Guardian®

Minnesota Urology
All Other Eligible Staff
Group Number: 00104284

Customer Service (888) 600-1600
Monday to Friday | 8am to 8:30pm ET

Welcome to
Workplace benefits

Everyone deserves a Guardian

Every day, Guardian gives 26 million Americans the security they deserve through our insurance and wealth management products and services.

We've partnered with your organization to offer you a range of employee benefits. Inside this pack, you'll find the plans your employer thinks you might benefit from.

Know your benefits

Your benefits support your physical and financial wellbeing, to help keep you and your loved ones protected.

With Guardian, you're in good hands. We've been delivering on our promises for over 150 years, and we're looking forward to doing the same for you too.

1. Read through this information.
2. Find out more about your benefits.
3. Talk to your employer if you need help or have any questions.

Your coverage options

Life insurance	Protecting your family's financial future
Critical illness insurance	Taking care of the expenses if you're critically ill
Accident insurance	Helping you cover expenses after an accident
Hospital indemnity insurance	Covering some of your hospital stay costs

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This document is a summary of the major features of the insurance coverage that's been agreed to with your employer – it isn't your contract.

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Guardian®

Watch our video
How life insurance protects families and covers critical costs.*

Life insurance

If something happens to you, life insurance can help provide your family with financial security.

Life insurance helps protect you family's finances by providing a death benefit if you pass away.** This helps ensure that they'll be financially supported, and can cover important things from bills to funeral costs. With life policies, you can get cost-effective life insurance protection for a set period of time.

Who is it for?

Everyone's life insurance needs are different, depending on their family situation. That's why group life insurance through an employer can be a more cost-effective option than individual life insurance.

What does it cover?

Life insurance protects your loved ones by providing a benefit (which is usually tax-exempt) if you pass away.

Why should I consider it?

Life insurance is about more than just covering expenses. Depending on your circumstances, it could take your family years to recover from the loss of your income.

With a life insurance benefit, your family will have extra money to cover mortgage and rent payments, legal or medical fees, childcare, tuition, and any outstanding debts.

You will receive these benefits if you meet the conditions listed in the policy. Guardian, its subsidiaries, agents, and employees do not provide tax, legal, or accounting advice. Consult your tax, legal, or accounting professional regarding your individual situation. *Guardian will never ask you to provide sensitive personal information, including SSN/DOB, nor login via QR. **As long as premiums are paid.

Preparing and planning

Jorge's never considered purchasing life insurance, but after being offered it through work, he decides it's a good way to protect his family.

Jorge has a mortgage. His wife helps take care of her mother and only works part-time. With his daughter about to start college, he knows that many expenses would go unmet if his family lost him.

Jorge purchases enough life insurance coverage to help cover the mortgage, tuition, and family living costs if something happens to him.

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.

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Your life coverage

	BASIC LIFE	VOLUNTARY TERM LIFE
Employee Benefit	Your employer provides $50,000 Basic Term Life coverage for all full time employees.	$10,000 increments to a maximum of $500,000. See Cost Illustration page for details.
Accidental Death and Dismemberment	Your Basic Life coverage includes Enhanced Accidental Death and Dismemberment coverage.	Enhanced employee, spouse, and child(ren) coverage. Maximum 1 times life amount.
Spouse/Domestic Partner Benefit	N/A	$5,000 increments to a maximum of $250,000. See Cost Illustration page for details.‡
Child Benefit	N/A	Your dependent children age birth† to 26 years. $1,000 increments to a maximum of $10,000. Subject to state limits. See Cost Illustration page for details.
Guarantee Issue: 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**.**	Guarantee Issue coverage up to $50,000 per employee	We Guarantee Issue coverage up to: Employee $200,000. Spouse $25,000. Dependent children $10,000.
Premiums	Covered by your company if you meet eligibility requirements	Increase on plan anniversary after you enter next five-year age group
Portability: Allows you to take coverage with you if you terminate employment.	Yes, with age and other restrictions	Yes, with age and other restrictions
Conversion: Allows you to continue your coverage after your group plan has terminated.	Yes, with restrictions; see certificate of benefits	Yes, with restrictions; see certificate of benefits
Accelerated Life Benefit: A lump sum benefit is paid to you if you are diagnosed with a terminal condition, as defined by the plan.	Yes	Yes

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Your life coverage

	BASIC LIFE	VOLUNTARY TERM LIFE
Waiver of Premiums: Premium will not need to be paid if you are totally disabled.	For employees disabled prior to age 60, with premiums waived until age 65, if conditions are met	For employees disabled prior to age 60, with premiums waived until age 65, if conditions met
Benefit Reductions: Benefits are reduced by a certain percentage as an employee ages.	35% at age 65, 55% at age 70	35% at age 65, 55% at age 70

Subject to coverage limits

† Voluntary Life: Infant coverage is limited based on age.

‡ **Spouse/DP coverage terminates at age 70.**

The Guarantee Issue amount may be subject to reductions by percentage at the ages shown in this summary.

Annual Election Option allows employees to increase the amount of their life coverage without a medical exam when they re-enroll in their company's Voluntary Life plan. This option allows employees to step up to an amount of up to $50,000, up to the Guarantee Issue amount.

Voluntary Life Cost Illustration:

To determine the most appropriate level of coverage, as a rule of thumb, you should consider about 6 - 10 times your annual income, factoring in projected costs to help maintain your family's current life style.

