

Group Number: 00567683
Accident Benefit Summary
Accident insurance through Guardian provides you:

- A cash benefit for covered injuries, treatments and services, in addition to whatever your medical plan may cover
- Payments go directly to you, not the doctor
- Easy enrollment with no medical questions

About Your Benefits:

ACCIDENT		
COVERAGE - DETAILS	Option 1: Silver	Option 2: Gold
Your Monthly premium	\$6.79	\$13.12
You and Spouse	\$11.50	\$22.25
You and Child(ren)	\$14.83	\$28.96
You, Spouse and Child(ren)	\$19.54	\$38.09
Accident Coverage Type	Off Job	Off Job
Portability - Allows you to take your Accident coverage with you if you terminate employment.	Included	Included
ACCIDENTAL DEATH AND DISMEMBERMENT		
Benefit Amount(s)	Employee \$10,000 Spouse \$5,000 Child \$5,000	Employee \$25,000 Spouse \$12,500 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	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	200% of AD&D benefit
Common Disaster	200% of Spouse AD&D benefit	200% of Spouse AD&D benefit
Dismemberment - Hand, Foot, Sight	Single: 50% of AD&D benefit Multiple: 100% of AD&D benefit	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	25% of AD&D benefit
Seatbelts and Airbags	Seatbelts: \$10,000 & Airbags: \$15,000	Seatbelts: \$10,000 & Airbags: \$15,000
Reasonable Accommodation to Home or Vehicle	\$2,500	\$2,500
WELLNESS BENEFIT - Per Year Limit	\$50	\$50
Child(ren) Age Limits	Children age birth to 26 years	Children age birth to 26 years
RAINY DAY FUND	Benefit Amount: \$300 Rollover Maximum: \$150 Fund Maximum: \$600	Benefit Amount: \$400 Rollover Maximum: \$200 Fund Maximum: \$800
FEATURES		
Air Ambulance	\$750	\$1,000
Ambulance	\$150	\$200
Blood/Plasma/Platelets	\$300	\$300

Benefit information illustrated within this material reflects the plan covered by Guardian as of 11/20/2019

ALL ELIGIBLE EMPLOYEES EARNING LESS THAN 50K Benefit Summary

The Guardian Life Insurance Company of America, New York, NY

FEATURES (Cont.)	Option 1: Silver	Option 2: Gold
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	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
Burns - Skin Graft	50% of burn benefit	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	25% increase to child benefits
Chiropractic Visits	\$25/visit, up to 6 visits	\$50/visit, up to 6 visits
Coma	\$7,500	\$10,000
Concussion Baseline Study	\$25	\$25
Concussions	\$100	\$200
Diagnostic Exam (Major)	\$100	\$200
Dislocations	Schedule up to \$3,000	Schedule up to \$5,000
Doctor Follow-Up Visits	\$25, up to 6 treatments	\$50, up to 6 treatments
Emergency Dental Work	\$200/Crown, \$50/Extraction	\$300/Crown, \$75/Extraction
Emergency Room Treatment	\$150	\$200
Epidural Anesthesia Pain Management	\$100, 2 times per accident	\$100, 2 times per accident
Eye Injury	\$200	\$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	\$20/day, up to 30 days
Fractures	Schedule up to \$4,000	Schedule up to \$6,000
Gun Shot Wound	\$500	\$750
Hospital Admission	\$750	\$1,000
Hospital Confinement	\$150/day - up to 1 year	\$250/day - up to 1 year
Hospital ICU Admission	\$1,500	\$2,000
Hospital ICU Confinement	\$300/day - up to 15 days	\$500/day - up to 15 days
Initial Dr. Office/Urgent Care Facility Treatment	\$75	\$100
Joint Replacement (Hip/Knee/Shoulder)	\$1,500/\$750/\$750	\$2,500/\$1,250/\$1,250
Knee Cartilage	\$250	\$500
Laceration	Schedule up to \$300	Schedule up to \$400
Lodging - The hospital stay must be more than 50 miles from the insured's residence.	\$100/day, up to 30 days for companion hotel stay	\$125/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 \$400	Schedule up to \$500
Outpatient Therapies	\$25/day, up to 10 days	\$35/day, up to 10 days
Post-Traumatic Stress Disorder	\$300	\$400
Prosthetic Device/Artificial Limb	1: \$250 2 or more: \$500	1: \$500 2 or more: \$1,000
Rehabilitation Unit Confinement	\$50/day, up to 15 days	\$100/day, up to 15 days
Ruptured Disc With Surgical Repair	\$250	\$500
Surgery (Cranial, Open Abdominal, Thoracic, Hernia) Max	Schedule up to \$1,000 Hernia: \$200	Schedule up to \$1,250 Hernia: \$250
Surgery (Exploratory or Arthroscopic)	\$300	\$400
Tendon/Ligament/Rotator Cuff	1: \$250 2 or more: \$500	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.	\$0.50 per mile, limited to \$400/round trip, up to 3 times per accident	\$0.50 per mile, limited to \$500/round trip, up to 3 times per accident

