

Basic Term Life

RATES per \$1,000

Census	Life Rate	AD&D Rate	Volume	Monthly Premium	Annual Premium
41	\$0.215	\$0.019	\$615,000	\$143.92	\$1,727.04
Rate Guarantee	2 Years				
Minimum Participation	Contributory plans assume a minimum of 75% participation of eligible employees. Non-contributory plans assume a minimum of 100% participation of eligible employees.				
Evidence of Insurability	Medical Underwriting may be required for amounts in excess of Guaranteed issue amount.				
Guarantee Issue	\$15,000				

BENEFITS

	All Eligible Employees	
Employee Benefit	\$15,000	
Employee AD&D	100% of Life Benefit to a maximum of \$15,000	
Waiver of Premium with LifeAssistSM	If disabled, insurance will continue until age 65 or no longer disabled.	
Portability	Included with Evidence of Insurability	
Seatbelt/Airbag	Employee: \$10,000/\$15,000	
Conversion	Included	
Benefit Reduction (of original amount)	Age	Reduction
	65	35%
	70	60%
	75	75%
	80	85%

PLAN HIGHLIGHTS

- **Guardian's Financial Strength:** Guardian has a long history of earning exemplary ratings from independent rating services which provide essential measures of a company's value as well as common ground for valid comparison. For additional details, visit our web site: <http://www.guardianlife.com/AboutGuardian/FinancialHighlights/Ratings/index.htm>

Life AssistSM:

- Provides supplemental monthly income that equals 1% of the employee's Life benefit to a maximum of \$2,000 for employees who are on waiver and are ADL disabled. Benefits are paid to the lesser of 100 months or to when waiver of premium ends.

Standard AD&D helps employees with the unexpected accidents/injuries and includes Seatbelt/Airbag and Exposure Disappearance.

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. State specific requirements may apply.

- **Waiver:** Insured must be totally disabled prior to age 60 and remain totally disabled through an elimination period of 9 months.
- **Life AssistSM:** A person is ADL-disabled if he or she is (a) physically unable to perform two or more ADLs without continuous physical assistance; or (b) cognitively impaired, and requires verbal cueing to protect himself/herself or others. ADLs are bathing, dressing, toileting, transferring, continence, and eating.
- Portability ceases on attainment of age 70.
- Seatbelt/Airbag benefit will be limited to \$30,000 for combined Life and AD&D amounts.
- The Guarantee Issue amount shown in the above boxes may be reduced if acceptable evidence of insurability cannot be provided. Benefit reduction percentage by age is shown above in this proposal.

SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS

Life Plan

- 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.
- Employees must be working full-time on the effective date of coverage; otherwise, coverage becomes effective after the completion of the specific waiting period GC-Life-15 (Life 2016).
- Evidence of Insurability is required for all late enrollees. Benefit increases may require underwriting.

(continued)

SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS (continued)**Accidental Death and Dismemberment Plan**

- We pay no Accidental Death and Dismemberment benefits for an insured where death or dismemberment occurs as the result of a disease or a bodily infirmity; through willful self-injury; by declared or undeclared war, act of war, armed aggression, or while a member of armed forces; while driving a motor vehicle unlicensed, or with a license that has been revoked, suspended or expired for more than 90 days; while legally intoxicated; while participating in civil disorder or committing a felony; traveling on any type of aircraft while having any duties on that aircraft; while voluntarily using a non prescription controlled substance GC-ADD-15 (ADD 2016).

Guardian Group Basic Term Life Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Not all policies are available in all states and the coverage, terms and conditions for any policy may vary from state to state. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. 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. This proposal is not a contract, and merely describes certain features of the products discussed herein. In the event of a conflict between this proposal and any policy or certificate issued by Guardian, those documents and not this proposal control. Generic Policy Form # GP-1-LIFE-15. The state approved form is the governing document.

Voluntary Term Life

RATES per \$1,000

Age	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
Rates	\$0.081	\$0.104	\$0.115	\$0.127	\$0.196	\$0.299	\$0.552	\$0.851	\$1.630	\$1.630
Census	Child		Employee AD&D			Spouse AD&D		Child AD&D		
41	\$0.137		\$0.027			\$0.027		\$0.027		
Rate Guarantee	2 Years									
Minimum Participation	Voluntary, Greater of 30% or 10 enrolled employees.									
Re-enrollment	Annual Election Option: allows an employee to annually enroll for an increase of coverage, by an electable amount up to \$50,000, not to exceed the case Guarantee Issue.									
Underwriting Requirements	Employee <65	Spouse <65	Child	Employee 65<70	Spouse 65<70	Employee 70+	Spouse 70+			
Guarantee Issue	\$100,000	\$25,000	\$10,000	\$50,000	\$10,000	\$10,000	\$0			

BENEFITS

	All Eligible Employees	
Employee Benefit	\$10,000 to \$250,000 in \$10,000 increments	
Employee AD&D	100% of Life benefit to \$250,000	
Dependent AD&D	100% of Life Benefit	
Spouse Benefit	\$5,000 to \$250,000 in \$5,000 increments, not to exceed 100% of Employee's amount	
Child Benefit	\$5,000, \$10,000, not to exceed 100% of Employee's amount	
Dependent Age Limits	14 days to 26 years (26 if full time student). Spouse terminates at 70.	
Accelerated Death Benefit	75% of the death benefit, Minimum: \$10,000, Maximum: \$250,000	
Waiver of Premium	If disabled, insurance will continue until age 65 or no longer disabled.	
Portability	Included, without Evidence of Insurability	
Conversion	Included	
Seatbelt/Airbag	Employee: \$10,000/\$15,000, Dependent: \$5,000/\$7,500	
Benefit Reduction (of original amount)	Age	Reduction
	65	35%
	70	60%
	75	75%
	80	85%

PLAN HIGHLIGHTS

- **Guardian's Financial Strength:** Guardian has a long history of earning exemplary ratings from independent rating services which provide essential measures of a company's value as well as common ground for valid comparison. For additional details, visit our web site: <http://www.guardianlife.com/AboutGuardian/FinancialHighlights/Ratings/index.htm>
- **Will Prep Services:** Provides resources to prepare wills and other planning documents. Will Prep Services include: free Estate Planning documents, access to Estate Planners and Resource Library. For a small fee, Attorney Assisted Will Preparation is also available
- Standard AD&D helps employees with the unexpected accidents/injuries and includes Seatbelt/Airbag and Exposure Disappearance.