Policy Election Amount	Bi-weekly premiums displayed. Policy Election Cost Per Age Bracket								
Employee	< 30	30–34	35–39	40–44	45–49	50–54	55–59	60–64	65–69†
$10,000	$.21	$.21	$.28	$.39	$.60	$.91	$1.46	$1.94	$3.30
$20,000	$.42	$.43	$.56	$.79	$1.19	$1.81	$2.93	$3.88	$6.59
$30,000	$.62	$.64	$.85	$1.18	$1.79	$2.71	$4.39	$5.82	$9.89
$40,000	$.83	$.85	$1.13	$1.57	$2.38	$3.62	$5.85	$7.75	$13.18
$50,000	$1.04	$1.06	$1.41	$1.96	$2.98	$4.52	$7.32	$9.69	$16.48
$60,000	$1.25	$1.27	$1.69	$2.35	$3.57	$5.43	$8.78	$11.63	$19.77
$70,000	$1.45	$1.49	$1.97	$2.75	$4.17	$6.33	$10.24	$13.57	$23.07
$80,000	$1.66	$1.70	$2.25	$3.14	$4.76	$7.24	$11.71	$15.51	$26.36
$90,000	$1.87	$1.91	$2.53	$3.53	$5.36	$8.14	$13.17	$17.45	$29.66
$100,000	$2.08	$2.12	$2.82	$3.92	$5.95	$9.05	$14.63	$19.39	$32.95
$110,000	$2.29	$2.34	$3.10	$4.32	$6.55	$9.95	$16.09	$21.32	$36.25
$120,000	$2.49	$2.55	$3.38	$4.71	$7.15	$10.86	$17.56	$23.26	$39.55
$130,000	$2.70	$2.76	$3.66	$5.10	$7.74	$11.76	$19.02	$25.20	$42.84
$140,000	$2.91	$2.97	$3.94	$5.49	$8.34	$12.67	$20.48	$27.14	$46.14
$150,000	$3.12	$3.19	$4.22	$5.89	$8.93	$13.57	$21.95	$29.08	$49.43
$160,000	$3.32	$3.40	$4.51	$6.28	$9.53	$14.47	$23.41	$31.02	$52.73
$170,000	$3.53	$3.61	$4.79	$6.67	$10.12	$15.38	$24.87	$32.95	$56.02
$180,000	$3.74	$3.82	$5.07	$7.06	$10.72	$16.28	$26.34	$34.89	$59.32
$190,000	$3.95	$4.03	$5.35	$7.45	$11.31	$17.19	$27.80	$36.83	$62.61
$200,000	$4.15	$4.25	$5.63	$7.85	$11.91	$18.09	$29.26	$38.77	$65.91
$210,000	$4.36	$4.46	$5.91	$8.24	$12.50	$19.00	$30.73	$40.71	$69.20
$220,000	$4.57	$4.67	$6.19	$8.63	$13.10	$19.90	$32.19	$42.65	$72.50
$230,000	$4.78	$4.88	$6.48	$9.02	$13.69	$20.81	$33.65	$44.59	$75.79
$240,000	$4.99	$5.10	$6.76	$9.42	$14.29	$21.71	$35.11	$46.52	$79.09
$250,000	$5.19	$5.31	$7.04	$9.81	$14.89	$22.62	$36.58	$48.46	$82.39
$260,000	$5.40	$5.52	$7.32	$10.20	$15.48	$23.52	$38.04	$50.40	$85.68
$270,000	$5.61	$5.73	$7.60	$10.59	$16.08	$24.43	$39.50	$52.34	$88.98
$280,000	$5.82	$5.95	$7.88	$10.99	$16.67	$25.33	$40.97	$54.28	$92.27
$290,000	$6.02	$6.16	$8.17	$11.38	$17.27	$26.23	$42.43	$56.22	$95.57

Voluntary Life Cost Illustration *continued*

	< 30	30–34	35–39	40–44	45–49	50–54	55–59	60–64	65–69†
$300,000	$6.23	$6.37	$8.45	$11.77	$17.86	$27.14	$43.89	$58.15	$98.86
$310,000	$6.44	$6.58	$8.73	$12.16	$18.46	$28.04	$45.36	$60.09	$102.16
$320,000	$6.65	$6.79	$9.01	$12.55	$19.05	$28.95	$46.82	$62.03	$105.45
$330,000	$6.85	$7.01	$9.29	$12.95	$19.65	$29.85	$48.28	$63.97	$108.75
$340,000	$7.06	$7.22	$9.57	$13.34	$20.24	$30.76	$49.75	$65.91	$112.04
$350,000	$7.27	$7.43	$9.85	$13.73	$20.84	$31.66	$51.21	$67.85	$115.34
$360,000	$7.48	$7.64	$10.14	$14.12	$21.43	$32.57	$52.67	$69.79	$118.63
$370,000	$7.69	$7.86	$10.42	$14.52	$22.03	$33.47	$54.13	$71.72	$121.93
$380,000	$7.89	$8.07	$10.70	$14.91	$22.63	$34.38	$55.60	$73.66	$125.23
$390,000	$8.10	$8.28	$10.98	$15.30	$23.22	$35.28	$57.06	$75.60	$128.52
$400,000	$8.31	$8.49	$11.26	$15.69	$23.82	$36.19	$58.52	$77.54	$131.82
$410,000	$8.52	$8.71	$11.54	$16.09	$24.41	$37.09	$59.99	$79.48	$135.11
$420,000	$8.72	$8.92	$11.83	$16.48	$25.01	$37.99	$61.45	$81.42	$138.41
$430,000	$8.93	$9.13	$12.11	$16.87	$25.60	$38.90	$62.91	$83.35	$141.70
$440,000	$9.14	$9.34	$12.39	$17.26	$26.20	$39.80	$64.38	$85.29	$145.00
$450,000	$9.35	$9.55	$12.67	$17.65	$26.79	$40.71	$65.84	$87.23	$148.29
$460,000	$9.55	$9.77	$12.95	$18.05	$27.39	$41.61	$67.30	$89.17	$151.59
$470,000	$9.76	$9.98	$13.23	$18.44	$27.98	$42.52	$68.77	$91.11	$154.88
$480,000	$9.97	$10.19	$13.51	$18.83	$28.58	$43.42	$70.23	$93.05	$158.18
$490,000	$10.18	$10.40	$13.80	$19.22	$29.17	$44.33	$71.69	$94.99	$161.47
$500,000	$10.39	$10.62	$14.08	$19.62	$29.77	$45.23	$73.15	$96.92	$164.77
Policy Election Amount									
Spouse/DP									
$5,000	$.10	$.11	$.14	$.20	$.30	$.45	$.73	$.97	$1.65
$10,000	$.21	$.21	$.28	$.39	$.60	$.91	$1.46	$1.94	$3.30
$15,000	$.31	$.32	$.42	$.59	$.89	$1.36	$2.20	$2.91	$4.94
$20,000	$.42	$.43	$.56	$.79	$1.19	$1.81	$2.93	$3.88	$6.59
$25,000	$.52	$.53	$.70	$.98	$1.49	$2.26	$3.66	$4.85	$8.24
$30,000	$.62	$.64	$.85	$1.18	$1.79	$2.71	$4.39	$5.82	$9.89
$35,000	$.73	$.74	$.99	$1.37	$2.08	$3.17	$5.12	$6.79	$11.53
$40,000	$.83	$.85	$1.13	$1.57	$2.38	$3.62	$5.85	$7.75	$13.18
$45,000	$.94	$.96	$1.27	$1.77	$2.68	$4.07	$6.58	$8.72	$14.83
$50,000	$1.04	$1.06	$1.41	$1.96	$2.98	$4.52	$7.32	$9.69	$16.48

