



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



Short term disability insurance

Coverage if you're temporarily unable to work



Critical illness insurance

Taking care of the expenses if you're critically ill



Accident insurance

Helping you cover expenses after an accident



Cancer insurance

Financial support after a cancer diagnosis



Hospital indemnity insurance

Covering some of your hospital stay costs

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Life insurance

If something happens to you, life insurance can help your family reduce financial stress.

Life insurance helps protect your family's finances by providing a cash benefit if you pass away. This ensures that they'll be financially supported, and can cover important things from bills to funeral costs. With life policies, you can get affordable 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 is an easier and more affordable 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.

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.

You will receive these benefits if you meet the conditions listed in the policy.



Preparing and planning

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

Jorge has a mortgage, and because his wife is helping to take care of her mother, she only works part-time. In addition, his daughter is about to start college.

Jorge looks at how his family would be affected by losing him.

Average funeral cost: **\$9,000**

Average mortgage debt: **\$202,000**

Average cost of college: **\$17,000 - \$44,000**

Average household credit card debt: **\$8,500**

With life insurance, Jorge can make sure that part of these costs are covered 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.



Your life coverage

VOLUNTARY TERM LIFE

Employee Benefit	\$10,000 increments to a maximum of \$250,000. See Cost Illustration page for details.
Accidental Death and Dismemberment	Employee, Spouse & Child(ren) coverage. Maximum 1 times life amount.
Spouse Benefit	\$10,000 increments to a maximum of \$50,000. See Cost Illustration page for details.†
Child Benefit	Your dependent children age 14 days to 26 years. You may elect one of the following benefit options: \$5,000, \$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 1.1.24 annual enrollment period.	We Guarantee Issue coverage up to: Employee \$250,000. Spouse \$50,000. Dependent children \$10,000.
Premiums	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, includes AD&D
Conversion: Allows you to continue your coverage after your group plan has terminated.	Yes, with restrictions; see certificate of benefits



Your life coverage

VOLUNTARY TERM LIFE

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
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 met
Benefit Reductions: Benefits are reduced by a certain percentage as an employee ages.	50% at age 70

Subject to coverage limits

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

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

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.

		Semi-monthly premiums displayed. Cost of AD&D is included.								
Policy Election Amount		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		\$.37	\$.43	\$.50	\$.69	\$ 1.07	\$ 1.60	\$ 2.52	\$ 3.42	\$ 6.24
\$20,000		\$.74	\$.86	\$ 1.00	\$ 1.38	\$ 2.13	\$ 3.20	\$ 5.03	\$ 6.83	\$ 12.48
\$30,000		\$ 1.11	\$ 1.29	\$ 1.50	\$ 2.07	\$ 3.20	\$ 4.80	\$ 7.55	\$ 10.25	\$ 18.72
\$40,000		\$ 1.48	\$ 1.72	\$ 2.00	\$ 2.76	\$ 4.26	\$ 6.40	\$ 10.06	\$ 13.66	\$ 24.96
\$50,000		\$ 1.85	\$ 2.15	\$ 2.50	\$ 3.45	\$ 5.33	\$ 8.00	\$ 12.58	\$ 17.08	\$ 31.20
\$60,000		\$ 2.22	\$ 2.58	\$ 3.00	\$ 4.14	\$ 6.39	\$ 9.60	\$ 15.09	\$ 20.49	\$ 37.44
\$70,000		\$ 2.59	\$ 3.01	\$ 3.50	\$ 4.83	\$ 7.46	\$ 11.20	\$ 17.61	\$ 23.91	\$ 43.68
\$80,000		\$ 2.96	\$ 3.44	\$ 4.00	\$ 5.52	\$ 8.52	\$ 12.80	\$ 20.12	\$ 27.32	\$ 49.92
\$90,000		\$ 3.33	\$ 3.87	\$ 4.50	\$ 6.21	\$ 9.59	\$ 14.40	\$ 22.64	\$ 30.74	\$ 56.16
\$100,000		\$ 3.70	\$ 4.30	\$ 5.00	\$ 6.90	\$ 10.65	\$ 16.00	\$ 25.15	\$ 34.15	\$ 62.40
\$110,000		\$ 4.07	\$ 4.73	\$ 5.50	\$ 7.59	\$ 11.72	\$ 17.60	\$ 27.67	\$ 37.57	\$ 68.64
\$120,000		\$ 4.44	\$ 5.16	\$ 6.00	\$ 8.28	\$ 12.78	\$ 19.20	\$ 30.18	\$ 40.98	\$ 74.88
\$130,000		\$ 4.81	\$ 5.59	\$ 6.50	\$ 8.97	\$ 13.85	\$ 20.80	\$ 32.70	\$ 44.40	\$ 81.12
\$140,000		\$ 5.18	\$ 6.02	\$ 7.00	\$ 9.66	\$ 14.91	\$ 22.40	\$ 35.21	\$ 47.81	\$ 87.36
\$150,000		\$ 5.55	\$ 6.45	\$ 7.50	\$ 10.35	\$ 15.98	\$ 24.00	\$ 37.73	\$ 51.23	\$ 93.60
\$160,000		\$ 5.92	\$ 6.88	\$ 8.00	\$ 11.04	\$ 17.04	\$ 25.60	\$ 40.24	\$ 54.64	\$ 99.84
\$170,000		\$ 6.29	\$ 7.31	\$ 8.50	\$ 11.73	\$ 18.11	\$ 27.20	\$ 42.76	\$ 58.06	\$ 106.08
\$180,000		\$ 6.66	\$ 7.74	\$ 9.00	\$ 12.42	\$ 19.17	\$ 28.80	\$ 45.27	\$ 61.47	\$ 112.32
\$190,000		\$ 7.03	\$ 8.17	\$ 9.50	\$ 13.11	\$ 20.24	\$ 30.40	\$ 47.79	\$ 64.89	\$ 118.56
\$200,000		\$ 7.40	\$ 8.60	\$ 10.00	\$ 13.80	\$ 21.30	\$ 32.00	\$ 50.30	\$ 68.30	\$ 124.80
\$210,000		\$ 7.77	\$ 9.03	\$ 10.50	\$ 14.49	\$ 22.37	\$ 33.60	\$ 52.82	\$ 71.72	\$ 131.04
\$220,000		\$ 8.14	\$ 9.46	\$ 11.00	\$ 15.18	\$ 23.43	\$ 35.20	\$ 55.33	\$ 75.13	\$ 137.28
\$230,000		\$ 8.51	\$ 9.89	\$ 11.50	\$ 15.87	\$ 24.50	\$ 36.80	\$ 57.85	\$ 78.55	\$ 143.52
\$240,000		\$ 8.88	\$ 10.32	\$ 12.00	\$ 16.56	\$ 25.56	\$ 38.40	\$ 60.36	\$ 81.96	\$ 149.76
\$250,000		\$ 9.25	\$ 10.75	\$ 12.50	\$ 17.25	\$ 26.63	\$ 40.00	\$ 62.88	\$ 85.38	\$ 156.00
Policy Election Amount										
Spouse										
\$10,000		\$.37	\$.43	\$.50	\$.69	\$ 1.07	\$ 1.60	\$ 2.52	\$ 3.42	\$ 6.24
\$20,000		\$.74	\$.86	\$ 1.00	\$ 1.38	\$ 2.13	\$ 3.20	\$ 5.03	\$ 6.83	\$ 12.48

