



**CITY OF EAGLE PASS**  
ALL OTHER ELIGIBLE EMPLOYEES  
Group Number: 00407983



**Customer Service (888) 600-1600**  
Monday to Friday | 8am to 8:30pm ET

# 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.

## Your coverage options

	<b>Dental insurance</b>	Taking care of teeth and overall health
	<b>Accident insurance</b>	Helping you cover expenses after an accident
	<b>Cancer insurance</b>	Financial support after a cancer diagnosis

## 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.

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This document is a summary of the major features of the insurance coverage that's been agreed to with your employer – it isn't your contract.

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**Watch our video**  
Learn how dental insurance can  
protect your long-term health.

# 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 infections 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:** Tooth loss before the age of 35 may be a risk factor for Alzheimer's disease.

All information contained here is from the Mayo Clinic, Oral Health: A Window to Your Overall Health, [www.mayoclinic.com](http://www.mayoclinic.com). 2018.

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

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CITY OF EAGLE PASS

ALL OTHER ELIGIBLE EMPLOYEES

2020-104309 (07/22)



# Your dental coverage

**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

**PPO**

Your Network is	DentalGuard Preferred	
	In-Network	Out-of-Network
<b>Calendar year deductible</b>	\$40	\$40
Individual		
Family limit	3 per family	
Waived for	Preventive	Preventive
<b>Charges covered for you (co-insurance)</b>	In-Network	Out-of-Network
Preventive Care	100%	100%
Basic Care	100%	100%
Major Care	90%	90%
Orthodontia	90%	90%
<b>Annual Maximum Benefit</b>	\$1,500	
<b>Maximum Rollover</b>	Yes	
Rollover Threshold	\$700	
Rollover Amount	\$350	
Rollover Account Limit	\$1,250	
<b>Lifetime Orthodontia Maximum</b>	\$1,500	
<b>Dependent Age Limits</b>	26	



# Your dental coverage

## A Sample of Services Covered by Your Plan:

		<b>PPO</b>	
		<i>Plan pays (on average)</i>	
		<i>In-network</i>	<i>Out-of-network</i>
Preventive Care	Cleaning (prophylaxis)	100%	100%
	Frequency:	Once Every 6 Months	
	Fluoride Treatments	100%	100%
	Limits:	Under Age 14	
	Oral Exams	100%	100%
Basic Care	Sealants (per tooth)	100%	100%
	X-rays	100%	100%
	Anesthesia*	100%	100%
	Fillings†	100%	100%
	Perio Surgery	100%	100%
Major Care	Periodontal Maintenance	100%	100%
	Frequency:	Once Every 6 Months	
	Repair & Maintenance of Crowns, Bridges & Dentures	100%	100%
	Root Canal	100%	100%
	Scaling & Root Planing (per quadrant)	100%	100%
	Simple Extractions	100%	100%
	Surgical Extractions	100%	100%
	Bridges and Dentures	90%	90%
	Inlays, Onlays, Veneers**	90%	90%
	Single Crowns	90%	90%
Orthodontia	Orthodontia Limits:	90%	90% 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 orthodontic appliance must be placed prior to the 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-1-DG2000 et al. **PPO and or Indemnity Special Limitation:** Teeth lost or missing before a covered person becomes insured by this plan. A covered person may have one or more congenitally missing teeth or have lost one or more teeth before he became insured by this plan. We won't pay for a prosthetic device which replaces such teeth unless the device also replaces one or more natural teeth lost or extracted after the covered person became insured by this plan. R3-DG2000

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

# Your Guardian Vision Access Program

If you're eligible, you can receive discounts on vision care services or supplies from vision providers within the Vision Service Plan (VSP) Preferred Provider Organization (PPO) network.

You must pay the entire discounted fee directly to your VSP Network doctor. Discounts are not available from providers outside the VSP network.

## You'll save on exams, materials, and more

### Average discounts:

<b>Eye exams</b>	20% off the usual charge
<b>Frames, standard lenses, and lens options</b>	20% off the usual charge when a complete pair of prescription glasses is purchased
<b>Contact lens professional services</b>	15% off the usual charge for professional services (contact lenses are not discounted)
<b>Laser surgery</b>	An average of 15% off the laser surgeon's usual charge, or 5% off of any promotional price if it's less than the usual discounted price



### It's easy to save

Find a participating doctor near you by visiting [guardiananytime.com/fpapp/FPWeb/vision](http://guardiananytime.com/fpapp/FPWeb/vision) or calling **1 800 877 7195**.

You don't need to bring your ID card, but you do need to let your doctor know that you have the Guardian VSP Access Plan at the time of service to receive your discount.

