

PROPOSAL

Brighter under the sun

Created for:
Brown County Officials and Employees



November 16, 2020
(Exhibit # 6)



Life and AD&D

We are pleased to offer Life and AD&D insurance to employers, with the benefits employees want. Here are some highlights:

- **Value-Added Services:** Employers can choose one of the Value-Added Services packages that best fits the needs of their employees. These noninsurance services are included in the price of the Life coverage.
 - **Choice #1:** Emergency Travel Assistance for employees and dependents traveling 100+ miles from home, and Identity Theft Protection for employees. Services provided by Assist America.²
 - **Choice #2:** Online Will Preparation for employees and spouses, and Claimant Support Services for claimants and families who need professional grief, legal, or financial counseling. Services are provided over the telephone by ComPsych®.²
- **Accelerated Benefits:** Terminally ill employees may access a portion of their death benefit while they are alive.
- **Waiver of Premium:** This benefit helps employees maintain important Life coverage when they become Totally Disabled, as defined by the policy, and meet age requirements. Employers can customize the Elimination Period or choose no Elimination Period—a popular choice because it means easy tracking and immediate benefits for eligible employees.
- **Claims Settlement:** Beneficiaries may elect to receive either a complimentary interest-bearing account or a lump-sum payment. Availability may vary by state.
- **Accidental Death & Dismemberment (AD&D):** Protection for covered Accidental Death and covered injuries resulting in Speech/Hearing Loss, Loss of Limb, Loss of Thumb and Index Finger, and Loss of Use of a Limb Due to Quadriplegia, Paraplegia, or Hemiplegia—all with a standard 365-day loss period. Many optional riders can be added, including Seat Belt, Air Bag, Helmet, Business Travel, Bereavement Counseling, and Child and/or Spouse Education. Availability may vary by state.
- **Enrollment Campaigns and Support:** We work with benefits managers to ensure easy enrollment and provide a wide range of tools to help ensure maximum participation at no additional cost.
- **Portability/Continuation:** Allows employees to take their group Life insurance with them (Portability) or continue their Life insurance (Continuation) under the group policy when coverage ends for reasons other than sickness, injury, retirement, or termination of the employer's plan. Employees can apply for portable or continued Term Life coverage without satisfying Evidence of Insurability. Continuation is available in lieu of Portability in states where Portability is not available.
- **Service Guarantees:** We are pleased to offer a Life Service Guarantee, which covers the speed and accuracy of our claims processing as well as how quickly we respond to our customers' phone calls. In addition, we include an overall satisfaction guarantee to ensure that our customers are 100% satisfied with our service. If we do not meet our service standards, the employer will receive a refund via check. Sun Life's maximum liability under this guarantee for any policy year is limited to the lesser of 3% of the policyholder's annual Life premium or \$5,000. The maximum payment for a breach of any one component is one-third of the maximum liability (lesser of 1% or \$1,667). If a policyholder has more than one line of insurance coverage, the Overall Satisfaction component will be paid only if the service issue arises under this guarantee. Certain limitations apply.

Footnote information is located in the General Disclosures section on the last page of this proposal.

Group Life and AD&D coverage is underwritten by Sun Life Assurance Company of Canada
(Wellesley Hills, MA) under Policy Form Series 15-GP-01.

Voluntary Life

Plan design and rates

Employee Voluntary Life, AD&D, Dependent Voluntary Life, and AD&D plan design

Employee Voluntary Life	
Eligible employees	All Full-Time United States Employees working in the United States who are scheduled to work a minimum of 30 hours per week
Effective Date	December 1, 2020
Class 1	
Class description	All Eligible Employees
Waiting Period	30 days of employment
Benefit amount	Increments of \$10,000
Maximum benefit	\$500,000 or 5 times annual earnings, whichever is less
Guaranteed Issue amount	\$150,000
Participation requirement	20%

Employee Voluntary AD&D	
Eligible employees	All Full-Time United States Employees working in the United States who are scheduled to work a minimum of 30 hours per week
Effective Date	December 1, 2020
Class 1	
Class description	All Eligible Employees
Benefit amount	Increments of \$10,000
Maximum benefit	\$500,000 or 5 times annual earnings, whichever is less
Compulsory coverage	Yes
Employee must elect Voluntary Life to elect Voluntary AD&D	

Spouse Voluntary Life and AD&D	
Eligible employees	All Full-Time United States Employees working in the United States who are scheduled to work a minimum of 30 hours per week
Effective Date	December 1, 2020
Class 1	
Class description	All Eligible Employees
Spouse benefit amount	Increments of \$5,000
Spouse maximum benefit	\$150,000
Spouse Guaranteed Issue amount	\$30,000
Maximum % of employee coverage	50%
Spouse termination age	70
Compulsory AD&D coverage	Yes
Employee must elect Voluntary Life to elect Spouse Voluntary Life / AD&D	

Child Voluntary Life and AD&D	
Eligible employees	All Full-Time United States Employees working in the United States who are scheduled to work a minimum of 30 hours per week
Effective Date	December 1, 2020

Group Voluntary Life and AD&D coverage is underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) under Policy Form Series 15-GP-01.

