

Rates

Accident	Accident 2.0	2
Critical Illness	Critical Illness — 2-24 lives	6
	Critical Illness — 25-99 lives	10
	Critical Illness — 100-999 lives	14
Hospital Indemnity	Hospital Indemnity — 2-24 lives	18
	Hospital Indemnity — 25-999 lives	21

Accident (Off Job)

IMPORTANT INFORMATION

- Available on groups with 2-999 eligible lives.
- Valid in AL, AK, AZ, AR, DC, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MS, MO, MT, NC, ND, NE, NJ, NV, OH, OK, OR, PA, SC, SD, TN, TX, UT, VA, WV, WI, WY. Only available in FL for groups with 51 or more eligible lives.
- Not available for all industries. Please see limitations & exclusions section.
- Rates shown are valid thru January 1, 2024.

MONTHLY RATES

	Value Plan	Advantage Plan	Premier Plan
Employee	\$6.64	\$9.82	\$13.53
Employee & Spouse	\$10.90	\$16.06	\$22.02
Employee & Child	\$11.57	\$16.69	\$22.46
Family	\$15.83	\$22.93	\$30.95
Rate Guarantee	2 Years		
Contributory Status	Voluntary		
Minimum Participation	2 eligible lives: 2 enrolled employees; 3-24 eligible lives: 3 enrolled employees; 25-999 eligible lives: 5 enrolled employees		
Portability	Included with evidence (Not available in KY, OR, UT)		
Child(ren) Age Limits	Birth to 26 yrs (26 if full-time student), subject to state limitations		

BENEFITS

	Value Plan	Advantage Plan	Premier Plan
Accident Coverage	Off Job	Off Job	Off Job
Accidental Death and Dismemberment			
Death Benefit	Employee: \$10,000 Spouse: \$5,000 Child: \$5,000	Employee: \$25,000 Spouse: \$12,500 Child: \$5,000	Employee: \$50,000 Spouse: \$25,000 Child: \$5,000
Catastrophic Loss	Quadriplegia: 100% of AD&D Loss of speech and hearing (both ears): 100% of AD&D Loss of cognitive function: 100% of AD&D Hemiplegia: 50% of AD&D Paraplegia: 50% of AD&D	Quadriplegia: 100% of AD&D Loss of speech and hearing (both ears): 100% of AD&D Loss of cognitive function: 100% of AD&D Hemiplegia: 50% of AD&D Paraplegia: 50% of AD&D	Quadriplegia: 100% of AD&D Loss of speech and hearing (both ears): 100% of AD&D Loss of cognitive function: 100% of AD&D Hemiplegia: 50% of AD&D Paraplegia: 50% of AD&D
Common Carrier	200% of AD&D	200% of AD&D	200% of AD&D
Common Disaster	200% of Spouse AD&D benefit	200% of Spouse AD&D benefit	200% of Spouse AD&D benefit
Dismemberment			
Hand, Foot, Sight	Single: 50% of AD&D benefit Multiple: 100% of AD&D benefit	Single: 50% of AD&D benefit Multiple: 100% of AD&D benefit	Single: 50% of AD&D benefit Multiple: 100% of AD&D benefit
Thumb/Index Finger Same Hand, Four Fingers Same Hand, All Toes Same Foot	25% of AD&D	25% of AD&D	25% of AD&D
Seatbelts and Airbags	Seatbelts: \$10,000 or Seatbelts & Airbags: \$15,000	Seatbelts: \$10,000 or Seatbelts & Airbags: \$15,000	Seatbelts: \$10,000 or Seatbelts & Airbags: \$15,000
Reasonable Accommodation to Home or Vehicle	\$2,500	\$2,500	\$2,500
Rainy Day Fund	Benefit Amount: \$300 Rollover Maximum: \$150 Fund Maximum: \$600 (Not applicable to IA)	Benefit Amount: \$400 Rollover Maximum: \$200 Fund Maximum: \$800 (Not applicable to IA)	Benefit Amount: \$500 Rollover Maximum: \$250 Fund Maximum: \$1,000 (Not applicable to IA)

Accident (Off Job)

BENEFITS (continued)			
	Value Plan	Advantage Plan	Premier Plan
Air Ambulance	\$750	\$1,000	\$1,500
Ambulance	\$150	\$200	\$300
Blood/Plasma/Platelets	\$300	\$300	\$300
Burns (2 nd Degree/3 rd 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	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	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
Burn – Skin Graft	50% of burn benefit	50% of burn benefit	50% of burn benefit
Child Organized Sport	25% increase to child benefits	25% increase to child benefits	25% increase to child benefits
Chiropractic Visits	\$25 per visit up to 6 visits	\$50 per visit up to 6 visits	\$50 per visit up to 6 visits
Coma	\$7,500	\$10,000	\$12,500
Concussion Baseline Study	\$25 (Not applicable to NJ)	\$25 (Not applicable to NJ)	\$25 (Not applicable to NJ)
Concussions	\$100	\$200	\$300
Diagnostic Exam (Major)	\$100	\$200	\$300
Dislocations	Schedule up to \$3,000	Schedule up to \$5,000	Schedule up to \$7,000
Doctor Follow Up Visits	\$25 up to 6 treatments	\$50 up to 6 treatments	\$75 up to 6 treatments
Emergency Dental Work	\$200/Crown \$50/Extraction	\$300/Crown \$75/Extraction	\$400/Crown \$100/Extraction
Emergency Room Treatment	\$150	\$200	\$250
Epidural Anesthesia Pain Management	\$100, 2 times per accident	\$100, 2 times per accident	\$100, 2 times per accident
Eye Injury	\$200	\$300	\$300
Family Care	\$20/day up to 30 days	\$20/day up to 30 days	\$30/day up to 30 days
Fractures	Schedule up to \$4,000	Schedule up to \$6,000	Schedule up to \$8,000
Gun Shot Wound	\$500	\$750	\$1,000
Hospital Admission	\$750	\$1,000	\$1,500
Hospital Confinement	\$150/day, up to 1 yr	\$250/day, up to 1 yr	\$300/day, up to 1 yr
Hospital ICU Admission	\$1,500	\$2,000	\$3,000
Hospital ICU Confinement	\$300/day – up to 15 days	\$500/day – up to 15 days	\$600/day – up to 15 days
Initial Doctor's Office/Urgent Care Facility Treatment	\$75	\$100	\$125
Joint Replacement (hip/knee/shoulder)	\$1,500/\$750/\$750	\$2,500/\$1,250/\$1,250	\$3,500/\$1,750/\$1,750
Knee Cartilage	\$250	\$500	\$750
Laceration	Schedule up to \$300	Schedule up to \$400	Schedule up to \$500
Lodging	\$100/day, up to 30 days for companion hotel stay	\$125/day, up to 30 days for companion hotel stay	\$150/day, up to 30 days for companion hotel stay
Medical Appliance	Schedule up to \$400	Schedule up to \$500	Schedule up to \$600
Outpatient Therapies	\$25/day up to 10 days	\$35/day up to 10 days	\$50/day up to 10 days
Post-Traumatic Stress Disorder	\$300	\$400	\$500
Prosthetic Device/Artificial Limb	1: \$250 2 or more: \$500	1: \$500 2 or more: \$1,000	1: \$1,000 2 or more: \$2,000
Rehabilitation Unit Confinement	\$50/day up to 15 days	\$100/day up to 15 days	\$150/day up to 15 days
Ruptured Disc with Surgical Repair	\$250	\$500	\$750
Surgery (Cranial, Open Abdominal, Thoracic)	Schedule up to \$1,000 Hernia: \$200	Schedule up to \$1,250 Hernia: \$250	Schedule up to \$1,500 Hernia: \$300
Surgery – Exploratory or Arthroscopic	\$300	\$400	\$500

Accident (Off Job)

BENEFITS (continued)

	Value Plan	Advantage Plan	Premier Plan
Tendon/Ligament/Rotator Cuff	1: \$250 2 or more: \$500	1: \$500 2 or more: \$1,000	1: \$750 2 or more: \$1,500
Transportation	\$0.50 per mile, limited to \$400/round trip, up to 3 times per accident	\$0.50 per mile, limited to \$500/round trip, up to 3 times per accident	\$0.50 per mile, limited to \$600/round trip, up to 3 times per accident
Traumatic Brain Injury	\$3,000	\$4,000	\$5,000
X-Ray	\$30	\$40	\$50

PLAN HIGHLIGHTS

- No underwriting required.
- **Portability** - Portability allows the employee to take the coverage with them if employment has ended. (Not available in KY, OR, UT)
- **Portability – KY, OR, UT:** Portability in this state is continuity of coverage and will end when the group plan ends with no additional option to port coverage.

