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2022-139974 (07/24)

Bridging the gap between medical and non-medical expenses

Critical Illness Insurance

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What is Critical Illness Insurance?

Financial protection to help you cope

- Get paid a lump sum cash payment if you suffer a serious illness, such as a heart attack, stroke, or cancer.
- It pays you in addition to your medical insurance, no matter what type of plan you have.
- The cash benefits are paid directly to you, and you decide how to use them.
- It's an affordable way to supplement and pay for the additional expenses your health insurance doesn't cover.



Critical Illness Wellness Benefit

Get money back for taking care of yourself

Receive a \$50 benefit payment once a year when you or a covered individual completes a routine wellness screening such as*:

- Mammogram
- Colonoscopy
- Chest x-ray
- Fasting blood glucose test
- PSA blood test
- Routine/annual physicals
- Immunizations
- And more...

For a complete list of covered wellness screenings go to [Guardian Anytime](#).

*One Wellness Benefit per calendar year per covered person if a covered person has a wellness test or procedure performed while coverage is in force. See your plan details for benefit amounts.



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Your Critical Illness Plan

	Employee	Dependents
Benefit Amount	Employee may choose a lump sum benefit of \$10,000 to \$20,000 in \$10,000 increments.	Spouse: May choose a lump sum benefit of \$5,000 to \$10,000 in \$5,000 increments up to 50% of the employee's lump sum benefit. Child: 25% of employee amount.
Benefit Reduction	50% at age 70	
Guarantee Issue/ Conditional Issue: The 'Guarantee/Conditional' 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.	Employee: Guarantee Issue up to \$20,000 Spouse: Guarantee Issue up to \$10,000 For a child: All Amounts Health questions are required if the elected amount exceeds the Guarantee Issue.	
Wellness Benefit	Annual payment of \$50 per insured individual when you and/or your covered dependents complete certain routine wellness procedures or screenings	
Portability	Included	
Dependent age	Childbirth to 26 years	

Your Critical Illness Plan

Conditions	1 ST Occurrence	2 ND Occurrence
Invasive Cancer	100%	100%
Carcinoma In Situ	30%	0%
Benign Brain Tumor	75%	0%
Skin Cancer	\$250 per lifetime	Not covered
Heart Attack	100%	100%
Stroke	100%	100%
Heart Failure	100%	100%
Coronary Arteriosclerosis	30%	0%
Kidney Failure	100%	100%
Organ Failure	100%	100%

First occurrence benefits also available for conditions such as neurological, injuries, and quality of life benefits and/or childhood covered conditions. See plan documents for more details.

The value of Critical Illness Insurance

Jamie suffered a heart attack & then a stroke a few years later



Medical insurance covers most of the cost but they are left with some out-of-pockets costs

She does not have Critical illness Insurance

Jamie used all of her savings to pay off the extra expenses she incurred from being unable to work while she was sick

Hypothetical example for illustrative purposes only.

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Medical

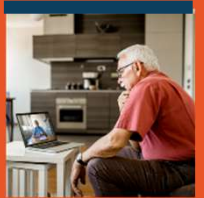


Critical Illness



Expense

Bob has Critical Illness Insurance and suffered a heart attack & then a stroke a few years later



Medical insurance covers most of the cost but he is left with some out-of-pockets costs

His Critical Illness Insurance paid him cash for both illnesses

Bob uses this cash to pay off his out-of-pockets expenses and has money left over for a well deserved vacation

Summary of Plan Limitations and Exclusions

The policy has exclusions and limitations that may impact the eligibility for or entitlement to benefits under each covered condition. There are limitations & special requirements for each condition. See the certificate of coverage or contact your sales representative for full details. This policy will not pay for a diagnosis of a listed critical illness that is made before the covered person's Critical Illness insurance effective date with Guardian.

