



Group Number: 00441291

The King's Academy

ALL ELIGIBLE EMPLOYEES

Here you'll find information about your following employee benefit(s). Be sure to review the enclosed - it provides everything you need to sign up for your Guardian benefits.

PLAN HIGHLIGHTS

- Dental
- Vision
- Life
- Accident
- Cancer

Questions? Concerns?

Helpline (888) 600-1600

Call weekdays, 7:00 AM to 8:30 PM, EST.

And refer to your plan number: 00441291

Welcome

Dear The King's Academy Employee,

We're pleased to tell you that Guardian will be our coverage provider this year. We have chosen Guardian because of its competitive rates, excellent service reputation, and extensive plan designs.

We have worked hard to negotiate group rates that will be affordable for all employees. All coverage is paid through payroll deduction.

The King's Academy

Dental Benefit Summary

Group Number: 00441291

About Your Benefits:

A visit to your dentist can help you keep a great smile and prevent many health issues. But dental care can be costly and you can be faced with unforeseen expenses. Did you know, a crown can cost as much as \$1,400¹? Guardian dental insurance will help you pay for it. With access to one of the largest network of dental providers in the country, who agreed to charge negotiated fees for their services of up to 30% less than average charges in the same community, you will benefit from lower out-of-pocket costs, quality care from screened and reviewed dentist, no claim forms to file, and excellent customer service. Enroll today and smile next time you see your dentist!

¹<http://health.costhelper.com/dental-crown.html>.

Option 1: With your **Pre-Paid** plan, you enjoy negotiated discounts from our network dentists. You pay a fixed copay for each covered service. Out-of-network visits are not covered.

Option 2: With your **PPO** plan, you can visit any dentist; but you pay less out-of-pocket when you choose a PPO dentist.

Your Dental Plan	Option 1: Pre-Paid	Option 2: PPO	
Your Network is	Managed DentalCare	DentalGuard Preferred	
Calendar year deductible		<i>In-Network</i>	<i>Out-of-Network</i>
Individual	No deductible	\$50	\$50
Family limit			3 per family
Waived for		Preventive	Preventive
Charges covered for you (co-insurance)	<i>Network only</i>	<i>In-Network</i>	<i>Out-of-Network</i>
Preventive Care	You pay a copay for each	100%	80%
Basic Care	covered procedure. See	80%	70%
Major Care	"Plan Details", for	50%	40%
Orthodontia	more information.	50%	50%
Annual Maximum Benefit	Unlimited	\$1500	\$1000
		Combined In-Network and Out-of-Network maximum of \$1000 with an additional \$500 of benefit In-Network	
Preventive Services Exempt from Maximum	Not Applicable	Yes	
Maximum Rollover	Maximum Rollover is not applicable for this plan type.	Yes	
Rollover Threshold		\$500	
Rollover Amount		\$250	
Rollover In-network Amount		\$350	
Rollover Account Limit		\$1000	
Lifetime Orthodontia Maximum	Not Applicable	\$1000	
Office visit copay	\$0	None	
Dependent Age Limits	26	26	

A Sample of Services Covered by Your Plan:

		Option 1: Pre-Paid <i>You Pay</i>	Option 2: PPO <i>Plan pays (on average)</i>	
Preventive Care	Cleaning (prophylaxis)	<i>Network only</i> \$0	<i>In-network</i> 100%	<i>Out-of-network</i> 80%
	Frequency:	2 in 12 months	Once Every 6 Months	
	Fluoride Treatments	\$0	100%	80%
	Limits:	Under Age 18	No Age Limits	
	Oral Exams	\$0	100%	80%
	Periodontal Maintenance	\$20	100%	80%
	Frequency:	Once every 3 to 6 months (Standard)	Once Every 3 Months (Enhanced)	
	Sealants (per tooth)	\$5	100%	80%
Basic Care	X-rays	\$0	100%	80%
	Anesthesia*	Not Covered	80%	70%
	Fillings‡	\$5	80%	70%
	Perio Surgery	\$235	80%	70%
	Repair & Maintenance of Crowns, Bridges & Dentures	\$25-40	80%	70%
	Root Canal	\$80-175	80%	70%
	Scaling & Root Planing (per quadrant)	\$40	80%	70%
	Simple Extractions	\$5	80%	70%
Major Care	Surgical Extractions	\$50-80	80%	70%
	Bridges and Dentures	\$220-255	50%	40%
	Dental Implants	Not Covered	50%	40%
	Inlays, Onlays, Veneers**	\$80-155	50%	40%
Orthodontia	Single Crowns	\$180	50%	40%
	Orthodontia	\$1,975-2,175	50%	50%
	Limits:	Adults & Child(ren)	Adults & Child(ren)	

This is only a partial list of dental services. Your certificate of benefits will show exactly what is covered and excluded. **For PPO and or Indemnity members, Crowns, Inlays, Onlays and Labial Veneers are covered only when needed because of decay or injury or other pathology when the tooth cannot be restored with amalgam or composite filling material. When Orthodontia coverage is for "Child(ren)" only, the orthodontic appliance must be placed prior to the age limit set by your plan; If full-time status is required by your plan in order to remain insured after a certain age; then orthodontic maintenance may continue as long as full-time student status is maintained. If Orthodontia coverage is for "Adults and Child(ren)" this limitation does not apply. The total number of cleanings and periodontal maintenance procedures are combined in a 12 month period. *General Anesthesia – restrictions apply. ‡For PPO and or Indemnity members, Fillings – restrictions may apply to composite fillings.

This handout is for illustrative purposes only and is an approximation. If any discrepancies between this handout and your paycheck stub exist, your paycheck stub prevails.

Manage Your Benefits:

Go to www.GuardianAnytime.com to access secure information about your Guardian benefits including access to an image of your ID Card. Your on-line account will be set up within 30 days after your plan effective date..

Find A Dentist:

Visit www.GuardianAnytime.com
Click on "Find A Provider"; You will need to know your plan, which can be found on the first page of your dental benefit summary.

Need Assistance?

Call the Guardian Helpline (888) 600-1600, weekdays, 8:00 AM to 8:30 PM, EST. Refer to your member ID (social security number) and your plan number: 00441291

Please call the Guardian Helpline if you need to use your benefits within 30 days of plan effective date.

EXCLUSIONS AND LIMITATIONS

- Important Information about Guardian's DentalGuard Indemnity and DentalGuard Preferred Network PPO plans: This policy provides dental insurance only. Coverage is limited to those charges that are necessary to prevent, diagnose or treat dental disease, defect, or injury. Deductibles apply. The plan does not pay for: oral hygiene services (except as covered under preventive services), orthodontia (unless expressly provided for), cosmetic or experimental treatments (unless they are expressly provided for), any treatments to the extent benefits are payable by any other payor or for which no charge is made, prosthetic devices unless certain conditions are met, and services ancillary to surgical treatment. The plan limits benefits for diagnostic consultations and for preventive, restorative, endodontic, periodontic, and prosthodontic services. The services, exclusions and limitations listed above do not constitute a contract and are a summary only. The Guardian plan documents are the final arbiter of coverage. Contract # GP-I-DG2000 et al.
- Important information about Guardian's Managed DentalGuard Pre-Paid (Florida, New York) Plan, Guardian's Managed DentalGuard (Colorado) Plan, Managed DentalGuard Inc.'s (Ohio) Plan, Managed Dental Care's DHMO (California) Plan, Managed DentalGuard, Inc.'s Managed DentalGuard (New Jersey) Plan, Managed DentalGuard, Inc.'s Managed DentalGuard DHMO (Texas) Plan and Managed DentalGuard -LIBERTY Dental Plan of Nevada, Inc. (Nevada): This plan provides pre-paid dental benefits through a network of participating general dentists and specialty care dentists. All covered services must be provided by the member's Primary Care Dentist. Specialty care services are covered only when referred by the member's Primary Care Dentist and approved in advance by Managed DentalGuard. Only those services listed in the plan are covered. Certain services are subject to annual or other periodic limitations. Where orthodontic benefits are specifically included, the plan provides for one course of comprehensive treatment per lifetime, per member. Unless specifically included, the Managed DentalGuard plan does not provide orthodontic benefits if comprehensive orthodontic treatment or retention is in progress as of the member's effective date under the Managed DentalGuard plan. The services, exclusions and limitations listed here do not constitute a contract and are a summary only. The Managed DentalGuard plan documents are the final arbiter of coverage. GP-I-MDG-I, et al. or GP-I-MDG-FL-I-08, et al. (Florida), GP-I-MDG-NY-I, et al. or GP-I-MDG-NY-I-08, et al. (New York), GP-I-MDG-CO-I, et al. (Colorado), GP-I-MDC-I, et al. or GP-I-MDC-CA-I-08, et al. (California), GP-I-MDG-I-NJ, et al. or GP-I-MDG-NJ-I-08, et al. (New Jersey), GP-I-MDG-TX-I, et al. or GP-I-MDG-TX-I-08, et al. (Texas), GP-I-MDG-OH-I, et al. (Ohio), NVI10717, et al (Nevada).
- **PPO and or Indemnity Special Limitation:** Teeth lost or missing before a covered person becomes insured by this plan. A covered person may have one or more congenitally missing teeth or have lost one or more teeth before he became insured by this plan. We won't pay for a prosthetic device which replaces such teeth unless the device also replaces one or more natural teeth lost or extracted after the covered person became insured by this plan. R3-DG2000