IMPORTANT NOTES

The benefits listed are payable if the service, treatment or procedure is due to injuries incurred in a covered accident.

- In force Major Medical coverage is required for employee, spouse and child in order to elect Accident coverage in the state of MA and NJ.
- **Child Organized Sport** – Benefit is paid if the covered accident occurred while your covered child is participating in an organized sport that is governed by an organization and requires formal registration to participate. This benefit is only payable if child coverage is included on the plan.
- **Chiropractic Services** are known as Spinal Manipulation Services in KS.
- **Family Care** – Benefit is payable for each child attending a Child Care center while the insured is confined to the hospital, ICU or Alternate Care or Rehabilitative facility due to injuries sustained in a covered accident.
- **Lodging** – Benefit is paid for a companion's hotel stay while the insured is confined to the hospital as the result of a covered accident. The hospital must be more than 50 miles from the insured's residence.
- **Medical Appliance** – Benefit is paid if a wheelchair, motorized scooter, leg or back brace, crutches, walker, walking boot that extends above the ankle or brace for the neck is prescribed by a physician as necessary due to an injury sustained as the result 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, X-ray if they are included on your plan. (Not applicable to IA)
- **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.
- **Traumatic Brain Injury** – is a nondegenerative, noncongenital injury to the brain from an external nonbiological force, required Hospital Confinement for 48 hours or more resulting in a permanent neurological deficit with significant loss of muscle function and persistent clinical symptoms.
- Any commercial insurance group policy underwritten and issued by The Guardian Life Insurance Company of America, a New York Domiciled mutual company, is a participating policy. It is not expected, however, that a dividend will be paid on any such group policies. All coverage will be provided as set forth in the policies.
- **Producer Compensation Disclosure:** As is common with Group Insurance, your coverage(s) might involve one or more licensed producers who will receive compensation from Guardian for soliciting, negotiating, securing and/or administering the insurance coverage(s) you have purchased. Compensation to these producers may be paid in the form of base commissions, administrative service commissions and, in some instances, supplemental compensation (e.g. an annual performance bonus). For more detailed information regarding producer compensation relative to your Guardian coverage(s), please contact your local sales consultant or account manager. If commissions are paid based on a percentage, the percentage is calculated monthly on enrolled lives, not eligible lives. Graded commission scales are calculated as a percentage of annual premium and are on a sliding scale.
- **Public Entity Groups:** Released quote is contingent on notification being made to Guardian regarding any political contribution requirements and/or disclosure requests prior to contract signing.

Accident (Off Job)

SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS

- 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 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.
- Not available for the following SICs: 2892, 7360-7363.

This plan will not pay benefits for any injury caused by or related to directly or indirectly (state variations may apply):

- 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.

Policy #: GP-1- ACC-18

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.

Critical Illness (2-24 lives)

IMPORTANT INFORMATION

- Available on groups with 2-24 eligible lives.
- Valid in AK, AL, AR, AZ, CA, DE, GA, HI, IA, IL, KS, KY, LA, MA, ME, MI, MO, MS, MT, NC, NE, NV, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, WI, WV, WY.
- Not available for all industries. Please see limitations and exclusions section.
- Rates shown are valid thru January 1, 2024.

MONTHLY PREMIUM

Employee

Benefit Amounts	<30	30-39	40-49	50-59	60-69	70+
\$5,000	\$2.80	\$5.00	\$10.00	\$19.95	\$34.05	\$54.05
\$10,000	\$5.60	\$10.00	\$20.00	\$39.90	\$68.10	\$108.10
\$15,000	\$8.40	\$15.00	\$30.00	\$59.85	\$102.15	\$162.15
\$20,000	\$11.20	\$20.00	\$40.00	\$79.80	\$136.20	\$216.20
\$25,000	\$14.00	\$25.00	\$50.00	\$99.75	\$170.25	\$270.25

Spouse

Benefit Amounts	<30	30-39	40-49	50-59	60-69	70+
\$2,500	\$1.40	\$2.50	\$5.00	\$9.98	\$17.03	\$27.03
\$5,000	\$2.80	\$5.00	\$10.00	\$19.95	\$34.05	\$54.05
\$7,500	\$4.20	\$7.50	\$15.00	\$29.93	\$51.08	\$81.08
\$10,000	\$5.60	\$10.00	\$20.00	\$39.90	\$68.10	\$108.10
\$12,500	\$7.00	\$12.50	\$25.00	\$49.88	\$85.13	\$135.13

Rate Guarantee	2 Years
Premiums	Premiums listed are for Attained Age and will increase as an insured ages.
Child	Child cost is included with employee election.

Underwriting Requirements	Employee	Spouse	Child(ren)
2-9 Eligible Lives	Health questions required on all amounts.		All amounts Guaranteed
10-24 Eligible Lives Guarantee Issue	\$10,000	\$5,000	
10-24 Eligible Lives Conditional Issue	Health questions required on amounts above the guarantee issue.		

BENEFITS

Contribution/ Participation	Voluntary/ 2 Eligible Employees - Minimum 2 enrolled employees; 3-24 Eligible Employees - Minimum 3 enrolled employees
Employee Critical Illness Benefit Amounts	Employee may choose a lump sum benefit of \$5,000 to \$25,000 in increments of \$5,000
Dependent Critical Illness Benefit Amount	Spouse: Up to 50% of Employee Benefit Child: 25% of Employee Benefit

Critical Illness

BENEFITS (continued)

Covered Conditions (lump sum payments)		First Occurrence	Second Occurrence
	Cancer		
	Invasive Cancer	100%	50%
	Carcinoma In Situ	30%	0%
	Benign Brain Tumor	75%	0%
	Skin Cancer	\$250 per lifetime	Not Covered
	Vascular		
	Heart Attack	100%	50%
	Stroke	100%	50%
	Heart Failure	100%	50%
	Coronary Arteriosclerosis	30%	0%
	Other		
	Organ Failure	100%	50%
	Kidney Failure	100%	50%
Group 2 Covered Conditions	First Occurrence of these additional illnesses: <ul style="list-style-type: none"> 100% Benefit: ALS (Lou Gehrig's Disease), Coma, Loss of Speech, Sight or Hearing, Parkinson's Disease, Severe Burns (Not applicable in MI) 50% Benefit: Alzheimer's Disease 30% Benefit: Addison's Disease, Huntington's Disease, Multiple Sclerosis Permanent Paralysis: 50% for 1 limb, 100% for 2 limbs 		
Group 3 Childhood Covered Conditions	100% of Child Benefit for the First Occurrence of Cerebral Palsy, Cleft lip/palate, Club Foot, Cystic Fibrosis, Down's Syndrome, Muscular Dystrophy, Spina Bifida, Type 1 Diabetes		
Cancer Vaccine	\$50 per lifetime for receiving a Cancer Vaccine (Not applicable in MI)		
Dependent Age Limits	Child birth to 26 years		
Pre-Existing Condition Limitation	3 month look back period, 12 month exclusion period, Continuity of Coverage 6 month look back period, 6 month exclusion period, Continuity of Coverage (MA, ME, UT) 3 month look back period, 6 months treatment free, 12 month exclusion period, Continuity of Coverage (TX, VA)		
Benefit Reduction (of original amount)	Age	Reduction	
	70	50%	

PLAN HIGHLIGHTS

- Guardian's Critical Illness Product provides ability for an insured to receive a lump sum benefit payment upon first and second diagnosis of any qualified Critical Illnesses listed under covered conditions.
- Benefits are paid directly to the insured when they need it most. Expenditure for claim proceeds are not limited to cover medical expenses, funds can be used under the discretion of the insured for things such as childcare, transportation and to fill in gaps in their medical plan, like co-pays and deductibles.
- An insured must port Critical Illness coverage prior to age 70.
- Portability allows the employee to take the coverage with them even if employment has ended. Evidence of insurability is not required.

