



**Sample Planholder Name**  
Sample Class Name  
Group Number: Sample20



**Customer Service (888) 600-1600**  
Monday to Friday | 7am to 8:30pm ET

# Welcome to Workplace benefits

## Everyone deserves a Guardian

Every day, Guardian gives 26 million Americans the security they deserve through our insurance and wealth management products and services.

We've partnered with your organization to offer you a range of employee benefits. Inside this pack, you'll find the plans your employer thinks you might benefit from.

## Your coverage options



**Dental insurance**

Taking care of teeth and overall health



**Disability insurance**

Coverage if you're temporarily unable to work



**Accident insurance**

Helping you cover expenses after an accident

## Ready to enroll?

Only you know what's right for you and your family. Which is why you can choose from a range of plans to pick the best fit.

Whatever you pick, you're in good hands. We've been delivering on our promises for over 150 years, and we're looking forward to doing the same for you too.

**1** Read through this information.

**2** Choose the benefits you'd like to take.

**3** Follow your employer's instructions to complete the enrollment process.

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# Dental insurance

Taking care of your teeth is about more than just covering cavities and cleanings. It also means accounting for more expensive dental work, and your overall health.

With dental insurance, routine preventive care can lead to better overall health. And you'll be able to save money if any extensive dental work is required.

## Who is it for?

Everyone should have access to great dental coverage, which is why we offer comprehensive plans that are available through employers as part of your benefit offerings.

## What does it cover?

Dental insurance helps to protect your overall oral care. That includes services like preventive cleanings, x-rays, restorative services like fillings, and other more serious forms of oral surgery if you ever need them.

## Why should I consider it?

Poor oral health isn't just aesthetic, it's also been linked to conditions including diabetes, heart disease, and strokes. So, while brushing and flossing every day can help keep your teeth clean, nothing should replace regular visits to the dentist.



## Staying healthy

Joe visits his dentist for a routine dental cleaning, to take care of his teeth as well as his overall health.

Oral health is about more than just teeth and gums. It's also essential for a range of other health and wellbeing reasons:

**Cardiovascular disease:** Some research suggests that heart disease, clogged arteries, and infections may be linked to inflammation and infections from oral bacteria.

**Osteoporosis:** Weak and brittle bones may be linked to tooth loss.

**Diabetes:** Research shows that people with gum disease find it more difficult to control their blood sugar levels.

**Alzheimer's disease:** Tooth loss before the age of 35 may be a risk factor for Alzheimer's disease.

All information contained here is from the Mayo Clinic, Oral Health: A Window to Your Overall Health, [www.mayoclinic.com](http://www.mayoclinic.com). 2018.

You will receive these benefits if you meet the conditions listed in the policy.



# Your dental coverage

**Option 1: Managed Dental Care** plan, you enjoy negotiated discounts from our network dentists. You pay a fixed copay for each covered service. Out-of-network visits are not covered.

**Option 2: PPO** plan, you can visit any dentist; but you pay less out-of-pocket when you choose a PPO dentist. Out-of-network benefits are based on a percentile of the prevailing fee data for the dentist's zip code.

Your Dental Plan	Option 1: Managed Dental Care	Option 2: PPO	
<b>Your Network is</b>	Guardian	DentalGuard Preferred	
<b>Your Monthly premium</b>	<b>\$25.00</b>	<b>\$25.00</b>	
You and Spouse	\$50.00	\$50.00	
You and Child(ren)	\$75.00	\$75.00	
You, Spouse and Child(ren)	\$100.00	\$100.00	
<b>Plan year deductible</b>		<i>In-Network</i>	<i>Out-of-Network</i>
Individual	No deductible	\$50	\$50
Family limit		Not Applicable	
Waived for		Preventive	Preventive and Basic
<b>Charges covered for you (co-insurance)</b>	<i>Network only</i>	<i>In-Network</i>	<i>Out-of-Network</i>
Preventive Care	You pay a copay for each	100%	80%
Basic Care	covered procedure. See	90%	80%
Major Care	"Plan Details", for	60%	50%
Orthodontia	more information.	25%	25%
<b>Annual Maximum Benefit</b>		\$0	\$0
<b>Lifetime Orthodontia Maximum</b>	Not Applicable		\$2500
<b>Office visit copay</b>	\$0		None
<b>Dependent Age Limits(Non-Student/Student)</b>	20/26		26



