



## Welcome to

# Workplace benefits

### Everyone deserves a Guardian

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

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

### Know your benefits

Your benefits support your physical and financial wellbeing, to help keep you and your loved ones protected.

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

**1** Read through this information.

**2** Find out more about your benefits.

**3** Talk to your employer if you need help or have any questions.

### Your coverage options

**Dental insurance**

Taking care of teeth and overall health

**Vision insurance**

Looking after your eyesight and related health issues

**Life insurance**

Protecting your family's financial future

**Short term disability insurance**

Coverage if you're temporarily unable to work

**Long term disability insurance**

Coverage for longer periods where you can't work

**Critical illness insurance**

Taking care of the expenses if you're critically ill

**Accident insurance**

Helping you cover expenses after an accident

**Hospital indemnity insurance**

Covering some of your hospital stay costs

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# Dental insurance

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

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

## Who is it for?

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

## What does it cover?

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

## Why should I consider it?

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



## Staying healthy

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

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

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

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

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

**Alzheimer's disease:** Worsening oral health is seen as Alzheimer's disease progresses.

Source: An Ounce of Prevention: The link between preventive dental care and better oral health and wellness, Guardian 12th Annual Workplace Benefits Study, 2024

You will receive these benefits if you meet the conditions listed in the policy. \*Guardian will never ask you to provide sensitive personal information, including SSN/DOB, nor login via QR codes.



# Your dental coverage

**Option 1 or 2: VALUE PPO or ADVANTAGE PPO** plan, you can visit any dentist; but you pay less out-of-pocket when you choose a PPO dentist. Out-of-network benefits are based on a percentile of the prevailing fee data for the dentist's zip code.

Your Dental Plan	Option 1: VALUE PPO		Option 2: ADVANTAGE PPO	
<b>Your Network is</b>	DentalGuard Preferred		DentalGuard Preferred	
<b>Calendar year deductible</b>	<i>In-Network</i>	<i>Out-of-Network</i>	<i>In-Network</i>	<i>Out-of-Network</i>
Individual	\$100	\$100	\$0	\$0
Family limit	3 per family		3 per family	
Waived for	Preventive	Preventive	Not applicable	Not applicable
<b>Charges covered for you (co-insurance)</b>	<i>In-Network</i>	<i>Out-of-Network</i>	<i>In-Network</i>	<i>Out-of-Network</i>
Preventive Care	100%	100%	100%	100%
Basic Care	60%	60%	80%	80%
Major Care	40%	40%	50%	50%
Orthodontia	Not Covered (applies to all levels)		50%	50%
<b>Annual Maximum Benefit</b>	\$1000		\$2000	
<b>Lifetime Orthodontia Maximum</b>	Not Applicable		\$2000	
<b>Dependent Age Limits</b>	26		26	



# Your dental coverage

## A Sample of Services Covered by Your Plan:

		Option 1: VALUE PPO <i>Plan pays (on average)</i>		Option 2: ADVANTAGE PPO <i>Plan pays (on average)</i>	
		<i>In-network</i>	<i>Out-of-network</i>	<i>In-network</i>	<i>Out-of-network</i>
Preventive Care	Cleaning (prophylaxis)	100%	100%	100%	100%
	Frequency:	2 per calendar year		2 per calendar year	
	Fluoride Treatments	100%	100%	100%	100%
	Limits:	Under Age 19		Under Age 19	
	Oral Exams	100%	100%	100%	100%
	Sealants (per tooth)	100%	100%	100%	100%
	X-rays	100%	100%	100%	100%
Basic Care	Anesthesia*	60%	60%	80%	80%
	Fillings‡	60%	60%	80%	80%
	Perio Surgery	60%	60%	80%	80%
	Periodontal Maintenance	60%	60%	80%	80%
	Frequency:	4 per calendar year		4 per calendar year	
	Repair & Maintenance of Crowns, Bridges & Dentures	60%	60%	80%	80%
	Root Canal	60%	60%	80%	80%
	Scaling & Root Planing (per quadrant)	60%	60%	80%	80%
	Simple Extractions	60%	60%	80%	80%
Surgical Extractions	60%	60%	80%	80%	
Major Care	Bridges and Dentures	40%	40%	50%	50%
	Dental Implants	40%	40%	50%	50%
	Inlays, Onlays, Veneers**	40%	40%	50%	50%
	Single Crowns	40%	40%	50%	50%
Orthodontia	Orthodontia	Not Covered		50%	50%
	Limits:			Adults & Child(ren)	

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



# Your dental coverage

## Manage Your Benefits:

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

## Find A Dentist:

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

## EXCLUSIONS AND LIMITATIONS

■ Important Information about Guardian’s DentalGuard Indemnity and DentalGuard Preferred Network PPO plans: This policy provides dental insurance only. Coverage is limited to those charges that are necessary to prevent, diagnose or treat dental disease, defect, or injury. Deductibles apply. The plan does not pay for: oral hygiene services (except as covered under preventive services), orthodontia (unless expressly provided for), cosmetic or experimental treatments (unless they are expressly provided for), any treatments to the extent benefits are payable by any other payor or for which

no charge is made, prosthetic devices unless certain conditions are met, and services ancillary to surgical treatment. The plan limits benefits for diagnostic consultations and for preventive, restorative, endodontic, periodontic, and prosthodontic services. The services, exclusions and limitations listed above do not constitute a contract and are a summary only. The Guardian plan documents are the final arbiter of coverage. Contract # GP-I-DG2000 et al.

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



# Vision insurance

Vision insurance helps protect the health of your eyes by providing coverage for benefits that often aren't covered by regular medical insurance.

Protecting your eyesight means allowing for routine visits to the optometrist for eye exams, as well as coverage for glasses and contacts. Make sure your eyes remain in great shape at any age – no matter how much time you spend staring at digital screens.

## Who is it for?

Even if you have perfect eyesight, it's important to have regular eye exams to make sure you're still seeing clearly. Most of us may eventually need vision correction, which is why we offer vision insurance to cover some of the costs.

## What does it cover?

Vision insurance covers benefits not typically included in medical insurance plans. It covers things like routine eye exams, allowances towards the purchase of eyeglasses and contact lenses, as well as discounts on corrective Lasik surgery.

## Why should I consider it?

Regular eye exams can detect more than failing eyesight, they can also pick up diseases like glaucoma and diabetes. Vision problems are one of the most prevalent disabilities in the United States, making vision insurance especially useful for anyone who regularly needs to purchase eyeglasses or contacts, or anyone who simply wants to help protect their eyesight and general health.

You will receive these benefits if you meet the conditions listed in the policy. \*Guardian will never ask you to provide sensitive personal information, including SSN/DOB, nor login via QR codes.



## 20/20 coverage

David notices that his vision is deteriorating. He goes in for an eye exam, and is diagnosed with myopia, which means he needs glasses.

David feels eye strain, and notices that he can't see certain things as clearly as he once did. He goes in for an eye exam and is diagnosed with myopia (nearsightedness), which means he needs glasses.

His vision plan helps him find a quality eye doctor and pays for the exam, and makes it possible for him to buy new glasses at a discount.

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



# Your vision coverage

**Option 1 or 2:** Significant out-of-pocket savings available with your **Full Feature** plan by visiting one of VSP's network locations, including one of the largest private practice provider networks, Visionworks and contracted Pearle Vision locations.