This is not insurance. If you qualify, you must pay the entire discounted fee directly to the VSP network doctor. There is no charge for the Discount Vision Access program. You must be enrolled in a Guardian dental plan in order to be eligible for the Discount Vision Access program. When you are no longer enrolled for dental coverage, your access to the network discounts ends.

The Guardian Life Insurance Company of America, New York, NY 10004-4025, [guardiananytime.com](http://guardiananytime.com). 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 No. No. GP-1-VSN-96-1 et al

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2020-105022 (07/22)

# Oral Health Rewards Program

Regular visits to the dentist can help prevent and detect the early signs of serious diseases.

That's why Guardian's Maximum Rollover Oral Health Rewards Program encourages and rewards members who visit the dentist, by rolling over part of your unused annual maximum into a Maximum Rollover Account (MRA). This can be used in future years if your plan's annual maximum is reached.



## Automatic rollover

Submit a claim (without exceeding the paid claims threshold of a benefit year), and Guardian will roll over a portion of your unused annual dental maximum.

## How maximum rollover works \*

Depending on a plan's annual maximum, if claims made for a certain year don't reach a specified threshold, then the set maximum rollover amount can be rolled over.

Plan annual maximum**	Threshold	Maximum rollover amount	Maximum rollover account limit
\$1,500	\$700	\$350	\$1,250
Maximum claims reimbursement	Claims amount that determines rollover eligibility	Additional dollars added to a plan's annual maximum for future years	The limit that cannot be exceeded within the maximum rollover account

\* This example has been created for illustrative purposes only.

\*\* If a plan has a different annual maximum for PPO benefits vs. non-PPO benefits, (\$1500 PPO/\$1000 non-PPO for example) the non-PPO maximum determines the Maximum Rollover plan. May not be available in all states. Guardian's Dental Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage. Information provided in this communication is for informational purposes only. Dental Policy Form No. GP-1-DEN-16. GUARDIAN® is a registered service mark of The Guardian Life Insurance Company of America © Copyright 2019 The Guardian Life Insurance Company of America.

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 2020-105050 (07/22)





Watch our video  
How accident insurance  
can get you back on your feet.

# 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 cash payment to help cover out-of-pocket expenses when you suffer an unexpected, qualifying accident.

## Who is it for?

Nobody can predict when an accident might happen. That's why accident insurance is an important 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, burrs, dislocations, fractures, hospital confinement, and surgery.

## Why should I consider it?

Health coverage may become more expensive, with higher co-pays, premiums, and deductibles. Accident insurance can be a simple, affordable way to help 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.

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



## Added support during recovery

Amanda breaks her leg falling off her bike and needs emergency treatment.

Average non-surgical broken leg treatment expense: **\$2,500**

Average Major Medical deductible: **\$1,500**

Major Medical covers 80% of the surgical cost after the deductible is met, but Amanda's still responsible for 20%: **\$200**

Total out-of-pocket amount for Amanda (deductible + coinsurance): **\$1,700**

Amanda's Guardian Accident policy pays her a benefit of **\$1,700**, which covers all of her out-of-pocket expenses.

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 accident coverage

## ACCIDENT

COVERAGE - DETAILS	Option 1: Advantage Plan	Option 2: Value Plan
<b>Your Monthly premium</b>	\$15.20	\$12.04
You and Spouse	\$24.82	\$19.86
You and Child(ren)	\$25.44	\$20.58
You, Spouse and Child(ren)	\$35.06	\$28.40
<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

## ACCIDENTAL DEATH AND DISMEMBERMENT

<b>Benefit Amount(s)</b>	Employee \$40,000 Spouse \$20,000 Child \$10,000	Employee \$30,000 Spouse \$15,000 Child \$7,500
<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 - Per Year Limit</b>	\$50	\$50
<b>Child(ren) Age Limits</b>	Children age birth to 26 years	Children age birth to 26 years
<b>FEATURES</b>		
Accident Emergency Room Treatment	\$175	\$150
Accident Follow-Up Visit - Doctor	\$50 up to 6 treatments	\$25 up to 6 treatments
Air Ambulance	\$1,000	\$500
Ambulance	\$150	\$100
Appliance - Wheelchair, leg or back brace, crutches, walker, walking boot that extends above the ankle or brace for the neck	\$125	\$100
Blood/Plasma/Platelets	\$300	\$300



