



Making care and benefits easier

Proposal for: Accela Healthcare LLC

Introduction

Thank you for the opportunity to offer this proposal to you.

Proposal Presented to

Accela Healthcare LLC
104 Pension Rd
Englishtown, NJ 07726

SIC Code: 8059

Proposal Presented by

Sun Life

Benefits Quoted

Dental and Vision

Proposed Effective Date

January 1, 2026

Things to Know

- This proposal shows a summary of proposed product(s), rates, and underlying assumptions. It is not part of the group policy or an administrative services agreement with Sun Life or its affiliated companies.
- This proposal is valid for 60 days, starting from December 1, 2025, and only for the proposed Effective Date.
- This proposal may include fully insured, nonparticipating coverage that terminates at retirement, unless otherwise noted.
- For fully insured coverages, the rates shown may be subject to recalculation pending a) final enrollment, b) census data, and c) review of any additional data requested in the proposal. Please review the assumptions for information about how the rates were derived.
- For fully insured coverages, we require that you provide a copy of the current carrier's policy or certificate, and for self-funded plans we require your Plan Document at time of sale.

The following notices apply to quotes for fully insured coverage:

Producer Licensing

All Sun Life companies require producers who use insurance quotes for the purpose of soliciting, selling, or negotiating insurance to be licensed both by the state where the prospective client is located and by any state where the solicitation, sale, or negotiation of insurance occurs, if different. This requirement pertains to all forms of solicitation, sale, or negotiation of insurance, including but not limited to solicitation, sale, or negotiation conducted in person or by telephone, by e-mail, by fax, or otherwise.

Producer Compensation

We encourage brokers and their clients to discuss what commission or other compensation may be paid in connection with the purchase of products and services from Sun Life companies. All Sun Life companies may pay the selling broker, agency, or third party administrator for the promotion, sale, and renewal of the products and services offered in this proposal. In addition to our standard compensation arrangements, we may make additional cash payments or reimbursements to selling brokers in recognition of their marketing and distribution activities, persistency levels, and volume of business. For New York-issued cases, producers must comply with the specific compensation disclosure requirements of New York Regulation 194.

Plan and Rates

This proposal may be based on employee census information provided by the employer. Acceptance of the group and final rates will be determined by Sun Life based on actual enrollment and case experience, if required. Terms and conditions of any services agreement or any coverage under a policy may be determined by all required final data and by underwriting rules, minimum participation requirements, and policy provisions in effect on the date coverage begins.

Underwriting Companies

The Sun Life group of companies operates under the "Sun Life" name strictly as a marketing name, and no legal significance is expressed or implied. In the United States and elsewhere, insurance products are offered by members of the Sun Life group that are insurance companies. Sun Life Financial Inc., the publicly traded holding company for the Sun Life group of companies, is not an insurance company and does not guarantee the obligations of these insurance companies. Each insurance company relies on its own financial strength and claims-paying ability.

Group Dental

We are pleased to offer comprehensive PPO plans and flexible features that can be easily paired to meet your group's dental needs. Here are the highlights:

- **Flexible Plan Designs:** Employers can customize our Passive PPO, Active PPO, and/or Maximum Allowable Charge (MAC) plans to meet their needs.* Offer two plans for a Dual Choice benefit. Include optional features—like orthodontia coverage—for a more robust offering. Adjust benefit waiting periods, deductibles, and some procedure types to suit your employees and your bottom line.
- **Voluntary Dental:** Once a plan design is selected, employers can choose to offer the plan at 100% employee paid for a truly voluntary plan. All voluntary plans are equipped with a voluntary enrollment strategy to improve participation in the plan. Participation requirements apply.
- **Administrative Services Only (ASO) Dental:** An Administrative Services Only (ASO) plan offers the cost advantages of self-funding while providing the same claims processing, payment, reporting and other administrative services found in a fully insured plan. Dental ASO is an administrative service provided to employer sponsored, self-insured dental plans. It is not insurance.
- **Sun Life Dental Network®:** Our Dental plans offer one of the nation's largest PPO **networks**¹. With strong provider penetration and quality assurance controls, it's easy for employees to receive quality dental care from a network dentist near home or work.
- **Lifetime of Smiles®:** We know oral health leads to overall health. That's why we built a program to encourage preventive care with optional benefits, such as:
 - Preventive Max Waiver® – routine dental care does not count towards the annual maximum
 - Preventive Rewards – members can get additional annual maximum dollars the next year based on their paid claims for preventive services
 - RollMax – unused annual maximum dollars can rollover to the next year
- **Robust Online Services:** Employers with Sun Life Dental have access to Sun Life Connect, our user-friendly portal for online plan administration. Your employees can create a Sun Life account to view Explanation of Benefits, find a dentist, learn about dental insurance, read about dental health, and more.
- **Great Service, Guaranteed:** We are dedicated to providing our customers with prompt, responsive customer service. To prove it, we offer a money-back service guarantee that 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 Dental 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.