Voluntary Life Cost Illustration *continued*

	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69†
\$30,000	\$1.11	\$1.29	\$1.50	\$2.07	\$3.20	\$4.80	\$7.55	\$10.25	\$18.72
\$40,000	\$1.48	\$1.72	\$2.00	\$2.76	\$4.26	\$6.40	\$10.06	\$13.66	\$24.96
\$50,000	\$1.85	\$2.15	\$2.50	\$3.45	\$5.33	\$8.00	\$12.58	\$17.08	\$31.20
\$60,000	\$2.22	\$2.58	\$3.00	\$4.14	\$6.39	\$9.60	\$15.09	\$20.49	\$37.44
\$70,000	\$2.59	\$3.01	\$3.50	\$4.83	\$7.46	\$11.20	\$17.61	\$23.91	\$43.68
\$80,000	\$2.96	\$3.44	\$4.00	\$5.52	\$8.52	\$12.80	\$20.12	\$27.32	\$49.92
\$90,000	\$3.33	\$3.87	\$4.50	\$6.21	\$9.59	\$14.40	\$22.64	\$30.74	\$56.16
\$100,000	\$3.70	\$4.30	\$5.00	\$6.90	\$10.65	\$16.00	\$25.15	\$34.15	\$62.40
\$110,000	\$4.07	\$4.73	\$5.50	\$7.59	\$11.72	\$17.60	\$27.67	\$37.57	\$68.64
\$120,000	\$4.44	\$5.16	\$6.00	\$8.28	\$12.78	\$19.20	\$30.18	\$40.98	\$74.88
\$130,000	\$4.81	\$5.59	\$6.50	\$8.97	\$13.85	\$20.80	\$32.70	\$44.40	\$81.12
\$140,000	\$5.18	\$6.02	\$7.00	\$9.66	\$14.91	\$22.40	\$35.21	\$47.81	\$87.36
\$150,000	\$5.55	\$6.45	\$7.50	\$10.35	\$15.98	\$24.00	\$37.73	\$51.23	\$93.60
\$160,000	\$5.92	\$6.88	\$8.00	\$11.04	\$17.04	\$25.60	\$40.24	\$54.64	\$99.84
\$170,000	\$6.29	\$7.31	\$8.50	\$11.73	\$18.11	\$27.20	\$42.76	\$58.06	\$106.08
\$180,000	\$6.66	\$7.74	\$9.00	\$12.42	\$19.17	\$28.80	\$45.27	\$61.47	\$112.32
\$190,000	\$7.03	\$8.17	\$9.50	\$13.11	\$20.24	\$30.40	\$47.79	\$64.89	\$118.56
\$200,000	\$7.40	\$8.60	\$10.00	\$13.80	\$21.30	\$32.00	\$50.30	\$68.30	\$124.80
\$210,000	\$7.77	\$9.03	\$10.50	\$14.49	\$22.37	\$33.60	\$52.82	\$71.72	\$131.04
\$220,000	\$8.14	\$9.46	\$11.00	\$15.18	\$23.43	\$35.20	\$55.33	\$75.13	\$137.28
\$230,000	\$8.51	\$9.89	\$11.50	\$15.87	\$24.50	\$36.80	\$57.85	\$78.55	\$143.52
\$240,000	\$8.88	\$10.32	\$12.00	\$16.56	\$25.56	\$38.40	\$60.36	\$81.96	\$149.76
\$250,000	\$9.25	\$10.75	\$12.50	\$17.25	\$26.63	\$40.00	\$62.88	\$85.38	\$156.00
Policy Election Amount									
Child(ren)									
\$5,000	\$0.05	\$0.05	\$0.05	\$0.05	\$0.05	\$0.05	\$0.05	\$0.05	\$0.05
\$10,000	\$0.10	\$0.10	\$0.10	\$0.10	\$0.10	\$0.10	\$0.10	\$0.10	\$0.10

Refer to Guarantee Issue row on page above for Voluntary Life GI amounts.

Premiums for Voluntary Life Increase in five-year increments

Spouse 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.

We pay no benefits if the insured's death is due to suicide within two years from the insured's 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- I-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-I-R-ADCLI-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.

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

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ST CLAIRE HEALTHCARE, INC.

ALL ELIGIBLE EMPLOYEES

Kit created 10/09/2023

Group number: 00041066



Short term disability insurance

Disability insurance covers a part of your income, so you can pay your bills if you're injured or sick and can't work.

Disability may be more common than you might realize, and people can be unable to work for all sorts of different reasons. There are times when many disabilities can be caused by illness, including common conditions like heart disease and arthritis. However, many disabilities aren't covered by workers' compensation.

Who is it for?

If you rely on your income to pay for everyday expenses, then you should probably consider disability insurance. It helps ensure that you'll receive a partial income if you're injured or too sick to work.

What does it cover?

Many disability insurance plans pay out a portion or percentage of your income if you're diagnosed with a serious illness or experience an injury that prevents you from doing your job.

Why should I consider it?

Accidents happen, and you can't always anticipate if or when you'll become sick or injured. That's why it's important to have a disability policy that helps you pay your bills in the event of being unable to collect your normal paycheck.

You will receive these benefits if you meet the conditions listed in the policy.



Partial income replacement

Mike injures his back in a bicycle accident and can't work for 13 weeks.