Voluntary Life Cost Illustration *continued*

	< 30	30–34	35–39	40–44	45–49	50–54	55–59	60–64	65–69†
$55,000	$1.14	$1.17	$1.55	$2.16	$3.28	$4.98	$8.05	$10.66	$18.13
$60,000	$1.25	$1.27	$1.69	$2.35	$3.57	$5.43	$8.78	$11.63	$19.77
$65,000	$1.35	$1.38	$1.83	$2.55	$3.87	$5.88	$9.51	$12.60	$21.42
$70,000	$1.45	$1.49	$1.97	$2.75	$4.17	$6.33	$10.24	$13.57	$23.07
$75,000	$1.56	$1.59	$2.11	$2.94	$4.47	$6.79	$10.97	$14.54	$24.72
$80,000	$1.66	$1.70	$2.25	$3.14	$4.76	$7.24	$11.71	$15.51	$26.36
$85,000	$1.77	$1.81	$2.39	$3.34	$5.06	$7.69	$12.44	$16.48	$28.01
$90,000	$1.87	$1.91	$2.53	$3.53	$5.36	$8.14	$13.17	$17.45	$29.66
$95,000	$1.97	$2.02	$2.68	$3.73	$5.66	$8.59	$13.90	$18.42	$31.31
$100,000	$2.08	$2.12	$2.82	$3.92	$5.95	$9.05	$14.63	$19.39	$32.95
$105,000	$2.18	$2.23	$2.96	$4.12	$6.25	$9.50	$15.36	$20.35	$34.60
$110,000	$2.29	$2.34	$3.10	$4.32	$6.55	$9.95	$16.09	$21.32	$36.25
$115,000	$2.39	$2.44	$3.24	$4.51	$6.85	$10.40	$16.83	$22.29	$37.90
$120,000	$2.49	$2.55	$3.38	$4.71	$7.15	$10.86	$17.56	$23.26	$39.55
$125,000	$2.60	$2.65	$3.52	$4.90	$7.44	$11.31	$18.29	$24.23	$41.19
$130,000	$2.70	$2.76	$3.66	$5.10	$7.74	$11.76	$19.02	$25.20	$42.84
$135,000	$2.80	$2.87	$3.80	$5.30	$8.04	$12.21	$19.75	$26.17	$44.49
$140,000	$2.91	$2.97	$3.94	$5.49	$8.34	$12.67	$20.48	$27.14	$46.14
$145,000	$3.01	$3.08	$4.08	$5.69	$8.63	$13.12	$21.22	$28.11	$47.78
$150,000	$3.12	$3.19	$4.22	$5.89	$8.93	$13.57	$21.95	$29.08	$49.43
$155,000	$3.22	$3.29	$4.36	$6.08	$9.23	$14.02	$22.68	$30.05	$51.08
$160,000	$3.32	$3.40	$4.51	$6.28	$9.53	$14.47	$23.41	$31.02	$52.73
$165,000	$3.43	$3.50	$4.65	$6.47	$9.82	$14.93	$24.14	$31.99	$54.37
$170,000	$3.53	$3.61	$4.79	$6.67	$10.12	$15.38	$24.87	$32.95	$56.02
$175,000	$3.64	$3.72	$4.93	$6.87	$10.42	$15.83	$25.60	$33.92	$57.67
$180,000	$3.74	$3.82	$5.07	$7.06	$10.72	$16.28	$26.34	$34.89	$59.32
$185,000	$3.84	$3.93	$5.21	$7.26	$11.02	$16.74	$27.07	$35.86	$60.97
$190,000	$3.95	$4.03	$5.35	$7.45	$11.31	$17.19	$27.80	$36.83	$62.61
$195,000	$4.05	$4.14	$5.49	$7.65	$11.61	$17.64	$28.53	$37.80	$64.26
$200,000	$4.15	$4.25	$5.63	$7.85	$11.91	$18.09	$29.26	$38.77	$65.91
$205,000	$4.26	$4.35	$5.77	$8.04	$12.21	$18.55	$29.99	$39.74	$67.56
$210,000	$4.36	$4.46	$5.91	$8.24	$12.50	$19.00	$30.73	$40.71	$69.20