# Your dental coverage

## A Sample of Services Covered by Your Plan:

		<b>Option 1: Managed Dental Care</b>	<b>Option 2: PPO</b>	
		<i>You Pay</i>	<i>Plan pays (on average)</i>	
		<i>Network only</i>	<i>In-network</i>	<i>Out-of-network</i>
Preventive Care	Cleaning (prophylaxis)	\$0	100%	80%
	Frequency:	2 times in 12 months <sup>^</sup>		2 per calendar year
	Fluoride Treatments	\$0-12	100%	80%
	Limits:	No Age Limits		No Age Limits
	Oral Exams	\$0	100%	80%
	Sealants (per tooth)	\$14	100%	80%
	X-rays	\$0	100%	80%
Basic Care	Anesthesia*	Restrictions Apply	90%	80%
	Fillings <sup>‡</sup>	\$28-56	90%	80%
	Perio Surgery	\$188-410	90%	80%
	Periodontal Maintenance	\$32	90%	80%
	Frequency:	2 times in 12 months <sup>^</sup> (Standard)		Once Every 6 Months
	Repair & Maintenance of Crowns, Bridges & Dentures	\$18-230	90%	80%
	Root Canal	\$260-400	90%	80%
	Scaling & Root Planing (per quadrant)	\$30-50	90%	80%
	Simple Extractions	\$35	90%	80%
	Surgical Extractions	\$110-240	90%	80%
Major Care	Bridges and Dentures	\$580-675	60%	50%
	Inlays, Onlays, Veneers**	\$250-420	60%	50%
	Single Crowns	\$430	60%	50%
Orthodontia	Orthodontia	\$1,500-2,800	25%	25%
	Limits:	Child(ren)		Child(ren)
Cosmetic Care	Bleaching	\$165	Not Covered	Not Covered

**Managed Dental Care: A link to the complete list of dental services can be found on "Our commitment to you" page.**

This is only a partial list of dental services. Your certificate of benefits will show exactly what is covered and excluded. \*\*For PPO and or Indemnity members, Crowns, Inlays, Onlays and Labial Veneers are covered only when needed because of decay or injury or other pathology when the tooth cannot be restored with amalgam or composite filling material. When Orthodontia coverage is for "Child(ren)" only, the orthodontic appliance must be placed prior to the age limit set by your plan; If full-time status is required by your plan in order to remain insured after a certain age; then orthodontic maintenance may continue as long as full-time student status is maintained. If Orthodontia coverage is for "Adults and Child(ren)" this limitation does not apply. \*General Anesthesia – restrictions apply. ‡For PPO and or Indemnity members, Fillings – restrictions may apply to composite fillings. (^Additional cleanings are available for an additional co-pay).



# Your dental coverage

## Manage Your Benefits:

Go to [www.GuardianAnytime.com](http://www.GuardianAnytime.com) to access secure information about your Guardian benefits including access to an image of your ID Card. Your on-line account will be set up within 30 days after your plan effective date..

## Find A Dentist:

Visit [www.GuardianAnytime.com](http://www.GuardianAnytime.com) Click on “Find A Provider”; You will need to know your plan, which can be found on the first page of your dental benefit summary.

## EXCLUSIONS AND LIMITATIONS

- Important Information about Guardian’s DentalGuard Indemnity and DentalGuard Preferred Network PPO plans: This policy provides dental insurance only. Coverage is limited to those charges that are necessary to prevent, diagnose or treat dental disease, defect, or injury. Deductibles apply. The plan does not pay for: oral hygiene services (except as covered under preventive services), orthodontia (unless expressly provided for), cosmetic or experimental treatments (unless they are expressly provided for), any treatments to the extent benefits are payable by any other payor or for which no charge is made, prosthetic devices unless certain conditions are met, and services ancillary to surgical treatment. The plan limits benefits for diagnostic consultations and for preventive, restorative, endodontic, periodontic, and prosthodontic services. The services, exclusions and limitations listed above do not constitute a contract and are a summary only. The Guardian plan documents are the final arbiter of coverage. Contract # GP-I-DG2000 et al.
- This policy provides dental coverage only. This policy provides managed care dental benefits through a network of participating general dentists and specialty care dentists. Except for limited emergency services, benefits will be provided for services provided by the primary care dentist selected by the member. The member must pay the primary care dentist a patient charge/copayment for most covered services. No benefits will be paid for treatment by a specialist unless the patient is referred by his or her primary care dentist and the referral is approved under the policy. Only those services listed in the policy’s schedule of benefits are covered. Certain services are subject to frequency or other periodic limitations. Where orthodontic benefits are specifically included, the policy provides for one course of comprehensive treatment per member. Unless specifically included, the Managed Dental Care policy does not

provide orthodontic benefits if comprehensive orthodontic treatment or retention is in progress as of the member’s effective date under the Managed Dental Care policy. The services, exclusions and limitations listed above do not constitute a contract and are a summary only. The applicable Managed Dental Care documents are the final arbiter of coverage. See your Certificate for complete specifics of all Exclusions and Limitations. All products, unless otherwise noted, are underwritten by The Guardian Life Insurance Company of America (“Guardian”) or one of the following wholly-owned Guardian subsidiaries: Managed Dental Care (CA); First Commonwealth Insurance Company (IL); First Commonwealth Limited Health Services Corporation (IN); First Commonwealth Limited Health Services Corporation of Michigan (MI); First Commonwealth of Missouri, Inc. (MO) and Managed DentalGuard, Inc. (NJ, OH and TX). Any reference to a specific product type, including but not limited to “DHMO” or “Prepaid” is not intended to refer to a specific state license designation, but rather is merely intended to refer to a general product design. Such DHMO, or prepaid products, are licensed in the applicable jurisdiction. In addition, certain products are underwritten by Dominion Dental Services, Inc. (DC, DE, MD, PA and VA) and LIBERTY Dental Plan of Nevada, Inc. (NV). Please see the applicable policy forms for details. In the event of conflict between this brochure and the policy forms, the policy forms shall control.