Managed DentalGuard

Plan Schedule – 45G

MDG Codes ++	Covered Services	Patient Charges	MDG Codes ++	Covered Services	Patient Charges
Appointments & Diagnostic Services			Crown, Bridge & Other Cast Restorations		
0101*	Office visit - during regular hours - participating general dentist only	NO CHARGE	2510	Inlay - metallic - one surface**	\$120.00
0102	Broken appointment (without 24 hours notice)	\$25.00	2520/6520	Inlay - metallic - two surfaces**	\$145.00
0120/0140/0150	Oral evaluation	NO CHARGE	2530/6530	Inlay - metallic - three or more surfaces**	\$150.00
0460	Pulp vitality tests	NO CHARGE	2543/6543	Onlay - metallic - three surfaces**	\$155.00
0470	Diagnostic casts	NO CHARGE	2544/6544	Onlay - metallic - four or more surfaces**	\$165.00
9310	Consultation (by dentist other than practitioner providing treatment)	NO CHARGE	2702	Crown supporting existing partial denture, in addition to crown	\$125.00
9430	Office visit for observation - regular hours - no other service performed	NO CHARGE	2703	Multiple crown and bridge unit treatment plan - per unit	\$125.00
9440	Emergency office visit - after regularly scheduled office hours	\$50.00	2740	Crown - porcelain/ceramic substrate	\$200.00
Radiographs			2750 - 2752	Crown - porcelain fused to metal**	\$195.00
0210	Intraoral - complete series (including bitewings)	NO CHARGE	2790 - 2792	Crown - full cast metal**	\$180.00
0220/0230/0240	Intraoral - periapical or occlusal - single film	NO CHARGE	2810/6780	Crown - 3/4 cast metallic**	\$190.00
0270/0272/0274	Bitewings	NO CHARGE	6210 - 6212	Pontic - cast metal**	\$180.00
0330	Panoramic film	NO CHARGE	6240 - 6242	Pontic - porcelain fused to metal**	\$195.00
Preventive & Space Maintenance			6750 - 6752	Crown - abutment - porcelain fused to metal**	\$195.00
1110/1120	Prophylaxis	NO CHARGE	6790 - 6792	Crown - abutment - full cast metal**	\$180.00
1201/1203	Topical application of fluoride (may include prophylaxis) - child	NO CHARGE	Other Restorative Services		
1310	Nutritional counseling for control of dental disease	NO CHARGE	2910/2920/6930	Recement inlay, crown, bridge	\$5.00
1330	Oral hygiene instruction	NO CHARGE	2930/2931	Prefabricated stainless steel crown	\$15.00
1351	Sealant - per tooth	\$5.00	2932	Prefabricated resin crown	\$45.00
1510	Space maintainer - fixed - unilateral	\$35.00	2940	Sedative filling	\$5.00
1515	Space maintainer - fixed - bilateral	\$65.00	2950/6973	Core buildup, including any pins	\$40.00
1550	Recementation of space maintainer	\$10.00	2951	Pin retention - per tooth, in addition to restoration	NO CHARGE
Restorative			2952/6970	Cast post & core	\$60.00
2110	Amalgam - one surface - primary	\$5.00	2954/6972	Prefabricated post & core	\$45.00
2120	Amalgam - two surfaces - primary	\$5.00	2960	Labial veneer (laminare) – chairside	\$80.00
2130	Amalgam - three surfaces - primary	\$10.00	Endodontics		
2131	Amalgam - four or more surfaces - primary	\$10.00	3110/3120	Pulp cap	\$5.00
2140	Amalgam - one surface - permanent	\$5.00	3220	Therapeutic pulpotomy	\$15.00
2150	Amalgam - two surfaces - permanent	\$10.00	3310	Root canal – anterior	\$80.00
2160	Amalgam - three surfaces - permanent	\$10.00	3320	Root canal – bicuspid	\$95.00
2161	Amalgam - four or more surfaces - permanent	\$10.00	3330	Root canal – molar	\$175.00
2210	Silicate cement - per restoration	\$10.00	3346	Root canal - retreatment – anterior	\$100.00
2330	Resin/composite - one surface, anterior	\$15.00	3347	Root canal - retreatment – bicuspid	\$115.00
2331	Resin/composite - two surfaces, anterior	\$20.00	3348	Root canal - retreatment - molar	\$190.00
2332	Resin/composite - three surfaces, anterior	\$25.00	3410	Apicoectomy/periradicular surgery - anterior	\$115.00
2335	Resin/composite - four or more surfaces or incisal angle, anterior	\$25.00	3421	Apicoectomy/periradicular surgery - bicuspid - first root	\$115.00
2336	Composite resin crown, anterior - primary	\$25.00	3425	Apicoectomy/periradicular surgery – molar - first root	\$125.00
2380	Resin/composite - one surface, posterior - primary	\$20.00	3426	Apicoectomy/periradicular surgery – each additional root	\$50.00
2381	Resin/composite - two surfaces, posterior - primary	\$25.00	3430	Retrograde filling - per root	\$20.00
2382	Resin/composite - three or more surfaces, posterior - primary	\$30.00	Periodontics		
2385	Resin/composite - one surface, posterior - permanent	\$20.00	4210	Gingivectomy or gingivoplasty - per quadrant	\$90.00
2386	Resin/composite - two surfaces, posterior - permanent	\$25.00	4211	Gingivectomy or gingivoplasty - per tooth	\$30.00
2387	Resin/composite - three or more surfaces, posterior – permanent	\$35.00	4240	Gingival flap procedure - including root planing - per quadrant	\$155.00
			4249	Clinical crown lengthening - hard tissue	\$125.00
			4260	Osseous surgery - including flap entry, closure - per quadrant - five to eight teeth	\$235.00
			4261	Osseous surgery - including flap entry, closure - per quadrant - one to four teeth	\$140.00

Managed DentalGuard

Plan Schedule – 45G

MDG Codes ++	Covered Services	Patient Charges	MDG Codes ++	Covered Services	Patient Charges
	Periodontics (cont.)			Oral Surgery (cont.)	
4270	Pedicle soft tissue graft procedure	\$150.00	7320	Alveoplasty not in conjunction with extractions - per quadrant	\$45.00
4271	Free soft tissue graft procedure (including donor site surgery)	\$165.00	7450	Removal of odontogenic cyst/tumor – up to 1.25cm	\$60.00
4341	Periodontal scaling & root planing – per quadrant	\$40.00	7451	Removal of odontogenic cyst/tumor – over 1.25cm	\$110.00
4355	Full mouth debridement to enable evaluation & diagnosis	\$20.00	7470	Removal of exostosis - maxilla or mandible	\$85.00
4910	Periodontal maintenance procedures (following active therapy)	\$20.00	7510	Incision & drainage of intraoral abscess	\$25.00
4920	Unscheduled dressing change (by other than treating dentist)	NO CHARGE	7960	Frenulectomy (separate procedure)	\$60.00
9951	Occlusal adjustment - limited - per visit	\$10.00		Orthodontic Treatment (covers 24 months active treatment)	
	Prosthodontics (Removable)		8601	Orthodontic evaluation and consultation	\$100.00
5110/5120	Complete denture (including routine post delivery care)	\$220.00	8602	Orthodontic treatment plan and records, including x-rays, study models and photos	\$150.00
5130/5140	Immediate denture (including routine post delivery care)	\$220.00	8070/8080/8090	Comprehensive orthodontic treatment, including fabrication and insertion of fixed banding appliance and periodic visits, up to 24 months; dependent child to age 18 (as determined by the Member's age on the date of banding)	\$1975.00
	Partial dentures (including routine post delivery care):		8070/8080/8090	Comprehensive orthodontic treatment, including fabrication and insertion of fixed banding appliance and periodic visits, up to 24 months; employee, spouse, or dependent child over age 18 (as determined by the Member's age on the date of banding)	\$2175.00
5211/5212	Resin base - including clasps, rests, teeth	\$175.00		Periodic comprehensive orthodontic treatment visit	NO CHARGE
5213/5214	Cast metal framework with resin base - including clasps, rests, teeth	\$255.00	8680	Orthodontic retention	\$300.00
	Repairs & adjustments:			Miscellaneous Services	
5410/11/21/22	Denture adjustments	\$10.00	9110	Palliative (emergency) treatment - per visit	NO CHARGE
5510/5610	Repair denture base	\$15.00	9215	Local anesthesia	NO CHARGE
5520/5640	Replace missing or broken teeth – per tooth	\$15.00			
5630	Repair or replace clasp	\$15.00			
5650	Add tooth to existing partial	\$15.00			
5660	Add clasp to existing partial	\$20.00			
5710/11/20/21	Rebase denture	\$50.00			
5730/31/40/41	Reline denture (chairside)	\$25.00			
5750/51/60/61	Reline denture (laboratory)	\$40.00			
5820/5821	Interim partial denture (stayplate)	\$90.00			
5850/5851	Tissue conditioning	\$15.00			
	Oral Surgery				
7110/7120	Extraction - single tooth	\$5.00			
7130	Root removal - exposed roots	\$15.00			
7210	Surgical removal of erupted tooth	\$35.00			
7220	Removal of impacted tooth - soft tissue	\$50.00			
7230	Removal of impacted tooth - partially bony	\$70.00			
7240	Removal of impacted tooth - completely bony	\$80.00			
7241	Removal of impacted tooth - completely bony, with unusual surgical complications	\$85.00			
7250	Surgical removal of residual tooth roots (cutting procedure)	\$40.00			
7270	Tooth reimplantation and/or stabilization of accidentally evulsed tooth	\$60.00			
7280	Surgical exposure of impacted or unerupted tooth for orthodontic reasons	\$90.00			
7281	Surgical exposure of impacted or unerupted tooth to aid eruption	\$60.00			
7285	Biopsy of oral tissue - hard	\$45.00			
7286	Biopsy of oral tissue - soft	\$40.00			
7310	Alveoplasty in conjunction with extractions - per quadrant	\$35.00			

++ Covered Services are subject to exclusions, limitations and Plan provisions. Other codes may be used to describe Covered Services.

** If high noble metal is used, there will be an additional patient charge for the actual cost of the high noble metal.

■ Plan Schedules are only Valid for Covered Services rendered by Participating Dentists in the State of California.

Managed Dental Care's Managed DentalGuard DHMO Plan The Fine Print

Managed DentalGuard — a DHMO plan from Managed Dental Care (MDC), a wholly owned subsidiary of Guardian — combines broad dental coverage with a number of cost-saving features for you and your family. Many procedures are covered at no cost to you. There are no claim forms to complete, no yearly deductibles and no yearly maximums.

Emergency Dental Services

The MDG plan covers emergency dental services at home and away. Emergency dental services are defined as dental services limited to procedures administered in a dentist's office, dental clinic or other comparable facility, to evaluate and stabilize dental conditions of recent onset and severity accompanied by excessive bleeding, severe pain, acute infection, fever, swelling or to prevent the imminent loss of teeth that would lead a prudent layperson possessing an average knowledge of dentistry to believe that immediate care is needed and which are covered under the plan. Services related to the initial emergency condition but not required specifically to relieve pain, discomfort, bleeding or swelling, or to prevent imminent tooth loss, including services performed at the emergency visit and services performed at subsequent visits, are not considered emergency dental services.

Emergency Care at Home

Managed Dental Care provides emergency dental services 24 hours a day, seven days a week. You need only contact your primary care dentist, who will make arrangements for necessary care. If you are unable to reach your primary care dentist during business hours, you should call the MDC Member Services Department for instructions. If you can't reach your primary care dentist and the emergency occurs after normal business hours, you should seek emergency dental services from any licensed dentist. Then submit the bill to MDC with evidence of payment and an explanation of your primary care dentist's unavailability. MDC will reimburse the cost of emergency dental services, less any applicable patient charge.

Emergency Care Outside the Area

MDC provides coverage for emergency dental services required while you are temporarily more than 50 miles away from your primary care dentist's office. You should seek care from a licensed dentist, and then, within 60 days, file your claim including a complete statement of services provided. MDC will reimburse covered services up to \$50 per incident.

Alternative Treatment

If you select a more expensive alternative procedure over the procedure recommended by your primary care dentist, you will be responsible for the difference between your primary care dentist's usual and customary charges for the recommended procedure and the alternative procedure, plus any applicable patient charge for the recommended procedure.

Crowns, Bridges and Dentures

The replacement of a crown, bridge or denture is not covered within five (5) years of the original placement under the plan, except when clinically necessary as determined by your primary care dentist.

The benefit for complete dentures includes all usual post-delivery care including adjustments for six months after insertion. The benefit for immediate dentures includes limited follow-up care only for six months, and does not include required future rebasing or relining procedures or a complete new denture.

Multiple Crown/Bridge Unit Treatment Fee

If your primary care dentist recommends a treatment plan including six or more units of crown and/or bridge, you will be responsible for both the usual crown or bridge patient charge for each unit, plus an additional charge per unit.

Crown Supporting Existing Partial Denture

An additional patient charge applies to a crown placed under an existing partial denture when the crown must be customized to physically support the metal framework of the partial denture. You will be responsible for both the patient charge for a crown supporting an existing partial denture and the patient charge for the crown itself. The additional patient charge for a crown supporting an existing partial denture does not apply to a unit of crown or bridge for which the member is responsible for the additional charge for a multiple crown/bridge unit treatment plan.

