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Group Number: 00577019

# CACHE COUNTY SCHOOL DISTRICT

## ALL ELIGIBLE FULL-TIME EMPLOYEES

Here you'll find information about your following employee benefit(s). Be sure to review the enclosed - it provides everything you need to sign up for your Guardian benefits.

### **PLAN HIGHLIGHTS**

- Critical Illness
- Accident
- Cancer
- Hospital Indemnity

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# Welcome

Dear CACHE COUNTY SCHOOL DISTRICT Employee,

We are happy to have been chosen by CACHE COUNTY SCHOOL DISTRICT to be the provider of your employee benefits this year. For over 150 years, we have helped millions of people plan, secure and look after their families. We believe that life's unexpected surprises should be met with the support, guidance and understanding of someone who truly cares. And, we understand the power of help. It's why we go above and beyond to do what's right for you.

With Guardian® coverage you get:

- Affordable group rates
- Convenient payroll deduction
- Benefits for your unique needs

Take advantage of the benefits offered to you at work. Feel secure knowing that you have the coverage you need from a trusted provider and that it's there when you need it most.

Guardian

GUARDIAN® is a registered trademark of The Guardian Life Insurance Company of America®. Insurance products are 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.

2018-71635 (12/20)

**Critical Illness Benefit Summary**

**Group Number:** 00577019

**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 of \$5,000 to \$25,000 in \$5,000 increments.	
<b>CONDITIONS</b>		
<b>Cancer</b>	<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
<b>Vascular</b>		
Heart Attack	100%	50%
Stroke	100%	50%
Heart Failure	100%	50%
Coronary Arteriosclerosis	30%	0%
<b>Other</b>		
Organ Failure	100%	50%
Kidney Failure	100%	50%
<b>ADDITIONAL CONDITIONS</b>	<b>1st OCCURRENCE ONLY</b>	
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%	
<b>Childhood Conditions</b>	<b>1st OCCURRENCE ONLY</b>	
Cerebral Palsy	100%	
Cleft Lip/Palate	100%	
Club Foot	100%	
Cystic Fibrosis	100%	
Down's Syndrome	100%	
Muscular Dystrophy	100%	

## CRITICAL ILLNESS

Spina Bifida	100%
Type I Diabetes	100%
<b>Spouse Benefit</b>	May choose a lump sum benefit of \$2,500 to \$12,500 in \$2,500 increments up to 50% of the employee's lump sum benefit.
<b>Child Benefit-</b> children age Birth to 26 years	25% of employee's lump sum benefit
<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 or the annual open enrollment period.	We Guarantee Issue up to: \$25,000  For a spouse: \$12,500  For a child: All Amounts  <b>Health questions are required if the elected amount exceeds the Guarantee Issue.</b>
<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.	Not Applicable
<b>Occupational HIV/Hepatitis Benefit</b>	100% of employee benefit for the first occurrence.
<b>WELLNESS BENEFIT</b>	
Employee Per Year Limit	\$100
Spouse Per Year Limit	\$100
Child Per Year Limit	\$100

### 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.

Issue Age	Premiums Displayed					
	< 30	30-39	40-49	50-59	60-69	70+
<b>Employee</b>						
\$5,000	\$5.07	\$6.73	\$12.07	\$22.00	\$36.27	\$60.93
\$10,000	\$10.13	\$13.47	\$24.13	\$44.00	\$72.53	\$121.87
\$15,000	\$15.20	\$20.20	\$36.20	\$66.00	\$108.80	\$182.80
\$20,000	\$20.27	\$26.93	\$48.27	\$88.00	\$145.07	\$243.73
\$25,000	\$25.33	\$33.67	\$60.33	\$110.00	\$181.33	\$304.67
<b>Benefit Amount Up To 50% of Employee Amount to a Maximum of \$12,500</b>						
<b>Spouse</b>						
\$2,500	\$2.53	\$3.33	\$6.04	\$10.97	\$18.13	\$30.44
\$5,000	\$5.07	\$6.67	\$12.07	\$21.93	\$36.27	\$60.87
\$7,500	\$7.60	\$10.00	\$18.11	\$32.91	\$54.40	\$91.29
\$10,000	\$10.13	\$13.33	\$24.13	\$43.87	\$72.53	\$121.73
\$12,500	\$12.67	\$16.67	\$30.17	\$54.84	\$90.67	\$152.17

### 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

**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.**

US Department of State, subject to state specific variations.

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 late enrollees. 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

## OUTLINE OF COVERAGE

The Guardian Life Insurance  
Company of America  
7 Hanover Square  
New York, New York 10004

### SPECIFIED DISEASE INSURANCE

#### HEREINAFTER REFERRED TO AS CRITICAL ILLNESS INSURANCE

**Important Notice: This is a limited plan of Critical Illness insurance. It is a supplement to health insurance. It is not a substitute for hospital or medical expense insurance, a health maintenance organization (HMO) contract, or major medical expense insurance. Please read this Plan carefully to fully understand what it covers, limits, and excludes.**

Read Your Certificate Carefully. This outline of coverage provides a very brief description of the important features 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 your insurance company. 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 specified disease. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

This Plan will pay a benefit based on the benefit amount for which a person is insured. The Critical Illness must occur (a) while the person is insured by this Plan; and (b) after the date he or she completes any applicable Waiting Period. The benefit amount may also be subject to a reduction based on age. This plan pays a benefit only if the specified disease diagnosis is made during the lifetime of the insured.

For information pertaining to benefit amounts, definitions, limitations and exclusions please refer to your enrollment kit.

**Renewability.** The policy is guaranteed renewable as long as you pay the premium when they are 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 age of each covered person on the policy anniversary date.

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**Group Number: 00577019**
**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:**

	<b>ACCIDENT</b>
<b>COVERAGE - DETAILS</b>	
<b>Your premium</b>	\$22.35
You and Spouse	\$35.92
You and Child(ren)	\$37.40
You, Spouse and Child(ren)	\$50.98
<b>Accident Coverage Type</b>	On and 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 \$40,000 Spouse \$20,000 Child \$10,000
<b>Catastrophic Loss</b>	Quadriplegia, Loss of speech & hearing (both ears), Loss of Cognitive function: 100% of AD&D 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 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>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: \$400 Rollover Maximum: \$200 Fund Maximum: \$800
<b>FEATURES</b>	
Air Ambulance	\$1,000
Ambulance	\$200
Blood/Plasma/Platelets	\$300
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
Burns - Skin Graft	50% of burn benefit

## FEATURES (Cont.)

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
Chiropractic Visits	\$50/visit, up to 6 visits
Coma	\$10,000
Concussion Baseline Study	\$25
Concussions	\$200
Diagnostic Exam (Major)	\$200
Dislocations	Schedule up to \$5,000
Doctor Follow-Up Visits	\$100, up to 6 treatments
Emergency Dental Work	\$300/Crown, \$75/Extraction
Emergency Room Treatment	\$200
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	\$750
Hospital Admission	\$1,000
Hospital Confinement	\$250/day - up to 1 year
Hospital ICU Admission	\$2,000
Hospital ICU Confinement	\$500/day - up to 15 days
Initial Dr. Office/Urgent Care Facility Treatment	\$100
Joint Replacement (Hip/Knee/Shoulder)	\$2,500/\$1,250/\$1,250
Knee Cartilage	\$500
Laceration	Schedule up to \$400
Lodging - The hospital stay must be more than 50 miles from the insured's residence.	\$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 \$500
Outpatient Therapies	\$90/day, up to 10 days
Post-Traumatic Stress Disorder	\$400
Prosthetic Device/Artificial Limb	1: \$500 2 or more: \$1,000
Rehabilitation Unit Confinement	\$100/day, up to 15 days
Ruptured Disc With Surgical Repair	\$500
Surgery (Cranial, Open Abdominal, Thoracic, Hernia) Max	Schedule up to \$1,250 Hernia: \$250
Surgery (Exploratory or Arthroscopic)	\$400
Tendon/Ligament/Rotator Cuff	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 \$500/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.	\$4,000
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.

## UNDERSTANDING YOUR BENEFITS (Cont.):

- **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](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.

## 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 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 LIFE INSURANCE COMPANY  
7 HANOVER SQUARE  
NEW YORK, NEW YORK 10004  
212-598-8000

ACCIDENT ONLY COVERAGE  
(HEREINAFTER REFERRED TO AS ACCIDENT COVERAGE)  
THIS POLICY PROVIDES LIMITED BENEFITS  
BENEFITS PROVIDED ARE SUPPLEMENTAL AND NOT INTENDED TO COVER ALL  
MEDICAL EXPENSES

OUTLINE OF COVERAGE

Read Your Policy Carefully-This outline of coverage provides a very brief description of the important features of the 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 your insurance company. It is, therefore, important that you READ YOUR POLICY CAREFULLY!

Accident only 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.

1. BENEFITS

Subject to all of this *plan's* terms, this *plan* will pay the benefits described below if a *covered person* sustains an injury or incurs a loss as a result of a covered accident which occurs on or after the date he or she becomes insured by this *plan*. This *plan* pays no benefits other than what is specifically listed below.

All terms in *italics* are defined terms with special meanings. See the "Definitions" section of this *plan*. Other terms with special meanings are defined where they are used.

2. EXCLUSIONS:

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.

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.

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.  
Voluntarily taking part in a riot or civil disorder.

Voluntarily take part in the commission of, or attempt to commit a felony.

**The complete list of exclusions appears in your Certificate. Please Read your Certificate.**

3. CONTINUATION:

**Portability Conditions:** Portability is subject to all of the conditions described below.

- The *employee* may port his or her coverage or coverage for any of *his or her* dependents if coverage under this *plan* ends because he or she: (a) has terminated employment; (2) stops being a member of an eligible class of *employees*; or (3) this *plan* ends.
- The *employee* may not Port his or her coverage or coverage for any of *his or her* dependents unless he or she has been covered by this *plan*, or the *plan* it replaced, for *accident* coverage for at least 12 months in a row prior to the date his or her coverage under this *plan* ends. And the employee must have been *actively at work* on a *full-time* basis for at least 30 scheduled working days in a row prior to the date his or her coverage under this *plan* ends.
- The employee may not Port his or her coverage or coverage for any of *his or her* dependents if coverage under this *plan* ends due to his or her failure to pay any required premium.

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**Group Number: 00577019**
**Cancer Benefit Summary**
**A Cancer insurance plan through Guardian provides:**

- Lump-sum cash payments for certain procedures, screenings and treatments related to a covered cancer diagnosis, in addition to whatever your medical plan covers
- Payments are made directly to you and can be used for any purpose
- Ability to take the coverage with you if you change jobs or retire
- Affordable group rates

**About Your Benefits:**

<b>COVERAGE - DETAILS</b>		<b>CANCER</b>
<b>Your premium</b>		\$18.95
You and Spouse		\$39.31
You and Child(ren)		\$24.58
You, Spouse and Child(ren)		\$44.94
<b>INITIAL DIAGNOSIS BENEFIT</b> - Benefit is paid when you are diagnosed with Internal cancer for the first time while insured under this Plan.		
<b>Benefit Amount(s)</b>		Employee \$1,500 Spouse \$1,500 Child \$1,500
<b>Benefit Waiting Period</b> - A specified period of time after your effective date during which the Initial Diagnosis benefits will not be payable.		30 Days
<b>CANCER SCREENING</b>		
<b>Benefit Amount</b>		\$100; \$100 for Follow-Up screening
<b>RADIATION THERAPY OR CHEMOTHERAPY</b>		
<b>Benefit</b>		Schedule amounts up to a \$5,000 benefit year maximum.
<b>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.		6 month look back period, 6 month exclusion period.
<b>Portability:</b> Allows you to take your Cancer coverage with you if you terminate employment prior to age 70.		Included
<b>Child(ren) Age Limits</b>		Children age birth to 26 years
<b>FEATURES</b>		
Air Ambulance		\$250/trip, limit 2 trips per hospital confinement
Ambulance		\$200/trip, limit 2 trips per hospital confinement
Anesthesia		25% of surgery benefit
Attending Physician		\$25/day while hospital confined. Limit 75 visits.
Blood/Plasma/Platelets		\$50/day up to \$5,000 per year
Bone Marrow & Stem Cell:	Bone Marrow: \$7,500, Stem Cell: \$1,500, 50% benefit for 2nd transplant. If insured is a donor \$1,000	
Extended Care Facility/Skilled Nursing care		\$100/day up to 90 days per year
Hormone Therapy		\$25/treatment up to 12 treatments per year
Hospice		\$50/day up to 100 days/lifetime
Hospital Confinement		\$300/day for first 30 days; \$600/day for 31st day thereafter per confinement
ICU Confinement		\$400/day for first 30 days; \$600/day for 31st day thereafter per confinement
Immunotherapy		\$500 per month, \$2,500 lifetime max
Prosthetic		Surgically Implanted: \$2,000/device, \$4,000 lifetime max Non-Surgically: \$200/device, \$400 lifetime max

Benefit information illustrated within this material reflects the plan covered by Guardian as of 08/03/2020

## FEATURES (Cont.)

Second Surgical Opinion	\$200/surgical procedure
Skin Cancer	Biopsy Only: \$100 Reconstructive Surgery: \$250 Excision of a skin cancer: \$375 Excision of a skin cancer with flap or graft: \$600
Surgical Benefit	Schedule amount up to \$2,750
Transportation/Companion Transportation	\$0.50/mile up to \$1,000 per round trip - same for companion, more than 50 miles away
Waiver of Premium - If you become disabled due to cancer that is diagnosed after the employee's effective date, and you remain disabled for 90 days, we will waive the premium due after such 90 days for as long as you remain disabled.	Included

## UNDERSTANDING YOUR BENEFITS :

- **Cancer** – Cancer means you have been diagnosed with a disease manifested by the presence of a malignant tumor characterized by the uncontrolled growth and spread of malignant cells in any part of the body. This includes leukemia, Hodgkin's disease, lymphoma, sarcoma, malignant tumors and melanoma. Cancer includes carcinomas in-situ (in the natural or normal place, confined to the site of origin, without having invaded neighboring tissue). Pre-malignant conditions or conditions with malignant potential, such as myelodysplastic and myeloproliferative disorders, carcinoid, leukoplakia, hyperplasia, actinic keratosis, polycythemia, and nonmalignant melanoma, moles or similar diseases or lesions will not be considered cancer. Cancer must be diagnosed while insured under the Guardian cancer plan.

### 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.

## LIMITATIONS AND EXCLUSIONS:

### A SUMMARY OF CANCER LIMITATIONS AND EXCLUSIONS:

Conditional Issue underwriting is required on those enrolling outside of the initial enrollment period or annual open enrollment period.

This plan will not pay benefits for: Services or treatment not included in the Features. Services or treatment provided by a family member. Services or treatment rendered for hospital confinement outside the United States. Any cancer diagnosed solely outside of the United States. Services or treatment provided primarily for cosmetic purposes. Services or treatment for premalignant conditions. Services or treatment for conditions with malignant potential. Services or treatment for non-cancer sicknesses.

Cancer caused by, contributed to by, or resulting from: participating in a felony, riot or insurrection; intentionally causing a self-inflicted injury; committing or attempting to commit suicide while sane or insane; a covered person's mental or emotional disorder, alcoholism or drug addiction; engaging in any illegal activity; or serving in the armed forces or any auxiliary unit of the armed forces of any country.

*If Cancer 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-I-CAN-IC-12

***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.***



**GUARDIAN LIFE INSURANCE COMPANY  
7 HANOVER SQUARE  
NEW YORK, NEW YORK 10004  
212-598-8000**

**CANCER COVERAGE  
THIS CERTIFICATE PROVIDES LIMITED BENEFITS  
BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED  
TO COVER ALL MEDICAL EXPENSES**

**OUTLINE OF COVERAGE**

Cancer coverage is designed only as a supplement to a comprehensive health insurance policy and should not be purchased unless you have this underlying coverage. Persons covered under Medicaid should not purchase it.

Read Your Certificate Carefully—This outline of coverage provides a very brief description of the important features 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 your insurance company. It is, therefore, important that you **READ YOUR CERTIFICATE CAREFULLY!**

Cancer coverage is designed to provide, to persons insured, restricted coverage paying benefits **ONLY** when certain losses occur as a result of cancer. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

**1. BENEFITS**

Subject to all of this Plan's terms, this Plan will pay benefits if a Covered Person is Diagnosed with Cancer. All services or treatment must be received by the Covered Person while insured by this Plan.

**ELIGIBILITY FOR INSURANCE**

All full-time and part-time employees of the employer may apply for group coverage under the plan. Spouses, domestic partners, and dependent children of employees may also apply for group coverage under the plan. See the enrollment form and the eligibility provisions of the certificate for full details.

**DEFINITIONS**

**Cancer:** This term means a Covered Person has been Diagnosed with a disease manifested by the presence of a malignant tumor characterized by the uncontrolled growth and spread of malignant cells in any part of the body. This includes leukemia, Hodgkin's disease, lymphoma, sarcoma, malignant tumors and melanoma. Cancer includes carcinomas in-situ (in the natural or normal place, confined to the site of origin, without having invaded neighboring tissue). Pre-malignant conditions or conditions with malignant potential, such as myelodysplastic and myeloproliferative disorders, carcinoid, leukoplakia, hyperplasia, actinic keratosis, polycythemia, and nonmalignant melanoma, moles or similar diseases or lesions will not be considered Cancer.

## 2. EXCLUSIONS

We will not pay benefits for a diagnosis of a critical illness that occurs as a result of the following: Services or treatment not included in the Schedule of Insurance; Services or treatment provided by a Family Member; Services or treatment rendered outside the United States; Treatment of any Cancer Diagnosed solely outside of the United States; Services or treatment provided primarily for cosmetic purposes; Services or treatment for premalignant conditions; Services or treatment for conditions with malignant potential; Services or treatment for non-cancer Sicknesses; Cancer caused by, contributed to by, or resulting from: (1) participating in a felony, riot or insurrection; (2) intentionally causing a self-inflicted injury; (3) committing or attempting to commit suicide while sane or insane; (4) Your mental or emotional disorder, alcoholism or drug addiction; (5) engaging in any illegal activity; or (6) serving in the armed forces or any auxiliary unit of the armed forces of any country; Cancer arising from war or act of war, even if war is not declared. **The complete list of exclusions appears in your Certificate. Please Read your Certificate.**

### LIMITATIONS

**Proof Of Insurability:** The Covered Person's coverage may not become effective until he or she submits Proof Of Insurability to Us.

**Benefit Waiting Period:** We do not pay benefits for Cancer that is Diagnosed during the Benefit Waiting Period.

**Pre-Existing Conditions:** A Pre-Existing Condition is a Cancer, whether Diagnosed or misdiagnosed, for which in the 6 months before a person becomes covered by this Plan, he or she: (1) received advice or treatment from a Doctor; (2) underwent diagnostic procedures; (3) was prescribed or took prescription drugs; or (4) received other medical care or treatment, including consultation with a Doctor..

This Plan will not pay benefits for Cancer that is caused by, or results from, a Pre-Existing Condition if the Cancer occurs during the first 6 months that the person is covered by this Plan.

## 3. CONTINUATION

**Portability Conditions:** Portability is subject to all of the conditions described below.

The *employee* may port his or her coverage or coverage for any of *his or her* dependents if coverage under this *plan* ends because he or she: (a) has terminated employment; (2) stops being a member of an eligible class of *employees*; or (3) this *plan* ends.

The *employee* may not Port his or her coverage or coverage for any of *his or her* dependents unless he or she has been covered by this *plan*, or the *plan* it replaced, for *cancer* coverage for at least 12 months in a row prior to the date his or her coverage under this *plan* ends. And the *employee* must have been *actively at work* on a *full-time* basis for at least 30 scheduled working days in a row prior to the date his or her coverage under this *plan* ends.

The *employee* may not Port his or her coverage or coverage for any of *his or her* dependents if coverage under this *plan* ends due to his or her failure to pay any required premium.

**Renewability:** The policy is guaranteed renewable as long as you pay the premium when they are 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 age of each covered person on the policy anniversary date.

Effective:

Group Number: 00577019

## Hospital Indemnity Benefit Summary

**A Hospital Indemnity insurance plan through Guardian provides:**

- A cash benefit when you are admitted to a hospital, whether or not these charges are covered by your medical plan
- Benefit payments sent directly to you and can be used for any purpose – from covering medical copays and deductibles to paying for everyday expenses such as the mortgage, groceries and utilities
- Simple enrollment with no health or medical questions to answer
- Ability to take the coverage with you if you change jobs or retire

**About Your Benefits:**

	Hospital Indemnity	
	Option 1	Option 2
<b>Coverage Details</b>		
<b>Your premium</b>	\$27.63	\$45.04
You and Spouse	\$57.32	\$94.03
You and Child(ren)	\$43.34	\$71.63
You, Spouse and Child(ren)	\$73.04	\$120.61
<b>Benefits</b>		
Hospital/ICU Admission	\$1,500 per admission, limited to 1 admission(s) per insured and unlimited admission(s) per covered family per benefit year.	\$3,000 per admission, limited to 1 admission(s) per insured and unlimited admission(s) per covered family per benefit year.
Hospital/ICU Confinement	\$50/\$50 per day, limited to 15 day(s) per insured per benefit year.	\$50/\$50 per day, limited to 15 day(s) per insured per benefit year.
Health Screening	\$100 per day, limited to 1 day(s) per insured per benefit year.	\$100 per day, limited to 1 day(s) per insured per benefit year.
<b>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.	Not Applicable (See Limitations and Exclusions section for details on treatment of maternity)	Not Applicable (See Limitations and Exclusions section for details on treatment of maternity)
<b>Child(ren) Age Limits</b>	Children age birth to 26 years	Children age birth to 26 years

**UNDERSTANDING YOUR BENEFITS – HOSPITAL INDEMNITY**

Hospital Admission & Hospital ICU Admission benefits are not payable on the same day.

Premium will be waived if you are hospitalized for more than 30 days.

Hospital admission or confinement benefits are not payable for a newborn unless the child is admitted to the Neonatal ICU.

Hospital/ICU confinement benefits are not payable on the same day as Hospital/ICU admission benefit.

After initial enrollment, Hospital Indemnity coverage will continue as long as an insured is actively at work.

The Health screening benefit is paid for the completion of specified routine wellness screenings such as mammography, pap smear, chest x-ray, and many more.

## 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.  
[www.guardiananytime.com](http://www.guardiananytime.com).

## LIMITATIONS AND EXCLUSIONS:

In order to be eligible for coverage: Employees must be legally working: (a) in the United States or (b) outside the United States, for a US based employer, in a country or region approved by Guardian.

An applicant must enroll within 31 days of the coverage effective date. An open enrollment will occur each year during a 30 day time period specified by the policyholder. If an applicant does not enroll during their initial enrollment period, he/she may not enroll until the next open enrollment period.

This Plan will not pay benefits for:

- Treatment relating to a covered person: taking part in any war or act of war (including service in the armed forces), commission of or attempt to commit a felony, an act of terrorism, or participating in an illegal occupation, riot or insurrection.

- Suicide or any intentionally self-inflicted injury

Elective surgery;

Surgery to correct vision or hearing, unless medically necessary surgery for glaucoma, cataracts or other sickness or injury;

Dental care, dental xrays, or dental treatment;

Gastric or intestinal bypass services including lap banding, gastric stapling, and other similar procedures to facilitate weight loss; the reversal, or revision of such procedures; or services required for the treatment of complications from such procedures. This exclusion does not apply to completion of a weight reduction program that may be payable under the Health Screening benefit ;

Rest cures or custodial care, or treatment of sleep disorders;

Cosmetic surgery. This Exclusion does not apply to reconstructive surgery:

(a) on an injured part of the body following infection or disease of the involved part;

(b) of a congenital disease or anomaly of a covered dependent newborn or adopted infant; or

(c) on a nondiseased breast to restore and achieve symmetry between two breasts following a covered Mastectomy;

Treatment or removal of warts, moles, boils, skin blemishes or birthmarks, bunions, acne, corns, calluses, the cutting and trimming of toenails, care for flat feet, fallen arches or chronic foot strain;

Service, treatment or loss related to alcoholism or drug addiction, except for drugs prescribed by the Covered Person's Doctor and taken as prescribed;

Care or treatment for mental or nervous disorders;

Services, treatment or loss rendered in any Veterans Administration or Federal Hospital, except if there is a legal obligation to pay;

Services or treatment Provided by a Doctor, Nurse or any other person who is employed or retained by a Covered Person or who is a Covered Person's Spouse, parent, brother, sister, child, Domestic Partner or partner in a civil union.

Surgery and treatment, procedures, products or services that are experimental or investigative.

Hospital Confinement and/or Hospital Admission and Inpatient Surgery due to any Covered Person's giving birth within the first 9 months after the Covered Person's effective date under this Plan as a result of a normal pregnancy, including cesarean section. Complications of Pregnancy will be covered to the same extent as any other Covered Sickness

Treatment of a Covered Dependent Child's Children;

Sickness or Injury sustained while on active duty in the armed forces of any country. This does not include Reserve or National Guard duty for training.

GP-1-HI-15

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Welcome to the College Tuition Benefits Rewards program! Your Plan Sponsor has worked with Guardian to make College Tuition Benefit services available to eligible participants enrolling in the following coverage/option(s):

Coverage	Option
Critical Illness	
Accident	Option 1: Gold
Cancer	Option 1: Value Plan
Hospital Indemnity	Option 1 Option 2

**Register Today!**

You can now create your Rewards account and start accumulating your Tuition Rewards that can be used to pay up to one year's tuition at over 380 private colleges and universities across the nation. In 2016, over \$60 million in College Tuition Benefit Rewards were submitted by high school seniors. **Here is how it works:**

- 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) for each line of Guardian coverage (up to four lines).
- Guardian Dental participants receive a bonus after year four.
- These rewards are yours for your lifetime and can be given to children, grandchildren, nieces, nephews and godchildren.

The Tuition Rewards program is provided by College Tuition Benefit. The Guardian Life Insurance Company of America (Guardian) does not provide any services related to this program. College Tuition Benefit is not a subsidiary or an affiliate of Guardian.

**Print and cut out ID Card**

College Tuition Benefits Rewards- ID Card	f o l d	<p style="text-align: center;"><b>The College Tuition Benefit</b>            435 Devon Park Drive            Building 400, Suite 410            Wayne, PA 19087            Phone: (215) 839-0119            Fax: (215) 392-3255</p>
<p style="text-align: center;">Register@  <b><a href="http://www.Guardian.CollegeTuitionBenefit.com">www.Guardian.CollegeTuitionBenefit.com</a></b></p> <p><b>User ID:</b> Is Your Guardian Group Plan Number that can be found on your benefit booklet  <b>Password:</b> Guardian</p>		