



GUARDIAN®

Group Number: 00526696

State Technical College of Missouri

All Eligible Full Time Employees

Here you'll find information about your following employee benefit(s). Be sure to review the enclosed - it provides everything you need to sign up for your Guardian benefits.

PLAN HIGHLIGHTS

- Dental
- Vision
- Life
- Disability
- Critical Illness
- Accident
- Cancer
- Hospital Indemnity

Questions? Concerns?

Helpline (888) 600-1600

Call weekdays, 7:00 AM to 8:30 PM, EST.

And refer to your plan number: 00526696



Welcome

Dear State Technical College of Missouri Employee,

We're pleased to tell you that Guardian will be our coverage provider this year. We have chosen Guardian because of its competitive rates, excellent service reputation, and extensive plan designs.

We have worked hard to negotiate group rates that will be affordable for all employees. All coverage is paid through payroll deduction.

State Technical College of Missouri

Dental Benefit Summary

Group Number: 00526696

About Your Benefits:

A visit to your dentist can help you keep a great smile and prevent many health issues. But dental care can be costly and you can be faced with unforeseen expenses. Did you know, a crown can cost as much as \$1,400¹? Guardian dental insurance will help you pay for it. With access to one of the largest network of dental providers in the country, who agreed to charge negotiated fees for their services of up to 30% less than average charges in the same community, you will benefit from lower out-of-pocket costs, quality care from screened and reviewed dentist, no claim forms to file, and excellent customer service. Enroll today and smile next time you see your dentist!

¹<http://health.costhelper.com/dental-crown.html>.

With your **PPO** plan, you can visit any dentist; but you pay less out-of-pocket when you choose a PPO dentist.

Your Dental Plan	PPO	
Your Network is	DentalGuard Preferred	
Your Monthly premium	\$35.47	
You and spouse	\$74.45	
You and child(ren)	\$93.32	
You, spouse and child(ren)	\$136.80	
Calendar year deductible	<i>In-Network</i>	<i>Out-of-Network</i>
Individual	\$50	\$50
Family limit	3 per family	
Waived for	Preventive	Preventive
Charges covered for you (co-insurance)	<i>In-Network</i>	<i>Out-of-Network</i>
Preventive Care	100%	100%
Basic Care	90%	80%
Major Care	60%	50%
Orthodontia	50%	50%
Annual Maximum Benefit	\$2000	\$2000
Maximum Rollover	Yes	
Rollover Threshold	\$800	
Rollover Amount	\$400	
Rollover In-network Amount	\$600	
Rollover Account Limit	\$1500	
Lifetime Orthodontia Maximum	\$2000	
Dependent Age Limits	26	

A Sample of Services Covered by Your Plan:

		PPO	
		<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 19	
	Oral Exams	100%	100%
	Sealants (per tooth)	100%	100%
	X-rays	100%	100%
Basic Care	Anesthesia*	90%	80%
	Fillings‡	90%	80%
	Simple Extractions	90%	80%
Major Care	Bridges and Dentures	60%	50%
	Inlays, Onlays, Veneers**	60%	50%
	Perio Surgery	60%	50%
	Periodontal Maintenance	60%	50%
	Frequency:	Once Every 6 Months (Standard)	
	Repair & Maintenance of Crowns, Bridges & Dentures	60%	50%
	Root Canal	60%	50%
	Scaling & Root Planing (per quadrant)	60%	50%
	Single Crowns	60%	50%
	Surgical Extractions	60%	50%
Orthodontia	Orthodontia	50%	50%
	Limits:	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. The total number of cleanings and periodontal maintenance procedures are combined in a 12 month period. *General Anesthesia – restrictions apply. ‡For PPO and or Indemnity members, Fillings – restrictions may apply to composite fillings.

This handout is for illustrative purposes only and is an approximation. If any discrepancies between this handout and your paycheck stub exist, your paycheck stub prevails.

Manage Your Benefits:

Go to www.GuardianAnytime.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.GuardianAnytime.com
Click on "Find A Provider"; You will need to know your plan and dental network, which can be found on the first page of your dental benefit summary.

Need Assistance?

Call the Guardian Helpline (888) 600-1600, weekdays, 8:00 AM to 8:30 PM, EST. Refer to your member ID (social security number) and your plan number: 00526696

Please call the Guardian Helpline if you need to use your benefits within 30 days of plan effective date.

EXCLUSIONS AND LIMITATIONS

- Important Information about Guardian's DentalGuard Indemnity and DentalGuard Preferred 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

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Vision Benefit Summary

Group Number: 00526696

About Your Benefits:

Eye care is a vital component of a healthy lifestyle. With vision insurance, having regular exams and purchasing contacts or glasses is simple and affordable. The coverage is inexpensive, yet the benefits can be significant! Guardian provides rich, flexible plans that allow you to safeguard your health while saving you money. Review your plan options and see why vision insurance may be a great benefit for you.

Visit any doctor with your **Full Feature** plan, but save by visiting any of the 50,000+ locations in the nation's largest vision network.

Your Vision Plan	Full Feature	
Your Network is	VSP Choice Network	
Your Monthly premium	\$ 8.23	
You and spouse	\$ 15.15	
You and child(ren)	\$ 15.89	
You, spouse and child(ren)	\$ 23.78	
Copay		
Exams Copay	\$ 10	
Materials Copay (<i>waived for elective contact lenses</i>)	\$ 25	
Sample of Covered Services	<i>You pay (after copay if applicable):</i>	
	<i>In-network</i>	<i>Out-of-network</i>
Eye Exams	\$0	Amount over \$39
Single Vision Lenses	\$0	Amount over \$23
Lined Bifocal Lenses	\$0	Amount over \$37
Lined Trifocal Lenses	\$0	Amount over \$49
Lenticular Lenses	\$0	Amount over \$64
Frames	80% of amount over \$130	Amount over \$46
Contact Lenses (<i>Elective</i>)	Amount over \$130	Amount over \$120
Contact Lenses (<i>Medically Necessary</i>)	\$0	Amount over \$210
Contact Lenses (<i>Evaluation and fitting</i>)	15% off UCR	No discounts
Cosmetic Extras	Avg. 20-25% off retail price	No discounts
Glasses (<i>Additional pair of frames and lenses</i>)	20% off retail price**	No discounts
Laser Correction Surgery Discount	Up to 15% off the usual charge or 5% off promotional price	No discounts
Service Frequencies		
Exams	Every calendar year	
Lenses (<i>for glasses or contact lenses</i>)‡‡	Every calendar year	
Frames	Every two calendar years‡‡‡	
Network discounts (<i>cosmetic extras, glasses and contact lens professional service</i>)	Limitless within 12 months of exam.	
Dependent Age Limits	26	

‡‡Benefit includes coverage for glasses or contact lenses, not both.

†††The VSP system considers contact lenses to be the equivalent of a full pair of eyeglasses (lenses and frames) so while the member can obtain contact lenses one year and standard eyeglass lenses the next year, the frames benefit would not be available until 24 months or two calendar years, depending on the plan design, after the date the member obtained the contact lenses.

This is only a partial list of vision services. Your certificate of benefits will show exactly what is covered and excluded.

** For the discount to apply your purchase must be made within 12 months of the eye exam.

For VSP, only charges for an initial purchase can be used toward the material allowance. Any unused balance remaining after the initial purchase cannot be banked for future use. The only exception would be if a member purchases contact lenses from an out of network provider, members can use the balance towards additional contact lenses within the same benefit period.

This handout is for illustrative purposes only and is an approximation. If any discrepancies between this handout and your paycheck stub exist, your paycheck stub prevails.

Manage Your Benefits:

Go to www.GuardianAnytime.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 Vision Provider

Visit www.GuardianAnytime.com

Click on "Find A Provider"; You will need to know your plan and vision network, which can be found on the first page of your vision benefit summary.

Need Assistance?

Call the Guardian Helpline (888) 600-1600, weekdays, 8:00 AM to 8:30 PM, EST. Refer to your member ID (social security number) and your plan number: 00526696.

Please call the Guardian Helpline if you need to use your benefits within 30 days of plan effective date.

EXCLUSIONS AND LIMITATIONS

Important Information: 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 Insurance Department. Coverage is limited to those charges that are necessary for a routine vision examination. Co-pays apply. The plan does not pay for: orthoptics or vision training and any associated supplemental testing; medical or surgical treatment of the eye; and eye examination or corrective eyewear required by an employer as a condition of employment; replacement of lenses and frames that are furnished under this plan, which are lost or broken (except at normal intervals when services are otherwise available or a warranty exists). The plan limits benefits for blended lenses, oversized lenses, photochromic lenses, tinted lenses, progressive multifocal lenses, coated or laminated lenses, a frame that exceeds plan allowance, cosmetic lenses; U-V protected lenses and optional cosmetic processes.

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-I-VSN-96-VIS et al.

Laser Correction Surgery:

On average, 15% off the usual charge or 5% off promotional price for vision laser surgery. Members' out-of-pocket costs are limited to \$1,800 per eye for LASIK and \$1,500 per eye for PRK.

Laser surgery is not an insured benefit. The surgery is available at a discounted fee. The covered person must pay the entire discounted fee. In addition, the laser surgery discount may not be available in all states.