- **PPO and or Indemnity Special Limitation:** Teeth lost or missing before a covered person becomes insured by this plan. A covered person may have one or more congenitally missing teeth or have lost one or more teeth before he became insured by this plan. We won’t pay for a prosthetic device which replaces such teeth unless the device also replaces one or more natural teeth lost or extracted after the covered person became insured by this plan. R3-DG2000

DentalGuard Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage. This policy provides DENTAL insurance only. Policy Form # GP-1-DG2000, et al, GP-1-DEN-16



# Disability insurance

## Short term disability

Disability insurance covers a part of your income, so you can pay your bills if you're injured or sick and can't work.

Disability is more common than you might realize, and people can be unable to work for all sorts of different reasons. In fact, many disabilities are caused by illness, including common conditions like heart disease and arthritis. However, most disabilities aren't covered by workers' compensation.

### Who is it for?

If you rely on your income to pay for everyday expenses, then you should probably consider disability insurance. It ensures that you'll receive a partial income if you're injured or too sick to work.

### What does it cover?

Most disability insurance pays out a portion or percentage of your income if you're diagnosed with a serious illness or experience an injury that prevents you from doing your job.

### Why should I consider it?

Accidents happen, and you can't always anticipate if or when you'll become sick or injured. That's why it's important to have a disability policy that helps you pay your bills in the event of being unable to collect your normal paycheck.

You will receive these benefits if you meet the conditions listed in the policy.



### Replacing income

Mike injures his back in a bicycle accident and can't work for 13 weeks.

Unpaid time off work: **13 weeks**

Elimination period: **1 week**

After a 1-week elimination period following his accident, Mike's Guardian Short Term Disability policy kicks in and replaces **\$400** of his weekly income for the remaining **12 weeks** of his rehabilitation.

This gives him a total of **\$4,800** to cover his expenses while he's unable to work.

This example is for illustrative purposes only. Your plan's coverage may vary. See your plan's information on the following pages for specific amounts and details.



# Disability insurance

## Long term disability

Disability insurance covers a part of your income, so you can pay your bills if you're injured or sick and can't work.

Disability is more common than you might realize, and people can be unable to work for all sorts of different reasons. In fact, many disabilities are caused by illness, including common conditions like heart disease and arthritis. However, most disabilities aren't covered by workers' compensation.

### Who is it for?

If you rely on your income to pay for everyday expenses, then you should probably consider disability insurance. It ensures that you'll receive a partial income if you're injured or too sick to work.

### What does it cover?

Most disability insurance pays out a portion or percentage of your income if you're diagnosed with a serious illness or experience an injury that prevents you from doing your job.

### Why should I consider it?

Accidents happen, and you can't always anticipate if or when you'll become sick or injured. That's why it's important to have a disability policy that helps you pay your bills in the event of being unable to collect your normal paycheck.

You will receive these benefits if you meet the conditions listed in the policy.



## Replacing income

Jim suffers a heart attack that leaves him unable to work for two years.

Unpaid time off work: **24 months**

Elimination period: **3 months**

After a 3 month elimination period, Jim's Guardian Long Term Disability policy kicks in and replaces **\$4,000** of his monthly income for the remaining **21 months** of his disability or illness.

This gives him a total of **\$84,000** to cover his expenses while he's unable to work.

This example is for illustrative purposes only. Your plan's coverage may vary. See your plan's information on the following pages for specific amounts and details.





# Your disability coverage

	Short-Term Disability	Long-Term Disability
<b>Coverage amount</b>	60% of salary to maximum \$1000/week	60% of salary to maximum \$6000/month
<b>Maximum payment period:</b> Maximum length of time you can receive disability benefits.	26 weeks	Lesser of 2 years or to age 70
<b>Accident benefits begin:</b> The length of time you must be disabled before benefits begin.	Day 1	Day 91
<b>Illness benefits begin:</b> The length of time you must be disabled before benefits begin.	Day 8	Day 91
<b>Evidence of Insurability:</b> A health statement requiring you to answer a few medical history questions.	Health Statement may be required	Health Statement may be required
<b>Guarantee Issue:</b> The 'guarantee' means you are not required to answer health questions to qualify for coverage up to and including the specified amount, when applicant signs up for coverage during the initial enrollment period.	We Guarantee Issue \$1000 in coverage	We Guarantee Issue \$6000 in coverage
<b>Minimum work hours/week:</b> Minimum number of hours you must regularly work each week to be eligible for coverage.	Planholder Determines	Planholder Determines
<b>Pre-existing conditions:</b> A pre-existing condition includes any condition/symptom for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.	Not Applicable	3 months look back; 12 months after exclusion
<b>Premium waived if disabled:</b> Premium will not need to be paid when you are receiving benefits.	Yes	Yes

## UNDERSTANDING YOUR BENEFITS—DISABILITY (Some information may vary by state)

- **Disability (short-term):** Employee is considered disabled if unable to perform major job duties on a full-time basis. Employee is not considered disabled if able to perform any work for wage or profit.
- **Disability (long-term):** For first year of disability, you will receive benefit payments while you are unable to work in your own occupation. After first year, you will continue to receive benefits if you cannot work in any occupation based on training, experience and education.
- **Earnings definition:** Your covered salary excludes bonuses and commissions.
- **Special limitations:** Provides a 12-month benefit limit for specific conditions including mental health and substance abuse. Other conditions such as chronic fatigue are also included in this limitation. Refer to contract for details.
- **Work incentive:** Plan benefit will not be reduced for a specified amount of months so that you have part-time earnings while you remain disabled, unless the combined benefit and earnings exceed 100% of your previous earnings.