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. State specific requirements may apply.

- **Waiver:** Insured must be totally disabled prior to age 60 and remain totally disabled through an elimination period of 9 months.
- Portability ceases on attainment of age 70.
- Spouse rate is based on employee's age bracket. Child rate is a per \$1,000 for all children. Dependent life insurance will not take effect if a dependent, other than a newborn, is confined to a hospital or other health care facility, or is unable to perform the normal activities of someone of like age and sex.
- Seatbelt/Airbag benefit will be limited to \$30,000 for combined Life and AD&D amounts.
- The Guarantee Issue amount shown in the above boxes may be reduced if acceptable evidence of insurability cannot be provided. Benefit reduction percentage by age is shown above in this proposal.

SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS

Life Plan

- 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.
- We pay no benefits if the insured's death is due to suicide within two years from the insured's original effective date. This two year limitation also applies to any increase in benefit. This exclusion may vary according to state law. GC-Life-15 (VLife 2016)
- WillPrep Services are provided by Uprise Health, and its contractors. The Guardian Life Insurance Company of America (Guardian) does not provide any part of WillPrep Services. Guardian is not responsible or liable for care or advice given by any provider or resource under the program. WillPrep Services is not an insurance benefit and may not be available in all states.
- Employees must be working full-time on the effective date of your coverage; otherwise, coverage becomes effective after the completion of the specific waiting period.
- Evidence of Insurability is required for all late enrollees. Benefit increases may require underwriting.

Accidental Death and Dismemberment Plan

- We pay no Accidental Death and Dismemberment benefits for an insured where death or dismemberment occurs as the result of a disease or a bodily infirmity; through willful self-injury; by declared or undeclared war, act of war, armed aggression, or while a member of armed forces; while driving a motor vehicle unlicensed, or with a license that has been revoked, suspended or expired for more than 90 days; while legally intoxicated; while participating in civil disorder or committing a felony; traveling on any type of aircraft while having any duties on that aircraft; while voluntarily using a non prescription controlled substance GC-ADD-15 (VADD 2016)

Guardian Group Voluntary Life Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Not all policies are available in all states and the coverage, terms and conditions for any policy may vary from state to state. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. 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. This proposal is not a contract, and merely describes certain features of the products discussed herein. In the event of a conflict between this proposal and any policy or certificate issued by Guardian, those documents and not this proposal control. Generic Policy Form # GP-1-LIFE-15. The state approved form is the governing document.

RATES

Plan #2					
	Employee	Employee Plus 1 Dependent	Full Family	Monthly Premiums	Annual Premium
Monthly Rate	\$23.98	\$46.80	\$81.81	\$1,917.53	\$23,010.36
Census	20	8	13		
Rate Guarantee	2 Years				

BENEFITS

All Eligible Employees				
	Value Plan		NAP Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Coinsurance	100/100/60	100/100/60	100/80/50	100/80/50
DentalGuard Preferred Network Tiers	DentalGuard Preferred	Out-of-Network	DentalGuard Preferred	Out-of-Network
Contribution/Participation	Voluntary, assumes 50% of eligible employees.		Voluntary, assumes 50% of eligible employees.	
Deductible	\$50		\$50	
Period	Calendar Year		Calendar Year	
Family Limit	3 per family		3 per family	
Waived For	Preventive		Preventive	
Annual Maximum	\$1,000 plus Maximum Rollover		\$1,000 plus Maximum Rollover	
Maximum Rollover				
Threshold	\$500		\$500	
Rollover Amount	\$250		\$250	
Rollover Bonus Amount	\$350		\$350	
Account Limit	\$1,000		\$1,000	
Claim Payment Basis	Negotiated Fee Schedule	Negotiated Fee Schedule	Negotiated Fee Schedule	90 th
Coinsurance - Preventive	100%	100%	100%	100%
	♦ Oral Exams (once/6 mos.) ♦ Cleanings (once/6 mos.) ♦ X-Rays (Full-mouth series once/60 mos.) ♦ Fluoride Treatment (to age 14, once/6 mos.) ♦ Sealants (to age 16, once/36 mos.) ♦ Space Maintainers/Harmful Habit Appliances ♦ Oral Cancer Screenings (age 40 or older, once/24 mos.)			
Coinsurance - Basic	100%	100%	80%	80%
	♦ Fillings (include posterior composites) ♦ Perio Maintenance Procedure (once/6 mos.) ♦ Periodontal Services (eg Scaling and Root Planing) ♦ Periodontal Surgery ♦ Simple Extractions ♦ Complex Extractions ♦ Endodontic Services (eg. Root Canal)			
Coinsurance - Major	60%	60%	50%	50%
	♦ Bridges & Dentures ♦ Single Crowns ♦ Repair & Maintenance of Crowns, Bridges & Dentures ♦ General Anesthesia ♦ Inlays, Onlays & Veneers			
Dependent Age Limits	To Age 26		To Age 26	
Waiting Periods	None		None	
Plan Type & Code	Guardian Choice Plan (J1 - 10)			
Dental Contract	DentalGuard 7			

PLAN HIGHLIGHTS

- **Guardian's Financial Strength:** Guardian has a long history of earning exemplary ratings from independent rating services which provide essential measures of a company's value as well as common ground for valid comparison. For additional details, visit our web site: <http://www.guardianlife.com/AboutGuardian/FinancialHighlights/Ratings/index.htm>

Guardian Choice Plan

- With a Guardian Choice plan, employees select either a Network Access Plan (NAP) or a Value Plan and can change their election annually. Premium rates are the same for both plans.