Your Vision Plan	Option 1: LOW PLAN		Option 2: HIGH PLAN	
<b>Your Network is</b>	VSP Network Signature Plan		VSP Network Signature Plan	
<b>Your Monthly premium</b>	<b>\$ 4.94</b>		<b>\$ 8.65</b>	
You and I dependent	\$ 9.86		\$ 17.30	
You, Spouse/Domestic partner and Child(ren)	\$ 15.90		\$ 27.84	
<b>Copay</b>				
Exams Copay	\$ 10		\$ 10	
Materials Copay ( <i>waived for elective contact lenses</i> )	\$ 25		\$ 25	
<b>Sample of Covered Services</b>	<i>You pay (after copay if applicable):</i>		<i>You pay (after copay if applicable):</i>	
	<i>In-network</i>	<i>Out-of-network</i>	<i>In-network</i>	<i>Out-of-network</i>
Eye Exams	\$0	Amount over \$50	\$0	Amount over \$50
Single Vision Lenses	\$0	Amount over \$48	\$0	Amount over \$48
Lined Bifocal Lenses	\$0	Amount over \$67	\$0	Amount over \$67
Lined Trifocal Lenses	\$0	Amount over \$86	\$0	Amount over \$86
Lenticular Lenses	\$0	Amount over \$126	\$0	Amount over \$126
Frames	80% of amount over \$200 <sup>1</sup>	Amount over \$48	80% of amount over \$200 <sup>1</sup>	Amount over \$48
Costco, Walmart and Sam's Club Frame Allowance	Amount over \$110		Amount over \$110	
Contact Lenses ( <i>Elective</i> )	Amount over \$200	Amount over \$130	Amount over \$200	Amount over \$130
Contact Lenses ( <i>Medically Necessary</i> )	\$0	Amount over \$210	\$0	Amount over \$210
Contact Lenses ( <i>Evaluation and fitting</i> )	Up to \$60	Not Applicable	Up to \$60	Not Applicable
Cosmetic Extras	Avg. 30% off retail price	No discounts	Avg. 30% off retail price	No discounts
Glasses ( <i>Additional pair of frames and lenses</i> )	20% off retail price <sup>^</sup>	No discounts	20% off retail price <sup>^</sup>	No discounts
Laser Correction Surgery Discount	Up to 15% off the usual charge or 5% off promotional price	No discounts	Up to 15% off the usual charge or 5% off promotional price	No discounts
<b>Service Frequencies</b>				
Exams	Every calendar year		Every calendar year	
Lenses ( <i>for glasses or contact lenses</i> ) <sup>‡‡</sup>	Every two calendar years		Every calendar year	
Frames	Every two calendar years		Every calendar year	
Network discounts ( <i>glasses and contact lens professional service</i> )	Limitless within 12 months of exam.		Limitless within 12 months of exam.	
<b>Dependent Age Limits</b>	27		27	
To Find a Provider:	Register at VSP.com to find a participating provider.			



# Your vision coverage

## VSP

- ‡Benefit includes coverage for glasses or contact lenses, not both.
- ^ For the discount to apply your purchase must be made within 12 months of the eye exam. In addition Full-Feature plans offer 30% off additional prescription glasses and nonprescription sunglasses, including lens options, if purchased on the same day as the eye exam from the same VSP doctor who provided the exam.
- Charges for an initial purchase can be used toward the material allowance. Any unused balance remaining after the initial purchase cannot be banked for future use. The only exception would be if a member purchases contact lenses from an out of network provider, members can use the balance towards additional contact lenses within the same benefit period.
- ^Extra \$20 on select brands
- Members can use their in network benefits on line at Eyeconic.com.
- In Network Routine Retinal Screening Covered after no more than a \$39 copay.

## EXCLUSIONS AND LIMITATIONS

*Important Information:* This policy provides vision care limited benefits health insurance only. It does not provide basic hospital, basic medical or major medical insurance as defined by the New York State Insurance Department. Coverage is limited to those charges that are necessary for a routine vision examination. Co-pays apply. The plan does not pay for: orthoptics or vision training and any associated supplemental testing; medical or surgical treatment of the eye; and eye examination or corrective eyewear required by an employer as a condition of employment; replacement of lenses and frames that are furnished under this plan, which are lost or broken (except at normal intervals when services are otherwise available or a warranty exists). The plan limits benefits for blended lenses, oversized lenses, photochromic lenses, tinted lenses, progressive multifocal lenses, coated or laminated lenses, a frame that exceeds plan allowance, cosmetic lenses; U-V protected lenses and optional cosmetic processes.

The services, exclusions and limitations listed above do not constitute a contract and are a summary only. The Guardian plan documents are the final arbiter of coverage. Contract #GP-I-VSN-96-VIS et al.

### Laser Correction Surgery:

Discounts on average of 10-20% off usual and customary charge or 5% off promotional price for vision laser Surgery. Members out-of-pocket costs are limited to \$1,800 per eye for LASIK or \$1,500 per eye for PRK or \$2300 per eye for Custom LASIK, Custom PRK, or Bladeless LASIK.

Laser surgery is not an insured benefit. The surgery is available at a discounted fee. The covered person must pay the entire discounted fee. In addition, the laser surgery discount may not be available in all states.

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. This policy provides vision care limited benefits health insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services. Plan documents are the final arbiter of coverage. Policy Form # GP-I-GVSN-17

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# Life insurance

If something happens to you, life insurance can help provide your family with financial security.

Life insurance helps protect your family's finances by providing a death benefit if you pass away.\*\* This helps ensure that they'll be financially supported, and can cover important things from bills to funeral costs. With life policies, you can get cost-effective life insurance protection for a set period of time.

## Who is it for?

Everyone's life insurance needs are different, depending on their family situation. That's why group life insurance through an employer can be a more cost-effective option than individual life insurance.

## What does it cover?

Life insurance protects your loved ones by providing a benefit (which is usually tax-exempt) if you pass away.

## Why should I consider it?

Life insurance is about more than just covering expenses. Depending on your circumstances, it could take your family years to recover from the loss of your income.

With a life insurance benefit, your family will have extra money to cover mortgage and rent payments, legal or medical fees, childcare, tuition, and any outstanding debts.

You will receive these benefits if you meet the conditions listed in the policy. Guardian, its subsidiaries, agents, and employees do not provide tax, legal, or accounting advice. Consult your tax, legal, or accounting professional regarding your individual situation. \*Guardian will never ask you to provide sensitive personal information, including SSN/DOB, nor login via QR. \*\*As long as premiums are paid.



## Preparing and planning

Jorge's never considered purchasing life insurance, but after being offered it through work, he decides it's a good way to protect his family.

Jorge has a mortgage. His wife helps take care of her mother and only works part-time. With his daughter about to start college, he knows that many expenses would go unmet if his family lost him.

Jorge purchases enough life insurance coverage to help cover the mortgage, tuition, and family living costs if something happens to him.

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



# Your life coverage

	BASIC LIFE	VOLUNTARY TERM LIFE
<b>Employee Benefit</b>	Your employer provides Basic Life Coverage for all full time employees in the amount of 150% of your annual salary, to a maximum of \$300,000.	Elect up to 6 times salary, to a maximum of \$1,700,000. See Cost Illustration page for details.
<b>Accidental Death and Dismemberment</b>	Your Basic Life coverage includes 150% of your annual salary, to a maximum of \$100,000 of Accidental Death and Dismemberment coverage.	Not available
<b>Spouse/Domestic Partner Benefit</b>	N/A	\$10,000 increments to a maximum of \$250,000. See Cost Illustration page for details.
<b>Child Benefit</b>	N/A	Your dependent children age 14 days to 26 years. You may elect one of the following benefit options: \$5,000, \$10,000. Subject to state limits. See Cost Illustration page for details.
<b>Guarantee Issue:</b> The 'guarantee' means you are not required to answer health questions to qualify for coverage up to and including the specified amount, when you sign up for coverage during the initial enrollment period.	Underwriting may be required, depending on amount and/or age	We Guarantee Issue coverage. Employee up to the lesser of 4 times salary or \$775,000. Spouse \$50,000. Dependent children \$10,000.
<b>Premiums</b>	Covered by your company if you meet eligibility requirements	Increase when your insurance amount increases due to salary increase
<b>Portability:</b> Allows you to take coverage with you if you terminate employment.	Yes, with age and other restrictions, including evidence of insurability	Yes, with age and other restrictions



# Your life coverage

	BASIC LIFE	VOLUNTARY TERM LIFE
<b>Conversion:</b> Allows you to continue your coverage after your group plan has terminated.	Yes, with restrictions; see certificate of benefits	Yes, with restrictions; see certificate of benefits
<b>Accelerated Life Benefit:</b> A lump sum benefit is paid to you if you are diagnosed with a terminal condition, as defined by the plan.	Yes	Yes
<b>Waiver of Premiums:</b> Premium will not need to be paid if you are totally disabled.	For employees disabled prior to age 60, with premiums waived until age 65, if conditions are met	For employees disabled prior to age 60, with premiums waived until age 65, if conditions met
<b>Benefit Reductions:</b> Benefits are reduced by a certain percentage as an employee ages.	35% at age 65, 60% at age 70, 75% at age 75	35% at age 65, 60% at age 70, 75% at age 75

Subject to coverage limits

The Guarantee Issue amount may be subject to reductions by percentage at the ages shown in this summary.

