



# Accident insurance

Accidents happen. With accident insurance, you can help them hurt a bit less.

Accident insurance is an extra layer of protection that gives you a cash payment to help cover out-of-pocket expenses when you suffer an unexpected, qualifying accident.

## Who is it for?

Nobody can predict when an accident might happen. That's why accident insurance is an important add-on policy for people who want to supplement the health and disability insurance coverage they already have individually or through an employer.

## What does it cover?

Accident insurance pays you lump sum benefits after an accident happens. This could be a severe burn, broken bone or emergency room visit. Our accident insurance policies also offer an increased benefit that pays extra for children injured while playing an organized sport like soccer, baseball, lacrosse, or football.

The child must be covered at the time the accident occurred and be 18 years of age or younger.

## Why should I consider it?

Health coverage may become more expensive, with higher co-pays, premiums, and deductibles. Accident insurance can be a simple, affordable way to help supplement and cover additional expenses your health and disability insurance may not cover, including x-rays, ambulance services, deductibles, and even things like rent or groceries.

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

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



## Added support during recovery

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

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

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

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

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

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

This example is for illustrative purposes only. Your plan's coverage may vary. See your plan's information on the following pages for specific amounts and details.



# Your accident coverage

| ACCIDENT                                                                                                                                                                                                                                                                        |                                                                                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| <b>COVERAGE - DETAILS</b>                                                                                                                                                                                                                                                       |                                                                                                                                         |
| <b>Your Semi-monthly premium</b>                                                                                                                                                                                                                                                | \$8.33                                                                                                                                  |
| You and Spouse/Domestic Partner                                                                                                                                                                                                                                                 | \$19.00                                                                                                                                 |
| You and Child(ren)                                                                                                                                                                                                                                                              | \$19.77                                                                                                                                 |
| You, Spouse/Domestic Partner and Child(ren)                                                                                                                                                                                                                                     | \$30.44                                                                                                                                 |
| <b>Accident Coverage Type</b>                                                                                                                                                                                                                                                   | Off Job                                                                                                                                 |
| <b>Portability</b> - Allows you to take your Accident coverage with you if you terminate employment.                                                                                                                                                                            | Included                                                                                                                                |
| <b>ACCIDENTAL DEATH AND DISMEMBERMENT</b>                                                                                                                                                                                                                                       |                                                                                                                                         |
| <b>Benefit Amount(s)</b>                                                                                                                                                                                                                                                        | Employee \$50,000<br>Spouse \$25,000<br>Child \$5,000                                                                                   |
| <b>Catastrophic Loss</b>                                                                                                                                                                                                                                                        | Quadriplegia, Loss of speech & hearing (both ears),<br>Loss of Cognitive function: 100% of AD&D<br>Hemiplegia & Paraplegia: 50% of AD&D |
| <b>Common Carrier</b>                                                                                                                                                                                                                                                           | 200% of AD&D benefit                                                                                                                    |
| <b>Common Disaster</b>                                                                                                                                                                                                                                                          | 200% of Spouse AD&D benefit                                                                                                             |
| <b>Dismemberment</b> - Hand, Foot, Sight                                                                                                                                                                                                                                        | Single: 50% of AD&D benefit<br>Multiple: 100% of AD&D benefit                                                                           |
| <b>Dismemberment</b> - Thumb/Index Finger Same Hand, Four Fingers Same Hand, All Toes Same Foot                                                                                                                                                                                 | 25% of AD&D benefit                                                                                                                     |
| <b>Seatbelts and Airbags</b>                                                                                                                                                                                                                                                    | Seatbelts: \$10,000 & Airbags: \$15,000                                                                                                 |
| <b>Reasonable Accommodation to Home or Vehicle</b>                                                                                                                                                                                                                              | \$2,500                                                                                                                                 |
| <b>HOSPITAL CONFINEMENT SICKNESS BENEFIT</b> - Benefit is paid if you are admitted to the hospital due to sickness.                                                                                                                                                             |                                                                                                                                         |
| <b>Employee</b>                                                                                                                                                                                                                                                                 | \$25 per day, up to 10 days after a 3 day elimination period.                                                                           |
| <b>Spouse</b>                                                                                                                                                                                                                                                                   | \$25 per day, up to 10 days after a 3 day elimination period.                                                                           |
| <b>Child</b>                                                                                                                                                                                                                                                                    | \$25 per day, up to 10 days after a 3 day elimination period.                                                                           |
| <b>Hospital Confinement Sickness Pre-Existing Conditions Limitation</b> - A pre-existing condition includes any condition for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs. | 3 month look back period, 12 month exclusion period.                                                                                    |
| <b>WELLNESS BENEFIT</b> - Per Year Limit                                                                                                                                                                                                                                        | \$100                                                                                                                                   |
| <b>Child(ren) Age Limits</b>                                                                                                                                                                                                                                                    | Children age birth to 26 years                                                                                                          |
| <b>RAINY DAY FUND</b>                                                                                                                                                                                                                                                           | Benefit Amount: \$500<br>Rollover Maximum: \$250<br>Fund Maximum: \$1,000                                                               |



