





## 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.

## **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.
- Find out more about your benefits.
- Talk to your employer if you need help or have any questions.

### Your coverage options



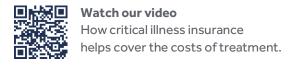
Critical illness insurance

Taking care of the expenses if you're critically ill

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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.





# **Critical** illness **insurance**

Critical illness insurance may help you cover expenses not covered by your health insurance.

It's a cash payment you receive if you ever experience a serious illness like cancer, a heart attack, or a stroke, giving you the financial support to focus on recovery.

### Who is it for?

Critical illness insurance is a supplemental policy for people who already have health insurance. It provides you with an additional payment to cover expenses like deductibles, treatments, and living costs.

### What does it cover?

Critical illnesses include strokes, heart attacks, Parkinson's disease and cancer. Our policies can cover over 30 major illnesses, helping you stay financially stable by paying you a lump sum if you're diagnosed with one of them.

### Why should I consider it?

Health coverage is becoming more expensive, with higher co-pays, premiums, and deductibles. Critical illness insurance is an affordable way to supplement and pay for additional expenses that your health insurance doesn't cover. Our policies typically provide payments for the first and second time you're diagnosed with a covered illness.

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

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



### Critical costs

John is hospitalized after a heart attack, and has to cover the cost of five days as an inpatient.

Average heart attack hospitalization expense: \$53,000

Average Major Medical deductible: \$1,500

Major Medical covers 80% of the cost after the deductible is met, but John's still responsible for 20%: \$10,300.

Total out-of-pocket amount for John (deductible + coinsurance): \$11,800.

John has a \$10,000 Guardian Critical Illness policy, which covers the majority of these 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 critical illness coverage

	Opt	ion I	Option 2		
Benefit Amount(s)	Employee may choose a lump sum benefit up to \$30,000. Please see your cost illustration for a full list of available benefit amounts.		Employee may choose a lump sum benefit up to \$30,000. Please see your cost illustration for a full list of available benefit amounts.		
CONDITIONS					
Cancer	Ist OCCURRENCE	2nd OCCURRENCE	Ist OCCURRENC	E 2nd OCCURRENCE	
Invasive Cancer	Not Applicable	Not Applicable	100%	100%	
Carcinoma In Situ	Not Applicable	Not Applicable	30%	0%	
Benign Brain or Spinal Tumor	Not Applicable	Not Applicable	100%	0%	
Skin Cancer	Not Applicable	Not Applicable	\$250	\$0	
BRCA I & BRCA 2	Not Applicable	Not Applicable	30%	Not Covered	
Bone Marrow Failure (including Stem Cells)	Not Applicable	Not Applicable	100%	100%	
Lung and Vascular Disorder					
Aneurysm	10%	0%	10%	0%	
Pulmonary Embolism	30%	0%	30%	0%	
Stroke – Moderate	50%	50%	50%	50%	
Stroke – Severe	100%	100%	100%	100%	
Transient Ischemic Attack (TIA)	10%	0%	10%	0%	
<b>Heart Conditions</b>					
Coronary Artery Disease	10%	0%	10%	0%	
Coronary Artery Disease – bypass needed	50%	0%	50%	0%	
Heart Attack	100%	100%	100%	100%	
Heart Failure	100%	100%	100%	100%	
Pacemaker	10%	0%	10%	0%	
Additional Conditions					
Kidney Failure	100%	100%	100%	100%	
Major Organ Failure	100%	100%	100%	100%	
	Ist OCCURF	RENCE ONLY	Ist OCCURRENCE ONLY		
Addison's Disease	30	0%		30%	
Coma	10	00%		100%	
Loss of Hearing	10	0%	100%		
Loss of Sight	10	0%	100%		
Loss of Speech	100%		100%		
Permanent Paralysis	100% for 1 or more limbs		100% for 1 or more limbs		
Severe Burns	100%		100%		
Chronic Disorders					
Crohn's Disease	30	0%		30%	
Epilepsy		0%		10%	
Lupus	30	0%	30%		
Ulcerative Colitis	30	0%		30%	