## Voluntary Life Cost Illustration:

To determine the most appropriate level of coverage, as a rule of thumb, you should consider about 6 - 10 times your annual income, factoring in projected costs to help maintain your family's current life style.

Elect up to 6 times salary, to a maximum of \$1,700,000.

Policy amounts shown based on sample salary amounts only. Use Rate per \$1,000 and enclosed worksheet to calculate your individual premium based on your salary.

	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69†
Employee rate per \$1,000	\$0.079	\$0.093	\$0.105	\$0.148	\$0.206	\$0.354	\$0.658	\$0.827	\$1.484
Spouse rate per \$1,000	\$0.079	\$0.093	\$0.105	\$0.148	\$0.206	\$0.354	\$0.658	\$0.827	\$1.484
Child rate per \$1,000	\$0.176	\$0.176	\$0.176	\$0.176	\$0.176	\$0.176	\$0.176	\$0.176	\$0.176

Policy Election Amount	Monthly premiums displayed. Policy Election Cost Per Age Bracket								
	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69†
Employee									
\$775,000	\$61.23	\$72.08	\$81.38	\$114.70	\$159.65	\$274.35	\$509.95	\$640.93	\$1,150.10
\$800,000	\$63.20	\$74.40	\$84.00	\$118.40	\$164.80	\$283.20	\$526.40	\$661.60	\$1,187.20
\$825,000	\$65.18	\$76.73	\$86.63	\$122.10	\$169.95	\$292.05	\$542.85	\$682.28	\$1,224.30
\$850,000	\$67.15	\$79.05	\$89.25	\$125.80	\$175.10	\$300.90	\$559.30	\$702.95	\$1,261.40
\$875,000	\$69.13	\$81.38	\$91.88	\$129.50	\$180.25	\$309.75	\$575.75	\$723.63	\$1,298.50
\$900,000	\$71.10	\$83.70	\$94.50	\$133.20	\$185.40	\$318.60	\$592.20	\$744.30	\$1,335.60
\$925,000	\$73.08	\$86.03	\$97.13	\$136.90	\$190.55	\$327.45	\$608.65	\$764.98	\$1,372.70
\$1,000,000	\$79.00	\$93.00	\$105.00	\$148.00	\$206.00	\$354.00	\$658.00	\$827.00	\$1,484.00
\$1,500,000	\$118.50	\$139.50	\$157.50	\$222.00	\$309.00	\$531.00	\$987.00	\$1,240.50	\$2,226.00
\$1,700,000	\$134.30	\$158.10	\$178.50	\$251.60	\$350.20	\$601.80	\$1,118.60	\$1,405.90	\$2,522.80

Policy Election Amount	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69†
Spouse/DP									
\$10,000	\$0.79	\$0.93	\$1.05	\$1.48	\$2.06	\$3.54	\$6.58	\$8.27	\$14.84
\$20,000	\$1.58	\$1.86	\$2.10	\$2.96	\$4.12	\$7.08	\$13.16	\$16.54	\$29.68
\$30,000	\$2.37	\$2.79	\$3.15	\$4.44	\$6.18	\$10.62	\$19.74	\$24.81	\$44.52
\$40,000	\$3.16	\$3.72	\$4.20	\$5.92	\$8.24	\$14.16	\$26.32	\$33.08	\$59.36
\$50,000	\$3.95	\$4.65	\$5.25	\$7.40	\$10.30	\$17.70	\$32.90	\$41.35	\$74.20
\$60,000	\$4.74	\$5.58	\$6.30	\$8.88	\$12.36	\$21.24	\$39.48	\$49.62	\$89.04
\$70,000	\$5.53	\$6.51	\$7.35	\$10.36	\$14.42	\$24.78	\$46.06	\$57.89	\$103.88
\$80,000	\$6.32	\$7.44	\$8.40	\$11.84	\$16.48	\$28.32	\$52.64	\$66.16	\$118.72
\$90,000	\$7.11	\$8.37	\$9.45	\$13.32	\$18.54	\$31.86	\$59.22	\$74.43	\$133.56
\$100,000	\$7.90	\$9.30	\$10.50	\$14.80	\$20.60	\$35.40	\$65.80	\$82.70	\$148.40
\$150,000	\$11.85	\$13.95	\$15.75	\$22.20	\$30.90	\$53.10	\$98.70	\$124.05	\$222.60
\$200,000	\$15.80	\$18.60	\$21.00	\$29.60	\$41.20	\$70.80	\$131.60	\$165.40	\$296.80

**Voluntary Life Cost Illustration** *continued*

	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69†
\$250,000	\$19.75	\$23.25	\$26.25	\$37.00	\$51.50	\$88.50	\$164.50	\$206.75	\$371.00
<b>Policy Election Amount</b>									
Child(ren)									
\$5,000	\$0.88	\$0.88	\$0.88	\$0.88	\$0.88	\$0.88	\$0.88	\$0.88	\$0.88
\$10,000	\$1.76	\$1.76	\$1.76	\$1.76	\$1.76	\$1.76	\$1.76	\$1.76	\$1.76

Refer to Guarantee Issue row on page above for Voluntary Life GI amounts.

Premiums for Voluntary Life Increase in five-year increments

**Spouse/DP coverage premium is based on Spouse age.**

†Benefit reductions apply.

The Guarantee Issue amount may be subject to reductions by percentage at the ages shown in this summary.

**LIMITATIONS AND EXCLUSIONS:**

**A SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS FOR LIFE AND AD&D COVERAGE:**

You must be working full-time on the effective date of your coverage; otherwise, your coverage becomes effective after you have completed a specific waiting period. Employees must be legally working in the United States in order to be eligible for coverage. Underwriting must approve coverage for employees on temporary assignment: (a) exceeding one year; or (b) in an area under travel warning by the US Department of State. Subject to state specific variations. Evidence of Insurability is required on all late enrollees. This coverage will not be effective until approved by a Guardian underwriter. This proposal is hedged subject to satisfactory financial evaluation. Please refer to certificate of coverage for full plan description.

Dependent life insurance will not take effect if a dependent, other than a newborn, is confined to the hospital or other health care facility or is unable to perform the normal activities of someone of like age and sex.

Accelerated Life Benefit is not paid to an employee under the following circumstances: one who is required by law to use the benefit to pay creditors; is required by court order to pay the benefit to another person; is required by a government agency to use the payment to receive a government benefit; or loses his or her group coverage before an accelerated benefit is paid.

**Voluntary Life Only:**

We pay no benefits if the insured employee or spouse death is due to suicide within two years from the insured employee or spouse original effective date. This two year limitation also applies to any increase in benefit. This exclusion may vary according to state law. Late entrants and benefit increases require underwriting approval.

GP-I-R-LB-90, GP-I-R-EOPT-96

**For AD&D:** We pay no benefits for any loss caused: by willful self-injury\*; sickness, disease or medical treatment; by participating in a civil disorder or committing a felony; Traveling on any type of aircraft while having duties on that aircraft; by declared or undeclared act of war or armed aggression; while a member of any armed force (May vary by state); while driving a motor vehicle without a current, valid driver's license; by legal intoxication; or by voluntarily using a non-prescription controlled substance. Contract #GP-I-R-ADCL1-00 et al. We won't pay more than 100% of the Insurance amount for all losses due to the same accident, except as stated. The loss must occur within a specified period of time of the accident. Please see contract for specific definition; definition of loss may vary depending on the benefit payable.

\*the willful self-injury does not apply to children with Voluntary AD&D





Guardian Group Life Insurance 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.  
Policy Form # GP-1-LIFE-15

# EstateGuidance<sup>®</sup> Online Will Preparation

Secure your wishes with a legally binding will.

EstateGuidance makes drafting a will easy with online tools that walk you through the process in minutes. You can also draft a living will to ensure you get the end-of-life care you desire and a final arrangements document expressing your wishes for your funeral services.

## How it can help


			
<b>Complete a customized will:</b> No cost to you	<b>Have your will printed and sent to you:</b> \$14.99	<b>Draft a living will:</b> \$14.99	<b>Draft a final arrangements document:</b> \$9.99


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

ComPsych Corporation (ComPsych) is a vendor to The Guardian Life Insurance Company of America (Guardian). ComPsych and Guardian are not affiliated entities. The Employee Assistance Program (Services) is provided by ComPsych. Guardian does not control or provide any part of the Services and does not bear any liability for their provision. This informational resource is not a contract and is for illustrative purposes only. Only the policy contains applicable terms. Guardian and ComPsych reserve the right to discontinue Services at anytime without notice. Services may not be available in all states. Legal/financial assistance and resources services are not available in the states of New York and Hawaii. Provision of Services shall be in a manner consistent with applicable law.