Unpaid time off work: **13 weeks**

Elimination period: **1 week**

After a 1-week elimination period following his accident, Mike's Guardian Short Term Disability policy kicks in and replaces **\$400** of his weekly income for the remaining **12 weeks** of his rehabilitation.

This gives him a total of **\$4,800** to cover his expenses while he's unable to work.

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.



Your short term disability coverage

Short-Term Disability - Option I

Coverage amount	40% of salary to maximum \$1000/week
Maximum payment period: Maximum length of time you can receive disability benefits.	11 weeks
Accident benefits begin: The length of time you must be disabled before benefits begin.	Day 15
Illness benefits begin: The length of time you must be disabled before benefits begin.	Day 15
Evidence of Insurability: A health statement requiring you to answer a few medical history questions.	Health Statement may be required
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 applicant signs up for coverage during the 1.1.24 annual enrollment period.	We Guarantee Issue \$1000 in coverage
Minimum work hours/week: Minimum number of hours you must regularly work each week to be eligible for coverage.	Planholder Determines
Pre-existing conditions: A pre-existing condition includes any condition/symptom for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.	3 months look back; 12 months after 2 week limitation
Premium waived if disabled: Premium will not need to be paid when you are receiving benefits.	Yes

UNDERSTANDING YOUR BENEFITS—DISABILITY (Some information may vary by state)

- **Earnings definition:** Your covered salary excludes bonuses and commissions.

Short-Term Disability Plan Cost Illustration:

To determine the most appropriate level of coverage, you should consider your current basic monthly expenses.

Policy amounts shown based on sample salary amounts only.

	< 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60+
Your premium rate	\$0.900	\$0.900	\$0.900	\$0.900	\$0.900	\$0.900	\$0.900	\$0.900	\$0.900
	<i>Election Cost Per Age Bracket</i>								
	< 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60+
\$25,000 Annual Salary \$192 Weekly Benefit	\$8.64	\$8.64	\$8.64	\$8.64	\$8.64	\$8.64	\$8.64	\$8.64	\$8.64
\$30,000 Annual Salary \$231 Weekly Benefit	\$10.40	\$10.40	\$10.40	\$10.40	\$10.40	\$10.40	\$10.40	\$10.40	\$10.40
\$35,000 Annual Salary \$269 Weekly Benefit	\$12.11	\$12.11	\$12.11	\$12.11	\$12.11	\$12.11	\$12.11	\$12.11	\$12.11
\$40,000 Annual Salary \$308 Weekly Benefit	\$13.86	\$13.86	\$13.86	\$13.86	\$13.86	\$13.86	\$13.86	\$13.86	\$13.86
\$45,000 Annual Salary \$346 Weekly Benefit	\$15.57	\$15.57	\$15.57	\$15.57	\$15.57	\$15.57	\$15.57	\$15.57	\$15.57
\$50,000 Annual Salary \$385 Weekly Benefit	\$17.33	\$17.33	\$17.33	\$17.33	\$17.33	\$17.33	\$17.33	\$17.33	\$17.33
\$55,000 Annual Salary \$423 Weekly Benefit	\$19.04	\$19.04	\$19.04	\$19.04	\$19.04	\$19.04	\$19.04	\$19.04	\$19.04
\$60,000 Annual Salary \$462 Weekly Benefit	\$20.79	\$20.79	\$20.79	\$20.79	\$20.79	\$20.79	\$20.79	\$20.79	\$20.79
\$65,000 Annual Salary \$500 Weekly Benefit	\$22.50	\$22.50	\$22.50	\$22.50	\$22.50	\$22.50	\$22.50	\$22.50	\$22.50
\$70,000 Annual Salary \$538 Weekly Benefit	\$24.21	\$24.21	\$24.21	\$24.21	\$24.21	\$24.21	\$24.21	\$24.21	\$24.21
\$75,000 Annual Salary \$577 Weekly Benefit	\$25.97	\$25.97	\$25.97	\$25.97	\$25.97	\$25.97	\$25.97	\$25.97	\$25.97
\$80,000 Annual Salary \$615 Weekly Benefit	\$27.68	\$27.68	\$27.68	\$27.68	\$27.68	\$27.68	\$27.68	\$27.68	\$27.68
\$85,000 Annual Salary \$654 Weekly Benefit	\$29.43	\$29.43	\$29.43	\$29.43	\$29.43	\$29.43	\$29.43	\$29.43	\$29.43
\$90,000 Annual Salary \$692 Weekly Benefit	\$31.14	\$31.14	\$31.14	\$31.14	\$31.14	\$31.14	\$31.14	\$31.14	\$31.14
\$95,000 Annual Salary \$731 Weekly Benefit	\$32.90	\$32.90	\$32.90	\$32.90	\$32.90	\$32.90	\$32.90	\$32.90	\$32.90
\$100,000 Annual Salary \$769 Weekly Benefit	\$34.61	\$34.61	\$34.61	\$34.61	\$34.61	\$34.61	\$34.61	\$34.61	\$34.61
\$125,000 Annual Salary \$962 Weekly Benefit	\$43.29	\$43.29	\$43.29	\$43.29	\$43.29	\$43.29	\$43.29	\$43.29	\$43.29

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ST CLAIRE HEALTHCARE, INC.

ALL ELIGIBLE EMPLOYEES

Kit created 10/09/2023

Group number: 00041066

	< 25	25–29	30–34	35–39	40–44	45–49	50–54	55–59	60+
\$150,000 Annual Salary									
\$1,000 Weekly Benefit	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00
\$175,000 Annual Salary									
\$1,000 Weekly Benefit	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00
\$200,000 Annual Salary									
\$1,000 Weekly Benefit	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00
\$250,000 Annual Salary									
\$1,000 Weekly Benefit	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00
\$300,000 Annual Salary									
\$1,000 Weekly Benefit	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00

A SUMMARY OF DISABILITY PLAN LIMITATIONS AND EXCLUSIONS

- Evidence of Insurability may be 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.
- 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.
- For Short-Term Disability coverage, benefits for a disability caused or contributed to by a pre-existing condition are limited, unless the disability starts after you have been insured under this plan for a specified period of time. We do not pay short term disability benefits for any job-related or on-the-job injury, or conditions for which Workers' Compensation benefits are payable.
- We do not pay benefits for charges 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. We do not pay benefits for charges relating to legal intoxication, including but not limited to the operation of a motor vehicle, and for the voluntary use of any poison, chemical, prescription or non-prescription drug or controlled substance unless it has been prescribed by a doctor and is used as prescribed. We limit the duration of payments for long term disabilities caused by mental or emotional conditions, or alcohol or drug abuse. We do not pay benefits during any period in which a covered person is confined to a correctional facility, an employee is not under the care of a doctor, an employee is receiving treatment outside of the US or Canada, and the employee's loss of earnings is not solely due to disability.
- This policy provides disability income insurance only. It does not provide "basic hospital", "basic medical", or "medical" insurance as defined by the New York State Insurance Department.
- If this plan is transferred from another insurance carrier, the time an insured is covered under that plan will count toward satisfying Guardian's pre-existing condition limitation period. State variations may apply.
- When applicable, this coverage will integrate with NJ TDB, NY DBL, CA SDI, RI TDI, Hawaii TDI and Puerto Rico DBA, DC PFML and WA PFML.