# Your critical illness coverage

	Option I	Option 2
Neurological Disorders		
Alzheimer's Disease – Early	50%	50%
Alzheimer's Disease – Advanced	100%	100%
ALS (Lou Gehrig's Disease)	100%	100%
Dementia – other causes	100%	100%
Huntington's Disease	30%	30%
Multiple Sclerosis – Early	50%	50%
Multiple Sclerosis – Advanced	100%	100%
Myasthenia Gravis	30%	30%
Parkinson's Disease – Early	50%	50%
Parkinson's Disease – Advanced	100%	100%
Childhood Illnesses and Disorders		
Autism Spectrum Disorder	100%	100%
Cerebral Palsy	100%	100%
Cleft Lip/Cleft Palate	100%	100%
Club Foot	100%	100%
Congenital Heart Defect	100%	100%
Cystic Fibrosis	100%	100%
Diabetes – Type 1	100%	100%
Down Syndrome	100%	100%
Hemophilia	100%	100%
Multisystem Inflammatory Disease (MLS)	100%	100%
Muscular Dystrophy	100%	100%
Spina Bifida	100%	100%
Spouse/Domestic Partner Benefit		May choose a lump sum benefit up to \$15,000. Please see your cost illustration for a full list of available benefit amounts.
Child Benefit- children age Birth to 26 years		50% of employee's lump sum benefit
Guarantee Issue: The 'guarantee' means you are not required to answer health questions to qualify for coverage up to and including the specified amount, when you sign up for		We Guarantee Issue up to: \$30,000 For a spouse:
coverage during the initial enrollment period or the annual open enrollment period.	\$15,000  For a child: All Amounts	\$15,000  For a child: All Amounts
	Health questions are required if the	Health questions are required if the
	elected amount exceeds the Guarantee Issue.	elected amount exceeds the Guarantee Issue.





# Your critical illness coverage

	Option I	Option 2
<b>Portability:</b> Allows you to take your Critical Illness coverage with you if you terminate employment.	Included	Included
Pre-Existing Condition Limitation: 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.	Not Applicable	Not Applicable
Health Screening Benefit	Not Applicable	\$100 Employee, \$100 Spouse, \$100 Child per year limit.

#### **Condition Definitions**

- BRCA1 or BRCA2 Mutation: occurs the date you're scheduled to undergo a mastectomy, or ovary or fallopian tube removal prior to a breast or ovarian cancer diagnosis as a preventive measure.
- Stroke Moderate: requires clinical evidence of infarction of brain tissue, or intracranial or subarachnoid hemorrhage.
- Stroke Severe: a permanent neurological deficit which persists at least 30 days after the event.
- Coronary Artery Disease: requires a diagnosis and severity level that requires one or more of the following procedures: atherectomy (rotation or laser), balloon angioplasty, laser angioplasty, stent implantation, thrombectomy (angiojet).
- Coronary Artery Disease requiring a bypass: requires a diagnosis to be of such a severity that it requires one or more coronary artery bypass grafts.
- · Heart Failure: requires a heart valve replacement or acceptance into the heart transplant waiting list.
- Kidney Failure: occurs on the earlier date of when renal or peritoneal dialysis begins, or the date you're accepted onto the kidney transplant waiting list of a recognized kidney transplant program in the United States.
- Major Organ Failure: occurs on the date you're accepted onto the liver, pancreas or lung transplant waiting list of a recognized transplant program in the United States.
- Crohn's Disease: benefit is available for the initial diagnosis of the disease, not the periodic flare-ups that may occur after the initial diagnosis.
- Epilepsy: requires initial diagnosis after at least two seizures, which are 24 hours apart and have no known trigger.
- Lupus: requires at least four symptoms be present at time of diagnosis. The benefit is available for initial diagnosis of the disease, not for periodic flare-ups that may occur after the initial diagnosis.
- Ulcerative Colitis: benefit is available for the initial diagnosis based on the results of a colonoscopy, not for periodic flare-ups that may occur
  after the initial diagnosis.
- Early-Stage Alzheimer's Disease: occurs on the date a physician diagnoses the progression which causes a loss of cognitive ability and functioning.
- Advanced Alzheimer's Disease: occurs on the date a physician diagnoses the cognitive decline to have progressed to the point that there's
  permanent inability to perform 2 or more Activities of Daily Living.
- Early-Stage Multiple Sclerosis (MS): must be diagnosed by a physician and confirmed by neurological exams, imaging studies, and analysis of cerebrospinal fluid.
- Advanced Stage Multiple Sclerosis (MS): requires neurological deficits for at least six months and confirmed by neurological exams, imaging studies, and analysis of cerebrospinal fluid.
- Early-Stage Parkinson's Disease: occurs on the date diagnosed by a physician with at least I symptom(s) affecting movement and the central nervous system.
- Advanced Parkinson's Disease: occurs on the date diagnosed by a physician and requires at least 3 or more symptom(s) affecting movement and the central nervous system.