Pediatric Specialty Service

A referral to a pediatric specialty care dentist is available for members under the age of six, if they are unmanageable at a visit to their primary care dentist. Referrals are for the current treatment plan only, and members must return to the primary care dentist for further services and referral, if necessary.

After the member's sixth birthday, pediatric specialist services are not covered and the member is responsible for the specialist's usual and customary charges.

Second Opinion Consultation

The MDG plan provides a benefit for a second opinion consultation regarding services recommended by your primary care dentist or by a participating specialist dentist. You must call or write Member Services for authorization before arranging for the second opinion.

We only cover a second opinion consultation when the recommended services are otherwise covered under the plan.

Member Services will help you identify a participating dentist to perform the second opinion consultation, or you may request a second opinion with a non-participating dentist. The plan's benefit for a second opinion consultation is limited to fifty dollars (\$50). If a participating dentist provides your consultation, there is no cost to you. If you choose a non-participating dentist to provide the consultation you will be responsible for the portion of the fee in excess of fifty dollars (\$50).

Noble and High Noble Metals

The plan provides for the use of noble metals for inlays, onlays, crowns and fixed bridges. If you choose high noble metal, you will be responsible for the usual patient charge for the inlay, onlay, crown or fixed bridge, plus an additional charge equal to the actual laboratory cost of the high noble metal.

Orthodontic Treatment

The plan covers orthodontic services as shown in the *List of Covered Services and Patient Charges* for services that are started and completed under this plan, limited to one course of treatment per member per lifetime. Treatment must be pre-authorized by MDC and must be performed by a participating orthodontic specialty care dentist.

The plan covers up to 24 months of comprehensive orthodontic treatment. If treatment beyond 24 months is necessary, you must pay an additional charge for each additional month of treatment, based on the participating orthodontist's contracted fee.

Retention services are covered at the patient charge shown in the *List of Covered Services and Patient Charges* only following a course of comprehensive orthodontic treatment started and completed under this plan.

The plan does not cover any incremental charges for orthodontic appliances made with clear, ceramic, white or other optional material, or lingual brackets. Any additional costs for these materials will be your responsibility.

Only One of the Following Two Paragraphs Applies to Your Plan

If in your plan's *List of Covered Services and Patient Charges*, the patient charge for "comprehensive orthodontic treatment for a dependent child to age 18" (as determined by the member's age on the date of banding) is \$1,975 or greater, then your plan does not have an optional orthodontics-in-progress benefit and the following sentence applies to your plan. **For orthodontic treatment procedures which were started but not completed prior to the member's eligibility to receive benefits under this plan, refer to the "Treatment Started but Not Completed Prior to Eligibility Under this Plan" section.**

If in your plan's *List of Covered Services and Patient Charges*, the patient charge for "comprehensive orthodontic treatment for a dependent child to age 18" (as determined by the member's age on the date of banding) is either \$1,000 or \$1,500, then your plan has an optional orthodontics-in-progress benefit and the following sentences apply to your plan. **For orthodontic treatment procedures for an employee or spouse which were started but not completed prior to the member's eligibility to receive benefits under this plan, refer to the "Treatment Started but Not Completed Prior to Eligibility Under this Plan" section. However, for dependent children, prorated orthodontic benefits may be provided if comprehensive orthodontic treatment was started prior to the member's 19th birthday, has not exceeded 24 months, and is in progress as of the member's effective date under the MDG plan.**

Limitations

The plan does not cover services in excess of any of the following limitations:

- ☐ Routine cleaning or periodontal maintenance procedure — two (2) in any twelve (12) month period.
- ☐ Fluoride treatment — to the 18th birthday, two (2) in any twelve (12) month period.
- ☐ Full mouth x-rays — one (1) set in any three (3) year period unless diagnostically necessary.
- ☐ Bitewing x-rays — two (2) sets in any twelve (12) month period unless diagnostically necessary.
- ☐ Panoramic x-rays — one (1) in any three (3) year period unless diagnostically necessary.
- ☐ Sealants — molars only, to the 16th birthday — one (1) per tooth in any three (3) year period.
- ☐ Periodontal scaling and root planing — one (1) service per quadrant in any twelve (12) month period.
- ☐ Gingival flap or osseous surgery — a total of one (1) procedure per quadrant or area in any three (3) year period.
- ☐ Periodontal soft tissue graft — a total of one (1) procedure per area in any three (3) year period.
- ☐ Emergency dental services when more than 50 miles from the primary care dentist's office — limited to a fifty dollar (\$50) reimbursement per incident.
- ☐ Reline of a complete or partial denture — one (1) per denture in any twelve (12) month period.
- ☐ Rebase of a complete or partial denture — one (1) per denture in any twelve (12) month period.
- ☐ Second opinion consultation — when approved by MDC, a second opinion consultation will be reimbursed up to fifty dollars (\$50).

Exclusions

The plan does not cover:

- ☐ Any condition for which benefits are recoverable under any Workers' Compensation or Occupational Disease Law.
- ☐ Dental services performed in a hospital or related hospital fees.
- ☐ Treatment of congenital and/or developmental malformations.
- ☐ Histopathological exams, removal of tumors, cysts, neoplasms or foreign bodies that are not tooth related.

- ☐ Oral surgery requiring the setting of a fracture or dislocation.
- ☐ Dispensing of drugs not normally supplied in a dental office for treatment of dental diseases.
- ☐ Any treatment or appliance requested, recommended or performed, which in the opinion of the participating dentist is not necessary for maintaining or improving the Member's dental health, or which is solely for cosmetic purposes.
- ☐ Precision attachments, stress breakers, magnetic retention or overdenture attachments.
- ☐ The use of general anesthesia, intramuscular sedation, intravenous sedation, or inhalation sedation, including but not limited to nitrous oxide.
- ☐ Any procedure or treatment method which does not meet professionally recognized standards of dental practice or which is considered to be experimental in nature.
- ☐ Replacement of a lost, missing or stolen appliance or prosthesis or the fabrication of a spare appliance or prosthesis.
- ☐ Any member request for specialist services or treatment which can be routinely provided by the primary care dentist, or treatment by a specialist without referral from the primary care dentist and Managed Dental Care's approval.
- ☐ Treatment provided by any public program, except Medicaid, or paid for or sponsored by any government body, unless we are legally required to provide benefits.
- ☐ Any restoration, service, appliance or prosthetic device used solely to: (1) alter vertical dimension; (2) replace tooth structure lost due to attrition or abrasion; or (3) splint or stabilize teeth for periodontal reasons.
- ☐ Any service, appliance, device or modality intended to treat disturbances of the temporomandibular joint (TMJ).
- ☐ Dental services, other than covered emergency dental services, received from any dentist other than the member's primary care dentist, unless expressly authorized in writing by the plan.
- ☐ Cephalometric x-rays, except when performed as part of the orthodontic treatment plan and records for a covered course of comprehensive orthodontic treatment.
- ☐ Consultations for non-covered services.
- ☐ Treatment which requires the services of a prosthodontist.

- ☐ Treatment which requires the services of a pediatric specialist dentist, after the member's sixth birthday.
- ☐ Any procedure not specifically listed as a benefit.
- ☐ Any service or procedure associated with the placement, prosthodontic restoration or maintenance of a dental implant and any incremental charges to other covered services as a result of the presence of a dental implant.
- ☐ Any service or procedure started but not completed prior to the member's eligibility to receive benefits under this plan.
- ☐ Any service or procedure started by a non-participating dentist. This exclusion will not apply to services that were covered under the plan as emergency dental services.
- ☐ Extractions performed solely to facilitate orthodontic treatment.
- ☐ Extractions of impacted teeth with no radiographic evidence of pathology. The removal of impacted teeth is not covered if performed for prophylactic reasons.
- ☐ Orthognathic surgery (moving of teeth by surgical means) and associated incremental charges.
- ☐ Procedures performed to facilitate non-covered services, including but not limited to root canal therapy to facilitate either hemisection or root amputation and osseous surgery to facilitate either guided tissue regeneration or an osseous graft.
- ☐ Procedures, appliances or devices to guide minor tooth movement or to correct or control harmful habits.
- ☐ Any endodontic, periodontal, crown or bridge abutment procedure performed for a tooth or teeth with a guarded, questionable or poor prognosis.
- ☐ Re-treatment of orthodontic cases, or changes in orthodontic treatment necessitated by any kind of accident.
- ☐ Replacement or repair of orthodontic appliances damaged due to the neglect of the member.

Contract #GP-I-MDCI et al.

Managed Dental Care,
6200 Canoga Avenue, Woodland Hills, CA 91367

A wholly owned subsidiary of
The Guardian Life Insurance Company of America,
New York, NY 10004

Dental Maximum Rollover[®]

Save Your Unused Claims Dollars For When You Need Them Most

Guardian will roll over a portion of your unused annual maximum into your personal Maximum Rollover Account (MRA). If you reach your Plan Annual Maximum in future years, you can use money from your MRA. To qualify for an MRA, you must have a paid claim (not just a visit) and must not have exceeded the paid claims threshold during the benefit year. Your MRA may not exceed the MRA limit. You can view your annual MRA statement detailing your account and those of your dependents on www.GuardianAnytime.com.

Please note that actual maximum limitations and thresholds vary by plan. Your plan may vary from the one used below as an example to illustrate how the Maximum Rollover functions.

Plan Annual Maximum*	Threshold	Maximum Rollover Amount	In-Network Only Rollover Amount	Maximum Rollover Account Limit
\$1000	\$500	\$250	\$350	\$1000
Maximum claims reimbursement	Claims amount that determines rollover eligibility	Additional dollars added to Plan Annual Maximum for future years	Additional dollars added to Plan Annual Maximum for future years if only in-network providers were used during the benefit year	Plan Annual Maximum plus Maximum Rollover cannot exceed \$2,000 in total

* If a plan has a different annual maximum for PPO benefits vs. non-PPO benefits, (\$1500 PPO/\$1000 non-PPO for example) the non-PPO maximum determines the Maximum Rollover plan.

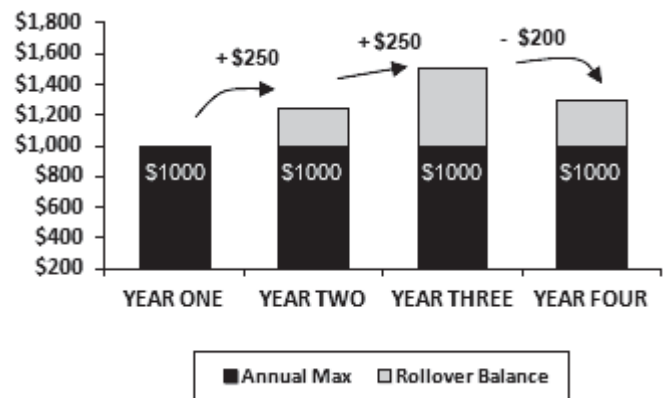
Here's how the benefits work:

YEAR ONE: Jane starts with a \$1,000 Plan Annual Maximum. She submits \$150 in dental claims. Since she did not reach the \$500 Threshold, she receives a \$250 rollover that will be applied to Year Two.

YEAR TWO: Jane now has an increased Plan Annual Maximum of \$1,250. This year, she submits \$50 in claims and receives an additional \$250 rollover added to her Plan Annual Maximum.