## Disability Cost Illustration:

To determine the most appropriate level of coverage, you should consider your current basic monthly expenses.

## Short-Term Disability Plan Cost Illustration:

Policy amounts shown based on sample salary amounts only.

	< 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60+
Your premium rate	\$1.000	\$1.100	\$1.200	\$1.300	\$1.400	\$1.500	\$1.600	\$1.700	\$1.800
	<i>Election Cost Per Age Bracket</i>								
	< 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60+
\$30,000 Annual Salary \$346 Weekly Benefit	\$34.60	\$38.06	\$41.52	\$44.98	\$48.44	\$51.90	\$55.36	\$58.82	\$62.28
\$40,000 Annual Salary \$462 Weekly Benefit	\$46.20	\$50.82	\$55.44	\$60.06	\$64.68	\$69.30	\$73.92	\$78.54	\$83.16
\$50,000 Annual Salary \$577 Weekly Benefit	\$57.70	\$63.47	\$69.24	\$75.01	\$80.78	\$86.55	\$92.32	\$98.09	\$103.86
\$60,000 Annual Salary \$692 Weekly Benefit	\$69.20	\$76.12	\$83.04	\$89.96	\$96.88	\$103.80	\$110.72	\$117.64	\$124.56
\$70,000 Annual Salary \$808 Weekly Benefit	\$80.80	\$88.88	\$96.96	\$105.04	\$113.12	\$121.20	\$129.28	\$137.36	\$145.44
\$80,000 Annual Salary \$923 Weekly Benefit	\$92.30	\$101.53	\$110.76	\$119.99	\$129.22	\$138.45	\$147.68	\$156.91	\$166.14
\$90,000 Annual Salary \$1,000 Weekly Benefit	\$100.00	\$110.00	\$120.00	\$130.00	\$140.00	\$150.00	\$160.00	\$170.00	\$180.00
\$100,000 Annual Salary \$1,000 Weekly Benefit	\$100.00	\$110.00	\$120.00	\$130.00	\$140.00	\$150.00	\$160.00	\$170.00	\$180.00
\$110,000 Annual Salary \$1,000 Weekly Benefit	\$100.00	\$110.00	\$120.00	\$130.00	\$140.00	\$150.00	\$160.00	\$170.00	\$180.00
\$120,000 Annual Salary \$1,000 Weekly Benefit	\$100.00	\$110.00	\$120.00	\$130.00	\$140.00	\$150.00	\$160.00	\$170.00	\$180.00

## Long-Term Disability Plan Cost Illustration:

Policy amounts shown based on sample salary amounts only.

	< 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60+
Your premium rate	\$1.000	\$1.100	\$1.200	\$1.300	\$1.400	\$1.500	\$1.600	\$1.700	\$1.800
	<i>Election Cost Per Age Bracket</i>								
	< 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60+
\$30,000 Annual Salary \$1,500 Monthly Benefit	\$15.00	\$16.50	\$18.00	\$19.50	\$21.00	\$22.50	\$24.00	\$25.50	\$27.00
\$40,000 Annual Salary \$2,000 Monthly Benefit	\$20.00	\$22.00	\$24.00	\$26.00	\$28.00	\$30.00	\$32.00	\$34.00	\$36.00

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	< 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60+
\$50,000 Annual Salary \$2,500 Monthly Benefit	\$25.00	\$27.50	\$30.00	\$32.50	\$35.00	\$37.50	\$40.00	\$42.50	\$45.00
\$60,000 Annual Salary \$3,000 Monthly Benefit	\$30.00	\$33.00	\$36.00	\$39.00	\$42.00	\$45.00	\$48.00	\$51.00	\$54.00
\$70,000 Annual Salary \$3,500 Monthly Benefit	\$35.00	\$38.50	\$42.00	\$45.50	\$49.00	\$52.50	\$56.00	\$59.50	\$63.00
\$80,000 Annual Salary \$4,000 Monthly Benefit	\$40.00	\$44.00	\$48.00	\$52.00	\$56.00	\$60.00	\$64.00	\$68.00	\$72.00
\$90,000 Annual Salary \$4,500 Monthly Benefit	\$45.00	\$49.50	\$54.00	\$58.50	\$63.00	\$67.50	\$72.00	\$76.50	\$81.00
\$100,000 Annual Salary \$5,000 Monthly Benefit	\$50.00	\$55.00	\$60.00	\$65.00	\$70.00	\$75.00	\$80.00	\$85.00	\$90.00
\$110,000 Annual Salary \$5,500 Monthly Benefit	\$55.00	\$60.50	\$66.00	\$71.50	\$77.00	\$82.50	\$88.00	\$93.50	\$99.00
\$120,000 Annual Salary \$6,000 Monthly Benefit	\$60.00	\$66.00	\$72.00	\$78.00	\$84.00	\$90.00	\$96.00	\$102.00	\$108.00

