per pay period*
Employee	\$4.46
Employee + Spouse	\$6.94
Employee + Child(ren)	\$7.85
Employee + Family	\$10.33

High plan

Coverage	Cost per pay period*
Employee	\$6.03
Employee + Spouse	\$9.89
Employee + Child(ren)	\$11.49
Employee + Family	\$15.35

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

Critical Illness Insurance



➤ HELPS PROTECT YOUR FINANCES FROM AN ILLNESS.

When you, your spouse or child is diagnosed with a covered condition, you can receive a cash benefit to help pay unexpected costs not covered by your health plan.

➤ HELPS COVER RELATED EXPENSES.

While health plans may cover direct costs associated with a critical illness, you can use your benefit to help with related expenses like lost income, child care, travel to and from treatment, deductibles and co-pays.

➤ PAYS A CASH BENEFIT DIRECTLY TO YOU.

Critical Illness insurance can be used however you want, and it pays in addition to any other coverage you may already have.

What's more, all family members on your plan are eligible for a wellness-screening benefit, also paid directly to you once each year per covered person.

With Critical Illness Insurance, you also get access to health care support services. You can talk with medical and claims experts about your medical coverage, benefits, diagnosis and treatment options.

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

For you	You can choose between \$10,000 and \$40,000 of coverage, in increments of \$10,000. No medical questions asked.
For your spouse	If you elect coverage for yourself, you can choose between \$10,000 and \$40,000 of coverage, in increments of \$10,000. No medical questions asked. Not to exceed 100% of your coverage amount.
For your child(ren)	If you elect coverage for yourself, you can choose between \$5,000 and \$20,000 of coverage, in increments of \$5,000. No medical questions asked. Not to exceed 50% of your coverage amount. An eligible child is defined as your child from birth to age 26.

REV HOOPES TRUCKING, LLC

All Eligible Employees

POLICY #: 945832

Sun Life Assurance Company of Canada

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Critical Illness Insurance

What's covered

Once your coverage goes into effect, you can file a claim for covered conditions diagnosed after your insurance plan's effective date. Below is the full list of conditions.

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 (Pays 25%) Angioplasty ^R (Pays 5%)
Cancer Conditions	Invasive Cancer ^R Noninvasive Cancer ^R (Pays 25%) Skin Cancer ^R (Pays 5%)	
Other Conditions	Complete Blindness Complete Loss of Hearing Loss of Speech Benign Brain Tumor Coma	Severe Burns Advanced ALS/Lou Gehrig's Disease Advanced Parkinson's Disease (Pays 25%) Advanced Alzheimer's Disease (Pays 25%) Paralysis
Childhood Conditions <i>Applies to dependent children only</i>	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

^R = Recurrence Benefit available

When would I need the Recurrence Benefit?

Sometimes people are diagnosed with the same condition twice. If this happens to you, and 12 consecutive months have passed between the first and second diagnoses, we'll pay you an additional benefit (the amount of which is noted in your Certificate). Only the conditions marked (R) in the table above are eligible for the Recurrence Benefit. Once a Recurrence Benefit has been paid, no additional benefit will be paid for that critical illness.

Frequently asked questions

Do I need to answer any health questions to enroll?

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

What if I have a pre-existing condition?

If you are diagnosed with a covered critical illness within 12 months of your insurance taking effect or 12 months following any increase in your amount of insurance, we will not pay any benefit for any pre-existing condition. A pre-existing condition includes anything you have sought treatment for in the 3 months prior to your insurance becoming effective. Treatment can include consultation, advice, care, services or a prescription for drugs or medicine.

How do I file a critical illness claim?

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

How do I get the Wellness Screening Benefit?

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

Can I receive benefits for more than one critical illness?

Yes. In order to receive benefits for more than one critical illness, there must be at least 6 consecutive months between each diagnosis date. You can only claim benefits once for each covered condition unless a recurrence benefit is payable.

How is my benefit taxed?

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

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 coverage when your employment terminates. Your employer can advise you about your options.

CRITICAL ILLNESS FAST FACT

*Most heart attack victims are middle-aged or older; the risk of a heart attack climbs for men after age 45 and for women after age 55.***

**"What Are Your Odds of a Heart Attack?" health.com, June 2018.

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 information* section for more details including limitations and exclusions.

Important information

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

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

Limitations and exclusions

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

Critical Illness

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

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.

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

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SLPC 29579

Rates

Rates are effective as of May 1, 2021.