- We will not pay benefits for the First Occurrence of a Critical Illness if it occurs less than 3 months after the First Occurrence of a related Critical Illness for which this Plan paid benefits. By related we mean either: (a) both Critical Illnesses are contained within the Cancer Related Conditions category; or (b) both Critical Illnesses are contained within the Vascular Conditions category.
- We will not pay benefits for a second occurrence (recurrence) of a Critical Illness unless the Covered Person has not exhibited symptoms or received care or treatment for that Critical Illness for at least 12 months in a row prior to the recurrence. For purposes of this exclusion, care or treatment does not include: (1) preventive medications in the absence of disease; and (2) routine scheduled follow-up visits to a Doctor.
- We do not pay for a third or later occurrence of a critical illness.
- First & second occurrence refers to the first & second time an insured experiences or is diagnosed with a covered critical illness while covered under Guardian Critical Illness insurance.
- A pre-existing condition includes any condition for which an employee, in the specified period of time prior to coverage in this plan, consults with a physician, receives treatment, or takes prescribed drugs. Please refer to the plan documents for specific time periods.
- If the plan is new (not transferred): During the exclusion period, this critical illness plan does not pay charges relating to a preexisting condition. If this plan is transferred from another insurance carrier, the time an insured is covered under that plan will count toward satisfying Guardian's pre-existing condition limitation period. Please refer to the plan details for specific time periods. State variations may apply.
- We do not pay benefits for charges relating to a covered person: taking part in any war or act of war (including service in the armed forces), committing a felony or taking part in any riot or other civil disorder or intentionally injuring themselves or attempting suicide while sane, or insane.
- In order to be eligible for coverage: Employees must be legally working: (a) in the United States or (b) outside the United States, for a US based employer, in a country or region approved by Guardian. Subject to state specific variations.
- Employees must be working full-time on the effective date of coverage; otherwise, coverage becomes effective after the completion of the specific waiting period.
- Health questions are required for all late enrollees. Benefit increases may require underwriting.
- This coverage will not be effective until approved by a Guardian underwriter. This proposal is subject to satisfactory financial evaluation. Please refer to certificate of coverage for full plan description; plan documents are the final arbiter of coverage.

Bridging the gap between medical and non-medical expenses

Accident Insurance

Guardian's Group Accident Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. If there is a discrepancy between this document and the Certificate/Group Policy issued by The Guardian Life Insurance Company of America, the Group Policy will govern. This policy provides Accident insurance only. It does NOT provide basic hospital, basic medical or major medical insurance. IMPORTANT NOTICE –THIS POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS. GUARDIAN® is a registered service mark of The Guardian Life Insurance Company of America®. ©Copyright 2022 The Guardian Life Insurance Company of America. Generic Policy Form No. GP-1-ACC-18. The state approved form is the governing document. This advertising content is not currently intended for anyone in the state of New Mexico. 2022-139912 (Exp 06/24)



What is Accident Insurance?

Accidents can happen to anyone at anytime

It's an extra layer of protection that pays you cash when you suffer an unexpected, qualifying accident.

- Supplements your medical plan — no matter what other insurance you have
- Cash is paid directly to you, based on covered injuries, treatments and services
- Use the money for any purpose, whether for medical or non-medical expenses
- Extra protection for child athletes — 25% increase in your benefit if a covered dependent child is injured while playing an organized sport — must be 18 years or younger.
- Start each year with monies in your Rainy-Day Fund and, if you don't use any of it, a part of it keeps rolling over to the next year.



Accident Wellness Benefit

Get money back for taking care of yourself.

Receive a \$50 benefit payment once a year when you complete a routine health screening such as:*

- Mammogram
- Immunizations (including COVID-19 vaccines)
- Routine/Annual Physicals (including COVID-19 testing)
- Colonoscopy
- Chest x-ray
- Pap smear
- PSA blood test
- And more...

For a complete list of covered screenings go to Guardian Anytime.

*One Wellness Benefit per calendar year per covered person if a covered person has a wellness test or procedure performed while coverage is in force. See your plan for details for benefit amounts.



