



# Accident insurance

Accidents happen. With accident insurance, you can help them hurt a bit less.

Accident insurance is an extra layer of protection that gives you a cash payment to cover out-of-pocket expenses when you suffer an unexpected, qualifying accident.

## Who is it for?

Nobody can predict when an accident might happen. That's why accident insurance is a great add-on policy for people who want to supplement the health and disability insurance coverage they already have individually or through an employer.

## What does it cover?

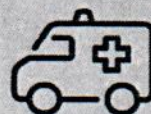
Accident insurance pays you lump sum benefits after you suffer an accident. This could be a severe burn, broken bone or emergency room visit. Our accident insurance policies also offer a special benefit that pays extra for children injured while playing an organized sport like soccer, baseball, lacrosse, or football.

## Why should I consider it?

Health coverage is becoming more expensive, with higher co-pays, premiums, and deductibles. Accident insurance is a simple, affordable way to supplement and cover additional expenses your health and disability insurance may not cover, including x-rays, ambulance services, deductibles, and even things like rent or groceries.

Plus, accident insurance is portable and payments are made directly to you.

You will receive these benefits if you meet the conditions listed in the policy.



## Support during recovery

Amanda breaks her leg falling off her bike and needs emergency treatment.

Average non-surgical broken leg treatment expense: **\$2,500**

Average Major Medical deductible: **\$1,500**

Major Medical covers 80% of the surgical cost after the deductible is met, but Amanda's still responsible for 20%: **\$200**

Total out-of-pocket amount for Amanda (deductible + coinsurance): **\$1,700**

Amanda's Guardian Accident policy pays her a benefit of **\$1,700**, which covers all of her out-of-pocket expenses.

This example is for illustrative purposes only. Your plan's coverage may vary. See your plan's information on the following pages for specific amounts and details.





# Your accident coverage

ACCIDENT		
COVERAGE - DETAILS	Option 1: Bronze	Option 2: Silver
<b>Your Monthly premium</b>	\$6.05	\$9.03
You and Spouse	\$10.58	\$15.59
You and Child(ren)	\$11.09	\$16.80
You, Spouse and Child(ren)	\$15.62	\$23.36
<b>Accident Coverage Type</b>	Off Job	Off Job
<b>Portability</b> - Allows you to take your Accident coverage with you if you terminate employment.	Included	Included
ACCIDENTAL DEATH AND DISMEMBERMENT		
<b>Benefit Amount(s)</b>	Employee \$10,000 Spouse \$5,000 Child \$5,000	Employee \$10,000 Spouse \$5,000 Child \$5,000
<b>Catastrophic Loss</b>	Quadriplegia, Loss of speech & hearing (both ears), Loss of Cognitive function: 100% of AD&D Hemiplegia & Paraplegia: 50% of AD&D	Quadriplegia, Loss of speech & hearing (both ears), Loss of Cognitive function: 100% of AD&D Hemiplegia & Paraplegia: 50% of AD&D
<b>Common Carrier</b>	200% of AD&D benefit	200% of AD&D benefit
<b>Common Disaster</b>	200% of Spouse AD&D benefit	200% of Spouse AD&D benefit
<b>Dismemberment</b> - Hand, Foot, Sight	Single: 50% of AD&D benefit Multiple: 100% of AD&D benefit	Single: 50% of AD&D benefit Multiple: 100% of AD&D benefit
<b>Dismemberment</b> - Thumb/Index Finger Same Hand, Four Fingers Same Hand, All Toes Same Foot	25% of AD&D benefit	25% of AD&D benefit
<b>Seatbelts and Airbags</b>	Seatbelts: \$10,000 & Airbags: \$15,000	Seatbelts: \$10,000 & Airbags: \$15,000
<b>Reasonable Accommodation to Home or Vehicle</b>	\$2,500	\$2,500
<b>WELLNESS BENEFIT</b> - Per Year Limit	\$50	\$50
<b>Child(ren) Age Limits</b>	Children age birth to 26 years	Children age birth to 26 years
<b>RAINY DAY FUND</b>	Benefit Amount: \$250 Rollover Maximum: \$125 Fund Maximum: \$500	Benefit Amount: \$300 Rollover Maximum: \$150 Fund Maximum: \$600
FEATURES		
Air Ambulance	\$500	\$750
Ambulance	\$100	\$150
Blood/Plasma/Platelets	No Benefit	\$300