Voluntary Life Cost Illustration *continued*

	< 30	30–34	35–39	40–44	45–49	50–54	55–59	60–64	65–69†
$215,000	$4.47	$4.57	$6.05	$8.44	$12.80	$19.45	$31.46	$41.68	$70.85
$220,000	$4.57	$4.67	$6.19	$8.63	$13.10	$19.90	$32.19	$42.65	$72.50
$225,000	$4.67	$4.78	$6.34	$8.83	$13.40	$20.35	$32.92	$43.62	$74.15
$230,000	$4.78	$4.88	$6.48	$9.02	$13.69	$20.81	$33.65	$44.59	$75.79
$235,000	$4.88	$4.99	$6.62	$9.22	$13.99	$21.26	$34.38	$45.55	$77.44
$240,000	$4.99	$5.10	$6.76	$9.42	$14.29	$21.71	$35.11	$46.52	$79.09
$245,000	$5.09	$5.20	$6.90	$9.61	$14.59	$22.16	$35.85	$47.49	$80.74
$250,000	$5.19	$5.31	$7.04	$9.81	$14.89	$22.62	$36.58	$48.46	$82.39
Policy Election Amount									
Child(ren)									
$1,000	$0.07	$0.07	$0.07	$0.07	$0.07	$0.07	$0.07	$0.07	$0.07
$2,000	$0.15	$0.15	$0.15	$0.15	$0.15	$0.15	$0.15	$0.15	$0.15
$3,000	$0.22	$0.22	$0.22	$0.22	$0.22	$0.22	$0.22	$0.22	$0.22
$4,000	$0.29	$0.29	$0.29	$0.29	$0.29	$0.29	$0.29	$0.29	$0.29
$5,000	$0.37	$0.37	$0.37	$0.37	$0.37	$0.37	$0.37	$0.37	$0.37
$6,000	$0.44	$0.44	$0.44	$0.44	$0.44	$0.44	$0.44	$0.44	$0.44
$7,000	$0.51	$0.51	$0.51	$0.51	$0.51	$0.51	$0.51	$0.51	$0.51
$8,000	$0.59	$0.59	$0.59	$0.59	$0.59	$0.59	$0.59	$0.59	$0.59
$9,000	$0.66	$0.66	$0.66	$0.66	$0.66	$0.66	$0.66	$0.66	$0.66
$10,000	$0.73	$0.73	$0.73	$0.73	$0.73	$0.73	$0.73	$0.73	$0.73

Refer to Guarantee Issue row on page above for Voluntary Life GI amounts.
Premiums for Voluntary Life Increase in five-year increments
Infant coverage is limited for the first two weeks of infant's life.
Spouse/DP coverage premium is based on Employee age.
†Benefit reductions apply.
The Guarantee Issue amount may be subject to reductions by percentage at the ages shown in this summary.

LIMITATIONS AND EXCLUSIONS:

A SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS FOR LIFE AND AD&D COVERAGE:

You must be working full-time on the effective date of your coverage; otherwise, your coverage becomes effective after you have completed a specific waiting period. 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 US Department of State. Subject to state specific variations. Evidence of Insurability is required on all late enrollees. This coverage will not be effective until approved by a Guardian underwriter. This proposal is hedged subject to satisfactory financial evaluation. Please refer to certificate of coverage for full plan description.

Dependent life insurance will not take effect if a dependent, other than a newborn, is confined to the hospital or other health care facility or is unable to perform the normal activities of someone of like age and sex.

Accelerated Life Benefit is not paid to an employee under the following circumstances: one who is required by law to use the benefit to pay creditors; is required by court order to pay the benefit to another person; is required by a government agency to use the payment to receive a government benefit; or loses his or her group coverage before an accelerated benefit is paid.

Voluntary Life Only:

We pay no benefits if the insured employee or spouse death is due to suicide within two years from the insured employee or spouse original effective date. This two year limitation also applies to any increase in benefit. This exclusion may vary according to state law. Late entrants and benefit increases require underwriting approval.

GP-1-R-LB-90, GP-1-R-EOPT-96

Guarantee Issue/Conditional Issue amounts may vary based on age and case size. See your Plan Administrator for details. Late entrants and benefit increases require underwriting approval.

For AD&D: We pay no benefits for any loss caused: by willful self-injury*; sickness, disease or medical treatment; by participating in a civil disorder or committing a felony; Traveling on any type of aircraft while having duties on that aircraft; by declared or undeclared act of war or armed aggression; while a member of any armed force (May vary by state); while driving a motor vehicle without a current, valid driver's license; by legal intoxication; or by voluntarily using a non-prescription controlled substance. Contract #GP-1-R-ADCL1-00 et al. We won't pay more than 100% of the Insurance amount for all losses due to the same accident, except as stated. The loss must occur within a specified period of time of the accident. Please see contract for specific definition; definition of loss may vary depending on the benefit payable.

*the willful self-injury does not apply to children with Voluntary AD&D

Enhanced AD&D: A loss may be defined as death, quadriplegia, loss of speech and hearing, loss of cognitive function, comatose state in excess of one month, hemiplegia or paraplegia. The loss must occur within a specified period of time of the accident. Please see contract for specific definition; definition of loss may vary depending on the benefit payable.

Guardian Group Life Insurance 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.
Policy Form # GP-1-LIFE-15

Accidental Death and Dismemberment Life Cost Illustration:

AD&D coverage provides additional benefits following an accidental death or certain bodily injuries. Election amount will equal 1 times the election amount for Voluntary life election.

Employee Policy Election Amount	Bi-weekly Premiums displayed	Spouse Policy Election Amount	Bi-weekly Premiums displayed	Child(ren) Policy Election Amount	Bi-weekly Premiums displayed
$10,000	$0.09	$5,000	$0.05	$1,000	$0.01
$20,000	$0.19	$10,000	$0.09	$2,000	$0.02
$30,000	$0.28	$15,000	$0.14	$3,000	$0.03
$40,000	$0.37	$20,000	$0.19	$4,000	$0.04
$50,000	$0.46	$25,000	$0.23	$5,000	$0.05
$60,000	$0.55	$30,000	$0.28	$6,000	$0.06
$70,000	$0.65	$35,000	$0.32	$7,000	$0.07
$80,000	$0.74	$40,000	$0.37	$8,000	$0.07
$90,000	$0.83	$45,000	$0.42	$9,000	$0.08
$100,000	$0.92	$50,000	$0.46	$10,000	$0.09
$110,000	$1.02	$55,000	$0.51		
$120,000	$1.11	$60,000	$0.55		
$130,000	$1.20	$65,000	$0.60		
$140,000	$1.29	$70,000	$0.65		
$150,000	$1.39	$75,000	$0.69		
$160,000	$1.48	$80,000	$0.74		
$170,000	$1.57	$85,000	$0.79		
$180,000	$1.66	$90,000	$0.83		
$190,000	$1.75	$95,000	$0.88		
$200,000	$1.85	$100,000	$0.92		
$210,000	$1.94	$105,000	$0.97		
$220,000	$2.03	$110,000	$1.02		
$230,000	$2.12	$115,000	$1.06		
$240,000	$2.22	$120,000	$1.11		
$250,000	$2.31	$125,000	$1.15		
$260,000	$2.40	$130,000	$1.20		
$270,000	$2.49	$135,000	$1.25		
$280,000	$2.59	$140,000	$1.29		
$290,000	$2.68	$145,000	$1.34		
$300,000	$2.77	$150,000	$1.39		
$310,000	$2.86	$155,000	$1.43		
$320,000	$2.95	$160,000	$1.48		
$330,000	$3.05	$165,000	$1.52		
$340,000	$3.14	$170,000	$1.57		
$350,000	$3.23	$175,000	$1.62		
$360,000	$3.32	$180,000	$1.66		
$370,000	$3.42	$185,000	$1.71		
$380,000	$3.51	$190,000	$1.75		
$390,000	$3.60	$195,000	$1.80		
$400,000	$3.69	$200,000	$1.85		
$410,000	$3.79	$205,000	$1.89		
$420,000	$3.88	$210,000	$1.94		
$430,000	$3.97	$215,000	$1.99		
$440,000	$4.06	$220,000	$2.03		
$450,000	$4.15	$225,000	$2.08		
$460,000	$4.25	$230,000	$2.12		

Employee Policy Election Amount	Bi-weekly Premiums displayed	Spouse Policy Election Amount	Bi-weekly Premiums displayed	Child(ren) Policy Election Amount	Bi-weekly Premiums displayed
$470,000	$4.34	$235,000	$2.17		
$480,000	$4.43	$240,000	$2.22		
$490,000	$4.52	$245,000	$2.26		
$500,000	$4.62	$250,000	$2.31		

Infant coverage is limited for the first two weeks of infant's life.
Benefit reductions apply.

LIMITATIONS AND EXCLUSIONS:

A SUMMARY OF PLAN LIMITATION AND EXCLUSIONS FOR AD&D

You must be working full-time on the effective date of your coverage; otherwise, your coverage becomes effective after you have completed a specific waiting period. 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 US Department of State. Subject to state specific variations. This proposal is hedged subject to satisfactory financial evaluation. Please refer to policy booklet for full plan description.
Dependent life insurance will not take effect if a dependent, other than a newborn, is confined to the hospital or other health care facility or is unable to perform the normal activities of someone of like age and sex.
We pay no benefits for any loss caused: by willful self-injury*; sickness, disease or medical treatment; by participating in a civil disorder or committing a felony; Traveling on any type of aircraft while having duties on that aircraft; by declared or undeclared act of war or armed aggression; while a member of any armed force (May vary by state); while driving a motor vehicle without a current, valid driver's license; by legal intoxication; or by voluntarily using a non-prescription controlled substance. Contract #GP-1-R-ADCL1-00 et al.
We won't pay more than 100% of the Insurance amount for all losses due to the same accident, except as stated.
The loss must occur within a specified period of time of the accident. Please see contract for specific definition; definition of loss may vary depending on the benefit payable.
*the willfull self-injury does not apply to children with Voluntary AD&D.
Enhanced AD&D: A loss may be defined as death, quadriplegia, loss of speech and hearing, loss of cognitive function, comatose state in excess of one month, hemiplegia or paraplegia. The loss must occur within a specified period of time of the accident. Please see contract for specific definition; definition of loss may vary depending on the benefit payable.

Guardian Group AD&D 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.
Policy Form # GP-1-ADD-15.

Guardian®

Watch our video
How critical illness insurance helps cover the costs of treatment.*

Critical illness insurance

Critical illness insurance may help you cover expenses not covered by your health insurance.

Critical illness Insurance provides financial support following the diagnosis of a covered critical illness. The lump sum benefit is paid to you, so you can focus more on recovery, less on expenses.

Who is it for?

Critical illness insurance is a supplemental policy for people who already have health insurance. It provides you with an additional lump sum benefits to cover expenses like deductibles, treatments, and living costs.

What does it cover?

Critical illnesses include strokes, heart attacks, Parkinson's disease and cancer. Our policies can cover over 30 major illnesses, helping you stay financially stable by paying you a lump sum if you're diagnosed with one of them.

Why should I consider it?

Health coverage is becoming more expensive, with higher co-pays, premiums, and deductibles. Critical illness insurance is a cost-effective way to supplement and pay for additional expenses that your health insurance doesn't cover. Our policies typically provide lump sum benefits for the first and second time you're diagnosed with a covered illness.

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

You will receive these benefits if you meet the conditions listed in the policy. *Guardian will never ask you to provide sensitive personal information, including SSN/DOB, nor login via QR codes.



Critical costs

Bob has had a couple of health scares over the years including a heart attack and stroke.

Bob suffered a heart attack and received a lump sum benefit payment from his critical illness plan. Four years later, he had a stroke and got another payment.

During both illnesses, he used his lump sum benefits to help pay for out-of-pocket medical costs, as well as household expenses while he recovered.

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.

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Your critical illness coverage

	CRITICAL ILLNESS	
Benefit Amount(s)	Employee may choose a lump sum benefit of $5,000 to $20,000 in $5,000 increments.	
CONDITIONS		
Cancer	**1st OCCURRENCE**	**2nd OCCURRENCE**
Invasive Cancer	100%	100%
Carcinoma In Situ	30%	0%
Benign Brain or Spinal Tumor	100%	0%
Skin Cancer	$250	$0
BRCA 1 & BRCA 2	30%	Not Covered
Bone Marrow Failure (including Stem Cells)	100%	100%
Lung and Vascular Disorder		
Aneurysm	10%	0%
Pulmonary Embolism	30%	0%
Stroke – Moderate	50%	50%
Stroke – Severe	100%	100%
Transient Ischemic Attack (TIA)	10%	0%
Heart Conditions		
Coronary Artery Disease	10%	0%
Coronary Artery Disease – bypass needed	50%	0%
Heart Attack	100%	100%
Heart Failure	100%	100%
Pacemaker	10%	0%
Additional Conditions		
Kidney Failure	100%	100%
Major Organ Failure	100%	100%
	1st OCCURRENCE ONLY	
Addison's Disease	30%	
Coma	100%	
Loss of Hearing	100%	
Loss of Sight	100%	
Loss of Speech	100%	
Permanent Paralysis	100% for 1 or more limbs	
Severe Burns	100%	
Chronic Disorders		
Crohn's Disease	30%	
Epilepsy	10%	
Lupus	30%	
Ulcerative Colitis	30%	
Neurological Disorders		

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Your critical illness coverage

	CRITICAL ILLNESS
Alzheimer's Disease – Early	50%
Alzheimer's Disease – Advanced	100%
ALS (Lou Gehrig's Disease)	100%
Dementia – other causes	100%
Huntington's Disease	30%
Multiple Sclerosis – Early	50%
Multiple Sclerosis – Advanced	100%
Myasthenia Gravis	30%
Parkinson's Disease – Early	50%
Parkinson's Disease – Advanced	100%
Childhood Illnesses and Disorders	
Autism Spectrum Disorder	100%
Cerebral Palsy	100%
Cleft Lip/Cleft Palate	100%
Club Foot	100%
Congenital Heart Defect	100%
Cystic Fibrosis	100%
Diabetes – Type 1	100%
Down Syndrome	100%
Hemophilia	100%
Multisystem Inflammatory Disease (MLS)	100%
Muscular Dystrophy	100%
Spina Bifida	100%

Spouse/Domestic Partner Benefit	May choose a lump sum benefit of $5,000 to $20,000 in $5,000 increments up to 100% of the employee's lump sum benefit.
Child Benefit- children age Birth to 26 years	50% of employee's lump sum benefit
Guarantee Issue: 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: $20,000 For a spouse: $20,000 For a child: All Amounts **Health questions are required if the elected amount exceeds the Guarantee Issue.**
Portability: Allows you to take your Critical Illness coverage with you if you terminate employment.	Included

Guardian®

Your critical illness coverage

	CRITICAL ILLNESS
Pre-Existing Condition Limitation: 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
Waiver of Premium: If you become disabled due to a covered critical illness 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
Health Screening Benefit	$50 Employee, $50 Spouse, $50 Child per year limit.

Condition Definitions

- BRCA1 or BRCA2 Mutation: occurs the date you're scheduled to undergo a mastectomy, or ovary or fallopian tube removal prior to a breast or ovarian cancer diagnosis as a preventive measure.
- Stroke - Moderate: requires clinical evidence of infarction of brain tissue, or intracranial or subarachnoid hemorrhage.
- Stroke - Severe: a permanent neurological deficit which persists at least 30 days after the event.
- Coronary Artery Disease: requires a diagnosis and severity level that requires one or more of the following procedures: atherectomy (rotation or laser), balloon angioplasty, laser angioplasty, stent implantation, thrombectomy (angiojet).
- Coronary Artery Disease - requiring a bypass: requires a diagnosis to be of such a severity that it requires one or more coronary artery bypass grafts.
- Heart Failure: requires a heart valve replacement or acceptance into the heart transplant waiting list.
- Kidney Failure: occurs on the earlier date of when renal or peritoneal dialysis begins, or the date you're accepted onto the kidney transplant waiting list of a recognized kidney transplant program in the United States.
- Major Organ Failure: occurs on the date you're accepted onto the liver, pancreas or lung transplant waiting list of a recognized transplant program in the United States.
- Crohn's Disease: benefit is available for the initial diagnosis of the disease, not the periodic flare-ups that may occur after the initial diagnosis.
- Epilepsy: requires initial diagnosis after at least two seizures, which are 24 hours apart and have no known trigger.
- Lupus: requires at least four symptoms be present at time of diagnosis. The benefit is available for initial diagnosis of the disease, not for periodic flare-ups that may occur after the initial diagnosis.
- Ulcerative Colitis: benefit is available for the initial diagnosis based on the results of a colonoscopy, not for periodic flare-ups that may occur after the initial diagnosis.
- Early-Stage Alzheimer's Disease: occurs on the date a physician diagnoses the progression which causes a loss of cognitive ability and functioning.
- Advanced Alzheimer's Disease: occurs on the date a physician diagnoses the cognitive decline to have progressed to the point that there's permanent inability to perform 2 or more Activities of Daily Living.
- Early-Stage Multiple Sclerosis (MS): must be diagnosed by a physician and confirmed by neurological exams, imaging studies, and analysis of cerebrospinal fluid.
- Advanced Stage Multiple Sclerosis (MS): requires neurological deficits for at least six months and confirmed by neurological exams, imaging studies, and analysis of cerebrospinal fluid.
- Early-Stage Parkinson's Disease: occurs on the date diagnosed by a physician with at least 1 symptom(s) affecting movement and the central nervous system.
- Advanced Parkinson's Disease: occurs on the date diagnosed by a physician and requires at least 3 or more symptom(s) affecting movement and the central nervous system.

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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.

Spouse/DP coverage premium is based on Employee age

Child cost is included with employee election.