Critical Illness

IMPORTANT NOTES

Rates and premiums are based on the employee data submitted. Final rates and premiums are based on the plan and employee/dependent data provided on the enrollment forms. States specific requirements apply.

Rates Notes

- Estimated Monthly and Annual Dependent premiums are not based on census information specific to your plan.
- Spouse rate is based on employee's age bracket. Child rate is included with employee election. Dependent Critical Illness insurance will not take effect if a dependent, other than a newborn, is home confined, confined to the hospital or other health care facility or is unable to perform two or more Activities of Daily Living.
- If any discrepancies between the premiums on the proposal and your bill exist, your bill prevails.
- Any commercial insurance group policy underwritten and issued by The Guardian Life Insurance Company of America, a New York Domiciled mutual company, is a participating policy. It is not expected, however, that a dividend will be paid on any such group policies. All coverage will be provided as set forth in the policies.
- **Producer Compensation Disclosure:** As is common with Group Insurance, your coverage(s) might involve one or more licensed producers who will receive compensation from Guardian for soliciting, negotiating, securing and/or administering the insurance coverage(s) you have purchased. Compensation to these producers may be paid in the form of base commissions, administrative service commissions and, in some instances, supplemental compensation (e.g. an annual performance bonus). For more detailed information regarding producer compensation relative to your Guardian coverage(s), please contact your local sales consultant or account manager. If commissions are paid based on a percentage, the percentage is calculated monthly on enrolled lives, not eligible lives. Graded commission scales are calculated as a percentage of annual premium and are on a sliding scale.
- **Public Entity Groups:** Released quote is contingent on notification being made to Guardian regarding any political contribution requirements and/or disclosure requests prior to contract signing.

Benefits Notes

- In force Major Medical coverage is required for employee, spouse and child in order to elect Critical Illness coverage in the state of CA & MA.
- In the state of CA: This coverage is not available to any person who is 1) 65 years of age or older and is covered by Medicare Part A and Part B and a Medicare Supplement insurance policy, certificate, or contract for coverage of excess charges under Medicare Part B, or 2) 65 years of age or older, if purchasing the coverage would result in coverage for medical benefits for more than 100% of actual medical expenses.
- Portability in the state of AK & OR is continuity of coverage and will end when the group plan ends with no additional options to port coverage.
- The policy has exclusions and limitations that may impact the eligibility for or entitlement to benefits under each covered condition. See the actual policy or contact your sales representative for full details.
- The applicant will be required to answer health questions if the amount elected exceeds the Guarantee Issue.

Please see the Summary of Plan Limitations and Exclusions that appears either on this page or the last page of this coverage.

SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS

- The policy has exclusions and limitations that may impact the eligibility for or entitlement to benefits under each covered condition. There are limitations & special requirements for each condition. See the certificate of coverage or contact your sales representative for full details.
- This policy will not pay for a diagnosis of a listed critical illness that is made before the covered person's Critical Illness effective date with Guardian.
- Not available for the following SICs: 1011-1241, 1411-1499, 2812-2819, 2879-2892, 2899-2999, 3292, 3312-3399, 3482-3489, 4311, 4952-4959, 7299, 7342, 7360-7363, 7389, 8811-8999, 9223-9224, 9311-9999.
- We will not pay benefits for the First Occurrence of a Critical Illness if it occurs less than 3 months after the First Occurrence of a related Critical Illness for which this Plan paid benefits. By related we mean either: (a) both Critical Illnesses are contained within the Cancer Related Conditions category; or (b) both Critical Illnesses are contained within the Vascular Conditions category; or (c) both Critical Illnesses are contained within the Childhood Conditions category.
- We will not pay benefits for a Second occurrence (recurrence) of a Critical Illness unless the Covered Person has not exhibited symptoms or received care or treatment for that Critical Illness for at least 12 months in a row prior to the recurrence. For purposes of this exclusion, care or treatment does not include: (1) preventative medications in the absence of disease; and (2) routine scheduled follow-up visits to a Doctor.
- First & second occurrence refers to the first & second time an insured experiences or is diagnosed with a covered critical illness while covered under Guardian Critical Illness insurance.
- We do not pay for a third or later occurrence of a critical illness.

Critical Illness

SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS (continued)

- A pre-existing condition includes any condition for which an employee, in the specified period of time prior to coverage in this plan, consults with a physician, receives treatment, or takes prescribed drugs. In TX & VA no benefit will be paid until the earlier of a specified amount of treatment-free time or after the insured is covered for a certain number of months. Please refer to the plan documents for specific time periods. State variations may apply.
- If the plan is new (not transferred): During the exclusion period, this Critical Illness plan does not pay charges relating to a pre-existing condition. If this plan is transferred from another insurance carrier, the time an insured is covered under that plan will count towards satisfying Guardian's pre-existing condition limitation period. Please refer to the plan details for specific time periods. State variations may apply.
- 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.
- In order to be eligible for coverage: Employees must be legally working: (a) in the United States or (b) outside the United States, for a US based employer, in a country or region approved by Guardian. Subject to state specific variations
- Employees must be working full-time on the effective date of coverage; otherwise, coverage becomes effective after the completion of the specific waiting period.
- Health questions are required on all late enrollees. Benefit increases may require underwriting.
- Contract #: GP-1-CI-14

This coverage will not be effective until approved by a Guardian underwriter. This proposal is subject to satisfactory financial evaluation. Please refer to certificate of coverage for full plan description; plan documents are the final arbiter of coverage.

Critical Illness (25-99 lives)

IMPORTANT INFORMATION

- Available on groups with 25-99 eligible lives.
- Valid in AK, AL, AR, AZ, CA, DE, GA, HI, IA, IL, KS, KY, LA, MA, ME, MI, MO, MS, MT, NC, NE, NV, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, WI, WV, WY. Only available in VT for groups with 50+ eligible lives.
- Not available for all industries. Please see limitations and exclusions section.
- Rates shown are valid thru January 1, 2024.

MONTHLY PREMIUM

Employee

Benefit Amounts	<30	30-39	40-49	50-59	60-69	70+
\$5,000	\$2.45	\$4.40	\$8.75	\$17.45	\$29.80	\$47.35
\$10,000	\$4.90	\$8.80	\$17.50	\$34.90	\$59.60	\$94.70
\$15,000	\$7.35	\$13.20	\$26.25	\$52.35	\$89.40	\$142.05
\$20,000	\$9.80	\$17.60	\$35.00	\$69.80	\$119.20	\$189.40
\$25,000	\$12.25	\$22.00	\$43.75	\$87.25	\$149.00	\$236.75

Spouse

Benefit Amounts	<30	30-39	40-49	50-59	60-69	70+
\$2,500	\$1.23	\$2.20	\$4.38	\$8.73	\$14.90	\$23.68
\$5,000	\$2.45	\$4.40	\$8.75	\$17.45	\$29.80	\$47.35
\$7,500	\$3.68	\$6.60	\$13.13	\$26.18	\$44.70	\$71.03
\$10,000	\$4.90	\$8.80	\$17.50	\$34.90	\$59.60	\$94.70
\$12,500	\$6.13	\$11.00	\$21.88	\$43.63	\$74.50	\$118.38

Rate Guarantee	2 Years
Premiums	Premiums listed are for Attained Age and will increase as an insured ages.
Child	Child cost is included with employee election.

