

Benefit Provisions	Guardian <i>Dental Guard Preferred Network</i>	
Calendar Year Deductible Individual / Family	\$50 / \$100 (waived for preventive)	\$50 / \$100 (waived for preventive)
Annual Maximum per Person	\$1,000	\$1,000
Preventive Care <i>Examinations, cleanings, sealants, x-rays, etc.</i>	100%	100%
Basic Services <i>Fillings, general anesthesia, simple extractions, etc.</i>	75%	75%
Major Services <i>Inlays, dentures, bridges, crowns, etc.</i>	50%	50%
Orthodontics Children under age 19	50%	50%
Lifetime Maximum	\$1,000	\$1,000

DENTAL MAXIMUM ROLLOVER

With a Maximum Rollover, Guardian will roll over a portion of your unused annual maximum into your personal Maximum Rollover Account (MRA). The MRA can be used in later years if you reach the plan's annual maximum. To qualify, you must submit a claim for covered services for which a benefit payment is issued, in excess of any deductible or co-pay, and you must not exceed the paid claims threshold during the benefit year. You must have at least one claim to be eligible for the Maximum Rollover.

Plan Annual Maximum	Paid Claims Threshold	Maximum Rollover Amount	In-Network Only Maximum Rollover Amount	Maximum Rollover Account Limit
\$1,000	\$500	\$250	\$350	\$1,000

You and your insured dependents maintain separate MRAs based on your own claim activity. Each MRA may not exceed the MRA limit. You can view your annual MRA statement detailing your account and those of your dependents on www.GuardianAnytime.com.

Under either benefit year set up (calendar year or policy year), Maximum Rollover for new entrants joining with 3 months or less remaining in the benefit year, will not begin until the start of the next full benefit year.

Maximum Rollover is deferred for a late entrant who has coverage of Major services deferred. For these members, Maximum Rollover starts when coverage of Major services starts, or the start of the next benefit year if 3 months or less remain until the next benefit year.



Benefit Provisions	EyeMed Choice Network	
Eye Exams	\$10 copay	Up to \$40
Frequency	Once a calendar year	Once a calendar year
Prescription Lenses		
Single Vision Lenses	\$10 copay	Up to \$30
Bifocal Vision Lenses	\$10 copay	Up to \$50
Trifocal Lenses	\$10 copay	Up to \$70
Lenticular Lenses	\$10 copay	Up to \$70
Standard Progressive	\$65 copay	Up to \$50
Premium Progressive Tier 1 - 4	\$95 copay - \$120 copay	Up to \$50
Frequency	Once a calendar year	Once a calendar year
Frames	\$130 allowance + 20% off balance	Up to \$91
Frequency	Once a calendar year	Once a calendar year
Contact Lenses (in lieu of glasses)		
Medically Necessary	Covered in full	Up to \$210
Conventional	\$130 allowance + 15% off balance	Up to \$130
Disposable	\$130 allowance + plus balance	Up to \$130
Frequency	Once a calendar year	Once a calendar year

BASIC LIFE / AD&D, VOLUNTARY LIFE: Guardian

Benefit Provisions

Basic Life/AD&D Insurance

Life Benefit Amount	\$50,000
AD&D Benefit Amount	100% of life benefit to \$50,000

In addition to the Basic Life and AD&D Insurance coverage that your employer provides you, you are eligible to purchase more insurance for yourself and elect coverage for your spouse and/or dependent children.

Benefit Provisions

Voluntary Life

Employee	You may purchase additional Life coverage in \$25,000 increments to a maximum of \$100,000. *Amounts over \$50,000 and all late entrants will be required to complete Evidence of Insurability.
Spouse	You may purchase Life coverage for your spouse up to 50% of employee's Voluntary Life benefit elected to a maximum of \$50,000. *Amounts over \$25,000 and all late entrants will be required to complete Evidence of Insurability. Note: Spouse rate is based off the Employee's age
Children	You may purchase Life coverage for your children up to 10% of the employee's Voluntary Life benefit elected to a maximum of \$10,000. Eligible dependent children, 14 days to age 26.

Standard Features Included for Basic and Voluntary Life

- If you have a separation in employment or a reduction in your benefit, you may be eligible to port or convert your basic or voluntary coverage to an individual policy.
- If you become disabled, you may be eligible for waiver of premium.
- Employee's benefit reduces 35% at age 65 and 50% at age 70.
- Spouse's benefit terminates at age 70

Actively at Work Requirement

If you are totally disabled and not at work on the day your coverage would otherwise begin, your coverage begins after you have returned to work for one full day. If a family member is totally disabled on the date coverage would otherwise begin, coverage will not begin until he or she is no longer totally disabled. Generally, your family member is totally disabled if he or she is unable to perform activities for a person of the same age and gender.

Evidence of Insurability is required if you:

- Are a late applicant, which means you apply for coverage more than 31 days after the date you are eligible for coverage; or
- You voluntarily cancelled your coverage and are reapplying; or
- You are over the guarantee issue amount

Short Term Disability insurance protects a portion of your income and pays a weekly benefit if you can't work, for a short period of time, due to a covered injury or illness.

	Voluntary Short Term Disability
Weekly Benefit	60% of weekly earnings
Maximum Amount	\$600 per week
Day Benefit Begins	1 st day accident; 8 th day illness
Benefit Duration	13 weeks

Long Term Disability insurance protects a portion of your income and pays a monthly benefit if you can't work, for an extended period of time, due to a covered injury or illness. The odds of your house burning to the ground are 1%. The odds of becoming disabled for six months or more are 35%. Everyone insures their homes... What about your income?

