GUARDIAN I	PROI	DUCT	OVERV	IEW		
Accident						
Provides a cash benefit for <i>On and Off the job injuries</i>						
Hospitalization Admission Benefit \$1,500 +\$300 per ICU Admission Benefit \$3,000 + \$600 per day		Fractures, Burns, Dislocations, etc. X-ray and Major Diagnostic Exam Benefit Physical				
Emergency Room/Urgent Care \$300/\$125		Therapy / Crutches / Appliances Emergency Care				
Pays additional 25% if a child is injured during an organize sporting event	d	Initial Accident Treatment, Ambulance				
\$50 Wellness Benefit (per insured)		X-Rays, Diagnostic CT, CAT, MRI or EEG Blood, Plasma or Platelets Processing				
Assistantal Dooth Bonefit		Follow-Up Treatment,				
Accidental-Death Benefit Employee-\$60,000		Physical, Occupational or Speech Therapy				
Spouse - \$30,000		Prescription Medication, Appliances Residence/Vehicle Modification, Lodging				
Child- \$15,000						
*This is a brief overview of the plan. Please see the benefits booklet for the complete list of benefits.						
Familiana	Month	ly Cost				
Employee & Spouse		\$14.36 \$22.43				
Employee & Spouse Employee & Children		\$22.49				
Family		\$30.56	•			
Hospital						
Coverage for Sickness and Injuries						
Hospitalization / ICU Admi				oer insure	d)	
Daily Hospital / ICU Confinement Benefit \$200 per day (15 days per insured)						
3 month look back for pre-existing conditions						
	Month	ly Cost				
Employee		\$35.25				
Employee & Spouse		\$71.72				
Employee & Children Family		\$58.52 \$94.99				
ranniy		Φ74.77				
Critical Illness						
Provides a lump sum payout if diagnosed with a specific il	llness			100% pay	vout.	
\$5,000 - \$30,000 options available		100% payout Cancer / Heart Attack / Stroke / Coma / Paralysis / Kidney Failure / Organ Transplant / Advanced Parkinson's				
\$50 wellness Benefit		Advanced Alzheimer's / Benign Brain Tumor / ALS				
Guaranteed Issue up to \$20,000		Occupational HIV / Loss of Speech / Loss of Hearing /				
Children coverage at no extra cost!		Loss of Sight / Multiple Sclerosis / Severe Burns				
12 month look back for pre-existing conditions		30% : Cord	onary Artery Byp	oass Surger	y / Non- Inva	asive Cancer
		Monthly Premiums Displayed Election Cost Per Age Bracket				
	< 30	30-39	40-49	50-59	60-69	70+ [†]
\$5,000 Benefit Amount Employee \$5,000	\$1.80	\$3.50	\$7.05	\$13.70	\$23.20	\$39.50
Spouse \$2,500	\$0.90	\$1.75	\$3.53	\$6.85	\$11.60	\$19.75
\$10,000 Benefit Amount Employee \$10,000	\$3.60	\$7.00	\$14.10	\$27.40	\$46.40	\$79.00
Spouse \$5,000	\$1.80	\$3.50	\$7.05	\$13.70	\$23.20	\$39.50
\$15,000 Benefit Amount Employee \$15,000	\$5.40	\$10.50	\$21.15	\$41.10	\$69.60	\$118.50
Spouse \$7,500	\$2.70	\$5.25	\$10.58	\$20.55	\$34.80	\$59.25
\$20,000 Benefit Amount Employee \$20,000	\$7.20	\$14.00	\$28.20	\$54.80	\$92.80	\$158.00
Spouse \$10,000	\$3.60	\$7.00	\$14.10	\$27.40	\$46.40	\$79.00
\$25,000 Benefit Amount Employee \$25,000	\$9.00	\$17.50	\$35.25	\$68.50	\$116.00	\$197.50
Spouse \$12,500	\$4.50	\$8.75	\$17.63	\$34.25	\$58.00	\$98.75
\$30,000 Benefit Amount Employee \$30,000	\$10.80	\$21.00	\$42.30	\$82.20	\$139.20	\$237.00
Spouse \$15,000	\$5.40	\$10.50	\$21.15	\$41.10	\$69.60	\$118.50