## How to access 24/7 live assistance

 **Call**  
**1 855 239 0743**  
TRS: Dial 711

 **Visit**  
[estateguidance.com](https://estateguidance.com)

App: GuidanceNow<sup>SM</sup>  
Enter promotional code:  
Guardian



# Short term disability insurance

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

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

## Who is it for?

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

## What does it cover?

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

## Why should I consider it?

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

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



## Replacing Income

Mike injures his back bicycling and can't work or earn a paycheck for a few months.

After a brief waiting period, his disability plan starts paying him a portion of his normal weekly salary. The Guardian policy also provides personal guidance and support, including vocational rehabilitation and outplacement services, to help him get back to his job and full pay 13 weeks later.

Thanks to Mike's disability benefits, he was able to cover his expenses while he was out - without dipping into his family's savings.

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



# Your short term disability coverage

## Short-Term Disability

<b>Coverage amount</b>	75% of salary
<b>Maximum payment period:</b> Maximum length of time you can receive disability benefits.	26 weeks
<b>Accident or Illness benefits begin:</b> The length of time you must be disabled before benefits begin.	Starts on the 1st calendar day for a disability period due to injury and 6th calendar day for disability due to illness or a disabling pregnancy related condition, after a 7 calendar day elimination period.
<b>Evidence of Insurability:</b> A health statement requiring you to answer a few medical history questions.	Health Statement not required
<b>Minimum work hours/week:</b> Minimum number of hours you must regularly work each week to be eligible for coverage.	30
<b>Pre-existing conditions:</b> A pre-existing condition includes any condition/symptom for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.	Not Applicable

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

- **Earnings definition:** Your covered salary excludes bonuses and commissions.



# Your short term disability coverage

## A SUMMARY OF DISABILITY PLAN LIMITATIONS AND EXCLUSIONS

- Evidence of Insurability may be required on all late enrollees. This coverage will not be effective until approved by a Guardian underwriter. This proposal is hedged subject to satisfactory financial evaluation. Please refer to certificate of coverage for full plan description.
- You must be working full-time on the effective date of your coverage; otherwise, your coverage becomes effective after you have completed a specific waiting period.
- Employees must be legally working in the United States in order to be eligible for coverage. Underwriting must approve coverage for employees on temporary assignment: (a) exceeding one year; or (b) in an area under travel warning by the US Department of State. Subject to state specific variations.
- We do not pay benefits for charges relating to a covered person: taking part in any war or act of war (including service in the armed forces) committing a felony or taking part in any riot or other civil disorder or intentionally injuring themselves or attempting suicide while sane or insane. We do not pay benefits for charges relating to legal intoxication, including but not limited to the operation of a motor vehicle, and for the voluntary use of any poison, chemical, prescription or non-prescription drug or controlled substance unless it has been prescribed by a doctor and is used as prescribed. We limit the duration of payments for long term disabilities caused by mental or emotional conditions, or alcohol or drug abuse. We do not pay benefits during any period in which a covered person is confined to a correctional facility, an employee is not under the care of a doctor, an employee is receiving treatment outside of the US or Canada, and the employee's loss of earnings is not solely due to disability.
- This policy provides disability income insurance only. It does not provide "basic hospital", "basic medical", or "medical" insurance as defined by the New York State Insurance Department.
- If this plan is transferred from another insurance carrier, the time an insured is covered under that plan will count toward satisfying Guardian's pre-existing condition limitation period. State variations may apply.
- When applicable, this coverage will integrate with NJ TDB, NY DBL, CA SDI, RI TDI, Hawaii TDI and Puerto Rico DBA, DC PFML, WA PFML, and CT PFML.
- Contract # GP-I-STD-15-1.0 et al.

Guardian's Group Short Term Disability 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. This policy provides disability income insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services. Plan documents are the final arbiter of coverage. Policy Form #GP-1-STD07-1.0, et al, GP-1-STD-15



# Long term disability insurance

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

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

## Who is it for?

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

## What does it cover?

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

## Why should I consider it?

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

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



## Replacing Income

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

After a waiting period, his disability plan starts paying him a portion of his normal monthly salary. The Guardian policy also provides personal guidance and support, vocational rehabilitation and other services, to help him get back to his job and full pay two years later.

Thanks to Jim's disability benefits, he was able to cover his expenses while he was out - without dipping into his family's savings.

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



# Your long term disability coverage

## Long-Term Disability - Core Plan

<b>Coverage amount</b>	50% of salary to maximum \$10000/month
<b>Maximum payment period:</b> Maximum length of time you can receive disability benefits.	Social Security Normal Retirement Age
<b>Accident benefits begin:</b> The length of time you must be disabled before benefits begin.	Day 181
<b>Illness benefits begin:</b> The length of time you must be disabled before benefits begin.	Day 181
<b>Evidence of Insurability:</b> A health statement requiring you to answer a few medical history questions.	Health Statement may be required
<b>Guarantee Issue:</b> The 'guarantee' means you are not required to answer health questions to qualify for coverage up to and including the specified amount, when applicant signs up for coverage during the initial enrollment period.	We Guarantee Issue \$10000 in coverage
<b>Minimum work hours/week:</b> Minimum number of hours you must regularly work each week to be eligible for coverage.	30
<b>Pre-existing conditions:</b> A pre-existing condition includes any condition/symptom for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.	3 months look back; 12 months after exclusion
<b>Survivor benefit:</b> Additional benefit payable to your family if you die while disabled.	3 months

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

- **Disability (long-term):** For first two years of disability, you will receive benefit payments while you are unable to work in your own occupation. After two years, you will continue to receive benefits if you cannot work in any occupation based on training, experience and education.
- **Earnings definition:** Your covered salary includes average bonuses and commissions.
- **Special limitations:** Provides a 24-month benefit limit for mental health and substance abuse.
- **Work incentive:** Plan benefit will not be reduced for a specified amount of months so that you have part-time earnings while you remain disabled, unless the combined benefit and earnings exceed 100% of your previous earnings.



# Your long term disability coverage

## Long-Term Disability - Buy-Up Option I

<b>Coverage amount</b>	60% of salary to maximum \$10000/month
<b>Maximum payment period:</b> Maximum length of time you can receive disability benefits.	Social Security Normal Retirement Age
<b>Accident benefits begin:</b> The length of time you must be disabled before benefits begin.	Day 181
<b>Illness benefits begin:</b> The length of time you must be disabled before benefits begin.	Day 181
<b>Evidence of Insurability:</b> A health statement requiring you to answer a few medical history questions.	Health Statement may be required
<b>Guarantee Issue:</b> The 'guarantee' means you are not required to answer health questions to qualify for coverage up to and including the specified amount, when applicant signs up for coverage during the initial enrollment period.	We Guarantee Issue \$10000 in coverage
<b>Minimum work hours/week:</b> Minimum number of hours you must regularly work each week to be eligible for coverage.	Planholder Determines
<b>Pre-existing conditions:</b> A pre-existing condition includes any condition/symptom for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.	3 months look back; 12 months after exclusion
<b>Premium waived if disabled:</b> Premium will not need to be paid when you are receiving benefits.	Yes
<b>Survivor benefit:</b> Additional benefit payable to your family if you die while disabled.	3 months

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

- **Disability (long-term):** For first two years of disability, you will receive benefit payments while you are unable to work in your own occupation. After two years, you will continue to receive benefits if you cannot work in any occupation based on training, experience and education.
- **Earnings definition:** Your covered salary includes average bonuses and commissions.
- **Special limitations:** Provides a 24-month benefit limit for mental health and substance abuse.
- **Work incentive:** Plan benefit will not be reduced for a specified amount of months so that you have part-time earnings while you remain disabled, unless the combined benefit and earnings exceed 100% of your previous earnings.



# Your long term disability coverage

## Long-Term Disability - Buy-Up Option 2

<b>Coverage amount</b>	66.67% of salary to maximum \$10000/month
<b>Maximum payment period:</b> Maximum length of time you can receive disability benefits.	Social Security Normal Retirement Age
<b>Accident benefits begin:</b> The length of time you must be disabled before benefits begin.	Day 181
<b>Illness benefits begin:</b> The length of time you must be disabled before benefits begin.	Day 181
<b>Evidence of Insurability:</b> A health statement requiring you to answer a few medical history questions.	Health Statement may be required
<b>Guarantee Issue:</b> The 'guarantee' means you are not required to answer health questions to qualify for coverage up to and including the specified amount, when applicant signs up for coverage during the initial enrollment period.	We Guarantee Issue \$10000 in coverage
<b>Minimum work hours/week:</b> Minimum number of hours you must regularly work each week to be eligible for coverage.	Planholder Determines
<b>Pre-existing conditions:</b> A pre-existing condition includes any condition/symptom for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.	3 months look back; 12 months after exclusion
<b>Premium waived if disabled:</b> Premium will not need to be paid when you are receiving benefits.	Yes
<b>Survivor benefit:</b> Additional benefit payable to your family if you die while disabled.	3 months

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

- **Disability (long-term):** For first two years of disability, you will receive benefit payments while you are unable to work in your own occupation. After two years, you will continue to receive benefits if you cannot work in any occupation based on training, experience and education.
- **Earnings definition:** Your covered salary includes average bonuses and commissions.
- **Special limitations:** Provides a 24-month benefit limit for mental health and substance abuse.
- **Work incentive:** Plan benefit will not be reduced for a specified amount of months so that you have part-time earnings while you remain disabled, unless the combined benefit and earnings exceed 100% of your previous earnings.



# Your long term disability coverage

## A SUMMARY OF DISABILITY PLAN LIMITATIONS AND EXCLUSIONS

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

Contract # GP-1-LTD-15-1.0 et al.

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# Caregiving service

Comprehensive support for every stage of life

Employees like you juggle complex responsibilities both at work and at home. The caregiving support offered through Guardian + Wellthy is tailored to your individual needs. From navigating parenthood to arranging in-home care for a loved one, you're covered with this service that's integrated directly into your Guardian disability benefit.

**Access support that's truly personalized, to help assist you in your caregiving journey. Including if you're in need of:**



**Help managing a health condition**



**Childcare and teen support**



**Caring for an aging loved one**



**Mental health and well-being**



**End of life and loss**



**Financial hardships**

With the help of Guardian + Wellthy caregiving support services, you can plan for future care responsibilities, get guidance for your current needs, or connect with others who are navigating care for similar situations. You will have access to self-serve tools, resources, and dedicated support.

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

Individual outcomes may vary due to the unique aspects of each caregiving scenario. Guardian's Group Short Term Disability and Long Term Disability Insurance are underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Wellthy, Inc. ("Wellthy") is a vendor to The Guardian Life Insurance Company of America ("Guardian"). Wellthy and Guardian are not affiliated entities. Wellthy provides a care coordinator to integrate separately retained caregiver resources (e.g., senior care, childcare, etc.) for the benefit of a member or their permitted dependents ("Services"). Guardian does not control or provide any part of the Services and does not bear any liability for their provision. This informational resource is not a contract and is for illustrative purposes only. Only the policy contains applicable terms. Guardian and Wellthy reserve the right to discontinue Services at any time without notice. Services may not be available in all states.



## How to access

### Visit

[guardianwell.com](https://guardianwell.com)

Look for the Guardian + Wellthy page to learn how to access your caregiving benefits.

Note: First-time GuardianWell users will need to register.

# Cancer support service

Personalized, empathetic support to help you navigate a cancer diagnosis.

With cancer cases in the United States continuing to rise and remaining a leading cause of long-term disability, employees may be looking for improved benefits that can support them to a better quality of life. That's why Guardian partnered with Osara Health to bring our members facing a cancer diagnosis the support services that can help you focus on your holistic well-being throughout your treatment. Because you have Guardian Long-Term Disability Insurance as a benefit through your employer, you have access to this unique 6 to 12 week program.

## A comprehensive solution to help cancer patients navigate their diagnosis



### Dedicated health coach

One-on-one coaching for holistic support, education and guidance with scheduled calls over 6-12 weeks that works around your schedule.



### Digital resource modules

Weekly resources sent directly to you, covering the key areas of cancer self-management as developed by Osara Health's clinical research team.



### Tailored well-being information

Access to the Osara Health app to track symptoms and access tailored and verified well being content.

**"My health coach understood exactly what I was going through and provided a wealth of resources on how to manage my stress, as well as other tips on food and exercise that I wouldn't have otherwise."** - Osara Health Cancer Coach Program Participant

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

Guardian's Group Long Term Disability Insurance are underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs.

Osara Health ("Osara") is a vendor to The Guardian Life Insurance Company of America ("Guardian"). Osara and Guardian are not affiliated entities. Osara provides a personalized support program through certified health coaches to address cancer management issues for the benefit of a member ("Services"). Services are designed for members 18 years+ of age, diagnosed with cancer, regardless of cancer type, stage, or prognosis. Services are not meant to provide medical advice/care. Medical advice/care should be sought from your independent healthcare provider(s). Guardian does not control or provide any part of the Services and does not bear any liability for their provision. This informational resource is not a contract and is for illustrative purposes only. Only the policy contains applicable terms. Guardian and Osara reserve the right to discontinue Services at any time without notice. Services may not be available in all states. Guardian® is a registered trademark of The Guardian Life Insurance Company of America, New York, NY and is used with permission. ©2024 The Guardian Life Insurance Company of America. All rights reserved.



## How to access

As part of the Guardian disability claims process, you will be proactively provided with the details on how to access this valuable benefit.



# Critical illness insurance

Critical illness insurance may help you cover expenses not covered by your health insurance.

Critical illness Insurance provides financial support following the diagnosis of a covered critical illness. The lump sum benefit is paid to you, so you can focus more on recovery, less on expenses.

## Who is it for?

Critical illness insurance is a supplemental policy for people who already have health insurance. It provides you with an additional lump sum benefits to cover expenses like deductibles, treatments, and living costs.

## What does it cover?

Critical illnesses include strokes, heart attacks, Parkinson's disease and cancer. Our policies can cover over 30 major illnesses, helping you stay financially stable by paying you a lump sum if you're diagnosed with one of them.

## Why should I consider it?

Health coverage is becoming more expensive, with higher co-pays, premiums, and deductibles. Critical illness insurance is a cost-effective way to supplement and pay for additional expenses that your health insurance doesn't cover. Our policies typically provide lump sum benefits for the first and second time you're diagnosed with a covered illness.

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

You will receive these benefits if you meet the conditions listed in the policy. \*Guardian will never ask you to provide sensitive personal information, including SSN/DOB, nor login via QR codes.



## Critical costs

Bob has had a couple of health scares over the years including a heart attack and stroke.

Bob suffered a heart attack and received a lump sum benefit payment from his critical illness plan. Four years later, he had a stroke and got another payment.

During both illnesses, he used his lump sum benefits to help pay for out-of-pocket medical costs, as well as household expenses while he recovered.

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



# Your critical illness coverage

## CRITICAL ILLNESS

### Benefit Amount(s)

Employee may choose a lump sum benefit of \$10,000 to \$30,000 in \$10,000 increments.

### CONDITIONS

#### Cancer

	1 <sup>st</sup> OCCURRENCE	2 <sup>nd</sup> OCCURRENCE
Invasive Cancer	100%	100%
Carcinoma In Situ	30%	0%
Benign Brain or Spinal Tumor	100%	0%
Skin Cancer	\$500	\$0
BRCA 1 & BRCA 2	30%	Not Covered
Bone Marrow Failure (including Stem Cells)	100%	100%

#### Lung and Vascular Disorder

Aneurysm	10%	0%
Pulmonary Embolism	30%	0%
Stroke – Moderate	50%	50%
Stroke – Severe	100%	100%
Transient Ischemic Attack (TIA)	10%	0%

#### Heart Conditions

Coronary Artery Disease	10%	0%
Coronary Artery Disease – bypass needed	100%	0%
Heart Attack	100%	100%
Heart Failure	100%	100%
Pacemaker	10%	0%

#### Additional Conditions

Kidney Failure	100%	100%
Major Organ Failure	100%	100%

#### 1<sup>st</sup> OCCURRENCE ONLY

Addison's Disease	30%
Coma	100%
Loss of Hearing	100%
Loss of Sight	100%
Loss of Speech	100%
Permanent Paralysis	100% for 1 or more limbs
Severe Burns	100%

