



Summary of Benefits

Voluntary Critical Illness Benefit Summary

Group ID:	00553489	Coverage Type:	Voluntary
Group Name:	USD 394 ROSE HILL	Class:	0001 ALL ELIGIBLE EMPLOYEES
Waiting Period:	1st of the month following date of hire	As of Date:	11/23/2021

Coverage Information

Employee Volume Amount	Lump sum amount \$5,000	
Spouse Volume Amount	Lump sum amount \$5,000	
Child Volume Amount	Lump sum amount \$2,500	
Member Guaranteed Issue	Ages 15-69 \$5,000 Ages 70 and up, Medical Questions are required for all amounts.	
Spouse Guaranteed Issue	Member's Age 15-69 \$5,000 Member's Age 70 and up, Medical Questions are required for all amounts.	
Child Guaranteed Issue	All amounts are guaranteed.	
Covered Conditions	1st Occurrence	2nd Occurrence
Invasive Cancer	100% of lump sum	50% of lump sum
Carcinoma In Situ	30% of lump sum	0% of lump sum
Benign Brain Tumor	75% of lump sum	0% of lump sum
Skin Cancer	\$250 per lifetime	
Heart Attack	100% of lump sum	50% of lump sum
Stroke	100% of lump sum	50% of lump sum
Heart Failure	100% of lump sum	50% of lump sum
Arteriosclerosis	30% of lump sum	0% of lump sum
Organ Failure	100% of lump sum	50% of lump sum
Kidney Failure	100% of lump sum	50% of lump sum
Cutbacks	50% at age 70	
Rider/Additional Benefits		
Cancer Vaccine Benefit	\$50 per lifetime for receiving a Cancer Vaccine.	

Plan Information

When is my policy effective?

Coverage is effective after you satisfy any waiting period required by your employer. Coverage will not begin until Guardian has approved any amount subject to medical underwriting.

Do I have to answer medical questions as part of purchasing insurance?

If you decide to purchase more than the amount guaranteed by Guardian or enroll outside the annual open enrollment period, you must answer some medical questions to help us assess your insurability.

Can I take the policy with me if I leave the company?

You can port this coverage to a group conversion trust.

Voluntary Critical Illness and General Exclusions

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 Recurrence (second occurrence) 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 will not pay benefits for more than one Recurrence (third or later occurrence) of any Critical Illness. First & second occurrence refers to the first & second time an insured experiences or is diagnosed with a covered critical illness while covered under Guardian Critical Illness insurance. If the plan is new (not transferred): During the exclusion period, this Critical Illness plan does not pay charges relating to a pre-existing condition. 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. Please refer to the plan details for specific time periods. State variations may apply. A pre-existing condition includes any condition for which an employee, in a specified period of time prior to coverage in this plan, consults with a physician, receives treatment or takes prescribed drugs. 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, taking part of 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 (including service in the armed forces), committing a felony, taking part of any riot or other civil disorder or intentionally injuring themselves or attempting suicide while sane or insane. Guardian's Critical Illness plan does not provide comprehensive medical coverage. It is a basic or limited benefit and is not intended to coverage all medical expenses. This benefit summary summarizes the major features of the Guardian Critical Illness benefit plan. It is not intended to be a complete representation of the proposed plan. The policy has exclusions and limitations that may impact the eligibility for or entitlement to benefits under each covered condition. For full plan features, including exclusions and limitations, please refer to your Policy or contact your sales representative.



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Summary of Benefits

Accident Benefit Summary

Group ID:	00553489	Coverage Type:	Voluntary
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Waiting Period:	1st of the month following date of hire	As of Date:	11/23/2021

Coverage Information

Schedule

Accident - Advantage Plan

This coverage includes benefits for treatments or procedures due to an accident. These include hospitalization, emergency room treatment, Xrays, and much more. Please see your certificate booklet for specific benefits.

Accident Coverage Type

Your accident coverage will cover injuries suffered while off the job.

Yearly Wellness Benefit

\$50

Plan Information

When is my policy effective?

Coverage is effective after you satisfy any waiting period required by your employer. Coverage will not begin until Guardian has approved any amount subject to medical underwriting.

Do I have to answer medical questions as part of purchasing insurance?

No

Can I take the policy with me if I leave the company?

Yes, you can port this coverage.

Accident General 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 subjected to satisfactory financial evaluation.

This plan will not pay benefits for any injury caused by or related to: directly or indirectly: Sickness, disease, mental infirmity or medical or surgical treatment; 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; treatment rendered or hospital confinement outside the United States or Canada; 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, 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 Injuries.

Injuries to a dependent child received during birth



Restrictions apply and may be subject to medical necessity.

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Accident Benefit Summary

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Do I have to answer medical questions as part of purchasing insurance?

No

Can I take the policy with me if I leave the company?

Yes, you can port this coverage.

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Plan Information

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Do I have to answer medical questions as part of purchasing insurance?

No

Can I take the policy with me if I leave the company?

Yes, you can port this coverage.

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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.

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This plan will not pay benefits for any injury caused by or related to: directly or indirectly: Sickness, disease, mental infirmity or medical or surgical treatment; 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; treatment rendered or hospital confinement outside the United States or Canada; 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, 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.

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Injuries to a dependent child received during birth



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Hospital Indemnity Benefit Summary

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Coverage Information

Hospital Admission:	\$1,000 per day to a max of 1 day(s) per year, per insured, max of 99 days per year, per covered family.
Hospital Confinement:	\$100 per day to a max of 15 day(s) per year.
Dependent Age Limits:	Child birth to 26 years (26 if full time student)
Pre-Existing Condition Limitation:	3 month look back period, 12 month exclusion period.
Treatment of an Injury is included:	No

Hospital Indemnity General 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.
- The policy has exclusions and limitations that may impact the eligibility for benefits. See the certificate of coverage or contact your sales representative for full details.
- A pre-existing condition includes any condition for which an employee, in the specified period of time prior to coverage in this plan, consults with a physician, receives treatment, or takes prescribed drugs. Please refer to the plan documents for specific time periods.
- If the plan is new (not transferred): During the exclusion period, this critical illness plan does not pay charges relating to a pre-existing condition. 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. Please refer to the plan details for specific time periods. State variations may apply.
- Employees must be working full-time on the effective date of coverage; otherwise, coverage becomes effective after the completion of the specific waiting period.
- 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.

And 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;
- Elective surgery;
- Surgery to correct vision or hearing, unless a result of a covered Injury;
- Dental care, dental x-rays, or dental treatment;
- Weight loss or modification and complications arising there from, including surgery and any other form of treatment for the purpose of weight reduction. This exclusion does not apply to completion of a weight reduction program that may be payable under Covered Benefits;
- Rest cures or custodial care, or treatment of sleep disorders;
- Services, treatment or supplies rendered outside the United States or Canada;
- Hospital Confinement and/or Hospital Admission due to any Covered Person's giving birth within the first 9 months after the effective date of 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;
- 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 non-diseased 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;
- 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 member of a Covered Person's Immediate Family;
- Treatment received while on active duty in the armed forces of any country. This does not include Reserve or National Guard duty for training.
- Surgery and treatment, procedures, products or services that are experimental or Investigative.

This coverage will not be effective until approved by a Guardian underwriter. This proposal is subject to satisfactory financial evaluation. Please refer to certificate of coverage for full plan description; plan documents are the final arbiter of coverage.

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