# Your accident coverage

## FEATURES (Cont.)

	Option 1: Advantage Plan	Option 2: Value Plan
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
Burn - Skin Graft	50% of burn benefit	50% of burn benefit
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.	20% increase to child benefits	20% increase to child benefits
Chiropractic Visits	\$25 per visit up to 6 visits	No Benefit
Coma	\$10,000	\$7,500
Concussions	\$75	\$50
Dislocations	Schedule up to \$4,400	Schedule up to \$3,600
Diagnostic Exam (Major)	\$150	\$100
Emergency Dental Work	\$300/Crown, \$75/Extraction	\$200/Crown, \$50/Extraction
Epidural pain management	\$100, 2 times per accident	\$100, 2 times per accident
Eye Injury	\$300	\$200
Family Care	\$20/day up to 30 days	\$20/day up to 30 days
Fracture	Schedule up to \$5,500	Schedule up to \$4,500
Hospital Admission	\$1,000	\$750
Hospital Confinement	\$225/day - up to 1 year	\$175/day - up to 1 year
Hospital ICU Admission	\$2,000	\$1,500
Hospital ICU Confinement	\$450/day - up to 15 days	\$350/day - up to 15 days
Initial Physician's office/Urgent Care Facility Treatment	\$75	\$50
Joint Replacement (hip/knee/shoulder)	\$2,500/\$1,250/\$1,250	\$1,500/\$750/\$750
Knee Cartilage	\$500	\$500
Laceration	Schedule up to \$400	Schedule up to \$300
Lodging - The hospital must be more than 50 miles from the insured's residence.	\$125/day, up to 30 days for companion hotel stay	\$100/day, up to 30 days for companion hotel stay
Occupational or Physical Therapy	\$25/day up to 10 days	\$25/day up to 10 days
Prosthetic Device/Artificial Limb	1: \$500 2 or more: \$1,000	1: \$500 2 or more: \$1,000
Rehabilitation Unit Confinement	\$150/day up to 15 days	\$150/day up to 15 days
Ruptured Disc With Surgical Repair	\$500	\$500
Surgery	Schedule up to \$1,250 Hernia: \$150	Schedule up to \$1,000 Hernia: \$125
Surgery - Exploratory or Arthroscopic	\$250	\$150
Tendon/Ligament/Rotator Cuff	1: \$500 2 or more: \$1,000	1: \$250 2 or more: \$500



# Your accident coverage

## FEATURES (Cont.)

	Option 1 : Advantage Plan	Option 2: Value Plan
Transportation - Benefit is paid if you have to travel more than 50 miles one way to receive special treatment at a hospital or facility due to a covered accident.	\$500, 3 times per accident	\$400, 3 times per accident
X - Ray	\$30	\$20

## 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.
- **Accident 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, 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-1-AC-IC-12

*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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**Watch our video**  
How cancer insurance can ease the financial burden of a cancer diagnosis.

# Cancer insurance

If you're diagnosed with cancer, the last thing you need to think about is the cost. Cancer insurance helps ease the financial burden.

Every year, more and more people are diagnosed with cancer. Unfortunately, in addition to bearing the physical and emotional toll of this disease, patients are often saddled with added financial expenses.

## Who is it for?

Cancer insurance is for people who want added financial protection, in addition to their regular health insurance. It comes into play if you are diagnosed with cancer—providing additional financial support to help keep the focus on your cancer treatment and recovery.

## What does it cover?

Cancer insurance benefits can help you handle medical plan deductibles, co-pays and other out-of-pocket costs by providing benefits when you receive radiation or chemotherapy treatment, or are hospitalized for surgery to treat cancer. These benefits can be used for non-medical expenses such as transportation to treatment facilities, and even everyday living expenses like groceries, rent, and mortgage payments.

## Why should I consider it?

Health coverage may become more expensive, with higher co-pays, premiums, and deductibles. The unexpected out-of-pocket expenses of cancer recovery, including transportation, co-pays, and deductibles, can add up fast. What's more, some of the costs you may incur during recovery are non-medical, such as covering a mortgage, childcare, and household expenses. Cancer insurance can help you pay for all of them.

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

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



## Extra support

Sarah's diagnosed with kidney cancer after a screening test and decides to undergo kidney removal surgery.

Average surgical expense: **\$25,000**

Average Major Medical deductible: **\$1,500**

Major Medical covers 80% of the surgical cost after the deductible is met, but Sarah's still responsible for 20%: **\$4,700**

Total out-of-pocket amount for Sarah (deductible + coinsurance): **\$6,200**

Sarah has Guardian's Cancer Advantage policy, which pays her **\$2,500** as an initial diagnosis benefit and **\$2,100** for a 7-day hospital stay.

This gives her a total of **\$4,600** to help cover a portion of her out-of-pocket amount.

