

Accident

MONTHLY RATES

Employee	\$11.19
Employee & Spouse	\$18.29
Employee & Child	\$19.22
Family	\$26.32
Census	250
Rate Guarantee	2 Years

BENEFITS

	Value Plan
Schedule	Value Plan
Contribution/Participation	Voluntary / 5 enrolled employees
Accident Coverage	On and Off Job
Accidental Death and Dismemberment	
Death Benefit	Employee: \$10,000 Spouse: \$5,000 Child: \$5,000
Catastrophic Loss	Quadriplegia: 100% of AD&D Loss of speech and hearing (both ears): 100% of AD&D Loss of cognitive function: 100% of AD&D Hemiplegia: 50% of AD&D Paraplegia: 50% of AD&D
Common Carrier	200% of AD&D
Common Disaster	200% of Spouse AD&D benefit
Dismemberment	
Hand, Foot, Sight	Single: 50% of AD&D benefit Multiple: 100% of AD&D benefit
Thumb/Index Finger Same Hand, Four Fingers Same Hand, All Toes Same Foot	25% of AD&D benefit
Seatbelts and Airbags	Seatbelts: \$10,000 Airbags: \$15,000
Reasonable Accommodation to Home or Vehicle	\$2,500
Wellness Benefit	Provides a \$50 per year benefit for completing certain routine wellness screenings or procedures (refer to Plan Highlights section for example procedures).
Portability	Included without Evidence
Child(ren) Age Limits	Birth to 26 years subject to state limitations
Accident Emergency Treatment	\$150
Accident Follow-Up Visit - Doctor	\$25 up to 6 treatments
Air Ambulance	\$500
Ambulance	\$100
Appliance	\$100
Blood/Plasma/Platelets	\$300
Burns (2nd Degree/3rd Degree)	9 sq inches to 18 sq inches: \$0/\$2,000 18 sq inches to 35 sq inches: \$1,000/\$4,000 Over 35 sq inches: \$3,000/\$12,000
Burn – Skin Graft	50% of burn benefit
Child Organized Sport	20% increase to child benefits

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BENEFITS (continued)

	Value Plan
Coma	\$7,500
Concussions	\$50
Dislocations	Schedule up to \$3,600
Diagnostic Exam (Major)	\$100
Emergency Dental Work	\$200/Crown \$50/Extraction
Epidural Pain Management	\$100, 2 times per accident
Eye Injury	\$200
Family Care	\$20/day up to 30 days
Fractures	Schedule up to \$4,500
Hospital Admission	\$750
Hospital Confinement	\$175/day – up to 1 year
Hospital ICU Admission	\$1,500
Hospital ICU Confinement	\$350/day – up to 15 days
Initial Physician's office/Urgent Care Facility Treatment	\$50
Knee Cartilage	\$500
Joint Replacement (hip/knee/shoulder)	\$1,500/\$750/\$750
Laceration	Schedule up to \$300
Lodging	\$100/day, up to 30 days for companion hotel stay
Occupational or Physical Therapy	\$25/day up to 10 days
Prosthetic Device/Artificial Limb	1: \$500 2 or more: \$1,000
Rehabilitation Unit Confinement	\$150/day up to 15 days
Ruptured Disc with Surgical Repair	\$500
Surgery (Cranial, Open Abdominal, Thoracic)	Schedule up to \$1,000 Hernia: \$125
Surgery – Exploratory or Arthroscopic	\$150
Tendon/Ligament/Rotator Cuff	1: \$250 2 or more: \$500
Transportation	\$400, 3 times per accident
X-Ray	\$20

PLAN HIGHLIGHTS

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

IMPORTANT NOTES

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

- **Appliance** - Benefit is paid if a wheelchair, leg or back brace, crutches, walker, walking boot that extends above the ankle or brace for the neck is prescribed by a physician as necessary due to an injury sustained as the result of a covered accident.
- **Child Organized Sport** - Benefit is paid if the covered accident occurred while your covered child is participating in an organized sport that is governed by an organization and requires formal registration to participate. This benefit is only payable if child coverage is included on the plan and the covered child is age 18 or younger.

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IMPORTANT NOTES (continued)

- **Family Care** - Benefit is payable for each child attending a Child Care center while the insured is confined to the hospital, ICU or Alternate Care or Rehabilitative facility due to injuries sustained in a covered accident.
- **Lodging** - Benefit is paid for a companion's hotel stay while the insured is confined to the hospital as the result of a covered accident. The hospital must be more than 50 miles from the insured's residence.
- **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.

SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS

- Employees must be legally working in the United States in order to be eligible for coverage. Underwriting must approve coverage for employees on temporary assignment: (a) exceeding 1 year; or (b) in an area under travel warning by the US Department of State, subject to state specific variations.
- This proposal summarizes the major features of the Guardian Accident benefit plan. It is not intended to be a complete representation of the proposed plan. For full plan features, including exclusions and limitations, please refer to your Policy.
- This proposal is hedged subject to satisfactory financial evaluation.

This plan will not 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; treatment rendered or hospital confinement outside the United States or Canada; 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, 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.

