Accident Insurance

Sun Life

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 whether your covered accident happens at work, at home, or away (also known as 24-hour coverage).

EXELIXIS, INC.

All Eligible Employees

POLICY # 828884

Sun Life Assurance Company of Canada

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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.

DISLOCATIONS	OPEN (SURGERY)	CLOSED (NO SURGERY)
Hip	$6,000	$3,000
Knee, ankle, or bones of the foot	$2,000	$1,000
Elbow, wrist or Shoulder	$1,000	$500
Collarbone or bones of the hand	$1,600	$800
Finger(s) or toe(s)	$200	$100
Lower jaw	$1,200	$600
FRACTURES	**OPEN (SURGERY)**	**CLOSED (NO SURGERY)**
Hip, thigh or Skull-depressed	$6,000	$3,000
Skull-simple	$4,000	$2,000
Vertebral processes or Multiple ribs	$1,000	$500
Bones of the face, Nose, Leg, Upper jaw or upper arm	$2,000	$1,000
Vertebrae, Sternum or Pelvis	$1,600	$800
Lower jaw, Shoulder, Forearm, Hand, Foot, Kneecap, Elbow or Heel	$700	$350
Collarbone, Wrist or Ankle	$1,200	$600
Rib, Finger, Toe or Coccyx	$400	$200
ADDITIONAL INJURIES		
Eye Injury - surgical repair		$300
Eye Injury - object remove		$200
Brain injury		$500
Paralysis—monoplegia, uniplegia		$2,500
Paralysis—hemiplegia		$10,000
Paralysis—paraplegia		$12,500
Paralysis—quadriplegia		$20,000
Coma		$5,000
Concussion		$1,000
BURNS	**2ND DEGREE**	**3RD DEGREE**
21-40 square centimeters	$200	$500
41-65 square centimeters	$400	$1,000
66-160 square centimeters	$600	$3,000
161-225 square centimeters	$800	$7,000
More than 225 square centimeters	$1,000	$10,000
Skin graft	50% of the applicable Burn Benefit	
LACERATIONS		
No sutures and treated by doctor		$100
Single laceration under 5 cm with sutures		$100
5-15 cm with sutures (total of all lacerations)		$125
Greater than 15 cm with sutures (total of all lacerations)		$500

MEDICAL SERVICES	
Diagnostic Exam - Arteriogram, Angiogram, CT, CAT, EKG, EEG, or MRI (1 time per benefit year)	$200
Diagnostic Exam - X-ray (1 time per covered accident)	$100
Accident Emergency Treatment, non-emergency room (once per covered accident)	$100
Physician's Follow-up Treatment office visit (per visit, up to 6 times per covered accident)	$75
Physical Therapy (per visit up to 10 visits per covered accident)	$25
Medical Devices	$600
Epidural Pain Management (up to 2 times per covered accident)	$100
Prescription drug	$15
Prosthesis (one)	$750
Prosthesis (two)	$1,500
Anesthesia	$100
Blood, Plasma, or Platelet Transfusion	$500
HOSPITAL	
Hospital Admission (once per benefit year)	$1,500
Hospital Confinement (per day up to 365 days per covered accident)	$300
Intensive Care Unit Admission (once per Benefit Year; payable instead of Hospital Admission benefit if Confined immediately to ICU)	$1,500
Intensive Care Unit Confinement (per day up to 15 days, payable in addition to any Hospital Confinement benefit)	$300
Ambulance (Ground)	$300
Ambulance (Air)	$1,000
Emergency Room Admission	$150
Family Lodging (per day up to 30 days per benefit year)	$200
Transportation (100 or more miles up to 3 times per covered accident)	$400
Rehabilitation Unit (per day up to 30 days per covered accident)	$200
SURGERY	
Miscellaneous Surgery requiring general anesthesia (not covered by any other benefit)	$300
Open Surgery	$1,000
Exploratory Surgery or Debridement	$250
Tendon/Ligament/Rotator Cuff Tear	$750
Torn Knee Cartilage	$750
Ruptured/Herniated Disc	$1,000
EMERGENCY DENTAL	
Emergency Dental extraction	$150
Emergency Dental crown	$300
WELLNESS	
Wellness Screening Benefit (once per benefit year)	$50

LIFE AND DISMEMBERMENT LOSSES*	
Two or more fingers or toes	$1,000
One finger or one toe	$1,000

*Benefits displayed for life and dismemberment are for the employee only. Spouse benefits are 100% of the employee benefit amount for death and 100% of the employee benefit amount for dismemberment. Dependent children benefits are 50% of the employee benefit amount for death and 50% of the employee benefit amount for dismemberment.

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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Rates

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

Rates are effective as of January 1, 2027.

Accident 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	$4.08
Employee + Spouse	$6.00
Employee + Child(ren)	$5.88
Employee + Family	$7.80

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