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

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

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

Coverage amounts	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$10,000	2.82	3.05	3.55	4.71	6.32	8.49	12.00	15.42	18.09	23.31	31.15	43.89
\$20,000	5.63	6.09	7.11	9.42	12.65	16.98	24.00	30.83	36.18	46.62	62.31	87.78
\$30,000	8.45	9.14	10.66	14.12	18.97	25.48	36.00	46.25	54.28	69.92	93.46	131.68
\$40,000	11.26	12.18	14.22	18.83	25.29	33.97	48.00	61.66	72.37	93.23	124.62	175.57

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

Coverage amounts	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$10,000	2.86	3.18	3.88	5.58	8.35	12.42	19.29	26.58	32.95	45.05	59.22	74.40
\$20,000	5.72	6.37	7.75	11.17	16.71	24.83	38.58	53.17	65.91	90.09	118.43	148.80
\$30,000	8.58	9.55	11.63	16.75	25.06	37.25	57.88	79.75	98.86	135.14	177.65	223.20
\$40,000	11.45	12.74	15.51	22.34	33.42	49.66	77.17	106.34	131.82	180.18	236.86	297.60

Rates

Rates are effective as of May 1, 2021.

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

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

Spouse rates are based on the employee's age.

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

Coverage amounts	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$10,000	2.82	3.05	3.55	4.71	6.32	8.49	12.00	15.42	18.09	23.31	31.15	43.89
\$20,000	5.63	6.09	7.11	9.42	12.65	16.98	24.00	30.83	36.18	46.62	62.31	87.78
\$30,000	8.45	9.14	10.66	14.12	18.97	25.48	36.00	46.25	54.28	69.92	93.46	131.68
\$40,000	11.26	12.18	14.22	18.83	25.29	33.97	48.00	61.66	72.37	93.23	124.62	175.57

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

Coverage amounts	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$10,000	2.86	3.18	3.88	5.58	8.35	12.42	19.29	26.58	32.95	45.05	59.22	74.40
\$20,000	5.72	6.37	7.75	11.17	16.71	24.83	38.58	53.17	65.91	90.09	118.43	148.80
\$30,000	8.58	9.55	11.63	16.75	25.06	37.25	57.88	79.75	98.86	135.14	177.65	223.20
\$40,000	11.45	12.74	15.51	22.34	33.42	49.66	77.17	106.34	131.82	180.18	236.86	297.60

Rates are effective as of May 1, 2021.

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

Child(ren) Critical Illness - Choice 1

Coverage amounts	Cost - pay period (bi-weekly) premium
\$5,000	0.28
\$10,000	0.55
\$15,000	0.83
\$20,000	1.11

Hospital Indemnity Insurance

HELPS PROTECT YOUR FINANCES

When you are facing a hospital stay, you can receive a benefit to help pay unexpected expenses not covered by your health plan.

HELPS COVER RELATED EXPENSES.

While health plans may cover direct costs associated with an illness or injury, you can use your hospital indemnity benefits to help cover related expenses like lost income, child care, deductibles and copays.

PAYS CASH BENEFITS DIRECTLY TO YOU.

Hospital Indemnity insurance payments can be used however you want, and it pays in addition to any other coverage you may already have. Benefits are payable directly to you.

Your employer is offering you this coverage at a group rate. You are responsible for paying part or all of the cost.

HOSPITALIZATION FAST FACTS

- 5.5 days is the average length of stay in community hospitals¹
- \$4,659 is the average out-of-pocket cost per confinement²
- \$2,517 is the average pre-insurance per day cost per confinement³

Rev Hoopes Trucking, LLC

All Eligible Employees

POLICY # 945832

¹ Trendwatch Chartbook 2018, American Hospital Association, 3.5: Average Length of Stay in Community Hospitals, 1995 – 2016. Chart Source: Analysis of American Hospital Association Annual Survey data, 2016, for community hospitals. Last accessed 6/21/2020.

² Modern Healthcare, "Report: Patients' out-of-pocket costs increased up to 14% in 2018," Tara Bannow, June 25, 2019, citing Transunion analysis of health care costs. Last accessed 6/21/2020.

³ Kaiser Family Foundation, "Hospital Adjusted Expenses per Inpatient Day", last accessed 6/21/2020; research sources 1999 – 2018 AHA Annual Survey, Copyright 2019 by Health Forum, LLC, an affiliate of the American Hospital Association. Special data request, 2019.

What's covered

This plan offers hospitalization benefits for you, your spouse, and/or your child(ren). An eligible child is defined as your child from birth to age 26. Once your Hospital Indemnity coverage goes into effect, you can file a claim for hospital stays occurring after your plan's effective date.

Benefits are payable for hospital stays due to:

- Sickness
- Accidents*
- Routine pregnancy**
- Complications of pregnancy
- Newborn complications
- Mental and nervous disorders
- Substance abuse

Benefit Schedule	
First day hospital confinement – 1 day per year This benefit pays the first day you stay in a regular hospital bed or ICU bed.	\$1,000
Daily hospital confinement – Up to 30 days per year This benefit pays for a hospital stay in a standard room and is paid in addition to the First day hospital confinement benefit.	\$100 per day
Intensive Care Unit (ICU) confinement – Up to 10 days per year This benefit pays for an ICU stay and is paid in addition to the First day hospital confinement benefit and the Daily hospital confinement benefit.	\$100 per day
Extended hospitalization benefit After 10 days of continuous confinement, this additional benefit is payable for a hospital and/or ICU stay, beginning with your first day.	\$100 per day
Wellness screening benefit	\$50 per year

*Confinements due to an accident must be within 365 days of the accident.