1. Zelis Network Analytics data as of January 2022 and based on unique dentist count. Sun Life's dental networks include its affiliate, Dental Health Alliance, L.L.C.® (DHA), and dentists under access arrangements with other dental networks. Nationwide counts are state level totals.

*Product offerings may not be available in all states and may vary depending on state laws and regulations.

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

Group Dental

Class 1

Class 1 All Eligible Management Employees

Plan design and rates

Basic 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:	January 1, 2026
Plan type	PPO
Dental PPO Network	Sun Life Dental Network SM
In-Network Reimbursement	Sun Life Dental Network SM
Out-of-Network Reimbursement	90th Percentile of the Usual and Customary Charge
Orthodontic coverage (Type IV)	Not included
Dependent Coverage Children	Children to age 26
Open enrollment at Issue and each Annual Enrollment	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 90th Percentile of the usual and customary charge for covered services and they will be responsible for the difference up to the provider's charge.

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%

Benefit Waiting Periods

- A Late Entrant Benefit Waiting Period of 6 months for Type II Basic Restorations, 12 months for all other Type II Basic Services, and 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

Basic Plan covered expenses

Type I Preventive covered dental expenses	Coverage limitations
Oral Evaluations	1 in any 6 consecutive months
Dental Prophylaxis (Cleanings)	1 per 6 months - is limited to 1 of these services in any 6 consecutive month period (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
Periodontal Maintenance	Periodontal Maintenance following active Periodontal Therapy - 1 per 6 months (frequency combined with Dental Prophylaxis).
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
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
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

Class 1

Class 1 All Eligible Management Employees

Plan design and rates

Enhanced 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:	January 1, 2026
Plan type	PPO
Dental PPO Network	Sun Life Dental Network SM
In-Network Reimbursement	Sun Life Dental Network SM
Out-of-Network Reimbursement	90th 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 and each Annual Enrollment	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 90th Percentile of the usual and customary charge for covered services and they will be responsible for the difference up to the provider's charge.

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

- A Late Entrant Benefit Waiting Period of 6 months for Type II Basic Restorations, 12 months for all other Type II Basic Services, and 12 months for Type III Major Services will apply to employees who enroll in this dental plan more than 31 days after becoming eligible.
- A Late Entrant Benefit Waiting Period of 12 months for Type IV Orthodontic 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	\$1,500 per person	\$1,500 per person
Type IV Ortho Services	\$1,500 lifetime per child under age 26	\$1,500 lifetime per child under age 26

Enhanced Plan covered expenses

Type I Preventive covered dental expenses	Coverage limitations
Oral Evaluations	1 in any 6 consecutive months
Dental Prophylaxis (Cleanings)	1 per 6 months - is limited to 1 of these services in any 6 consecutive month period (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
Periodontal Maintenance	Periodontal Maintenance following active Periodontal Therapy - 1 per 6 months (frequency combined with Dental Prophylaxis).
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
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
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

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

Class 2

Class 2 All Other Eligible Employees

Plan design and rates

Basic 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:	January 1, 2026
Plan type	PPO
Dental PPO Network	Sun Life Dental Network SM
In-Network Reimbursement	Sun Life Dental Network SM
Out-of-Network Reimbursement	90th Percentile of the Usual and Customary Charge
Orthodontic coverage (Type IV)	Not included
Dependent Coverage Children	Children to age 26
Open enrollment at Issue and each Annual Enrollment	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 90th Percentile of the usual and customary charge for covered services and they will be responsible for the difference up to the provider's charge.