Class 1					
Class description	All Eligible Employees				
Child benefit amount	Increments of \$1,000				
Child maximum benefit	\$10,000				
Child Guaranteed Issue amount	Up to the maximum benefit				
Full child benefit begins	6 months				
Child benefit by age	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">birth to 14 days</td> <td style="width: 50%; text-align: right;">\$0</td> </tr> <tr> <td>14 days to 6 months</td> <td style="text-align: right;">\$500</td> </tr> </table>	birth to 14 days	\$0	14 days to 6 months	\$500
birth to 14 days	\$0				
14 days to 6 months	\$500				
Child eligibility	Unmarried dependent children from 14 days to age 25				
Maximum % of employee coverage	50%				
Compulsory AD&D coverage	Yes				
Employee must elect Voluntary Life to elect Child Voluntary Life / AD&D					

Voluntary Life rates

Employee Voluntary Life		
Age band	Eligible employees	Monthly rate
Under age 20	0	\$0.114
20-24	7	\$0.114
25-29	7	\$0.114
30-34	11	\$0.114
35-39	16	\$0.143
40-44	15	\$0.204
45-49	18	\$0.334
50-54	27	\$0.491
55-59	29	\$0.783
60-64	20	\$1.205
65-69	21	\$1.785
70-74	5	\$3.641
75-79	1	\$7.883
80-84	0	\$15.646
85 and over	0	\$30.644
Rate basis: Per \$1,000 of volume		

Spouse Voluntary Life		
Age band	Eligible employees	Monthly rate
Under age 20	0	\$0.095
20-24	7	\$0.095
25-29	7	\$0.095
30-34	11	\$0.095
35-39	16	\$0.124
40-44	15	\$0.181
45-49	18	\$0.295
50-54	27	\$0.429
55-59	29	\$0.679
60-64	20	\$1.042
65-69	21	\$1.583
Rate basis: Per \$1,000 of volume		

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Coverage	Eligible employees	Monthly rate
Employee Voluntary AD&D	177	\$0.039
Spouse Voluntary AD&D	177	\$0.039
Child Voluntary Life	177	\$0.217
Child Voluntary AD&D	177	\$0.076
Rate basis: Per \$1,000 of volume		
Sequence Number: 6		

Included in this plan:

- 24-month rate guarantee from the Effective Date
- Employee age reductions: All coverage amounts reduce to 67% at age 70, 50% at age 75.
- Spouse age reductions: None
- Waiver of Premium: For employees with an approved disability prior to age 65, premium is waived until age 65 or for 12 months (whichever is later). For employees disabled on or after age 65 but prior to age 70, premium is waived for 12 months. There is an Elimination Period of 6 months which must be satisfied before the waiver of premium begins. The definition of Total Disability is disabled from any occupation.
Waiver of Premium is provided on the following benefits: Employee Voluntary Life.
- Portability Coverage may be ported upon termination of active employment.
- Conversion Privilege
- Employee Accelerated Death Benefit of 75% to a maximum of \$500,000.
- If Value-Added Services Choice #1 is selected, Emergency Travel Assistance is included for all employees and their dependents, and Identity Theft Protection is included for all employees.²
- If Value-Added Services Choice #2 is selected, Claimant Support Services and Online Will Preparation are included for all employees and their dependents.²
- Value-Added Services will only be applicable to Employee Voluntary Life insurance when sold on a standalone basis.
- Coverage will be continued on a premium-paying basis for a period of 1 month during a layoff.
- Coverage will be continued on a premium-paying basis for a period of 1 month during a leave of absence approved by the policyholder.
- Coverage will be continued on a premium-paying basis for a period of 12 months during a period of injury or sickness.
- Earnings definition: Earnings are defined as the current earnings reported by the employer. Earnings include deductions made for pre-tax contributions to a qualified deferred compensation plan, Section 125 plan, or flexible spending account. Earnings do not include commissions, bonuses, overtime, or any other compensation.
- 24-hour AD&D coverage
- Special AD&D benefits:
 - Air Bag
 - Bereavement Counselling
 - Seat Belt

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Group Dental

Plan 1

Class

All Eligible Employees

Plan design and rates

Plan design summary

Dental plan overview	
Eligible Employees:	All Full-Time United States Employees working in the United States who are scheduled to work a minimum of 20 hours per week
Effective Date:	December 1, 2020
Plan type	PPO
Dental PPO Network	Sun Life Dental Network SM
In-Network Reimbursement	Sun Life Dental Network SM
Out-of-Network Reimbursement	95th Percentile of the Usual and Customary Charge
Orthodontic coverage (Type IV)	This plan includes Child Only Orthodontic coverage. A person must be covered under a Dental Plan to be eligible for Orthodontic coverage
Dependent Coverage Children	Children to age 26
Open enrollment at Issue	Yes
Employee coverage contributions	Employee pays for a portion or all of the cost of Employee coverage
Dependent coverage contributions	Employee pays for a portion or all of the cost of Dependent coverage

The listed coinsurance percentages shown below represent the portion of Sun Life's allowable charge for which the plan will be responsible. Network providers agree to accept the network's allowable charge for covered services as payment in full. If covered employees or their eligible dependents receive services from a non-network provider, Sun Life will apply the coinsurance percentages shown below to 95th Percentile of the usual and customary charge for covered services and they will be responsible for the difference up to the provider's charge.