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 cancer coverage

## CANCER

COVERAGE - DETAILS	Option 1 : Advantage Plan	Option 2: Premier Plan
<b>Your Monthly premium</b>	\$18.35	\$29.05
You and Spouse	\$28.78	\$46.06
You and Child(ren)	\$26.53	\$41.26
You, Spouse and Child(ren)	\$36.96	\$58.27
<b>INITIAL DIAGNOSIS BENEFIT</b> - Paid when you are diagnosed with internal invasive cancer for the first time while insured under this Plan.		
<b>Benefit Amount(s)</b>	Employee \$2,500 Spouse \$2,500 Child \$2,500	Employee \$5,000 Spouse \$5,000 Child \$5,000
<b>Benefit Waiting Period</b> - A specified period of time after your effective date during which the Initial Diagnosis benefits will not be payable.	30 Days	30 Days
<b>CANCER SCREENING</b>		
<b>Benefit Amount</b>	\$50; \$50 for Follow-Up screening	\$50; \$50 for Follow-Up screening
<b>RADIATION THERAPY OR CHEMOTHERAPY</b>		
<b>Benefit</b>	Schedule amounts up to a \$10,000 benefit year maximum.	Schedule amounts up to a \$15,000 benefit year maximum.
<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.	3 months prior/ 6 months treatment free/ 12 months after.	3 months prior/ 6 months treatment free/ 12 months after.
<b>Portability:</b> Allows you to take your Cancer coverage with you if you terminate employment. Ported Cancer plan terminates at age 70.	Included	Included
<b>Child(ren) Age Limits</b>	Children age birth to 26 years	Children age birth to 26 years
<b>FEATURES</b>		
Air Ambulance	\$1,500/trip, limit 2 trips per hospital confinement	\$2,000/trip, limit 2 trips per hospital confinement
Alternative Care	No Benefit	\$50/visit up to 20 visits
Ambulance	\$200/trip, limit 2 trips per hospital confinement	\$250/trip, limit 2 trips per hospital confinement
Anesthesia	25% of surgery benefit	25% of surgery benefit
Anti-Nausea	\$50/day up to \$150 per month	\$50/day up to \$250 per month
Attending Physician	\$25/day while hospital confined. Limit 75 visits.	\$25/day while hospital confined. Limit 75 visits.
Blood/Plasma/Platelets	\$100/day up to \$5,000 per year	\$200/day up to \$10,000 per year
Bone Marrow/Stem Cell	Bone Marrow: \$7,500 Stem Cell: \$1,500 50% benefit for 2nd transplant. \$1,000 benefit if a donor	Bone Marrow: \$10,000 Stem Cell: \$2,500 50% benefit for 2nd transplant. \$1,500 benefit if a donor
Experimental Treatment	\$100/day up to \$1,000/month	\$200/day up to \$2,400/month

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CITY OF EAGLE PASS

ALL OTHER ELIGIBLE EMPLOYEES

Kit created 07/08/2023

Group number: 00407983





# Your cancer coverage

FEATURES (Cont.)		Option 1: Advantage Plan	Option 2: Premier Plan
Extended Care Facility/Skilled Nursing care	\$100/day up to 90 days per year	\$150/day up to 90 days per year	
Government or Charity Hospital benefits	\$300 per day in lieu of all other benefits	\$400 per day in lieu of all other benefits	
Home Health Care	\$50/visit up to 30 visits per year	\$100/visit up to 30 visits per year	
Hormone Therapy	\$25/treatment up to 12 treatments per year	\$50/treatment up to 12 treatments per year	
Hospice	\$50/day up to 100 days/lifetime	\$100/day up to 100 days/lifetime	
Hospital Confinement	\$300/day for first 30 days: \$600/day for 31st day thereafter per confinement	\$400/day for first 30 days: \$800/day for 31st day thereafter per confinement	
ICU Confinement	\$400/day for first 30 days: \$600/day for 31st day thereafter per confinement	\$600/day for first 30 days: \$800/day for 31st day thereafter per confinement	
Immunotherapy	\$500 per month, \$2,500 lifetime max	\$500 per month, \$2,500 lifetime max	
Inpatient Special Nursing	\$100/day up to 30 days per year	\$150/day up to 30 days per year	
Medical Imaging	\$100/image up to 2 per year	\$200/image up to 2 per year	
Outpatient and family member lodging - Lodging must be more than 50 miles from your home.	\$75/day, up to 90 days per year	\$100/day, up to 90 days per year	
Outpatient or Ambulatory Surgical Center	\$250/day, 3 days per procedure	\$350/day, 3 days per procedure	
Physical or Speech Therapy	\$25/visit up to 4 visits per month, \$400 lifetime max	\$50/visit up to 4 visits per month, \$1,000 lifetime max	
Prosthetic	Surgically Implanted: \$2,000/device, \$4,000 lifetime max Non-Surgically: \$200/device, \$400 lifetime max	Surgically Implanted: \$3,000/device, \$6,000 lifetime max Non-Surgically: \$300/device, \$600 lifetime max	
Reconstructive Surgery	Breast TRAM Flap \$2,000 Breast reconstruction \$500 Breast Symmetry \$250 Facial reconstruction \$500	Breast TRAM \$3,000 Breast reconstruction \$700 Breast Symmetry \$350 Facial reconstruction \$700	
Reproductive Benefit	No Benefit	\$1,500 egg harvesting, \$500 egg or sperm storage, \$2,000 lifetime max	
Second Surgical Opinion	\$200/surgery procedure	\$300/surgery procedure	
Skin Cancer	Biopsy Only: \$100 Reconstructive Surgery: \$250 Excision of a skin cancer: \$375 Excision of a skin cancer with flap or graft: \$600	Biopsy Only: \$100 Reconstructive Surgery: \$250 Excision of a skin cancer: \$375 Excision of a skin cancer with flap or graft: \$600	
Surgical Benefit	Schedule amount up to \$4,125	Schedule amount up to \$5,500	
Transportation/Companion Transportation - Benefit is paid if you have to travel more than 50 miles one way to receive treatment for internal cancer.	\$0.50/mile up to \$1,000 per round trip/equal benefit for companion	\$0.50/mile up to \$1,500 per round trip/equal benefit for companion	
Waiver of Premium - If you become disabled due to cancer 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	Included	