YEAR THREE: Jane now has an increased Plan Annual Maximum of \$1,500. This year, she submits \$1,200 in claims. All claims are paid due to the amount accumulated in her Maximum Rollover Account.

YEAR FOUR: Jane's Plan Annual Maximum is \$1,300 (\$1,000 Plan Annual Maximum + \$300 remaining in her Maximum Rollover Account).



For Overview of your Dental Benefits, please see About Your Benefit Section of this Enrollment Booklet.

NOTES:

You and your insured dependents maintain separate MRAs based on your own claim activity. Each MRA may not exceed the MRA limit.

Cases on either a calendar year or policy year accumulation basis qualify for the Maximum Rollover feature. For calendar year cases with an effective date in October, November or December, the Maximum Rollover feature starts as of the first full benefit year. For example, if a plan starts in November of 2013, the claim activity in 2014 will be used and applied to MRAs for use in 2015.

Under either benefit year set up (calendar year or policy year), Maximum Rollover for new entrants joining with 3 months or less remaining in the benefit year, will not begin until the start of the next full benefit year. Maximum Rollover is deferred for members who have coverage of Major services deferred. For these members, Maximum Rollover starts when coverage of Major services starts, or the start of the next benefit year if 3 months or less remain until the next benefit year. (Actual eligibility timeframe may vary. See your Plan Details for the most accurate information.)

Guardian's Dental Insurance is underwritten and issued by The Guardian Life Insurance Company of America or its subsidiaries, 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-DG2000, et al.

No Cost Language Services. You can get an interpreter. You can get documents read to you and some sent to you in your language. For help, call us at the number listed on your ID card or 1-800-541-7846 for Dental. For more help call the CA Dept. of Insurance at 1-800-927-4357. English

Servicios de idiomas sin costo. Puede obtener un intérprete. Le pueden leer los documentos y puede que le envíen algunos en español. Para obtener ayuda, llámenos al número que figura en su tarjeta de identificación o al 1-800-541-7846 para servicios odontológicos. Para obtener más ayuda, llame al Departamento de Seguros de CA al 1-800-927-4357. Spanish

No Cost Language Services. You can get an interpreter and get documents read to you in your language. For help, call us at the number listed on your ID card or 1-800-541-7846 for Dental. For more help call the CA Dept. of Insurance at 1-800-927-4357. English

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خدمات ترجمة بدون تكلفة. يمكنك الحصول على مترجم وقراءة الوثائق باللغة العربية. للحصول على المساعدة، اتصل بنا على الرقم المبين على بطاقة عضويتك أو على الرقم 1-800-541-7846 لخدمات طب الأسنان. للحصول على المزيد من المعلومات، اتصل بإدارة التأمين لولاية كاليفورنيا على الرقم 1-800-927-4357. Arabic

Անվճար Լեզվական ծառայություններ: Դուք կարող եք թարգման ձեր բերել և փաստաթղթերը ընթերցել տալ ձեզ համար հայերեն լեզվով: Օգնության համար մեզ զանգահարեք ձեր ինքնության (ID) տոմսի վրա նշված կամ 1-800-541-7846 համարով Ատամնաբուժության համար: Լրացուցիչ օգնության համար 1-800-927-4357 համարով զանգահարեք Կալիֆոռնիայի Ապահովագրության Բաժանմունք: Armenian

免費語言服務。 您可獲得口譯員服務，用中文把文件唸給您聽。欲取得協助，請致電您的保險卡所列的電話號碼，牙科協助請致電 1-800-541-7846 與我們聯絡。欲取得其他協助，請致電 1-800-927-4357 與加州保險部聯絡。 Traditional Chinese

Cov Kev Pab Txhais Lus Tsis them Nqi. Koj yuav thov tau kom muaj neeg los txhais lus rau koj thiab kom neeg nyeem cov ntawv ua lus Hmoob. Yog xav tau kev pab, hu rau peb ntawm tus xov tooj nyob hauv koj daim yuaj ID los sis 1-800-541-7846 rau Kev Kho Hniav. Yog xav tau kev pab ntixiv hu rau Ca lub Caij Meem Fai Muab Kev Tuav Pov Hwm ntawm 1-800-927-4357. Hmong

無料の言語サービス 日本語で通訳をご提供し、書類をお読みします。サービスをご希望の方は、IDカード記載の番号または 1-800-541-7846(歯科用)までお問い合わせください。更なるお問い合わせは、カリフォルニア州保険庁、1-800-927-4357 までご連絡ください。 Japanese

សេវាកម្មភាសាឥតគិតថ្លៃ អ្នកអាចទទួលបានអ្នកបកប្រែភាសា និងអានឯកសារជូនអ្នកជាភាសាខ្មែរ ។ សម្រាប់ជំនួយ សូមទូរស័ព្ទមកយើងខ្ញុំតាមលេខដែលមាន បង្ហាញលើប័ណ្ណសំគាល់ខ្លួនរបស់អ្នក ឬលេខ 1-800-541-7846 សម្រាប់ខាងឆ្នេរឃ្លា ។ សម្រាប់ជំនួយបន្ថែមទៀត សូមទូរស័ព្ទទៅក្រសួងធានារ៉ាប់រងរដ្ឋកាលីហ្វ័រញ៉ាតាមលេខ 1-800-927-4357 Khmer

무료 통역 서비스. 귀하는 통역 서비스를 받으실 수 있으며 한국어로 서류를 낭독해주는 서비스를 받으실 수 있습니다. 도움이 필요하신 분은 귀하의 ID 카드에 나와있는 치과 서비스 1-800-541-7846 번으로 문의해 주십시오. 보다 자세한 사항을 문의하실 분은 캘리포니아 주 보험국, 안내전화 1-800-927-4357 번으로 연락해 주십시오. Korean

خدمات مجاني مربوط به زبان. شما ميتوانيد از خدمات يك مترجم شفاهي استفاده كنيد و بگوييد مدارك به زبا فارسي براي تان خوانده شوند. براي دريافت كمك، با ما از طريق شماره تلفني كه روي كارت شناسائي شما قيد شده است و يا شماره 1-800-541-7846 براي دندانپزشكي تماس بگيريد. براي دريافت كمك بيشتر به CA Dep. of Insurance (اداره بيمه كاليفرنيا) به شماره 1-800-927-4357 تلفن كنيد. Persian

ਮੁਫਤ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ : ਤੁਸੀਂ ਦੁਭਾਸ਼ੀਏ ਦੀਆਂ ਸੇਵਾਵਾਂ ਹਾਸਲ ਕਰ ਸਕਦੇ ਹੋ ਅਤੇ ਦਸਤਾਵੇਜ਼ਾਂ ਨੂੰ ਪੰਜਾਬੀ ਵਿਚ ਸੁਣ ਸਕਦੇ ਹੋ। ਕੁਝ ਦਸਤਾਵੇਜ਼ ਤੁਹਾਨੂੰ ਪੰਜਾਬੀ ਵਿੱਚ ਭੇਜੇ ਜਾ ਸਕਦੇ ਹਨ। ਮਦਦ ਲਈ, ਤੁਹਾਡੇ ਆਈਡੀ (ID) ਕਾਰਡ 'ਤੇ ਦਿੱਤੇ ਨੰਬਰ 'ਤੇ ਜਾਂ ਦੰਦਾਂ ਲਈ 1-800-541-7846 'ਤੇ ਸਾਨੂੰ ਫ਼ੋਨ ਕਰੋ। ਵਧੇਰੇ ਮਦਦ ਲਈ ਕੈਲੀਫ਼ੋਰਨੀਆ ਡਿਪਾਰਟਮੈਂਟ ਆਫ਼ ਇਨਸੂਰੈਂਸ ਨੂੰ 1-800-927-4357 'ਤੇ ਫ਼ੋਨ ਕਰੋ। Punjabi

Бесплатные услуги перевода. Вы можете воспользоваться услугами переводчика, и ваши документы прочтут для вас на русском языке. Если вам требуется помощь, звоните нам по номеру, указанному на вашей идентификационной карте, или 1-800-541-7846 (стоматологическая страховка). Если вам требуется дополнительная помощь, звоните в Департамент страхования штата Калифорния (Department of Insurance) по телефону 1-800-927-4357. Russian

Walang Gastos na mga Serbisyo sa Wika. Makakakuha ka ng interpreter o tagasalin at maipababasa mo sa Tagalog ang mga dokumento. Para makakuha ng tulong, tawagan kami sa numerong nakalista sa iyong ID card o sa 1-800-541-7846 para sa Dental. Para sa karagdagang tulong, tawagan ang CA Dept. of Insurance sa 1-800-927-4357 Tagalog

Các Dịch Vụ Trợ Giúp Ngôn Ngữ Miễn Phí. Quý vị có thể được nhận dịch vụ thông dịch và được người khác đọc giúp các tài liệu bằng tiếng Việt. Để được giúp đỡ, hãy gọi cho chúng tôi tại số điện thoại ghi trên thẻ hội viên của quý vị hoặc gọi số 1-800-541-7846 cho dịch vụ nha khoa. Để được trợ giúp thêm, xin gọi Sở Bảo Hiểm California tại số 1-800-927-4357. Vietnamese



GENERAL DENTISTRY • DENTISTRY FOR CHILDREN • ORAL SURGERY • IMPLANTS • INVISALIGN • TEETH WHITENING

Access Dental™ and Blue Hills Dental™ Centers have been helping our communities smile more brightly by providing quality dental care for over 25 years. Our skilled dentists and dental teams provide affordable care for patients of all ages in a modern family-friendly environment.

- Over 40 associate dentists in 22 conveniently located dental centers in California and Utah
- Full service care from exams to complex treatment for the entire family in each location
- Maximize your dental benefits and savings • Financing and flexible payment options

Guardian Members are automatically enrolled in the Frequent Smilers Rewards Program™ as Platinum Members upon scheduling of their first visit.*

- Special Rewards such as gift cards and complimentary oral health services for completing various dental patient milestones
- Priority Appointment Times (early morning, late afternoon or Saturday appointments)
- Dedicated Patient Account Coordinators to assist you with all your care

As a thank you for choosing us to be your dental office, all Guardian members can receive after their first treatment visit at Access Dental or Blue Hills Dental: a **\$50 Chevron gas card***

We look forward to seeing your smile!
Access Dental & Blue Hills Dental

Call (888) 538-9505 to schedule an appointment at the office nearest you.

Northern California

Ceres • Chico • Carmichael • Fairfield • Merced • Modesto
Redding • Sacramento • Santa Rosa • Stockton • Yuba City

Southern California

Cudahy • Long Beach • Palmdale
Panorama City • West Covina

Utah

Murray • Riverdale • West Valley City

(888) 538-9505 • www.AccessDental.com • www.BlueHillsDental.com

Access Dental and Blue Hills Dental branded dental practices are independently owned and operated by licensed dentists. For more information about the relationship between Access Dental Services, LLC and the branded dental practices, visit www.AccessDental.com/about or www.BlueHillsDental.com/about.