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%

Benefit Waiting Periods

- A Late Entrant Benefit Waiting Period of 6 months for Type II Basic Restorations, 12 months for all other Type II Basic Services, and 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

Basic Plan covered expenses

Type I Preventive covered dental expenses	Coverage limitations
Oral Evaluations	1 in any 6 consecutive months
Dental Prophylaxis (Cleanings)	1 per 6 months - is limited to 1 of these services in any 6 consecutive month period (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
Periodontal Maintenance	Periodontal Maintenance following active Periodontal Therapy - 1 per 6 months (frequency combined with Dental Prophylaxis).
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
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
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

Class 2

Class 2 All Other Eligible Employees

Plan design and rates

Enhanced 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:	January 1, 2026
Plan type	PPO
Dental PPO Network	Sun Life Dental Network SM
In-Network Reimbursement	Sun Life Dental Network SM
Out-of-Network Reimbursement	90th 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 and each Annual Enrollment	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 90th Percentile of the usual and customary charge for covered services and they will be responsible for the difference up to the provider's charge.

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

- A Late Entrant Benefit Waiting Period of 6 months for Type II Basic Restorations, 12 months for all other Type II Basic Services, and 12 months for Type III Major Services will apply to employees who enroll in this dental plan more than 31 days after becoming eligible.
- A Late Entrant Benefit Waiting Period of 12 months for Type IV Orthodontic 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	\$1,500 per person	\$1,500 per person
Type IV Ortho Services	\$1,500 lifetime per child under age 26	\$1,500 lifetime per child under age 26

Enhanced Plan covered expenses

Type I Preventive covered dental expenses	Coverage limitations
Oral Evaluations	1 in any 6 consecutive months
Dental Prophylaxis (Cleanings)	1 per 6 months - is limited to 1 of these services in any 6 consecutive month period (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
Periodontal Maintenance	Periodontal Maintenance following active Periodontal Therapy - 1 per 6 months (frequency combined with Dental Prophylaxis).
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
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
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

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

Basic Plan

	Total Employees	Dental and Orthodontia monthly rate	Total monthly premium
Employee only	59	\$29.65	\$1,749.35
Employee + spouse	3	\$57.47	\$172.41
Employee + child(ren)	2	\$71.98	\$143.96
Employee + Family	1	\$99.80	\$99.80
Total	65		\$2,165.52

Enhanced Plan

	Total Employees	Dental and Orthodontia monthly rate	Total monthly premium
Employee only	115	\$35.33	\$4,062.95
Employee + spouse	11	\$68.47	\$753.17
Employee + child(ren)	11	\$90.20	\$992.20
Employee + Family	14	\$123.34	\$1,726.76
Total	151		\$7,535.08

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: 1

Included in this plan:

- A Flat 5% broker commission
- 12-month rate guarantee from the Effective Date
- Rates assume 235 eligible employees, with 216 participating or 91.9% 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.

Assumptions

- Prior dental plan certificates are required.
- Rates available with a minimum participation of 65% of eligible employees (10 life minimum).
- High/Low must have 20 eligible employees and 10 enrolled lives (5 in each plan).
- Rates are based on the assumption that dental has been in force for 24+ months. We reserve the right to re-rate if coverage has been in force for less than 24 months.
- Assumes direct employer-employee relationship.
- Sun Life is assumed to be the sole provider of dental insurance to the employer named in this proposal.
- Notification of any employer-completed merger or acquisition.
- Standard Sun Life policy language, as filed in the policyholder's situs state, is offered. No special language or state filings are included unless approved in advance and policy provisions are subject to state requirements and availability.
- An employee must be Actively at Work on his/her Effective Date for coverage to become effective. If an employee is not Actively at Work on his or her Effective Date, coverage will not become effective until the employee is again Actively at Work. Continuity of coverage may apply for takeover plans.
- Common ownership of the business units.
- Sun Life requires a final census, which includes participation information for contributory/voluntary benefits, before the point of sale and reserves the right to re-rate the proposal upon verification of dates of birth, genders, salaries, individual benefit elections, and occupations.
- If post-enrollment review shows that the group did not meet all of the underwriting requirements, we reserve the right to re-rate retroactive to the Effective Date or terminate the contract.
- This quote is provided based on information provided with the proposal request. It is intended for informational purposes and is not an offer to contract. The Employer may apply for the group dental insurance shown in this proposal. If the application is accepted by Sun Life, the final rates and benefits will be based on the enrollment census and the verification of the information provided with the rate request.
- Rates assume the group does not currently have dental coverage with Sun Life. However, if the group is currently covered under a Sun Life plan, the rates quoted in this proposal are not valid, and the renewal rates will apply instead. Please contact your Sun Life representative for more information about your renewal rates.