	Voluntary Long Term Disability
Elimination Period	90 days
Pre-Existing Condition	3 months prior / 12 months
Monthly Benefit	60% of Pre-disability Earnings
Maximum Monthly Benefit	\$6,000 per month*
Definition of Disability	2 year own occupation / any occupation thereafter
Benefit Duration	Social Security Normal Retirement Age (SSNRA)
Survivor Benefit	Yes

*Benefits are reduced by income you receive from other sources such as Workers' Compensation, state mandated disability benefits, and Social Security benefits.

Long Term Disability benefits are not payable for certain pre-existing conditions.

What is pre-existing condition?

- You received medical treatment, consultation, care or services including diagnostic measures, or took prescribed drugs or medicines in the 3 months just prior to your effective date of coverage; and
- The disability begins in the first 12 months after your effective date of coverage

ACCIDENT: Guardian

Accidents can happen every 2 seconds at home, every 6 seconds at work, and every 9 seconds on the road. You can't plan for accidents, but you can be better prepared to financially handle them when they happen.

Benefit Provisions	Voluntary Accident	
	Option 1: Value Plan	Option 2: Premier Plan
Coverage	Off the Job	Off the Job
Emergency Care Benefits	Ambulance Transportation: \$100 Ground, \$500 Air Emergency Treatment: \$150 Initial Physician Office Visit: \$50 X-ray: \$20	Ambulance Transportation: \$200 Ground, \$1,500 Air Emergency Treatment: \$200 Initial Physician Office Visit: \$100 X-ray: \$40
General Treatment Benefits	Initial Hospital Admission: \$750 Initial ICU Admission: \$1,500 Hospital Confinement: \$175/day – up to a year ICU Confinement: \$350/day – up to 15 days	Initial Hospital Admission: \$1,250 Initial ICU Admission: \$2,500 Hospital Confinement: \$250/day – up to a year ICU Confinement: \$500/day – up to 15 days
Fracture Maximum	Up to \$4,500	Up to \$6,000
Accidental Death Benefit	Employee: \$10,000 Spouse: \$5,000 Child: \$5,000	Employee: \$50,000 Spouse: \$25,000 Child: \$5,000
Coma	\$7,500	\$12,500
Concussions	\$50	\$100
Dislocations	Up to \$3,600	Up to \$4,800
Portability	Available	Available
Dismemberment Benefit	Available	Available
Child Organized Sport	20% increase to child benefit	20% increase to child benefit

Child Organized Sport – Benefit is paid if the covered accident occurred while your covered child is participating in an organized sport that is governed by an organization and requires formal registration to participate. This benefit is only payable if the child coverage is included on the plan.

CRITICAL ILLNESS: Guardian

This is a form of protection that can provide you with a lump sum payment if you suffer from a covered critical illness and the survival period is satisfied. The physical and emotional strain of a critical illness can be severe and when you combine that with the potentially damaging financial impact, the result can be devastating.

Benefit Provisions	Voluntary Critical Illness		
Benefit Option	Employee: Lump sum benefit of \$5,000 or \$10,000 Spouse: Lump sum benefit of \$2,500 or \$5,000, up to 50% of the employee lump sum benefit Child: 25% of employees lump sum benefit		
Guarantee Issue	Employee: \$10,000	Spouse: \$5,000	Child: all amounts
Conditions	Percentage of Lump Sum		
	1 st Occurrence	2 nd Occurrence	
Invasive Cancer	100%	50%	
Carcinoma In Situ	30%	0%	
Benign Brain Tumor	75%	0%	
Skin Cancer	\$250 per lifetime	Not Covered	
Heart Attack	100%	50%	
Stroke	100%	50%	
Heart Failure	100%	50%	
Coronary Arteriosclerosis	30%	0%	
Organ Failure	100%	50%	
Kidney Failure	100%	50%	
Group 2 Covered Conditions (First Occurrence of these additional illnesses)	<ul style="list-style-type: none"> Addison's Disease 30% ALS (Lou Gehrig's Disease) 100% Permanent Paralysis 50% for 1 limb 100% for 2+ limbs 	<ul style="list-style-type: none"> Coma 100% Huntington's Disease 30% Alzheimer's Disease 50% Severe Burns 100% 	<ul style="list-style-type: none"> Multiple Sclerosis 30% Loss of Speech, Sight or Hearing 100% Parkinson's Disease 100%
Group 3 Childhood Covered Conditions	100% of Child Benefit for the First Occurrence of Cerebral Palsy, Cleft lip/palate, Club Foot, Cystic Fibrosis, Down's Syndrome, Muscular Dystrophy, Spina Bifida, and Type 1 Diabetes.		
Cancer Vaccine Benefit	\$50 per lifetime for receiving a Cancer Vaccine		
Pre-Existing Condition Limitation	12 month look back period, 12 month exclusion period		
Portability	Available without Evidence of Insurability		
Benefit Reduction	Original benefit reduces 50% at age 70		

A pre-existing condition means any illness event that occurs within the first 12 months of coverage would be excluded from a benefit payment if you sought any medical treatment, prescriptions and/or advice 12 months prior to the coverage effective date.

Open Enrollment: if you are currently enrolled, you may increase your election by one increment at Open Enrollment without Evidence of Insurability. This applies to the employee as well as any enrolled dependents.

Evidence of insurability is required if you are a late applicant, which means you apply for coverage more than 31 days after the date you are eligible for coverage; or you voluntarily cancelled your coverage and are reapplying.

This guide is meant to provide basic plan information. For additional details and specific information, please contact the carrier or review the carrier certificates for each plan. Certificates are available by contacting Human Resources for a printed version. Benefits subject to change without notification. If there is a discrepancy between this guide and the carrier certificate, then the carrier certificate overrides data found in this guide.