* The Frequent Smiler Rewards Program and gas card incentives are offered to Access Dental and Blue Hills Dental patients only. The special gas card offers are intended as transportation reimbursement and is valid only for Guardian members with PPO dental coverage and their eligible dependents covered under the same plan. Offer is not valid for patients with state sponsored or HMO dental insurance coverage. New Guardian patients are eligible to receive a \$50 Chevron gas card after completion of their first appointment at a participating Access Dental or Blue Hills Dental center. The \$50 Chevron gas card is mailed by the administrative office of Access Dental Services to eligible recipients within 15-20 business days after the completion of the first visit. Limit of one gas card per patient and a maximum of 4 cards per family. Call (888) 538-9505 for more details on the terms and conditions of the Frequent Smiler Rewards and other gas card programs, including information on eligibility, limitations and exclusions. All offers and programs are sponsored and paid for in full by Access Dental and Blue Hills Dental Centers.

#2016-17218

Vision Benefit Summary

Group Number: 00441291

About Your Benefits:

Eye care is a vital component of a healthy lifestyle. With vision insurance, having regular exams and purchasing contacts or glasses is simple and affordable. The coverage is inexpensive, yet the benefits can be significant! Guardian provides rich, flexible plans that allow you to safeguard your health while saving you money. Review your plan options and see why vision insurance may be a great benefit for you.

Visit any doctor with your **Full Feature** plan, but save by visiting any of the 50,000+ locations in the nation's largest vision network.

Your Vision Plan	Full Feature	
Your Network is	VSP Network Signature Plan	
Your Semi-monthly premium	\$ 6.71	
You and spouse/domestic partner	\$ 11.29	
You and child(ren)	\$ 11.51	
You, spouse/domestic partner and child(ren)	\$ 18.21	
Copay		
Exams Copay	\$ 10	
Materials Copay (waived for elective contact lenses)	\$ 25	
Sample of Covered Services	You pay (after copay if applicable):	
	In-network	Out-of-network
Eye Exams	\$0	Amount over \$46
Single Vision Lenses	\$0	Amount over \$47
Lined Bifocal Lenses	\$0	Amount over \$66
Lined Trifocal Lenses	\$0	Amount over \$85
Lenticular Lenses	\$0	Amount over \$125
Frames	80% of amount over \$120 ¹	Amount over \$47
Contact Lenses (Elective)	Amount over \$120	Amount over \$120
Contact Lenses (Medically Necessary)	\$0	Amount over \$210
Contact Lenses (Evaluation and fitting)	15% off UCR	No discounts
Cosmetic Extras	Avg. 30% off retail price	No discounts
Glasses (Additional pair of frames and lenses)	20% off retail price [^]	No discounts
Laser Correction Surgery Discount	Up to 15% off the usual charge or 5% off promotional price	No discounts
Service Frequencies		
Exams	Every 12 months	
Lenses (for glasses or contact lenses) ^{‡‡}	Every 24 months	
Frames	Every 24 months	
Network discounts (cosmetic extras, glasses and contact lens professional service)	Limitless within 12 months of exam.	
Dependent Age Limits	26	

Visit www.GuardianAnytime.com and click on "Find a Provider"

VSP

- Covered in full lens options (In Network Only): Primary Eyecare Rider
- ‡Benefit includes coverage for glasses or contact lenses, not both.
- ^ For the discount to apply your purchase must be made within 12 months of the eye exam. In addition Full-Feature plans offer 30% off additional prescription glasses and nonprescription sunglasses, including lens options, if purchased on the same day as the eye exam from the same VSP doctor who provided the exam.
- Charges for an initial purchase can be used toward the material allowance. Any unused balance remaining after the initial purchase cannot be banked for future use. The only exception would be if a member purchases contact lenses from an out of network provider, members can use the balance towards additional contact lenses within the same benefit period.
- ¹Extra \$20 on select brands

This handout is for illustrative purposes only and is an approximation. If any discrepancies between this handout and your paycheck stub exist, your paycheck stub prevails.

Manage Your Benefits:

Go to www.GuardianAnytime.com to access secure information about your Guardian benefits including access to an image of your ID Card. Your on-line account will be set up within 30 days after your plan effective date.

Need Assistance?

Call the Guardian Helpline (888) 600-1600, weekdays, 8:00 AM to 8:30 PM, EST. Refer to your member ID (social security number) and your plan number: 00441291.

Please call the Guardian Helpline if you need to use your benefits within 30 days of plan effective date.

EXCLUSIONS AND LIMITATIONS

Important Information: This policy provides vision care limited benefits health insurance only. It does not provide basic hospital, basic medical or major medical insurance as defined by the New York State Insurance Department. Coverage is limited to those charges that are necessary for a routine vision examination. Co-pays apply. The plan does not pay for: orthoptics or vision training and any associated supplemental testing; medical or surgical treatment of the eye; and eye examination or corrective eyewear required by an employer as a condition of employment; replacement of lenses and frames that are furnished under this plan, which are lost or broken (except at normal intervals when services are otherwise available or a warranty exists). The plan limits benefits for blended lenses, oversized lenses, photochromic lenses, tinted lenses, progressive multifocal lenses, coated or laminated lenses, a frame that exceeds plan allowance, cosmetic lenses; U-V protected lenses and optional cosmetic processes.

The services, exclusions and limitations listed above do not constitute a contract and are a summary only. The Guardian plan documents are the final arbiter of coverage. Contract #GP- I-VSN-96-VIS et al.

Laser Correction Surgery:

On average, 15% off the usual charge or 5% off promotional price for vision laser surgery. Members' out-of-pocket costs are limited to \$1,800 per eye for LASIK and \$1,500 per eye for PRK.

Laser surgery is not an insured benefit. The surgery is available at a discounted fee. The covered person must pay the entire discounted fee. In addition, the laser surgery discount may not be available in all states.

Life Benefit Summary

Group Number: 00441291

About Your Benefits:

Your family depends on you in many ways and you've worked hard to ensure their financial security. But if something happened to you, will your family be protected? Will your loved ones be able to stay in their home, pay bills, and prepare for the future. Life insurance provides a financial benefit that your family can depend on. And getting it at work is easier, more convenient and more affordable than doing it on your own. If you have financial dependents- a spouse, children or aging parents, having life insurance is a responsible and a smart decision. Enroll today to secure their future!

What Your Benefits Cover:

	BASIC LIFE	VOLUNTARY TERM LIFE
Employee Benefit	Your employer provides \$15,000 Basic Term Life coverage for all full time employees.	\$10,000 increments to a maximum of \$500,000. See Cost Illustration page for details.
Accidental Death and Dismemberment	Your Basic Life coverage includes Enhanced Accidental Death and Dismemberment coverage equal to one times the employee's life benefits.	Enhanced employee, spouse, and child(ren) coverage. Maximum 1 times life amount.
Spouse/Domestic Partner† Benefit	N/A	\$10,000 increments to a maximum of \$250,000. See Cost Illustration page for details.
Child Benefit	N/A	Your dependent children age birth† to 26 years. 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 initial enrollment period.	Guarantee Issue coverage up to \$15,000 per employee	We Guarantee Issue coverage up to: Employee Less than age 65 \$200,000, 65-69 \$50,000, 70+ \$10,000. Spouse Less than age 65 \$50,000, 65-69 \$10,000, 70+ \$0. Dependent children \$10,000.
Premiums	Covered by your company if you meet eligibility requirements	Increase on plan anniversary after you enter next five-year age group

BASIC LIFE**VOLUNTARY TERM LIFE**

Portability: Allows you to take your coverage with you if you terminate employment.	Yes, with age and other restrictions, including evidence of insurability	Yes, with age and other restrictions
Conversion: Allows you to continue your coverage after your group plan has terminated.	Yes, with restrictions; see certificate of benefits	Yes, with restrictions; see certificate of benefits
Accelerated Life Benefit: A lump sum benefit is paid to you if you are diagnosed with a terminal condition, as defined by the plan.	No	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 are met	For employees disabled prior to age 60, with premiums waived until age 65, if conditions met
Benefit Reductions: Benefits are reduced by a certain percentage as an employee ages.	35% at age 65, 50% at age 70	35% at age 65, 50% at age 70

Subject to coverage limits

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

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

Manage Your Benefits:

Go to www.GuardianAnytime.com to access secure information about your Guardian benefits. Your on-line account will be set up within 30 days after your plan effective date.

Need Assistance?

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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. To help you assess your needs, you can also go to Guardian Anytime and use our Life Insurance Explorer Tool.

Policy Election Amount		Semi-monthly premiums displayed. Cost of AD&D is included.							
		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		\$.54	\$.61	\$.78	\$1.05	\$1.56	\$2.60	\$4.02	\$16.81
\$20,000		\$1.08	\$1.21	\$1.56	\$2.10	\$3.12	\$5.19	\$8.04	\$33.62
\$30,000		\$1.62	\$1.82	\$2.34	\$3.15	\$4.68	\$7.79	\$12.06	\$50.43
\$40,000		\$2.16	\$2.42	\$3.12	\$4.20	\$6.24	\$10.38	\$16.08	\$67.24
\$50,000		\$2.70	\$3.03	\$3.90	\$5.25	\$7.80	\$12.98	\$20.10	\$84.05
\$60,000		\$3.24	\$3.63	\$4.68	\$6.30	\$9.36	\$15.57	\$24.12	\$100.86
\$70,000		\$3.78	\$4.24	\$5.46	\$7.35	\$10.92	\$18.17	\$28.14	\$117.67
\$80,000		\$4.32	\$4.84	\$6.24	\$8.40	\$12.48	\$20.76	\$32.16	\$134.48
\$90,000		\$4.86	\$5.45	\$7.02	\$9.45	\$14.04	\$23.36	\$36.18	\$151.29
\$100,000		\$5.40	\$6.05	\$7.80	\$10.50	\$15.60	\$25.95	\$40.20	\$168.10
\$110,000		\$5.94	\$6.66	\$8.58	\$11.55	\$17.16	\$28.55	\$44.22	\$184.91
\$120,000		\$6.48	\$7.26	\$9.36	\$12.60	\$18.72	\$31.14	\$48.24	\$201.72
\$130,000		\$7.02	\$7.87	\$10.14	\$13.65	\$20.28	\$33.74	\$52.26	\$218.53
\$140,000		\$7.56	\$8.47	\$10.92	\$14.70	\$21.84	\$36.33	\$56.28	\$235.34
\$150,000		\$8.10	\$9.08	\$11.70	\$15.75	\$23.40	\$38.93	\$60.30	\$252.15
\$160,000		\$8.64	\$9.68	\$12.48	\$16.80	\$24.96	\$41.52	\$64.32	\$268.96
\$170,000		\$9.18	\$10.29	\$13.26	\$17.85	\$26.52	\$44.12	\$68.34	\$285.77
\$180,000		\$9.72	\$10.89	\$14.04	\$18.90	\$28.08	\$46.71	\$72.36	\$302.58
\$190,000		\$10.26	\$11.50	\$14.82	\$19.95	\$29.64	\$49.31	\$76.38	\$319.39
\$200,000		\$10.80	\$12.10	\$15.60	\$21.00	\$31.20	\$51.90	\$80.40	\$336.20
\$210,000		\$11.34	\$12.71	\$16.38	\$22.05	\$32.76	\$54.50	\$84.42	\$353.01
\$220,000		\$11.88	\$13.31	\$17.16	\$23.10	\$34.32	\$57.09	\$88.44	\$369.82
\$230,000		\$12.42	\$13.92	\$17.94	\$24.15	\$35.88	\$59.69	\$92.46	\$386.63
\$240,000		\$12.96	\$14.52	\$18.72	\$25.20	\$37.44	\$62.28	\$96.48	\$403.44
\$250,000		\$13.50	\$15.13	\$19.50	\$26.25	\$39.00	\$64.88	\$100.50	\$420.25
\$260,000		\$14.04	\$15.73	\$20.28	\$27.30	\$40.56	\$67.47	\$104.52	\$437.06
\$270,000		\$14.58	\$16.34	\$21.06	\$28.35	\$42.12	\$70.07	\$108.54	\$453.87
\$280,000		\$15.12	\$16.94	\$21.84	\$29.40	\$43.68	\$72.66	\$112.56	\$470.68
\$290,000		\$15.66	\$17.55	\$22.62	\$30.45	\$45.24	\$75.26	\$116.58	\$487.49
\$300,000		\$16.20	\$18.15	\$23.40	\$31.50	\$46.80	\$77.85	\$120.60	\$504.30
\$310,000		\$16.74	\$18.76	\$24.18	\$32.55	\$48.36	\$80.45	\$124.62	\$521.11