**Confinements due to routine pregnancy are subject to a 10-month waiting period (see Frequently Asked Questions)

Here are some additional reasons to sign-up:

- No medical questions to answer – guaranteed issue coverage
- Benefits add up – first day hospital confinement, daily hospital confinement and ICU confinement benefits can all be payable on the same day
 - Ex: If you are admitted to the hospital and spend 3 days in the ICU and 3 more days in a regular room, you could collect the first day hospital confinement benefit, 3 days of ICU confinement benefits and 6 days of daily hospital confinement benefits.
- Wellness screening – You can still receive a benefit from this plan even if you don't have a hospitalization. You and each family member enrolled under your plan can claim a benefit if you receive a covered wellness test or exam.

Frequently asked questions

Is there a waiting period for pregnancy?

Yes. You need to have coverage for 10 months to be eligible for benefits for normal pregnancy or childbirth. This limitation does not apply to complications of pregnancy.

What benefits will I receive for my newborn child?

If your newborn has to stay in the Neonatal Intensive Care unit (NICU), benefits are payable. Hospital stays for routine newborn care are not covered.

How do I file a Hospital Indemnity claim?

If you are confined to the hospital after the effective date of coverage, you can file a claim with us by downloading forms from our website. You will need to provide information about your hospital stay.

Do I need to file my claim within a certain timeframe?

You should file your claim within 30 days of a covered confinement or as soon as reasonably possible.

How do I get the Wellness Screening Benefit?

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

Is my benefit taxable?

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

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 coverage when your employment terminates. Your employer can advise you about your options.

Please read the important information section of this document.

Important information

This is a limited benefit policy. It does NOT provide basic hospital, basic medical, or major medical insurance. It is not a Medicare Supplement 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. The policy, certificate and any rider, if applicable, may not be available in all states and may vary based on state laws and regulations. This product is inappropriate for individuals who are eligible for Medicaid coverage.

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

Refer to the Certificate for details.

Helpful definitions

Confinement means resident inpatient stay in a hospital or rehabilitation Unit for at least 20 continuous hours. There must be a charge for room and board unless it is a Veteran's Administration Hospital or other federal government operated hospital. Hours spent in an observation unit are not eligible for the first day hospital confinement benefit. However, an observation unit stay of 20 hours or more will be covered under the daily hospital confinement benefit.

Confinement does not include the period of time in a hospital emergency room, a freestanding surgical facility or an outpatient facility.

Hospital means a licensed facility that provides inpatient medical care and treatment to sick and injured persons with 24-hour nursing service under the supervision of a Physician. Hospital does not include a rest home; a skilled nursing facility; an extended care facility; a place of convalescence; a rehabilitation unit; a hospice facility; a place providing custodial care; a mental and nervous disorder facility or a substance abuse facility.

Intensive Care Unit (ICU) means a specifically designated part of a hospital that provides the highest level of medical care. It is restricted to patients who are critically ill or injured and who require intensive comprehensive observation and care, including a neonatal intensive care unit specializing in the care of ill or premature newborn infants. The ICU must be under continuous observation by a specially trained nursing staff assigned exclusively to the intensive care unit on a 24-hour basis and have an assigned physician on a full-time basis. An ICU is not a progressive care unit; an intermediate care unit; a private monitored room; sub-acute intensive care unit or an observation unit.

Inpatient or Inpatient Treatment means receiving treatment as a resident patient using, and being charged for, the room and board facilities of a hospital or rehabilitation unit. The requirement that you be charged does not apply to confinement in a Veteran's Administration Hospital or other federal government operated hospital.


Rehabilitation Unit means a distinct unit within a hospital that provides rehabilitation care services on an inpatient basis. Rehabilitation care services consist of multidisciplinary physical restorative services to achieve the highest possible functional ability for disability due to sickness or injury. Services are provided by or under the supervision of a trained and experienced rehabilitation physician. A rehabilitation unit is not a freestanding rehabilitative facility; a nursing home; an extended care facility; a Skilled Nursing Facility; a rest home or home for the aged; a Hospice Facility; a facility for the Treatment of alcoholism or drug addiction or an assisted living facility.