Underwriting Requirements	Employee	Spouse	Child(ren)
25-49 Eligible Lives Guarantee Issue	\$10,000	\$5,000	All amounts Guaranteed
50-99 Eligible Lives Guarantee Issue	\$20,000	\$10,000	
Conditional Issue	Health questions required on amounts above the guarantee issue.		

BENEFITS

Contribution/ Participation	Voluntary/ Minimum participation greater of 10 enrolled or 15%
Employee Critical Illness Benefit Amounts	Employee may choose a lump sum benefit of \$5,000 to \$25,000 in increments of \$5,000
Dependent Critical Illness Benefit Amount	Spouse: Up to 50% of Employee Benefit Child: 25% of Employee Benefit

Critical Illness

BENEFITS (continued)

		First Occurrence	Second Occurrence
Covered Conditions (lump sum payments)	Cancer		
	Invasive Cancer	100%	50%
	Carcinoma In Situ	30%	0%
	Benign Brain Tumor	75%	0%
	Skin Cancer	\$250 per lifetime	Not Covered
	Vascular		
	Heart Attack	100%	50%
	Stroke	100%	50%
	Heart Failure	100%	50%
	Coronary Arteriosclerosis	30%	0%
	Other		
	Organ Failure	100%	50%
	Kidney Failure	100%	50%
Group 2 Covered Conditions	First Occurrence of these additional illnesses: <ul style="list-style-type: none"> • 100% Benefit: ALS (Lou Gehrig's Disease), Coma, Loss of Speech, Sight or Hearing, Parkinson's Disease, Severe Burns (Not applicable in MI) • 50% Benefit: Alzheimer's Disease • 30% Benefit: Addison's Disease, Huntington's Disease, Multiple Sclerosis • Permanent Paralysis: 50% for 1 limb, 100% for 2 limbs 		
Group 3 Childhood Covered Conditions	100% of Child Benefit for the First Occurrence of Cerebral Palsy, Cleft lip/palate, Club Foot, Cystic Fibrosis, Down's Syndrome, Muscular Dystrophy, Spina Bifida, Type 1 Diabetes		
Cancer Vaccine	\$50 per lifetime for receiving a Cancer Vaccine (Not applicable in MI)		
Dependent Age Limits	Child birth to 26 years		
Pre-Existing Condition Limitation	3 month look back period, 12 month exclusion period, Continuity of Coverage 6 month look back period, 6 month exclusion period, Continuity of Coverage (MA, ME, UT) 3 month look back period, 6 months treatment free, 12 month exclusion period, Continuity of Coverage (TX, VA)		
Benefit Reduction (of original amount)	Age	Reduction	
	70	50%	

PLAN HIGHLIGHTS

- Guardian's Critical Illness Product provides ability for an insured to receive a lump sum benefit payment upon first and second diagnosis of any qualified Critical Illnesses listed under covered conditions.
- Benefits are paid directly to the insured when they need it most. Expenditure for claim proceeds are not limited to cover medical expenses, funds can be used under the discretion of the insured for things such as childcare, transportation and to fill in gaps in their medical plan, like co-pays and deductibles.
- An insured must port Critical Illness coverage prior to age 70.
- Portability allows the employee to take the coverage with them even if employment has ended. Evidence of insurability is not required.

Critical Illness

IMPORTANT NOTES

Rates and premiums are based on the employee data submitted. Final rates and premiums are based on the plan and employee/dependent data provided on the enrollment forms. States specific requirements apply.

Rates Notes

- Estimated Monthly and Annual Dependent premiums are not based on census information specific to your plan.
- Spouse rate is based on employee's age bracket. Child rate is included with employee election. Dependent Critical Illness insurance will not take effect if a dependent, other than a newborn, is home confined, confined to the hospital or other health care facility or is unable to perform two or more Activities of Daily Living.
- If any discrepancies between the premiums on the proposal and your bill exist, your bill prevails.
- Any commercial insurance group policy underwritten and issued by The Guardian Life Insurance Company of America, a New York Domiciled mutual company, is a participating policy. It is not expected, however, that a dividend will be paid on any such group policies. All coverage will be provided as set forth in the policies.
- **Producer Compensation Disclosure:** As is common with Group Insurance, your coverage(s) might involve one or more licensed producers who will receive compensation from Guardian for soliciting, negotiating, securing and/or administering the insurance coverage(s) you have purchased. Compensation to these producers may be paid in the form of base commissions, administrative service commissions and, in some instances, supplemental compensation (e.g. an annual performance bonus). For more detailed information regarding producer compensation relative to your Guardian coverage(s), please contact your local sales consultant or account manager. If commissions are paid based on a percentage, the percentage is calculated monthly on enrolled lives, not eligible lives. Graded commission scales are calculated as a percentage of annual premium and are on a sliding scale.
- **Public Entity Groups:** Released quote is contingent on notification being made to Guardian regarding any political contribution requirements and/or disclosure requests prior to contract signing.

Benefits Notes

- In force Major Medical coverage is required for employee, spouse and child in order to elect Critical Illness coverage in the state of CA & MA.
- In the state of CA: This coverage is not available to any person who is 1) 65 years of age or older and is covered by Medicare Part A and Part B and a Medicare Supplement insurance policy, certificate, or contract for coverage of excess charges under Medicare Part B, or 2) 65 years of age or older, if purchasing the coverage would result in coverage for medical benefits for more than 100% of actual medical expenses.
- Portability in the state of AK, OR & VT is continuity of coverage and will end when the group plan ends with no additional options to port coverage.
- The policy has exclusions and limitations that may impact the eligibility for or entitlement to benefits under each covered condition. See the actual policy or contact your sales representative for full details.
- The applicant will be required to answer health questions if the amount elected exceeds the Guarantee Issue.

Please see the Summary of Plan Limitations and Exclusions that appears either on this page or the last page of this coverage.

SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS

- The policy has exclusions and limitations that may impact the eligibility for or entitlement to benefits under each covered condition. There are limitations & special requirements for each condition. See the certificate of coverage or contact your sales representative for full details.
- This policy will not pay for a diagnosis of a listed critical illness that is made before the covered person's Critical Illness effective date with Guardian.
- Not available for the following SICs: 1011-1241, 1411-1499, 2812-2819, 2879-2892, 2899-2999, 3292, 3312-3399, 3482-3489, 4311, 4952-4959, 7299, 7342, 7360-7363, 7389, 8811-8999, 9223-9224, 9311-9999.
- We will not pay benefits for the First Occurrence of a Critical Illness if it occurs less than 3 months after the First Occurrence of a related Critical Illness for which this Plan paid benefits. By related we mean either: (a) both Critical Illnesses are contained within the Cancer Related Conditions category; or (b) both Critical Illnesses are contained within the Vascular Conditions category; or (c) both Critical Illnesses are contained within the Childhood Conditions category.
- We will not pay benefits for a Second occurrence (recurrence) of a Critical Illness unless the Covered Person has not exhibited symptoms or received care or treatment for that Critical Illness for at least 12 months in a row prior to the recurrence. For purposes of this exclusion, care or treatment does not include: (1) preventive medications in the absence of disease; and (2) routine scheduled follow-up visits to a Doctor.
- First & second occurrence refers to the first & second time an insured experiences or is diagnosed with a covered critical illness while covered under Guardian Critical Illness insurance.
- We do not pay for a third or later occurrence of a critical illness.
- A pre-existing condition includes any condition for which an employee, in the specified period of time prior to coverage in this plan, consults with a physician, receives treatment, or takes prescribed drugs. In TX & VA no benefit will be paid until the earlier of a specified amount of treatment free time or after the insured is covered for a certain number of months. Please refer to the plan documents for specific time periods. State variations may apply.

SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS (continued)

- If the plan is new (not transferred): During the exclusion period, this Critical Illness plan does not pay charges relating to a pre-existing condition. If this plan is transferred from another insurance carrier, the time an insured is covered under that plan will count towards satisfying Guardian's pre-existing condition limitation period. Please refer to the plan details for specific time periods. State variations may apply.
- 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.
- In order to be eligible for coverage: Employees must be legally working: (a) in the United States or (b) outside the United States, for a US based employer, in a country or region approved by Guardian. Subject to state specific variations
- Employees must be working full-time on the effective date of coverage; otherwise, coverage becomes effective after the completion of the specific waiting period.
- Health questions are required on all late enrollees. Benefit increases may require underwriting.
- Contract #: GP-1-CI-14

This coverage will not be effective until approved by a Guardian underwriter. This proposal is subject to satisfactory financial evaluation. Please refer to certificate of coverage for full plan description; plan documents are the final arbiter of coverage.

Critical Illness (100-999 lives)

IMPORTANT INFORMATION

- Available on groups with 100-999 eligible lives.
- Valid in AK, AL, AR, AZ, CA, DE, GA, HI, IA, IL, KS, KY, LA, MA, ME, MI, MO, MS, MT, NC, NE, NV, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WI, WV, WY.
- Not available for all industries. Please see limitations and exclusions section.
- Rates shown are valid thru January 1, 2024.

MONTHLY PREMIUM

Employee						
Benefit Amounts	<30	30-39	40-49	50-59	60-69	70+
\$5,000	\$1.80	\$3.15	\$6.25	\$12.45	\$21.20	\$33.65
\$10,000	\$3.60	\$6.30	\$12.50	\$24.90	\$42.40	\$67.30
\$15,000	\$5.40	\$9.45	\$18.75	\$37.35	\$63.60	\$100.95
\$20,000	\$7.20	\$12.60	\$25.00	\$49.80	\$84.80	\$134.60
\$25,000	\$9.00	\$15.75	\$31.25	\$62.25	\$106.00	\$168.25
Spouse						
Benefit Amounts	<30	30-39	40-49	50-59	60-69	70+
\$2,500	\$0.90	\$1.58	\$3.13	\$6.23	\$10.60	\$16.83
\$5,000	\$1.80	\$3.15	\$6.25	\$12.45	\$21.20	\$33.65
\$7,500	\$2.70	\$4.73	\$9.38	\$18.68	\$31.80	\$50.48
\$10,000	\$3.60	\$6.30	\$12.50	\$24.90	\$42.40	\$67.30
\$12,500	\$4.50	\$7.88	\$15.63	\$31.13	\$53.00	\$84.13

Rate Guarantee	2 Years		
Premiums	Premiums listed are for Attained Age and will increase as an insured ages.		
Child	Child cost is included with employee election.		
Underwriting Requirements	Employee	Spouse	Child(ren)
Guarantee Issue	\$20,000	\$10,000	All amounts Guaranteed
Conditional Issue	Health questions required on amounts above the guarantee issue.		

BENEFITS

Contribution/ Participation	Voluntary/ Minimum participation greater of 10 enrolled or 15%
Employee Critical Illness Benefit Amounts	Employee may choose a lump sum benefit of \$5,000 to \$25,000 in increments of \$5,000
Dependent Critical Illness Benefit Amount	Spouse: Up to 50% of Employee Benefit Child: 25% of Employee Benefit

Critical Illness

BENEFITS (continued)

Covered Conditions (lump sum payments)		First Occurrence	Second Occurrence
	Cancer		
	Invasive Cancer	100%	50%
	Carcinoma In Situ	30%	0%
	Benign Brain Tumor	75%	0%
	Skin Cancer	\$250 per lifetime	Not Covered
	Vascular		
	Heart Attack	100%	50%
	Stroke	100%	50%
	Heart Failure	100%	50%
	Coronary Arteriosclerosis	30%	0%
	Other		
	Organ Failure	100%	50%
	Kidney Failure	100%	50%
Group 2 Covered Conditions	First Occurrence of these additional illnesses: <ul style="list-style-type: none"> 100% Benefit: ALS (Lou Gehrig's Disease), Coma, Loss of Speech, Sight or Hearing, Parkinson's Disease, Severe Burns (Not applicable in MI) 50% Benefit: Alzheimer's Disease 30% Benefit: Addison's Disease, Huntington's Disease, Multiple Sclerosis Permanent Paralysis: 50% for 1 limb, 100% for 2 limbs 		
Group 3 Childhood Covered Conditions	100% of Child Benefit for the First Occurrence of Cerebral Palsy, Cleft lip/palate, Club Foot, Cystic Fibrosis, Down's Syndrome, Muscular Dystrophy, Spina Bifida, Type 1 Diabetes		
Cancer Vaccine	\$50 per lifetime for receiving a Cancer Vaccine (Not applicable in MI)		
Dependent Age Limits	Child birth to 26 years		
Pre-Existing Condition Limitation	3 month look back period, 12 month exclusion period, Continuity of Coverage 6 month look back period, 6 month exclusion period, Continuity of Coverage (MA, ME, UT) 3 month look back period, 6 months treatment free, 12 month exclusion period, Continuity of Coverage (TX, VA)		
Benefit Reduction (of original amount)	Age	Reduction	
	70	50%	

PLAN HIGHLIGHTS

- Guardian's Critical Illness Product provides ability for an insured to receive a lump sum benefit payment upon first and second diagnosis of any qualified Critical Illnesses listed under covered conditions.
- Benefits are paid directly to the insured when they need it most. Expenditure for claim proceeds are not limited to cover medical expenses, funds can be used under the discretion of the insured for things such as childcare, transportation and to fill in gaps in their medical plan, like co-pays and deductibles.
- An insured must port Critical Illness coverage prior to age 70.
- Portability allows the employee to take the coverage with them even if employment has ended. Evidence of Insurability is not required.
- If this Critical Illness plan is replacing coverage with another carrier, we will give credit for time served toward the pre-existing condition limitation and we will waive the benefit waiting period.

Critical Illness

IMPORTANT NOTES

Rates and premiums are based on the employee data submitted. Final rates and premiums are based on the plan and employee/dependent data provided on the enrollment forms. States specific requirements apply.

Rates Notes

- Estimated Monthly and Annual Dependent premiums are not based on census information specific to your plan.
- Spouse rate is based on employee's age bracket. Child rate is included with employee election. Dependent Critical Illness insurance will not take effect if a dependent, other than a newborn, is home confined, confined to the hospital or other health care facility or is unable to perform two or more Activities of Daily Living.
- If any discrepancies between the premiums on this proposal and your bill exist, your bill prevails.
- Any commercial insurance group policy underwritten and issued by The Guardian Life Insurance Company of America, a New York Domiciled mutual company, is a participating policy. It is not expected, however, that a dividend will be paid on any such group policies. All coverage will be provided as set forth in the policies.
- **Producer Compensation Disclosure:** As is common with Group Insurance, your coverage(s) might involve one or more licensed producers who will receive compensation from Guardian for soliciting, negotiating, securing and/or administering the insurance coverage(s) you have purchased. Compensation to these producers may be paid in the form of base commissions, administrative service commissions and, in some instances, supplemental compensation (e.g. an annual performance bonus). For more detailed information regarding producer compensation relative to your Guardian coverage(s), please contact your local sales consultant or account manager. If commissions are paid based on a percentage, the percentage is calculated monthly on enrolled lives, not eligible lives. Graded commission scales are calculated as a percentage of annual premium and are on a sliding scale.
- **Public Entity Groups:** Released quote is contingent on notification being made to Guardian regarding any political contribution requirements and/or disclosure requests prior to contract signing.