Contract # GP-1-STD-15-1.0 et al.

Guardian's Group Short Term Disability 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. This policy provides disability income 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. Plan documents are the final arbiter of coverage. Policy Form #GP-1-STD07-1.0, et al, GP-1-STD-15



Your short term disability coverage

Short-Term Disability - Option 2

Coverage amount	50% of salary to maximum \$1000/week
Maximum payment period: Maximum length of time you can receive disability benefits.	11 weeks
Accident benefits begin: The length of time you must be disabled before benefits begin.	Day 15
Illness benefits begin: The length of time you must be disabled before benefits begin.	Day 15
Evidence of Insurability: A health statement requiring you to answer a few medical history questions.	Health Statement may be required
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 applicant signs up for coverage during the 1.1.24 annual enrollment period.	We Guarantee Issue \$1000 in coverage
Minimum work hours/week: Minimum number of hours you must regularly work each week to be eligible for coverage.	Planholder Determines
Pre-existing conditions: A pre-existing condition includes any condition/symptom for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.	3 months look back; 12 months after 2 week limitation
Premium waived if disabled: Premium will not need to be paid when you are receiving benefits.	Yes

UNDERSTANDING YOUR BENEFITS—DISABILITY (Some information may vary by state)

- **Earnings definition:** Your covered salary excludes bonuses and commissions.

Short-Term Disability Plan Cost Illustration:

To determine the most appropriate level of coverage, you should consider your current basic monthly expenses.

Policy amounts shown based on sample salary amounts only.

	< 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60+	
Your premium rate	\$0.900	\$0.900	\$0.900	\$0.900	\$0.900	\$0.900	\$0.900	\$0.900	\$0.900	
	<i>Election Cost Per Age Bracket</i>									
	< 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60+	
\$25,000 Annual Salary \$240 Weekly Benefit	\$10.80	\$10.80	\$10.80	\$10.80	\$10.80	\$10.80	\$10.80	\$10.80	\$10.80	
\$30,000 Annual Salary \$288 Weekly Benefit	\$12.96	\$12.96	\$12.96	\$12.96	\$12.96	\$12.96	\$12.96	\$12.96	\$12.96	
\$35,000 Annual Salary \$337 Weekly Benefit	\$15.17	\$15.17	\$15.17	\$15.17	\$15.17	\$15.17	\$15.17	\$15.17	\$15.17	
\$40,000 Annual Salary \$385 Weekly Benefit	\$17.33	\$17.33	\$17.33	\$17.33	\$17.33	\$17.33	\$17.33	\$17.33	\$17.33	
\$45,000 Annual Salary \$433 Weekly Benefit	\$19.49	\$19.49	\$19.49	\$19.49	\$19.49	\$19.49	\$19.49	\$19.49	\$19.49	
\$50,000 Annual Salary \$481 Weekly Benefit	\$21.65	\$21.65	\$21.65	\$21.65	\$21.65	\$21.65	\$21.65	\$21.65	\$21.65	
\$55,000 Annual Salary \$529 Weekly Benefit	\$23.81	\$23.81	\$23.81	\$23.81	\$23.81	\$23.81	\$23.81	\$23.81	\$23.81	
\$60,000 Annual Salary \$577 Weekly Benefit	\$25.97	\$25.97	\$25.97	\$25.97	\$25.97	\$25.97	\$25.97	\$25.97	\$25.97	
\$65,000 Annual Salary \$625 Weekly Benefit	\$28.13	\$28.13	\$28.13	\$28.13	\$28.13	\$28.13	\$28.13	\$28.13	\$28.13	
\$70,000 Annual Salary \$673 Weekly Benefit	\$30.29	\$30.29	\$30.29	\$30.29	\$30.29	\$30.29	\$30.29	\$30.29	\$30.29	
\$75,000 Annual Salary \$721 Weekly Benefit	\$32.45	\$32.45	\$32.45	\$32.45	\$32.45	\$32.45	\$32.45	\$32.45	\$32.45	
\$80,000 Annual Salary \$769 Weekly Benefit	\$34.61	\$34.61	\$34.61	\$34.61	\$34.61	\$34.61	\$34.61	\$34.61	\$34.61	
\$85,000 Annual Salary \$817 Weekly Benefit	\$36.77	\$36.77	\$36.77	\$36.77	\$36.77	\$36.77	\$36.77	\$36.77	\$36.77	
\$90,000 Annual Salary \$865 Weekly Benefit	\$38.93	\$38.93	\$38.93	\$38.93	\$38.93	\$38.93	\$38.93	\$38.93	\$38.93	
\$95,000 Annual Salary \$913 Weekly Benefit	\$41.09	\$41.09	\$41.09	\$41.09	\$41.09	\$41.09	\$41.09	\$41.09	\$41.09	
\$100,000 Annual Salary \$962 Weekly Benefit	\$43.29	\$43.29	\$43.29	\$43.29	\$43.29	\$43.29	\$43.29	\$43.29	\$43.29	
\$125,000 Annual Salary \$1,000 Weekly Benefit	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	

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ST CLAIRE HEALTHCARE, INC.