Exclusions

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

Hospital Indemnity

- No benefits will be payable relating to or resulting from services or Treatment rendered or Confinement outside the United States or Canada. No benefits will be payable for any loss that is caused or contributed to by: war or any act of war or your active duty in any armed service during a time of war (this does not include acts of terrorism); active military duty; riding in or driving any motor-driven vehicle in a race, stunt show, speed test or driving while



Intoxicated; committing of or attempting to commit an assault, felony or other criminal act; active Participation in a Riot, Rebellion or Insurrection; committing or attempting to commit suicide, whether sane or insane, or injuring oneself intentionally; incarceration in a penal institution of any kind; elective abortion or complications thereof; elective or cosmetic surgery or procedures, except for reconstructive surgery unless due to congenital anomaly or disease of a Dependent Child which has resulted in a defect; artificial insemination, in vitro fertilization, test tube fertilization; sterilization, tubal ligation or vasectomy, and reversal thereof, unless recommended by a Physician; or gender change, unless recommended by a Physician.

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

Group Hospital Indemnity Insurance is underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) under Policy Form Series 15-GP-01, 20-HI-C-01, 12-GPPort-P-01, 20-HIORT-C-01 in certain states. Not available in New York.

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GVBH-EE-8384HI

SLPC 30272 08/20 (exp. 08/22)

Rates

Coverage and **bi-weekly** rate for Hospital Indemnity Insurance.

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

Coverage	Bi-Weekly Cost*
Employee	\$12.91
Employee + Spouse	\$24.87
Employee + Child(ren)	\$20.88
Employee + Family	\$32.83

*The rate is in effect for May 1, 2021. Contact your employer to confirm the portion of the cost for which you will be responsible.

Short-Term Disability Insurance



COMMON CAUSES OF DISABILITY

- ✓ Pregnancy
- ✓ Injuries
- ✓ Joint disorders
- ✓ Back disorders
- ✓ Digestive disorders

➤ PROTECTS YOUR INCOME WHEN YOU CAN'T WORK.

If you're unable to work because of a covered disability, Short-Term Disability insurance replaces a portion of your income in addition to providing other services and benefits that help you return to work.

➤ PROVIDES YOU WITH A WEEKLY CHECK.

After your claim is approved, you will receive a check for your benefits that helps you pay everyday expenses like your mortgage or rent, childcare and groceries.

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

Weekly benefit after your claim is approved	You will receive a check for your benefits on a weekly basis. It will replace 60% of your Total Weekly Earnings, up to \$800 each week.
When benefits begin	Benefits begin as soon as 15 days from the date you are unable to work due to an injury and 15 days due to an illness.
Benefits may be paid for	Up to 11 weeks , as long as you are still unable to work due to a covered disability.
Additional plan information	This plan provides a benefit for covered disabilities resulting from illness or injury that are not work-related.

SHORT-TERM DISABILITY FAST FACTS

1 in 4 workers
will miss up to 3 months of
work due to disability during
their career.¹

More than three-quarters of
workers are living paycheck to
paycheck.²

REV HOOPES TRUCKING, LLC

All Eligible Employees

POLICY # 945832

Sun Life Assurance Company of Canada

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Short-Term Disability Insurance

Frequently asked questions

Do I need to answer any health questions to enroll?

If you contribute to the cost of your insurance, you may need to complete health questions if you don't elect coverage when it's first available to you and you want to elect at a later date, or if you want to increase coverage. To answer health questions, please fill out our Evidence of Insurability Application. Health questions must be approved by Sun Life before coverage takes effect. Please see your Certificate for details.

How do I file a Short-Term Disability claim?

If you become disabled after the effective date of coverage, check with your employer to make sure you are eligible for benefits. You can file a claim with us by downloading forms from our website. We'll ask you and your doctor to provide information about your medical condition and your expected recovery.

How do I qualify for benefits?

You'll start receiving disability payments if you satisfy the Elimination Period (see "When benefits begin" in the table) and meet the policy's definition of disability. Generally, disability is defined as your inability to perform some or all of your job duties due to your injury, illness or pregnancy and may require that you have also had a certain percentage of earnings loss due to your disability. Please see your Certificate for details.

What if I have a pre-existing condition?

If you become disabled within 12 months of your insurance taking effect or 12 months following any increase in your amount of insurance, we will not pay any benefit for any pre-existing condition. A pre-existing condition includes anything you have sought treatment for in the 3 months prior to your insurance becoming effective. Treatment can include consultation, advice, care, services or a prescription for

drugs or medicine.

Can I work while I'm disabled?

Your plan is designed to encourage and support your return to work. If you are able to work part-time, for example, you may receive part of your benefit while working.

Will income from other sources affect my benefit?

Your benefit may be reduced by Social Security benefits; disability benefits from retirement, government plans or state disability income such as California SDI; state paid family and medical leaves; other group disability plans; no-fault benefits, salary continuance or sick leave; and return-to-work earnings. For more information or to determine if this coverage is appropriate for you, contact your benefits administrator.

How is my benefit taxed?