Voluntary Life Cost Illustration *continued*

	< 30	30–34	35–39	40–44	45–49	50–54	55–59	60–64	65–69†
\$320,000	\$17.28	\$19.36	\$24.96	\$33.60	\$49.92	\$83.04	\$128.64	\$207.36	\$537.92
\$330,000	\$17.82	\$19.97	\$25.74	\$34.65	\$51.48	\$85.64	\$132.66	\$213.84	\$554.73
\$340,000	\$18.36	\$20.57	\$26.52	\$35.70	\$53.04	\$88.23	\$136.68	\$220.32	\$571.54
\$350,000	\$18.90	\$21.18	\$27.30	\$36.75	\$54.60	\$90.83	\$140.70	\$226.80	\$588.35
\$360,000	\$19.44	\$21.78	\$28.08	\$37.80	\$56.16	\$93.42	\$144.72	\$233.28	\$605.16
\$370,000	\$19.98	\$22.39	\$28.86	\$38.85	\$57.72	\$96.02	\$148.74	\$239.76	\$621.97
\$380,000	\$20.52	\$22.99	\$29.64	\$39.90	\$59.28	\$98.61	\$152.76	\$246.24	\$638.78
\$390,000	\$21.06	\$23.60	\$30.42	\$40.95	\$60.84	\$101.21	\$156.78	\$252.72	\$655.59
\$400,000	\$21.60	\$24.20	\$31.20	\$42.00	\$62.40	\$103.80	\$160.80	\$259.20	\$672.40
\$410,000	\$22.14	\$24.81	\$31.98	\$43.05	\$63.96	\$106.40	\$164.82	\$265.68	\$689.21
\$420,000	\$22.68	\$25.41	\$32.76	\$44.10	\$65.52	\$108.99	\$168.84	\$272.16	\$706.02
\$430,000	\$23.22	\$26.02	\$33.54	\$45.15	\$67.08	\$111.59	\$172.86	\$278.64	\$722.83
\$440,000	\$23.76	\$26.62	\$34.32	\$46.20	\$68.64	\$114.18	\$176.88	\$285.12	\$739.64
\$450,000	\$24.30	\$27.23	\$35.10	\$47.25	\$70.20	\$116.78	\$180.90	\$291.60	\$756.45
\$460,000	\$24.84	\$27.83	\$35.88	\$48.30	\$71.76	\$119.37	\$184.92	\$298.08	\$773.26
\$470,000	\$25.38	\$28.44	\$36.66	\$49.35	\$73.32	\$121.97	\$188.94	\$304.56	\$790.07
\$480,000	\$25.92	\$29.04	\$37.44	\$50.40	\$74.88	\$124.56	\$192.96	\$311.04	\$806.88
\$490,000	\$26.46	\$29.65	\$38.22	\$51.45	\$76.44	\$127.16	\$196.98	\$317.52	\$823.69
\$500,000	\$27.00	\$30.25	\$39.00	\$52.50	\$78.00	\$129.75	\$201.00	\$324.00	\$840.50
Policy Election Amount									
Spouse/DP									
\$10,000	\$5.54	\$6.61	\$7.78	\$10.05	\$15.56	\$26.60	\$40.02	\$66.48	\$168.81
\$20,000	\$10.08	\$12.21	\$15.56	\$21.10	\$31.12	\$51.19	\$80.04	\$129.96	\$333.62
\$30,000	\$16.62	\$18.82	\$23.34	\$31.15	\$46.68	\$77.79	\$120.06	\$194.44	\$504.43
\$40,000	\$22.16	\$24.42	\$31.12	\$42.20	\$62.24	\$103.38	\$160.08	\$259.92	\$672.24
\$50,000	\$27.70	\$30.03	\$39.90	\$52.25	\$78.80	\$129.98	\$201.10	\$324.40	\$840.05
\$60,000	\$33.24	\$36.63	\$46.68	\$63.30	\$93.36	\$155.57	\$241.12	\$388.88	\$1008.86
\$70,000	\$37.78	\$42.24	\$54.46	\$73.35	\$109.92	\$181.17	\$281.14	\$453.36	\$1177.67
\$80,000	\$43.32	\$48.84	\$62.24	\$84.40	\$124.48	\$207.76	\$321.16	\$518.84	\$1344.48
\$90,000	\$48.86	\$54.45	\$70.02	\$94.45	\$140.04	\$233.36	\$361.18	\$583.32	\$1511.29
\$100,000	\$54.40	\$60.05	\$78.80	\$105.50	\$156.60	\$259.95	\$402.20	\$648.80	\$1688.10
\$110,000	\$59.94	\$66.66	\$85.58	\$115.55	\$171.16	\$285.55	\$442.22	\$712.88	\$1849.91
\$120,000	\$65.48	\$72.26	\$93.36	\$126.60	\$187.72	\$311.14	\$482.24	\$777.76	\$2017.72

Voluntary Life Cost Illustration *continued*

	< 30	30–34	35–39	40–44	45–49	50–54	55–59	60–64	65–69†
\$130,000	\$7.02	\$7.87	\$10.14	\$13.65	\$20.28	\$33.74	\$52.26	\$84.24	\$218.53
\$140,000	\$7.56	\$8.47	\$10.92	\$14.70	\$21.84	\$36.33	\$56.28	\$90.72	\$235.34
\$150,000	\$8.10	\$9.08	\$11.70	\$15.75	\$23.40	\$38.93	\$60.30	\$97.20	\$252.15
\$160,000	\$8.64	\$9.68	\$12.48	\$16.80	\$24.96	\$41.52	\$64.32	\$103.68	\$268.96
\$170,000	\$9.18	\$10.29	\$13.26	\$17.85	\$26.52	\$44.12	\$68.34	\$110.16	\$285.77
\$180,000	\$9.72	\$10.89	\$14.04	\$18.90	\$28.08	\$46.71	\$72.36	\$116.64	\$302.58
\$190,000	\$10.26	\$11.50	\$14.82	\$19.95	\$29.64	\$49.31	\$76.38	\$123.12	\$319.39
\$200,000	\$10.80	\$12.10	\$15.60	\$21.00	\$31.20	\$51.90	\$80.40	\$129.60	\$336.20
\$210,000	\$11.34	\$12.71	\$16.38	\$22.05	\$32.76	\$54.50	\$84.42	\$136.08	\$353.01
\$220,000	\$11.88	\$13.31	\$17.16	\$23.10	\$34.32	\$57.09	\$88.44	\$142.56	\$369.82
\$230,000	\$12.42	\$13.92	\$17.94	\$24.15	\$35.88	\$59.69	\$92.46	\$149.04	\$386.63
\$240,000	\$12.96	\$14.52	\$18.72	\$25.20	\$37.44	\$62.28	\$96.48	\$155.52	\$403.44
\$250,000	\$13.50	\$15.13	\$19.50	\$26.25	\$39.00	\$64.88	\$100.50	\$162.00	\$420.25
Policy Election Amount									
Child(ren)									
\$5,000	\$0.50	\$0.50	\$0.50	\$0.50	\$0.50	\$0.50	\$0.50	\$0.50	\$0.50
\$10,000	\$1.00	\$1.00	\$1.00	\$1.00	\$1.00	\$1.00	\$1.00	\$1.00	\$1.00

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

Premiums for Voluntary Life Increase in five-year increments

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

‡Spouse/DP coverage premium is based on Employee age. Coverage for the spouse terminates at spouse's age 70.

†Benefit reductions apply.

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LIMITATIONS AND EXCLUSIONS:

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

You must be working full-time on the effective date of your coverage; otherwise, your coverage becomes effective after you have completed a specific waiting period. Employees must be legally working in the United States in order to be eligible for coverage. Underwriting must approve coverage for employees on temporary assignment: (a) exceeding one year; or (b) in an area under travel warning by the US Department of State. Subject to state specific variations. Evidence of Insurability is required on all late enrollees. This coverage will not be effective until approved by a Guardian underwriter. This proposal is hedged subject to satisfactory financial evaluation. Please refer to certificate of coverage for full plan description.

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

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

Voluntary Life Only:

We pay no benefits if the insured'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-LB-90, 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.

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

This handout is for illustrative purposes only and is an approximation. If any discrepancies between this handout and your paycheck stub exist, your paycheck stub prevails.

WillPrep Services

Special bonus for participants in voluntary life plan

Your employer has worked with Guardian to make WillPrep Services available to eligible members with Voluntary Life plans. Keeping an up-to-date will is essential to ensuring that your assets are distributed as you intended, no matter the size of your estate. You may be avoiding creating a will because you believe you can't afford the time or legal expense. Now you can with WillPrep Services.

WillPrep Services offer support and guidance to help you properly prepare the documents necessary to preserve your family's financial security. WillPrep has a range of services including online planning documents, a resource library and access to professionals* to help with issues related to:

- | | | |
|-----------------------------------|------------------------------------|--------------------------|
| ▪ Advanced Health Care Directives | ▪ Financial Power of Attorney | ▪ Wills and Living Wills |
| ▪ Estate Taxes | ▪ Guardianship and Conservatorship | ▪ Resource Library |
| ▪ Executors & Probate | ▪ Healthcare Power of Attorney | ▪ Trusts |

For more information about WillPrep Services, go to www.ibhwillprep.com; User name: WillPrep; Password: GLIC09 or call 1-877-433-6789

*The Option of an attorney prepared will is available for a small fee.

WillPrep Services are provided by Integrated Behavioral Health, Inc., and its contractors. The Guardian Life Insurance Company of America (Guardian) does not provide any part of *WillPrep Services*. Guardian is not responsible or liable for care or advice given by any provider or resource under the program. This information is for illustrative purposes only. It is not a contract. Only the Administration Agreement can provide the actual terms, services, limitations and exclusions. Guardian and IBH reserve the right to discontinue the *WillPrep Services* at any time without notice. Legal services will not be provided in connection with or preparation for any action against Guardian, IBH, or your employer.

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Group Number: 00441291

Accident Benefit Summary

About Your Benefits:

Accidents happen every day. Did you know almost 39 Million emergency room visits a year are due to an injury?¹ If you were injured from an accident, chances are you will have expenses that you were not anticipating-will you be prepared? Accident Insurance can help you deal with those expenses. Benefit payments can help you with your medical deductibles and co-pays, and cover household expenses like groceries, mortgage payments and childcare, which can begin to pile up if you have to take some time off from work. You are guaranteed coverage, so please enroll today!