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PLAN HIGHLIGHTS (continued)

- With a NAP plan, benefits are paid at the same coinsurance percentages in-network and out-of-network. In-network benefits are based on a negotiated PPO fee schedule; out-of-network benefits are based on Guardian's 90th schedule in the dentist's zip code calculated utilizing a combination of industry, third party and internal data. While employees retain complete freedom of choice, the employee benefits when using an in-network dentist because our significant PPO discounts result in less out-of-pocket expenses.
- With Value plan, in-network and out-of-network benefits are paid at the same coinsurance percentages, but all benefits are paid based on the discounted PPO fees. schedule. So, when employees seek in-network care, they receive our regular PPO savings. If they choose to seek out-of-network care, the dentist may charge them the difference between the negotiated fee schedule and their regular fee. they may be responsible for the difference between the discounted PPO fees and the out-of-network dentist's regular fees for the services that are performed.

Strong Network Coverage Nationwide - providing choice and savings

- Guardian has one of the nation's largest selection of network dentists and we're growing fast, with over 115,000 dentists at more than 370,000 locations.
- It's easy to find a network dentist at GuardianAnytime.com.

International Dental Travel Assistance

- While traveling internationally, Guardian members can get a referral to a local dentist for immediate dental care through the International Dental Travel Assistance Program. This service is available 24/7, in over 200 countries. Coverage will be considered under the out-of-network benefits.
- International Dental Travel Assistance services are administered by AXA Assistance USA, Inc. AXA Assistance is not affiliated with (The) Guardian Life Insurance (Company of America) ("Guardian"), and the services they provide are separate and apart from the benefits provided by Guardian.

IMPORTANT NOTES

Rates and Premiums were determined using a census of eligible employees and dependents provided at time of quote. If the provided information was missing additional office locations or census counts for office locations, the rates shown are illustrative only. Final rates and premiums will be produced when information regarding office locations and related census counts is received and will be based on the plan and employee/dependent data provided on the enrollment forms. State specific requirements apply.

- We reserve the right to adjust rates if actual participation is below assumed level. We also reserve the right to adjust rates if there is an average of more than 4 children per dependent unit (EE+CH or FAM).
- We reserve the right to withdraw this proposal if actual employee participation is below 25%; minimum of 5 enrolled employees. This requirement does not apply to any Managed Dental Care plans quoted.
- A Dental Prosthesis will not be covered when replacing a tooth or teeth lost or extracted before being covered under this Plan unless the prosthesis also replaces one or more teeth lost or extracted after becoming covered by this Plan.
- Cleanings and Perio Maintenance Procedures share the frequency. Limited to a total of one cleaning or one perio maintenance procedure in any 6 consecutive month period.
- If your plan includes Section 125/Flex Plan, open enrollment must be held the month prior to the renewal/anniversary date.

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

- 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.
- Coverage is limited to charges that are necessary to prevent, diagnose or treat dental disease, defect or injury. Depending on plan type, deductibles, waiting periods, per service frequency limitations, and payment limits may apply.
- The list of dental services shown is not exhaustive.

This plan does not pay for:

- Any restoration procedure, appliance or dental prosthesis used solely to: a) alter vertical dimension; b) restore or maintain occlusion, except to the extent that this plan covers orthodontic treatment; c) splint or stabilize teeth for periodontal reasons; or d) treat a condition caused by abrasion or attrition.
- Cosmetic or experimental treatments, unless specifically listed in the BENEFIT DETAIL section of this proposal as a covered cosmetic service.
- Replacing a lost, stolen or missing appliance or prosthetic device; or making a spare appliance or device.
- Treatment needed due to: a) an on-the-job or job-related injury; or b) a condition for which benefits are payable by Workers' Compensation or similar laws.
- Treatment for which no charge is made.
- Replacing an appliance or prosthetic device with a like appliance or device, unless: a) it is damaged while in the covered person's mouth in an injury suffered while insured, and can't be fixed; or b) can't be made usable and meets the replacement age criteria selected by the employer.
- The replacement of extracted or missing third molars/wisdom teeth.
- Treatment of congenital or developmental malformations, or the replacement of congenitally missing teeth.
- Evaluations and consultations for non-covered services; detailed and extensive oral evaluations.
- Any procedure performed in conjunction with, as part of, or related to a non-covered procedure.
- Any procedure not specifically listed as a covered benefit.

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SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS (continued)

Generic Policy Form # [DG7-P, et al.]

Guardian Dental Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Not all policies are available in all states and the coverage, terms and conditions for any policy may vary from state to state. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. 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. This proposal is not a contract, and merely describes certain features of the products discussed herein. In the event of a conflict between this proposal and any policy or certificate issued by Guardian, those documents and not this proposal control. This policy provides dental 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. The state approved form is the governing document.