#### Chronic Disorders

Crohn's Disease	30%
Epilepsy	10%
Lupus	30%
Ulcerative Colitis	30%

#### Neurological Disorders



# Your critical illness coverage

## CRITICAL ILLNESS

Alzheimer's Disease – Early	50%
Alzheimer's Disease – Advanced	100%
ALS (Lou Gehrig's Disease)	100%
Dementia – other causes	100%
Huntington's Disease	30%
Multiple Sclerosis – Early	50%
Multiple Sclerosis – Advanced	100%
Myasthenia Gravis	30%
Parkinson's Disease – Early	50%
Parkinson's Disease – Advanced	100%
<b>Childhood Illnesses and Disorders</b>	
Autism Spectrum Disorder	100%
Cerebral Palsy	100%
Cleft Lip/Cleft Palate	100%
Club Foot	100%
Congenital Heart Defect	100%
Cystic Fibrosis	100%
Diabetes – Type I	100%
Down Syndrome	100%
Hemophilia	100%
Multisystem Inflammatory Disease (MLS)	100%
Muscular Dystrophy	100%
Spina Bifida	100%
<b>Spouse/Domestic Partner Benefit</b>	May choose a lump sum benefit of \$10,000 to \$30,000 in \$10,000 increments up to 100% of the employee's lump sum benefit.
<b>Child Benefit-</b> children age Birth to 26 years	50% of employee's lump sum benefit
<b>Guarantee Issue:</b> The 'guarantee' means you are not required to answer health questions to qualify for coverage up to and including the specified amount, when you sign up for coverage during the initial enrollment period or the annual open enrollment period.	<p>We Guarantee Issue up to:</p> <p>\$30,000</p> <p>For a spouse:</p> <p>\$30,000</p> <p>For a child: All Amounts</p> <p><b>Health questions are required if the elected amount exceeds the Guarantee Issue.</b></p>
<b>Portability:</b> Allows you to take your Critical Illness coverage with you if you terminate employment.	Included



# Your critical illness coverage

## CRITICAL ILLNESS

<b>Pre-Existing Condition Limitation:</b> A pre-existing condition includes any condition for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.	Not Applicable
<b>Waiver of Premium:</b> If you become disabled due to a covered critical illness that is diagnosed after the employee's effective date, and you remain disabled for 90 days, we will waive the premium due after such 90 days for as long as you remain disabled.	Included
<b>Health Screening Benefit</b>	\$50 Employee, \$50 Spouse, \$50 Child per year limit.

### Condition Definitions

- **BRCA1 or BRCA2 Mutation:** occurs the date you're scheduled to undergo a mastectomy, or ovary or fallopian tube removal prior to a breast or ovarian cancer diagnosis as a preventive measure.
- **Stroke - Moderate:** requires clinical evidence of infarction of brain tissue, or intracranial or subarachnoid hemorrhage.
- **Stroke - Severe:** a permanent neurological deficit which persists at least 30 days after the event.
- **Coronary Artery Disease:** requires a diagnosis and severity level that requires one or more of the following procedures: atherectomy (rotation or laser), balloon angioplasty, laser angioplasty, stent implantation, thrombectomy (angiojet).
- **Coronary Artery Disease - requiring a bypass:** requires a diagnosis to be of such a severity that it requires one or more coronary artery bypass grafts.
- **Heart Failure:** requires a heart valve replacement or acceptance into the heart transplant waiting list.
- **Kidney Failure:** occurs on the earlier date of when renal or peritoneal dialysis begins, or the date you're accepted onto the kidney transplant waiting list of a recognized kidney transplant program in the United States.
- **Major Organ Failure:** occurs on the date you're accepted onto the liver, pancreas or lung transplant waiting list of a recognized transplant program in the United States.
- **Crohn's Disease:** benefit is available for the initial diagnosis of the disease, not the periodic flare-ups that may occur after the initial diagnosis.
- **Epilepsy:** requires initial diagnosis after at least two seizures, which are 24 hours apart and have no known trigger.
- **Lupus:** requires at least four symptoms be present at time of diagnosis. The benefit is available for initial diagnosis of the disease, not for periodic flare-ups that may occur after the initial diagnosis.
- **Ulcerative Colitis:** benefit is available for the initial diagnosis based on the results of a colonoscopy, not for periodic flare-ups that may occur after the initial diagnosis.
- **Early-Stage Alzheimer's Disease:** occurs on the date a physician diagnoses the progression which causes a loss of cognitive ability and functioning.
- **Advanced Alzheimer's Disease:** occurs on the date a physician diagnoses the cognitive decline to have progressed to the point that there's permanent inability to perform 2 or more Activities of Daily Living.
- **Early-Stage Multiple Sclerosis (MS):** must be diagnosed by a physician and confirmed by neurological exams, imaging studies, and analysis of cerebrospinal fluid.
- **Advanced Stage Multiple Sclerosis (MS):** requires neurological deficits for at least six months and confirmed by neurological exams, imaging studies, and analysis of cerebrospinal fluid.
- **Early-Stage Parkinson's Disease:** occurs on the date diagnosed by a physician with at least 1 symptom(s) affecting movement and the central nervous system.
- **Advanced Parkinson's Disease:** occurs on the date diagnosed by a physician and requires at least 3 or more symptom(s) affecting movement and the central nervous system.

## Critical Illness Cost Illustration

To determine the most appropriate level of coverage, you should consider your current basic monthly expenses and expected financial needs during a Critical Illness.

Spouse/DP coverage premium is based on Employee age

Child cost is included with employee election.

Benefit Amount		Monthly Premiums Displayed Election Cost Per Age Bracket										
		< 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
Employee												
\$10,000	Non-tobacco	\$2.50	\$3.40	\$4.10	\$5.30	\$7.30	\$11.00	\$16.70	\$25.10	\$35.80	\$49.80	\$62.00
	Tobacco	\$3.50	\$5.00	\$6.20	\$8.20	\$11.60	\$17.80	\$27.30	\$41.50	\$59.60	\$83.20	\$100.80
\$20,000	Non-tobacco	\$5.00	\$6.80	\$8.20	\$10.60	\$14.60	\$22.00	\$33.40	\$50.20	\$71.60	\$99.60	\$124.00
	Tobacco	\$7.00	\$10.00	\$12.40	\$16.40	\$23.20	\$35.60	\$54.60	\$83.00	\$119.20	\$166.40	\$201.60
\$30,000	Non-tobacco	\$7.50	\$10.20	\$12.30	\$15.90	\$21.90	\$33.00	\$50.10	\$75.30	\$107.40	\$149.40	\$186.00
	Tobacco	\$10.50	\$15.00	\$18.60	\$24.60	\$34.80	\$53.40	\$81.90	\$124.50	\$178.80	\$249.60	\$302.40
<b>Benefit Amount Up To 100% of Employee Amount to a Maximum of \$30,000</b>												
Spouse												
\$10,000	Non-tobacco	\$2.50	\$3.40	\$4.10	\$5.30	\$7.30	\$11.00	\$16.70	\$25.10	\$35.80	\$49.80	\$62.00
	Tobacco	\$3.50	\$5.00	\$6.20	\$8.20	\$11.60	\$17.80	\$27.30	\$41.50	\$59.60	\$83.20	\$100.80
\$20,000	Non-tobacco	\$5.00	\$6.80	\$8.20	\$10.60	\$14.60	\$22.00	\$33.40	\$50.20	\$71.60	\$99.60	\$124.00
	Tobacco	\$7.00	\$10.00	\$12.40	\$16.40	\$23.20	\$35.60	\$54.60	\$83.00	\$119.20	\$166.40	\$201.60
\$30,000	Non-tobacco	\$7.50	\$10.20	\$12.30	\$15.90	\$21.90	\$33.00	\$50.10	\$75.30	\$107.40	\$149.40	\$186.00
	Tobacco	\$10.50	\$15.00	\$18.60	\$24.60	\$34.80	\$53.40	\$81.90	\$124.50	\$178.80	\$249.60	\$302.40

## EXCLUSIONS AND LIMITATIONS

### A SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS FOR CRITICAL ILLNESS:

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 6 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. If one illness causes or contributes to another illness, we'll pay benefits for only one of these illnesses. We'll pay for the illness that has the larger benefit. If the benefit amounts for the illness are the same, we'll let you choose which one we pay.

We do not pay benefits for claims 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.