This dental 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").

Group Vision

We are pleased to offer Vision plans and flexible benefits that can be easily paired to meet your group's vision needs. Here are the highlights:

- **Multiple Plan Designs¹:** Employers can select from three different plans to meet their needs.
 - **Plan 1** – Coverage for an eye exam and discounts for materials
 - **Plan 2** – Employer coverage for an eye exam and an option for employees to purchase coverage for materials
 - **Plan 3** – Coverage for an eye exam and materials
- **Voluntary Vision:** Once a plan design is selected, employers can choose to offer the plan at 100% employee paid for a truly voluntary plan. All voluntary plans are equipped with a voluntary enrollment strategy to improve participation in the plan. Participation requirements apply.
- **Easy to Use:** No ID cards or claim forms are necessary
- **Nation's Largest Network:** Your plan comes with access to the largest network² of private-practice eyecare doctors in the U.S. through VSP®. With strong provider penetration and quality assurance controls, it's easy for employees to receive quality vision care.
- **Comprehensive Eye Exam Included:** A comprehensive eye exam is important because VSP doctors can detect signs for other health conditions such as diabetes and high blood pressure.
- **Laser Vision Correction:** Discounts are included with each of our plan options so employees can take advantage of laser surgery to correct farsightedness, nearsightedness, presbyopia or astigmatism.
- **Robust Online Services:** Employers with Sun Life Vision have access to Sun Life Connect, our user friendly portal for online plan administration. Your employees can create a Sun Life account to view explanation of benefits, find an eye care provider, learn about vision insurance, read about vision health, and more.

¹ Product offerings may not be available in all states and may vary depending on state laws and regulations.

² Information based on network analysis performed by Zelis as of April, 2022

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

Group Vision

All Eligible Management Employees

Plan design and rates

Plan 3 Choice design summary

Vision 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	January 1, 2026
Plan Type	Plan 3 Choice
Locating a VSP doctor	A listing is available at vsp.com or by calling 1.800.877.7195
Out-of-Network Providers	Members will receive a lesser benefit and should contact VSP at 1.800.877.7195 for more details.
Dependent Coverage Children	Children to age 26
Annual Enrollment Period	This plan includes an annual enrollment period, which provides an opportunity for late applicants to join the plan and allows for benefit changes.
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

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

Plan 3 Choice Covered Expenses

Vision Insurance Schedule - Full Service			
Benefit	Frequency	In-Network Member Cost	Out-of-Network Benefit
Exam Services WellVision Exam®	1 per 12 months	\$10	Up to \$45
Lenses Single Lined Bifocal Lined Trifocal Lenticular Necessary Contacts	1 per 12 months	\$25 (lenses and frame)	Up to \$30 Up to \$50 Up to \$60 Up to \$100 Up to \$210
Lens Enhancements Standard progressive Premium progressive Custom progressive		No cost \$95 - \$105 copay \$150 - \$175 copay Average savings of 20-25% on other lens enhancements	N/A
Frames <i>Includes a wide selection of frames at Walmart®.</i>	1 per 24 months	<ul style="list-style-type: none"> \$130 for the frame of your choice \$70 allowance at Costco®* 	Up to \$70
Elective Contact Lenses <i>Contact lenses are in place of lenses and frame.</i>	1 per 12 months	<ul style="list-style-type: none"> Up to \$60 for your contact lens exam (fitting and evaluation) \$130 for contact lenses 	Up to \$105
Coverage with Retail Providers	*Coverage with retail providers may be different. Check with Costco® and Walmart® for VSP member pricing. The Costco allowance is equivalent to the allowance at preferred providers and other retail providers.		

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

All Other Eligible Employees

Plan design and rates

Plan 3 Choice design summary

Vision 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	January 1, 2026
Plan Type	Plan 3 Choice
Locating a VSP doctor	A listing is available at vsp.com or by calling 1.800.877.7195
Out-of-Network Providers	Members will receive a lesser benefit and should contact VSP at 1.800.877.7195 for more details.
Dependent Coverage Children	Children to age 26
Annual Enrollment Period	This plan includes an annual enrollment period, which provides an opportunity for late applicants to join the plan and allows for benefit changes.
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