## A SUMMARY OF DISABILITY PLAN LIMITATIONS AND EXCLUSIONS

- Evidence of Insurability is required on all late enrollees. This coverage will not be effective until approved by a Guardian underwriter. This proposal is hedged subject to satisfactory financial evaluation. Please refer to certificate of coverage for full plan description.
- You must be working full-time on the effective date of your coverage; otherwise, your coverage becomes effective after you have completed a specific waiting period.
- Employees must be legally working in the United States in order to be eligible for coverage. Underwriting must approve coverage for employees on temporary assignment: (a) exceeding one year; or (b) in an area under travel warning by the US Department of State. Subject to state specific variations.
- For Long-Term Disability coverage, we pay no benefits for a disability caused or contributed to by a pre-existing condition unless the disability starts after you have been insured under this plan for a specified period of time. We limit the duration of payments for long term disabilities caused by mental or emotional conditions, or alcohol or drug abuse.
- We do not pay benefits for charges relating to a covered person: taking part in any war or act of war (including service in the armed forces) committing a felony or taking part in any riot or other civil disorder or intentionally injuring themselves or attempting suicide while sane or insane. We do not pay benefits for charges relating to legal intoxication, including but not limited to the operation of a motor vehicle, and for the voluntary use of any poison, chemical, prescription or non-prescription drug or controlled substance unless it has been prescribed by a doctor and is used as prescribed. We limit the duration of payments for long term disabilities caused by mental or emotional conditions, or alcohol or drug abuse. We do not pay benefits during any period in which a covered person is confined to a correctional facility, an employee is not under the care of a doctor, an employee is receiving treatment outside of the US or Canada, and the employee's loss of earnings is not solely due to disability.
- This policy provides disability income insurance only. It does not provide "basic hospital", "basic medical", or "medical" insurance as defined by the New York State Insurance Department.
- If this plan is transferred from another insurance carrier, the time an insured is covered under that plan will count toward satisfying Guardian's pre-existing condition limitation period. State variations may apply.
- When applicable, this coverage will integrate with NJ TDB, NY DBL, CA SDI, RI TDI, Hawaii TDI and Puerto Rico DBA, DC PFML and WA PFML.

Contract #s GP-I-STD94-1.0 et al; GP-I-STD2K-1.0 et al; GP-I-STD07-1.0 et al; GP-I-STD-15-1.0 et al. Contract #s GP-I-LTD94-A,B,C-1.0 et al.; GP-I-LTD2K-1.0 et al; GP-I-LTD07-1.0 et al; GP-I-LTD-15-1.0 et al.

Guardian's Group Short Term Disability and Long Term Disability Insurance are underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. This policy provides disability income insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services. Plan documents are the final arbiter of coverage. Policy Form #GP-1-STD07-1.0, et al, GP-1-STD-15, #GP-1-LTD07-1.0, et al, GP-1-LTD-15

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**SAMPLE PLANHOLDER NAME**

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# Accident insurance

Accidents happen. With accident insurance, you can help them hurt a bit less.

Accident insurance is an extra layer of protection that gives you a cash payment to cover out-of-pocket expenses when you suffer an unexpected, qualifying accident.

## Who is it for?

Nobody can predict when an accident might happen. That's why accident insurance is a great add-on policy for people who want to supplement the health and disability insurance coverage they already have individually or through an employer.

## What does it cover?

Accident insurance pays you lump sum benefits after you suffer an accident. This could be a severe burn, broken bone or emergency room visit. Our accident insurance policies also offer a special benefit that pays extra for children injured while playing an organized sport like soccer, baseball, lacrosse, or football.

## Why should I consider it?

Health coverage is becoming more expensive, with higher co-pays, premiums, and deductibles. Accident insurance is a simple, affordable way to supplement and cover additional expenses your health and disability insurance may not cover, including x-rays, ambulance services, deductibles, and even things like rent or groceries.

Plus, accident insurance is portable and payments are made directly to you.

You will receive these benefits if you meet the conditions listed in the policy.



## Support during recovery

Amanda breaks her leg falling off her bike and needs emergency treatment.

Average non-surgical broken leg treatment expense: **\$2,500**

Average Major Medical deductible: **\$1,500**

Major Medical covers 80% of the surgical cost after the deductible is met, but Amanda's still responsible for 20%: **\$200**

Total out-of-pocket amount for Amanda (deductible + coinsurance): **\$1,700**

Amanda's Guardian Accident policy pays her a benefit of **\$1,700**, which covers all of her out-of-pocket expenses.

This example is for illustrative purposes only. Your plan's coverage may vary. See your plan's information on the following pages for specific amounts and details.