ALL ELIGIBLE EMPLOYEES

Kit created 10/09/2023

Group number: 00041066

	< 25	25–29	30–34	35–39	40–44	45–49	50–54	55–59	60+
\$150,000 Annual Salary									
\$1,000 Weekly Benefit	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00
\$175,000 Annual Salary									
\$1,000 Weekly Benefit	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00
\$200,000 Annual Salary									
\$1,000 Weekly Benefit	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00
\$250,000 Annual Salary									
\$1,000 Weekly Benefit	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00
\$300,000 Annual Salary									
\$1,000 Weekly Benefit	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00

A SUMMARY OF DISABILITY PLAN LIMITATIONS AND EXCLUSIONS

- Evidence of Insurability may be 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.
- 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.
- For Short-Term Disability coverage, benefits for a disability caused or contributed to by a pre-existing condition are limited, unless the disability starts after you have been insured under this plan for a specified period of time. We do not pay short term disability benefits for any job-related or on-the-job injury, or conditions for which Workers' Compensation benefits are payable.
- We do not pay benefits for charges 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. We do not pay benefits for charges relating to legal intoxication, including but not limited to the operation of a motor vehicle, and for the voluntary use of any poison, chemical, prescription or non-prescription drug or controlled substance unless it has been prescribed by a doctor and is used as prescribed. We limit the duration of payments for long term disabilities caused by mental or emotional conditions, or alcohol or drug abuse. We do not pay benefits during any period in which a covered person is confined to a correctional facility, an employee is not under the care of a doctor, an employee is receiving treatment outside of the US or Canada, and the employee's loss of earnings is not solely due to disability.
- This policy provides disability income insurance only. It does not provide "basic hospital", "basic medical", or "medical" insurance as defined by the New York State Insurance Department.
- If this plan is transferred from another insurance carrier, the time an insured is covered under that plan will count toward satisfying Guardian's pre-existing condition limitation period. State variations may apply.
- When applicable, this coverage will integrate with NJ TDB, NY DBL, CA SDI, RI TDI, Hawaii TDI and Puerto Rico DBA, DC PFML and WA PFML.

Contract # GP-1-STD-15-1.0 et al.

Guardian's Group Short Term Disability 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. This policy provides disability income 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. Plan documents are the final arbiter of coverage. Policy Form #GP-1-STD07-1.0, et al, GP-1-STD-15

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ST CLAIRE HEALTHCARE, INC.

ALL ELIGIBLE EMPLOYEES

Kit created 10/09/2023

Group number: 00041066



Your short term disability coverage

Short-Term Disability - Option 3

Coverage amount	60% of salary to maximum \$1000/week
Maximum payment period: Maximum length of time you can receive disability benefits.	11 weeks
Accident benefits begin: The length of time you must be disabled before benefits begin.	Day 15
Illness benefits begin: The length of time you must be disabled before benefits begin.	Day 15
Evidence of Insurability: A health statement requiring you to answer a few medical history questions.	Health Statement may be required
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 applicant signs up for coverage during the 1.1.24 annual enrollment period.	We Guarantee Issue \$1000 in coverage
Minimum work hours/week: Minimum number of hours you must regularly work each week to be eligible for coverage.	Planholder Determines
Pre-existing conditions: A pre-existing condition includes any condition/symptom for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.	3 months look back; 12 months after 2 week limitation
Premium waived if disabled: Premium will not need to be paid when you are receiving benefits.	Yes

UNDERSTANDING YOUR BENEFITS—DISABILITY (Some information may vary by state)

- **Earnings definition:** Your covered salary excludes bonuses and commissions.

Short-Term Disability Plan Cost Illustration:

To determine the most appropriate level of coverage, you should consider your current basic monthly expenses.

Policy amounts shown based on sample salary amounts only.

	< 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60+
Your premium rate	\$0.900	\$0.900	\$0.900	\$0.900	\$0.900	\$0.900	\$0.900	\$0.900	\$0.900
	<i>Election Cost Per Age Bracket</i>								
	< 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60+
\$25,000 Annual Salary \$288 Weekly Benefit	\$12.96	\$12.96	\$12.96	\$12.96	\$12.96	\$12.96	\$12.96	\$12.96	\$12.96
\$30,000 Annual Salary \$346 Weekly Benefit	\$15.57	\$15.57	\$15.57	\$15.57	\$15.57	\$15.57	\$15.57	\$15.57	\$15.57
\$35,000 Annual Salary \$404 Weekly Benefit	\$18.18	\$18.18	\$18.18	\$18.18	\$18.18	\$18.18	\$18.18	\$18.18	\$18.18
\$40,000 Annual Salary \$462 Weekly Benefit	\$20.79	\$20.79	\$20.79	\$20.79	\$20.79	\$20.79	\$20.79	\$20.79	\$20.79
\$45,000 Annual Salary \$519 Weekly Benefit	\$23.36	\$23.36	\$23.36	\$23.36	\$23.36	\$23.36	\$23.36	\$23.36	\$23.36
\$50,000 Annual Salary \$577 Weekly Benefit	\$25.97	\$25.97	\$25.97	\$25.97	\$25.97	\$25.97	\$25.97	\$25.97	\$25.97
\$55,000 Annual Salary \$635 Weekly Benefit	\$28.58	\$28.58	\$28.58	\$28.58	\$28.58	\$28.58	\$28.58	\$28.58	\$28.58
\$60,000 Annual Salary \$692 Weekly Benefit	\$31.14	\$31.14	\$31.14	\$31.14	\$31.14	\$31.14	\$31.14	\$31.14	\$31.14
\$65,000 Annual Salary \$750 Weekly Benefit	\$33.75	\$33.75	\$33.75	\$33.75	\$33.75	\$33.75	\$33.75	\$33.75	\$33.75
\$70,000 Annual Salary \$808 Weekly Benefit	\$36.36	\$36.36	\$36.36	\$36.36	\$36.36	\$36.36	\$36.36	\$36.36	\$36.36
\$75,000 Annual Salary \$865 Weekly Benefit	\$38.93	\$38.93	\$38.93	\$38.93	\$38.93	\$38.93	\$38.93	\$38.93	\$38.93
\$80,000 Annual Salary \$923 Weekly Benefit	\$41.54	\$41.54	\$41.54	\$41.54	\$41.54	\$41.54	\$41.54	\$41.54	\$41.54
\$85,000 Annual Salary \$981 Weekly Benefit	\$44.15	\$44.15	\$44.15	\$44.15	\$44.15	\$44.15	\$44.15	\$44.15	\$44.15
\$90,000 Annual Salary \$1,000 Weekly Benefit	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00
\$95,000 Annual Salary \$1,000 Weekly Benefit	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00
\$100,000 Annual Salary \$1,000 Weekly Benefit	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00
\$125,000 Annual Salary \$1,000 Weekly Benefit	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00