Life Benefit Summary

Group Number: 00526696

About Your Benefits:

Your family depends on you in many ways and you've worked hard to ensure their financial security. But if something happened to you, will your family be protected? Will your loved ones be able to stay in their home, pay bills, and prepare for the future. Life insurance provides a financial benefit that your family can depend on. And getting it at work is easier, more convenient and more affordable than doing it on your own. If you have financial dependents- a spouse, children or aging parents, having life insurance is a responsible and a smart decision. Enroll today to secure their future!

Permanent Life offers lifetime coverage at premium rates that never change. Your permanent life coverage builds cash value over time from which you can borrow.

What Your Benefits Cover:

GROUP PERMANENT LIFE	
Employee Benefit	Choice of 8 employer-specified amounts, from \$10,000 to \$100,000.
Spouse Benefit	<p>Spouse Permanent Life: Up to 50% of employee's amount to maximum \$10,000</p> <p>Spouse 10 Year Term Life: Up to 50% of the employee amount to a maximum \$10,000; Minimum is greater of 50% or \$10,000.</p>
Child Benefit	N/A
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 coverage during the initial enrollment period.	<p>We Guarantee Issue coverage up to:</p> <p>Employee Less than age 65 \$100,000, 65-69 \$50,000, 70+ \$10,000.</p> <p>Spouse Less than age 65 \$10,000, 65-69 \$10,000, 70+ \$0.</p>
Premiums	Never increase due to an increase in age. All issue ages will be calculated using age at last birthday as of the member's certificate effective date.

Portability: Allows you to take your coverage with you if you terminate employment.	Coverage is fully portable when employee or dependent is no longer eligible under employer's plan.
Accelerated Life Benefit: A lump sum benefit is paid to you if you are diagnosed with a terminal condition, as defined by the plan.	Yes
Waiver of Premiums: Premium will not need to be paid if you are totally disabled.	For employees disabled prior to age 60, with premiums waived until age 67, if conditions met

Subject to coverage limits
GPL Dependent Term: Spouse's Term Rider maximum Issue age is 60
† Permanent Life: Infant coverage is limited based on age.

Manage Your Benefits:	Need Assistance?
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Group Permanent Life Employee Monthly Cost Illustration

Employee Issue Age	Monthly Premium & Cash Value	\$10,000	\$15,000	\$20,000	\$25,000	\$35,000	\$45,000	\$50,000	\$100,000
18	NonTobacco	\$6.10	\$9.15	\$12.20	\$15.25	\$21.35	\$27.45	\$30.50	\$61.00
	Cash Value	\$4,790	\$7,186	\$9,581	\$11,976	\$16,767	\$21,557	\$23,952	\$47,905
	Tobacco	\$7.60	\$11.40	\$15.20	\$19.00	\$26.60	\$34.20	\$38.00	\$76.00
	Cash Value	\$5,017	\$7,525	\$10,033	\$12,541	\$17,558	\$22,574	\$25,083	\$50,166
19	NonTobacco	\$6.10	\$9.15	\$12.20	\$15.25	\$21.35	\$27.45	\$30.50	\$61.00
	Cash Value	\$4,465	\$6,698	\$8,930	\$11,163	\$15,628	\$20,093	\$22,325	\$44,650
	Tobacco	\$7.80	\$11.70	\$15.60	\$19.50	\$27.30	\$35.10	\$39.00	\$78.00
	Cash Value	\$4,842	\$7,263	\$9,684	\$12,105	\$16,948	\$21,790	\$24,211	\$48,422
20	NonTobacco	\$6.20	\$9.30	\$12.40	\$15.50	\$21.70	\$27.90	\$31.00	\$62.00
	Cash Value	\$4,308	\$6,462	\$8,616	\$10,770	\$15,078	\$19,385	\$21,539	\$43,079
	Tobacco	\$8.00	\$12.00	\$16.00	\$20.00	\$28.00	\$36.00	\$40.00	\$80.00
	Cash Value	\$4,660	\$6,989	\$9,319	\$11,649	\$16,308	\$20,968	\$23,298	\$46,596
21	NonTobacco	\$6.30	\$9.45	\$12.60	\$15.75	\$22.05	\$28.35	\$31.50	\$63.00
	Cash Value	\$4,151	\$6,226	\$8,302	\$10,377	\$14,528	\$18,679	\$20,755	\$41,509
	Tobacco	\$8.40	\$12.60	\$16.80	\$21.00	\$29.40	\$37.80	\$42.00	\$84.00
	Cash Value	\$4,691	\$7,036	\$9,381	\$11,726	\$16,417	\$21,107	\$23,453	\$46,905
22	NonTobacco	\$6.50	\$9.75	\$13.00	\$16.25	\$22.75	\$29.25	\$32.50	\$65.00
	Cash Value	\$4,132	\$6,197	\$8,263	\$10,329	\$14,460	\$18,592	\$20,658	\$41,315
	Tobacco	\$8.60	\$12.90	\$17.20	\$21.50	\$30.10	\$38.70	\$43.00	\$86.00
	Cash Value	\$4,556	\$6,834	\$9,112	\$11,390	\$15,946	\$20,502	\$22,780	\$45,560
23	NonTobacco	\$6.70	\$10.05	\$13.40	\$16.75	\$23.45	\$30.15	\$33.50	\$67.00
	Cash Value	\$4,094	\$6,141	\$8,188	\$10,235	\$14,330	\$18,424	\$20,471	\$40,942
	Tobacco	\$8.90	\$13.35	\$17.80	\$22.25	\$31.15	\$40.05	\$44.50	\$89.00
	Cash Value	\$4,563	\$6,844	\$9,125	\$11,406	\$15,969	\$20,531	\$22,813	\$45,625
24	NonTobacco	\$6.90	\$10.35	\$13.80	\$17.25	\$24.15	\$31.05	\$34.50	\$69.00
	Cash Value	\$4,046	\$6,069	\$8,092	\$10,114	\$14,160	\$18,206	\$20,229	\$40,458
	Tobacco	\$9.20	\$13.80	\$18.40	\$23.00	\$32.20	\$41.40	\$46.00	\$92.00
	Cash Value	\$4,545	\$6,817	\$9,090	\$11,362	\$15,907	\$20,452	\$22,725	\$45,449
25	NonTobacco	\$7.20	\$10.80	\$14.40	\$18.00	\$25.20	\$32.40	\$36.00	\$72.00
	Cash Value	\$4,104	\$6,156	\$8,207	\$10,259	\$14,363	\$18,467	\$20,519	\$41,037
	Tobacco	\$9.80	\$14.70	\$19.60	\$24.50	\$34.30	\$44.10	\$49.00	\$98.00
	Cash Value	\$4,772	\$7,158	\$9,544	\$11,931	\$16,703	\$21,475	\$23,861	\$47,722
26	NonTobacco	\$7.40	\$11.10	\$14.80	\$18.50	\$25.90	\$33.30	\$37.00	\$74.00
	Cash Value	\$3,983	\$5,974	\$7,965	\$9,956	\$13,939	\$17,921	\$19,913	\$39,826
	Tobacco	\$10.20	\$15.30	\$20.40	\$25.50	\$35.70	\$45.90	\$51.00	\$102.00
	Cash Value	\$4,687	\$7,031	\$9,375	\$11,718	\$16,406	\$21,093	\$23,436	\$46,873
27	NonTobacco	\$7.70	\$11.55	\$15.40	\$19.25	\$26.95	\$34.65	\$38.50	\$77.00
	Cash Value	\$3,963	\$5,945	\$7,927	\$9,908	\$13,872	\$17,835	\$19,816	\$39,633
	Tobacco	\$10.50	\$15.75	\$21.00	\$26.25	\$36.75	\$47.25	\$52.50	\$105.00
	Cash Value	\$4,508	\$6,762	\$9,016	\$11,270	\$15,778	\$20,286	\$22,540	\$45,080
28	NonTobacco	\$8.00	\$12.00	\$16.00	\$20.00	\$28.00	\$36.00	\$40.00	\$80.00
	Cash Value	\$3,929	\$5,893	\$7,857	\$9,822	\$13,750	\$17,679	\$19,643	\$39,287
	Tobacco	\$10.90	\$16.35	\$21.80	\$27.25	\$38.15	\$49.05	\$54.50	\$109.00
	Cash Value	\$4,390	\$6,584	\$8,779	\$10,974	\$15,363	\$19,753	\$21,948	\$43,896
29	NonTobacco	\$8.30	\$12.45	\$16.60	\$20.75	\$29.05	\$37.35	\$41.50	\$83.00
	Cash Value	\$3,875	\$5,812	\$7,750	\$9,687	\$13,562	\$17,437	\$19,374	\$38,748
	Tobacco	\$11.30	\$16.95	\$22.60	\$28.25	\$39.55	\$50.85	\$56.50	\$113.00
	Cash Value	\$4,292	\$6,438	\$8,584	\$10,730	\$15,023	\$19,315	\$21,461	\$42,922
30	NonTobacco	\$8.70	\$13.05	\$17.40	\$21.75	\$30.45	\$39.15	\$43.50	\$87.00
	Cash Value	\$3,805	\$5,708	\$7,611	\$9,514	\$13,319	\$17,125	\$19,027	\$38,055
	Tobacco	\$11.90	\$17.85	\$23.80	\$29.75	\$41.65	\$53.55	\$59.50	\$119.00
	Cash Value	\$4,237	\$6,355	\$8,473	\$10,592	\$14,828	\$19,065	\$21,183	\$42,367