	Bi-weekly Premiums Displayed *Election Cost Per Age Bracket*					
	< 30	*30-39*	*40-49*	*50-59*	*60-69*	*70+*
Employee						
$5,000	$0.58	$0.90	$1.92	$4.02	$7.50	$13.25
$10,000	$1.15	$1.80	$3.83	$8.03	$15.00	$26.49
$15,000	$1.73	$2.70	$5.75	$12.05	$22.50	$39.74
$20,000	$2.31	$3.60	$7.66	$16.06	$30.00	$52.99
Benefit Amount Up To 100% of Employee Amount to a Maximum of $20,000						
Spouse						
$5,000	$0.58	$0.90	$1.92	$4.02	$7.50	$13.25
$10,000	$1.15	$1.80	$3.83	$8.03	$15.00	$26.49
$15,000	$1.73	$2.70	$5.75	$12.05	$22.50	$39.74
$20,000	$2.31	$3.60	$7.66	$16.06	$30.00	$52.99

EXCLUSIONS AND LIMITATIONS

A SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS FOR CRITICAL ILLNESS:

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 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. If one illness causes or contributes to another illness, we'll pay benefits for only one of these illnesses. We'll pay for the illness that has the larger benefit. If the benefit amounts for the illness are the same, we'll let you choose which one we pay.

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.

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 # CI – 23 - P

Guardian's Critical Illness 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 limited benefits health 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.
Policy Form # GP-1-LAH-12R; CI – 23 - P

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Guardian®

Watch our video
How accident insurance can get you back on your feet.*

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 lump sum benefit payment to help cover out-of-pocket expenses.

Who is it for?

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

What does it cover?

Accident Insurance pays you lump sum of benefits after you suffer an accident. This could be more than 40 different circumstances, including: emergency treatment, ambulance, burns, dislocations, fractures, hospital confinement, and surgery.

Why should I consider it?

Health coverage is becoming more expensive, with higher co-pays, premiums, and deductibles. Accident insurance is a simple, cost-effective way to 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.



Support during recovery

Sue hurts her knee while hiking and needs emergency treatment.

Sue fell while hiking in a local park and tore the cartilage in her knee. She went to the hospital emergency room for treatment.

Her accident insurance paid her a lump sum benefit that helped offset her injury-related expenses for an MRI, knee brace, and follow-up visits to her doctor.

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.

You will receive these benefits if you meet the conditions listed in the policy. *Guardian will never ask you to provide sensitive personal information, including SSN/DOB, nor login via QR codes.

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Your accident coverage

	ACCIDENT
COVERAGE - DETAILS	
Your Bi-weekly premium	$4.46
You and Spouse/Domestic Partner	$6.88
You and Child(ren)	$8.50
You, Spouse/Domestic Partner and Child(ren)	$10.93
Accident Coverage Type	On and Off Job
Portability - Allows you to take your Accident coverage with you if you terminate employment.	Included
ACCIDENTAL DEATH AND DISMEMBERMENT	
Benefit Amount(s)	Employee $100,000 Spouse $50,000 Child $25,000
Catastrophic Loss	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
Common Disaster	200% of Spouse AD&D benefit
Dismemberment - Hand, Foot, Sight	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
Seatbelts and Airbags	Seatbelts: $10,000 & Airbags: $15,000
Reasonable Accommodation to Home or Vehicle	$2,500
Child(ren) Age Limits	Children age birth to 26 years
FEATURES	
Air Ambulance	$1,500
Ambulance	$300
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
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

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Your accident coverage

FEATURES (Cont.)	
Diagnostic Exam (Major)	$200
Dislocations	Schedule up to $5,000
Doctor Follow-Up Visits	$75, 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 $6,000
Gun Shot Wound	$750
Hospital Admission	$1,500
Hospital Confinement	$300/day - up to 1 year
Hospital ICU Admission	$3,000
Hospital ICU Confinement	$600/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	$35/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	$50

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Guardian

Your accident coverage

UNDERSTANDING YOUR BENEFITS:

- **Common Carrier** – Benefit is paid if an insured's death occurs due to an accident while riding as a fare-paying passanger 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 Accomodation** – 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.

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-1-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

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Guardian

Global Emergency Assistance Services

Connects you to qualified healthcare providers, hospitals, pharmacies and other services if you experience an emergency while traveling 100 miles away from home or outside the country for up to 90 days. Requests for reimbursement for medical transport or other services arranged independently by you will not be accepted.

How it can help

Medical Emergency Assistance

- Medical consultation, evaluation, and referrals
- Medical monitoring
- Emergency medical evacuation
- And more

Travel Emergency Assistance

- Care of minor children
- Compassionate visit
- Return of traveling companion
- And more

Additional Emergency Assistance Services

- Lost luggage
- Document assistance
- Legal and interpreter referrals
- And more

ID Theft Protection Services

Prevention and resolution tools to safeguard your data and restore its integrity if it is used fraudulently. Services include:

- 24/7 access to identity protection specialists
- Credit card and document registration
- Lost and stolen credit and debit card assistance
- 24/7 identity fraud support

This service is only available if you purchase qualifying lines of coverage. See your plan administrator for more details.

ComPsych Corporation (ComPsych) is a vendor to The Guardian Life Insurance Company of America (Guardian). ComPsych and Guardian are not affiliated entities. Global emergency assistance services (Services) are provided by ComPsych through its subcontractor Assist America. Guardian does not control or provide any part of the Services and does not bear any liability for their provision. This informational resource is not a contract and is for illustrative purposes only. Only the policy contains applicable terms. Guardian and ComPsych reserve the right to discontinue Services at anytime without notice. Services may not be available in all states. Global emergency assistance services are not available in the state of New York. Provision of Services shall be in a manner consistent with applicable law.

How to access

Reference number
01-AA-GLI-10231

Call
1 800 872 1414 (within the US)
1 609 986 1234 (outside the US)

Email
medservices@assistamerica.com

Download
Assist America mobile app
Available on Google Play and the App Store

How to access ID Theft Protection

Access code
18327

Call
1 877 409 9597 (within the US)
1 816 396 9192 (outside the US)

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THE FOLLOWING NOTICE ONLY PERTAINS TO HOSPITAL INDEMNITY COVERAGE

IMPORTANT: This is a fixed indemnity policy, NOT health insurance.

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

Looking for comprehensive health insurance?

- **Visit HealthCare.gov** or call **1-800-318-2596** (TTY: 1-855-889-4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

Questions about this policy?

- For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website (naic.org) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.