Benefits Notes

- In force Major Medical coverage is required for employee, spouse and child in order to elect Critical Illness coverage in the state of CA & MA.
- In the state of CA: This coverage is not available to any person who is 1) 65 years of age or older and is covered by Medicare Part A and Part B and a Medicare Supplement insurance policy, certificate, or contract for coverage of excess charges under Medicare Part B, or 2) 65 years of age or older, if purchasing the coverage would result in coverage for medical benefits for more than 100% of actual medical expenses.
- Portability in the state of AK, OR & VT is continuity of coverage and will end when the group plan ends with no additional options to port coverage.
- The policy has exclusions and limitations that may impact the eligibility for or entitlement to benefits under each covered condition. See the actual policy or contact your sales representative for full details.
- The applicant will be required to answer health questions if the amount elected exceeds the Guarantee Issue.

Please see the Summary of Plan Limitations and Exclusions that appears either on this page or the last page of this coverage.

SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS

- The policy has exclusions and limitations that may impact the eligibility for or entitlement to benefits under each covered condition. There are limitations & special requirements for each condition. See the certificate of coverage or contact your sales representative for full details.
- This policy will not pay for a diagnosis of a listed critical illness that is made before the covered person's Critical Illness effective date with Guardian.
- Not available for the following SICs: 1011-1241, 1411-1499, 2812-2819, 2879-2892, 2899-2999, 3292, 3312-3399, 3482-3489, 4311, 4952-4959, 7299, 7342, 7360-7363, 7389, 8811-8999, 9223-9224, 9311-9999.
- We will not pay benefits for the First Occurrence of a Critical Illness if it occurs less than 3 months after the First Occurrence of a related Critical Illness for which this Plan paid benefits. By related we mean either: (a) both Critical Illnesses are contained within the Cancer Related Conditions category; or (b) both Critical Illnesses are contained within the Vascular Conditions category; or (c) both Critical Illnesses are contained within the Childhood Conditions category.
- We will not pay benefits for a Second occurrence (recurrence) of a Critical Illness unless the Covered Person has not exhibited symptoms or received care or treatment for that Critical Illness for at least 12 months in a row prior to the recurrence. For purposes of this exclusion, care or treatment does not include: (1) preventive medications in the absence of disease; and (2) routine scheduled follow-up visits to a Doctor.
- First & second occurrence refers to the first & second time an insured experiences or is diagnosed with a covered critical illness while covered under Guardian Critical Illness insurance.
- We do not pay for a third or later occurrence of a critical illness.

Critical Illness

SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS (continued)

- A pre-existing condition includes any condition for which an employee, in the specified period of time prior to coverage in this plan, consults with a physician, receives treatment, or takes prescribed drugs. In TX & VA no benefit will be paid until the earlier of a specified amount of treatment-free time or after the insured is covered for a certain number of months. Please refer to the plan documents for specific time periods. State variations may apply.
- If the plan is new (not transferred): During the exclusion period, this Critical Illness plan does not pay charges relating to a pre-existing condition. If this plan is transferred from another insurance carrier, the time an insured is covered under that plan will count towards satisfying Guardian's pre-existing condition limitation period. Please refer to the plan details for specific time periods. State variations may apply.
- 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.
- In order to be eligible for coverage: Employees must be legally working: (a) in the United States or (b) outside the United States, for a US based employer, in a country or region approved by Guardian. Subject to state specific variations.
- Employees must be working full-time on the effective date of coverage; otherwise, coverage becomes effective after the completion of the specific waiting period.
- Health questions are required on all late enrollees. Benefit increases may require underwriting.
- Contract #: GP-1-CI-14

This coverage will not be effective until approved by a Guardian underwriter. This proposal is subject to satisfactory financial evaluation. Please refer to certificate of coverage for full plan description; plan documents are the final arbiter of coverage.

Hospital Indemnity (2-24 lives)

IMPORTANT INFORMATION

- Available on groups with 2-24 eligible lives.
- Valid in AL, AK, AR, AZ, CA, CT, DE, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MO, MS, MT, NC, ND, NE, NV, OH, OK, OR, PA, SC, SD, TN, TX, UT, VA, VT, WI, WV, WY.
- Not available for all industries. Please see limitations & exclusions section.
- Rates shown are valid thru January 1, 2024.

MONTHLY RATES

	Employee Only	Employee & Spouse	Employee & Children	Full Family
Age Bracket	Plan 1			
<50	\$9.39	\$19.30	\$16.95	\$26.86
50-59	\$11.69	\$23.37	\$19.25	\$30.93
60-64	\$14.68	\$29.30	\$22.24	\$36.86
65+	\$25.11	\$49.98	\$32.67	\$57.54
	Plan 2			
<50	\$15.24	\$31.35	\$26.98	\$43.10
50-59	\$18.51	\$37.01	\$30.26	\$48.76
60-64	\$23.16	\$46.24	\$34.91	\$57.98
65+	\$39.63	\$78.88	\$51.38	\$90.63
	Plan 3			
<50	\$26.93	\$55.45	\$47.06	\$75.58
50-59	\$32.15	\$64.30	\$52.28	\$84.43
60-64	\$40.13	\$80.11	\$60.26	\$100.24
65+	\$68.67	\$136.68	\$88.80	\$156.81
Rate Guarantee	1 Year			
Premiums	Premiums listed are for Attained Age and will increase as an insured ages. Spouse premium is based on the Employee's age.			

BENEFITS

	Plan 1	Plan 2	Plan 3
Contributory / Participation	Voluntary / 2 Eligible Employees – Min 2 enrolled employees, 3-24 Eligible Employees – Min 3 enrolled employees		
Hospital / ICU Admission	\$500 per admission to a max of 1 admission per year, per insured	\$1,000 per admission to a max of 1 admission per year, per insured	\$2,000 per admission to a max of 1 admission per year, per insured
Hospital / ICU Confinement	\$100 per day to a max of 30* days per year, per insured	\$100 per day to a max of 30* days per year, per insured	\$100 per day to a max of 30* days per year, per insured
Dependent Age Limits	Child birth to 26 years		
Portability	Included		
Treatments Covered	Sickness and Injury		
Treatment of Normal Pregnancy	Hospital Admission & Confinement benefits are not payable for birth within first 9 months of coverage. See Plan Limitations & Exclusions section below for details. (Not applicable in MT, NC)		
Pre-Existing Condition Limitation	3 month look back period / 12 month exclusion period, Continuity of Coverage 6 month look back period / 6 month exclusion period, Continuity of Coverage (MA) 3 month look back period / 6 months treatment free / 12 month exclusion period, Continuity of Coverage (MD, ND, TX, VA)		

Hospital Indemnity

PLAN HIGHLIGHTS

- * Hospital Confinement is limited to 31 days per insured per year in ID, ME, PA, UT & WV.
- Benefits are paid **directly to the insured** when they need it most and can be used however they choose: to fill in gaps in their medical plan, like co-pays and deductibles or for non-medical expenses such as childcare, transportation.
- Portability allows the employee to take the coverage with them even if employment has ended. An insured must port coverage prior to age 70.
- HSA Compatible Plan.

IMPORTANT NOTES

Rates and premiums are based on the employee data submitted. Final rates and premiums are based on the plan and employee/dependent data provided on the enrollment forms. States specific requirements apply.

