

SUN LIFE ASSURANCE COMPANY OF CANADA
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GROUP HOSPITAL INDEMNITY INSURANCE

THE CERTIFICATE PROVIDES LIMITED BENEFITS

THIS IS A SUPPLEMENT TO HEALTH INSURANCE. IT IS NOT A SUBSTITUTE FOR ESSENTIAL HEALTH BENEFITS OR MINIMUM ESSENTIAL COVERAGE AS DEFINED IN FEDERAL LAW.

OUTLINE OF COVERAGE

Read Your Certificate Carefully. This outline of coverage provides a very brief description of the important features of coverage. This is not the insurance contract and only the actual Policy provisions will control. The Certificate and the Policy into which it is incorporated sets forth, in detail, the rights and obligations of both you and your insurance company and the terms and conditions under which benefits are paid. It is, therefore, important that you **READ YOUR CERTIFICATE CAREFULLY!**

Hospital Indemnity coverage is designed to provide, to persons insured, coverage from certain losses resulting from a Covered Accident or Covered Sickness, subject to any limitations contained in the Policy and Certificate. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

BENEFITS

The following benefits, subject to the election of your Employer, **MAY** be covered under your Certificate. The benefit amount payable for each covered benefit will be shown in the Certificate Benefit Highlights.

Confinement Benefits

First Day Hospital Confinement

We will pay the First Day Hospital Confinement amount on the first day an Insured is Confined to a Hospital as a result of a Covered Accident or Covered Sickness. This benefit is payable only once per continuous Confinement per Insured. We will not pay this benefit for Outpatient Treatment, Emergency Room Treatment or a stay in an Observation Unit, or for Confinement that is covered under the Newborn Nursery Confinement or Rehabilitation Unit benefits.

The Confinement must begin within 365 days after the Covered Accident occurs. This benefit is payable once per Covered Accident or Covered Sickness, and is only payable once per day, even if the Confinement is the result of more than one Covered Accident or Covered Sickness.

Successive Confinements under this benefit will be considered as one Confinement if they are due to the same or related Covered Accident or Covered Sickness and are separated by less than 30 days.

Hospital Confinement

We will pay the Hospital Confinement amount for each day during a period of Confinement in which an Insured is Confined as an Inpatient for the Treatment of a Covered Accident or Covered Sickness. We will not pay this benefit for Outpatient Treatment, Emergency Room Treatment or a stay of 19 hours or less in an Observation Unit or for Confinement that is covered under the Rehabilitation Unit benefits.

The Confinement must begin within 365 days after the Covered Accident occurs. This benefit is payable once per day, even if the Confinement is the result of more than one Covered Accident or Covered

Sickness.

First Day Intensive Care Unit (ICU) Confinement

We will pay the First Day Intensive Care Unit (ICU) Confinement amount on the first day an Insured is Confined to a Hospital Intensive Care Unit (ICU) as a result of a Covered Accident or Covered Sickness. This benefit is payable only once per continuous Confinement per Insured.

The Confinement must begin within 365 days after the Covered Accident occurs. This benefit is payable once per Covered Accident or Covered Sickness, and is only payable once per day, even if the Confinement is the result of more than one Covered Accident or Covered Sickness.

Successive Confinements under this benefit will be considered as one Confinement if they are due to the same or related Covered Accident or Covered Sickness and are separated by less than 30 days.

Intensive Care Unit (ICU) Confinement

We will pay the Intensive Care Unit (ICU) Confinement amount for each day during a period of Confinement in which an Insured is Confined to a Hospital Intensive Care Unit (ICU) as a result of a Covered Accident or Covered Sickness.

The Confinement must begin within 365 days after the Covered Accident occurs. This benefit is only payable once per day, even if the Confinement is the result of more than one Covered Accident or Covered Sickness.

Intermediate Step-Down Unit Confinement

We will pay the Intermediate Step-Down Unit Confinement amount shown in the Benefit Highlights for each day during a period of Confinement in which an Insured is Confined to a Hospital Intermediate Step-Down Unit as a result of a Covered Accident or Covered Sickness.

The Confinement must begin within 365 days after the Covered Accident occurs. This benefit is only payable once per day, even if the Confinement is the result of more than one Covered Accident or Covered Sickness.

Newborn Nursery Confinement

We will pay the Newborn Nursery Confinement amount shown in the Benefit Highlights for a newborn baby who is under Newborn Nursery Care and is not Confined for Treatment of a physical illness, infirmity, disease or Injury. We will pay this benefit for each day the newborn is Confined, up to the number of days shown in the Benefit Highlights. If a newborn baby is Confined for Treatment of a physical illness, infirmity, disease or Injury, we will pay the higher of the Hospital Confinement benefit or Intensive Care Unit (ICU) Confinement Benefit instead of the Newborn Nursery Confinement benefit. This benefit does not apply to the Confinement of a Dependent Child's child unless it is due to Complications of Pregnancy that result in the birth of the child.