GUARDIAN® is a registered trademark of The Guardian Life Insurance Company of America

CITY OF EAGLE PASS

ALL OTHER ELIGIBLE EMPLOYEES

Kit created 07/08/2023

Group number: 00407983



# Your cancer coverage

## UNDERSTANDING YOUR BENEFITS :

- **Alternative Care** – Benefit is paid for palliative care (bio-feedback or hypnosis) or lifestyle benefits such as visits to an accredited practitioner for smoking cessation, yoga, meditation, relaxation techniques and nutritional counseling.
- **Cancer** – Cancer means you have been diagnosed with a disease manifested by the presence of a malignant tumor characterized by the uncontrolled growth and spread of malignant cells in any part of the body. This includes leukemia, Hodgkin's disease, lymphoma, sarcoma, malignant tumors and melanoma. Cancer includes carcinomas in-situ (in the natural or normal place, confined to the site of origin, without having invaded neighboring tissue). Pre-malignant conditions or conditions with malignant potential, such as myelodysplastic and myeloproliferative disorders, carcinoma, leukoplakia, hyperplasia, actinic keratosis, polycythemia, and nonmalignant melanoma, moles or similar diseases or lesions will not be considered cancer. Cancer must be diagnosed while insured under the Guardian cancer plan.
- **Experimental Treatment** – Benefits will be paid for experimental treatment prescribed by a doctor for the purpose of destroying or changing abnormal tissue. All treatment must be NCI listed as viable experimental treatment for Internal Cancer.

## LIMITATIONS AND EXCLUSIONS:

### A SUMMARY OF CANCER LIMITATIONS AND EXCLUSIONS:

Conditional issue underwriting is required on those enrolling outside of the initial enrollment period or annual open enrollment period.

This plan will not pay benefits for: Services or treatment not included in the Features. Services or treatment provided by a family member. Services or treatment rendered for hospital confinement outside the United States. Any cancer diagnosed solely outside of the United States. Services or treatment provided primarily for cosmetic purposes. Services or treatment for premalignant conditions. Services or treatment for conditions with malignant potential. Services or treatment for non-cancer sicknesses.

Cancer caused by, contributed to by, or resulting from: participating in a felony, riot or insurrection; intentionally causing a self-inflicted injury; committing or attempting to commit suicide while sane or insane; a covered person's mental or emotional disorder, alcoholism or drug addiction; engaging in any illegal activity; or serving in the armed forces or any auxiliary unit of the armed forces of any country.

*If Cancer 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 # GP-1-CAN-IC-12

Guardian's Cancer 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-CAN-IC-12, et al, GP-1-LAH-12R

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**CITY OF EAGLE PASS**

**ALL OTHER ELIGIBLE EMPLOYEES**



# 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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## Dental 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/notices50> to read more.

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Guardian Life, P.O. Box 14319,  
 Lexington, KY 40512

**Please print clearly and mark carefully.**

Employer/Planholder Name: **CITY OF EAGLE PASS**      Group Plan Number: **00407983**      Benefits Effective: \_\_\_\_\_

PLEASE CHECK APPROPRIATE BOX     Initial Enrollment     Add Employee/Member Dependents/Family Members     Drop/Refuse Coverage     Information Change

In this form, you will be referred to as an Employee/Member. Members of your family will be referred to as Dependents/Family Members. There will also be times when referring to Dependents/Family Members, this form will distinguish between your spouse and your children. Depending on the type of plan your Planholder selected, other plan documents may refer to you as an employee, a member, or a similar term, and to members of your family, as family members, dependents, eligible dependents, or a similar term. Please refer to the group policy, certificate of coverage, (sometimes called a member guide), to see how terms are defined and to determine which members of your family are eligible for coverage. Plan documents such as the group policy, certificate of coverage, (sometimes called a member guide), control if there is any dispute concerning the meaning of terms used in this form.