Group Permanent Life Employee Monthly Cost Illustration

Employee Issue Age	Monthly Premium & Cash Value	\$10,000	\$15,000	\$20,000	\$25,000	\$35,000	\$45,000	\$50,000	\$100,000
31	NonTobacco	\$9.00	\$13.50	\$18.00	\$22.50	\$31.50	\$40.50	\$45.00	\$90.00
	Cash Value	\$3,756	\$5,635	\$7,513	\$9,391	\$13,147	\$16,904	\$18,782	\$37,564
	Tobacco	\$12.40	\$18.60	\$24.80	\$31.00	\$43.40	\$55.80	\$62.00	\$124.00
32	Cash Value	\$4,098	\$6,147	\$8,196	\$10,245	\$14,342	\$18,440	\$20,489	\$40,978
	NonTobacco	\$9.40	\$14.10	\$18.80	\$23.50	\$32.90	\$42.30	\$47.00	\$94.00
	Cash Value	\$3,742	\$5,613	\$7,484	\$9,355	\$13,098	\$16,840	\$18,711	\$37,422
33	Tobacco	\$13.00	\$19.50	\$26.00	\$32.50	\$45.50	\$58.50	\$65.00	\$130.00
	Cash Value	\$4,085	\$6,127	\$8,170	\$10,212	\$14,297	\$18,382	\$20,424	\$40,849
	NonTobacco	\$9.70	\$14.55	\$19.40	\$24.25	\$33.95	\$43.65	\$48.50	\$97.00
34	Cash Value	\$3,628	\$5,442	\$7,256	\$9,069	\$12,697	\$16,325	\$18,139	\$36,278
	Tobacco	\$13.50	\$20.25	\$27.00	\$33.75	\$47.25	\$60.75	\$67.50	\$135.00
	Cash Value	\$3,991	\$5,986	\$7,982	\$9,977	\$13,968	\$17,959	\$19,954	\$39,909
35	NonTobacco	\$10.10	\$15.15	\$20.20	\$25.25	\$35.35	\$45.45	\$50.50	\$101.00
	Cash Value	\$3,578	\$5,368	\$7,157	\$8,946	\$12,525	\$16,103	\$17,892	\$35,785
	Tobacco	\$14.10	\$21.15	\$28.20	\$35.25	\$49.35	\$63.45	\$70.50	\$141.00
36	Cash Value	\$3,922	\$5,883	\$7,845	\$9,806	\$13,728	\$17,650	\$19,612	\$39,223
	NonTobacco	\$10.70	\$16.05	\$21.40	\$26.75	\$37.45	\$48.15	\$53.50	\$107.00
	Cash Value	\$3,580	\$5,370	\$7,160	\$8,951	\$12,531	\$16,111	\$17,901	\$35,802
37	Tobacco	\$14.60	\$21.90	\$29.20	\$36.50	\$51.10	\$65.70	\$73.00	\$146.00
	Cash Value	\$3,784	\$5,676	\$7,569	\$9,461	\$13,245	\$17,029	\$18,921	\$37,843
	NonTobacco	\$11.40	\$17.10	\$22.80	\$28.50	\$39.90	\$51.30	\$57.00	\$114.00
38	Cash Value	\$3,474	\$5,211	\$6,948	\$8,685	\$12,159	\$15,633	\$17,370	\$34,740
	Tobacco	\$15.70	\$23.55	\$31.40	\$39.25	\$54.95	\$70.65	\$78.50	\$157.00
	Cash Value	\$3,748	\$5,623	\$7,497	\$9,371	\$13,119	\$16,868	\$18,742	\$37,484
39	NonTobacco	\$11.90	\$17.85	\$23.80	\$29.75	\$41.65	\$53.55	\$59.50	\$119.00
	Cash Value	\$3,380	\$5,069	\$6,759	\$8,449	\$11,829	\$15,208	\$16,898	\$33,797
	Tobacco	\$16.50	\$24.75	\$33.00	\$41.25	\$57.75	\$74.25	\$82.50	\$165.00
40	Cash Value	\$3,613	\$5,420	\$7,226	\$9,033	\$12,646	\$16,259	\$18,065	\$36,131
	NonTobacco	\$12.50	\$18.75	\$25.00	\$31.25	\$43.75	\$56.25	\$62.50	\$125.00
	Cash Value	\$3,301	\$4,951	\$6,601	\$8,252	\$11,552	\$14,853	\$16,503	\$33,006
41	Tobacco	\$17.40	\$26.10	\$34.80	\$43.50	\$60.90	\$78.30	\$87.00	\$174.00
	Cash Value	\$3,518	\$5,277	\$7,036	\$8,795	\$12,312	\$15,830	\$17,589	\$35,179
	NonTobacco	\$13.00	\$19.50	\$26.00	\$32.50	\$45.50	\$58.50	\$65.00	\$130.00
42	Cash Value	\$3,173	\$4,760	\$6,347	\$7,933	\$11,107	\$14,280	\$15,867	\$31,733
	Tobacco	\$18.30	\$27.45	\$36.60	\$45.75	\$64.05	\$82.35	\$91.50	\$183.00
	Cash Value	\$3,395	\$5,092	\$6,790	\$8,487	\$11,882	\$15,277	\$16,974	\$33,949
43	NonTobacco	\$13.70	\$20.55	\$27.40	\$34.25	\$47.95	\$61.65	\$68.50	\$137.00
	Cash Value	\$3,111	\$4,666	\$6,221	\$7,777	\$10,887	\$13,998	\$15,553	\$31,106
	Tobacco	\$18.90	\$28.35	\$37.80	\$47.25	\$66.15	\$85.05	\$94.50	\$189.00
44	Cash Value	\$3,303	\$4,955	\$6,606	\$8,258	\$11,561	\$14,864	\$16,515	\$33,031
	NonTobacco	\$14.40	\$21.60	\$28.80	\$36.00	\$50.40	\$64.80	\$72.00	\$144.00
	Cash Value	\$2,977	\$4,465	\$5,954	\$7,442	\$10,419	\$13,395	\$14,884	\$29,768
45	Tobacco	\$19.90	\$29.85	\$39.80	\$49.75	\$69.65	\$89.55	\$99.50	\$199.00
	Cash Value	\$3,181	\$4,771	\$6,362	\$7,952	\$11,133	\$14,314	\$15,904	\$31,808
	NonTobacco	\$15.20	\$22.80	\$30.40	\$38.00	\$53.20	\$68.40	\$76.00	\$152.00
46	Cash Value	\$2,896	\$4,343	\$5,791	\$7,239	\$10,135	\$13,030	\$14,478	\$28,956
	Tobacco	\$20.90	\$31.35	\$41.80	\$52.25	\$73.15	\$94.05	\$104.50	\$209.00
	Cash Value	\$3,034	\$4,551	\$6,068	\$7,585	\$10,619	\$13,652	\$15,169	\$30,339
47	NonTobacco	\$16.00	\$24.00	\$32.00	\$40.00	\$56.00	\$72.00	\$80.00	\$160.00
	Cash Value	\$2,773	\$4,159	\$5,546	\$6,932	\$9,705	\$12,478	\$13,865	\$27,729
	Tobacco	\$22.00	\$33.00	\$44.00	\$55.00	\$77.00	\$99.00	\$110.00	\$220.00
48	Cash Value	\$2,909	\$4,363	\$5,818	\$7,272	\$10,181	\$13,089	\$14,544	\$29,088

