

AN ACCIDENTAL INJURY CAN SERIOUSLY COST YOU

Protect Yourself From Unexpected Medical Costs

If you and your family are active, chances are, you're no stranger to a hospital emergency room. Even with medical insurance, a fall while bicycle riding or your child's sprained ankle at soccer practice can cost you a bundle in out-of-pocket expenses. Are you financially prepared for all of the medical and non-medical costs of treatment and recovery from a serious injury?

FINANCIAL SUPPORT TO GET YOU BACK ON YOUR FEET

- No matter what kind of medical coverage you have, you will have out-of-pocket costs that could really set you back financially
- Guardian® pays you cash benefits based on covered injuries, treatments and services
- Payments go directly to you, and you can pay for other expenses, like traveling to the hospital, childcare and lost income from missed work
- "Child Organized Sport" benefit pays you an extra 20% cash benefit for each accident when the dependent child is injured while playing an organized sport¹

HERE IS AN EXAMPLE OF HOW ACCIDENT INSURANCE WORKS²

While John was hiking in a local park, he fell and tore cartilage in his knee. He went to the hospital emergency room for treatment and stayed overnight. The doctor gave him a brace and scheduled him for a follow up visit. See how accident insurance offset John's expenses:

AMBULANCE	\$200	KNEE BRACE	\$125
HOSPITAL ADMISSION	\$2,000	X-RAY	\$40
EMERGENCY ROOM VISIT	\$400	KNEE CARTILAGE TEAR	\$750
HOSPITAL CONFINEMENT (1 DAY)	\$400	2 FOLLOW-UP VISITS	\$400
MEDICAL RESONANCE IMAGING (MRI)	\$200		

TOTAL CASH BENEFIT PAID FOR COVERED SERVICES: \$4,515

ACCIDENT INSURANCE WITH GUARDIAN IS EASY

- No health questions to answer and convenient payroll deductions
- Protects your savings when the unexpected occurs
- Take the coverage with you if you change jobs or retire



ACCIDENTS HAPPEN. HOW FINANCIALLY PREPARED ARE YOU?

Over 40 million Americans received emergency room treatment for an accidental injury³

63% of Americans with medical insurance used all their savings for out-of-pocket medical costs⁴

The average cost of an emergency room visit for people between the ages of 45-64 is \$2,176⁵

MONTHLY RATES

EMPLOYEE	\$15.21
EMPLOYEE & SPOUSE	\$34.75
EMPLOYEE & CHILD	\$36.23
FAMILY	\$55.77



LEARN MORE ABOUT ACCIDENT INSURANCE AT WWW.GUARDIANANYTIME.COM



The Guardian Life Insurance Company of America® (Guardian)
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1. The child must be insured by the plan on the date the accident occurred. The child must be 18 years of age or younger. 2. For illustrative purposes only. See your plan for specific coverage amounts and details. 3. CDC Centers for Disease Control and Prevention, <http://www.cdc.gov/nchs/fastats/hospital.htm>, 2015. 4. Kaiser Family Foundation and the Health Research & Educational Trust, 2015. 5. 2014 Medical Expenditure Panel Survey, Consumer Health Ratings.com <https://www.huffingtonpost.com/simple-thrifty-living/top-10-reasons-people-go-to-the-emergency-room-6887642.html>. 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-ACC-16-NM. GP-1-LAH-12R-OR. GC-ACC-12-OR.

ACCIDENT INSURANCE

BENEFIT	EMPLOYEE COVERAGE*
ACCIDENT COVERAGE TYPE	Off Job
CHILD(REN) AGE LIMITS	Birth to 26 Years
ACCIDENT EMERGENCY TREATMENT	\$400
ACCIDENT FOLLOW-UP VISIT – DOCTOR	\$200 up to 2 treatments
AMBULANCE / AIR AMBULANCE	\$200/\$1,500
APPLIANCE	\$125
BLOOD/PLASMA/PLATELETS	\$300
BURNS (2 ND DEGREE/3 RD 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	20% increase to child benefits
COMA	\$12,500
CONCUSSIONS	\$100
DISLOCATIONS	Schedule up to \$4,800
DIAGNOSTIC EXAM (MAJOR)	\$200
EMERGENCY DENTAL WORK	\$400/Crown; \$100/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	\$2,000
HOSPITAL CONFINEMENT	\$400/day, up to 1 year
HOSPITAL ICU ADMISSION	\$2,000
HOSPITAL ICU CONFINEMENT	\$800/day, up to 15 days
INITIAL PHYSICIAN'S OFFICE/URGENT CARE FACILITY TREATMENT	\$200
KNEE CARTILAGE	\$750
LACERATION	Schedule up to \$200
LODGING	\$150/day, up to 30 days for companion hotel stay
OCCUPATIONAL OR PHYSICAL THERAPY	\$120/day, up to 10 days
PROSTHETIC DEVICE/ARTIFICIAL LIMB	\$750 for one; \$1,500 for two or more
REHABILITATION UNIT CONFINEMENT	\$150/day, up to 15 days
RUPTURED DISC WITH SURGICAL REPAIR	\$750
SURGERY (CRANIAL, OPEN ABDOMINAL, THORACIC)	\$1,500 (Hernia: \$200)
SURGERY – EXPLORATORY OR ARTHROSCOPIC	\$350
TENDON/LIGAMENT/ROTATOR CUFF	\$750 for one; \$1,500 for two or more
TRANSPORTATION	\$600, 3 times per accident
X-RAY	\$40
WELLNESS BENEFIT	\$100 per person, per year
ACCIDENTAL DEATH	\$50,000 Employee, \$25,000 Spouse, \$5,000 Child (200% for Common Carrier)
CATASTROPHIC LOSS	Up to 100% of AD&D benefit
DISMEMBERMENT	Up to 100% of AD&D benefit

*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. This document is a summary of the major features of the referenced insurance coverage. It is intended for illustrative purposes only and does not constitute a contract. The insurance plan documents, including the policy and certificate, comprise the contract for coverage. The full plan description, including the benefits and all terms, limitations and exclusions that apply will be contained in your insurance certificate. Coverage terms may vary by state and employer-sponsored plan. The premium amounts reflected in this summary are an approximation; if there is a discrepancy between this amount and the premium deducted from your paycheck, the latter prevails.



SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS 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 or attempted suicide, while sane or insane • The covered person being legally intoxicated • Treatment rendered or hospital confinement outside the United States or Canada • Travel or 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, parachuting, ballooning, parachuting, and/or skydiving • Job related or on the job injuries • 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 • 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 U.S. Department of State, subject to state specific variations. • A pre-existing condition includes any condition for which an employee, in the specified time period prior to coverage in this plan, consults with a physician, receives treatment, or takes prescribed drugs. Please refer to the plan documents for specific time periods. State variations may apply. This applies to the Disability or Hospital Confinement Sickness riders only. • 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.