Specified Disease Insurance

Sun Life®

- **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.
- **PAYMENT COMES DIRECTLY TO YOU.** While your medical plan may cover most direct costs associated with an illness, Specified Disease insurance can be used to pay for any expenses, medical or not. It pays in addition to other coverage you may already have.
- **INCLUDES THE WELLNESS BENEFIT.** Also referred to as Preventive Health Benefit. It pays you directly when you take certain preventive screening tests, like mammograms, certain types of blood tests, vision exams and more – up to 75 types of tests provide a benefit.

Included:

Health Navigator Help Line *for expert guidance with health needs and medical billing questions.*

BENEFITS *This coverage is available with no medical questions asked.*	
For you	You can choose between **$10,000** and **$30,000** of coverage, in increments of $10,000.
For your Spouse	If you elect coverage for yourself, you can choose between **$10,000** and **$30,000** of coverage, in increments of $10,000. 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 **$15,000** of coverage, in increments of $5,000. Not to exceed 50% of your coverage amount. An eligible child is defined as your child from birth to age 26.

EXELIXIS, INC.

All Eligible Employees

POLICY #: 828884

Sun Life Assurance Company of Canada

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What's covered

The amount payable is based on your elected amount of coverage and whether the covered condition pays a full (i.e. 100% of the elected amount) or partial (i.e., 25% of elected amount) benefit. For a benefit to be payable, your condition must be diagnosed after your coverage effective date.

For more detailed information on covered conditions and qualifications for payment, visit sunlife.com/ciconditions.

COVERED CONDITIONS	
Cardiac Conditions	
Heart attack - Non-ST Segment Elevation Myocardial Infarction (NSTEMI)	25%
Heart attack - ST-Segment Elevation Myocardial Infarction (STEMI)	100%
Coronary Artery Disease	50%
Coronary Artery Obstruction	50%
Sudden Cardiac Arrest	100%
Vascular Conditions	
Transient Ischemic Attack (TIA)	10%
Stroke	100%
Organ Failure Conditions	
End Stage Kidney Failure	100%
Major Organ Failure	100%
Other Conditions	
Benign Brain or Spinal Cord Tumor	100%
Coma	100%
Paralysis	100%
Severe Burns	100%
Blindness	100%
Loss of Speech	100%
Loss of Hearing	100%
Progressive Neurological Conditions	
ALS/Lou Gehrig's Disease	100%
Early Stage Dementia	10%
Advanced Dementia	100%
Early Stage Huntington's Disease	10%
Advanced Huntington's Disease	100%
Early Stage Multiple Sclerosis	10%
Advanced Multiple Sclerosis	100%
Early Stage Parkinson's Disease	10%
Advanced Parkinson's Disease	100%
Childhood Conditions	
Cerebral Palsy	100%
Type 1 Diabetes Mellitus	100%
Congenital Structural Anomaly	100%
Congenital Heart Defects	100%
Congenital Metabolic Disorder	100%
Other Genetic Disorders	100%

What's covered

COVERED CONDITIONS	
Cancer conditions Unlimited occurrences	
Non-Invasive Cancer	25%
Invasive Cancer	100%
Metastasis of Non-Invasive Cancer	75%
Nonmelanoma Skin Cancer	5%
Infectious Disease Conditions	
Infectious Disease Hospitalization (includes COVID)	15%
Additional benefits	
Wellness Benefit (also referred to as "Preventive Health Benefit") per Benefit Year	Employee: $50 Spouse: $50 Child: $50

Frequently asked questions

Why is the Recurrence Benefit important?

If you receive a benefit for a condition or type of condition covered under this plan and are later diagnosed with the same condition, a Recurrence Benefit may be payable. If this happens to you we'll pay you an additional benefit if you meet the Recurrence Benefit requirements for that condition. Not all covered conditions are eligible for recurrence. See your Certificate for more information on recurrence benefits. Benefit requirements may vary by condition.

Can I receive benefits for more than one Specified Disease?

Yes. Only one condition is payable if more than one condition is diagnosed on the same date. You can only claim benefits once for each covered condition unless a Recurrence Benefit is payable.

How do I file a Specified Disease claim?

If you have a diagnosis after the effective date of coverage, you can file a claim with us online at sunlife.com/account. We'll ask that you and your doctor provide information about your medical condition.

How do I get the Wellness Benefit?

You may be paid the benefit when you or a covered family member have a wellness screening, like specific blood tests, cancer screenings, cardiac stress tests, immunizations, school sports exams and more. You can file a claim with us online by visiting sunlife.com/onlineclaims. The claim form can also be downloaded from our website at sunlife.com/account.

What is the Health Navigator Help Line?

You can use the Health Navigator Help Line (accessible by phone or web) to connect with a Care Advisor for guidance on your medical benefits, upcoming medical appointments, physician referrals or assessment, and recommendations of clinical and community resources.

Additionally, the expert advisory team can help review and answer questions on medical bills and claims, education on the appeals process, fee and payment plan negotiation information, and direct you to financial resources.

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.

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

"Specified Disease 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

This coverage does not constitute comprehensive health insurance (often referred to as "major medical coverage"). It does 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 the Certificate for details.

Exclusions

The below exclusions may vary by state law and regulations. This list may not be comprehensive. Please see the Certificate for details.

Specified Disease

We will not pay any benefit that is caused by, contributed to in any way, or resulting from any Covered Condition Diagnosed outside the United States or Canada without confirmation of the Diagnosis by a Physician who practices in the United States or Canada.

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 Specified Disease. This includes being intoxicated or under the influence of any narcotic unless administered on the advice of a Physician.

Covered conditions have specific definitions and diagnostic criteria that must be met (along with supporting documentation) for a benefit to be paid. For more information, please refer to your Certificate, contact your Benefit Administrator or visit sunlife.com/ciconditions.

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

In California, to be eligible for Specified Disease coverage, the Insured must also be covered under major medical, or at least basic hospital and basic medical insurance. This is a limited benefit policy.

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.

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.

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 15-GP-01, 23-SD-C-01, 23-SDPort-C-01, 23-SD-R-01, 23-SD-R-02, 23-SD-R-03, 23- SD-R-04, 23-SD-R-05, 23-SD-R-06, 20-SD-R-01.

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Rates

Rates are effective as of January 1, 2027.

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 Specified Disease - Choice 1 | 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	1.80	2.12	2.40	2.68	2.86	4.25	6.18	9.14	13.20	21.60	27.60	27.60
$20,000	3.60	4.25	4.80	5.35	5.72	8.49	12.37	18.28	26.40	43.20	55.20	55.20
$30,000	5.40	6.37	7.20	8.03	8.58	12.74	18.55	27.42	39.60	64.80	82.80	82.80

Rates

Rates are effective as of January 1, 2027.

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 spouse's age.

Spouse Specified Disease - Choice 1 | 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	1.80	2.12	2.40	2.68	2.86	4.25	6.18	9.14	13.20	21.60	27.60	27.60
$20,000	3.60	4.25	4.80	5.35	5.72	8.49	12.37	18.28	26.40	43.20	55.20	55.20
$30,000	5.40	6.37	7.20	8.03	8.58	12.74	18.55	27.42	39.60	64.80	82.80	82.80

Rates are effective as of January 1, 2027.

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

Child Specified Disease - Choice 1

Coverage amounts	Cost - pay period (bi-weekly) premium
$5,000	0.30
$10,000	0.60
$15,000	0.90