Vision

RATES

All Eligible Employees	Employee	Employee & Spouse	Employee & Child(ren)	Full Family	Monthly Premium	Annual Premium
Monthly Rate	\$8.57	\$16.22	\$16.53	\$26.16	\$622.60	\$7,471.20
Census	20	6	4	11		
Rate Guarantee	2 Years					

BENEFITS

All Eligible Employees	
Contribution/Participation	Voluntary, Assumes 50% of eligible employees. Vision is sold with Dental.
Dependent Age Limits	To Age 26
Network/Plan	VSP/Full Feature - Choice B
Copay	
Single	\$10

SERVICE FREQUENCIES

	Once Every:
Eye Exams	Calendar Year
Lenses Benefit	Calendar Year
Contact Lenses	Calendar Year
Frames	Other Calendar Year

REIMBURSEMENT SCHEDULE

	In Network (Copay)	Out Network (Before Copay)
Eye Exams Benefit	\$10	\$39 max
Lenses Benefit		
Single Vision	\$10	\$23 max
Bifocal	\$10	\$37 max
Trifocal	\$10	\$49 max
Lenticular	\$10	\$64 max
Contact Lenses Benefit**		
Medically Necessary	\$10	\$210 max
Elective Materials	\$130 max (Copay waived)	\$100 max (Copay waived)
Elective Fitting and Evaluation	Included in the Contact Lens Allowance. 15% discount on the fee.	Included in the Contact Lens Allowance
Frames Benefit	\$130 retail max + 20% off balance	\$46 max
Costco, Walmart, Sam's Club Frame	\$70 retail max	Not Covered
Visions Upgrade Options Included	• Retail Chain Provider	Not Applicable

**In lieu of eyeglass lenses and/or frames

PLAN HIGHLIGHTS

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- Guardian's affiliation with Vision Service Plan (VSP), offers one of the largest vision care networks in the industry with over 86,000 provider access points nationwide, including private practice providers, Visionworks and contracted Pearle Vision locations. It's easy to find a network provider at GuardianAnytime.com.

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PLAN HIGHLIGHTS (continued)

- Choice plans offer 20% off any additional pairs of glasses purchased within 12 months of the exam. Members also receive 20% off the amount exceeding the copay and allowance on frames purchased as well as 15% off providers' professional services for prescription contact lenses. These discounts only apply to services from an in network provider.
- With our Choice plans, members will receive significant discounts on lens options, discounts will range from 20-25% off the U&C. For example, standard progressive plastic lenses will cost the member \$55 and scratch resistant coating will cost \$17. Solid tints and dyes are covered in full.
- Members who use a VSP contracted laser center may save an average of 10% -20% off, or 5% off a promotional offer, on PRK, LASIK, Custom LASIK, Custom PRK and Bladeless LASIK.
- Your plan includes Retail Chain Providers, your employees have the convenience of over 9,000 access points with popular retail chains like Walmart, Sam's Club, Costco Optical. Benefits may vary at some retail chain provider locations.
- In network benefits can be used online at eyeconic.com.
- In Network Routine Retinal Screening Covered after no more than a \$39 copay.

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. State specific requirements apply.

- The covered person must remain enrolled until the plan's next vision annual open enrollment period. Someone who waives or drops coverage can't enroll until the plan's next vision annual open enrollment period. These requirements do not apply if the vision plan is sold on a non-contributory basis or if enrollment is tied-to a dental or medical plan.
- If an employee has employee/spouse vision coverage and the spouse obtains new employment and elects vision coverage with the new employer, Guardian lock-in does not apply to that spouse and the spouse is free to move with no negative impact.
- If an employee has employee/spouse vision coverage and **both** the employee and spouse elect to move over to the spouse's new employer's vision plan, again, Guardian lock-in does not apply to either spouse or employee.
- If an employee gets married and wishes to go on the new spouse's plan, the member may decline outside of open enrollment only if the member actually goes on the new spouse's plan.
- We reserve the right to adjust rates if actual participation is below assumed level. See the participation table for other participation rates. We reserve the right to withdraw this proposal if actual participation is below 25%.

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

- 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.
- Coverage is limited to those charges that are necessary to prevent, diagnose and treat a vision condition.
- For a calendar year plan A or B, if a member purchases contact lenses they must wait 2 calendar years to purchase frames.
- Members cannot bank unused allowance amounts for future use, they must use their allowance during the same office visit.

The plan does not pay for:

- Orthoptics or vision training and any associated supplemental testing.
- Medical or surgical treatment of the eye.
- Eye examination or corrective eyewear required by an employer as a condition of employment.
- Lenses and frames furnished under this plan, which are lost or broken (except when services are otherwise available).
- The plan limits benefits for blended lenses, oversized lenses, photochromic lenses, coated or laminated lenses, a frame that exceeds plan allowance, cosmetic lenses, U-V protected lenses, and optional cosmetic processes.
- Medically necessary contact lenses are covered only if needed: (1) after cataract surgery; (2) to correct extreme visual acuity problems that cannot be corrected with eyeglasses; (3) for certain conditions of Anisometropia; or (4) for Keratoconus.
- The services, exclusions and limitations listed above do not constitute a contract and are a summary only.
- GP-1-VSN-96-1, et al.

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Please refer to certificate of coverage for full plan description. This proposal is not a contract, and merely describes certain features of the products discussed herein. In the event of a conflict between this proposal and any policy or certificate issued by Guardian, those documents and not this proposal control. This policy provides vision care limited benefits health insurance only. It does NOT provide basic hospital, basic medical or major medical insurance. The state approved form is the governing document.

Critical Illness

MONTHLY PREMIUM						
Employee						
Benefit Amounts	<30	30-39	40-49	50-59	60-69	70+
\$5,000	\$2.25	\$4.10	\$7.95	\$15.25	\$25.60	\$40.20
\$10,000	\$4.50	\$8.20	\$15.90	\$30.50	\$51.20	\$80.40
Spouse						
Benefit Amounts	<30	30-39	40-49	50-59	60-69	70+
\$2,500	\$1.13	\$2.05	\$3.98	\$7.63	\$12.80	\$20.10
\$5,000	\$2.25	\$4.10	\$7.95	\$15.25	\$25.60	\$40.20
Rate Guarantee	2 Years					
Eligible Lives	41					
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	\$10,000		\$5,000		All child amounts are guaranteed	
BENEFITS						
All Eligible Employees						
Contribution/ Participation	Voluntary/Greater of 15% or 10 enrolled employees					
Employee Critical Illness Benefit Amounts	Employee may choose a lump sum benefit of \$5,000 to \$10,000 in increments of \$5,000					
Dependent Critical Illness Benefit Amount	Spouse may choose a lump sum benefit of \$2,500 to \$5,000 in increments of \$2,500 up to 50% of the employee benefit. Child: 25% of Employee benefit					
Covered Conditions (lump sum payments)	Condition	First Occurrence		Second Occurrence		
	Cancer					
	Invasive Cancer:		100%		50%	
	Carcinoma In Situ		30%		0%	
	Benign Brain Tumor		75%		0%	
	Skin Cancer		\$250		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 • 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, and Type 1 Diabetes.					