### **Critical Illness Cost Illustration**

To determine the most appropriate level of coverage, you should consider your current basic monthly expenses and expected financial needs during a Critical Illness.

Your premium will not increase as you age.

Spouse/DP coverage premium is based on Employee age

Child cost is included with employee election.

Option I

Semi-monthly Premiums Displayed
Election Cost Per Age Bracket

			Licedon Co	or i or rige bracker			
Benefit Amount							
	Issue Age	< 30	30-39	40-49	50-59	60-69	70+
Employee							
\$10,000	Non-tobacco	\$1.25	\$1.40	\$4.20	\$9.45	\$11.25	\$25.45
	Tobacco	\$1.50	\$2.20	\$6.95	\$15.45	\$28.75	\$38.05
\$15,000	Non-tobacco	\$1.88	\$2.10	\$6.30	\$14.18	\$16.88	\$38.18
	Tobacco	\$2.25	\$3.30	\$10.43	\$23.18	\$43.13	\$57.08
\$20,000	Non-tobacco	\$2.50	\$2.80	\$8.40	\$18.90	\$22.50	\$50.90
• /	Tobacco	\$3.00	\$4.40	\$13.90	\$30.90	\$57.50	\$76.10
\$30,000	Non-tobacco	\$3.75	\$4.20	\$12.60	\$28.35	\$33.75	\$76.35
,	Tobacco	\$4.50	\$6.60	\$20.85	\$46.35	\$86.25	\$114.15
Benefit Amount	Up To 50% of Employee Amount	to a Maximum of \$	15,000				
Spouse							
\$5,000	Non-tobacco	\$0.63	\$0.70	\$2.10	\$4.73	\$5.63	\$12.73
	Tobacco	\$0.75	\$1.10	\$3.48	\$7.73	\$14.38	\$19.03
\$7,500	Non-tobacco	\$0.94	\$1.05	\$3.15	\$7.09	\$8.44	\$19.09
	Tobacco	\$1.13	\$1.65	\$5.22	\$11.59	\$21.57	\$28.54
\$10,000	Non-tobacco	\$1.25	\$1.40	\$4.20	\$9.45	\$11.25	\$25.45
• •	Tobacco	\$1.50	\$2.20	\$6.95	\$15.45	\$28.75	\$38.05
\$15,000	Non-tobacco	\$1.88	\$2.10	\$6.30	\$14.18	\$16.88	\$38.18
	Tobacco	\$2.25	\$3.30	\$10.43	\$23.18	\$43.13	\$57.08