	< 25	25–29	30–34	35–39	40–44	45–49	50–54	55–59	60+
\$150,000 Annual Salary									
\$1,000 Weekly Benefit	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00
\$175,000 Annual Salary									
\$1,000 Weekly Benefit	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00
\$200,000 Annual Salary									
\$1,000 Weekly Benefit	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00
\$250,000 Annual Salary									
\$1,000 Weekly Benefit	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00
\$300,000 Annual Salary									
\$1,000 Weekly Benefit	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00

A SUMMARY OF DISABILITY PLAN LIMITATIONS AND EXCLUSIONS

- Evidence of Insurability may be 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.
- 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.
- For Short-Term Disability coverage, benefits for a disability caused or contributed to by a pre-existing condition are limited, unless the disability starts after you have been insured under this plan for a specified period of time. We do not pay short term disability benefits for any job-related or on-the-job injury, or conditions for which Workers' Compensation benefits are payable.
- We do not pay benefits for charges 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. We do not pay benefits for charges relating to legal intoxication, including but not limited to the operation of a motor vehicle, and for the voluntary use of any poison, chemical, prescription or non-prescription drug or controlled substance unless it has been prescribed by a doctor and is used as prescribed. We limit the duration of payments for long term disabilities caused by mental or emotional conditions, or alcohol or drug abuse. We do not pay benefits during any period in which a covered person is confined to a correctional facility, an employee is not under the care of a doctor, an employee is receiving treatment outside of the US or Canada, and the employee's loss of earnings is not solely due to disability.
- This policy provides disability income insurance only. It does not provide "basic hospital", "basic medical", or "medical" insurance as defined by the New York State Insurance Department.
- If this plan is transferred from another insurance carrier, the time an insured is covered under that plan will count toward satisfying Guardian's pre-existing condition limitation period. State variations may apply.
- When applicable, this coverage will integrate with NJ TDB, NY DBL, CA SDI, RI TDI, Hawaii TDI and Puerto Rico DBA, DC PFML and WA PFML.

Contract # GP-1-STD-15-1.0 et al.

Guardian's Group Short Term Disability 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. This policy provides disability income 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. Plan documents are the final arbiter of coverage. Policy Form #GP-1-STD07-1.0, et al, GP-1-STD-15



Critical illness insurance

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

It's a cash payment you receive if you ever experience a serious illness like cancer, a heart attack, or a stroke, giving you the financial support to focus on recovery.

Who is it for?

Critical illness insurance is a supplemental policy for people who already have health insurance. It provides you with an additional payment 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 an affordable way to supplement and pay for additional expenses that your health insurance doesn't cover. Our policies typically provide payments 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.



Critical costs

John is hospitalized after a heart attack, and has to cover the cost of five days as an inpatient.

Average heart attack hospitalization expense: **\$53,000**

Average Major Medical deductible: **\$1,500**

Major Medical covers 80% of the cost after the deductible is met, but John's still responsible for 20%: **\$10,300**.

Total out-of-pocket amount for John (deductible + coinsurance): **\$11,800**.

John has a **\$10,000** Guardian Critical Illness policy, which covers the majority of these out-of-pocket expenses.

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.



Your critical illness coverage

CRITICAL ILLNESS

Benefit Amount(s)

Employee may choose a lump sum benefit up to \$30,000. Please see your cost illustration for a full list of available benefit amounts.

CONDITIONS

Cancer

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

Vascular

	1st OCCURRENCE	2nd OCCURRENCE
Heart Attack	100%	50%
Stroke	100%	50%
Heart Failure	100%	50%
Coronary Arteriosclerosis	30%	0%

Other

	1st OCCURRENCE	2nd OCCURRENCE
Organ Failure	100%	50%
Kidney Failure	100%	50%

ADDITIONAL CONDITIONS

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

Spouse Benefit

May choose a lump sum benefit up to \$30,000. Please see your cost illustration for a full list of available benefit amounts.

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 1.1.24 annual enrollment period.

We Guarantee Issue up to:
\$30,000

For a spouse:
\$30,000

Health questions are required if the elected amount exceeds the Guarantee Issue.



Your critical illness coverage

CRITICAL ILLNESS

Portability: Allows you to take your Critical Illness coverage with you if you terminate employment. Included

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

WELLNESS BENEFIT

Employee Per Year Limit \$50

Spouse Per Year Limit \$50

Condition Definitions

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

Critical Illness Cost Illustration

To determine the most appropriate level of coverage, you should consider your current basic monthly expenses and expected financial needs during a Critical Illness.

Spouse coverage premium is based on Employee age

	Semi-monthly Premiums Displayed									
	Election Cost Per Age Bracket									
	< 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+
Employee										
\$5,000	\$0.60	\$0.78	\$0.98	\$1.38	\$1.88	\$2.58	\$3.38	\$4.23	\$5.35	\$6.00
\$10,000	\$1.20	\$1.55	\$1.95	\$2.75	\$3.75	\$5.15	\$6.75	\$8.45	\$10.70	\$12.00
\$15,000	\$1.80	\$2.33	\$2.93	\$4.13	\$5.63	\$7.73	\$10.13	\$12.68	\$16.05	\$18.00
\$20,000	\$2.40	\$3.10	\$3.90	\$5.50	\$7.50	\$10.30	\$13.50	\$16.90	\$21.40	\$24.00
\$25,000	\$3.00	\$3.88	\$4.88	\$6.88	\$9.38	\$12.88	\$16.88	\$21.13	\$26.75	\$30.00
\$30,000	\$3.60	\$4.65	\$5.85	\$8.25	\$11.25	\$15.45	\$20.25	\$25.35	\$32.10	\$36.00
Benefit Amount Up To 100% of Employee Amount to a Maximum of \$30,000										
Spouse										
\$5,000	\$0.60	\$0.78	\$0.98	\$1.38	\$1.88	\$2.58	\$3.38	\$4.23	\$5.35	\$6.00
\$10,000	\$1.20	\$1.55	\$1.95	\$2.75	\$3.75	\$5.15	\$6.75	\$8.45	\$10.70	\$12.00
\$15,000	\$1.80	\$2.33	\$2.93	\$4.13	\$5.63	\$7.73	\$10.13	\$12.68	\$16.05	\$18.00
\$20,000	\$2.40	\$3.10	\$3.90	\$5.50	\$7.50	\$10.30	\$13.50	\$16.90	\$21.40	\$24.00
\$25,000	\$3.00	\$3.88	\$4.88	\$6.88	\$9.38	\$12.88	\$16.88	\$21.13	\$26.75	\$30.00
\$30,000	\$3.60	\$4.65	\$5.85	\$8.25	\$11.25	\$15.45	\$20.25	\$25.35	\$32.10	\$36.00