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Use slide if Wellness
Benefit is included

Your Accident Insurance Plan

Benefit	Accident
Accident Coverage Type	On and Off Job
Accidental Death and Dismemberment (AD&D)	Employee \$25,000; Spouse \$12,500; Child \$5,000
Payment Features	Based on a schedule (see your employee kit)
Child Organized Sports Benefit (must be 18 years or younger)	25% increase to child benefits
Rainy Day Fund	Benefit Amount: \$400 Rollover Maximum: \$200 Fund Maximum: \$800
Wellness Benefit	Annual payment of \$50 per insured individual when you and/or your covered dependents complete certain routine wellness procedures or screenings
Portability	Included
Dependent Age	Childbirth to 26 years

The value of Accident Insurance

Jane tore the cartilage in her knee



Medical insurance covers most of the cost but they are left with some out-of-pockets costs

She does not have Accident Insurance

Jane uses their savings to pay off



Medical

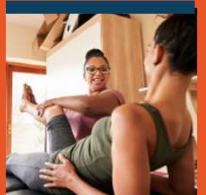


Accident



Expense

Sue has Accident Insurance and tore the cartilage in her knee



Medical insurance covers most of the cost by they are left with some out-of-pockets costs

Sue's Accident Insurance paid her cash for her covered injuries, MRI, knee brace and follow up doctor visits

She uses this cash to pay off her out-of-pockets expenses and even has money left over for a camping trip

Hypothetical example for illustrative purposes only.

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Summary of Plan Limitations and Exclusions

This plan will not pay benefits for any injury caused by or related to directly or indirectly (state variations may apply):

- Sickness, disease, mental infirmity or medical or surgical treatment; the covered person being legally intoxicated; declared or undeclared war, act of war, or armed aggression; service in the armed forces, National Guard, or military reserves of any state or country; taking part in a riot or civil disorder; commission of, or attempt to commit a felony; intentionally self-inflicted Injury, while sane or insane; suicide or attempted suicide, while sane or insane; travel or flight in any kind of aircraft, including any aircraft owned by or for the policyholder, except as a fare-paying passenger on a common carrier; participation in any kind of sporting activity for compensation or profit, including coaching or officiating; riding in or driving any motor-driven vehicle in a race, stunt show or speed test; participation in hang gliding, bungee jumping, sail gliding, parasailing, parakiting, ballooning, parachuting, zorbing or skydiving; an accident that occurred before the covered person is covered by this plan; injuries to a dependent child received during birth; voluntary use of any poison, chemical, prescription or non-prescription drug or controlled substance unless: (1) it was prescribed for a covered person by a doctor, and (2) it was used as prescribed. In the case of a non-prescription drug, this Plan does not pay for any Accident resulting from or contributed to by use in a manner inconsistent with package instructions. "Controlled substance" means anything called a controlled substance in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as amended from time to time.
- 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 U.S. Department of State, subject to state specific variations.
- This presentation 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 presentation is hedged subject to satisfactory financial evaluation.

Bridging the gap between medical and non-medical expenses

Hospital Indemnity Insurance

Guardian's Group Hospital Indemnity Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Hospital Indemnity is called Accident and Sickness Indemnity Insurance in the state of Colorado. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. If there is a discrepancy between this document and the Certificate/Group Policy issued by The Guardian Life Insurance Company of America, the Group Policy will govern. This policy provides limited hospital insurance only. It does NOT provide basic medical or major medical insurance. GUARDIAN® is a registered service mark of The Guardian Life Insurance Company of America®. ©Copyright 2022 The Guardian Life Insurance Company of America. Generic Policy Form No. GP-1-HI-15. The state approved form is the governing document. This advertising content is not currently intended for anyone in the state of New Mexico. 2022-139917 (Exp 06/24)

What is Hospital Indemnity Insurance?

