

Accident (On and Off Job)

IMPORTANT INFORMATION

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

MONTHLY RATES

	Value Plan
Employee	\$9.07
Employee & Spouse	\$14.42
Employee & Child	\$15.40
Family	\$20.75
Rate Guarantee	2 Years
Contributory Status	Voluntary
Minimum Participation	2 eligible lives: 2 enrolled employees; 3-9 eligible lives: 3 enrolled employees; 10-499 eligible lives: 5 enrolled employees
Portability	Included without evidence (Not available in KY, OR, UT)
Child(ren) Age Limits	Birth to 26 yrs (26 if full-time student), subject to state limitations

BENEFITS

	Value Plan
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
Seatbelts and Airbags	Seatbelts: \$10,000 or Seatbelts & Airbags: \$15,000
Reasonable Accommodation to Home or Vehicle	\$2,500
Rainy Day Fund	Benefit Amount: \$300 Rollover Maximum: \$150 Fund Maximum: \$600 (Not applicable to IA)

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BENEFITS (continued)	
	Value Plan
Wellness Benefit	Provides a \$50 per year benefit for completing certain routine wellness screenings or procedures (refer to Plan Highlights section for example procedures)
Air Ambulance	\$750
Ambulance	\$150
Blood/Plasma/Platelets	\$300
Burns (2nd Degree/3rd Degree)	9 sq inches to 18 sq inches: \$0/\$2,000 18 sq inches to 35 sq inches: \$1,000/\$4,000 Over 35 sq inches: \$3,000/\$12,000
Burn – Skin Graft	50% of burn benefit
Child Organized Sport	25% increase to child benefits
Chiropractic Visits	\$25 per visit up to 6 visits
Coma	\$7,500
Concussion Baseline Study	\$25 (Not applicable to NJ)
Concussions	\$100
Diagnostic Exam (Major)	\$100
Dislocations	Schedule up to \$3,000
Doctor Follow Up Visits	\$25 up to 6 treatments
Emergency Dental Work	\$200/Crown \$50/Extraction
Emergency Room Treatment	\$150
Epidural Anesthesia Pain Management	\$100, 2 times per accident
Eye Injury	\$200
Family Care	\$20/day up to 30 days
Fractures	Schedule up to \$4,000
Gun Shot Wound	\$500
Hospital Admission	\$750
Hospital Confinement	\$150/day, up to 1 yr
Hospital ICU Admission	\$1,500
Hospital ICU Confinement	\$300/day – up to 15 days
Initial Doctor's Office/Urgent Care Facility Treatment	\$75
Joint Replacement (hip/knee/shoulder)	\$1,500/\$750/\$750
Knee Cartilage	\$250
Laceration	Schedule up to \$300
Lodging	\$100/day, up to 30 days for companion hotel stay
Medical Appliance	Schedule up to \$400
Outpatient Therapies	\$25/day up to 10 days
Post-Traumatic Stress Disorder	\$300
Prosthetic Device/Artificial Limb	1: \$250 2 or more: \$500
Rehabilitation Unit Confinement	\$50/day up to 15 days
Ruptured Disc with Surgical Repair	\$250
Surgery (Cranial, Open Abdominal, Thoracic)	Schedule up to \$1,000 Hernia: \$200
Surgery – Exploratory or Arthroscopic	\$300

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BENEFITS (continued)

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

PLAN HIGHLIGHTS

- No underwriting required.
- Wellness Benefit includes coverage for screenings & procedures such as well visits, mammography, colonoscopy, pap smear, PSA, Serum cholesterol test, completion of smoking cessation and weight reduction programs, registration of a covered child in an organized sport and many more.
- **Portability** - Portability allows the employee to take the coverage with them if employment has ended. (Not available in KY, OR, UT)
- **Portability – KY, OR, UT:** Portability in this state is continuity of coverage and will end when the group plan ends with no additional options to port coverage.

IMPORTANT NOTES

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

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

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SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS

- Employees must be legally working in the United States in order to be eligible for coverage. Underwriting must approve coverage for employees on temporary assignment: (a) exceeding 1 year; or (b) in an area under travel warning by the US Department of State, subject to state specific variations.
- This proposal summarizes the major features of the Guardian Accident benefit plan. It is not intended to be a complete representation of the proposed plan. For full plan features, including exclusions and limitations, please refer to your Policy.
- This proposal is hedged subject to satisfactory financial evaluation.
- Not available for the following SICs: 1011-1499, 1761-1799, 2411-2431, 2892, 3292, 3312-3489, 4311, 7299, 7360-7363, 7389, 8811-9451, 9531-9999.

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

- Sickness, disease, mental infirmity or medical or surgical treatment; the covered person being legally intoxicated; declared or undeclared war, act of war, or armed aggression; service in the armed forces, National Guard, or military reserves of any state or country; taking part in a riot or civil disorder; commission of, or attempt to commit a felony; intentionally self-inflicted Injury, while sane or insane; suicide or attempted suicide, while sane or insane; travel or flight in any kind of aircraft, including any aircraft owned by or for the policyholder, except as a fare-paying passenger on a common carrier; participation in any kind of sporting activity for compensation or profit, including coaching or officiating; riding in or driving any motor-driven vehicle in a race, stunt show or speed test; participation in hang gliding, bungee jumping, sail gliding, parasailing, parakiting, ballooning, parachuting, zorbing or skydiving; an accident that occurred before the covered person is covered by this plan; injuries to a dependent child received during birth; voluntary use of any poison, chemical, prescription or non-prescription drug or controlled substance unless: (1) it was prescribed for a covered person by a doctor, and (2) it was used as prescribed. In the case of a non-prescription drug, this Plan does not pay for any Accident resulting from or contributed to by use in a manner inconsistent with package instructions. "Controlled substance" means anything called a controlled substance in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as amended from time to time.

Policy #: GP-1-ACC-18

Guardian's Accident Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage.