

**Critical Illness Benefit Summary**

**Group Number:** 00567683

**A Critical Illness insurance plan through Guardian provides:**

- A cash benefit for a range of covered serious illnesses such as Cancer, Stroke and Heart Attack, in addition to whatever your medical insurance may cover
- Payments are made directly to you and can be used for any purpose

**About Your Benefits:**

**CRITICAL ILLNESS**

**Benefit Amount(s)** Employee may choose a lump sum benefit up to \$20,000. Please see your cost illustration for a full list of available benefit amounts.

**CONDITIONS**

**Cancer**

	<b>1st OCCURRENCE</b>	<b>2nd OCCURRENCE</b>
Invasive Cancer	100%	50%
Carcinoma In Situ	30%	0%
Benign Brain Tumor	75%	0%
Skin Cancer	\$250 per lifetime	Not Covered

**Vascular**

Heart Attack	100%	50%
Stroke	100%	50%
Heart Failure	100%	50%
Coronary Arteriosclerosis	30%	0%

**Other**

Organ Failure	100%	50%
Kidney Failure	100%	50%

**ADDITIONAL CONDITIONS**

**1st OCCURRENCE ONLY**

Addison's Disease	30%
ALS (Lou Gehrig's Disease)	100%
Alzheimer's Disease	50%
Coma	100%
Huntington's Disease	30%
Loss of Hearing	100%
Loss of Sight	100%
Loss of Speech	100%
Multiple Sclerosis	30%
Parkinson's Disease	100%
Permanent Paralysis	50% for 1 limb, 100% for 2 limbs
Severe Burns	100%

**Childhood Conditions**

**1st OCCURRENCE ONLY**

Cerebral Palsy	100%
Cleft Lip/Palate	100%
Club Foot	100%
Cystic Fibrosis	100%
Down's Syndrome	100%
Muscular Dystrophy	100%

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

**CRITICAL ILLNESS**

Spina Bifida	100%
Type I Diabetes	100%
<b>Spouse Benefit</b>	May choose a lump sum benefit up to \$10,000. Please see your cost illustration for a full list of available benefit amounts.
<b>Child Benefit-</b> children age Birth to 26 years	25% of employee's lump sum benefit
<b>Benefit Reductions:</b> Benefits are reduced by a certain percentage as an employee ages	50% at age 70
<b>Guarantee Issue:</b> 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 up to:  Less than age 70 \$20,000</p> <p>For a spouse:  Less than age 70 \$10,000</p> <p>For a child: All Amounts</p> <p><b>Health questions are required if the elected amount exceeds the Guarantee Issue, as well as for all applicants age 70+ regardless of elected amount.</b></p>
<b>Portability:</b> Allows you to take your Critical Illness coverage with you if you terminate employment.	Included
<b>Pre-Existing Condition 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 months prior, 12 months after

**WELLNESS BENEFIT**

Employee Per Year Limit	\$50
Spouse Per Year Limit	\$50
Child Per Year Limit	\$50

**Condition Definitions**

- Stroke: Stroke must be severe enough to cause neurological deficits at least 30 days after the event.
- Heart Failure: An insured must be placed on an organ transplant list in order to be eligible for the Heart failure benefits.
- Coronary Arteriosclerosis: Coronary Arteriosclerosis must be severe enough to require a coronary artery bypass graft.
- Organ Failure: Organ failure includes both lungs, liver, pancreas or bone marrow and requires the insured to be placed on an organ transplant list.
- Kidney Failure: An insured must be placed on an organ transplant list in order to be eligible for the Kidney failure benefits.

## 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.

Spouse coverage premium is based on Employee age

Child cost is included with employee election.

Monthly Premiums Displayed  
Election Cost Per Age Bracket

Benefit Amount		Issue Age	< 30	30-39	40-49	50-59	60-69	70+†
Employee								
\$10,000	Non-tobacco		\$5.40	\$8.10	\$15.00	\$36.70	\$65.70	\$116.80
	Tobacco		\$6.80	\$13.10	\$28.80	\$69.40	\$111.10	\$171.50
\$20,000	Non-tobacco		\$10.80	\$16.20	\$30.00	\$73.40	\$131.40	\$233.60
	Tobacco		\$13.60	\$26.20	\$57.60	\$138.80	\$222.20	\$343.00
<b>Benefit Amount Up To 50% of Employee Amount to a Maximum of \$10,000</b>								
Spouse								
\$5,000	Non-tobacco		\$1.95	\$3.30	\$5.95	\$10.15	\$16.45	\$31.70
	Tobacco		\$2.40	\$5.10	\$10.80	\$19.50	\$30.15	\$51.20
\$10,000	Non-tobacco		\$3.90	\$6.60	\$11.90	\$20.30	\$32.90	\$63.40
	Tobacco		\$4.80	\$10.20	\$21.60	\$39.00	\$60.30	\$102.40

†Benefit reductions may apply. See plan details.

### Manage Your Benefits:

Go to [www.GuardianAnytime.com](http://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.

## 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 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.

If the plan is new (not transferred): During the exclusion period, this Critical Illness plan does not pay charges relating to a pre-existing condition. If this plan is transferred from another insurance carrier, the time an insured is covered

**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.**

under that plan will count toward satisfying Guardian's pre-existing condition limitation period. A pre-existing condition includes any condition for which an employee, in a 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.

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.

This policy will not pay for a diagnosis of a listed critical illness that is made before the insured's Critical Illness effective date with Guardian.

*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..*

Contract # GP-1 -CI-14

**GUARDIAN LIFE INSURANCE COMPANY  
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**GROUP CRITICAL ILLNESS COVERAGE  
REQUIRED OUTLINE OF COVERAGE**

**Read Your Certificate Carefully.** This outline of coverage provides a very brief description of the important feature of coverage. 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 The Guardian Life Insurance Company of America. It is, therefore, important that you **READ YOUR CERTIFICATE CAREFULLY!**

**Critical Illness coverage is designed to provide, to persons insured, restricted coverage paying benefits ONLY when certain losses occur as a result of a critical illness. Coverage is not provided for other diseases or accidents or for basic hospital, basic medical-surgical, or major medical expenses.**

**BENEFITS**

Subject to all of the Certificate's terms, this plan will pay a benefit based on the benefit amount for which a person is insured. The Critical Illness must occur while the person is insured by this plan. All covered Critical Illnesses are listed in the Certificate. The benefit amount is payable for each condition. All benefit amounts are shown in the Schedule of Benefits.

This plan may pay a different level of benefits for the First Occurrence and for the Recurrence of a Critical Illness. For some Critical Illnesses we pay no benefits for a Recurrence. The benefit levels are shown in the Schedule of Benefits.

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

For you	\$5,000
For your spouse or domestic partner	\$2,000
For your covered dependent child	\$1,000

<b>Benefit Levels</b>	<b><u>Critical Illness</u></b>	<b><u>\$ or % of Benefit Amount for First Occurrence</u></b>	<b><u>% of Benefit Amount for Recurrence</u></b>
	<b><u>Cancer Related Conditions:</u></b>		
	<b>Benign Brain Tumor</b>	75%	50%
	<b>Carcinoma in Situ</b>	30%	Not Covered
	<b>Invasive Cancer</b>	100%	50%
	<b>Skin Cancer</b>	\$1,000	Not Covered

**Vascular Conditions:**

<b>Acute Respiratory Distress Syndrome</b>	30%	Not Covered
<b>Arteriosclerosis</b>	30%	Not Covered
<b>Heart Attack</b>	100%	50%
<b>Heart Failure</b>	100%	50%
<b>Stroke</b>	100%	50%
<b>Sudden Cardiac Arrest</b>	100%	Not Covered

**Neurological Conditions:**

<b>Alzheimer's Disease for Covered Person</b>	50%	Not Covered
<b>ALS (Lou Gehrig's Disease)</b>	100%	Not Covered
<b>Huntington's Disease</b>	30%	Not Covered
<b>Multiple Sclerosis</b>	30%	Not Covered
<b>Advanced Parkinson's Disease</b>	100%	Not Covered

**Childhood Conditions: (applies only to covered Dependent Children)**

<b>Cerebral Palsy</b>	100% of child amount	Not Covered
<b>Cleft lip/cleft palate</b>	100% of child amount	Not Covered
<b>Club foot</b>	100% of child amount	Not Covered
<b>Cystic Fibrosis</b>	100% of child amount	Not Covered
<b>Down's Syndrome</b>	100% of child amount	Not Covered
<b>Muscular Dystrophy</b>	100% of child amount	Not Covered
<b>Spina Bifida</b>	100% of child amount	Not Covered
<b>Type 1 Diabetes</b>	100% of child amount	Not Covered

**Other Conditions:**

<b>Addison's Disease</b>	30%	Not Covered
<b>Coma</b>	100%	Not covered

<b>Kidney Failure</b>	100%	50%
<b>Loss of Hearing</b>	100%	Not Covered
<b>Loss of Sight</b>	100%	Not covered
<b>Loss of Speech</b>	100%	Not covered
<b>Major Organ Failure</b>	100%	50%
<b>Permanent Paralysis</b>	100% for 2 or more limbs; 50% for 1 limb	Not Covered
<b>Severe Burns</b>	100%	Not Covered

**Cancer Vaccine** \$50 per lifetime

**Reduction of Critical Illness Benefit Amount Based on Age** If You are less than age 70 when Your coverage under this Plan starts, Your benefit amount will be reduced. It will be reduced on the date you reach age 70 by 50% of that amount. Reduced amounts will be rounded to the nearest dollar. But in no case will such amount be less than \$1,000.

This reduction also applies to Your initial benefit amount if Your coverage starts on or after the date You reach age 70

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

## LIMITATIONS

**Proof of Insurability:** The covered person's benefit amount, a part of it, or increases in it may not become effective until he or she submits proof of insurability to us. We must approve such proof in writing. These requirements are shown in the schedule.

**Pre-Existing Conditions:** A pre-existing condition is an Injury or Sickness for which in the 3 months before a person becomes covered by this Plan he or she: (1) receives advice or treatment from a Doctor; (2) undergoes diagnostic procedures, other than routine screening in the absence of symptoms or suspicion of disease process by a Doctor; (3) is prescribed or takes prescription drugs; or (4) receives other medical care or treatment, including consultation with a Doctor. This Plan will not pay benefits for a Critical Illness that is caused by, or results from, a Pre-Existing Condition if the Critical Illness occurs during the first 12 months the person is covered by this Plan.

## EXCLUSIONS

1) This Plan will not pay benefits for any Critical Illness:

- That is not listed as a Critical Illness in the section entitled Covered Critical Illnesses.
- For which this Plan pays a Hospital Admission Benefit.
- Caused by, contributed to by, or resulting from: (1) commission of or attempt to commit a felony; (2) intentionally causing a self-inflicted Injury; (3) committing or attempting to commit suicide while sane or

insane; (4) engaging in any illegal occupation; or (5) serving in the armed forces or any auxiliary unit of the armed forces of any country.

- Caused by, contributed to by, or resulting from voluntary use of any poison, chemical, prescription or non-prescription drug or controlled substance unless: (1) it was prescribed for the 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 Critical Illness 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.
- Arising from war or act of war, even if war is not declared.
- For which Diagnosis is made outside the United States, unless the Diagnosis is confirmed in the United States. In that case, the Critical Illness will be deemed to occur on the date the Diagnosis was made outside the United States.
- That is diagnosed while the person is not covered by this Plan.
- For which Diagnosis is made by a Doctor who is the Covered Person, his or her spouse, child, parent, sibling or business associate.
- For which Diagnosis is made while the Covered Person is not alive, unless otherwise specified under Covered Critical Illnesses.

2) This Plan 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; or (c) both Critical Illnesses are contained within the Childhood Conditions category.

3) This Plan will not pay benefits for a 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 6 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.

4) This Plan will not pay benefits for more than one Recurrence of any Critical Illness.

## **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.