FEATURES (Cont.)	Option 1: Silver	Option 2: Gold
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.	\$3,000	\$4,000
X - Ray	\$30	\$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.

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. The plan documents are the final arbiter of coverage. Coverage terms may vary by state and actual sold plan. The premium amounts reflected in this summary are an approximation; if there is a discrepancy between this amount and the premium actually billed, the latter 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.

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; treatment rendered or hospital confinement outside the United States or Canada; 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.

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ACCIDENT COVERAGE ONLY
REQUIRED OUTLINE OF COVERAGE

Read Your Policy Carefully—This outline provides a very brief description of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is, therefore, important that you **READ YOUR POLICY CAREFULLY!**

Accident coverage is designed to provide, to persons insured, coverage for certain losses resulting from a covered accident **ONLY**, subject to any limitations contained in the policy. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

Benefits— Subject to all of the Certificate’s terms, We will pay the following benefits below as applicable if a Covered Person sustains an Injury or incurs a loss as a result of a Covered Accident. The Accident must occur after the date he or she becomes insured by this Plan and is subject to the limitations and exclusions otherwise set forth herein. All Covered Benefits are listed in the Certificate and all benefit amounts are shown in the Schedule of Benefits.

This following is an **EXAMPLE** of what the plan may pay:

Accidental Death	Yourself \$250,000 Your Spouse \$125,000 Your Children \$50,000
Accidental Dismemberment	Loss of a hand, foot or sight: \$5,000 Multiple Losses of hand, foot or sight: For more than one covered loss due to the same Accident: \$10,000 Loss of thumb and index finger of same hand or Loss of four fingers of same hand: \$7,500 Loss of all toes of same foot: \$3,000
Air Ambulance	\$2,500
Ambulance	\$2,000
Burn (2 nd or 3 rd Degree)	\$10,000
Hospital Admission	\$250
Hospital Confinement	\$100 per day
Hospital ICU Admission	\$500
Hospital ICU Confinement	\$250 per day
Initial Doctor’s office/Urgent care facility treatment	\$100

The complete list of Benefits that applies to your Plan appears in your Certificate. Please Read your Certificate.

**EXCEPTIONS, REDUCTIONS AND LIMITATIONS OF THE CERTIFICATE
(this is not a major medical expense plan):**

Pre-existing Conditions: If any pre-existing condition applies, it will be listed on the Certificate Rider(s).

The Service Waiting Period: If You are in an eligible class, You are eligible for Accident coverage under this Plan after You complete the service waiting period, if any, established by the Employer.

This Plan will not pay benefits for any Injury caused by or related to directly or indirectly:

- Disease, mental infirmity or medical or surgical treatment.
- 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.
- A Covered person operating a motor vehicle while intoxicated, if operating a motor vehicle while intoxicated is a felony as defined by the law of the state in which the accident occurred.
- 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.
- Treatment rendered or hospital confinement outside the United States or Canada.
- Intentionally self-inflicted Injury.
- Suicide.
- 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, or skydiving.
- Job related or on the job injuries.
- An Accident that occurred before the Covered Person is covered by this Plan.
- Injuries to a dependent child received during the birth.

Renewability

The Policy is guaranteed renewable as long as You pay the premium when due or within the grace period. We can change our premium rates on any policy anniversary on a class basis. Any change in rates will be based on the attained or issue age of each Covered Person on the policy anniversary date.