Group Permanent Life Employee Monthly Cost Illustration

Employee Issue Age	Monthly Premium & Cash Value	\$10,000	\$15,000	\$20,000	\$25,000	\$35,000	\$45,000	\$50,000	\$100,000
44	NonTobacco	\$16.80	\$25.20	\$33.60	\$42.00	\$58.80	\$75.60	\$84.00	\$168.00
	Cash Value	\$2,654	\$3,981	\$5,308	\$6,634	\$9,288	\$11,942	\$13,269	\$26,538
	Tobacco	\$23.10	\$34.65	\$46.20	\$57.75	\$80.85	\$103.95	\$115.50	\$231.00
45	Cash Value	\$2,758	\$4,137	\$5,517	\$6,896	\$9,654	\$12,412	\$13,792	\$27,583
	NonTobacco	\$17.70	\$26.55	\$35.40	\$44.25	\$61.95	\$79.65	\$88.50	\$177.00
	Cash Value	\$2,534	\$3,801	\$5,068	\$6,334	\$8,868	\$11,402	\$12,669	\$25,338
46	Tobacco	\$24.50	\$36.75	\$49.00	\$61.25	\$85.75	\$110.25	\$122.50	\$245.00
	Cash Value	\$2,623	\$3,935	\$5,246	\$6,558	\$9,181	\$11,804	\$13,116	\$26,232
	NonTobacco	\$19.10	\$28.65	\$38.20	\$47.75	\$66.85	\$85.95	\$95.50	\$191.00
47	Cash Value	\$2,371	\$3,556	\$4,742	\$5,927	\$8,298	\$10,669	\$11,854	\$23,709
	Tobacco	\$26.30	\$39.45	\$52.60	\$65.75	\$92.05	\$118.35	\$131.50	\$263.00
	Cash Value	\$2,460	\$3,691	\$4,921	\$6,151	\$8,612	\$11,072	\$12,302	\$24,605
48	NonTobacco	\$20.60	\$30.90	\$41.20	\$51.50	\$72.10	\$92.70	\$103.00	\$206.00
	Cash Value	\$2,219	\$3,328	\$4,437	\$5,547	\$7,765	\$9,984	\$11,093	\$22,186
	Tobacco	\$28.10	\$42.15	\$56.20	\$70.25	\$98.35	\$126.45	\$140.50	\$281.00
49	Cash Value	\$2,269	\$3,404	\$4,539	\$5,674	\$7,943	\$10,213	\$11,347	\$22,695
	NonTobacco	\$22.10	\$33.15	\$44.20	\$55.25	\$77.35	\$99.45	\$110.50	\$221.00
	Cash Value	\$2,060	\$3,089	\$4,119	\$5,149	\$7,209	\$9,268	\$10,298	\$20,596
50	Tobacco	\$30.00	\$45.00	\$60.00	\$75.00	\$105.00	\$135.00	\$150.00	\$300.00
	Cash Value	\$2,082	\$3,123	\$4,164	\$5,205	\$7,287	\$9,368	\$10,409	\$20,819
	NonTobacco	\$23.60	\$35.40	\$47.20	\$59.00	\$82.60	\$106.20	\$118.00	\$236.00
51	Cash Value	\$1,860	\$2,791	\$3,721	\$4,651	\$6,512	\$8,372	\$9,302	\$18,605
	Tobacco	\$32.00	\$48.00	\$64.00	\$80.00	\$112.00	\$144.00	\$160.00	\$320.00
	Cash Value	\$1,892	\$2,838	\$3,784	\$4,730	\$6,622	\$8,515	\$9,461	\$18,921
52	NonTobacco	\$25.20	\$37.80	\$50.40	\$63.00	\$88.20	\$113.40	\$126.00	\$252.00
	Cash Value	\$1,688	\$2,532	\$3,376	\$4,220	\$5,908	\$7,596	\$8,440	\$16,880
	Tobacco	\$34.10	\$51.15	\$68.20	\$85.25	\$119.35	\$153.45	\$170.50	\$341.00
53	Cash Value	\$1,698	\$2,547	\$3,396	\$4,244	\$5,942	\$7,640	\$8,489	\$16,978
	NonTobacco	\$27.90	\$41.85	\$55.80	\$69.75	\$97.65	\$125.55	\$139.50	\$279.00
	Cash Value	\$1,490	\$2,235	\$2,981	\$3,726	\$5,216	\$6,706	\$7,451	\$14,903
54	Tobacco	\$37.90	\$56.85	\$75.80	\$94.75	\$132.65	\$170.55	\$189.50	\$379.00
	Cash Value	\$1,518	\$2,277	\$3,035	\$3,794	\$5,312	\$6,830	\$7,589	\$15,177
	NonTobacco	\$30.60	\$45.90	\$61.20	\$76.50	\$107.10	\$137.70	\$153.00	\$306.00
55	Cash Value	\$1,268	\$1,902	\$2,536	\$3,169	\$4,437	\$5,705	\$6,339	\$12,678
	Tobacco	\$41.70	\$62.55	\$83.40	\$104.25	\$145.95	\$187.65	\$208.50	\$417.00
	Cash Value	\$1,301	\$1,952	\$2,602	\$3,253	\$4,554	\$5,855	\$6,505	\$13,010
56	NonTobacco	\$33.40	\$50.10	\$66.80	\$83.50	\$116.90	\$150.30	\$167.00	\$334.00
	Cash Value	\$1,055	\$1,582	\$2,109	\$2,637	\$3,692	\$4,746	\$5,274	\$10,547
	Tobacco	\$45.70	\$68.55	\$91.40	\$114.25	\$159.95	\$205.65	\$228.50	\$457.00
57	Cash Value	\$1,087	\$1,631	\$2,175	\$2,718	\$3,805	\$4,893	\$5,436	\$10,873
	NonTobacco	\$36.30	\$54.45	\$72.60	\$90.75	\$127.05	\$163.35	\$181.50	\$363.00
	Cash Value	\$820	\$1,230	\$1,640	\$2,051	\$2,871	\$3,691	\$4,101	\$8,202
58	Tobacco	\$49.70	\$74.55	\$99.40	\$124.25	\$173.95	\$223.65	\$248.50	\$497.00
	Cash Value	\$837	\$1,256	\$1,675	\$2,094	\$2,931	\$3,768	\$4,187	\$8,374
	NonTobacco	\$39.50	\$59.25	\$79.00	\$98.75	\$138.25	\$177.75	\$197.50	\$395.00
59	Cash Value	\$575	\$863	\$1,150	\$1,438	\$2,013	\$2,588	\$2,876	\$5,751
	Tobacco	\$54.10	\$81.15	\$108.20	\$135.25	\$189.35	\$243.45	\$270.50	\$541.00
	Cash Value	\$585	\$877	\$1,170	\$1,462	\$2,047	\$2,632	\$2,925	\$5,849
60	NonTobacco	\$42.50	\$63.75	\$85.00	\$106.25	\$148.75	\$191.25	\$212.50	\$425.00
	Cash Value	\$620	\$930	\$1,240	\$1,550	\$2,169	\$2,789	\$3,099	\$6,198
	Tobacco	\$58.20	\$87.30	\$116.40	\$145.50	\$203.70	\$261.90	\$291.00	\$582.00
61	Cash Value	\$596	\$894	\$1,192	\$1,489	\$2,085	\$2,681	\$2,979	\$5,958

Group Permanent Life Employee Monthly Cost Illustration

Employee Issue Age	Monthly Premium & Cash Value	\$10,000	\$15,000	\$20,000	\$25,000	\$35,000	\$45,000	\$50,000	\$100,000
57	NonTobacco	\$45.50	\$68.25	\$91.00	\$113.75	\$159.25	\$204.75	\$227.50	\$455.00
	Cash Value	\$657	\$986	\$1,315	\$1,643	\$2,301	\$2,958	\$3,287	\$6,573
	Tobacco	\$62.40	\$93.60	\$124.80	\$156.00	\$218.40	\$280.80	\$312.00	\$624.00
	Cash Value	\$611	\$916	\$1,222	\$1,527	\$2,138	\$2,748	\$3,054	\$6,108
58	NonTobacco	\$48.60	\$72.90	\$97.20	\$121.50	\$170.10	\$218.70	\$243.00	\$486.00
	Cash Value	\$687	\$1,031	\$1,374	\$1,718	\$2,405	\$3,092	\$3,436	\$6,872
	Tobacco	\$66.70	\$100.05	\$133.40	\$166.75	\$233.45	\$300.15	\$333.50	\$667.00
	Cash Value	\$629	\$943	\$1,257	\$1,572	\$2,200	\$2,829	\$3,143	\$6,287
59	NonTobacco	\$51.80	\$77.70	\$103.60	\$129.50	\$181.30	\$233.10	\$259.00	\$518.00
	Cash Value	\$733	\$1,100	\$1,467	\$1,833	\$2,567	\$3,300	\$3,667	\$7,333
	Tobacco	\$71.10	\$106.65	\$142.20	\$177.75	\$248.85	\$319.95	\$355.50	\$711.00
	Cash Value	\$647	\$971	\$1,294	\$1,618	\$2,265	\$2,912	\$3,236	\$6,471
60	NonTobacco	\$39.50	\$59.25	\$79.00	\$98.75	\$138.25	\$177.75	\$197.50	\$395.00
	Cash Value	\$782	\$1,173	\$1,564	\$1,956	\$2,738	\$3,520	\$3,911	\$7,822
	Tobacco	\$53.00	\$79.50	\$106.00	\$132.50	\$185.50	\$238.50	\$265.00	\$530.00
	Cash Value	\$666	\$998	\$1,331	\$1,664	\$2,330	\$2,995	\$3,328	\$6,657
61	NonTobacco	\$41.70	\$62.55	\$83.40	\$104.25	\$145.95	\$187.65	\$208.50	\$417.00
	Cash Value	\$856	\$1,284	\$1,712	\$2,140	\$2,996	\$3,852	\$4,280	\$8,561
	Tobacco	\$55.70	\$83.55	\$111.40	\$139.25	\$194.95	\$250.65	\$278.50	\$557.00
	Cash Value	\$684	\$1,026	\$1,368	\$1,709	\$2,393	\$3,077	\$3,419	\$6,838
62	NonTobacco	\$43.90	\$65.85	\$87.80	\$109.75	\$153.65	\$197.55	\$219.50	\$439.00
	Cash Value	\$918	\$1,377	\$1,836	\$2,294	\$3,212	\$4,130	\$4,589	\$9,178
	Tobacco	\$58.50	\$87.75	\$117.00	\$146.25	\$204.75	\$263.25	\$292.50	\$585.00
	Cash Value	\$699	\$1,049	\$1,399	\$1,749	\$2,448	\$3,148	\$3,497	\$6,995
63	NonTobacco	\$46.40	\$69.60	\$92.80	\$116.00	\$162.40	\$208.80	\$232.00	\$464.00
	Cash Value	\$994	\$1,492	\$1,989	\$2,486	\$3,480	\$4,475	\$4,972	\$9,944
	Tobacco	\$61.70	\$92.55	\$123.40	\$154.25	\$215.95	\$277.65	\$308.50	\$617.00
	Cash Value	\$758	\$1,136	\$1,515	\$1,894	\$2,652	\$3,409	\$3,788	\$7,576
64	NonTobacco	\$48.90	\$73.35	\$97.80	\$122.25	\$171.15	\$220.05	\$244.50	\$489.00
	Cash Value	\$1,068	\$1,602	\$2,136	\$2,670	\$3,738	\$4,806	\$5,340	\$10,679
	Tobacco	\$65.00	\$97.50	\$130.00	\$162.50	\$227.50	\$292.50	\$325.00	\$650.00
	Cash Value	\$812	\$1,218	\$1,624	\$2,030	\$2,843	\$3,655	\$4,061	\$8,122
65	NonTobacco	\$51.60	\$77.40	\$103.20	\$129.00	\$180.60	\$232.20	\$258.00	\$516.00
	Cash Value	\$1,152	\$1,729	\$2,305	\$2,881	\$4,034	\$5,186	\$5,762	\$11,524
	Tobacco	\$68.60	\$102.90	\$137.20	\$171.50	\$240.10	\$308.70	\$343.00	\$686.00
	Cash Value	\$892	\$1,338	\$1,784	\$2,230	\$3,122	\$4,014	\$4,461	\$8,921
66	NonTobacco	\$54.50	\$81.75	\$109.00	\$136.25	\$190.75	\$245.25	\$272.50	\$545.00
	Cash Value	\$1,247	\$1,871	\$2,494	\$3,118	\$4,365	\$5,612	\$6,235	\$12,471
	Tobacco	\$72.30	\$108.45	\$144.60	\$180.75	\$253.05	\$325.35	\$361.50	\$723.00
	Cash Value	\$962	\$1,443	\$1,925	\$2,406	\$3,368	\$4,330	\$4,811	\$9,623
67	NonTobacco	\$57.50	\$86.25	\$115.00	\$143.75	\$201.25	\$258.75	\$287.50	\$575.00
	Cash Value	\$1,333	\$1,999	\$2,666	\$3,332	\$4,665	\$5,997	\$6,664	\$13,328
	Tobacco	\$76.20	\$114.30	\$152.40	\$190.50	\$266.70	\$342.90	\$381.00	\$762.00
	Cash Value	\$1,033	\$1,550	\$2,067	\$2,583	\$3,617	\$4,650	\$5,167	\$10,334
68	NonTobacco	\$60.90	\$91.35	\$121.80	\$152.25	\$213.15	\$274.05	\$304.50	\$609.00
	Cash Value	\$1,437	\$2,156	\$2,875	\$3,593	\$5,030	\$6,468	\$7,186	\$14,373
	Tobacco	\$80.40	\$120.60	\$160.80	\$201.00	\$281.40	\$361.80	\$402.00	\$804.00
	Cash Value	\$1,116	\$1,674	\$2,232	\$2,790	\$3,906	\$5,022	\$5,579	\$11,159
69	NonTobacco	\$64.30	\$96.45	\$128.60	\$160.75	\$225.05	\$289.35	\$321.50	\$643.00
	Cash Value	\$1,521	\$2,282	\$3,043	\$3,804	\$5,325	\$6,847	\$7,607	\$15,215
	Tobacco	\$84.80	\$127.20	\$169.60	\$212.00	\$296.80	\$381.60	\$424.00	\$848.00
	Cash Value	\$1,186	\$1,779	\$2,372	\$2,966	\$4,152	\$5,338	\$5,931	\$11,862
70	NonTobacco	\$68.10	\$102.15	\$136.20	\$170.25	\$238.35	\$306.45	\$340.50	\$681.00
	Cash Value	\$1,631	\$2,446	\$3,262	\$4,077	\$5,708	\$7,339	\$8,155	\$16,310
	Tobacco	\$89.60	\$134.40	\$179.20	\$224.00	\$313.60	\$403.20	\$448.00	\$896.00
	Cash Value	\$1,275	\$1,913	\$2,550	\$3,188	\$4,463	\$5,738	\$6,376	\$12,752