Guardian®

Watch our video
How hospital indemnity insurance can give you a comfortable stay.*

Hospital indemnity insurance

Hospital indemnity insurance can cover some of the cost associated with a hospital stay, letting you focus on recovery.

Being hospitalized for illness or injury can happen to anyone, at any time. While medical insurance may cover hospital bills, it may not cover all the costs associated with a hospital stay. That's where hospital indemnity coverage can help.

Who is it for?

Hospital indemnity insurance is for people who need help covering the costs associated with a hospital stay if they suddenly become sick or injured.

What does it cover?

Medical insurance insures medical expenses while hospitalized, but other costs can add up like extra childcare, transportation, help around the house, and pet care. Hospital Indemnity coverage pays lump sum benefits based on admission and days hospitalized that can be used to help any costs.

Why should I consider it?

Health coverage is becoming more expensive, with higher co-pays, premiums, and deductibles. Hospital indemnity insurance can help pay for out-of-pocket costs associated with being hospitalized, giving you more financial confidence for unplanned expenses brought on by a hospital stay.

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

You will receive these benefits if you meet the conditions listed in the policy. *Guardian will never ask you to provide sensitive personal information, including SSN/DOB, nor login via QR codes.

Be prepared

Kevin is hospitalized after an illness, and has to cover the cost of two days as an inpatient.

Kevin became ill and was admitted to the hospital. He had emergency surgery and was there for two days while recovering.

His hospital indemnity insurance paid him a lump sum benefit which provided financial support during his hospital stay.

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.

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Minnesota Urology
All Other Eligible Staff
2024-179695 (08/26)

Kit created 11/05/2026
Group number: 00104284

Guardian®

Your hospital indemnity coverage

	Hospital Indemnity
	Option 1
Coverage Details	
Your Bi-weekly premium	$4.94
You and Spouse/Domestic Partner	$8.37
You and Child(ren)	$7.02
You, Spouse/Domestic Partner and Child(ren)	$12.47
Benefits	
Hospital/ICU Admission	$1,000 per admission, limited to 2 admission(s) per insured.
Hospital/ICU Confinement	$100/$200 per day, limited to 30 day(s) per insured per benefit year.
Pre-Existing Conditions Limitation - 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
Portability - Allows you to take your Hospital Indemnity coverage with you if you terminate employment.	Included
Child(ren) Age Limits	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.

Your hospital indemnity coverage

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.

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

Guardian Hospital Indemnity Insurance is underwritten by The Guardian Life Insurance Company of America, New York, NY and will not be effective until approved by a Guardian underwriter. 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 limited hospital insurance only. It does not provide basic medical or major medical insurance as defined by the New York State Department of Financial Services.
Policy Form # GP-1-HI-15, GP-1-LAH-12R

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Guardian®

Electronic Evidence of Insurability (EOI)

Completing your Evidence of Insurability (EOI) online — it's simple, secure, and takes just a few minutes.

There are a few situations where you need to answer health questions, enroll for higher amounts of coverage, or request coverage after the initial eligibility period. In all of these situations, our online EOI form keeps things simple.

Electronic EOI keeps things simple

With Guardian's electronic EOI forms, your data is kept secure at every stage of the process. And with fewer errors than hand-written forms, and faster submission digitally, it's easier than ever to complete it and get covered.

Electronic EOI can be used for:*

- Basic life
- Voluntary life
- Short-term disability
- Long-term disability



How it works

You will receive a letter or email from your employer or Guardian with instructions and a unique link to submit your EOI form online.

First register and create an account on Guardian Anytime. Then simply fill out the form, electronically sign it, and click 'Submit.'

Once we receive the form, we'll contact you with any questions, before notifying you (and your employer if the coverage amount changes).

*Applicable to coverage requiring full evidence of insurability (not applicable to conditional issue amounts).

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Guardian®

GuidanceResources® your Employee Assistance Program

Sometimes life can feel overwhelming. It doesn't have to.

Guardian's Employee Assistance Program provides confidential counseling, specialized guidance, and valuable resources to help you handle any of life's challenges, big or small.

How it can help

Confidential emotional support

- Anxiety, depression, and stress

Work and lifestyle support

- Child, elder, and pet care

Financial resources and legal guidance

- Retirement planning and taxes
- Wills, trusts, and estate planning

How to access
24/7 live assistance

Call
1 855 239 0743
TRS: Dial 711

Visit
guidanceresources.com

App: GuidanceNow℠
Organization web ID: Guardian
Note: First-time users will need to register first with the organization web ID: Guardian.

This service is only available if you purchase qualifying lines of coverage. See your plan administrator for more details.

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EstateGuidance®
Online Will Preparation

Secure your wishes with a legally binding will.

EstateGuidance makes drafting a will easy with online tools that walk you through the process in minutes. You can also draft a living will to ensure you get the end-of-life care you desire and a final arrangements document expressing your wishes for your funeral services.

How it can help

Complete a customized will:
No cost to you

Have your will printed and sent to you:
$14.99

Draft a living will:
$14.99

Draft a final arragements document:
$9.99

How to access
24/7 live assistance

Call
1 855 239 0743
TRS: Dial 711

Visit
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App: GuidanceNow℠
Enter promotional code:
Guardian

This service is only available if you purchase qualifying lines of coverage.
See your plan administrator for more details.

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Guardian®

Our commitment to you

Please read the documentation referenced below carefully. The notices are intended to provide you important information about our insurance offerings and to protect your interests. Certain ones are required by law.

Important information

Notice Informing Individuals about Nondiscrimination and Accessibility Requirements

Guardian notice stating that it complies with applicable Federal civil rights laws and does not discriminate based on race, color, national origin, age, disability, sex, or actual or perceived gender identity. The notice provides contact information for filing a nondiscrimination grievance. It also provides contact information for access to free aids and services by disabled people to assist in communications with Guardian.
Visit **https://www.guardiananytime.com/notice48** to read more.

No Cost Language Services

Guardian provides language assistance in multiple languages for members who have limited English proficiency.
Visit **https://www.guardiananytime.com/notice46** to read more.

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