# Your accident coverage

FEATURES (Cont.)	Option 1: Bronze	Option 2: Silver
Burns (2nd Degree/3rd Degree)	9 sq inches To 18 sq inches: \$0/\$1,000 18 sq inches To 35 sq inches: \$500/\$2,000 Over 35 sq inches: \$1,500/\$6,000	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
Burns - Skin Graft	50% of burn benefit	50% of burn benefit
Child Organized Sport - Benefit is paid if the covered accident occurred while your covered child, age 18 years or younger, is participating in an organized sport that is governed by an organization and requires formal registration to participate.	25% increase to child benefits	25% increase to child benefits
Chiropractic Visits	No Benefit	\$25/visit, up to 6 visits
Coma	\$5,000	\$7,500
Concussion Baseline Study	\$25	\$25
Concussions	\$50	\$100
Diagnostic Exam (Major)	\$50	\$100
Dislocations	Schedule up to \$2,000	Schedule up to \$3,000
Doctor Follow-Up Visits	\$25, up to 6 treatments	\$25, up to 6 treatments
Emergency Dental Work	No Benefit	\$200/Crown, \$50/Extraction
Emergency Room Treatment	\$100	\$150
Epidural Anesthesia Pain Management	No Benefit	\$100, 2 times per accident
Eye Injury	\$100	\$200
Family Care—Benefit is payable for each child attending a Child Care center while the insured is confined to a hospital, ICU or Alternate Care or Rehabilitative facility due to injuries sustained in a covered accident.	No Benefit	\$20/day, up to 30 days
Fractures	Schedule up to \$3,000	Schedule up to \$4,000
Gun Shot Wound	\$250	\$500
Hospital Admission	\$500	\$750
Hospital Confinement	\$100/day - up to 1 year	\$150/day - up to 1 year
Hospital ICU Admission	\$1,000	\$1,500
Hospital ICU Confinement	\$200/day - up to 15 days	\$300/day - up to 15 days
Initial Dr. Office/Urgent Care Facility Treatment	\$50	\$75
Joint Replacement (Hip/Knee/Shoulder)	No Benefit	\$1,500/\$750/\$750
Knee Cartilage	No Benefit	\$250
Laceration	Schedule up to \$200	Schedule up to \$300
Lodging - The hospital stay must be more than 50 miles from the insured's residence.	No Benefit	\$100/day, up to 30 days for companion hotel stay
Medical Appliance—Wheelchair, motorized scooter, leg or back brace, cane, crutches, walker, walking boot that extends above the ankle or brace for the neck.	Schedule up to \$300	Schedule up to \$400
Outpatient Therapies	\$25/day, up to 10 days	\$25/day, up to 10 days
Post-Traumatic Stress Disorder	No Benefit	\$300
Prosthetic Device/Artificial Limb	No Benefit	1: \$250 2 or more: \$500