A Trip to the Hospital Can Really Set You Back

- If you are admitted to a hospital, this coverage pays you regardless of any other coverage you may have.
- It can help pay for out-of-pocket costs associated with being hospitalized, such as high deductibles and copays, travel to and from the hospital for treatment or childcare services while recovering
- Cash payments are made directly to you
- Use the money for any purpose, medical or non-medical



Health Screening Benefit

Get money back for taking care of yourself.

Receive a \$50 benefit payment once a year when you complete a health screening* such as:

- Mammogram
- Colonoscopy
- Immunizations
- Routine/Annual Physicals (including COVID-19 testing)
- Chest x-ray (preventative screening, not diagnostic)
- Fasting blood glucose test
- PSA blood test
- And more...

For a complete list of covered health screenings go to Guardian Anytime.

*One Health Screening Benefit per year per covered person if a covered person has a health screening test or procedure performed while coverage is in force. See your plan details for specific amounts.



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Include if Health Screening Benefit is included with Plan



Your Hospital Indemnity Insurance Plan

Benefit	Option 1
Hospital/ICU Admission	\$1,000 per admission, limited to 1 admission(s) per insured and 3 admission(s) per covered family per benefit year.
Hospital/ICU Confinement	\$100/\$100 per day, limited to 15 day(s) per insured per benefit year.
Health Screening	\$50 per day, limited to 1 day(s) per insured per benefit year.
Portability	Included
Pre-Existing Conditions Limitation	Not Applicable <i>(See Limitations and Exclusions section for details on treatment of maternity).</i>
Dependent Age Limit	Children age birth to 26 year

The value of Hospital Indemnity Insurance

Ellie became ill and was admitted to the hospital



Medical insurance covers most of the cost but she is left with some out-of-pocket costs

She does not have Hospital Indemnity Insurance

Ellie uses her savings to pay off her hospital bill



Medical



Hospital



Expense

Kevin has Hospital Indemnity Insurance and became ill and was admitted to the hospital



Medical insurance covers most of the cost but they are left with some out-of-pocket costs

Kevin's Hospital Indemnity Insurance paid him cash for being admitted to the hospital for 2 days

Kevin uses this cash to pay off his out-of-pocket expenses and even has money left over for some video games

Hypothetical example for illustrative purposes only.

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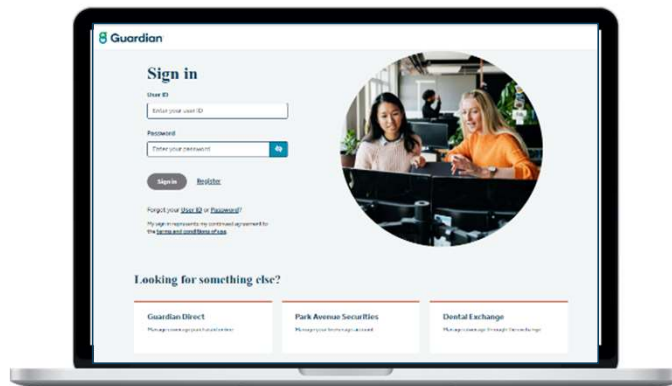
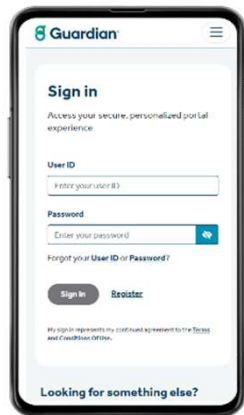
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Summary of Plan Limitations and Exclusions

