

Accident

MONTHLY RATES

Employee	\$10.55
Employee & Spouse	\$17.70
Employee & Child	\$18.74
Family	\$25.89
Census	125
Rate Guarantee	2 Years

BENEFITS

	All Eligible Employees
Schedule	Advantage Plan, Customized
Contribution/Participation	Voluntary / 5 enrolled employees
Accident Coverage	Off Job
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
Air Ambulance	\$1,500
Ambulance	\$600
Blood/Plasma/Platelets	\$300
Burns (2nd Degree/3rd Degree)	9 sq inches to 18 sq inches: \$0 / \$2,500 18 sq inches to 35 sq inches: \$1,250 / \$5,000 Over 35 sq inches: \$3,750 / \$15,000
Burn – Skin Graft	50% of burn benefit
Child Organized Sport	25% increase to child benefits
Chiropractic Visits	\$50 per visit up to 6 visits
Coma	\$10,000
Concussion Baseline Study	\$25
Concussions	\$200
Diagnostic Exam (Major)	\$200
Dislocations	Schedule up to \$9,000
Doctor Follow-Up Visits	\$100 up to 6 treatments
Emergency Dental Work	\$300/Crown \$75/Extraction
Emergency Room Treatment	\$200
Epidural Anesthesia Pain Management	\$100, 2 times per accident
Eye Injury	\$300
Family Care	\$20/day up to 30 days
Fractures	Schedule up to \$6,000
Gun Shot Wound	\$750
Hospital Admission	\$1,500
Hospital Confinement	\$300/day – up to 1 year
Hospital ICU Admission	\$3,000
Hospital ICU Confinement	\$600/day – up to 15 days
Initial Doctor's Office/Urgent Care Facility Treatment	\$100

(continued)

Accident

BENEFITS (continued)

	All Eligible Employees
Joint Replacement (hip/knee/shoulder)	\$2,500/\$1,250/\$1,250
Knee Cartilage	\$500
Laceration	Schedule up to \$800
Lodging	\$125/day, up to 30 days for companion hotel stay
Medical Appliance	Schedule up to \$500
Outpatient Therapies	\$35/day up to 10 days
Post-Traumatic Stress Disorder	\$400
Prosthetic Device/Artificial Limb	1: \$500 2 or more: \$1,000
Rehabilitation Unit Confinement	\$100/day up to 15 days
Ruptured Disc with Surgical Repair	\$500
Surgery (Cranial, Open Abdominal, Thoracic)	Schedule up to \$1,250 Hernia:\$250
Surgery – Exploratory or Arthroscopic	\$400
Tendon/Ligament/Rotator Cuff	1: \$500 2 or more: \$1,000
Transportation	\$0.50 per mile, limited to \$500/round trip, up to 3 times per accident
Traumatic Brain Injury	\$4,000
X-Ray	\$40

PLAN HIGHLIGHTS

- **Guardian's Financial Strength:** Guardian has a long history of earning exemplary ratings from independent rating services which provide essential measures of a company's value as well as common ground for valid comparison. For additional details, visit our web site: <http://www.guardianlife.com/AboutGuardian/FinancialHighlights/Ratings/index.htm>
- 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.
- 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.

- **Medical Appliance** - Benefit is paid if a wheelchair, motorized scooter, leg or back brace, crutches, cane, 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.
- **Traumatic Brain Injury** - is 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.

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 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.
- Job related or on the job injuries.

Guardian's Accident Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Not all policies are available in all states and the coverage, terms and conditions for any policy may vary from state to state. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Coverage will not be effective until approved by a Guardian underwriter. This proposal is subject to satisfactory financial evaluation.

Please refer to certificate of coverage for full plan description. This proposal is not a contract, and merely describes certain features of the products discussed herein. In the event of a conflict between this proposal and any policy or certificate issued by Guardian, those documents and not this proposal control. This policy provides Accident Insurance only. It does NOT provide basic hospital, basic medical or major medical insurance.

IMPORTANT NOTICE - THIS POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS. Generic Policy Form # GP-1-ACC-18. The state approved form is the governing document.