

## IMPORTANT INFORMATION

- Available on groups with 25-999 eligible lives.
- Valid in CA only.
- Rates shown are valid thru January 1, 2022.

## MONTHLY RATES

	Platinum Plan, Customized
<b>Employee</b>	\$16.66
<b>Employee &amp; Spouse</b>	\$38.00
<b>Employee &amp; Child</b>	\$39.54
<b>Family</b>	\$60.88
<b>Rate Guarantee</b>	2 Years
<b>Contributory Status</b>	Voluntary
<b>Minimum Participation</b>	5 enrolled employees
<b>Portability</b>	Included without evidence
<b>Child(ren) Age Limits</b>	Birth to 26 yrs (26 if full-time student), subject to state limitations

## BENEFITS

	Platinum Plan, Customized
<b>Accident Coverage</b>	Off Job
<b>Accidental Death and Dismemberment</b>	
Death Benefit	Employee: \$50,000 Spouse: \$25,000 Child: \$5,000
Catastrophic Loss	Quadriplegia: 100% of AD&D Loss of speech and hearing (both ears): 100% of AD&D Loss of cognitive function: 100% of AD&D Hemiplegia: 50% of AD&D Paraplegia: 50% of AD&D
Common Carrier	200% of AD&D
Common Disaster	200% of Spouse AD&D benefit
<b>Dismemberment</b>	
Hand, Foot, Sight Thumb/Index Finger	Single: 50% of AD&D benefit Multiple: 100% of AD&D benefit
Same Hand, Four Fingers Same Hand, All Toes Same Foot	25% of AD&D
Seatbelts and Airbags	Seatbelts: \$10,000 Airbags: \$15,000
Reasonable Accommodation to Home or Vehicle	\$2,500
<b>Hospital Confinement Sickness Benefit</b>	
Employee	\$25 per day, up to 10 days after a 3 day elimination period
Spouse	\$25 per day, up to 10 days after a 3 day elimination period
Child	\$25 per day, up to 10 days after a 3 day elimination period

## BENEFITS (continued)

	Platinum Plan, Customized
Rainy Day Fund	Benefit Amount: \$500 Rollover Maximum: \$250 Fund Maximum: \$1,000
Wellness Benefit	Provides a \$100 per year benefit for completing certain routine wellness screenings or procedures (refer to Plan Highlights section for example procedures)
Air Ambulance	\$1,500
Ambulance	\$200
Blood/Plasma/Platelets	\$300
Burns (2 <sup>nd</sup> Degree/3 <sup>rd</sup> Degree)	9 sq inches to 18 sq inches: \$0/\$1,000 18 sq inches to 35 sq inches: \$500/\$2,000 Over 35 sq inches: \$1,500/\$6,000
Burn – Skin Graft	50% of burn benefit
Child Organized Sport	25% increase to child benefits
Coma	\$12,500
Concussion Baseline Study	\$25
Concussions	\$100
Diagnostic Exam (Major)	\$200
Dislocations	Schedule up to \$5,000
Doctor Follow Up Visits	\$100 up to 6 treatments
Emergency Dental Work	\$400/Crown \$100/Extraction
Emergency Room Treatment	\$300
Epidural Anesthesia Pain Management	\$100, 2 times per accident
Eye Injury	\$300
Family Care	\$20/day up to 30 days
Fractures	Schedule up to \$8,000
Gun Shot Wound	\$1,000
Hospital Admission	\$2,000
Hospital Confinement	\$400/day, up to 1 yr
Hospital ICU Admission	\$4,000
Hospital ICU Confinement	\$800/day – up to 15 days
Initial Doctor's Office/Urgent Care Facility Treatment	\$200
Knee Cartilage	\$750
Laceration	Schedule up to \$200 \$150/day, up to 30 days for companion hotel stay
Lodging	
Medical Appliance	Schedule up to \$300
Outpatient Therapies	\$90/day up to 10 days
Post-Traumatic Stress Disorder	\$500
Prosthetic Device/Artificial Limb	1: \$750 2 or more: \$1,500
Rehabilitation Unit Confinement	\$150/day up to 15 days
Ruptured Disc with Surgical Repair	\$750
Surgery (Cranial, Open Abdominal, Thoracic)	\$1,500 Hernia: \$300
Surgery – Exploratory or Arthroscopic	\$350
Tendon/Ligament/Rotator Cuff	1: \$750 2 or more: \$1,500
Transportation	\$0.50 per mile, limited to \$600/round trip, up to 3 times per accident
Traumatic Brain Injury	\$5,000
X-Ray	\$40

