

# Accident

## MONTHLY RATES

<b>Employee</b>	\$17.42
<b>Employee &amp; Spouse</b>	\$29.69
<b>Employee &amp; Child</b>	\$30.82
<b>Family</b>	\$43.09
<b>Census</b>	1194
<b>Rate Guarantee</b>	2 Years

**Proposal Assumptions:**

- Rates include 70% commissions first year and 10% renewal years.

## BENEFITS

All Eligible Employees	
<b>Schedule</b>	Premier Plan
<b>Contribution/Participation</b>	Voluntary / 5 enrolled employees
<b>Accident Coverage</b>	On and Off Job
<b>Accidental Death and Dismemberment</b>	
Death Benefit	Employee: \$50,000 Spouse: \$25,000 Child: \$5,000
Catastrophic Loss	Quadriplegia: 100% of AD&D Loss of speech and hearing (both ears): 100% of AD&D Loss of cognitive function: 100% of AD&D Hemiplegia: 50% of AD&D Paraplegia: 50% of AD&D
Common Carrier	200% of AD&D
Common Disaster	200% of Spouse AD&D benefit
<b>Dismemberment</b>	
Hand, Foot, Sight	Single: 50% of AD&D benefit Multiple: 100% of AD&D benefit
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
<b>Wellness Benefit</b>	Provides a \$50 per year benefit for completing certain routine wellness screenings or procedures (refer to Plan Highlights section for example procedures).
<b>Portability</b>	Included without Evidence
<b>Child(ren) Age Limits</b>	Birth to 26 years (26 if full time student), subject to state limitations
<b>Accident Emergency Treatment</b>	\$200
<b>Accident Follow-Up Visit - Doctor</b>	\$75 up to 6 treatments
<b>Air Ambulance</b>	\$1,500
<b>Ambulance</b>	\$200
<b>Appliance</b>	\$125
<b>Blood/Plasma/Platelets</b>	\$300
<b>Burns (2<sup>nd</sup> Degree/3<sup>rd</sup> Degree)</b>	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
<b>Burn – Skin Graft</b>	50% of burn benefit

(continued)

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## BENEFITS (continued)

	All Eligible Employees
<b>Child Organized Sport</b>	20% increase to child benefits
<b>Chiropractic Visits</b>	\$50 per visit up to 6 visits
<b>Coma</b>	\$12,500
<b>Concussions</b>	\$100
<b>Dislocations</b>	Schedule up to \$4,800
<b>Diagnostic Exam (Major)</b>	\$200
<b>Emergency Dental Work</b>	\$400/Crown \$100/Extraction
<b>Epidural Pain Management</b>	\$100, 2 times per accident
<b>Eye Injury</b>	\$300
<b>Family Care</b>	\$20/day up to 30 days
<b>Fracture</b>	Schedule up to \$6,000
<b>Hospital Admission</b>	\$1,250
<b>Hospital Confinement</b>	\$250/day – up to 1 year
<b>Hospital ICU Admission</b>	\$2,500
<b>Hospital ICU Confinement</b>	\$500/day – up to 15 days
<b>Initial Physician's office/Urgent Care Facility Treatment</b>	\$100
<b>Knee Cartilage</b>	\$750
<b>Joint Replacement (hip/knee/shoulder)</b>	\$3,500/\$1,750/\$1,750
<b>Laceration</b>	Schedule up to \$500
<b>Lodging</b>	\$150/day, up to 30 days for companion hotel stay
<b>Occupational or Physical Therapy</b>	\$35/day up to 10 days
<b>Prosthetic Device/Artificial Limb</b>	1: \$750 2 or more: \$1,500
<b>Rehabilitation Unit Confinement</b>	\$150/day up to 15 days
<b>Ruptured Disc with Surgical Repair</b>	\$750
<b>Surgery (Cranial, Open Abdominal, Thoracic)</b>	Schedule up to \$1,500 Hernia: \$200
<b>Surgery – Exploratory or Arthroscopic</b>	\$350
<b>Tendon/Ligament/Rotator Cuff</b>	1: \$750 2 or more: \$1500
<b>Transportation</b>	\$600, 3 times per accident
<b>X-Ray</b>	\$40

## PLAN HIGHLIGHTS

- Wellness Benefit includes coverage for screenings & procedures such as well visits, mammography, colonoscopy, pap smear, PSA, Serum cholesterol test, completion of smoking cessation and weight reduction programs and many more.
- No underwriting required.
- **Portability** - Portability allows the employee to take the coverage with them if employment has ended. Portability terms at age 70. An insured must port Accident coverage prior to age 70.

## IMPORTANT NOTES

**The benefits listed are payable if the service, treatment or procedure is due to injuries incurred in a covered accident.**

- **Appliance** - Benefit is paid if a wheelchair, leg or back brace, crutches, walker, walking boot that extends above the ankle or brace for the neck is prescribed by a physician as necessary due to an injury sustained as the result of a covered accident.
- **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 child coverage is included on the plan.
- **Family Care** - Benefit is payable for each child attending a Child Care center while the insured is confined to the hospital, ICU or Alternate Care or Rehabilitative facility due to injuries sustained in a covered accident.
- **Lodging** - Benefit is paid for a companion's hotel stay while the insured is confined to the hospital as the result of a covered accident. The hospital must be more than 50 miles from the insured's residence.
- **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.

## SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS

- 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.
- 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.

**This plan will not pay benefits for any injury caused by or related to:**

- Declared or undeclared war, act of war, or armed aggression; taking part in a riot or civil disorder; or commission of, or attempt to commit a felony; Intentionally self inflicted injury, while sane or insane; suicide or attempted suicide, while sane or insane.
- The covered person being legally intoxicated.
- Treatment rendered or hospital confinement outside the United States or Canada.
- Travel or flight in any kind of aircraft, including any aircraft owned by or for the employer 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, sailgliding, parasailing, parakiting, ballooning, parachuting, and/or skydiving.
- Injuries to a dependent child received during the birth.
- An accident that occurred before the covered person is covered by this plan.
- Sickness, disease, mental infirmity or medical or surgical treatment.

Policy #: GP-1-AC-IC-12.

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.