Group Permanent Life Spouse Permanent Policy Monthly Cost Illustration

To determine monthly premium,

1. Write down the Employee volume: _____ (a)
2. Divide (a) by 1000 _____ (b)
3. Multiply (b) by 50%: _____ (c)
4. Find the rate per \$1,000 for the
Spouse's age from table below: _____ (d)
5. Multiply (c) times (d) _____ (e)

This is the monthly premium for the desired volume.

Monthly rates per \$1,000 of Volume:

Spouse Issue Age	Non-Tobacco	Tobacco
18	\$0.60	\$0.75
19	\$0.60	\$0.77
20	\$0.61	\$0.79
21	\$0.62	\$0.83
22	\$0.64	\$0.85
23	\$0.66	\$0.88
24	\$0.68	\$0.91
25	\$0.71	\$0.96
26	\$0.73	\$1.00
27	\$0.76	\$1.03
28	\$0.79	\$1.07
29	\$0.82	\$1.11
30	\$0.85	\$1.16
31	\$0.88	\$1.20
32	\$0.92	\$1.26
33	\$0.95	\$1.31
34	\$0.99	\$1.37
35	\$1.04	\$1.42
36	\$1.09	\$1.50
37	\$1.14	\$1.57
38	\$1.20	\$1.65
39	\$1.25	\$1.73
40	\$1.32	\$1.82
41	\$1.38	\$1.91
42	\$1.45	\$2.00
43	\$1.52	\$2.10
44	\$1.59	\$2.20

Spouse Issue Age	Non-Tobacco	Tobacco
45	\$1.67	\$2.31
46	\$1.78	\$2.45
47	\$1.90	\$2.59
48	\$2.02	\$2.74
49	\$2.14	\$2.90
50	\$2.28	\$3.07
51	\$2.42	\$3.26
52	\$2.56	\$3.45
53	\$2.71	\$3.66
54	\$2.87	\$3.87
55	\$3.04	\$4.10
56	\$3.21	\$4.32
57	\$3.38	\$4.55
58	\$3.56	\$4.79
59	\$3.75	\$5.04
60	\$3.95	\$5.30
61	\$4.17	\$5.57
62	\$4.39	\$5.85
63	\$4.64	\$6.17
64	\$4.89	\$6.50
65	\$5.16	\$6.86
66	\$5.45	\$7.23
67	\$5.75	\$7.62
68	\$6.09	\$8.04
69	\$6.43	\$8.48
70	\$6.81	\$8.96

Group Permanent Life Spouse 10 Year Term Monthly Cost Illustration

To determine monthly premium,

1. Write down the Employee volume: _____ (a)
2. Divide (a) by 1000 _____ (b)
3. Multiply (b) by 50%: _____ (c)
4. Find the rate per \$1,000 for the Spouse's age from table below: _____ (d)
5. Multiply (c) times (d) _____ (e)

This is the monthly premium for the desired volume.

Monthly rates per \$1,000 of Volume:

Spouse Issue Age	Non-Tobacco	Tobacco
18	\$0.08	\$0.12
19	\$0.08	\$0.12
20	\$0.08	\$0.12
21	\$0.08	\$0.12
22	\$0.08	\$0.12
23	\$0.08	\$0.12
24	\$0.08	\$0.12
25	\$0.09	\$0.14
26	\$0.10	\$0.15
27	\$0.11	\$0.16
28	\$0.12	\$0.17
29	\$0.13	\$0.18
30	\$0.13	\$0.19
31	\$0.14	\$0.21
32	\$0.15	\$0.23
33	\$0.16	\$0.25
34	\$0.17	\$0.27
35	\$0.18	\$0.27
36	\$0.20	\$0.30
37	\$0.22	\$0.33
38	\$0.24	\$0.36
39	\$0.26	\$0.39
40	\$0.27	\$0.42
41	\$0.30	\$0.47
42	\$0.33	\$0.52
43	\$0.36	\$0.57
44	\$0.39	\$0.62

Spouse Issue Age	Non-Tobacco	Tobacco
45	\$0.43	\$0.66
46	\$0.51	\$0.79
47	\$0.59	\$0.92
48	\$0.67	\$1.05
49	\$0.75	\$1.18
50	\$0.84	\$1.30
51	\$0.92	\$1.41
52	\$1.00	\$1.52
53	\$1.08	\$1.63
54	\$1.16	\$1.74
55	\$1.24	\$1.86
56	\$1.38	\$2.03
57	\$1.52	\$2.20
58	\$1.66	\$2.37
59	\$1.80	\$2.54
60	\$1.92	\$2.72
61	NA	NA
62	NA	NA
63	NA	NA
64	NA	NA
65	NA	NA
66	NA	NA
67	NA	NA
68	NA	NA
69	NA	NA
70	NA	NA

Group Permanent Life Limitations & Exclusions

This handout is for illustration purposes only and is an approximation, premium amounts may be amended. Cash Values shown are values that apply at age 65 or, if later, on the 10th anniversary and assume all premiums have been paid on time.

A SUMMARY OF PLAN LIMITATION AND EXCLUSIONS FOR LIFE COVERAGE:

You must be working full-time on the effective date of your coverage; otherwise, your coverage becomes effective after you have completed a specific waiting period. 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 one year; or (b) in an area under travel warning by the US Department of State. Subject to state specific variations.

Evidence of Insurability is required on all late enrollees. This coverage will not be effective until approved by a Guardian underwriter. This proposal is hedged subject to satisfactory financial evaluation. Please refer to certificate of coverage for full plan description.

Dependent life insurance will not take effect if a dependent, other than a newborn, is confined to the hospital or other health care facility or is unable to perform the normal activities of someone of like age and sex.

A person is ADL-disabled if he or she is (a) physically unable to perform two or more ADLs without continuous physical assistance; or (b) cognitively impaired, and requires verbal cueing to protect himself/herself or others. ADLs are bathing, dressing, toileting, transferring, continence, and eating.