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Calendar Year Deductible

Procedure Type	In-Network Deductible	Out-of-Network Deductible
Type I Preventive Services		Not applicable
Type II Basic Services	\$50 individual / \$150 family	\$50 individual / \$150 family
Type III Major Services		
Type IV Ortho Services		Not applicable

Deductible values are combined between In-Network and Out-of-Network.

Coinsurance

	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%

Benefit Waiting Periods

- No waiting periods for exams, cleanings, and fillings.
- A Late Entrant Benefit Waiting Period of 12 months for Type III Major Services will apply to employees who enroll in this dental plan more than 31 days after becoming eligible.

Calendar Year Maximum Benefit

	In-Network	Out-of-Network
Types I, II and III (Preventive, Basic and Major) Services	\$1,000 per person	\$1,000 per person
Type IV Ortho Services	\$1,000 lifetime per child under age 26	\$1,000 lifetime per child under age 26

This plan includes Preventive Max Waiver®, which makes regular dental checkups easy by not counting Type I Preventive expenses toward the annual plan maximum. This leaves more coverage for employees and their covered dependents when they need it most, encouraging employees to maintain good oral health with routine care.

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Covered expenses

Type I Preventive covered dental expenses	Coverage limitations
Oral Evaluations	2 in any calendar year
Dental Prophylaxis (Cleanings)	1 per 6 months - frequency combined with Periodontal Maintenance
Fluoride Treatments	Covered Persons under age 14 1 in any 6 consecutive months
Sealants	Covered Persons under age 14 Once per tooth per 36 consecutive months on permanent first and second molars
Full Mouth X-Rays	1 in 60 consecutive months
Bite-Wing X-Rays	1 in 12 consecutive months
Intraoral X-Rays	4 Films in any 12 month period
Type II Basic covered dental expenses	Coverage limitations
Palliative Treatment	Paid as a separate benefit only if no treatment, except x-rays, was rendered during the visit
Simple Extractions	No Limitation
Amalgam Restorations	Once per tooth surface in any 24 consecutive months
Composite and Silicate Restorations	Once per tooth surface in any 24 consecutive months and excluding posterior teeth
Space Maintainers	Covered Persons under age 19 Once per tooth in any 3 year period
Oral Surgery: Surgical Extraction of Erupted and Impacted Teeth	Multiple surgical services on 1 area of the mouth will be based on the most inclusive procedure
General Anesthesia	Benefits payable as a separate expense only when required for the surgical extraction of an impacted tooth
Type III Major covered dental expenses	Coverage limitations
Inlays and Onlays	Covered if tooth cannot be restored by fillings Once per tooth in any 10 years period
Crowns	Covered if tooth cannot be restored by filling or other means Once per tooth in any 10 years period
Crown Buildup	Once per 10 years
Full or Partial Dentures	Once in any 10 years
Fixed Bridges	Once in any 10 years
Periodontal Maintenance	Periodontal Maintenance following active Periodontal Therapy - Once in any 3 consecutive months. The number of Dental Prophylaxis and Periodontal Maintenance is combined and is limited to 4 in any 12 consecutive month period
Periodontics (Non-Surgical) Scaling and Root Planing	Once per 24 consecutive months per area of the mouth
Surgical Periodontics	Once per 36 consecutive months per area of the mouth
Endodontics: Root Canal Therapy	Root Canal Therapy is limited to 1 time per tooth in any consecutive 24 months period

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Type IV Orthodontic covered expenses	Coverage limitations
Orthodontic Treatment	Orthodontic treatment is limited to the Dependent Children or student age listed above

Dental rates and premium

	Dental and Orthodontia monthly rate
Employee only	\$24.60
Employee + spouse	\$48.63
Employee + child(ren)	\$73.32
Employee + Family	\$97.35

For illustration purposes, the total employees shown for each plan is based on data provided to us. Actual employee count will vary at final enrollment.

Sequence Number: 2

Included in plan 1:

- 12-month rate guarantee from the Effective Date
- Rates assume 177 eligible employees, with 62 participating or ^{20%}35% participation. Upon sale, quoted rates and benefits may be adjusted based on achieved participation levels
- Sun Life reserves the right to adjust rates if final participation is more than 10% different than the participation shown here
- Rates assume this is the only dental plan being offered to employees in this class.

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