Class: ALL OTHER ELIGIBLE EMPLOYEES      Division: \_\_\_\_\_      Subtotal Code: \_\_\_\_\_      (Please obtain this from your Employer/Planholder)

<b>About You:</b>		<b>Employer/Planholder Provided Identification:</b>	<b>Social Security Number</b>
Full Legal Name-First, MI, Last Name: _____		_____	_____
What is the name you go by? (optional) _____		Your Social Security Number must be provided if enrolling for Life Coverage. Short Term Disability Coverage and/or Long Term Disability Coverage.	
Address _____		City _____	State _____ Zip _____

Gender Identity:  M  F      Date of Birth (mm-dd-yy): \_\_\_\_-\_\_\_\_-\_\_\_\_

Phone (indicate primary):  Home (\_\_\_\_) \_\_\_\_-\_\_\_\_  
 Work (\_\_\_\_) \_\_\_\_-\_\_\_\_  
 Mobile (\_\_\_\_) \_\_\_\_-\_\_\_\_

E-mail Address (indicate primary)  Home \_\_\_\_\_  Work \_\_\_\_\_

Are you married or in a civil union?  Yes  No      Date of marriage/civil union: \_\_\_\_-\_\_\_\_-\_\_\_\_

Do you have children or other dependents?  Yes  No      Date a child is subject to a legal suit of adoption: \_\_\_\_-\_\_\_\_-\_\_\_\_

**About Your Job:**      Job Title: \_\_\_\_\_

Work Status:  
 Active     Retired     COBRA/State Continuation

Hours worked per week: \_\_\_\_\_      Date of full time hire: \_\_\_\_-\_\_\_\_-\_\_\_\_      Annual Salary: \$ \_\_\_\_\_

**About Your Family:** Please include the names of the Dependents/Family Members you wish to enroll. You can enroll only those Dependents/Family Members that are eligible for coverage. Please refer to the plan documents such as the group policy, member guide, or certificate to determine if a Dependent/Family Member is eligible for coverage.

If additional space is needed, please attach a separate page with this information along with your enrollment form. Each Dependent/Family Member's Social Security Number must be provided if enrolling them for Life Coverage. Be sure to sign and date (mm-dd-yyyy) the paper and keep a copy for your records. Additional information may be required for non-standard dependents such as a niece or a nephew.

Spouse (whenever the term "Spouse" appears on this form, it also includes "Civil Union Partner".		Gender Identity: <input type="checkbox"/> M <input type="checkbox"/> F	Social Security Number ____-____-____	Date of Birth (mm-dd-yyyy) ____-____-____	Status (check as applicable) <input type="checkbox"/> Student (post high school) <input type="checkbox"/> Disabled <input type="checkbox"/> Non standard dependent
Address/City/State/Zip:  Phone: ( ) -	<input type="checkbox"/> Add <input type="checkbox"/> Drop	Gender Identity: <input type="checkbox"/> M <input type="checkbox"/> F	Social Security Number ____-____-____	Date of Birth (mm-dd-yyyy) ____-____-____	Status (check as applicable) <input type="checkbox"/> Student (post high school) <input type="checkbox"/> Disabled <input type="checkbox"/> Non standard dependent
Child/Dependent 1:  Address/City/State/Zip:  Phone: ( ) -	<input type="checkbox"/> Add <input type="checkbox"/> Drop	Gender Identity: <input type="checkbox"/> M <input type="checkbox"/> F	Social Security Number ____-____-____	Date of Birth (mm-dd-yyyy) ____-____-____	Status (check as applicable) <input type="checkbox"/> Student (post high school) <input type="checkbox"/> Disabled <input type="checkbox"/> Non standard dependent
Child/Dependent 2:  Address/City/State/Zip:  Phone: ( ) -	<input type="checkbox"/> Add <input type="checkbox"/> Drop	Gender Identity: <input type="checkbox"/> M <input type="checkbox"/> F	Social Security Number ____-____-____	Date of Birth (mm-dd-yyyy) ____-____-____	Status (check as applicable) <input type="checkbox"/> Student (post high school) <input type="checkbox"/> Disabled <input type="checkbox"/> Non standard dependent
Child/Dependent 3:  Address/City/State/Zip:  Phone: ( ) -	<input type="checkbox"/> Add <input type="checkbox"/> Drop	Gender Identity: <input type="checkbox"/> M <input type="checkbox"/> F	Social Security Number ____-____-____	Date of Birth (mm-dd-yyyy) ____-____-____	Status (check as applicable) <input type="checkbox"/> Student (post high school) <input type="checkbox"/> Disabled <input type="checkbox"/> Non standard dependent
Child/Dependent 4:  Address/City/State/Zip:  Phone: ( ) -	<input type="checkbox"/> Add <input type="checkbox"/> Drop	Gender Identity: <input type="checkbox"/> M <input type="checkbox"/> F	Social Security Number ____-____-____	Date of Birth (mm-dd-yyyy) ____-____-____	Status (check as applicable) <input type="checkbox"/> Student (post high school) <input type="checkbox"/> Disabled <input type="checkbox"/> Non standard dependent