If you or your employer pays for all or part of the cost of coverage on a pre-tax basis, all or part of your benefit amount will be Form W-2 taxable income. In these situations, FICA tax deductions may reduce the amount we will pay you.

The group disability insurance policies described in this advertisement provide disability income insurance only.

1. Realitycheckup.org, Council for Disability Awareness, 2018

2. "Living Paycheck to Paycheck is a Way of Life for Majority of U.S. Workers," CareerBuilder.com, Aug. 2017.

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

Important information

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

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

Limitations and exclusions

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

Short-Term Disability

We will not pay a benefit that is caused by, contributed to in any way or resulting from: 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; operation of a motorized vehicle while intoxicated. We will not pay a benefit for any accident or sickness covered by Worker's Compensation or similar law; or for any work-related illness or injuries unless otherwise stated previously; or if you do not submit proof of your loss as required by us (this covers medical examination, continuing care, death certificate, medical records, etc.).

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

Group insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states, except New York, under Policy Form Series 93P-LH, 15-GP-01, 12-DI-C-01, 16-DI-C-01, TDBPOLICY-2006 and TDI-POLICY..

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GVBH-EE-8384

SLPC 29579

Rates

Employee - monthly rate for Short-Term Disability.

Rates are effective as of May 1, 2021.

Short-Term Disability coverage is contributory. You are responsible for paying for all or a part of the cost through payroll deduction.

Find your age bracket (as of the effective date of coverage) to see your rate.

Follow the example below to figure out your monthly and pay period costs.

Your age	Rate*
Under 25	\$0.293
25 - 29	\$0.255
30 - 34	\$0.273
35 - 39	\$0.343
40 - 44	\$0.357
45 - 49	\$0.386
50 - 54	\$0.456
55 - 59	\$0.550
60 - 64	\$0.659
65 - 69	\$0.840
70+	\$0.321

Example weekly benefit (60% of earnings)	Divide by 10	Multiply by rate	Example monthly cost	
\$350	/ 10 = 35	x 0.293	= \$10.26	
Your weekly benefit (60% of earnings)	Divide by 10	Multiply by rate	Your monthly cost	
\$ _____	/ 10 = _____	x \$ _____	= \$ _____	
Your monthly cost	Multiply by 12 months	Annual cost	Divide by your number of pay periods per year (ex: 12,24,26,52,etc.)	Your estimated cost per pay period
\$ _____	x 12	= \$ _____	/ _____	= \$ _____

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

Long-Term Disability Insurance



COMMON CAUSES OF DISABILITY

- ✓ Musculoskeletal conditions
- ✓ Circulatory conditions
- ✓ Cancer
- ✓ Nervous system disorders
- ✓ Injuries

➤ HELPS YOU KEEP YOUR LIFE ON TRACK.

If you're unable to work because of a covered disability, Long-Term Disability insurance replaces a portion of your income. After your claim is approved, you will receive a monthly check for your benefits that helps you pay everyday expenses like your mortgage or rent, childcare and groceries.

➤ HELPS YOU RETURN TO WORK.

If you are able, Sun Life has benefits and services, including guidance from vocational rehabilitation counselors, to help you return to work.

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

Monthly benefit after your claim is approved	You will receive a check for your benefits on a monthly basis. It will replace 60% of your Total Monthly Earnings, up to \$5,000 each month.
When benefits begin	Benefits begin as soon as 90 days from the date of your disability.
Benefits may be paid for	Up to your Social Security Normal Retirement Age or longer, depending on your age at disability.
Additional plan information	This plan provides a benefit for covered disabilities resulting from illness or injury that occur on or off the job.

LONG-TERM DISABILITY FAST FACTS

34.6 months

The length of the average long-term disability claim.¹

You may receive additional benefits if your covered disability begins with a hospital stay of 14 days or more.

REV HOOPES TRUCKING, LLC

All Eligible Employees

POLICY # 945832

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Long-Term Disability Insurance

Frequently asked questions

Do I need to answer any health questions to enroll?

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

How do I file a Long-Term Disability claim?

If you become disabled after the effective date of coverage, check with your employer to make sure you are eligible for benefits. You can file a claim with us by downloading forms from our website. We'll ask you and your doctor to provide information about your medical condition and your expected recovery.

How do I qualify for benefits?

You'll start receiving disability payments if you satisfy the Elimination Period (see "When benefits begin" in the table) and meet the policy's definition of disability. Generally, disability is defined as your inability to perform some or all of your job duties due to your injury, illness or pregnancy and may require that you have also had a certain percentage of earnings loss due to your disability. Please see your Certificate for details.

What if I have a pre-existing condition?

If you become disabled within 12 months of your insurance taking effect or 12 months following any increase in your amount of insurance, we will not pay any benefit for any pre-existing condition. A pre-existing condition includes anything you have sought treatment for in the 3 months prior to your insurance becoming effective. Treatment can include consultation, advice, care, services or a prescription for drugs or medicine.