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

Plan 3 Choice Covered Expenses

Vision Insurance Schedule - Full Service			
Benefit	Frequency	In-Network Member Cost	Out-of-Network Benefit
Exam Services WellVision Exam®	1 per 12 months	\$10	Up to \$45
Lenses Single Lined Bifocal Lined Trifocal Lenticular Necessary Contacts	1 per 12 months	\$25 (lenses and frame)	Up to \$30 Up to \$50 Up to \$60 Up to \$100 Up to \$210
Lens Enhancements Standard progressive Premium progressive Custom progressive		No cost \$95 - \$105 copay \$150 - \$175 copay Average savings of 20-25% on other lens enhancements	N/A
Frames <i>Includes a wide selection of frames at Walmart®.</i>	1 per 24 months	<ul style="list-style-type: none"> \$130 for the frame of your choice \$70 allowance at Costco®* 	Up to \$70
Elective Contact Lenses <i>Contact lenses are in place of lenses and frame.</i>	1 per 12 months	<ul style="list-style-type: none"> Up to \$60 for your contact lens exam (fitting and evaluation) \$130 for contact lenses 	Up to \$105
Coverage with Retail Providers	*Coverage with retail providers may be different. Check with Costco® and Walmart® for VSP member pricing. The Costco allowance is equivalent to the allowance at preferred providers and other retail providers.		

Vision Rates and Premium

	Total employees	Vision monthly rate	Total monthly premium
Employee only	157	\$7.13	\$1,119.41
Employee + spouse	12	\$14.26	\$171.12
Employee + child(ren)	12	\$15.69	\$188.28
Employee, spouse + child(ren)	12	\$22.82	\$273.84
Total	193		\$1,752.65

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

Sequence Number: 2

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

Rates assume 235 eligible employees, with 193 participating or 82.1% 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 from the participation provided at quote.

Included in this Plan:

- A flat 5% broker commission
- 12-month rate guarantee from the Effective Date
- The rates quoted are based on the information provided to us at the time of proposal and reflect the risk presented and benefits requested at that time. Any change in our risk or any change in the benefits requested may result in a change of premium rates, a change in the plan offered, or a withdrawal of the proposal.

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

Assumptions

- A minimum of 20% participation or 2 employees is required at point of sale. If the enrollment of this group drops below 2 employees this proposal is not valid.
- This fully insured plan will replace any VSP discount plan currently offered by Sun Life.
- Claim forms are not required for in-network vision providers.
- Assumes direct employer-employee relationship.
- If Experience is provided, any plan changes within the experience period must be disclosed at the time of quoting.
- Sun Life is assumed to be the sole provider of vision insurance to the employer named in this proposal.
- Notification of any employer-completed merger or acquisition.
- Standard Sun Life policy language, as filed in the policyholder's situs state, is offered. No special language or state filings are included unless approved in advance and policy provisions are subject to state requirements and availability.
- An employee must be Actively at Work on his/her Effective Date for coverage to become effective. If an employee is not Actively at Work on his or her Effective Date, coverage will not become effective until the employee is again Actively at Work. Continuity of coverage may apply for takeover plans.
- Common ownership of the business units.
- Sun Life requires a final census, which includes participation information for contributory/voluntary benefits, before the point of sale and reserves the right to re-rate the proposal upon verification of dates of birth, genders, salaries, individual benefit elections, and occupations.
- If post-enrollment review shows that the group did not meet all of the underwriting requirements, we reserve the right to re-rate retroactive to the Effective Date or terminate the contract.
- The rates quoted are based on the information provided to us at the time of proposal and reflect the risk presented and benefits requested at that time. Any change in our risk or any change in the benefits requested may result in a change of premium rates, a change in the plan offered, or a withdrawal of the proposal.
- This quote is provided based on information provided with the proposal request. It is intended for informational purposes and is not an offer to contract. The Employer may apply for the group vision insurance shown in this proposal. If the application is accepted by Sun Life, the final rates and benefits will be based on the enrollment census and the verification of the information provided with the rate request.
- Rates assume the group does not currently have vision coverage with Sun Life. However, if the group is currently covered under a Sun Life plan, the rates quoted in this proposal are not valid, and the renewal rates will apply instead. Please contact your Sun Life representative for more information about your renewal rates.