# Your accident coverage

## FEATURES

|                                                                                                                                                                                                                                                         |                                                                                                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| Air Ambulance                                                                                                                                                                                                                                           | \$1,500                                                                                                                       |
| Ambulance                                                                                                                                                                                                                                               | \$200                                                                                                                         |
| Blood/Plasma/Platelets                                                                                                                                                                                                                                  | \$300                                                                                                                         |
| Burns (2nd Degree/3rd Degree)                                                                                                                                                                                                                           | 9 sq inches To 18 sq inches: \$0/\$1,000<br>18 sq inches To 35 sq inches: \$500/\$2,000<br>Over 35 sq inches: \$1,500/\$6,000 |
| Burns - Skin Graft                                                                                                                                                                                                                                      | 50% of burn benefit                                                                                                           |
| Child Organized Sport - Benefit is paid if the covered accident occurred while your covered child, age 18 years or younger, is participating in an organized sport that is governed by an organization and requires formal registration to participate. | 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—Benefit is payable for each child attending a Child Care center while the insured is confined to a hospital, ICU or Alternate Care or Rehabilitative facility due to injuries sustained in a covered accident.                              | \$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 year                                                                                                      |
| Hospital ICU Admission                                                                                                                                                                                                                                  | \$4,000                                                                                                                       |
| Hospital ICU Confinement                                                                                                                                                                                                                                | \$800/day - up to 15 days                                                                                                     |
| Initial Dr. Office/Urgent Care Facility Treatment                                                                                                                                                                                                       | \$200                                                                                                                         |
| Knee Cartilage                                                                                                                                                                                                                                          | \$750                                                                                                                         |
| Laceration                                                                                                                                                                                                                                              | Schedule up to \$200                                                                                                          |
| Lodging - The hospital stay must be more than 50 miles from the insured's residence.                                                                                                                                                                    | \$150/day, up to 30 days for companion hotel stay                                                                             |
| Medical Appliance—Wheelchair, motorized scooter, leg or back brace, cane, crutches, walker, walking boot that extends above the ankle or brace for the neck.                                                                                            | Schedule up to \$300                                                                                                          |
| Outpatient Therapies                                                                                                                                                                                                                                    | \$90/day, up to 10 days                                                                                                       |
| Post-Traumatic Stress Disorder                                                                                                                                                                                                                          | \$500                                                                                                                         |
| Prosthetic Device/Artificial Limb                                                                                                                                                                                                                       | 1: \$750<br>2 or more: \$1,500                                                                                                |
| Rehabilitation Unit Confinement                                                                                                                                                                                                                         | \$150/day, up to 15 days                                                                                                      |
| Ruptured Disc With Surgical Repair                                                                                                                                                                                                                      | \$750                                                                                                                         |

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# Your accident coverage

## FEATURES (Cont.)

|                                                                                                                                                                                                                                                                                                      |                                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| Surgery (Cranial, Open Abdominal, Thoracic, Hernia) Max                                                                                                                                                                                                                                              | Schedule up to \$1,500<br>Hernia: \$300                                  |
| Surgery (Exploratory or Arthroscopic)                                                                                                                                                                                                                                                                | \$350                                                                    |
| Tendon/Ligament/Rotator Cuff                                                                                                                                                                                                                                                                         | 1: \$750<br>2 or more: \$1,500                                           |
| 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.                                                                                                                                  | \$0.50 per mile, limited to \$600/round trip, up to 3 times per accident |
| Traumatic Brain Injury — A nondegenerative, noncongenital Injury to the brain from an external nonbiological force, requiring Hospital Confinement for 48 hours or more and resulting in a permanent neurological deficit with significant loss of muscle function and persistent clinical symptoms. | \$5,000                                                                  |
| X - Ray                                                                                                                                                                                                                                                                                              | \$40                                                                     |

## 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.
- **Emergency Room Treatment** – Benefit is paid only when an insured is examined or treated within 72 hours 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 and X-Ray, if they are included on your plan.



# Your accident coverage

## LIMITATIONS AND EXCLUSIONS:

### A SUMMARY OF ACCIDENT LIMITATIONS AND EXCLUSIONS:

Employees must be working in the United States in order to be eligible for coverage. Underwriting must approve coverage for employees on temporary assignment: (a) exceeding 1 year; or (b) in an area under travel warning by the US Department of State, subject to state specific variations.

This proposal summarizes the major features of the Guardian Accident benefit plan. It is not intended to be a complete representation of the proposed plan. For full plan features, including exclusions and limitations, please refer to your Policy.

This proposal is hedged subject to satisfactory financial evaluation.

We don't pay benefits for any Injury caused by or related to directly or indirectly: Sickness, disease, mental infirmity or medical or surgical treatment; the covered person being legally intoxicated; declared or undeclared war, act of war, or armed aggression; service in the armed forces, National Guard, or military reserves of any state or country; taking part in a riot or civil disorder; commission of, or attempt to commit a felony; intentionally self-inflicted Injury, while sane or insane; suicide or attempted suicide, while sane or insane; travel or flight in any kind of aircraft, including any aircraft owned by or for the

policyholder, except as a fare-paying passenger on a common carrier; participation in any kind of sporting activity for compensation or profit, including coaching or officiating; riding in or driving any motor-driven vehicle in a race, stunt show or speed test; participation in hang gliding, bungee jumping, sail gliding, parasailing, parakiting, ballooning, parachuting, 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 for the employee are excluded if Accident coverage is off job only.

Contract # GP-I-ACC-18

*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.*

Guardian's Accident Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage. This policy provides Accident insurance only. It does not provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services.

IMPORTANT NOTICE –THIS POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS.

Policy Form # GP-1-AC-BEN-12, et al., GP-1-LAH-12R; GP-1-ACC-18