Can I work while I'm disabled?

Your plan is designed to encourage and support your return to work. If you are able to work part-time, for example, you may receive part of your benefit while working.

Will income from other sources affect my benefit?

Your benefit may be reduced by Social Security benefits; disability benefits from retirement, government plans or state disability income; other group disability plans; no-fault benefits, salary continuance or sick leave; and return-to-work earnings. For more information or to determine if this coverage is appropriate for you, contact your benefits administrator.

How is my benefit taxed?

If you or your employer pays for all or part of the cost of coverage on a pre-tax basis, all or part of your benefit amount will be Form W-2 taxable income. In these situations, FICA tax deductions may reduce the amount we will pay you.

The group disability insurance policies described in this advertisement provide disability income insurance only.

1. "Chances of disability," Council for Disability Awareness, disabilitycanhappen.org, last accessed April 2019.

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

Important information

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

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

Limitations and exclusions

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

Long-Term Disability

We will not pay a benefit that is caused by, contributed to in any way or resulting from: 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; operation of a motorized vehicle while intoxicated. We will not pay a benefit if you do not submit proof of your loss as required by us (this covers medical examination, continuing care, death certificate, medical records, etc.); or for any Period of disability during which you are incarcerated. Disability benefits may be limited for certain conditions.

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SLPC 29579

Rates

Employee - monthly rate for Long-Term Disability.

Rates are effective as of May 1, 2021.

Long-Term Disability coverage is contributory. You are responsible for paying for all or a part of the cost through payroll deduction.

Find your age bracket (as of the effective date of coverage) to see your rate.

Follow the example below to figure out your monthly and pay period costs.

Your age	Rate*
Under 25	\$0.307
25 - 29	\$0.307
30 - 34	\$0.307
35 - 39	\$0.500
40 - 44	\$0.848
45 - 49	\$1.211
50 - 54	\$1.550
55 - 59	\$1.752
60 - 64	\$1.671
65 - 69	\$1.469
70+	\$1.469

Example monthly earnings	Divide by 100	Multiply by rate	Example monthly cost	
\$2,500	/ 100 = 25	x 0.307	= \$7.68	
Your monthly earnings	Divide by 100	Multiply by rate	Your monthly cost	
\$ _____	/ 100 = _____	x \$ _____	= \$ _____	
Your monthly cost	Multiply by 12 months	Annual cost	Divide by your number of pay periods per year (ex: 12,24,26,52,etc.)	Your estimated cost per pay period
\$ _____	x 12	= \$ _____	/ _____	= \$ _____

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

Voluntary Life Insurance



► MORE PROTECTION FOR YOUR LOVED ONES.

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

► HELPS YOU CLOSE ANY COVERAGE GAPS.

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

REV HOOPES TRUCKING, LLC

All Eligible Employees

POLICY #: 945832

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

For you*	<p>You can choose from \$10,000 to \$500,000—in increments of \$10,000 not to exceed 5 times your Basic Annual Earnings. No medical questions asked up to the Guaranteed Issue amount of \$150,000.</p> <p>Benefits are reduced at age 70 and may reduce again in subsequent years as noted in your Certificate.</p>
For your spouse*	<p>If you elect coverage for yourself, you can choose from \$5,000 to \$100,000—in increments of \$5,000. No medical questions asked up to the Guaranteed Issue amount of \$25,000.</p> <p>The amount you select for your spouse cannot exceed 50% of your coverage amount. Coverage ends when you turn age 70.</p>
For your child(ren)*	<p>If you elect coverage for yourself, you can choose \$1,000, \$2,000, \$4,000, \$5,000 or \$10,000. No medical questions asked.</p> <p>The amount you select for your child(ren) cannot exceed 50% of your coverage amount. Benefits may reduce as noted in your Certificate.</p> <p>A full benefit is payable for a dependent child who is 6 months to 19 or to 23 years old if a full-time student. A reduced benefit of \$1,000 is payable for a child from 15 days to 6 months.</p>

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

Frequently asked questions

What is my AD&D benefit?

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

Do I need to answer any health questions to enroll?

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

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

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

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

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

What happens if I become Totally Disabled?

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

How does my beneficiary file a death claim?

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

1. LIMRA, Facts about Life 2018.

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

Important information

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

Limitations and exclusions

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

Life

In some states, your employer's group policy may exclude payment for suicide that occurs within a specific time period after the insurance or increase in insurance becomes effective. Please see your Certificate for details.

Accidental Death and Dismemberment

We will not pay a benefit that is due to or results from: suicide while sane or insane; injuring oneself intentionally; committing or attempting to commit an assault, felony or other criminal act; war or an act of war; active participation in a riot, rebellion or insurrection; voluntary use of any controlled substance/illegal drugs; operation of a motorized vehicle while intoxicated; bodily or mental infirmity or disease or infection unless due to an accidental injury; riding in or driving any motor-driven vehicle in a race, stunt show, or speed test.