- In force Major Medical coverage is required for employee, spouse and child in order to elect Hospital Indemnity coverage in the state of CA & MA.
- In the state of CA: This coverage is not available to any person who is 1) 65 years of age or older and is covered by Medicare Part A and Part B and a Medicare Supplement insurance policy, certificate, or contract for coverage of excess charges under Medicare Part B, or 2) 65 years of age or older, if purchasing the coverage would result in coverage for medical benefits for more than 100% of actual medical expenses.
- Hospital Admission & Hospital ICU Admission benefits are not payable on the same day.
- Portability in the states of AK, KY, OR & VT is continuity of coverage and will end when the group plan ends with no additional options to port coverage. An insured must port coverage prior to age 70.
- Hospital Confinement & Hospital ICU confinement benefits are not payable on the same day. Hospital/ICU confinement benefits are not payable on the same day as Hospital/ICU admission benefit.
- Spouse rate is based on employee's age bracket. Dependent insurance will not take effect if a dependent, other than a newborn, is confined to the hospital or other healthcare facility or home confined. Coverage is postponed until the day after the effective date of his or her discharge from such facility or his or her home confinement ends.
- Hospital admission & confinement benefits are not payable for a newborn unless the child is admitted to the Neonatal ICU.
- Waiver of premium is included with Hospital Indemnity coverage.
- Any commercial insurance group policy underwritten and issued by The Guardian Life Insurance Company of America, a New York Domiciled mutual company, is a participating policy. It is not expected, however, that a dividend will be paid on any such group policies. All coverage will be provided as set forth in the policies.
- **Producer Compensation Disclosure:** As is common with Group Insurance, your coverage(s) might involve one or more licensed producers who will receive compensation from Guardian for soliciting, negotiating, securing and/or administering the insurance coverage(s) you have purchased. Compensation to these producers may be paid in the form of base commissions, administrative service commissions and, in some instances, supplemental compensation (e.g. an annual performance bonus). For more detailed information regarding producer compensation relative to your Guardian coverage(s), please contact your local sales consultant or account manager. If commissions are paid based on a percentage, the percentage is calculated monthly on enrolled lives, not eligible lives. Graded commission scales are calculated as a percentage of annual premium and are on a sliding scale.
- **Public Entity Groups:** Released quote is contingent on notification being made to Guardian regarding any political contribution requirements and/or disclosure requests prior to contract signing.
- Please see the Summary of Plan Limitations and Exclusions that appears either on this page or the last page of this coverage.

SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS

- Not valid for the following SICs: 1011-1241, 1411-1499, 2892, 2911, 3292, 3312-3399, 3482-3489, 4311, 7299, 7360-7363, 8811-8999, 9223-9224, 9311-9451, 9531-9999.
- In order to be eligible for coverage: Employees must be legally working: (a) in the United States or (b) outside the United States, for a US based employer, in a country or region approved by Guardian.
- The policy has exclusions and limitations that may impact the eligibility for benefits.
- A pre-existing condition includes any condition (including pregnancy) for which a covered person, in the look back period prior to coverage in this plan, (1) receives advice or treatment from a Doctor; (2) undergoes diagnostic procedures, other than routine screening in the absence of symptoms or suspicion of disease process by a Doctor; (3) are prescribed or take prescription drugs; or (4) receives other medical care or treatment, including consultation with a Doctor. In MD, ND, TX & VA no benefit will be paid until the earlier of a specified amount of treatment free time or after the insured is covered for a certain number of months. Please refer to the plan documents for specific time periods. State variations may apply.
- If the plan is new (not transferred): During the exclusion period, this Hospital Indemnity plan does not pay charges relating to a pre-existing condition. If this plan is transferred from another insurance carrier, the time an insured is covered under that plan will count towards satisfying Guardian's pre-existing condition limitation period. Please refer to the plan details for specific time periods. State variations may apply.
- Employees must be working full-time on the effective date of coverage; otherwise, coverage becomes effective after the completion of the specific waiting period.
- An applicant must enroll within 31 days of the coverage effective date. An open enrollment will occur each year during a time period specified by the policyholder. If an applicant does not enroll during their initial enrollment period, he/she may not enroll until the next open enrollment period.

SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS (continued)

This Plan will not pay benefits for (State Variations Apply):

- Treatment relating to a covered person: taking part in any war or act of war (including service in the armed forces), commission of or attempt to commit a felony, an act of terrorism, or participating in an illegal occupation, riot or insurrection;
- Suicide or any intentionally self-inflicted injury;
- Elective surgery;
- Surgery to correct vision or hearing, unless a result of a covered injury, medically necessary surgery for glaucoma, cataracts or other sickness or injury;
- Dental care, dental x-rays, or dental treatment;
- Gastric or intestinal bypass services including lap banding, gastric stapling, and other similar procedures to facilitate weight loss; the reversal, or revision of such procedures; or services required for the treatment of complications from such procedures. This exclusion does not apply to completion of a weight reduction program that may be payable under the Health Screening benefit;
- Rest cures or custodial care, or treatment of sleep disorders;
- Cosmetic surgery. This Exclusion does not apply to reconstructive surgery:
 - (a) on an injured part of the body following infection or disease of the involved part;
 - (b) of a congenital disease or anomaly of a covered dependent newborn or adopted infant; or
 - (c) on a non-diseased breast to restore and achieve symmetry between two breasts following a covered Mastectomy;
- Treatment or removal of warts, moles, boils, skin blemishes or birthmarks, bunions, acne, corns, calluses, the cutting and trimming of toenails, care for flat feet, fallen arches or chronic foot strain;
- Service, treatment or loss related to alcoholism or drug addiction, except for drugs prescribed by the Covered Person's Doctor and taken as prescribed;
- Care or treatment for mental or nervous disorders;
- Services, treatment or loss rendered in any Veterans Administration or Federal Hospital, except if there is a legal obligation to pay;
- Services or treatment provided by a Doctor, Nurse or any other person who is employed or retained by a Covered Person Covered Person's Spouse, parent, brother, sister, child, Domestic Partner or partner in a civil union;
- Surgery and treatment, procedures, products or services that are experimental or investigative.
- Hospital Confinement and/or Hospital Admission due to any Covered Person's giving birth within the first 9 months after the Covered Person's effective date under this Plan as a result of a normal pregnancy, including cesarean section. Complications of Pregnancy will be covered to the same extent as any other Covered Sickness. (Not applicable in MT, NC)
- Treatment of a Covered Dependent Child's Children.
- Sickness or Injury sustained while on active duty in the armed forces of any country. This does not include Reserve or National Guard duty for training.
- CONTRACT # GP-1-HI-15

Guardian Hospital Indemnity Insurance is underwritten by The Guardian Life Insurance Company of America, New York, NY and will not be effective until approved by a Guardian underwriter. This proposal is subject to satisfactory financial evaluation. Please refer to certificate of coverage for full plan description; plan documents are the final arbiter of coverage. 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 limited hospital insurance only. It does not provide basic medical or major medical insurance as defined by the New York State Department of Financial Services.

Hospital Indemnity (25-999 lives)

IMPORTANT INFORMATION

- Available on groups with 25-999 eligible lives.
- Valid in AL, AK, AR, AZ, CA, DE, GA, HI, IA, ID, IL, IN, KY, LA, MA, MD, ME, MI, MO, MS, MT, NC, ND, NE, NV, OH, OK, OR, PA, SC, SD, TN, TX, UT, VA, VT, WI, WV, WY.
- Not available for all industries. Please see limitations & exclusions section.
- Rates shown are valid thru January 1, 2024.