<p><b>Drop Coverage:</b></p> <p><input type="checkbox"/> Drop Employee/Member      <input type="checkbox"/> Drop Dependents/Family Members</p> <p>The date of withdrawal cannot be prior to the date this form is completed and signed.</p> <p>Last Day of Coverage: _____</p> <p><input type="checkbox"/> Termination of Employment      <input type="checkbox"/> Retirement</p> <p>Last Day Worked: _____</p> <p><input type="checkbox"/> Other Event: _____</p> <p>Date of Event: _____</p>	<p><b>Coverage Being Dropped:</b></p> <p><input type="checkbox"/> Dental      <input type="checkbox"/> Employee/Member      <input type="checkbox"/> Spouse      <input type="checkbox"/> Child(ren)</p> <p><input type="checkbox"/> Basic Term Life      <input type="checkbox"/> Voluntary Term Life</p> <p><input type="checkbox"/> Accident      <input type="checkbox"/> Employee/Member      <input type="checkbox"/> Spouse      <input type="checkbox"/> Child(ren)</p> <p><input type="checkbox"/> Cancer      <input type="checkbox"/> Employee/Member      <input type="checkbox"/> Spouse      <input type="checkbox"/> Child(ren)</p>
<p><b>Loss Of Other Coverage:</b></p> <p>I and/or my dependents were previously covered under Loss of coverage was due to:</p> <p><input type="checkbox"/> Termination of Employment: _____</p> <p><input type="checkbox"/> Divorce/Separation: _____</p> <p><input type="checkbox"/> Death of Spouse: _____</p> <p><input type="checkbox"/> Termination/Expiration of Coverage: _____</p> <p>Coverage Lost <input type="checkbox"/> Dental</p>	<p>I have been offered the above coverage(s) and wish to drop enrollment for the following reasons:</p> <p><input type="checkbox"/> Covered under another insurance plan</p> <p><input type="checkbox"/> Other _____</p> <p>(additional information may be required)</p>

**Dental Coverage:** You must be enrolled to cover your dependents/family members. Check only one box.

Employee/Member Only  Employee/Member, Spouse & Dependent/Child(ren)

Primary Language Spoken (Optional): \_\_\_\_\_

Do you have a disability which affects your ability to communicate or read?  Yes  No If Yes, please indicate the nature of your disability: \_\_\_\_\_

- I do not want Dental Coverage because (Check as applicable):
- I am covered under another Dental plan
- My spouse is covered under another Dental plan
- My dependents/family members are covered under another Dental plan

**Accident Coverage** You must be enrolled to cover your family members.

Your Monthly premium  Employee/Member Only  Employee/Member Spouse  Employee/Member & Dependent/Child(ren)  Employee/Member, Spouse & Dependent/Child(ren)

Option 1: Advantage Plan  \$15.20  \$24.82  \$25.44  \$35.06

Option 2: Value Plan  \$12.04  \$19.86  \$20.58  \$28.40

I do not want this coverage.

**Employee/Member Only Name your beneficiaries:** (Primary beneficiary percentages must total 100%) If electing different beneficiaries that are not the same as those named for Basic Life or Voluntary Term Life, please name below.

If additional space is needed, please attach a separate sheet of paper with this information along with your enrollment form. Be sure to sign and date (mm-dd-yyyy) the paper and keep a copy for your records

**Primary Beneficiaries:**

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ %  
 Date of Birth (mm-dd-yy): \_\_\_\_-\_\_\_\_-\_\_\_\_ Address/City/State/Zip: \_\_\_\_\_  
 Phone: ( ) - \_\_\_\_\_ Relationship to Employee/Member: \_\_\_\_\_  
 Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ %  
 Date of Birth (mm-dd-yy): \_\_\_\_-\_\_\_\_-\_\_\_\_ Address/City/State/Zip: \_\_\_\_\_  
 Phone: ( ) - \_\_\_\_\_ Relationship to Employee/Member: \_\_\_\_\_  
 Contingent Beneficiary: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 Date of Birth (mm-dd-yy): \_\_\_\_-\_\_\_\_-\_\_\_\_ Address/City/State/Zip: \_\_\_\_\_  
 Phone: ( ) - \_\_\_\_\_ Relationship to Employee/Member: \_\_\_\_\_

(In the event the primary beneficiaries are deceased, the contingent beneficiary will receive the benefit. Employer/Planholder maintains beneficiary information.