## PLAN HIGHLIGHTS

- No underwriting required.
- Wellness Benefit includes coverage for screenings & procedures such as well visits, mammography, colonoscopy, pap smear, PSA, Serum cholesterol test, completion of smoking cessation and weight reduction programs, registration of a covered child in an organized sport and many more.
- **College Tuition Benefit** : Annual enrollment in this plan earns you 2,000 Tuition Rewards (1 Reward = \$1 in tuition reduction at a network of Private Colleges and Universities.) These rewards are yours for your lifetime and can be given to Children, Grandchildren, Nieces, Nephews and Godchildren. Visit [www.Guardian.CollegeTuitionBenefit.com](http://www.Guardian.CollegeTuitionBenefit.com) to learn more!
- **Portability** - Portability allows the employee to take the coverage with them if employment has ended.

## IMPORTANT NOTES

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

In force Major Medical coverage is required for employee, spouse and child in order to elect Accident coverage in the state of CA.

In the state of CA: This coverage is not available to any person who is 1) 65 years of age or older and is covered by Medicare Part A and Part B and a Medicare Supplement insurance policy, certificate, or contract for coverage of excess charges under Medicare Part B, or 2) 65 years of age or older, if purchasing the coverage would result in coverage for medical benefits for more than 100% of actual medical expenses.

- **Benefit Administration Programs:** As requested by you, your premium has been increased to include funding that covers the percentage of premium payment shown below to the benefits administration service provider ("service provider") you have independently contracted to, among other things, provide an enhanced electronic benefits enrollment experience for your members. Reference the Benefit Administration Program Disclosure Page below for important information concerning authorization OR payment of your selected benefits administration service provider. Plan 1: 3.00%
- **Child Organized Sport** – Benefit is paid if the covered accident occurred while your covered child is participating in an organized sport that is governed by an organization and requires formal registration to participate. This benefit is only payable if child coverage is included on the plan.
- **Family Care** – Benefit is payable for each child attending a Child Care center while the insured is confined to the hospital, ICU or Alternate Care or Rehabilitative facility due to injuries sustained in a covered accident.
- **Lodging** – Benefit is paid for a companion's hotel stay while the insured is confined to the hospital as the result of a covered accident. The hospital must be more than 50 miles from the insured's residence.
- **Medical Appliance** – Benefit is paid if a wheelchair, motorized scooter, leg or back brace, crutches, walker, walking boot that extends above the ankle or brace for the neck is prescribed by a physician as necessary due to an injury sustained as the result of a covered accident.
- **Rainy Day Fund** – can pay benefits when a claimant has exhausted a frequency limitation that applies to a particular benefit. Rainy Day Fund will apply to the following benefits: Air Ambulance, Ambulance, Blood/Plasma/Platelets, Chiropractic Visits, Diagnostic Exam (Major), Doctor Follow-Up Visits, Emergency Dental Work, Epidural Anesthesia Pain Management, Eye Injury, Family Care, Fractures, Gun Shot Wound, Hospital Confinement, Hospital ICU Confinement, Joint Replacement, Knee Cartilage, Lodging, Outpatient Therapies, Rehabilitation Unit Confinement, Ruptured Disc with Surgical Repair, Surgery (Cranial, Open Abdominal, Thoracic, Hernia), Surgery (Exploratory and Arthroscopic), Transportation, X-ray if they are included on your plan.
- **Transportation** – Benefit is paid if you have to travel more than 50 miles one way to receive special treatment at a hospital or facility due to a covered accident.
- **Traumatic Brain Injury** – is a nondegenerative, noncongenital Injury to the brain from an external nonbiological force, required Hospital Confinement for 48 hours or more resulting in a permanent neurological deficit with significant loss of muscle function and persistent clinical symptoms.

## SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS

- Employees must be legally working in the United States in order to be eligible for coverage. Underwriting must approve coverage for employees on temporary assignment: (a) exceeding 1 year; or (b) in an area under travel warning by the US Department of State, subject to state specific variations.
- This proposal summarizes the major features of the Guardian Accident benefit plan. It is not intended to be a complete representation of the proposed plan. For full plan features, including exclusions and limitations, please refer to your Policy.
- This proposal is hedged subject to satisfactory financial evaluation.
- State variations may apply.

## SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS (continued)

**This plan will not pay benefits for any injury caused by or related to directly or indirectly:**

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

Policy #: GP-1-ACC-18

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