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Critical Illness

BENEFITS (continued)

All Eligible Employees		
Wellness Benefit	Provides a per year benefit for completing certain routine wellness screenings or procedures (refer to Plan Highlights section for example procedures). Employee \$50; Spouse \$50; Child \$50	
Dependent Age Limits	0 days to 26 years (26 if full time student)	
Pre-Existing Condition Limitation	3 month look back period, 12 month exclusion period, Continuity of Coverage	
Benefit Reduction (of original amount)	Age	Reduction
	70	50%

PLAN HIGHLIGHTS

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- 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.
- Wellness Benefit pays when insured completes screenings such as mammography, colonoscopy, pap smear, PSA, serum cholesterol testing, completion of smoking cessation, and weight reduction programs. Benefits paid even if medical insurance is paying 100% of the cost.
- An insured must port Critical Illness coverage prior to age 70.
- Portability allows the insured to take the coverage with them even if employment has ended. Evidence of Insurability is not required.
- Guardian offers generous Guarantee Issue levels for groups with 25 or more lives.

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

- 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.

Benefits Notes

- 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.
- Dependent Guarantee Issue amounts are limited to 50% of the employee guarantee issue amount.

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.
- 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 benefits for a third or later occurrence of a Critical Illness.
- A pre-existing condition includes any condition for which an employee, in the three month period prior to coverage in this plan, consults with a physician, receives treatment, or takes prescribed drugs. 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 toward satisfying Guardian's pre-existing condition limitation period. Please refer to the plan details for specific time periods. State variations may apply.

(continued)

Critical Illness

SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS (continued)

- 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.

Guardian Critical Illness Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Not all policies are available in all states and the coverage, terms and conditions for any policy may vary from state to state. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. 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. This proposal is not a contract, and merely describes certain features of the products discussed herein. In the event of a conflict between this proposal and any policy or certificate issued by Guardian, those documents and not this proposal control. This policy provides limited benefits health insurance only. It does NOT provide basic hospital, basic medical or major medical insurance. Generic Policy Form # [GP-1-CI-14]. The state approved form is the governing document.

Accident

MONTHLY RATES

Employee	\$10.91
Employee & Spouse	\$18.24
Employee & Child	\$19.19
Family	\$26.52
Census	41
Rate Guarantee	2 Years

BENEFITS

	All Eligible Employees
Schedule	Advantage Plan
Contribution/Participation	Voluntary / 5 enrolled employees
Accident Coverage	Off Job
Accidental Death and Dismemberment	
Death Benefit	Employee: \$25,000 Spouse: \$12,500 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
Common Carrier	200% of AD&D
Common Disaster	200% of Spouse AD&D benefit
Dismemberment	
Hand, Foot, Sight	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 benefit
Seatbelts and Airbags	Seatbelts: \$10,000 or Seatbelts & Airbags: \$15,000
Reasonable Accommodation to Home or Vehicle	\$2,500
Rainy Day Fund	Benefit Amount: \$400 Rollover Maximum: \$200 Fund Maximum: \$800
Wellness Benefit	Provides a \$50 per year benefit for completing certain routine wellness screenings or procedures (refer to Plan Highlights section for example procedures).
Portability	Included without Evidence
Child(ren) Age Limits	Birth to 26 years subject to state limitations
Air Ambulance	\$1,000
Ambulance	\$200
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
Burn – Skin Graft	50% of burn benefit
Child Organized Sport	25% increase to child benefits
Chiropractic Visits	\$50 per visit up to 6 visits
Coma	\$10,000

(continued)

Accident

BENEFITS (continued)

	All Eligible Employees
Concussion Baseline Study	\$25
Concussions	\$200
Diagnostic Exam (Major)	\$200
Dislocations	Schedule up to \$5,000
Doctor Follow-Up Visits	\$50 up to 6 treatments
Emergency Dental Work	\$300/Crown \$75/Extraction
Emergency Room Treatment	\$200
Epidural Anesthesia Pain Management	\$100, 2 times per accident
Eye Injury	\$300
Family Care	\$20/day up to 30 days
Fractures	Schedule up to \$6,000
Gun Shot Wound	\$750
Hospital Admission	\$1,000
Hospital Confinement	\$250/day – up to 1 year
Hospital ICU Admission	\$2,000
Hospital ICU Confinement	\$500/day – up to 15 days
Initial Doctor's Office/Urgent Care Facility Treatment	\$100
Joint Replacement (hip/knee/shoulder)	\$2,500/\$1,250/\$1,250
Knee Cartilage	\$500
Laceration	Schedule up to \$400
Lodging	\$125/day, up to 30 days for companion hotel stay
Medical Appliance	Schedule up to \$500
Outpatient Therapies	\$35/day up to 10 days
Post-Traumatic Stress Disorder	\$400
Prosthetic Device/Artificial Limb	1: \$500 2 or more: \$1,000
Rehabilitation Unit Confinement	\$100/day up to 15 days
Ruptured Disc with Surgical Repair	\$500
Surgery (Cranial, Open Abdominal, Thoracic)	Schedule up to \$1,250 Hernia:\$250
Surgery – Exploratory or Arthroscopic	\$400
Tendon/Ligament/Rotator Cuff	1: \$500 2 or more: \$1,000
Transportation	\$0.50 per mile, limited to \$500/round trip, up to 3 times per accident
Traumatic Brain Injury	\$4,000
X-Ray	\$40