¹Injury Facts, 2011 Edition, National Safety Council.

What Your Benefits Cover:

ACCIDENT	
COVERAGE - DETAILS	
Your Semi-monthly premium	\$9.14
You and Spouse	\$15.43
You and Child(ren)	\$15.91
You, Spouse and Child(ren)	\$22.20
Accident Coverage Type	Off Job
Portability - Allows you to take your Accident coverage with you if you terminate employment. Ported Accident plan terminates at age 70.	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	\$50
Child(ren) Age Limits	Children age birth to 26 years
FEATURES	
Accident Emergency Room Treatment	\$175
Accident Follow-Up Visit - Doctor	\$50 up to 6 treatments
Air Ambulance	\$1,000
Ambulance	\$150
Appliance - Wheelchair, leg or back brace, crutches, walker, walking boot that extends above the ankle or brace for the neck.	\$125

FEATURES (Cont.)

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
Burn - Skin Graft	50% of burn benefit
Child Organized Sport - Benefit is paid if the covered accident occurred while your covered child is participating in an organized sport that is governed by an organization and requires formal registration to participate.	20% increase to child benefits
Chiropractic Visits	\$25 per visit up to 6 visits
Coma	\$10,000
Concussions	\$75
Dislocations	Schedule up to \$4,400
Diagnostic Exam (Major)	\$150
Emergency Dental Work	\$300/Crown, \$75/Extraction
Epidural pain management	\$100, 2 times per accident
Eye Injury	\$300
Family Care	\$20/day up to 30 days
Fracture	Schedule up to \$5,500
Hospital Admission	\$1,000
Hospital Confinement	\$225/day - up to 1 year
Hospital ICU Admission	\$2,000
Hospital ICU Confinement	\$450/day - up to 15 days
Initial Physician's office/Urgent Care Facility Treatment	\$75
Joint Replacement (hip/knee/shoulder)	\$2,500/\$1,250/\$1,250
Knee Cartilage	\$500
Laceration	Schedule up to \$400
Lodging - The hospital must be more than 50 miles from the insured's residence.	\$125/day, up to 30 days for companion hotel stay
Occupational or Physical Therapy	\$25/day up to 10 days
Prosthetic Device/Artificial Limb	1: \$500 2 or more: \$1,000
Rehabilitation Unit Confinement	\$150/day up to 15 days
Ruptured Disc With Surgical Repair	\$500
Surgery	Schedule up to \$1,250 Hernia: \$150
Surgery - Exploratory or Arthroscopic	\$250
Tendon/Ligament/Rotator Cuff	1: \$500 2 or more: \$1,000
Transportation - Benefit is paid if you have to travel more than 50 miles one way to receive special treatment at a hospital or facility due to a covered accident.	\$500, 3 times per accident
X - Ray	\$30

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.

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Need Assistance?

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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.

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, while sane or insane. The covered person being legally intoxicated. Treatment rendered or hospital confinement outside the United States or Canada. Travel of 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.

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.

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Group Number: 00441291

Cancer Benefit Summary

About Your Benefits:

Cancer is a terrible disease, but fortunately, more and more people are beating it through earlier diagnosis and the ever improving treatments available. However, treatment can be costly. Did you know an average out-of-pocket cost for cancer care is more than \$1200 per month.¹ That's where Cancer insurance can help. It supplements your medical and disability income insurance and helps protect you and your family from the financial hardship you may face while fighting the disease. Cancer Insurance pays benefits to you based on the treatments you receive related to a covered cancer diagnosis. The benefit payment is paid in addition to your medical insurance plan. Coverage is surprisingly affordable, so enroll today and get covered!

¹Duke University Medical Center, 2011 <http://clearhealthcosts.com/tag/duke-university-medical-center/>

What Your Benefits Cover:

CANCER	
COVERAGE - DETAILS	
Your Semi-monthly premium	\$9.27
You and Spouse	\$18.67
You and Child(ren)	\$10.74
You, Spouse and Child(ren)	\$20.14
INITIAL DIAGNOSIS BENEFIT - Benefit is paid when you are diagnosed with Internal cancer for the first time while insured under this Plan.	
Benefit Amount(s)	Employee \$2,500 Spouse \$2,500 Child \$2,500
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	\$50; \$50 for Follow-Up screening
RADIATION THERAPY OR CHEMOTHERAPY	
Benefit	Schedule amounts up to a \$5,000 benefit year maximum.
Conditional Issue - The "conditional" means the applicant (employee, spouse or child) can qualify for coverage if he/she responds "No" to the conditional medical question on the enrollment form.	You will be required to answer one medical question as a part of your enrollment form.
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.

FEATURES (Cont.)

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
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.
- 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.

Manage Your Benefits:

Go to www.GuardianAnytime.com to access secure information about your Guardian benefits. Your on-line account will be set up within 30 days after your plan effective date.

Need Assistance?

Call the Guardian Helpline (888) 600-1600, weekdays, 8:00 AM to 8:30 PM, EST. Refer to your member ID (social security number) and your plan number: 00441291

LIMITATIONS AND EXCLUSIONS:

A SUMMARY OF CANCER LIMITATIONS AND EXCLUSIONS:

Conditional Issue is one medical question as a part of the enrollment form.

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.

ADDITIONAL MATERIALS



NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

Effective: 05/01/2016

This Notice of Privacy Practices describes how Guardian and its subsidiaries may use and disclose your Protected Health Information (PHI) in order to carry out treatment, payment and health care operations and for other purposes permitted or required by law.

Guardian is required by law to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices concerning PHI. We are required to abide by the terms of this Notice so long as it remains in effect. We reserve the right to change the terms of this Notice of Privacy Practices as necessary and to make the new Notice effective for all PHI maintained by us. If we make material changes to our privacy practices, copies of revised notices will be made available on request and circulated as required by law. Copies of our current Notice may be obtained by contacting Guardian (using the information supplied below), or on our Web site at www.guardianlife.com/privacy-policy.

What is Protected Health Information (PHI):

PHI is individually identifiable information (including demographic information) relating to your health, to the health care provided to you or to payment for health care. PHI refers particularly to information acquired or maintained by us as a result of your having health coverage (including medical, dental, vision and long term care coverage).

In What Ways may Guardian Use and Disclose your Protected Health Information (PHI):

Guardian has the right to use or disclose your PHI without your written authorization to assist in your treatment, to facilitate payment and for health care operations purposes. There are certain circumstances where we are required by law to use or disclose your PHI. And there are other purposes, listed below, where we are permitted to use or disclose your PHI without further authorization from you. Please note that examples are provided for illustrative purposes only and are not intended to indicate every use or disclosure that may be made for a particular purpose.

Guardian has the right to use or disclose your PHI for the following purposes:

Treatment. Guardian may use and disclose your PHI to assist your health care providers in your diagnosis and treatment. For example, we may disclose your PHI to providers to supply information about alternative treatments.

Payment. Guardian may use and disclose your PHI in order to pay for the services and resources you may receive. For example, we may disclose your PHI for payment purposes to a health care provider or a health plan. Such purposes may include: ascertaining your range of benefits; certifying that you received treatment; requesting details regarding your treatment to determine if your benefits will cover, or pay for, your treatment.

Health Care Operations. Guardian may use and disclose your PHI to perform health care operations, such as administrative or business functions. For example, we may use your PHI for underwriting and premium rating purposes. However, we will not use or disclose your genetic information for underwriting purposes and are prohibited by law from doing so.

Appointment Reminders. Guardian may use and disclose your PHI to contact you and remind you of appointments.

Health Related Benefits and Services. Guardian may use and disclose PHI to inform you of health related benefits or services that may be of interest to you.

Plan Sponsors. Guardian may use or disclose PHI to the plan sponsor of your group health plan to permit the plan sponsor to perform plan administration functions. For example, a plan may contact us regarding benefits, service or coverage issues. We may also disclose summary health information about the enrollees in your group health plan to the plan sponsor so that the sponsor can obtain premium bids for health insurance coverage, or to decide whether to modify, amend or terminate your group health plan.

Guardian is required to use or disclose your PHI:

- To you or your personal representative (someone with the legal right to make health care decisions for you);
- To the Secretary of the Department of Health and Human Services, when conducting a compliance investigation, review or enforcement action related to health information privacy or security; and
- Where otherwise required by law.

Guardian is Required to Notify You of any Breaches of Your Unsecured PHI.

Although Guardian takes reasonable, industry-standard measures to protect your PHI, should a breach occur, Guardian is required by law to notify affected individuals. Under federal medical privacy law, a breach means the acquisition, access, use, or disclosure of unsecured PHI in a manner not permitted by law that compromises the security or privacy of the PHI.

Other Uses and Disclosures.

Guardian may also use and disclose your PHI for the following purposes without your authorization:

- We may disclose your PHI to persons involved in your care or payment for care, such as a family member or close personal friend, when you are present and do not object, when you are incapacitated, under certain circumstances during an emergency or when otherwise permitted by law.
- We may use or disclose your PHI for public health activities, such as reporting of disease, injury, birth and death, and for public health investigations.
- We may use or disclose your PHI in an emergency, directly to or through a disaster relief entity, to find and tell those close to you of your location or condition.
- We may disclose your PHI to the proper authorities if we suspect child abuse or neglect; we may also disclose your PHI if we believe you to be a victim of abuse, neglect, or domestic violence.
- We may disclose your PHI to a government oversight agency authorized by law to conducting audits, investigations, or civil or criminal proceedings.
- We may use or disclose your PHI in the course of a judicial or administrative proceeding (e.g., to respond to a subpoena or discovery request).
- We may disclose your PHI to the proper authorities for law enforcement purposes.
- We may disclose your PHI to coroners, medical examiners, and/or funeral directors consistent with law.
- We may use or disclose your PHI for organ or tissue donation.
- We may use or disclose your PHI for research purposes, but only as permitted by law.
- We may use or disclose PHI to avert a serious threat to health or safety.
- We may use or disclose your PHI if you are a member of the military as required by armed forces services.
- We may use or disclose your PHI to comply with workers' compensation and other similar programs.
- We may disclose your PHI to third party business associates that perform services for us, or on our behalf (e.g. vendors).
- We may use and disclose your PHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your PHI to authorized federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations authorized by law.
- We may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official (e.g., for the institution to provide you with health care services, for the safety and security of the institution, and/or to protect your health and safety or the health and safety of other individuals).
- We may use or disclose your PHI to your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.

We generally will not sell your PHI, or use or disclose PHI about you for marketing purposes without your authorization unless otherwise permitted by law.

Your Rights with Regard to Your Protected Health Information (PHI):

Your Authorization for Other Uses and Disclosures. Other than for the purposes described above, or as otherwise permitted by law, Guardian must obtain your written authorization to use or disclosure your PHI. You have the right to revoke that authorization in writing except to the extent that: (i) we have taken action in reliance upon the authorization prior to your written revocation, or (ii) you were required to give us your authorization as a condition of obtaining coverage, and we have the right, under other law, to contest a claim under the coverage or the coverage itself.

Under federal and state law, certain kinds of PHI may require enhanced privacy protections. These forms of PHI include information pertaining to:

- HIV/AIDS testing, diagnosis or treatment
- Venereal and /or communicable Disease(s)
- Genetic Testing
- Alcohol and drug abuse prevention, treatment and referral
- Psychotherapy notes

We will only disclose these types of delineated information when permitted or required by law or upon your prior written authorization.