Rehabilitation Unit

We will pay the Rehabilitation Unit amount shown in the Benefit Highlights for each day during a period of Confinement in which an Insured is Confined to a Rehabilitation Unit as an Inpatient for Treatment of a Covered Accident or Covered Sickness. Confinement to a Rehabilitation Unit must begin within 30 days of a related Confinement.

This benefit is only payable once per day, even if the Confinement is the result of more than one Covered Accident or Covered Sickness.

Inpatient Surgery

We will pay the Inpatient Surgery amount shown in the Benefit Highlights for each day during a period of Confinement in which an Insured is Confined to a Hospital as an Inpatient due to undergoing invasive or

Open Surgery as a result of a Covered Accident or Covered Sickness.

The surgery must be performed within 365 days after the Covered Accident occurs. This benefit is paid once per day, even if more than one surgery is performed in one day.

Additional and Enhanced Benefit(s)

Emergency Room (ER) Treatment – Accident Only

We will pay the Emergency Room (ER) Treatment - Accident Only amount shown in the Benefit Highlights for each day an Insured received Treatment in an Emergency Room as a result of a Covered Accident.

Treatment in the Emergency Room must occur within 30 days after the Covered Accident occurs. This benefit is paid once per day, even if the Insured has multiple Emergency Room visits or receives Treatment for more than one Covered Accident.

Wellness Screening

A Wellness Screening benefit is payable for each Insured who has any one of the following wellness screening tests performed:

- annual physical examination
- abdominal and aortic aneurysm ultrasonography
- biopsies for cancer
- bone density screening
- bone marrow testing
- BRCA (cancer genetic mutation test)
- breast cancer screening (clinical breast exam, mammography, MRI, thermography, ultrasound)
- CA15-3 (blood test for breast cancer)
- CA125 (blood test for ovarian cancer)
- cardiac exercise stress test
- carotid doppler
- CEA (blood test for colon cancer)
- chest x-ray
- colorectal cancer screening (fecal occult blood test, colonoscopy, sigmoidoscopy)
- CT angiography
- diabetes tests (fasting blood glucose test, hemoglobin A1c)
- double contrast barium enema
- echocardiogram
- electrocardiogram (ECG)-resting or stress
- flexible Sigmoidoscopy
- hemocult Stool Analysis
- immunizations
- interscholastic sports physical exam
- lymphocyte genome sensitivity test (LGS) (universal blood test for cancer)
- lipid panel (total cholesterol including serum cholesterol test, triglycerides, HDL, LDL)
- pap smear (including ThinPrep)
- prostate Cancer Screening (digital rectal exam, PSA blood test)
- serum Protein Electrophoresis (blood test for myeloma)
- skin cancer screening
- smoking cessation program
- testicular ultrasound
- weight reduction program
- dental examination

- vision examination

To receive this benefit, you must notify us of which wellness screening test was performed.

OTHER EXCLUSIONS AND LIMITATIONS

The limitations and exclusions applicable to your Certificate may vary by state insurance law and regulation.

We will not pay a benefit 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;
- committing of or attempting to commit a felony or being engaged in an illegal occupation;
- 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;
- pregnancy or childbirth, except Complications of Pregnancy;
- elective abortion or complications thereof;
- elective or cosmetic surgery or procedures, except for reconstructive surgery or 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;
- any Mental and Nervous Disorder;
- Substance Abuse;
- A Covered Accident or Covered Sickness arising out of or in the course of any work for pay or profit.

No benefits will be payable relating to or resulting from services or Treatment rendered or Confinement outside the United States or Canada.

In addition to the limitations stated in the Covered Hospital Indemnity Benefits section of this Certificate, we may not pay any benefit for any Sickness that results from a pre-existing condition. Pre-existing Condition means any condition for which any Insured sought medical treatment or took prescribed drugs or medicines for the condition.

When newborn children, newly placed foster children or newly adopted children are added to your Dependent Children Insurance within 31 days of the birth, placement or adoption, the Pre-Existing Condition limitation does not apply.

What limitations apply to pregnancy?

An Insured must complete the Pregnancy Waiting Period as shown in the Benefit Schedule before becoming eligible for benefits for normal pregnancy or childbirth under the Policy. If the Insured receives Treatment for pregnancy or childbirth during this Pregnancy Waiting Period, benefits are not payable.

If the Insured becomes Confined as the result of pregnancy or childbirth prior to completing the Pregnancy Waiting Period, benefits will only be payable for any day of Confinement that extends after the end of the Pregnancy Waiting Period.

This limitation does not apply to Complications of Pregnancy.

GENERAL

Premium rates for the coverage may change.

Hospital Indemnity insurance coverage is subject to termination as stated in the Policy.