#### Option 2

Semi-monthly Premiums Displayed

Election Cost Per Age Bracket

			Election Cost i	er Age Bracket		
Issue Age	< 30	30-39	40-49	50-59	60-69	70+
Non-tobacco	\$3.20	\$4.20	\$9.10	\$18.55	\$22.00	\$39.55
Tobacco	\$3.70	\$1.30	\$14.85	\$30.55	\$36.30	\$68.70
Non-tobacco	\$4.80	\$6.30	\$13.65	\$27.83	\$33.00	\$59.33
Tobacco	\$5.55	\$1.95	\$22.28	\$45.83	\$54.45	\$103.05
Non-tobacco	\$6.40	\$8.40	\$18.20	\$37.10	\$44.00	\$79.10
Tobacco	\$7.40	\$2.60	\$29.70	\$61.10	\$72.60	\$137.40
Non-tobacco	\$9.60	\$12.60	\$27.30	\$55.65	\$66.00	\$118.65
Tobacco	\$11.10	\$3.90	\$44.55	\$91.65	\$108.90	\$206.10
To 50% of Employee Amount	to a Maximum of	\$15,000				
Non-tobacco	\$1.60	\$2.10	\$4.55	\$9.28	\$11.00	\$19.78
Tobacco	\$1.85	\$0.65	\$7.43	\$15.28	\$18.15	\$34.35
	Non-tobacco Tobacco Non-tobacco Tobacco Non-tobacco Tobacco	Non-tobacco	Non-tobacco	Issue Age   < 30   30-39   40-49	Issue Age	Non-tobacco         \$3.20         \$4.20         \$9.10         \$18.55         \$22.00           Tobacco         \$3.70         \$1.30         \$14.85         \$30.55         \$36.30           Non-tobacco         \$4.80         \$6.30         \$13.65         \$27.83         \$33.00           Tobacco         \$5.55         \$1.95         \$22.28         \$45.83         \$54.45           Non-tobacco         \$6.40         \$8.40         \$18.20         \$37.10         \$44.00           Tobacco         \$7.40         \$2.60         \$29.70         \$61.10         \$72.60           Non-tobacco         \$9.60         \$12.60         \$27.30         \$55.65         \$66.00           Tobacco         \$11.10         \$3.90         \$44.55         \$91.65         \$108.90           To 50% of Employee Amount to a Maximum of \$15,000

	Issue Age	< 30	30-39	40-49	50-59	60-69	70+
\$7,500	Non-tobacco	\$2.40	\$3.15	\$6.83	\$13.92	\$16.50	\$29.67
	Tobacco	\$2.78	\$0.98	\$11.14	\$22.92	\$27.23	\$51.53
\$10,000	Non-tobacco	\$3.20	\$4.20	\$9.10	\$18.55	\$22.00	\$39.55
, ,,,,,,	Tobacco	\$3.70	\$1.30	\$14.85	\$30.55	\$36.30	\$68.70
\$15,000	Non-tobacco	\$4.80	\$6.30	\$13.65	\$27.83	\$33.00	\$59.33
	Tobacco	\$5.55	\$1.95	\$22.28	\$45.83	\$54.45	\$103.05

#### **EXCLUSIONS AND LIMITATIONS**

A SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS FOR CRITICAL ILLNESS:

We will not pay benefits for a Second occurrence (recurrence) of a Critical Illness unless the Covered Person has not exhibited symptoms or received care or treatment for that Critical Illness for at least 6 months in a row prior to the recurrence. For purposes of this exclusion, care or treatment does not include: (1) preventive medications in the absence of disease: and (2) routine scheduled follow-up visits to a doctor. If one illness causes or contributes to another illness, we'll pay benefits for only one of these illnesses. We'll pay for the illness that has the larger benefit. If the benefit amounts for the illness are the same, we'll let you choose which one we pay.

We do not pay benefits for claims relating to a covered person: taking part in any war or act of war (including service in the armed forces) committing a felony or taking part in any riot or other civil disorder or intentionally injuring themselves or attempting suicide while sane or insane.

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 I year; or (b) in an area under travel warning by the US Department of State, subject to state specific variations.

Guardian's Critical Illness plan does not provide comprehensive medical coverage. It is a basic or limited benefit and is not intended to cover all medical expenses. It does not provide "basic hospital," "basic medical," or "medical" insurance as defined by the New York State Insurance Department.

Health questions are required on late enrollees. This coverage will not be effective until approved by a Guardian underwriter.

This policy will not pay for a diagnosis of a listed critical illness that is made before the insured's Critical Illness effective date with Guardian.

The policy has exclusions and limitations that may impact the eligibility for or entitlement to benefits under each covered condition. See your certificate booklet for a full listing of exclusions & limitations..

If Critical Illness 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 # CI - 23 - P

Guardian's Critical Illness 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-LAH-12R; CI – 23 - P





# 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.

### 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.