# Your accident coverage

ACCIDENT	
<b>COVERAGE - DETAILS</b>	
<b>Your Monthly premium</b>	\$10.00
You and Spouse	\$15.00
You and Child(ren)	\$20.00
You, Spouse and Child(ren)	\$25.00
<b>Accident Coverage Type</b>	On and Off Job
<b>WELLNESS BENEFIT - Per Year Limit</b>	\$50
<b>Child(ren) Age Limits</b>	Children age birth to 26 years
<b>RAINY DAY FUND</b>	Benefit Amount: \$500 Rollover Maximum: \$250 Fund Maximum: \$1,000
<b>FEATURES</b>	
Air Ambulance	\$1,500
Ambulance	\$300
Blood/Plasma/Platelets	\$300
Burns (2nd Degree/3rd Degree)	9 sq inches To 18 sq inches: \$0/\$2,000 18 sq inches To 35 sq inches: \$1,000/\$4,000 Over 35 sq inches: \$3,000/\$12,000
Burns - Skin Graft	50% of burn benefit
Child Organized Sport - Benefit is paid if the covered accident occurred while your covered child, age 18 years or younger, is participating in an organized sport that is governed by an organization and requires formal registration to participate.	25% increase to child benefits
Chiropractic Visits	\$50/visit, up to 6 visits
Coma	\$12,500
Concussion Baseline Study	\$25
Concussions	\$300
Diagnostic Exam (Major)	\$300
Dislocations	Schedule up to \$7,000
Doctor Follow-Up Visits	\$75, up to 6 treatments
Emergency Dental Work	\$400/Crown, \$100/Extraction
Emergency Room Treatment	\$250
Epidural Anesthesia Pain Management	\$100, 2 times per accident
Eye Injury	\$300
Family Care—Benefit is payable for each child attending a Child Care center while the insured is confined to a hospital, ICU or Alternate Care or Rehabilitative facility due to injuries sustained in a covered accident.	\$30/day, up to 30 days
Fractures	Schedule up to \$8,000
Gun Shot Wound	\$1,000

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Sample Class Name

Your benefits as of 10/08/2020

Group number: Sample20



# Your accident coverage

## FEATURES (Cont.)

Hospital Admission	\$1,500
Hospital Confinement	\$300/day - up to 1 year
Hospital ICU Admission	\$3,000
Hospital ICU Confinement	\$600/day - up to 15 days
Initial Dr. Office/Urgent Care Facility Treatment	\$125
Joint Replacement (Hip/Knee/Shoulder)	\$3,500/\$1,750/\$1,750
Knee Cartilage	\$750
Laceration	Schedule up to \$500
Lodging - The hospital stay must be more than 50 miles from the insured's residence.	\$150/day, up to 30 days for companion hotel stay
Medical Appliance—Wheelchair, motorized scooter, leg or back brace, cane, crutches, walker, walking boot that extends above the ankle or brace for the neck.	Schedule up to \$600
Outpatient Therapies	\$50/day, up to 10 days
Post-Traumatic Stress Disorder	\$500
Prosthetic Device/Artificial Limb	1: \$1,000 2 or more: \$2,000
Rehabilitation Unit Confinement	\$150/day, up to 15 days
Ruptured Disc With Surgical Repair	\$750
Surgery (Cranial, Open Abdominal, Thoracic, Hernia) Max	Schedule up to \$1,500 Hernia: \$300
Surgery (Exploratory or Arthroscopic)	\$500
Tendon/Ligament/Rotator Cuff	1: \$750 2 or more: \$1,500
Transportation - Benefit is paid if you have to travel more than 50 miles one way to receive special treatment at a hospital or facility due to a covered accident.	\$0.50 per mile, limited to \$600/round trip, up to 3 times per accident
Traumatic Brain Injury — A nondegenerative, noncongenital Injury to the brain from an external nonbiological force, requiring Hospital Confinement for 48 hours or more and resulting in a permanent neurological deficit with significant loss of muscle function and persistent clinical symptoms.	\$5,000
X - Ray	\$50

## UNDERSTANDING YOUR BENEFITS:

- **Emergency Room Treatment** – Benefit is paid only when an insured is examined or treated within 72 hours of a covered accident.
- **Rainy Day Fund** – Can pay benefits when a claimant has exhausted a frequency limitation that applies to a particular benefit. Rainy Day Fund will apply to the following benefits Air Ambulance, Ambulance, Blood/Plasma/Platelets, Chiropractic visits, Diagnostic Exam (Major), Doctor Follow-Up visits, Emergency Dental Work, Epidural Anesthesia Pain Management, Eye Injury, Family Care, Fractures, Gun Shot Wound, Hospital Confinement, Hospital ICU Confinement, Joint Replacement, Knee Cartilage, Lodging, Outpatient Therapies, Rehabilitation Unit Confinement, Ruptured Disc with Surgical Repair, Surgery (Cranial, Open Abdominal, Thoracic, Hernia), Surgery (Exploratory and Arthroscopic), Transportation and X-Ray, if they are included on your plan.



# Your accident coverage

## LIMITATIONS AND EXCLUSIONS:

### A SUMMARY OF ACCIDENT LIMITATIONS AND EXCLUSIONS:

Employees must be working in the United States in order to be eligible for coverage. Underwriting must approve coverage for employees on temporary assignment: (a) exceeding 1 year; or (b) in an area under travel warning by the US Department of State, subject to state specific variations.

This proposal summarizes the major features of the Guardian Accident benefit plan. It is not intended to be a complete representation of the proposed plan. For full plan features, including exclusions and limitations, please refer to your Policy.