EXCLUSIONS AND LIMITATIONS

A SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS FOR CRITICAL ILLNESS:

We will not pay benefits for the First Occurrence of a Critical Illness if it occurs less than 3 months after the First Occurrence of a related Critical Illness for which this Plan paid benefits. By related we mean either: (a) both Critical Illnesses are contained within the Cancer Related Conditions category; or (b) both Critical Illnesses are contained within the Vascular Conditions category. We will not pay benefits for a Second occurrence (recurrence) of a Critical Illness unless the Covered Person has not exhibited symptoms or received care or treatment for that Critical Illness for at least 12 months in a row prior to the recurrence. For purposes of this exclusion, care or treatment does not include: (1) preventive medications in the absence of disease; and (2) routine scheduled follow-up visits to a Doctor.

We do not pay benefits for claims relating to a covered person: taking part in any war or act of war (including service in the armed forces) committing a felony or taking part in any riot or other civil disorder or intentionally injuring themselves or attempting suicide while sane or insane.

Employees must be legally working in the United States in order to be eligible for coverage. Underwriting must approve coverage for employees on temporary assignment: (a) exceeding 1 year; or (b) in an area under travel warning by the

US Department of State, subject to state specific variations.

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

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; GP-1-CI-14

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ST CLAIRE HEALTHCARE, INC.

ALL ELIGIBLE EMPLOYEES

Kit created 10/09/2023

Group number: 00041066



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 cash payment to help cover out-of-pocket expenses when you suffer an unexpected, qualifying accident.

Who is it for?

Nobody can predict when an accident might happen. That's why accident insurance is an important add-on policy for people who want to supplement the health 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 may become more expensive, with higher co-pays, premiums, and deductibles. Accident insurance can be a simple, affordable way to help 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.

You will receive these benefits if you meet the conditions listed in the policy.



Added support during recovery

Amanda breaks her leg falling off her bike and needs emergency treatment.

Average non-surgical broken leg treatment expense: **\$2,500**

Average Major Medical deductible: **\$1,500**

Major Medical covers 80% of the surgical cost after the deductible is met, but Amanda's still responsible for 20%: **\$200**

Total out-of-pocket amount for Amanda (deductible + coinsurance): **\$1,700**

Amanda's Guardian Accident policy pays her a benefit of **\$1,700**, which covers all of her out-of-pocket expenses.

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.



Your accident coverage

ACCIDENT	
COVERAGE - DETAILS	
Your Semi-monthly premium	\$8.52
You and Spouse	\$13.77
You and Child(ren)	\$14.56
You, Spouse and Child(ren)	\$19.81
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 \$25,000 Spouse \$12,500 Child \$5,000
Catastrophic Loss	Quadriplegia, Loss of speech & hearing (both ears), Loss of Cognitive function: 100% of AD&D Hemiplegia & Paraplegia: 50% of AD&D
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
WELLNESS BENEFIT - Per Year Limit	\$100
Child(ren) Age Limits	Children age birth to 26 years Benefit Amount: \$400 Rollover Maximum: \$200 Fund Maximum: \$800
RAINY DAY FUND	
FEATURES	
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



Your accident coverage

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	\$50, 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	\$1,000
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	\$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



Your accident coverage

FEATURES (Cont.)

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.
- **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.



Your accident coverage

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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Watch our video
How cancer insurance can ease the financial burden of a cancer diagnosis.

Cancer insurance

If you're diagnosed with cancer, the last thing you need to think about is the cost. Cancer insurance helps ease the financial burden.

Every year, more and more people are diagnosed with cancer. Unfortunately, in addition to bearing the physical and emotional toll of this disease, patients are often saddled with added financial expenses.

Who is it for?

Cancer insurance is for people who want added financial protection, in addition to their regular health insurance. It comes into play if you are diagnosed with cancer—providing additional financial support to help keep the focus on your cancer treatment and recovery.

What does it cover?

Cancer insurance benefits can help you handle medical plan deductibles, co-pays and other out-of-pocket costs by providing benefits when you receive radiation or chemotherapy treatment, or are hospitalized for surgery to treat cancer. These benefits can be used for non-medical expenses such as transportation to treatment facilities, and even everyday living expenses like groceries, rent, and mortgage payments.

Why should I consider it?

Health coverage may become more expensive, with higher co-pays, premiums, and deductibles. The unexpected out-of-pocket expenses of cancer recovery, including transportation, co-pays, and deductibles, can add up fast. What's more, some of the costs you may incur during recovery are non-medical, such as covering a mortgage, childcare, and household expenses. Cancer insurance can help you pay for all of them.

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

You will receive these benefits if you meet the conditions listed in the policy.



Extra support

Sarah's diagnosed with kidney cancer after a screening test and decides to undergo kidney removal surgery.

Average surgical expense: **\$25,000**

Average Major Medical deductible: **\$1,500**

Major Medical covers 80% of the surgical cost after the deductible is met, but Sarah's still responsible for 20%: **\$4,700**

Total out-of-pocket amount for Sarah (deductible + coinsurance): **\$6,200**

Sarah has Guardian's Cancer Advantage policy, which pays her **\$2,500** as an initial diagnosis benefit and **\$2,100** for a 7-day hospital stay.

This gives her a total of **\$4,600** to help cover a portion of her out-of-pocket amount.

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.



Your cancer coverage

CANCER

COVERAGE - DETAILS

Your Semi-monthly premium	\$11.77
You and Spouse	\$22.65
You and Child(ren)	\$14.48
You, Spouse and Child(ren)	\$25.36

INITIAL DIAGNOSIS BENEFIT - Paid when you are diagnosed with internal invasive cancer for the first time while insured under this Plan.

Benefit Amount(s)	Employee \$5,000 Spouse \$5,000 Child \$5,000
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Benefit Waiting Period - A specified period of time after your effective date during which the Initial Diagnosis benefits will not be payable. 30 Days

CANCER SCREENING

Benefit Amount	\$100; \$100 for Follow-Up screening
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RADIATION THERAPY OR CHEMOTHERAPY

Benefit	Schedule amounts up to a \$10,000 benefit year maximum.
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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. 12 month look back period, 12 month exclusion period.