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.

Guardian's Critical Illness plan does not provide comprehensive medical coverage. It is a basic or limited benefit and is not intended to cover all medical expenses. It does not provide "basic hospital," "basic medical," or "medical" insurance as defined by the New York State Insurance Department.

Health questions are required on late enrollees. This coverage will not be effective until approved by a Guardian underwriter.

This policy will not pay for a diagnosis of a listed critical illness that is made before the insured's Critical Illness effective date with Guardian.

*The policy has exclusions and limitations that may impact the eligibility for or entitlement to benefits under each covered condition. See your certificate booklet for a full listing of exclusions & limitations..*

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

Contract # CI - 23 - P

Guardian's Critical Illness Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage. This policy provides limited benefits health 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.  
Policy Form # GP-1-LAH-12R; CI-23 - P

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**BARNES GROUP INC.**

ALL SALARIED & NON-EXEMPT EMPLOYEES (ALL LOCATIONS) EXCLUDING EXECUTIVES NOT IN TEXA

Kit created 01/12/2026

Group number: 00552381



# Accident insurance

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

Accident insurance is an extra layer of protection that gives you a lump sum benefit payment to help cover out-of-pocket expenses.

## Who is it for?

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

## What does it cover?

Accident Insurance pays you lump sum of benefits after you suffer an accident. This could be more than 40 different circumstances, including: emergency treatment, ambulance, burns, dislocations, fractures, hospital confinement, and surgery.

## Why should I consider it?

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

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



## Support during recovery

Sue hurts her knee while hiking and needs emergency treatment.

Sue fell while hiking in a local park and tore the cartilage in her knee. She went to the hospital emergency room for treatment.

Her accident insurance paid her a lump sum benefit that helped offset her injury-related expenses for an MRI, knee brace, and follow-up visits to her doctor.

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

You will receive these benefits if you meet the conditions listed in the policy. \*Guardian will never ask you to provide sensitive personal information, including SSN/DOB, nor login via QR codes.



# Your accident coverage

<b>ACCIDENT</b>		
<b>COVERAGE - DETAILS</b>	<b>Option 1: Value</b>	<b>Option 2: Advantage</b>
<b>Your Monthly premium</b>	\$6.21	\$13.91
You and Spouse/Domestic Partner	\$10.80	\$24.33
You and Child(ren)	\$11.88	\$26.45
You, Spouse/Domestic Partner and Child(ren)	\$16.47	\$36.87
<b>Accident Coverage Type</b>	On and Off Job	On and Off Job
<b>Portability</b> - Allows you to take your Accident coverage with you if you terminate employment.	Included	Included
<b>ACCIDENTAL DEATH AND DISMEMBERMENT</b>		
<b>Benefit Amount(s)</b>	Employee \$10,000 Spouse \$5,000 Child \$5,000	Employee \$20,000 Spouse \$10,000 Child \$5,000
<b>Catastrophic Loss</b>	Quadriplegia, Loss of speech & hearing (both ears), Loss of Cognitive function: 100% of AD&D Hemiplegia & Paraplegia: 50% of AD&D	Quadriplegia, Loss of speech & hearing (both ears), Loss of Cognitive function: 100% of AD&D Hemiplegia & Paraplegia: 50% of AD&D
<b>Common Carrier</b>	200% of AD&D benefit	200% of AD&D benefit
<b>Common Disaster</b>	200% of Spouse AD&D benefit	200% of Spouse AD&D benefit
<b>Dismemberment - Hand, Foot, Sight</b>	Single: 50% of AD&D benefit Multiple: 100% of AD&D benefit	Single: 50% of AD&D benefit Multiple: 100% of AD&D benefit
<b>Dismemberment - Thumb/Index Finger Same Hand, Four Fingers Same Hand, All Toes Same Foot</b>	25% of AD&D benefit	25% of AD&D benefit
<b>Seatbelts and Airbags</b>	Seatbelts: \$10,000 & Airbags: \$15,000	Seatbelts: \$10,000 & Airbags: \$15,000
<b>Reasonable Accommodation to Home or Vehicle</b>	\$2,500	\$2,500
<b>WELLNESS BENEFIT</b> - Per Year Limit	\$50	\$50
<b>Child(ren) Age Limits</b>	Children age birth to 27 years	Children age birth to 27 years
<b>FEATURES</b>		
Air Ambulance	\$750	\$1,000
Ambulance	\$150	\$200
Blood/Plasma/Platelets	\$300	\$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	9 sq inches To 18 sq inches: \$0/\$2,000 18 sq inches To 35 sq inches: \$1,000/\$4,000 Over 35 sq inches: \$3,000/\$12,000
Burns - Skin Graft	50% of burn benefit	50% of burn benefit



# Your accident coverage

FEATURES (Cont.)	Option 1: Value	Option 2: Advantage
Child Organized Sport - Benefit is paid if the covered accident occurred while your covered child, age 18 years or younger, is participating in an organized sport that is governed by an organization and requires formal registration to participate.	25% increase to child benefits	25% increase to child benefits
Chiropractic Visits	\$25/visit, up to 6 visits	\$50/visit, up to 6 visits
Coma	\$7,500	\$20,000
Concussion Baseline Study	\$25	\$25
Concussions	\$100	\$200
Diagnostic Exam (Major)	\$100	\$200
Dislocations	Schedule up to \$4,000	Schedule up to \$12,000
Doctor Follow-Up Visits	\$50, up to 6 treatments	\$100, up to 6 treatments
Emergency Dental Work	\$200/Crown, \$50/Extraction	\$300/Crown, \$75/Extraction
Emergency Room Treatment	\$150	\$300
Epidural Anesthesia Pain Management	\$100, 2 times per accident	\$100, 2 times per accident
Eye Injury	\$200	\$300
Family Care—Benefit is payable for each child attending a Child Care center while the insured is confined to a hospital, ICU or Alternate Care or Rehabilitative facility due to injuries sustained in a covered accident.	\$20/day, up to 30 days	\$20/day, up to 30 days
Fractures	Schedule up to \$6,000	Schedule up to \$12,000
Gun Shot Wound	\$500	\$750
Hospital Admission	\$750	\$1,500
Hospital Confinement	\$150/day - up to 1 year	\$300/day - up to 1 year
Hospital ICU Admission	\$1,500	\$3,000
Hospital ICU Confinement	\$500/day - up to 15 days	\$500/day - up to 15 days
Initial Dr. Office/Urgent Care Facility Treatment	\$100	\$200
Joint Replacement (Hip/Knee/Shoulder)	\$1,500/\$750/\$750	\$2,500/\$1,250/\$1,250
Knee Cartilage	\$500	\$1,000
Laceration	Schedule up to \$300	Schedule up to \$400
Lodging - The hospital stay must be more than 50 miles from the insured's residence.	\$100/day, up to 30 days for companion hotel stay	\$125/day, up to 30 days for companion hotel stay
Medical Appliance—Wheelchair, motorized scooter, leg or back brace, cane, crutches, walker, walking boot that extends above the ankle or brace for the neck.	Schedule up to \$400	Schedule up to \$500
Outpatient Therapies	\$25/day, up to 10 days	\$35/day, up to 10 days
Post-Traumatic Stress Disorder	\$300	\$400
Prosthetic Device/Artificial Limb	1: \$250 2 or more: \$500	1: \$500 2 or more: \$1,000
Rehabilitation Unit Confinement	\$50/day, up to 15 days	\$100/day, up to 15 days
Ruptured Disc With Surgical Repair	\$250	\$500
Surgery (Cranial, Open Abdominal, Thoracic, Hernia) Max	Schedule up to \$1,000 Hernia: \$200	Schedule up to \$1,500 Hernia: \$300
Surgery (Exploratory or Arthroscopic)	\$300	\$400

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BARNES GROUP INC.