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

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

Disclosures

Policy Disclosures

Dental

Limitations and Exclusions

The group policy, which is described in this proposal, may include exclusions. Exclusions may prevent expenses from being covered based on certain circumstances. The following expenses may not be covered:

- procedures not performed by a licensed dentist
- procedures not listed as covered dental expenses
- dental care for injuries that are work-related, self-inflicted, or not caused by an accident
- orthognathic surgery
- dental care resulting from active participation in a riot or commission of a felony
- experimental treatment, oral hygiene, plaque-control programs, and dietary instruction
- dental care for injuries sustained as a result of war or act of war
- charges for pulp caps
- charges for pulpal therapy
- charges for stainless steel crowns
- charges for fluoride treatments
- charges for sealants
- charges for space maintainers
- dental expenses incurred while coverage is not in force
- charges for care, treatment, services, or supplies to the extent that any benefit is provided by Medicare
- charges not customarily made when there is no insurance or charges for which there is no legal obligation to pay
- charges for failure to keep appointments
- replacement or repair of lost, stolen, or damaged prosthetic or orthodontic appliance
- additional services, such as orthodontia and/or surgical implants, are not covered, unless specifically listed under covered services.
- charges for diagnostic services and treatment of jaw joint problems, such as temporomandibular joint disorders, by any method unless specifically covered under the Certificate.

Other limitations that are plan specific may apply. Please review the Design & Rates section for information on the specific limitations associated to each plan. Other exclusions may apply, please see your certificate for a complete list.

GDOT-6208

Vision

Exclusions

Covered vision expenses do not include, and no benefits are provided for the following:

- Orthoptics or vision training and any associated supplemental testing.
- Plano lenses (lenses with refractive correction of less than + .50 diopter)
- Two pairs of glasses, in lieu of bifocals.
- Replacement of lenses and frames furnished under the Policy which are lost or broken, except at the normal intervals when services are otherwise available.
- Medical or surgical treatment of the eyes.
- Services and/or materials not shown as covered vision expenses in the Benefit Highlights or Covered Vision Benefits.
- Replacement of lost or damaged contact lenses, except at the normal intervals when services are otherwise available.
- Contact lens insurance policies or service agreements.
- Refitting of contact lenses after the initial (90-day) fitting period.
- Additional office visits associated with contact lens pathology.
- Contact lens modification, polishing or cleaning.
- Services associated with CRT or Orthokeratology.

Limitations

- In no event will coverage exceed the lesser of the actual cost of the examination or materials or the limits of coverage shown in the Benefit Highlights.
- The allowance for lenses shown in the Benefits Highlights is for two lenses. If only one lens is needed, coverage will be 50% of the allowance shown for two lenses.
- Benefits will not be payable for replacement of lost or broken materials until the next eligible benefit period.
- The policy is designed to cover visually necessary materials rather than cosmetic materials. When the insured selects any of the following extras, the policy will pay the basic cost of the allowed lenses, and the insured will pay the additional costs for the options.
 - Optional cosmetic processes.
 - Anti-reflective coating.
 - Color coating.
 - Mirror coating.
 - Blended lenses.
 - Cosmetic lenses.
 - Laminated lenses.
 - Oversize lenses.
 - Progressive lenses.
 - Photochromic lenses; tinted lenses except Pink #1 and Pink #2.
 - UV (ultraviolet) protected lenses.

- A frame that costs more than the plan allowance.
- Contact lenses (except as noted in the Benefit Highlights).

GVISOT-6211

General Disclosures

1. For current financial ratings, please visit www.sunlife.com.

The Sun Life group of companies operates under the “Sun Life” name strictly as a marketing name, and no legal significance is expressed or implied. In the United States and elsewhere, insurance products are offered by members of the Sun Life group that are insurance companies. Sun Life Financial Inc., the publicly traded holding company for the Sun Life group of companies, is not an insurance company and does not guarantee the obligations of these insurance companies. Each insurance company relies on its own financial strength and claims-paying ability.

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

Health Navigator Help Line is provided by PinnacleCare. PinnacleCare is a member of the Sun Life Financial Inc. (“Sun Life”) family of companies. PinnacleCare and its employees do not diagnose medical conditions, recommend treatment options or provide medical care, and any information or services provided should not be considered medical advice. Any medical decisions should be made only after consultation with and at the direction of the medical provider. Any person or entity who provides health care services following a referral or other service provided does so independently and not as an agent or representative of PinnacleCare.

Sun Life reserves the right to discontinue any of the Services at any time. Employers who provide group insurance coverage and make available value-added services within an I.R.C. Section 125 cafeteria plan should consult a tax professional to determine whether those services are Qualified Benefits for Section 125 plans. Value-added services are not available in New York and may not be available in all other states.