PLAN HIGHLIGHTS

- Guardian's Financial Strength:** Guardian has a long history of earning exemplary ratings from independent rating services which provide essential measures of a company's value as well as common ground for valid comparison. For additional details, visit our web site: <http://www.guardianlife.com/AboutGuardian/FinancialHighlights/Ratings/index.htm>

(continued)

Accident

PLAN HIGHLIGHTS (continued)

- Wellness Benefit includes coverage for screenings & procedures such as well visits, mammography, colonoscopy, pap smear, PSA, Serum cholesterol test, completion of smoking cessation and weight reduction programs, registration of a covered child in an organized sport and many more.
- No underwriting required.
- **Portability** - Portability allows the employee to take the coverage with them if employment has ended.

IMPORTANT NOTES

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

- **Medical Appliance** - Benefit is paid if a wheelchair, motorized scooter, leg or back brace, crutches, cane, 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.
- **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 and the covered child is age 18 or younger.
- **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.
- **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.
- **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, 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.

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 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.

Guardian's Accident Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Not all policies are available in all states and the coverage, terms and conditions for any policy may vary from state to state. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. 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. This proposal is not a contract, and merely describes certain features of the products discussed herein. In the event of a conflict between this proposal and any policy or certificate issued by Guardian, those documents and not this proposal control. This policy provides Accident Insurance only. It does NOT provide basic hospital, basic medical or major medical insurance.

IMPORTANT NOTICE - THIS POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS. Generic Policy Form # GP-1-ACC-18. The state approved form is the governing document.

Hospital Indemnity

MONTHLY RATES

Age Bands	Employee Only	Employee & Spouse	Employee & Children	Full Family
<50	\$15.70	\$26.07	\$25.40	\$35.78
50-59	\$15.31	\$30.66	\$25.02	\$40.37
60-64	\$18.88	\$38.29	\$28.58	\$48.00
65+	\$30.96	\$65.32	\$40.67	\$75.02

Eligible Lives	41
Rate Guarantee	2 Years
Premiums	Premiums listed are for Attained Age and will increase as an insured ages. Spouse premium is based on the Employee's age.

BENEFITS

	All Eligible Employees
Contributory/Participation	Voluntary/Greater of 15% or 10 enrolled lives.
Hospital/ICU Admission	\$1000 per admission to a max of 1 admission per year, per insured, max of 3 admissions, per year, per covered family
Hospital/ICU Confinement	\$100 per day to a max of 15 days per year, per insured
Dependent Age Limits	Child Birth to 26 years (26 if full time student)
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.
Pre-Existing Condition Limitation	3 month look back period, 12 month exclusion period, Continuity of Coverage

PLAN HIGHLIGHTS

- **Guardian's Financial Strength:** Guardian has a long history of earning exemplary ratings from independent rating services which provide essential measures of a company's value as well as common ground for valid comparison. For additional details, visit our web site: <http://www.guardianlife.com/AboutGuardian/FinancialHighlights/Ratings/index.htm>
- Benefits are paid directly to the insured when they need it most and can be used however they choose: to help pay for out-of-pocket medical expenses 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. State specific requirements may apply.

- Hospital Admission & Hospital ICU Admission benefits are not payable on the same day.
- 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 health care facility or home confined. Coverage is postponed until the day after the 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.
- 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

- 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. Please refer to the plan documents for specific time periods. State variations may apply.

(continued)

Hospital Indemnity

SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS (continued)

- 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.
- 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 xrays, 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 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
- 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.

Guardian's Accident Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Not all policies are available in all states and the coverage, terms and conditions for any policy may vary from state to state. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. 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. This proposal is not a contract, and merely describes certain features of the products discussed herein. In the event of a conflict between this proposal and any policy or certificate issued by Guardian, those documents and not this proposal control. This policy provides limited benefits hospital insurance only. It does NOT provide basic medical or major medical insurance Generic Policy Form # (GP-1-HI-15). The state approved form is the governing document.

Enhance Your Life Insurance Plan with LifeAssistsm

The need for quality life benefits is undeniable. Employees want to know that their family will be able to meet financial obligations and basic living expenses. But what about additional costs that occur when an employee suddenly suffers a severe or catastrophic disability? Our LifeAssistsm benefit provides employees with extra financial protection they may need during this difficult life situation.

How Does the LifeAssist Benefit Work?

LifeAssist provides employees with extra income equal to 1% of their Basic Life coverage amount and/or 1% of their Voluntary Life coverage and/or 1% of their Group Permanent Life coverage amount to a maximum of \$2,000 for each product. LifeAssist will not reduce any life insurance face value amounts. And, if the group has Guardian Long Term Disability (LTD), LifeAssist benefits will not be deducted from LTD benefits.

EXAMPLE: BASIC LIFE WITH GUARDIAN LTD

Employee Basic Life Amount	\$50,000	
Base Annual Earnings	\$30,000 (\$2,500 per month)	
LifeAssist Benefit (Basic Life Amount X 1%)	\$500	Per month
Guardian LTD Benefit (Monthly Earnings \$2,500 X 60%)	\$1,500	Per month
Total Monthly Benefits (LifeAssist + Guardian LTD)	\$2,000	80% of Pre-Disability Monthly Income

How Does An Employee Qualify for the LifeAssist Benefit?

- He or she must be under age 60 at the time of disability.
- He or she must meet all eligibility requirements. For Voluntary Life, he/she must be insured on the plan for 12 months.
- He or she must be approved for Life Waiver of Premium.
- He or she must be severely or catastrophically disabled, which means the insured cannot perform at least two of the following activities of daily living: bathing, dressing, toileting, transferring, continence and eating.
- Benefits are paid for 100 months or up until he/she reaches age 65 or no longer meets the disability definition, whichever happens first.