Except in Washington, we pay no benefits if the insured's death is due to suicide within two years from the insured's original effective date. This two year limitation also applies to any increase in benefit. This exclusion may vary according to state law. Late entrants and benefit increases require underwriting approval.

Guarantee Issue/Conditional Issue amounts may vary based on age and case size. See your Plan Administrator for details. Late entrants and benefit increases require underwriting approval.

Short-Term Disability Benefit Summary

Group Number: 00526696

About Your Benefits:

You probably have insurance for your car or home, but what about the source of income that pays for it? You rely on your paycheck for so many things, but what if you were suddenly unable to work due to an accident or illness? How will you put food on the table, pay your mortgage or heat your home? Disability insurance can help replace lost income and make a difficult time a little easier. Protect your most valuable asset, your paycheck—enroll today!

What Your Benefits Cover:

Short-Term Disability

Coverage amount	50% of salary to maximum \$1250/week
Maximum payment period: Maximum length of time you can receive disability benefits.	11 weeks
Accident benefits begin: The length of time you must be disabled before benefits begin.	Day 15
Illness benefits begin: The length of time you must be disabled before benefits begin.	Day 15
Evidence of Insurability: A health statement requiring you to answer a few medical history questions.	Health Statement may be required
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 applicant signs up for coverage during the initial enrollment period.	We Guarantee Issue \$1250 in coverage
Minimum work hours/week: Minimum number of hours you must regularly work each week to be eligible for coverage.	Planholder Determines
Pre-existing conditions: A pre-existing condition includes any condition/symptom 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 look back; 12 months after 2 week limitation
Premium waived if disabled: Premium will not need to be paid when you are receiving benefits.	Yes

UNDERSTANDING YOUR BENEFITS—DISABILITY (Some information may vary by state)

- **Earnings definition:** Your covered salary excludes bonuses and commissions.

Short-Term Disability Plan Monthly Cost Illustration:

To determine the most appropriate level of coverage, you should consider your current basic monthly expenses. To help you assess your needs, you can also go to Guardian Anytime and use our Disability Insurance Explorer Tool.

Policy amounts shown based on sample salary amounts only.

	< 25	25–29	30–34	35–39	40–44	45–49	50–54	55–59	60+
Your premium rate	\$0.780	\$0.780	\$0.780	\$0.780	\$0.780	\$0.780	\$0.890	\$0.890	\$1.210
	<i>Election Cost Per Age Bracket</i>								
	< 25	25–29	30–34	35–39	40–44	45–49	50–54	55–59	60+
\$15,000 Annual Salary \$144 Weekly Benefit	\$11.23	\$11.23	\$11.23	\$11.23	\$11.23	\$11.23	\$12.82	\$12.82	\$17.42
\$20,000 Annual Salary \$192 Weekly Benefit	\$14.98	\$14.98	\$14.98	\$14.98	\$14.98	\$14.98	\$17.09	\$17.09	\$23.23
\$25,000 Annual Salary \$240 Weekly Benefit	\$18.72	\$18.72	\$18.72	\$18.72	\$18.72	\$18.72	\$21.36	\$21.36	\$29.04
\$30,000 Annual Salary \$288 Weekly Benefit	\$22.46	\$22.46	\$22.46	\$22.46	\$22.46	\$22.46	\$25.63	\$25.63	\$34.85
\$35,000 Annual Salary \$337 Weekly Benefit	\$26.29	\$26.29	\$26.29	\$26.29	\$26.29	\$26.29	\$29.99	\$29.99	\$40.78
\$40,000 Annual Salary \$385 Weekly Benefit	\$30.03	\$30.03	\$30.03	\$30.03	\$30.03	\$30.03	\$34.27	\$34.27	\$46.59
\$45,000 Annual Salary \$433 Weekly Benefit	\$33.77	\$33.77	\$33.77	\$33.77	\$33.77	\$33.77	\$38.54	\$38.54	\$52.39
\$50,000 Annual Salary \$481 Weekly Benefit	\$37.52	\$37.52	\$37.52	\$37.52	\$37.52	\$37.52	\$42.81	\$42.81	\$58.20
\$55,000 Annual Salary \$529 Weekly Benefit	\$41.26	\$41.26	\$41.26	\$41.26	\$41.26	\$41.26	\$47.08	\$47.08	\$64.01
\$60,000 Annual Salary \$577 Weekly Benefit	\$45.01	\$45.01	\$45.01	\$45.01	\$45.01	\$45.01	\$51.35	\$51.35	\$69.82
\$65,000 Annual Salary \$625 Weekly Benefit	\$48.75	\$48.75	\$48.75	\$48.75	\$48.75	\$48.75	\$55.63	\$55.63	\$75.63
\$70,000 Annual Salary \$673 Weekly Benefit	\$52.49	\$52.49	\$52.49	\$52.49	\$52.49	\$52.49	\$59.90	\$59.90	\$81.43
\$75,000 Annual Salary \$721 Weekly Benefit	\$56.24	\$56.24	\$56.24	\$56.24	\$56.24	\$56.24	\$64.17	\$64.17	\$87.24
\$80,000 Annual Salary \$769 Weekly Benefit	\$59.98	\$59.98	\$59.98	\$59.98	\$59.98	\$59.98	\$68.44	\$68.44	\$93.05
\$85,000 Annual Salary \$817 Weekly Benefit	\$63.73	\$63.73	\$63.73	\$63.73	\$63.73	\$63.73	\$72.71	\$72.71	\$98.86
\$90,000 Annual Salary \$865 Weekly Benefit	\$67.47	\$67.47	\$67.47	\$67.47	\$67.47	\$67.47	\$76.99	\$76.99	\$104.67
\$95,000 Annual Salary \$913 Weekly Benefit	\$71.21	\$71.21	\$71.21	\$71.21	\$71.21	\$71.21	\$81.26	\$81.26	\$110.47
\$100,000 Annual Salary \$962 Weekly Benefit	\$75.04	\$75.04	\$75.04	\$75.04	\$75.04	\$75.04	\$85.62	\$85.62	\$116.40

Manage Your Benefits:

Go to www.GuardianAnytime.com to access secure information about your Guardian benefits. Your on-line account will be set up within 30 days after your plan effective date.

Need Assistance?

Call the Guardian Helpline (888) 600-1600, weekdays, 8:00 AM to 8:30 PM, EST. Refer to your member ID (social security number) and your plan number: 00526696

A SUMMARY OF DISABILITY PLAN LIMITATIONS AND EXCLUSIONS

- Evidence of Insurability is required on all late enrollees. This coverage will not be effective until approved by a Guardian underwriter. This proposal is hedged subject to satisfactory financial evaluation. Please refer to certificate of coverage for full plan description.
 - You must be working full-time on the effective date of your coverage; otherwise, your coverage becomes effective after you have completed a specific waiting period.
 - 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 one year; or (b) in an area under travel warning by the US Department of State. Subject to state specific variations.
 - For Short-Term Disability coverage, benefits for a disability caused or contributed to by a pre-existing condition are limited, unless the disability starts after you have been insured under this plan for a specified period of time. We do not pay short term disability benefits for any job-related or on-the-job injury, or conditions for which Workers' Compensation benefits are payable.
 - We do not pay benefits for charges 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. We do not pay benefits for charges relating to legal intoxication, including but not limited to the operation of a motor vehicle, and for the voluntary use of any poison, chemical, prescription or non-prescription drug or controlled substance unless it has been prescribed by a doctor and is used as prescribed. We limit the duration of payments for long term disabilities caused by mental or emotional conditions, or alcohol or drug abuse. We do not pay benefits during any period in which a covered person is confined to a correctional facility, an employee is not under the care of a doctor, an employee is receiving treatment outside of the US or Canada, and the employee's loss of earnings is not solely due to disability.
 - This policy provides disability income insurance only. It does not provide "basic hospital", "basic medical", or "medical" insurance as defined by the New York State Insurance Department.
 - If this plan is transferred from another insurance carrier, the time an insured is covered under that plan will count toward satisfying Guardian's pre-existing condition limitation period. State variations may apply.
 - When applicable, this coverage will integrate with NJ TDB, NY DBL, CA SDI, RI TDI, Hawaii TDI and Puerto Rico DBA.
- Contract #s GP-I-STD94-1.0 et al; GP-I-STD2K-1.0 et al; , GP-I-STD07-1.0 et al.

This handout is for illustrative purposes only and is an approximation. If any discrepancies between this handout and your paycheck stub exist, your paycheck stub prevails.

Critical Illness Benefit Summary

Group Number: 00526696

About Your Benefits:

It takes a lot to beat a serious illness. Unfortunately, it can also cost a lot. When you or a family member suffers a serious illness like a stroke or heart attack, Critical Illness Insurance can help with expenses that medical insurance doesn't cover like deductibles or out of pocket costs, or services like experimental treatment. Critical Illness supplements your medical and your disability income insurance. The lump sum benefit is paid when you need it most, upon diagnosis, so you can rest assured that you will have funds to offset upcoming out of pocket costs, and that you'll have the flexibility to elect treatments with less worry about the cost. Review your options and enroll today!