This proposal is hedged subject to satisfactory financial evaluation.

We don't pay benefits for any Injury caused by or related to directly or indirectly: Sickness, disease, mental infirmity or medical or surgical treatment; the covered person being legally intoxicated; declared or undeclared war, act of war, or armed aggression; service in the armed forces, National Guard, or military reserves of any state or country; taking part in a riot or civil disorder; commission of, or attempt to commit a felony; intentionally self-inflicted Injury, while sane or insane; suicide or attempted suicide, while sane or insane; travel or flight in any kind of aircraft, including any aircraft owned by or for the

policyholder, except as a fare-paying passenger on a common carrier; participation in any kind of sporting activity for compensation or profit, including coaching or officiating; riding in or driving any motor-driven vehicle in a race, stunt show or speed test; participation in hang gliding, bungee jumping, sail gliding, parasailing, parakiting, ballooning, parachuting, zorbing or skydiving; an accident that occurred before the covered person is covered by this plan; injuries to a dependent child received during birth; voluntary use of any poison, chemical, prescription or non-prescription drug or controlled substance unless: (1) it was prescribed for a covered person by a doctor, and (2) it was used as prescribed. In the case of a non-prescription drug, this Plan does not pay for any Accident resulting from or contributed to by use in a manner inconsistent with package instructions. "Controlled substance" means anything called a controlled substance in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as amended from time to time. Job related or on the job injuries for the employee are excluded if Accident coverage is off job only.

Contract # GP-1-ACC-18

*If Accident insurance premium is paid for on a pre tax basis, the benefit may be taxable. Please contact your tax or legal advisor regarding the tax treatment of your policy benefits.*

Guardian's Accident Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage. This policy provides Accident insurance only. It does not provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services.

IMPORTANT NOTICE –THIS POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS.  
Policy Form # GP-1-AC-BEN-12, et al., GP-1-LAH-12R; GP-1-ACC-18



# TravelAid

Stay safe while you're away from home, with comprehensive travel assistance that helps keep you protected.

It doesn't matter if you're going 100 miles away for a business trip or 5,000 miles away on vacation, TravelAid makes sure you and your loved ones are never too far from help when you need it.

The service is available globally and around the clock, to make sure you can get the assistance you need, when you need it.

## How it can help



Preventative information and tips before you travel



Security/response services and 24/7 assistance



Medical referrals and medical transportation services

**This service is only available if you purchase qualifying lines of coverage. See your plan administrator for more details.**

TravelAid services are provided by Integrated Behavioral Health, Inc., and UnitedHealthcare Global. The Guardian Life Insurance Company of America (Guardian) does not provide any part of TravelAid services. Guardian is not responsible or liable for care or advice given by any provider or resource under the program. This information is for illustrative purposes only. It is not a contract. Only the policy can provide the actual terms, services, limitations and exclusions. We are not responsible for availability, quality, result of or failure to provide any medical, legal or other care or service caused by conditions beyond Our control. Guardian and IBH reserve the right to discontinue TravelAid at any time. TravelAid services may not be available in all states.



## How to access

For more information or assistance contact TravelAid at **410 453 6330** or **800 527 0218**.



**Visit**

[ibhtravelaid.com](http://ibhtravelaid.com)

**You can access TravelAid services 24 hours a day, 7 days a week, 365 days a year.**

If the condition is an emergency, go immediately to the nearest physician or hospital, and then contact the 24-hour Emergency Response Center. We will then take appropriate actions to assist you and monitor your care until the situation is resolved.

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# College Tuition Benefit Program

Get closer to your college savings goals by earning valuable rewards that can help you pay for a loved one's tuition.

Paying for college is one of the most significant financial goals families face. That can mean decades of saving, but Guardian is able to help.

Our College Tuition Benefit Program gives you reward-based points when you sign up for a plan – helping you save and reduce the cost of tuition.

## How it works



Every reward point equals \$1 off the cost of full tuition



You'll earn 2,000 points annually, per line of qualifying Guardian coverage purchased\*



Every student on your account starts with 500 reward points

Tuition Reward points can be used at over 400+ four-year undergraduate colleges and universities across the U.S. that are in the SAGE network. Plus, Guardian dental members earn an extra 2,500 points after the fourth year.

**This service is only available if you purchase qualifying lines of coverage. See your plan administrator for more details.**

\* Except for Guardian Davis Vision Plan Rewards, which are provided by Davis Vision. The Tuition Rewards program is provided by SAGE CTB, LLC. Guardian does not provide any services related to this program. SAGE CTB, LLC is not a subsidiary or an affiliate of Guardian. Guardian reserves the right to discontinue the College Tuition Benefit program at any time without notice. The College Tuition Benefit is not an insurance benefit and may not be available in all states. Group insurance coverage is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states.



## How to sign up

To set up your SAGE Scholars Tuition Rewards account, you'll need a few personal details.



### User ID

Your Guardian  
Group Plan Number



### Password

Guardian

**There are two important deadlines that must be met to utilize rewards points:**

#### 1. Adding Students and Pledging

**Tuition Rewards:** Students must be registered by the member by August 31 of the year when the student begins 12th grade. The last day for pledging earned Tuition Rewards to a student is August 31 of the year the student begins 12th grade. This is also the last day for a student to earn any Student Tuition Rewards from any source.