# Your accident coverage

FEATURES (Cont.)	Option 1: Bronze	Option 2: Silver
Burns (2nd Degree/3rd Degree)	9 sq inches To 18 sq inches: \$0/\$1,000 18 sq inches To 35 sq inches: \$500/\$2,000 Over 35 sq inches: \$1,500/\$6,000	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
Burns - Skin Graft	50% of burn benefit	50% of burn benefit
Child Organized Sport - Benefit is paid if the covered accident occurred while your covered child, age 18 years or younger, is participating in an organized sport that is governed by an organization and requires formal registration to participate.	25% increase to child benefits	25% increase to child benefits
Chiropractic Visits	No Benefit	\$25/visit, up to 6 visits
Coma	\$5,000	\$7,500
Concussion Baseline Study	\$25	\$25
Concussions	\$50	\$100
Diagnostic Exam (Major)	\$50	\$100
Dislocations	Schedule up to \$2,000	Schedule up to \$3,000
Doctor Follow-Up Visits	\$25, up to 6 treatments	\$25, up to 6 treatments
Emergency Dental Work	No Benefit	\$200/Crown, \$50/Extraction
Emergency Room Treatment	\$100	\$150
Epidural Anesthesia Pain Management	No Benefit	\$100, 2 times per accident
Eye Injury	\$100	\$200
Family Care—Benefit is payable for each child attending a Child Care center while the insured is confined to a hospital, ICU or Alternate Care or Rehabilitative facility due to injuries sustained in a covered accident.	No Benefit	\$20/day, up to 30 days
Fractures	Schedule up to \$3,000	Schedule up to \$4,000
Gun Shot Wound	\$250	\$500
Hospital Admission	\$500	\$750
Hospital Confinement	\$100/day - up to 1 year	\$150/day - up to 1 year
Hospital ICU Admission	\$1,000	\$1,500
Hospital ICU Confinement	\$200/day - up to 15 days	\$300/day - up to 15 days
Initial Dr. Office/Urgent Care Facility Treatment	\$50	\$75
Joint Replacement (Hip/Knee/Shoulder)	No Benefit	\$1,500/\$750/\$750
Knee Cartilage	No Benefit	\$250
Laceration	Schedule up to \$200	Schedule up to \$300
Lodging - The hospital stay must be more than 50 miles from the insured's residence.	No Benefit	\$100/day, up to 30 days for companion hotel stay
Medical Appliance—Wheelchair, motorized scooter, leg or back brace, cane, crutches, walker, walking boot that extends above the ankle or brace for the neck.	Schedule up to \$300	Schedule up to \$400
Outpatient Therapies	\$25/day, up to 10 days	\$25/day, up to 10 days
Post-Traumatic Stress Disorder	No Benefit	\$300
Prosthetic Device/Artificial Limb	No Benefit	1: \$250 2 or more: \$500





# Your accident coverage

## 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.

We don't pay benefits for any Injury caused by or related to directly or indirectly: Sickness, disease, mental infirmity or medical or surgical treatment; the covered person being legally intoxicated; declared or undeclared war, act of war, or armed aggression; service in the armed forces, National Guard, or military reserves of any state or country; taking part in a riot or civil disorder; commission of, or attempt to commit a felony; 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. Job related or on the job injuries for the employee are excluded if Accident coverage is off job only.

Contract # GP-1-ACC-18

*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.*

Guardian's Accident Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage. This policy provides Accident insurance only. It does not provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services.

**IMPORTANT NOTICE - THIS POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS.**

Policy Form # GP-1-AC-BEN-12, et al., GP-1-LAH-12R; GP-1-ACC-18



## Our commitment to you

Please read the documentation referenced below carefully. The notices are intended to provide you important information about our insurance offerings and to protect your interests. Certain ones are required by law.

---

### Important information



#### **Notice of Information Practices form**

Notice advising Massachusetts applicants about the kinds of information that may be obtained in connection with their insurance application and confidentiality rules pertaining thereto.

Visit <https://www.guardiananytime.com/notice55> to read more.

#### **Notice Informing Individuals about Nondiscrimination and Accessibility Requirements**

Guardian notice stating that it complies with applicable Federal civil rights laws and does not discriminate based on race, color, national origin, age, disability, sex, or actual or perceived gender identity. The notice provides contact information for filing a nondiscrimination grievance. It also provides contact information for access to free aids and services by disabled people to assist in communications with Guardian.

Visit <https://www.guardiananytime.com/notice48> to read more.

#### **No Cost Language Services**

Guardian provides language assistance in multiple languages for members who have limited English proficiency.

Visit <https://www.guardiananytime.com/notice46> to read more.

---