Policy #: GP-1-AC-IC-12.

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.

IMPORTANT INFORMATION

- Available on groups with 100 - 999 eligible lives
- Not available in CT, MN, ND, NH, NM, NY, WA. Only available in FL for groups with 50+ eligible lives.
- Valid through January 1, 2020

MONTHLY RATES

	Advantage Plan
Employee	\$14.29
Employee & Spouse	\$23.76
Employee & Child	\$24.89
Family	\$34.36
Rate Guarantee	2 Years
Contributory Status	Voluntary
Minimum Participation	100-999 eligible lives: 5 enrolled employees
Portability	Included without evidence (Not available in AK, MT, OR)
Child(ren) Age Limits	Birth to 26 yrs (26 if full-time student), subject to state limitations

BENEFITS

	Advantage Plan
Accident Coverage	On and Off Job
Accidental Death and Dismemberment	
Death Benefit	Employee: \$25,000 Spouse: \$12,500 Child: \$5,000
Catastrophic Loss	Quadriplegia: 100% of AD&D Loss of speech and hearing (both ears): 100% of AD&D Loss of cognitive function: 100% of AD&D Hemiplegia: 50% of AD&D Paraplegia: 50% of AD&D
Common Carrier	200% of AD&D
Common Disaster	200% of Spouse AD&D benefit
Hand, Foot, Sight	Single: 50% of AD&D benefit Multiple: 100% of AD&D benefit
Thumb/Index Finger Same Hand, Four Fingers Same Hand, All Toes Same Foot	25% of AD&D
Seatbelts and Airbags	Seatbelts: \$10,000 Airbags: \$15,000
Reasonable Accommodation to Home or Vehicle	\$2,500
Wellness Benefit	Provides a \$50 per year benefit for completing certain routine wellness screenings or procedures (refer to Plan Highlights section for example procedures)
Accident Emergency Treatment	\$175
Accident Follow-Up Visit - Doctor	\$50 up to 6 treatments
Air Ambulance	\$1,000
Ambulance	\$150
Appliance	\$125

Accident (24 Hour Coverage)

First Financial Group

Blood/Plasma/Platelets	\$300
Burns (2 nd Degree/3 rd Degree)	9 sq inches to 18 sq inches: \$0/\$2,000 18 sq inches to 35 sq inches: \$1,000/\$4,000 Over 35 sq inches: \$3,000/\$12,000
Burn – Skin Graft	50% of burn benefit
Child Organized Sport	20% increase to child benefits
Chiropractic Visits	\$25 per visit up to 6 visits
Coma	\$10,000
Concussions	\$75
Dislocations	Schedule up to \$4,400
Diagnostic Exam (Major)	\$150
Emergency Dental Work	\$300/Crown \$75/Extraction
Epidural pain management	\$100, 2 times per accident
Eye Injury	\$300
Family Care	\$20/day up to 30 days
Fracture	Schedule up to \$5,500
Hospital Admission	\$1,000
Hospital Confinement	\$225/day, up to 1 yr
Hospital ICU Admission	\$2,000
Hospital ICU Confinement	\$450/day – up to 15 days
Initial Physician's office/Urgent Care Facility Treatment	\$75
Knee Cartilage	\$500
Joint Replacement (hip/knee/shoulder)	\$2,500/\$1,250/\$1,250
Laceration	Schedule up to \$400
Lodging	\$125/day, up to 30 days for companion hotel stay
Occupational or Physical Therapy	\$25/day up to 10 days
Prosthetic Device/Artificial Limb	1: \$500 2 or more: \$1,000
Rehabilitation Unit Confinement	\$150/day up to 15 days
Ruptured Disc with Surgical Repair	\$500
Surgery (Cranial, Open Abdominal, Thoracic)	\$1,250 Hernia: \$150
Surgery – Exploratory or Arthroscopic	\$250
Tendon/Ligament/Rotator Cuff	1: \$500 2 or more: \$1,000
Transportation	\$500, 3 times per accident
X-Ray	\$200

PLAN HIGHLIGHTS

No underwriting required.

Wellness Benefit includes coverage for screenings & procedures such as a well visits, mammography, colonoscopy, pap smear, PSA, Serum cholesterol test, completion of smoking cessation and weight reduction programs and many more.

IMPORTANT NOTES

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- This proposal is hedged subject to satisfactory financial evaluation.
- State variations may apply.
- This plan will not pay benefits for any injury caused by or related to:
 - Declared or undeclared war, act of war, or armed aggression; taking part in a riot or civil disorder; or commission of, or attempt to commit a felony, intentionally self inflicted injury, while sane or insane; suicide or attempted suicide, while sane or insane.
 - The covered person being legally intoxicated
 - Treatment rendered or hospital confinement outside the United States or Canada.
 - Travel or flight in any kind of aircraft, including any aircraft owned by or for the employer 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, and/or skydiving.
 - Job related or on the job injuries
 - Injuries to a dependent child received during the birth.
 - An accident that occurred before the covered person is covered by this plan.
 - Sickness, disease, mental infirmity or medical or surgical treatment.

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