Your Right to an Accounting of Disclosures. An 'accounting of disclosures' is a list of certain disclosures we have made, if any, of your PHI. You have the right to receive an accounting of certain disclosures of your PHI that were made by us. This right applies to disclosures for purposes other than those made to carry out treatment, payment and health care operations as described in this notice. It excludes disclosures made to you, or those made for notification purposes.

We ask that you submit your request in writing by completing our form. Your request may state a requested time period not more than six years prior to the date when you make your request. Your request should indicate in what form you want the list (e.g., paper, electronically). Our form for Accounting of Disclosure requests is available at www.guardianlife.com/privacy-policy.

Your Right to Obtain a Paper Copy of This Notice. You have a right to request a paper copy of this notice even if you have previously agreed to accept this notice electronically. You may obtain a paper copy of this notice by sending a request to the contact information listed at the end of this notice.

Your Right to File a Complaint. If you believe your privacy rights have been violated, you may file a complaint with Guardian or the Secretary of U.S. Department of Health and Human Services. If you wish to file a complaint with Guardian, you may do so using the contact information below. You will not be penalized for filing a complaint.

Please submit any exercise of the Rights designated below to Guardian in writing using the contact information listed below. For some requests, Guardian may charge for reasonable costs associated with complying with your requests; in such a case, we will notify you of the cost involved and provide you the opportunity to modify your request before any costs are incurred.

Your Right to Request Restrictions. You have the right to request a restriction on the PHI we use or disclose about you for treatment, payment or health care operations as described in this notice. You also have the right to request a restriction on the medical information we disclose about you to someone who is involved in your care or the payment for your care.

Guardian is not required to agree to your request; however, if we do agree, we will comply with your request until we receive notice from you that you no longer want the restriction to apply (except as required by law or in emergency situations). Your request must describe in a clear and concise manner: (a) the information you wish restricted; (b) whether you are requesting to limit Guardian's use, disclosure or both; and (c) to whom you want the limits to apply.

Your Right to Request Confidential Communications. You have the right to request that Guardian communicate with you about your PHI be in a particular manner or at a certain location. For example, you may ask that we contact you at work rather than at home. We are required to accommodate all reasonable requests made in writing, when such requests clearly state that your life could be endangered by the disclosure of all or part of your PHI.

Your Right to Amend Your PHI If you feel that any PHI about you, which is maintained by Guardian, is inaccurate or incomplete, you have the right to request that such PHI be amended or corrected. Within your written request, you must provide a reason in support of your request. Guardian reserves the right to deny your request if: (i) the PHI was not created by Guardian, unless the person or entity that created the information is no longer available to amend it (ii) if we do not maintain the PHI at issue (iii) if you would not be permitted to inspect and copy the PHI at issue or (iv) if the PHI we maintain about you is accurate and complete. If we deny your request, you may submit a written statement of your disagreement to us, and we will record it with your health information.

Your Right to Access to Your PHI. You have the right to inspect and obtain a copy of your PHI that we maintain in designated record sets. Under certain circumstances, we may deny your request to inspect and copy your PHI. In an instance where you are denied access and have a right to have that determination reviewed, a licensed health care professional chosen by Guardian will review your request and the denial. The person conducting the review will not be the person who denied your request. Guardian promises to comply with the outcome of the review.

How to Contact Us:

If you have any questions about this Notice or need further information about matters covered in this Notice, please call the toll-free number on the back of your Guardian ID card. If you are a broker please call 800-627-4200. All others please contact us at 800-541-7846. You can also write to us with your questions, or to exercise any of your rights, at the address below:

Attention: Guardian Corporate Privacy Officer
 National Operations

Address: The Guardian Life Insurance Company of America
 Group Quality Assurance - Northeast
 P.O. Box 2457
 Spokane, WA 99210-2457

WorkLifeMatters

Your Confidential Employee Assistance Program – Helping find balance between work and home life.

WorkLifeMatters provides guidance for personal issues that you might be facing and information about other concerns that affect your life, whether it's a life event or on a day-to-day basis.

- **Unlimited free telephonic consultation with an EAP counselor available 24/7 at 800-386-7055**
- **Referrals to local counselors — up to three sessions free of charge**
- **State-of-the-art website featuring over 3,400 helpful articles on topics like wellness, training courses, and a legal and financial center**

WorkLifeMatters can offer help with:

Education

- Admissions testing & procedures
- Adult re-entry programs
- College Planning
- Financial aid resources
- Finding a pre-school

Lifestyle & Fitness Management

- Anxiety & depression
- Divorce & separation
- Drugs & alcohol

Dependent Care & Care Giving

- Adoption Assistance
- Before/after school programs
- Day Care/Elder Care
- Elder care
- In-home services

Working Smarter

- Career development
- Effective managing
- Relocation

Legal and financial

- Basic tax planning
- Credit & collections
- Debt Counseling
- Home buying
- Immigration

For more information about WorkLifeMatters, go to www.ibhworklife.com; User Name: Matters; Password: wlm70101

WorkLifeMatters Program services are provided by Integrated Behavioral Health, Inc., and its contractors. Guardian does not provide any part of WorkLifeMatters Program services. Guardian is not responsible or liable for care or advice given by any provider or resource under the program. This information is for illustrative purposes only. It is not a contract. Only the Administration Agreement can provide the actual terms, services, limitations and exclusions. Guardian and IBH reserve the right to discontinue the WorkLifeMatters Program at any time without notice. Legal services provided through WorkLifeMatters will not be provided in connection with or preparation for any action against Guardian, IBH, or your employer.

The Guardian Life Insurance Company of America

**7 HANOVER SQUARE
NEW YORK, NEW YORK 10004
212-598-8000**

ACCIDENT ONLY COVERAGE

THIS CERTIFICATE PROVIDES LIMITED BENEFITS

BENEFITS PROVIDED ARE NOT A SUBSTITUTE FOR HOSPITAL OR MEDICAL EXPENSE INSURANCE, A HEALTH MAINTENANCE ORGANIZATION (HMO) CONTRACT, OR MAJOR MEDICAL EXPENSE INSURANCE.

Read Your Certificate Carefully. This outline of coverage provides a very brief description of the important features of coverage. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is, therefore, important that you **READ YOUR CERTIFICATE CAREFULLY**.

Accident coverage is designed to provide, to persons insured, restricted coverage paying benefits **ONLY** when a person insured sustains an Injury or incurs a loss as a result of an accident. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

1. BENEFITS

Subject to all of this Certificate's terms, this Certificate will pay the benefits described in the Schedule of Benefits if a Covered Person sustains an injury or incurs a loss as a result of a Covered Accident which occurs on or after the date he or she becomes insured by this Certificate. This Certificate pays no benefits other than what is specifically listed in the Schedule of Benefits. All services or treatment must be received by the Covered Person while insured by this Certificate.

2. DEFINITIONS

Accident means an unexpected event or occurrence. The term Accident does not include a Sickness.

3. EXCLUSIONS

This Certificate will not pay benefits for any Injury directly caused by :

- Sickness, disease, mental infirmity or medical or surgical treatment.
- Voluntary use of any poison or chemical, or being intoxicated or under the influence of any narcotic unless administered on the advice of a physician.
- 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 insurrection.
- Your commission of, or attempt to commit a felony or being engaged in an illegal occupation.
- 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, sailgliding, parasailing, parakiting, ballooning, parachuting, or skydiving.
- Job related or on the job injuries.
- An Accident that occurred before the Covered Person is covered by this Certificate.
- Injuries to a dependent child received during the birth.

The complete list of exclusions appears in the Certificate. Please Read Your Certificate.

Renewability: The policy is guaranteed renewable as long as premiums are paid when they are due or within the grace period. Premium rates can be changed on any policy anniversary on a class basis. Any change in rates will be based on the attained age of each covered person on the policy anniversary date.

THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA
7 HANOVER SQUARE
NEW YORK, NEW YORK 10004
212-598-8000

SPECIFIED DISEASE COVERAGE
(Hereinafter referred to as Cancer Coverage)
THIS CERTIFICATE PROVIDES LIMITED BENEFITS

BENEFITS PROVIDED ARE A SUPPLEMENT TO HEALTH INSURANCE. IT IS NOT A SUBSTITUTE FOR HOSPITAL OR MEDICAL EXPENSE INSURANCE, A HEALTH MAINTENANCE ORGANIZATION (HMO) CONTRACT, OR MAJOR MEDICAL EXPENSE INSURANCE

Read Your Certificate Carefully. This outline of coverage provides a very brief description of the important features of coverage. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is, therefore, important that you **READ YOUR CERTIFICATE CAREFULLY**.

Cancer coverage is designed to provide, to persons insured, restricted coverage paying benefits **ONLY** when certain losses occur as a result of a diagnosis of Cancer. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

1. BENEFITS

Subject to all of this Certificate's terms, this Certificate will pay the benefits described in the Schedule of Insurance if a Covered Person is diagnosed with Cancer after the date he or she becomes insured by this Certificate and after the end of the Benefit Waiting Period, if applicable. This Certificate pays no benefits other than what is specifically listed in the Schedule of Insurance. All services or treatment must be received by the Covered Person while insured by this Certificate.

2. DEFINITIONS

Cancer means a Covered Person has 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. Cancer includes Internal Cancer and Specified Skin Cancer. It also includes leukemia, Hodgkin's disease, lymphoma, sarcoma, malignant tumors and melanoma.

3. LIMITATIONS

Benefit Waiting Period: This Certificate may have a Benefit Waiting Period. It is shown in the schedule of insurance. This period starts on the date a Covered Person is first covered by this Plan. We do not pay benefits for Cancer that is Diagnosed during the Benefit Waiting Period.

If this Certificate replaces a similar certificate the Employer had with some other insurer, the Benefit Waiting Period under this Certificate will be waived for any Covered Person who was covered under the Employer's old certificate on the day before this Certificate starts and is covered by this Certificate on the day it starts.

Pre-Existing Conditions: A Pre-Existing Condition is a Cancer, whether Diagnosed or misdiagnosed, for which in the 6 months before a person becomes covered by this Certificate, he or she: (1) received advice or treatment from a Doctor; (2) underwent diagnostic procedures; (3) was prescribed or took prescription drugs; or (4) received other medical care or treatment, including consultation with a Doctor.

This Certificate will not pay benefits for Cancer that is caused by a Pre-Existing Condition if the Cancer is Diagnosed during the first 12 months that the person is covered by this Certificate.

4. EXCLUSIONS

We will not pay benefits for pre-malignant conditions or conditions with malignant potential, such as myelodysplastic and myeloproliferative disorders, carcinoid, leukoplakia, hyperplasia, actinic keratosis, polycythemia, nonmalignant melanoma, or moles.

We also do not pay benefits for services or treatment not included in the Schedule of Insurance; services or treatment provided by a Family Member; services or treatment rendered outside the United States; treatment of any Cancer Diagnosed solely outside of the United States; services or treatment provided primarily for cosmetic purposes; services or treatment for any sickness other than cancer and Cancer arising from war or act of war, even if war is not declared.

The complete list of exclusions appears in the Certificate. Please Read Your Certificate.

Renewability: The policy is guaranteed renewable as long as premiums are paid when they are due or within the grace period. Premium rates can be changed on any policy anniversary on a class basis. Any change in rates will be based on the attained age of each covered person on the policy anniversary date.