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Group life insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states, except New York, under Policy Form Series 93P-LH, 98P-ADD, 12-GP-01, 15-LF-01, 12-GPPort-P01, 12-LFPort-C-01, 15-ADD-C-01, 13-ADD-C-01 and 13-ADDPort-C-01.

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GVBH-EE-8384

SLPC 29579

Rates

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

Rates are effective as of May 1, 2021.

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

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

Coverage amounts	Age and cost										
	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$10,000	0.67	0.67	0.81	1.07	1.50	2.18	3.09	4.30	5.46	7.64	14.22
\$20,000	1.35	1.35	1.62	2.14	2.99	4.36	6.18	8.60	10.91	15.29	28.45
\$30,000	2.02	2.02	2.44	3.21	4.49	6.54	9.26	12.90	16.37	22.93	42.67
\$40,000	2.70	2.70	3.25	4.28	5.98	8.71	12.35	17.21	21.82	30.57	56.90
\$50,000	3.37	3.37	4.06	5.35	7.48	10.89	15.44	21.51	27.28	38.22	71.12
\$60,000	4.04	4.04	4.87	6.42	8.97	13.07	18.53	25.81	32.73	45.86	85.35
\$70,000	4.72	4.72	5.69	7.50	10.47	15.25	21.61	30.11	38.19	53.50	99.57
\$80,000	5.39	5.39	6.50	8.57	11.96	17.43	24.70	34.41	43.64	61.14	113.80
\$90,000	6.06	6.06	7.31	9.64	13.46	19.61	27.79	38.71	49.10	68.79	128.02
\$100,000	6.74	6.74	8.12	10.71	14.95	21.78	30.88	43.02	54.55	76.43	142.25
\$110,000	7.41	7.41	8.94	11.78	16.45	23.96	33.96	47.32	60.01	84.07	156.47
\$120,000	8.09	8.09	9.75	12.85	17.94	26.14	37.05	51.62	65.46	91.72	170.70
\$130,000	8.76	8.76	10.56	13.92	19.44	28.32	40.14	55.92	70.92	99.36	184.92
\$140,000	9.43	9.43	11.37	14.99	20.94	30.50	43.23	60.22	76.38	107.00	199.14
\$150,000	10.11	10.11	12.18	16.06	22.43	32.68	46.32	64.52	81.83	114.65	213.37
\$160,000	10.78	10.78	13.00	17.13	23.93	34.86	49.40	68.82	87.29	122.29	227.59
\$170,000	11.46	11.46	13.81	18.20	25.42	37.03	52.49	73.13	92.74	129.93	241.82
\$180,000	12.13	12.13	14.62	19.27	26.92	39.21	55.58	77.43	98.20	137.58	256.04
\$190,000	12.80	12.80	15.43	20.34	28.41	41.39	58.67	81.73	103.65	145.22	270.27
\$200,000	13.48	13.48	16.25	21.42	29.91	43.57	61.75	86.03	109.11	152.86	284.49
\$210,000	14.15	14.15	17.06	22.49	31.40	45.75	64.84	90.33	114.56	160.50	298.72
\$220,000	14.82	14.82	17.87	23.56	32.90	47.93	67.93	94.63	120.02	168.15	312.94
\$230,000	15.50	15.50	18.68	24.63	34.39	50.10	71.02	98.94	125.47	175.79	327.17
\$240,000	16.17	16.17	19.50	25.70	35.89	52.28	74.10	103.24	130.93	183.43	341.39
\$250,000	16.85	16.85	20.31	26.77	37.38	54.46	77.19	107.54	136.38	191.08	355.62
\$260,000	17.52	17.52	21.12	27.84	38.88	56.64	80.28	111.84	141.84	198.72	369.84
\$270,000	18.19	18.19	21.93	28.91	40.38	58.82	83.37	116.14	147.30	206.36	384.06
\$280,000	18.87	18.87	22.74	29.98	41.87	61.00	86.46	120.44	152.75	214.01	398.29
\$290,000	19.54	19.54	23.56	31.05	43.37	63.18	89.54	124.74	158.21	221.65	412.51
\$300,000	20.22	20.22	24.37	32.12	44.86	65.35	92.63	129.05	163.66	229.29	426.74
\$310,000	20.89	20.89	25.18	33.19	46.36	67.53	95.72	133.35	169.12	236.94	440.96
\$320,000	21.56	21.56	25.99	34.26	47.85	69.71	98.81	137.65	174.57	244.58	455.19
\$330,000	22.24	22.24	26.81	35.34	49.35	71.89	101.89	141.95	180.03	252.22	469.41
\$340,000	22.91	22.91	27.62	36.41	50.84	74.07	104.98	146.25	185.48	259.86	483.64
\$350,000	23.58	23.58	28.43	37.48	52.34	76.25	108.07	150.55	190.94	267.51	497.86
\$360,000	24.26	24.26	29.24	38.55	53.83	78.42	111.16	154.86	196.39	275.15	512.09
\$370,000	24.93	24.93	30.06	39.62	55.33	80.60	114.24	159.16	201.85	282.79	526.31
\$380,000	25.61	25.61	30.87	40.69	56.82	82.78	117.33	163.46	207.30	290.44	540.54
\$390,000	26.28	26.28	31.68	41.76	58.32	84.96	120.42	167.76	212.76	298.08	554.76
\$400,000	26.95	26.95	32.49	42.83	59.82	87.14	123.51	172.06	218.22	305.72	568.98
\$410,000	27.63	27.63	33.30	43.90	61.31	89.32	126.60	176.36	223.67	313.37	583.21
\$420,000	28.30	28.30	34.12	44.97	62.81	91.50	129.68	180.66	229.13	321.01	597.43
\$430,000	28.98	28.98	34.93	46.04	64.30	93.67	132.77	184.97	234.58	328.65	611.66
\$440,000	29.65	29.65	35.74	47.11	65.80	95.85	135.86	189.27	240.04	336.30	625.88
\$450,000	30.32	30.32	36.55	48.18	67.29	98.03	138.95	193.57	245.49	343.94	640.11