For more information, contact your Guardian representative.

Dental Maximum Rollover

Guardian's Innovative Dental Maximum Rollover

Members Can Accumulate Annual Maximum Dollars

With Maximum Rollover, we'll roll over a portion of each DentalGuard member's unused annual maximum into their personal Maximum Rollover Account (MRA). The MRA can be used in future years if a member reaches the plan's annual maximum. If a member uses the services of preferred providers exclusively during the benefit year, we'll increase the amount credited to his or her MRA.

To qualify, a member must have a paid claim (not just a visit) and must not have exceeded the paid claims threshold during the benefit year. Each member's MRA may not exceed the MRA limit.

The employee and each insured dependent maintain separate MRAs based on their own claim activity. Employers, employees, and dependents can view their annual MRA statements online at www.GuardianAnytime.com

How Maximum Rollover Works

Depending on the plan's annual maximum, an individual's claims dollars for the year must not exceed a certain amount called the "threshold". If the threshold is not exceeded, an individual can rollover the set Maximum Rollover Amount that is pre-determined based on the annual maximum. To encourage in-network care, more money is rolled over if in-network dentists are used exclusively during the benefit year. The Maximum Rollover Limit is the most money that can be kept in the Maximum Rollover Account.

Consider the following example: if a plan's annual maximum is \$1,500, up to \$500 of unused annual maximum could be rolled over to the next year as long as in-network dentists are used exclusively and annual claims do not exceed \$700. In this case, the Maximum Rollover Account Limit would be \$1,250.

Maximum Rollover Lite

For cost-conscious employers looking to control escalating costs at future renewals, Maximum Rollover Lite offers Maximum Rollover amounts and limits that are 50% lower than the traditional plans.

Key Facts on Maximum Rollover

- If an amount has been rolled over into an individual's MRA and a claim for preventive services is not submitted the following benefit year, the member will not lose the amount currently in his/her MRA amount.
- For calendar year accumulation cases with a plan effective date in October, November or December, the Maximum Rollover feature starts as of the first full benefit year.
- The Maximum Rollover feature applies to new entrants who join the plan (calendar year or policy year accumulation) with 3 months or less remaining in the benefit year, as of the next benefit year.
- The Maximum Rollover feature is deferred for members who have coverage of Major Services Deferred. For these members, Maximum Rollover starts when coverage of Major services starts, or the start of the next benefit year if 3 months or less remain until the next benefit year.
- If a plan has a different annual maximum for PPO benefits vs. non-PPO benefits, the non-PPO maximum determines the Maximum Rollover plan.
- The Maximum Rollover feature is not available in some states and on cases that don't cover Major services.

Guardian's Dental 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.

VSP Choice Plan

Flexible, Cost-Effective Vision Coverage

Members have nationwide access to quality vision providers and affordable pricing on all lens options (savings average 20%-25%), and can choose any frame, lens type or brand on the market.

Member Cost for Lens Options

LENS OPTION	SINGLE VISION	MULTI-FOCAL
Solid Plastic Dye (Pink I and II)	\$0	\$0
Solid Plastic Dye (Except Pink I & II)	\$15	\$15
Plastic Gradient Dye	\$17	\$17
UV Protection	\$16	\$16
Factory Applied Scratch-Resistant Coating	\$17	\$17
Polycarbonate Lenses (covered in full for dependent children)	\$31	\$35
Anti-Reflective Coating	\$41	\$41
Photochromatic Lenses – Plastic	\$70	\$82

Member Cost for Progressive Lens Options

LENS OPTION	MULTI-FOCAL
Custom Progressive – Plastic	\$150-\$175
Premium Progressive – Plastic	\$95-\$105
Standard Progressive – Plastic	\$55

IMPORTANT NOTES

- Premium options are negotiated and may vary.
- Prices shown reflect the standard option price for each respective category, are only available through VSP Choice Preferred Providers, and are subject to change without notice.
- 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.
- VSP and VSP Choice Plan are registered trademarks of Vision Service Plan.
- Guardian's Vision 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.

Employee Assistance Program (EAP)

Employee Assistance Program

The Guardian Employee Assistance Program (EAP) is available at no cost to groups purchasing three or more eligible lines of Guardian's Group products.¹ Through the program, employees can receive expert support services to assist them and their families with a variety of life issues from family care, stress, depression, and/or addiction. In today's environment, addressing Work-life balance issues are more important than ever. Not only will employers be providing a program that employees will appreciate, but they will also be helping to ensure a productive workplace.

Key Employer Services

- Employers can receive expert support service to assist in implementing a Drug-Free Workplace Program.
- Managers and supervisors will have access to human resource consultants to address workplace issues, including performance concerns.

Key Employee Services

- **Face-to-face and virtual counseling** - up to 3 visits per employee/household member per issue, per year.
- **Bereavement** - support available through telephonic or face-to-face sessions.
- **Online modules and coaching**
- **EAP website resources** - includes webinars, podcasts, articles, videos, FAQs, etc.; additionally, individuals can chat online with an EAP consultant.
- **Work-life services**
 - Child and elder care referral
 - Medical bill negotiation tools - information and
 - guidance on negotiating medical bills
- **Legal and financial consultation**
 - ID theft
 - Will preparation
 - Legal document preparation
- **Tax consultation**
 - Online self-service documents

See for yourself how the Employee Assistance Program can complete your group's benefit package.

Call your Guardian sales consultant or client manager today for more information or visit www.guardianlife.com.

¹ Available at no cost if three or more qualified Guardian Group products are purchased and if at least one of these products is employer sponsored with 75% participation.