#### 2. Submitting Student Tuition Rewards to member schools:

Using the college and university list available in the member's account, the member must submit a Tuition Rewards statement to any member school(s) a registered student applies to within ten days of the application being submitted.

# Electronic Evidence of Insurability (EOI)

Our online EOI forms are an easier, quicker alternative to traditional paper forms, helping you get covered when you need to provide additional information.

There are a few situations where you need to answer health questions, enroll for higher amounts of coverage, or request coverage after the initial eligibility period. In all of these situations, our online EOI form keeps things simple.

## Electronic EOI keeps things simple

With Guardian's electronic EOI forms, your data is kept secure at every stage of the process. And with fewer errors than hand-written forms, and faster submission digitally, it's easier than ever to complete it and get covered.

Electronic EOI can be used for\*:

- Basic life
- Voluntary life
- Short term disability
- Long term disability

\*Applicable to coverage requiring full Evidence of Insurability (not applicable to conditional issue amounts). Electronic EOI is not available in New York and New Hampshire. Electronic EOI is available using most internet browsers.



## How it works

You will receive a letter or email from your employer or Guardian with instructions and a unique link to submit your EOI form online.

First register and create an account on Guardian Anytime. Then simply fill out the form, electronically sign it, and click 'Submit'.

Once we receive the form, we'll contact you with any questions, before notifying you (and your employer if the coverage amount changes).

# Employee Assistance Program

We all need a little support every now and then.

Guardian's Employee Assistance Program gives you and your family members access to confidential personal support, across everything from stress management and nutrition to handling legal or financial issues.

The services available include consultations with experts, as well as access to resources and discounts designed to help you in a variety of different ways.

## How it can help



Consultative services are available to provide direct support and assistance



Work/life assistance that can help you save money and balance commitments



Access legal and financial assistance and resources – including WillPrep Services

**This service is only available if you purchase qualifying lines of coverage. See your plan administrator for more details.**

WorkLifeMatters Program services are provided by Integrated Behavioral Health, Inc., and its contractors. Guardian does not provide any part of WorkLifeMatters program services. Guardian is not responsible or liable for care or advice given by any provider or resource under the program. This information is for illustrative purposes only. It is not a contract. Only the Administration Agreement can provide the actual terms, services, limitations and exclusions. Guardian and IBH reserve the right to discontinue the WorkLifeMatters program at any time without notice. Legal services provided through WorkLifeMatters will not be provided in connection with or preparation for any action against Guardian, IBH, or your employer. WorkLifeMatters Program is not an insurance benefit and may not be available in all states.

<sup>1</sup>Office hours: Monday-Friday 6 a.m.–5 p.m. PST.



## How to access

To access the WorkLifeMatters Employee Assistance Program, you'll need a few personal details.



### Visit

[ibhworklife.com](http://ibhworklife.com)



### User ID

Matters



### Password

wlm70101

For more information or support, you can reach out by phoning **1800 386 7055**. The team is available 24 hours a day, 7 days a week<sup>1</sup>.



# Our commitment to you

Please read the documentation referenced below carefully. The notices are intended to provide you important information about our insurance offerings and to protect your interests. Certain ones are required by law.

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## Important information



### Notice Informing Individuals about Nondiscrimination and Accessibility Requirements

Guardian notice stating that it complies with applicable Federal civil rights laws and does not discriminate based on race, color, national origin, age, disability, sex, or actual or perceived gender identity. The notice provides contact information for filing a nondiscrimination grievance. It also provides contact information for access to free aids and services by disabled people to assist in communications with Guardian.

Visit <https://www.guardiananytime.com/notice48> to read more.

### No Cost Language Services

Guardian provides language assistance in multiple languages for members who have limited English proficiency.

Visit <https://www.guardiananytime.com/notice46> to read more.

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## Dental insurance



### DHMO Plan and Orthodontic Schedules, Limitations and Exclusions, Fine Print

May include one or more of the following publications, depending upon plan and state: Employee out of pocket charges based on CDT codes, brief summary of limitations and exclusions applicable to the DHMO plan and important plan rules for: emergency & alternate treatment; crown, bridges & dentures; pediatric services; second surgical opinions; noble and high noble metals; general anesthesia & IV sedation; orthodontic treatment; treatment on progress; and continuity of care.

Visit <https://www.guardiananytime.com/notice181> to read more.





# Our commitment to you

Please read the documentation referenced below carefully. The notices are intended to provide you important information about our insurance offerings and to protect your interests. Certain ones are required by law.

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## Accident insurance



### Outline of Coverage

A short explanation of benefits, coverage, exclusions and premiums that is given to an applicant for insurance in requisite states. It serves only as a brief summary and does not include all the information the policy contract does, and is not part of the contract.

Visit <https://www.guardiananytime.com/notice06> to read more.

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## Disability insurance



### Disability Offset Notice

Offsets are provisions in your disability coverage that allow the insurer to deduct from your regular benefit other types of income you receive or are eligible to receive from other sources due to your disability.

Visit <https://www.guardiananytime.com/notice51> to read more.