Rates

Coverage amounts	Age and cost										
	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$460,000	31.00	31.00	37.37	49.26	68.79	100.21	142.03	197.87	250.95	351.58	654.33
\$470,000	31.67	31.67	38.18	50.33	70.28	102.39	145.12	202.17	256.40	359.22	668.56
\$480,000	32.34	32.34	38.99	51.40	71.78	104.57	148.21	206.47	261.86	366.87	682.78
\$490,000	33.02	33.02	39.80	52.47	73.27	106.74	151.30	210.78	267.31	374.51	697.01
\$500,000	33.69	33.69	40.62	53.54	74.77	108.92	154.38	215.08	272.77	382.15	711.23

Rates

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

Rates are effective as of May 1, 2021.

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

Find your spouse's age bracket (as of the effective date of coverage) to see the cost for the coverage amount you choose.

Spouse rates are based on the spouse's age.

Coverage amounts	Age and cost									
	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69
\$5,000	0.27	0.27	0.34	0.47	0.68	1.02	1.48	2.09	2.66	3.76
\$10,000	0.54	0.54	0.68	0.94	1.37	2.05	2.96	4.17	5.33	7.51
\$15,000	0.82	0.82	1.02	1.41	2.05	3.07	4.44	6.26	7.99	11.27
\$20,000	1.09	1.09	1.37	1.88	2.73	4.10	5.92	8.34	10.65	15.03
\$25,000	1.36	1.36	1.71	2.35	3.42	5.12	7.40	10.43	13.32	18.78
\$30,000	1.63	1.63	2.05	2.82	4.10	6.15	8.88	12.52	15.98	22.54
\$35,000	1.91	1.91	2.39	3.30	4.78	7.17	10.35	14.60	18.64	26.30
\$40,000	2.18	2.18	2.73	3.77	5.46	8.20	11.83	16.69	21.30	30.06
\$45,000	2.45	2.45	3.07	4.24	6.15	9.22	13.31	18.78	23.97	33.81
\$50,000	2.72	2.72	3.42	4.71	6.83	10.25	14.79	20.86	26.63	37.57
\$55,000	3.00	3.00	3.76	5.18	7.51	11.27	16.27	22.95	29.29	41.33
\$60,000	3.27	3.27	4.10	5.65	8.20	12.30	17.75	25.03	31.96	45.08
\$65,000	3.54	3.54	4.44	6.12	8.88	13.32	19.23	27.12	34.62	48.84
\$70,000	3.81	3.81	4.78	6.59	9.56	14.34	20.71	29.21	37.28	52.60
\$75,000	4.08	4.08	5.12	7.06	10.25	15.37	22.19	31.29	39.95	56.35
\$80,000	4.36	4.36	5.46	7.53	10.93	16.39	23.67	33.38	42.61	60.11
\$85,000	4.63	4.63	5.81	8.00	11.61	17.42	25.15	35.46	45.27	63.87
\$90,000	4.90	4.90	6.15	8.47	12.30	18.44	26.63	37.55	47.94	67.62
\$95,000	5.17	5.17	6.49	8.94	12.98	19.47	28.11	39.64	50.60	71.38
\$100,000	5.45	5.45	6.83	9.42	13.66	20.49	29.58	41.72	53.26	75.14

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

Rates are effective as of May 1, 2021.

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

Coverage amounts	Cost per pay period
\$1,000	0.13
\$2,000	0.25
\$4,000	0.51
\$5,000	0.63
\$10,000	1.27