The Employee Assistance Program is a suite of services solely created and offered by Integrated Behavioral Health, Inc. (IBH), doing business as Uprise Health. Guardian is not responsible or liable for care or advice given by any provider or any service offering within the Employee Assistance Program or WillPrep Services. This information is for informational purposes only. It is not a contract. Only the plan service agreement can provide the actual terms, services, limitations and exclusions. Guardian and IBH reserve the right to discontinue the Employee Assistance Program and/or WillPrep Services at any time without notice. Legal services provided through the Employee Assistance Program will not be provided in connection with or preparation for any action against Guardian, IBH, or your employer. The Employee Assistance Program and WillPrep Services, or any individual service offering within the Program, is not an insurance benefit and may not be available in all states.

The separate and distinct group insurance coverages are underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Guardian insurance coverages may not be available in all states. Guardian is a registered trademarks of The Guardian Life Insurance Company of America. ©Copyright 2023 The Guardian Life Insurance Company of America, New York, N.Y.

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.

TravelAid Services

TravelAid provides an emergency response network around-the-clock and around-the-world (domestic and international) to ensure that business travelers are not left on their own when they need help the most, whether for a medical emergency or to replace travel documents.

Travel Planning

- Travel intelligence, alerts and destination information
- Pre-travel immunization information, health planning, and travel medical kits
- International medical insurance and claims administration
- Preventive security training, assessments, and contingency planning
- Executive protection services

Specialized Security Resources

- Available for sensitive and complex emergency security situations
- Available at all times for a safe and speedy response
- Embassy and consular assistance

Medical Transportation Services

- Qualified and responsive personnel worldwide
- Up-to-date equipment and technology
- International and regional providers

Worldwide Physician and Hospital Referrals

- Qualified hospitals and facilities
- Multi-lingual services at medical facilities
- Patient accommodations and accessibility

Emergency Response

- 24/7 multi-lingual assistance operations
- Emergency travel arrangements
- Emergency prescription replacement
- Lost document assistance

For more information, contact your Guardian sales consultant or client manager.

TravelAid services are provided by Uprise Health, 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. Guardian and Uprise Health reserve the right to discontinue TravelAid at any time. Legal services provided through the Employee Assistance Program, will not be provided in connection with or preparation for any action against Guardian, Uprise Health, or your employer.

A Secure Website for Group Benefits Plans

GuardianAnytime[®], our secure website for group benefits plans, offers comprehensive self-service capabilities for brokers, employers, employees, and health care professionals. Our intuitive web tools make going online easy!

For Brokers – Easy Management of Guardian Group Business

Brokers can manage their Guardian business more efficiently:

- Receive e-mail notifications of groups nearing cancellation to help with follow-up
- Check clients' premium payments, eligibility information and status of an Evidence of Insurability application
- Track commissions and compensation programs
- View/print/e-mail forms and materials
- Visit www.guardiananytime.com

For Employers – Simplified Benefits Administration

Benefits managers have a one-stop source of comprehensive administration tools for their Guardian benefits plans:

- Enroll new hires, add dependents, terminate members and check status of an Evidence of Insurability application
- Allow employees to enroll, update benefits, and check status of a disability claim online¹
- View and pay bills online
- Download, print and order forms, plan materials, and ID cards
- Delegate access to staff based on job responsibility
- Visit www.guardiananytime.com

For Employees – Helpful Benefits Information Available 24/7

Members and dependents can access helpful, secure information about their Guardian benefits:

- Review benefits and update information¹
- Check the status of a claim or Evidence of Insurability application
- View and print ID cards
- Submit a Short-Term Disability claim online
- Receive e-mails when a claim has been processed and a response is available online²
- Use the Find-A-Provider app to locate a provider anytime. Download the app to an Android or iPhone smart phone.
- Visit www.guardiananytime.com

For Health Care Professionals – Efficient Handling of Administrative Matters

Health care professionals have instant access to Guardian benefits information:

- Check eligibility, claim status, and coverage amounts
- In-network providers can view fee schedules

Access FlexPlan and Reed Group, our Absence Management subsidiary, directly from the Guardian Anytime site.

Call Your Guardian Group Benefits Expert Today for More Information.

¹Employer must grant permission for employees to enroll or make changes to their benefits outline. Ask your Guardian representative for more details about eligibility requirements. ²Available to employees with Guardian Dental.

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.

Product	Commissions
Dental	Plan 1 - Graded Commission Scale Plan 2 - Graded Commission Scale
Vision	Plan 1 - Graded Commission Scale
Accident	Plan 1 - 20%
Critical Illness	Plan 1 - 20%
Hospital Indemnity	Plan 1 - 15%
Basic Life and/or AD&D	Plan 1 - Graded Commission Scale
Voluntary Term Life	Plan 1 - 13%
Voluntary AD&D	Plan 1 - 13%
Short Term Disability	Plan 1 - Graded Commission Scale Plan 3 - Graded Commission Scale

Compensation is generated based upon premium which has been remitted by the planholder and applied by Guardian. Graded Commission scales, which can vary by product, are calculated based upon decremental scales (i.e. percentage payable decreases as defined premium thresholds are attained). Graded commission scales refresh annually upon each plan's anniversary. For DHMO and/or ASO Vision commission information, or for any other questions, please contact your local Guardian sales consultant or account manager.

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.

ERISA Program Disclosure

Important Information Regarding Plan Responsibilities Under ERISA

Premium for one or more coverage(s) being quoted may depend, in part, upon support from the premium charged for other quoted coverages. If that is the case, premiums paid for one coverage will cover some or all of the cost of another plan coverage. Guardian is quoting and will issue coverage(s) corresponding to this premium on the basis you have reviewed the rate structure as described, and if acting on behalf of a plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), you have confirmed that (i) such arrangement is consistent with the requirements relating to plan assets and fiduciary responsibilities under ERISA; (ii) the coverages are being offered to the participants under a single ERISA plan; and (iii) the plan's premium structure is consistent with plan documents and related communications to participants.