- In order to be eligible for coverage: Employees must be legally working: (a) in the United States or (b) outside the United States, for a US based employer, in a country or region approved by Guardian.
- The policy has exclusions and limitations that may impact the eligibility for benefits.
 - Employees must be working full-time on the effective date of coverage; otherwise, coverage becomes effective after the completion of the specific waiting period.
 - A pre-existing condition includes any condition for which a covered person, in the look back period prior to coverage in this plan, (1) receives advice or treatment from a doctor; (2) undergoes diagnostic procedures, other than routine screening in the absence of symptoms or suspicion of disease process by a doctor; (3) are prescribed or take prescription drugs; or (4) receives other medical care or treatment, including consultation with a doctor. No benefit will be paid until the earlier of a specified amount of treatment free time or after the insured is covered for a certain number of months. Please refer to the plan documents for specific time periods. State variations may apply.
 - If the plan is new (not transferred): During the exclusion period, this Hospital Indemnity plan does not pay charges relating to a pre-existing condition. If this plan is transferred from another insurance carrier, the time an insured is covered under that plan will count toward satisfying Guardian's pre-existing condition limitation period. Please refer to the plan details for specific time periods. State variations may apply.
- And this plan will not pay benefits for:
 - Treatment relating to a covered person: taking part in any war or act of war (including service in the armed forces), commission of or attempt to commit a felony, an act of terrorism, or participating in an illegal occupation, riot or insurrection;
 - Suicide or any intentionally self-inflicted injury;
 - Elective surgery;
 - Surgery to correct vision or hearing, unless a result of a covered Injury, medically necessary surgery for glaucoma, cataracts or other sickness or injury;
 - Dental care, dental x-rays, or dental treatment;
 - Gastric or intestinal bypass services including lap banding, gastric stapling, and other similar procedures to facilitate weight loss; the reversal, or revision of such procedures; or services required for the treatment of complications from such procedures. This exclusion does not apply to completion of a weight reduction program that may be payable under the Health Screening benefit;
 - Rest cures or custodial care, or treatment of sleep disorders;
 - Cosmetic surgery. This exclusion does not apply to reconstructive surgery:
 - (a) on an injured part of the body following infection or disease of the involved part;
 - (b) of a congenital disease or anomaly of a covered dependent newborn or adopted infant; or
 - (c) on a non-diseased breast to restore and achieve symmetry between two breasts following a covered Mastectomy;
 - Treatment or removal of warts, moles, boils, skin blemishes or birthmarks, bunions, acne, corns, calluses, the cutting and trimming of toenails, care for flat feet, fallen arches or chronic foot strain;
 - Service, treatment or loss related to alcoholism or drug addiction, except for drugs prescribed by the covered person's doctor and taken as prescribed;
 - Care or treatment for mental or nervous disorders;
 - Services, treatment or loss rendered in any veteran's administration or federal hospital, except if there is a legal obligation to pay;
 - Services or treatment provided by a doctor, nurse or any other person who is employed or retained by a covered person or covered person's spouse, parent, brother, sister, child, domestic partner or partner in a civil union;
 - Surgery and treatment, procedures, products or services that are experimental or investigative;
 - Hospital Confinement and/or Hospital Admission due to any covered person's giving birth within the first nine months after the covered person's effective date under this Plan as a result of a normal pregnancy, including cesarean section. Complications of pregnancy will be covered to the same extent as any other covered sickness; State variations may apply;
 - Treatment of a covered dependent child's children;
 - Sickness or injury sustained while on active duty in the armed forces of any country. This does not include Reserve or National Guard duty for training.

How to register for and access your benefits on Guardian Anytime

1. Go to guardianlife.com and click on “Register & login”
2. Choose “Register” and select “Guardian Anytime”
3. Select “employee” for yourself or “child, spouse or partner” for your dependents
4. Complete the Self Registration process, click **Submit**, and you’re done.



Services available to you on Guardian Anytime

- Find a provider and estimate costs
- Check claim status and receive emails when claims are paid
- View, download and print materials:
- Benefit summaries
- Forms
- Certificate booklets
- Member ID cards
- Provider directories

For assistance, contact Guardian's Customer Response Unit

Helpline (800) 627-4200

Monday - Friday, 8:00am – 8:00 pm EST

Refer to your plan number: **G-543094**



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Thank you