Service guarantees: If we do not meet the terms of a guarantee, a policyholder may request in writing a service guarantee review. Sun Life will determine whether it failed to meet the guarantee and whether a payment is made. If the request is approved, payment will be made by check during the policy year, as long as the policy remains in force during this time. Sun Life’s maximum liability under a guarantee for any policy year is limited to the lesser of 3% of the policyholder’s annual premium or \$5,000 for each line of coverage. The maximum payment for a breach of any one component of a guarantee 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 under the guarantee under which the service issue arises. Please note the Service Guarantees apply to Life, STD (including ASO), LTD, Dental (including ASO) and may apply to Accident, Critical Illness, Cancer, Hospital Indemnity and Gap. For ASO contracts, service guarantee payments will be based on the annual service fee. Service Guarantees are not available for Stop Loss or Vision.

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, 98P-ADD, 07-SL REV 7-12, 07P-LH-PT/07C-LH-PT, 01P-ADD-PT/01C-ADD-PT, GP-A, GC-A, 12-GP-01, 16-DEN-C-01, 12-DI-C-01, 16-DI-C-01, 13-SD-C-01, 12-AC-C-01, 16-AC-C-01, 16-ACPort-C-01, 13-ADD-C-01, 15-ADD-C-01, 12-GPPort-P-01, 13-ADDPort-C-01, 12-STDPort-C-01, ACPort-C-01, 13-SDPort-C-01, 16-SD-C-01, 16-SDPort-C-01, 16-CAN-C-01, 16-CANPort-C-01, 15-LF-C-01, 15-LFPort-C-01, 16-VIS-C-01, TDBPOLICY-2006, TDI-POLICY, 20-HI-C-01, 12-GPPORT-P-01, 20-HIPORT-C-01, 21-PFML-GP-01-CT, 20-PFML-GP-01-MA, 23-SD-C-01, 23-SD-R-01, 20-SD-R-01, 23-SD-R-02, 23-SD-R-03, 23-SD-R-04, 23-SD-R-05, 23-SD-R-06 and 23-SDPort-C-01. In New York, group insurance policies are underwritten by Sun Life and Health Insurance Company (U.S.) (Lansing, MI) under Policy Form Series 15-GP-01, 13-GP-LF-01, 13-LF-C-01, 13-GP-LH-01, 13-ADD-C-01, 12-DI-C-01, 13-LTD-C-01, 13-STD-C-01, 06P-NY-DBL, 06P-NY-DBL-R-PFL, 07-NYSL REV 7-12, GC-A, GP-A, 12-GP-SD-01, 13-SD-C-01, 12-GP-01, 12-AC-C-01, 12-GPPort-01, 13-LFPort-C-01, 13-ADDPort-C-01, 15-LF-GP-01, 15-SD-GP-01, 12-STDPort-C-01, 12-ACPort-C-01 and 13-SDPort-C-01. Prepaid dental products are provided and administered by Sun Life Assurance Company of Canada (SLOC) under Form Series BDC-GDSA, PDC, and are provided by prepaid dental companies, affiliated with SLOC, under Form Series BDC-GDSA, UDC-CA-GA06-UDC, UDC-CA-GA06-89, FB-NJ-0281, UDC-09-GDSA-TX, PDC in certain states except New York. Prepaid dental companies are Denticare of Alabama, Inc., United Dental Care of Arizona, Inc., UDC Dental California, Inc., United Dental Care of Colorado, Inc., Union Security DentalCare of Georgia, Inc., United Dental Care of Missouri, Inc., Union Security DentalCare of

December 1, 2025

New Jersey, Inc., United Dental Care of New Mexico, Inc., UDC Ohio, Inc., United Dental Care of Texas, Inc., and United Dental Care of Utah, Inc. In New York, prepaid dental products are provided and administered by Sun Life and Health Insurance Company (U.S.) (SLHIC) (Lansing, MI) under Form Series BDC-GDSA-NY. Product offerings may not be available in all states and may vary depending on state laws and regulations.

This coverage does not constitute comprehensive health insurance (often referred to as “major medical coverage”) and does not satisfy the requirement for Minimum Essential Coverage under the Affordable Care Act.

© 2023 Sun Life Assurance Company of Canada, Wellesley Hills, MA 02481. All rights reserved. The Sun Life name and logo are registered trademarks of Sun Life Assurance Company of Canada. Visit us at www.sunlife.com/us.