What Your Benefits Cover:

CRITICAL ILLNESS

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.	
CONDITIONS		
Cancer	1st OCCURRENCE	2nd OCCURRENCE
Invasive Cancer	100%	100%
Carcinoma In Situ	25%	0%
Benign Brain Tumor	75%	0%
Skin Cancer	\$250 per lifetime	Not Covered
Vascular		
Heart Attack	100%	100%
Stroke	100%	100%
Heart Failure	100%	100%
Arteriosclerosis	25%	0%
Other		
Organ Failure	100%	100%
Kidney Failure	100%	100%
Spouse 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 coverage during the initial enrollment period.	We Guarantee Issue up to: Less than age 70 \$30,000 For a spouse: Less than age 70 \$15,000 For a child: All Amounts	
	Health questions are required if the elected amount exceeds the Guarantee Issue, as well as for all applicants age 70+ regardless of elected amount.	

CRITICAL ILLNESS

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

Cancer Vaccine Benefit \$50 per lifetime for receiving a cancer vaccine

WELLNESS BENEFIT

Employee Per Year Limit \$100

Spouse Per Year Limit \$100

Child Per Year Limit \$100

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.

Child cost is included with employee election.

Benefit Amount		Monthly Premiums Displayed Election Cost Per Age Bracket						
		Issue Age	< 30	30-39	40-49	50-59	60-69	70+
Employee								
\$10,000	Non-tobacco		\$7.40	\$10.70	\$18.10	\$31.50	\$55.50	\$94.99
	Tobacco		\$10.10	\$15.90	\$34.30	\$59.70	\$107.50	\$173.91
\$20,000	Non-tobacco		\$11.30	\$17.90	\$32.70	\$59.50	\$107.50	\$187.46
	Tobacco		\$16.70	\$28.30	\$65.10	\$115.90	\$211.50	\$345.14
\$30,000	Non-tobacco		\$15.20	\$25.10	\$47.30	\$87.50	\$159.50	\$279.97
	Tobacco		\$23.30	\$40.70	\$95.90	\$172.10	\$315.50	\$516.38
Benefit Amount Up To 50% of Employee Amount to a Maximum of \$15,000								
Spouse								
\$5,000	Non-tobacco		\$5.45	\$7.10	\$10.80	\$17.50	\$29.50	\$48.76
	Tobacco		\$6.80	\$9.70	\$18.90	\$31.60	\$55.50	\$88.30
\$10,000	Non-tobacco		\$7.40	\$10.70	\$18.10	\$31.50	\$55.50	\$94.99
	Tobacco		\$10.10	\$15.90	\$34.30	\$59.70	\$107.50	\$173.91
\$15,000	Non-tobacco		\$9.35	\$14.30	\$25.40	\$45.50	\$81.50	\$141.23
	Tobacco		\$13.40	\$22.10	\$49.70	\$87.80	\$159.50	\$259.53

Manage Your Benefits:

Go to www.GuardianAnytime.com to access secure information about your Guardian benefits. Your on-line account will be set up within 30 days after your plan effective date.

Need Assistance?

Call the Guardian Helpline (888) 600-1600, weekdays, 8:00 AM to 8:30 PM, EST. Refer to your member ID (social security number) and your plan number: 00526696.

EXCLUSIONS AND LIMITATIONS

A SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS FOR CRITICAL ILLNESS:

We will not pay benefits for the First Occurrence of a Critical Illness if it occurs less than 3 months after the First Occurrence of a related Critical Illness for which this Plan paid benefits. By related we mean either: (a) both Critical Illnesses are contained within the Cancer Related Conditions category; or (b) both Critical Illnesses are contained within the Vascular Conditions category. 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 12 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.

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

This handout is for illustrative purposes only and is an approximation. If any discrepancies between this handout and your paycheck stub exist, your paycheck stub prevails. Your company has selected Guardian to provide Critical Illness coverage to eligible employees & dependents according to plan terms which have been mutually agreed upon. As an eligible employee, you can purchase this coverage at the group premium levels illustrated above.

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.

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 1) late enrollees and 2) enrollees over age 69 (not applicable in FL). This coverage will not be effective until approved by a Guardian underwriter.

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..

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Group Number: 00526696

Accident Benefit Summary

About Your Benefits:

Accidents happen every day. Did you know almost 39 Million emergency room visits a year are due to an injury?¹ If you were injured from an accident, chances are you will have expenses that you were not anticipating-will you be prepared? Accident Insurance can help you deal with those expenses. Benefit payments can help you with your medical deductibles and co-pays, and cover household expenses like groceries, mortgage payments and childcare, which can begin to pile up if you have to take some time off from work. You are guaranteed coverage, so please enroll today!

¹Injury Facts, 2011 Edition, National Safety Council.

What Your Benefits Cover:

	ACCIDENT
COVERAGE - DETAILS	
Your Monthly premium	\$19.65
You and Spouse	\$29.45
You and Child(ren)	\$34.44
You, Spouse and Child(ren)	\$44.24
Accident Coverage Type	On and Off Job
Portability - Allows you to take your Accident coverage with you if you terminate employment. Ported Accident plan terminates at age 70.	Included
ACCIDENTAL DEATH AND DISMEMBERMENT	
Benefit Amount(s)	Employee \$50,000 Spouse \$25,000 Child \$5,000
Catastrophic Loss	Quadriplegia, Loss of speech & hearing (both ears), Loss of Cognitive function: 100% of AD&D Hemiplegia & Paraplegia: 50% of AD&D
Common Carrier	200% of AD&D benefit
Common Disaster	200% of Spouse AD&D benefit
Dismemberment - Hand, Foot, Sight	Single: 50% of AD&D benefit Multiple: 100% of AD&D benefit
Dismemberment - Thumb/Index Finger Same Hand, Four Fingers Same Hand, All Toes Same Foot	25% of AD&D benefit
Seatbelts and Airbags	Seatbelts: \$10,000 & Airbags: \$15,000
Reasonable Accommodation to Home or Vehicle	\$2,500
WELLNESS BENEFIT - Per Year Limit	\$50
Child(ren) Age Limits	Children age birth to 26 years
FEATURES	
Accident Emergency Room Treatment	\$175
Accident Follow-Up Visit - Doctor	\$50 up to 6 treatments
Air Ambulance	\$1,000
Ambulance	\$150
Appliance - Wheelchair, leg or back brace, crutches, walker, walking boot that extends above the ankle or brace for the neck.	\$125

FEATURES (Cont.)

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 - 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
Coma	\$10,000
Concussions	\$75
Dislocations	Schedule up to \$6,000
Diagnostic Exam (Major)	\$150
Emergency Dental Work	\$150/Crown, \$50/Extraction
Epidural pain management	\$100, 2 times per accident
Eye Injury	\$300
Family Care	\$20/day up to 30 days
Fracture	Schedule up to \$8,000
Hospital Admission	\$1,000
Hospital Confinement	\$225/day - up to 1 year
Hospital ICU Admission	\$1,000
Hospital ICU Confinement	\$450/day - up to 15 days
Initial Physician's office/Urgent Care Facility Treatment	\$75
Joint Replacement (hip/knee/shoulder)	\$2,500/\$1,250/\$1,250
Knee Cartilage	\$500
Laceration	Schedule up to \$400
Lodging - The hospital must be more than 50 miles from the insured's residence.	\$100/day, up to 30 days for companion hotel stay
Occupational or Physical Therapy	\$25/day up to 10 days
Prosthetic Device/Artificial Limb	1: \$500 2 or more: \$1,000
Rehabilitation Unit Confinement	\$150/day up to 15 days
Ruptured Disc With Surgical Repair	\$500
Surgery	Schedule up to \$1,250 Hernia: \$150
Surgery - Exploratory or Arthroscopic	\$250
Tendon/Ligament/Rotator Cuff	1: \$500 2 or more: \$1,000
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.	\$100, 3 times per accident
X - Ray	\$30

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.

This handout is for illustrative purposes only and is an approximation. If any discrepancies between this handout and your paycheck stub exist, your paycheck stub prevails.

Manage Your Benefits:

Go to www.GuardianAnytime.com to access secure information about your Guardian benefits. Your on-line account will be set up within 30 days after your plan effective date.

Need Assistance?

Call the Guardian Helpline (888) 600-1600, weekdays, 8:00 AM to 8:30 PM, EST. Refer to your member ID (social security number) and your plan number: 00526696

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.

This plan will not pay benefits for any injury caused by or related to: declared or undeclared war, act of war or armed aggression; taking part in a riot or civil disorder; or commission of, or attempt to commit a felony; intentionally self

inflicted injury, while sane or insane; suicide, while sane or insane. The covered person being legally intoxicated. Treatment rendered or hospital confinement outside the United States or Canada. Travel of flight in any kind of aircraft including any aircraft owned by or for the employer 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, sailgliding, parasailing, parakiting, ballooning, parachuting, and/or skydiving. Injuries to a dependent child received during the birth. An accident that occurred before the covered person is covered by this plan. Sickness, disease, mental infirmity or medical or surgical treatment.

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.

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Group Number: 00526696

Cancer Benefit Summary

About Your Benefits:

Cancer is a terrible disease, but fortunately, more and more people are beating it through earlier diagnosis and the ever improving treatments available. However, treatment can be costly. Did you know an average out-of-pocket cost for cancer care is more than \$1200 per month.¹ That's where Cancer insurance can help. It supplements your medical and disability income insurance and helps protect you and your family from the financial hardship you may face while fighting the disease. Cancer Insurance pays benefits to you based on the treatments you receive related to a covered cancer diagnosis. The benefit payment is paid in addition to your medical insurance plan. Coverage is surprisingly affordable, so enroll today and get covered!

