

# Accident

## MONTHLY RATES

	Plan #1	Plan #2
Employee	\$11.62	\$14.96
Employee & Spouse	\$18.90	\$24.02
Employee & Child	\$19.60	\$24.51
Family	\$26.88	\$33.57
Census	400	400
Rate Guarantee	2 Years	2 Years

## BENEFITS

	Plan #1	Plan #2
	Value Plan	Advantage Plan
Schedule	Value Plan	Advantage Plan
Contribution/Participation	Voluntary / 5 enrolled employees	Voluntary / 5 enrolled employees
Accident Coverage	On and Off Job	On and Off Job
Accidental Death and Dismemberment		
Death Benefit	Employee: \$25,000 Spouse: \$12,500 Child: \$5,000	Employee: \$40,000 Spouse: \$20,000 Child: \$5,000
Catastrophic Loss	Quadriplegia: 100% of AD&D Loss of speech and hearing (both ears): 100% of AD&D Loss of cognitive function: 100% of AD&D Hemiplegia: 50% of AD&D Paraplegia: 50% of AD&D	Quadriplegia: 100% of AD&D Loss of speech and hearing (both ears): 100% of AD&D Loss of cognitive function: 100% of AD&D Hemiplegia: 50% of AD&D Paraplegia: 50% of AD&D
Common Carrier	200% of AD&D	200% of AD&D
Common Disaster	200% of Spouse AD&D benefit	200% of Spouse AD&D benefit
Dismemberment		
Hand, Foot, Sight	Single: 50% of AD&D benefit Multiple: 100% of AD&D benefit	Single: 50% of AD&D benefit Multiple: 100% of AD&D benefit
Thumb/Index Finger Same Hand, Four Fingers Same Hand, All Toes Same Foot	25% of AD&D benefit	25% of AD&D benefit
Seatbelts and Airbags	Seatbelts: \$10,000 Airbags: \$15,000	Seatbelts: \$10,000 Airbags: \$15,000
Reasonable Accommodation to Home or Vehicle	\$2,500	\$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).	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	Included without Evidence
Child(ren) Age Limits	Birth to 26 years subject to state limitations	Birth to 26 years subject to state limitations
Accident Emergency Treatment	\$150	\$175
Accident Follow-Up Visit - Doctor	\$25 up to 6 treatments	\$50 up to 6 treatments
Air Ambulance	\$500	\$1,000
Ambulance	\$100	\$150
Appliance	\$100	\$125
Blood/Plasma/Platelets	\$300	\$300

(continued)

# Accident

<b>BENEFITS (continued)</b>		
	<b>Plan #1</b>	<b>Plan #2</b>
	<b>Value Plan</b>	<b>Advantage Plan</b>
<b>Burns (2<sup>nd</sup> Degree/3<sup>rd</sup> Degree)</b>	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
<b>Burn – Skin Graft</b>	50% of burn benefit	50% of burn benefit
<b>Child Organized Sport</b>	20% increase to child benefits	20% increase to child benefits
<b>Chiropractic Visits</b>	No Benefit	\$25 per visit up to 6 visits
<b>Coma</b>	\$7,500	\$10,000
<b>Concussions</b>	\$50	\$75
<b>Dislocations</b>	Schedule up to \$3,600	Schedule up to \$4,400
<b>Diagnostic Exam (Major)</b>	\$100	\$150
<b>Emergency Dental Work</b>	\$200/Crown \$50/Extraction	\$300/Crown \$75/Extraction
<b>Epidural Pain Management</b>	\$100, 2 times per accident	\$100, 2 times per accident
<b>Eye Injury</b>	\$200	\$300
<b>Family Care</b>	\$20/day up to 30 days	\$20/day up to 30 days
<b>Fractures</b>	Schedule up to \$4,500	Schedule up to \$5,500
<b>Hospital Admission</b>	\$750	\$1,000
<b>Hospital Confinement</b>	\$175/day – up to 1 year	\$225/day – up to 1 year
<b>Hospital ICU Admission</b>	\$1,500	\$2,000
<b>Hospital ICU Confinement</b>	\$350/day – up to 15 days	\$450/day – up to 15 days
<b>Initial Physician's office/Urgent Care Facility Treatment</b>	\$50	\$75
<b>Knee Cartilage</b>	\$500	\$500
<b>Joint Replacement (hip/knee/shoulder)</b>	\$1,500/\$750/\$750	\$2,500/\$1,250/\$1,250
<b>Laceration</b>	Schedule up to \$300	Schedule up to \$400
<b>Lodging</b>	\$100/day, up to 30 days for companion hotel stay	\$125/day, up to 30 days for companion hotel stay
<b>Occupational or Physical Therapy</b>	\$25/day up to 10 days	\$25/day up to 10 days
<b>Prosthetic Device/Artificial Limb</b>	1: \$500 2 or more: \$1,000	1: \$500 2 or more: \$1,000
<b>Rehabilitation Unit Confinement</b>	\$150/day up to 15 days	\$150/day up to 15 days
<b>Ruptured Disc with Surgical Repair</b>	\$500	\$500
<b>Surgery (Cranial, Open Abdominal, Thoracic)</b>	Schedule up to \$1,000 Hernia: \$125	Schedule up to \$1,250 Hernia: \$150
<b>Surgery – Exploratory or Arthroscopic</b>	\$150	\$250
<b>Tendon/Ligament/Rotator Cuff</b>	1: \$250 2 or more: \$500	1: \$500 2 or more: \$1000
<b>Transportation</b>	\$400, 3 times per accident	\$500, 3 times per accident
<b>X-Ray</b>	\$20	\$30

## 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.
- **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.