**Spouse and dependent/child(ren) – If the intended beneficiary is to be someone other than the Employee/Member, please complete the Beneficiary Designation form.**

Attention: If any of the beneficiaries named above is a minor (a person under the age of 18 or 21, depending on their state of residency), state law may limit Guardian's ability to pay life insurance proceeds directly to them for as long as they remain a minor. State Uniform Transfers to Minors Act (UTMA) laws, where applicable, may allow for the normal course of payment of these proceeds, or a portion thereof, to the minor beneficiary's designated Custodian to manage on the minor's behalf until they reach adult age. At that time, the proceeds are turned over to the adult child, who can use the proceeds in any way he or she chooses.

Are any of the beneficiaries identified above considered a minor in the state in which they reside? Check one box only.  Yes  No  
 If you answered "Yes", please name the legally designated UTMA Custodian for all minor beneficiaries you have designated:

Custodian to Minor Beneficiaries: \_\_\_\_\_ Social Security Number (or FEIN/TIN # if a corporate entity): \_\_\_\_\_

Date of Birth (mm-dd-yyyy) (if an individual): \_\_\_\_-\_\_\_\_-\_\_\_\_ Address/City/State/Zip: \_\_\_\_\_  
 Phone: ( ) - \_\_\_\_\_

**Cancer Coverage**      You must be enrolled to cover your dependents.      Check only one box.

Your Monthly premium	Employee/Member Only	Employee/Member & Spouse	Employee/Member & Dependent/Child(ren)	Employee/Member, Spouse & Dependent/Child(ren)
Option 1 : Advantage Plan	<input type="checkbox"/> \$18.35	<input type="checkbox"/> \$28.78	<input type="checkbox"/> \$26.53	<input type="checkbox"/> \$36.96
Option 2: Premier Plan	<input type="checkbox"/> \$29.05	<input type="checkbox"/> \$46.06	<input type="checkbox"/> \$41.26	<input type="checkbox"/> \$58.27

I do not want this coverage.

**Signature**

- I understand that my dependents/family members cannot be enrolled for a coverage if I am not enrolled for that coverage.
- If coverage is waived and you later decide to enroll, late entrant penalties may apply. You may also have to provide, at your own expense, proof of each person's insurability. Guardian or its designee has the right to reject your request.
- Your coverage will not be effective until approved by a Guardian or its designated underwriter.
- I hereby apply for the group benefit(s) that I have chosen above.
- I understand that I must meet eligibility requirements for all coverages that I have chosen above.
- Submission of this form does not guarantee coverage. Among other things, coverage is contingent upon underwriting approval and meeting the applicable eligibility requirements.
- I agree that my employer/planholder may deduct premiums from my pay if they are required for the coverage I have chosen above.
- I attest that the information provided above is true and correct to the best of my knowledge.

Any person who with intent to defraud any insurance company or other person files an application for insurance or statements of claim containing any materially, false information or conceals for purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and may also be subject to civil penalties, or denial of insurance benefits.

The state in which you reside may have a specific state fraud warning. Please refer to the attached Fraud Warning Statements page.

**NOTICE TO CONSUMER: THIS COVERAGE IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMUM ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES. ALSO, THE BENEFITS PROVIDED BY THIS POLICY CANNOT BE COORDINATED WITH THE BENEFITS PROVIDED BY OTHER COVERAGE. PLEASE REVIEW THE BENEFITS PROVIDED BY THIS POLICY CAREFULLY TO AVOID A DUPLICATION OF COVERAGE.**

SIGNATURE OF EMPLOYEE/MEMBER X \_\_\_\_\_ DATE \_\_\_\_\_

**Fraud Warning Statements**

The laws of several states require the following statements to appear on the enrollment form:

**Alabama:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

**California:** For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**Colorado:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Delaware, Indiana and Oklahoma: WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.



**District of Columbia: WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

**Florida:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Kentucky:** Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**Louisiana and Texas:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit is guilty of a crime and may be subject to fines and confinements in state prison.

**Maryland :** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**New Jersey:** Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

**New Mexico: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.**

**Ohio:** Any person who with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Rhode Island:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Virginia:** Any person who with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

