



GROUP AND VOLUNTARY BENEFITS

Benefit Profile

Better data. Smarter decisions. Stronger benefits.SM

The uncertainty created by the ACA and the fact that medical costs continue to rise can cause you to focus your energy on health benefits decision making.

Between 2000 and 2012 . . .

Employees continue to pay more for health insurance

Single coverage contributions increased¹

Family coverage contributions increased¹

Average salary increased²

148% 162% 34%

This health care focus can mean less time spent on evaluating protection products important to the financial safety net of employees.

LTD • STD • LIFE • CRITICAL ILLNESS • ACCIDENT

Further, while health care decisions are heavily influenced by data and analytics, the decision making for protection products historically has not been afforded the same approach, leaving few ways to assess what employees really need.

The future of benefits decision making will rely more and more on the insights from acquiring and appropriately utilizing relevant data.

Our Benefit Profile incorporates demographic analysis and benchmarking data into a single source for at-a-glance benefits planning beyond health care.

Decisions based on relevant data lead to a stronger benefits package



Benefit Profile data attributes	
	Age
	Gender
	Income
	Participation
	Industry
	Region
	Incidence

Our sources of data include census files; plan design data from Group MarketShare, LLC; insights from our thought leadership studies; and employee benefits industry data from well-known sources—all compiled into one report.



Our Benefit Profiles can save time and help you and your employee benefits broker:

1. MATCH products to demographics

Identify high-population segments and the incidence rates for various protection products

2. BENCHMARK against peers

Gauge position relative to other employers in SIC range and region by comparing disability plan features to Group MarketShare data

3. EVALUATE buying patterns

Identify employee segments that are not buying (or are not buying enough) and consider enrollment and communication strategies to increase education

4. CREATE plans that appeal to all employees

Balance coverage with costs to ensure that plan options fit all income levels

5. COMPARE participation year to year

Assess the impact of enrollment initiatives on participation results

Sample visuals

Group by gender and age

Age Group	Male (%)	Female (%)
0-29	3%	8%
30-39	8%	15%
40-49	13%	13%
50-59	9%	12%
60+	11%	8%

National STD incidence by gender and age

Age Group	Male (Claims/1000)	Female (Claims/1000)
0-29	38.4	110.5
30-39	37.7	102.4
40-49	48.3	71.0
50-59	61.0	78.1
60+	69.2	88.2

Source: Blue graph from Group census. Orange graph from Industry Averages from publicly filed rate manuals, compiled by Smith Group. Assumes a 0/7-day STD Elimination Period.

Industry elimination period

Elimination Period	Percentage
30 days	1%
90 days	49%
180 days	44%
Other	7%

Insight

This group has more females, especially among the younger ages. Incidence rates indicate that a short-term disability policy would be beneficial.

Insight

This group can achieve disability plan cost savings by moving from a 90-day EP to a 180-day EP while still remaining competitive.

Source: All carriers partnering with Group MarketShare, LLC.

EXAMPLES PROVIDED ARE FOR ILLUSTRATIVE PURPOSES ONLY.

Request a Benefit Profile today! Call your local Sun Life Employee Benefits Representative or our Employee Benefits Internal Sales Desk at 877-736-4739.



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1. Medical Expenditure Panel Survey, Insurance Component (MEPS-IC), accessed February 2014. Agency for Healthcare Research and Quality (AHRQ), http://meps.aahrq.gov/mepsweb/survey_comp/Insurance.jsp.

2. Bureau of Labor Statistics, "Employment Cost Index Historical Listing—Volume V, January 2014," p. 29, <http://www.bls.gov/web/eci/ecicois.pdf>.

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Critical illness and accident policies are not available in all states and are not available in New York.

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