¹Duke University Medical Center, 2011 <http://clearhealthcosts.com/tag/duke-university-medical-center/>

What Your Benefits Cover:

CANCER

COVERAGE - DETAILS	Option 1: Value Plan	Option 2: Premier Plan
Your Monthly premium	\$15.12	\$40.70
You and Spouse	\$31.87	\$90.19
You and Child(ren)	\$18.27	\$46.67
You, Spouse and Child(ren)	\$35.02	\$96.16
INITIAL DIAGNOSIS BENEFIT - Benefit is paid when you are diagnosed with Internal cancer for the first time while insured under this Plan.		
Benefit Amount(s)	Not Applicable	Employee \$5,000 Spouse \$5,000 Child \$5,000
Benefit Waiting Period - A specified period of time after your effective date during which the Initial Diagnosis benefits will not be payable.	Not Applicable	30 Days
CANCER SCREENING		
Benefit Amount	\$50; \$50 for Follow-Up screening	\$50; \$50 for Follow-Up screening
Conditional Issue - The "conditional" means the applicant (employee, spouse or child) can qualify for coverage if he/she responds "No" to the conditional medical question on the enrollment form.	You will be required to answer one medical question as a part of your enrollment form.	You will be required to answer one medical question as a part of your enrollment form.
Pre-Existing Conditions 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.	3 month look back period, 12 month exclusion period.	3 month look back period, 12 month exclusion period.
Portability: Allows you to take your Cancer coverage with you if you terminate employment. Ported Cancer plan terminates at age 70.	Included	Included
Child(ren) Age Limits	Children age birth to 26 years	Children age birth to 26 years
FEATURES		
Air Ambulance	\$250/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	No Benefit	\$50/day up to \$250 per month

FEATURES (Cont.)	Option 1: Value Plan	Option 2: Premier Plan
Attending Physician	\$25/day while hospital confined. Limit 75 visits.	\$25/day while hospital confined. Limit 75 visits.
Blood/Plasma/Platelets	\$50/day up to \$5,000 per year	\$200/day up to \$10,000 per year
Bone Marrow/Stem Cell	No Benefit	Bone Marrow: \$10,000 Stem Cell: \$2,500 50% benefit for 2nd transplant. \$1,500 benefit if a donor
Experimental Treatment	No Benefit	\$200/day up to \$2,400/month
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	No Benefit	\$400 per day in lieu of all other benefits
Home Health Care	No Benefit	\$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, \$2500 lifetime max
Inpatient Special Nursing	No Benefit	\$150/day up to 30 days per year
Medical Imaging	No Benefit	\$200/image up to 2 per year
Outpatient and family member lodging - Lodging must be more than 50 miles from your home.	No Benefit	\$100/day, up to 90 days per year
Outpatient or Ambulatory Surgical Center	No Benefit	\$350/day, 3 days per procedure
Physical or Speech Therapy	No Benefit	\$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
Radiation Therapy or Chemotherapy	Schedule amounts up to a \$4,000 benefit year maximum	Schedule amounts up to a \$12,000 benefit year maximum
Reconstructive Surgery	No Benefit	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/surgical 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 \$2,750	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.	No Benefit	\$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

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, carcinoid, leukoplakia, hyperplasia, actinic keratosis, polycythemia, and nonmalignant melanoma, moles or similar diseases or lesions will not be considered cancer.
- **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.

Manage Your Benefits:

Go to www.GuardianAnytime.com to access secure information about your Guardian benefits. Your on-line account will be set up within 30 days after your plan effective date.

Need Assistance?

Call the Guardian Helpline (888) 600-1600, weekdays, 8:00 AM to 8:30 PM, EST. Refer to your member ID (social security number) and your plan number: 00526696

LIMITATIONS AND EXCLUSIONS:

A SUMMARY OF CANCER LIMITATIONS AND EXCLUSIONS:

Conditional Issue is one medical question as a part of the enrollment form.

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.

This handout is for illustrative purposes only and is an approximation. If any discrepancies between this handout and your paycheck stub exist, your paycheck stub prevails.

Group Number: 00526696

Hospital Indemnity Benefit Summary

About Your Benefits:

Focus on recovery during a hospital stay – not your out-of-pocket costs. A hospital confinement due to an illness or injury can happen to anyone. Chances are when it occurs you will have unplanned expenses to pay. Will you be prepared? Hospital Indemnity insurance benefit payments are made directly to you, no matter what other coverage you may have, and can be used however you choose. These benefit payments can help pay for out-of-pocket healthcare costs or other household expenses which can pile up during a hospital stay. Hospital Indemnity insurance helps provide financial peace of mind – please enroll today!

What Your Benefits Cover:

	Hospital Indemnity	
	Option 1	Option 2
Coverage Details		
Your Monthly premium	\$24.35	\$32.05
You and spouse	\$47.85	\$62.95
You and Child(ren)	\$34.70	\$45.70
You, spouse and Child(ren)	\$58.20	\$76.60
Benefits		
Hospital/ICU Admission	\$1,500 per admission, limited to 1 admission(s) per insured and 2 day(s) per covered family per benefit year.	\$2,500 per admission, limited to 1 admission(s) per insured and 2 day(s) per covered family per benefit year.
Hospital/ICU Confinement	\$200/\$400 per day, limited to 30 day(s) per insured per benefit year.	\$200/\$400 per day, limited to 30 day(s) per insured per benefit year.
Pre-Existing Conditions 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.	12 months prior, 12 months after	12 months prior, 12 months after
Portability - Allows you to take your Hospital Indemnity coverage with you if you terminate employment.	Included	Included
Child(ren) Age Limits	Children age birth to 26 years	Children age birth to 26 years
Applicants over the age of 69 are not eligible to enroll in the Hospital Indemnity coverage.		

UNDERSTANDING YOUR BENEFITS – HOSPITAL INDEMNITY

Hospital Admission & Hospital ICU Admission benefits are not payable on the same day.

Premium will be waived if you are hospitalized for more than 30 days.

Hospital admission or confinement benefits are not payable for a newborn unless the child is admitted to the Neonatal ICU.

Hospital/ICU confinement benefits are not payable on the same day as Hospital/ICU admission benefit.

After initial enrollment, Hospital Indemnity coverage will continue as long as an insured is actively at work.

Manage Your Benefits:

Go to www.GuardianAnytime.com to access secure information about your Guardian benefits. Your on-line account will be set up within 30 days after your plan effective date.
www.guardiananytime.com.

Need Assistance?

Call the Guardian Helpline (888) 600-1600, weekdays, 8:00 AM to 8:30 PM, EST. Refer to your member ID (social security number) and your plan number: 00526696

LIMITATIONS AND EXCLUSIONS:

In order to be eligible for coverage: Employees must be legally working: (a) in the United States or (b) outside the United States, for a US based employer, in a country or region approved by Guardian.

An applicant must enroll within 31 days of the coverage effective date. An open enrollment will occur each year during a 30 day time period specified by the policyholder. If an applicant does not enroll during their initial enrollment period, he/she may not enroll until the next open enrollment period.

This Plan will not pay benefits for:

- Treatment relating to a covered person: taking part in any war or act of war (including service in the armed forces), commission of or attempt to commit a felony, an act of terrorism, or participating in an illegal occupation, riot or insurrection.

- Suicide or any intentionally self-inflicted injury

Elective surgery;

Surgery to correct vision or hearing, unless medically necessary surgery for glaucoma, cataracts or other sickness or injury;

Dental care, dental xrays, or dental treatment;

Gastric or intestinal bypass services including lap banding, gastric stapling, and other similar procedures to facilitate weight loss; the reversal, or revision of such procedures; or services required for the treatment of complications from such procedures. This exclusion does not apply to completion of a weight reduction program that may be payable under the Health Screening benefit ;

Rest cures or custodial care, or treatment of sleep disorders;

Services, treatment or supplies rendered outside the United States or Canada;

Cosmetic surgery. This Exclusion does not apply to reconstructive surgery:

(a) on an injured part of the body following infection or disease of the involved part;

(b) of a congenital disease or anomaly of a covered dependent newborn or adopted infant; or

(c) on a nondiseased breast to restore and achieve symmetry between two breasts following a covered Mastectomy;

Treatment or removal of warts, moles, boils, skin blemishes or birthmarks, bunions, acne, corns, calluses, the cutting and trimming of toenails, care for flat feet, fallen arches or chronic foot strain;

Service, treatment or loss related to alcoholism or drug addiction, except for drugs prescribed by the Covered Person's Doctor and taken as prescribed;

Care or treatment for mental or nervous disorders;

Services, treatment or loss rendered in any Veterans Administration or Federal Hospital, except if there is a legal obligation to pay;

Services or treatment Provided by a Doctor, Nurse or any other person who is employed or retained by a Covered Person or who is a Covered Person's Spouse, parent, brother, sister, child, Domestic Partner or partner in a civil union.

Surgery and treatment, procedures, products or services that are experimental or investigative.

Hospital Confinement and/or Hospital Admission and Inpatient Surgery due to any Covered Person's giving birth within the first 9 months after the Covered Person's effective date under this Plan as a result of a normal pregnancy, including cesarean section. Complications of Pregnancy will be covered to the same extent as any other Covered Sickness

Treatment of a Covered Dependent Child's Children;

Sickness or Injury sustained while on active duty in the armed forces of any country. This does not include Reserve or National Guard duty for training.