ALL SALARIED & NON-EXEMPT EMPLOYEES (ALL LOCATIONS) EXCLUDING EXECUTIVES NOT IN TEXAS

Kit created 01/12/2026

Group number: 00552381



# Your accident coverage

FEATURES (Cont.)	Option 1: Value	Option 2: Advantage
Tendon/Ligament/Rotator Cuff	1: \$250 2 or more: \$500	1: \$500 2 or more: \$1,000
Transportation - Benefit is paid if you have to travel more than 50 miles one way to receive special treatment at a hospital or facility due to a covered accident.	\$0.50 per mile, limited to \$400/round trip, up to 3 times per accident	\$0.50 per mile, limited to \$500/round trip, up to 3 times per accident
Traumatic Brain Injury — A nondegenerative, noncongenital Injury to the brain from an external nonbiological force, requiring Hospital Confinement for 48 hours or more and resulting in a permanent neurological deficit with significant loss of muscle function and persistent clinical symptoms.	\$3,000	\$4,000
X - Ray	\$30	\$75

## UNDERSTANDING YOUR BENEFITS:

- **Common Carrier** – Benefit is paid if an insured's death occurs due to an accident while riding as a fare-paying passenger in a public conveyance. If this is paid, we do not pay the Accidental Death benefit.
- **Common Disaster** – Benefit is paid if both you & your spouse die in a covered accident or separate covered accidents within the same 24 hour period.
- **Reasonable Accommodation** – Benefit is payable if a modification is required to an insured's place of residence or vehicle due to an Accidental Dismemberment or Catastrophic loss.
- **Emergency Room Treatment** – Benefit is paid only when an insured is examined or treated within 72 hours of a covered accident.

## LIMITATIONS AND EXCLUSIONS:

### A SUMMARY OF ACCIDENT LIMITATIONS AND EXCLUSIONS:

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

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

This proposal is hedged subject to satisfactory financial evaluation.

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

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

Contract # GP-I-ACC-18

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



# Your accident coverage

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

IMPORTANT NOTICE –THIS POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS.

Policy Form # GP-1-AC-BEN-12, et al., GP-1-LAH-12R; GP-1-ACC-18

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Kit created 01/12/2026

Group number: 00552381

# Global Emergency Assistance Services

Connects you to qualified healthcare providers, hospitals, pharmacies and other services if you experience an emergency while traveling 100 miles away from home or outside the country for up to 90 days. Requests for reimbursement for medical transport or other services arranged independently by you will not be accepted.

## How it can help



### Medical Emergency Assistance

- Medical consultation, evaluation, and referrals
- Medical monitoring
- Emergency medical evacuation
- And more



### Travel Emergency Assistance

- Care of minor children
- Compassionate visit
- Return of traveling companion
- And more



### Additional Emergency Assistance Services

- Lost luggage
- Document assistance
- Legal and interpreter referrals
- And more

## ID Theft Protection Services

Prevention and resolution tools to safeguard your data and restore its integrity if it is used fraudulently. Services include:

- 24/7 access to identity protection specialists
- Credit card and document registration
- Lost and stolen credit and debit card assistance
- 24/7 identity fraud support

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

ComPsych Corporation (ComPsych) is a vendor to The Guardian Life Insurance Company of America (Guardian). ComPsych and Guardian are not affiliated entities. Global emergency assistance services (Services) are provided by ComPsych through its subcontractor Assist America. Guardian does not control or provide any part of the Services and does not bear any liability for their provision. This informational resource is not a contract and is for illustrative purposes only. Only the policy contains applicable terms. Guardian and ComPsych reserve the right to discontinue Services at anytime without notice. Services may not be available in all states. Global emergency assistance services are not available in the state of New York. Provision of Services shall be in a manner consistent with applicable law.



## How to access

Reference number  
01-AA-GLI-10231



### Call

1 800 872 1414 (within the US)  
1 609 986 1234 (outside the US)



### Email

medservices@assistamerica.com



### Download

Assist America mobile app  
Available on Google Play and  
the App Store

## How to access ID Theft Protection

Access code  
18327



### Call

1 877 409 9597 (within the US)  
1 816 396 9192 (outside the US)

**THE FOLLOWING NOTICE ONLY PERTAINS TO HOSPITAL INDEMNITY COVERAGE****IMPORTANT: This is a fixed indemnity policy, NOT health insurance.**

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

**Looking for comprehensive health insurance?**

- **Visit [HealthCare.gov](https://www.healthcare.gov)** or call **1-800-318-2596** (TTY: 1-855-889-4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

**Questions about this policy?**

- For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website ([naic.org](https://www.naic.org)) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.



# Hospital indemnity insurance

Hospital indemnity insurance can cover some of the cost associated with a hospital stay, letting you focus on recovery.

Being hospitalized for illness or injury can happen to anyone, at any time. While medical insurance may cover hospital bills, it may not cover all the costs associated with a hospital stay. That's where hospital indemnity coverage can help.

## Who is it for?

Hospital indemnity insurance is for people who need help covering the costs associated with a hospital stay if they suddenly become sick or injured.

## What does it cover?

Medical insurance insures medical expenses while hospitalized, but other costs can add up like extra childcare, transportation, help around the house, and pet care. Hospital Indemnity coverage pays lump sum benefits based on admission and days hospitalized that can be used to help any costs.

## Why should I consider it?

Health coverage is becoming more expensive, with higher co-pays, premiums, and deductibles. Hospital indemnity insurance can help pay for out-of-pocket costs associated with being hospitalized, giving you more financial confidence for unplanned expenses brought on by a hospital stay.

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

You will receive these benefits if you meet the conditions listed in the policy. \*Guardian will never ask you to provide sensitive personal information, including SSN/DOB, nor login via QR codes.



## Be prepared

Kevin is hospitalized after an illness, and has to cover the cost of two days as an inpatient.

Kevin became ill and was admitted to the hospital. He had emergency surgery and was there for two days while recovering.

His hospital indemnity insurance paid him a lump sum benefit which provided financial support during his hospital stay.

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



# Your hospital indemnity coverage

	<b>Hospital Indemnity</b>	
	Option 1	Option 2
<b>Coverage Details</b>		
<b>Your Monthly premium</b>	\$11.16	\$20.37
You and Spouse/Domestic Partner	\$25.29	\$46.54
You and Child(ren)	\$17.55	\$31.80
You, Spouse/Domestic Partner and Child(ren)	\$29.85	\$54.11
<b>Benefits</b>		
Hospital/ICU Admission	\$500 per admission, limited to 2 admission(s) per insured.	\$1,000 per admission, limited to 2 admission(s) per insured.
Hospital/ICU Confinement	\$100/\$200 per day, limited to 30 day(s) per insured per benefit year.	\$200/\$400 per day, limited to 30 day(s) per insured per benefit year.
Rehabilitation Unit Confinement	\$100 per day, limited to 10 day(s) per insured per benefit year.	\$100 per day, limited to 10 day(s) per insured per benefit year.
<b>Pre-Existing Conditions Limitation</b> - A pre-existing condition includes any condition for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.	Not Applicable	Not Applicable
<b>Portability</b> - Allows you to take your Hospital Indemnity coverage with you if you terminate employment.	Included	Included
<b>Child(ren) Age Limits</b>	Children age birth to 26 years	Children age birth to 26 years

## UNDERSTANDING YOUR BENEFITS – HOSPITAL INDEMNITY

Hospital Admission & Hospital ICU Admission benefits are not payable on the same day.

Premium will be waived if you are hospitalized for more than 30 days.

Hospital admission or confinement benefits are not payable for a newborn unless the child is admitted to the Neonatal ICU.

Hospital/ICU confinement benefits are not payable on the same day as Hospital/ICU admission benefit.

After initial enrollment, Hospital Indemnity coverage will continue as long as an insured is actively at work.

Rehabilitation Unit Confinement must immediately follow a Hospital Confinement.



# Your hospital indemnity coverage

## 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.

An applicant must enroll within 31 days of the coverage effective date. An open enrollment will occur each year during a 30 day 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:

- 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 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 nondiseased 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 or who is a 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.

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.

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. 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.  
Policy Form # GP-1-HI-15, GP-1-LAH-12R

# Electronic Evidence of Insurability (EOI)

Completing your Evidence of Insurability (EOI) online — it's simple, secure, and takes just a few minutes.

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

## Electronic EOI keeps things simple

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

Electronic EOI can be used for:\*

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

\*Applicable to coverage requiring full evidence of insurability (not applicable to conditional issue amounts).



### How it works

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

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

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

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# Our commitment to you

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

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## Important information



### Notice Informing Individuals about Nondiscrimination and Accessibility Requirements

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

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

### No Cost Language Services

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

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

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## Disability insurance



### Disability Offset Notice

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

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

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## Vision insurance



### Guardian's HIPAA Notice of Privacy Practices

The notice describes how health information about you may be used and disclosed and how you can access this information.

Visit <https://www.guardiananytime.com/notice50> to read more.