Portability: Allows you to take your Cancer coverage with you if you terminate employment. Ported Cancer plan terminates at age 70. Included

Child(ren) Age Limits Children age birth to 26 years

FEATURES

Air Ambulance	\$1,500/trip, limit 2 trips per hospital confinement
Ambulance	\$200/trip, limit 2 trips per hospital confinement
Anesthesia	25% of surgery benefit
Anti-Nausea	\$50/day up to \$150 per month
Attending Physician	\$25/day while hospital confined. Limit 75 visits.
Blood/Plasma/Platelets	\$100/day up to \$5,000 per year
Bone Marrow/Stem Cell	Bone Marrow: \$7,500 Stem Cell: \$1,500 50% benefit for 2nd transplant. \$1,000 benefit if a donor
Experimental Treatment	\$100/day up to \$1,000/month
Extended Care Facility/Skilled Nursing care	\$100/day up to 90 days per year
Government or Charity Hospital	\$300 per day in lieu of all other benefits
Home Health Care	\$50/visit up to 30 visits per year
Hormone Therapy	\$25/treatment up to 12 treatments per year
Hospice	\$50/day up to 100 days/lifetime



Your cancer coverage

FEATURES (Cont.)

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, \$2500 lifetime max
Inpatient Special Nursing	\$100/day up to 30 days per year
Medical Imaging	\$100/image up to 2 per year
Outpatient and family member lodging - Lodging must be more than 50 miles from your home.	\$75/day, up to 90 days per year
Outpatient or Ambulatory Surgical Center	\$250/day, 3 days per procedure
Physical or Speech Therapy	\$25/visit up to 4 visits per month, \$400 lifetime max
Prosthetic	Surgically Implanted: \$2,000/device, \$4,000 lifetime max Non-Surgically: \$200/device, \$400 lifetime max
Reconstructive Surgery	Breast TRAM Flap \$2,000 Breast reconstruction \$500 Breast Symmetry \$250 Facial reconstruction \$500
Second Surgical Opinion	\$200/surgery 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 \$4,125
Transportation/Companion Transportation - Benefit is paid if you have to travel more than 50 miles one way to receive treatment for internal cancer.	\$0.50/mile up to \$1,000 per round trip/equal benefit for companion
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.
- Experimental Treatment** – Benefits will be paid for experimental treatment prescribed by a doctor for the purpose of destroying or changing abnormal tissue. All treatment must be NCI listed as viable experimental treatment for Internal Cancer.



Your cancer coverage

LIMITATIONS AND EXCLUSIONS:

A SUMMARY OF CANCER LIMITATIONS AND EXCLUSIONS:

Conditional Issue underwriting is required on those enrolling outside of the 1.1.24 annual 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-1-CAN-IC-12

Guardian's Cancer 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-CAN-IC-12, et al, GP-1-LAH-12R



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?

If you are admitted to a hospital for a covered sickness or injury, you'll receive payments that can be used to cover all sorts of costs, including:

- Deductibles and co-pays.
- Travel to and from the hospital for treatment.
- Childcare service assistance while recovering.

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 of a financial safety net for unplanned expenses brought on by a hospital stay.

Plus, hospital indemnity insurance is portable and payments are made directly to you – even if you didn't incur any out-of-pocket expenses.

You will receive these benefits if you meet the conditions listed in the policy.



Be prepared

John is hospitalized after a heart attack, and has to cover the cost of five days as an inpatient.

Average heart attack hospitalization expense: **\$53,000**

Average Major Medical deductible: **\$1,500**

Major Medical covers 80% of the cost after the deductible is met, but John's still responsible for 20%: **\$10,300**.

Total out-of-pocket amount for John (deductible + coinsurance): **\$11,800**.

John's Guardian Hospital Indemnity policy pays him **\$1,000** for hospital admission.

The policy gives him a total payment of **\$1,000** to help cover the out-of-pocket amount.

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.



Your hospital indemnity coverage

Hospital Indemnity

	Option 1: Plan 1	Option 2: Plan 2
Coverage Details		
Your Semi-monthly premium	\$7.42	\$16.39
You and Spouse	\$12.83	\$29.90
You and Child(ren)	\$11.73	\$25.79
You, Spouse and Child(ren)	\$17.13	\$39.30
Benefits		
Hospital/ICU Admission	\$1,000 per admission, limited to 2 admission(s) per insured and 3 admission(s) per covered family per benefit year.	\$1,000 per admission, limited to 2 admission(s) per insured and 3 admission(s) per covered family per benefit year.
Hospital/ICU Confinement	\$100/\$100 per day, limited to 15 day(s) per insured per benefit year.	\$100/\$100 per day, limited to 15 day(s) per insured per benefit year.
Diagnostic Tests	Not Applicable	\$500 per day, limited to 1 day(s) per insured per benefit year.
Health Screening	Not Applicable	\$50 per day, limited to 1 day(s) per insured per benefit year.
Outpatient Surgery Category 1 Category 2	Not Applicable	Category 1 \$750 Category 2 \$1,500 limited to 1 days of surgery 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 (See Limitations and Exclusions section for details on treatment of maternity)	Not Applicable (See Limitations and Exclusions section for details on treatment of maternity)
Portability - Allows you to take your Hospital Indemnity coverage with you if you terminate employment.	Included	Included
Child(ren) Age Limits	Children age birth to 26 years	Children age birth to 26 years

Applicants over the age of 69 are not eligible to enroll in the Hospital Indemnity coverage.

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.



Your hospital indemnity coverage

UNDERSTANDING YOUR BENEFITS – HOSPITAL INDEMNITY (Cont.)

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

Category 2 outpatient surgeries are paid at a higher benefit than category 1 outpatient surgeries based on the severity of the surgical procedure. For procedures not specifically listed in your certificate booklet, we will use the Current Procedural Terminology (CPT) Code provided by the Covered Person's Doctor and a current relative value scale to determine the category in which the procedure belongs.

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

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

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

Electronic Evidence of Insurability (EOI)

Our online EOI forms are an easier, quicker alternative to traditional paper forms, helping you get covered when you need to provide additional information.

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). Electronic EOI is available using most internet browsers.

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2020-109652 (10/22)



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.

Short term disability insurance



Disability Offset Notice

Offsets are provisions in your disability coverage that allow the insurer to deduct from your regular benefit other types of income you receive or are eligible to receive from other sources due to your disability.

Visit <https://www.guardiananytime.com/notice51> to read more.