MONTHLY RATES

	Employee Only	Employee & Spouse	Employee & Children	Full Family
	Plan 1			
Rates	\$9.44	\$19.19	\$15.44	\$25.20
Rate Guarantee	1 Year			

BENEFITS

	Plan 1
Contributory / Participation	Voluntary / Greater of 15% or 10 enrolled employees
Hospital / ICU Admission	\$1,000 per admission to a max of 1 admission per year, per insured
Dependent Age Limits	Child birth to 26 years
Portability	Included
Treatments Covered	Sickness and Injury
Treatment of Normal Pregnancy	Hospital Admission benefits are not payable for birth within first 9 months of coverage. See Plan Limitations & Exclusions section below for details. (Not applicable in MT, NC)
Pre-Existing Condition Limitation	3 month look back period / 12 month exclusion period, Continuity of Coverage 6 month look back period / 6 month exclusion period, Continuity of Coverage (MA) 3 month look back period / 6 months treatment free / 12 month exclusion period, Continuity of Coverage (MD, ND, TX, VA)

PLAN HIGHLIGHTS

- Benefits are paid **directly to the insured** when they need it most and can be used however they choose: to fill in gaps in their medical plan, like co-pays and deductibles or for non-medical expenses such as childcare, transportation.
- Portability allows the employee to take the coverage with them even if employment has ended. An insured must port coverage prior to age 70.
- HSA Compatible Plan.

IMPORTANT NOTES

Rates and premiums are based on the employee data submitted. Final rates and premiums are based on the plan and employee/dependent data provided on the enrollment forms. States specific requirements apply.

- In force Major Medical coverage is required for employee, spouse and child in order to elect Hospital Indemnity coverage in the state of CA & MA.
- In the state of CA: This coverage is not available to any person who is 1) 65 years of age or older and is covered by Medicare Part A and Part B and a Medicare Supplement insurance policy, certificate, or contract for coverage of excess charges under Medicare Part B, or 2) 65 years of age or older, if purchasing the coverage would result in coverage for medical benefits for more than 100% of actual medical expenses.
- Hospital Admission & Hospital ICU Admission benefits are not payable on the same day.
- Portability in the states of AK, KY, OR & VT is continuity of coverage and will end when the group plan ends with no additional options to port coverage. An insured must port coverage prior to age 70.
- Dependent insurance will not take effect if a dependent, other than a newborn, is confined to the hospital or other health care facility or home confined. Coverage is postponed until the day after the effective date of his or her discharge from such facility or his or her home confinement ends.

IMPORTANT NOTES (continued)

- Hospital admission benefits are not payable for a newborn unless the child is admitted to the Neonatal ICU.
- Waiver of premium is included with Hospital Indemnity coverage.
- Any commercial insurance group policy underwritten and issued by The Guardian Life Insurance Company of America, a New York Domiciled mutual company, is a participating policy. It is not expected, however, that a dividend will be paid on any such group policies. All coverage will be provided as set forth in the policies.
- **Producer Compensation Disclosure:** As is common with Group Insurance, your coverage(s) might involve one or more licensed producers who will receive compensation from Guardian for soliciting, negotiating, securing and/or administering the insurance coverage(s) you have purchased. Compensation to these producers may be paid in the form of base commissions, administrative service commissions and, in some instances, supplemental compensation (e.g. an annual performance bonus). For more detailed information regarding producer compensation relative to your Guardian coverage(s), please contact your local sales consultant or account manager. If commissions are paid based on a percentage, the percentage is calculated monthly on enrolled lives, not eligible lives. Graded commission scales are calculated as a percentage of annual premium and are on a sliding scale.
- **Public Entity Groups:** Released quote is contingent on notification being made to Guardian regarding any political contribution requirements and/or disclosure requests prior to contract signing.
- Please see the Summary of Plan Limitations and Exclusions that appears either on this page or the last page of this coverage.

SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS

- Not valid for the following SICs: 1011-1241, 1411-1499, 2892, 2911, 3292, 3312-3399, 3482-3489, 4311, 7299, 7360-7363, 8811-8999, 9223-9224, 9311-9451, 9531-9999.
- In order to be eligible for coverage: Employees must be legally working: (a) in the United States or (b) outside the United States, for a US based employer, in a country or region approved by Guardian.
- The policy has exclusions and limitations that may impact the eligibility for benefits.
- A pre-existing condition includes any condition (including pregnancy) for which a covered person, in the look back period prior to coverage in this plan, (1) receives advice or treatment from a Doctor; (2) undergoes diagnostic procedures, other than routine screening in the absence of symptoms or suspicion of disease process by a Doctor; (3) are prescribed or take prescription drugs; or (4) receives other medical care or treatment, including consultation with a Doctor. In MD, ND, TX & VA no benefit will be paid until the earlier of a specified amount of treatment free time or after the insured is covered for a certain number of months. Please refer to the plan documents for specific time periods. State variations may apply.
- If the plan is new (not transferred): During the exclusion period, this Hospital Indemnity plan does not pay charges relating to a pre-existing condition. 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. Please refer to the plan details for specific time periods. State variations may apply.
- Employees must be working full-time on the effective date of coverage; otherwise, coverage becomes effective after the completion of the specific waiting period.
- An applicant must enroll within 31 days of the coverage effective date. An open enrollment will occur each year during a time period specified by the policyholder. If an applicant does not enroll during their initial enrollment period, he/she may not enroll until the next open enrollment period.

This Plan will not pay benefits for (State Variations Apply):

- Treatment relating to a covered person: taking part in any war or act of war (including service in the armed forces), commission of or attempt to commit a felony, an act of terrorism, or participating in an illegal occupation, riot or insurrection;
- Suicide or any intentionally self-inflicted injury;
- Elective surgery;
- Surgery to correct vision or hearing, unless a result of a covered injury, medically necessary surgery for glaucoma, cataracts or other sickness or injury;
- Dental care, dental x-rays, or dental treatment;
- Gastric or intestinal bypass services including lap banding, gastric stapling, and other similar procedures to facilitate weight loss; the reversal, or revision of such procedures; or services required for the treatment of complications from such procedures. This exclusion does not apply to completion of a weight reduction program that may be payable under the Health Screening benefit;
- Rest cures or custodial care, or treatment of sleep disorders
- Cosmetic surgery. This Exclusion does not apply to reconstructive surgery:
 - (a) on an injured part of the body following infection or disease of the involved part;
 - (b) of a congenital disease or anomaly of a covered dependent newborn or adopted infant; or
 - (c) on a non-diseased breast to restore and achieve symmetry between two breasts following a covered Mastectomy;
- Treatment or removal of warts, moles, boils, skin blemishes or birthmarks, bunions, acne, corns, calluses, the cutting and trimming of toenails, care for flat feet, fallen arches or chronic foot strain;
- Service, treatment or loss related to alcoholism or drug addiction, except for drugs prescribed by the Covered Person's Doctor and taken as prescribed;
- Care or treatment for mental or nervous disorders;
- Services, treatment or loss rendered in any Veterans Administration or Federal Hospital, except if there is a legal obligation to pay;

SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS (continued)

- Services or treatment provided by a Doctor, Nurse or any other person who is employed or retained by a Covered Person or Covered Person's Spouse, parent, brother, sister, child, Domestic Partner or partner in a civil union;
- Surgery and treatment, procedures, products or services that are experimental or investigative.
- Hospital Confinement and/or Hospital Admission and Inpatient Surgery due to any Covered Person's giving birth within the first 9 months after the Covered Person's effective date under this Plan as a result of a normal pregnancy, including cesarean section. Complications of Pregnancy will be covered to the same extent as any other Covered Sickness. (Not applicable in MT, NC)
- Treatment of a Covered Dependent Child's Children.
- Sickness or Injury sustained while on active duty in the armed forces of any country. This does not include Reserve or National Guard duty for training.
- CONTRACT # GP-1-HI-15

Guardian Hospital Indemnity Insurance is underwritten by The Guardian Life Insurance Company of America, New York, NY and will not be effective until approved by a Guardian underwriter. This proposal is subject to satisfactory financial evaluation. Please refer to certificate of coverage for full plan description; plan documents are the final arbiter of coverage. 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 limited hospital insurance only. It does not provide basic medical or major medical insurance as defined by the New York State Department of Financial Services.