



Summary of Benefits

Dental Benefit Summary

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|------------------------|--------------------------------------|-----------------------|--|
| Group ID: | 00393146 | Coverage Type: | Voluntary |
| Group Name: | BAZILIO COBB ASSOCIATES, PC | Class: | 0001 ALL ELIGIBLE EMPLOYEES WORKING 40 OR MORE HOURS PER WEEK NOT AT THE CALIFORNIA LOCATION |
| Waiting Period: | 1st of the month following 30 day(s) | As of Date: | 11/28/2017 |

Plan Information

Your dental networks are: Dental - DentalGuard Pref - Washington D.C. and Dental - DentalGuard Pref - Washington D.C. Buy-Up

Coverage Information

| | Dental - DentalGuard Pref - Washington D.C. | | Dental - DentalGuard Pref - Washington D.C. Buy-Up | |
|---|--|--|---|--|
| What's the most cost-effective way to use dental insurance? | You may go to any dentist, however those who belong to the Dental - DentalGuard Pref - Washington D.C. network will be most cost effective. | | You may go to any dentist, however those who belong to the Dental - DentalGuard Pref - Washington D.C. Buy-Up network will be most cost effective. | |
| | In Network | Out of Network | In Network | Out of Network |
| Calendar year deductible | \$50, Once the annual deductible is met by each of three family members, no further deductibles apply. | \$50, Once the annual deductible is met by each of three family members, no further deductibles apply. | \$50, Once the annual deductible is met by each of three family members, no further deductibles apply. | \$50, Once the annual deductible is met by each of three family members, no further deductibles apply. |
| Preventive | Waived | Not Waived | Waived | Not Waived |
| Basic | Not Waived | Not Waived | Not Waived | Not Waived |
| Major | Not Waived | Not Waived | Not Waived | Not Waived |
| Calendar Year Maximum Benefit | The amount shown in the out of network field is your combined Calendar Year maximum for both in and out of network services. | \$1,000 | The amount shown in the out of network field is your combined Calendar Year maximum for both in and out of network services. | \$1,000 |
| Maximum rollover | Not Available | Not Available | Yes | Yes |

| | Dental - DentalGuard Pref - Washington D.C. | | Dental - DentalGuard Pref - Washington D.C. Buy-Up | |
|---|--|---|---|---|
| What's the most cost-effective way to use dental insurance? | You may go to any dentist, however those who belong to the Dental - DentalGuard Pref - Washington D.C. network will be most cost effective. | | You may go to any dentist, however those who belong to the Dental - DentalGuard Pref - Washington D.C. Buy-Up network will be most cost effective. | |
| | In Network | Out of Network | In Network | Out of Network |
| Monthly Switch | Not Available | Not Available | Not Available | Not Available |
| | How much does the plan pay? | How much does the plan pay?(as a percentage of fee schedule.) | How much does the plan pay? | How much does the plan pay?(as a percentage of fee schedule.) |
| Office Visit Co-pay (one office visit may cover multiple services) | None | None | None | None |
| Preventive Care: | 100% | 90% | 100% | 100% |
| Bitewing X-Rays | 100% | 90% | 100% | 100% |
| Full Mouth X-Rays | 100% | 90% | 100% | 100% |
| Cleaning | 100% | 90% | 100% | 100% |
| Oral Exams | 100% | 90% | 100% | 100% |
| Sealants (per tooth) | 100% | 90% | 100% | 100% |
| Basic Care: | 50% | 40% | 80% | 50% |
| Fillings (one surface) | 50% | 40% | 80% | 50% |
| General Anesthesia ¹ | 50% | 40% | 80% | 50% |
| Simple Extractions | 50% | 40% | 80% | 50% |
| Major Care: | 0% | 0% | 50% | 25% |
| Scaling & Root Planing (per quadrant) | 0% | 0% | 50% | 25% |
| Dentures | 0% | 0% | 50% | 25% |
| Single Crowns | 0% | 0% | 50% | 25% |
| Orthodontia | Not Available | Not Available | Not Available | Not Available |

General Exclusions

Important Information about Guardian's DentalGuard Indemnity and DentalGuard Preferred PPO plans:

This policy provides dental insurance only. Coverage is limited to 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-1-DEN -16 et al.

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

 1 Restrictions apply and may be subject to medical necessity.

This Benefit Summary is for illustrative purposes. Your benefits booklet will show exactly what is covered and/or excluded under your plan. If there is a discrepancy between this Benefit Summary and your benefit booklet, the benefit booklet prevails.

Definitions shown on this site are in summary form and are for general informational purposes. The terms of the insurance contract prevails.



Summary of Benefits

Basic Life Benefit Summary

| | | | |
|------------------------|---|------------------------------|--|
| Group ID: | 00393146 | Member Coverage Type: | Non Contributory |
| Group Name: | BAZILIO COBB ASSOCIATES, PC | Class: | 0001 ALL ELIGIBLE EMPLOYEES WORKING 40 OR MORE HOURS PER WEEK NOT AT THE CALIFORNIA LOCATION |
| Waiting Period: | 1st of the month following 30 day(s) | As of Date: | 11/28/2017 |

Coverage Information

| | |
|-------------------------------|--------------------------------|
| Employee Volume Amount | Flat \$25,000 |
| Maximum Amount | \$25,000 |
| Cutbacks | 35% at age 65 50% at age 70 |

Plan Information

| | |
|---|--|
| When is my policy effective? | Coverage is effective after you satisfy any waiting period required by your employer. Coverage will not begin until Guardian has approved any amount subject to medical underwriting. |
| Do I have to answer medical questions as part of purchasing insurance? | No |
| Can I take the policy with me if I leave the company? | Yes, you can convert this coverage to an individual policy if you terminate employment with the company or the policy ends. (Some restrictions apply; see certificate of benefits for more information.) |

Basic Life and General Exclusions

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 policy booklet for full plan description.

LifeAssistSM applies to your life benefit. If A person is ADL-disabled if he or she is (a) physically unable to perform two or more ADLs without continuous physical assistance; or (b) cognitively impaired, and requires verbal cueing to protect himself/herself or others. ADLs are bathing, dressing, toileting, transferring, continence, and eating. This proposal is hedged subject to satisfactory financial evaluation. This coverage will not be effective until approved by a Guardian underwriter. Please refer to policy booklet for full plan description.

The group policy or individual certificate cannot be contested after it, or any rider or amendment subsequently added to it, has been in force for a period of two years.

If the age or any other relevant factor of the insured has been misstated, Guardian or its subsidiaries will use the true fact in determining whether insurance is in force under the terms of the certificate and in what amounts.

Dependent coverage will not take effect if a dependent, other than a newborn is confined to a hospital or other health care facility, or is unable to perform the normal activities of someone of like age and sex (may vary by state).

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Summary of Benefits

Accidental Death and Dismemberment Benefit Summary

| | | | |
|------------------------|---|------------------------------|--|
| Group ID: | 00393146 | Member Coverage Type: | Non Contributory |
| Group Name: | BAZILIO COBB ASSOCIATES, PC | Class: | 0001 ALL ELIGIBLE EMPLOYEES WORKING 40 OR MORE HOURS PER WEEK NOT AT THE CALIFORNIA LOCATION |
| Waiting Period: | 1st of the month following 30 day(s) | | |
| | | As of Date: | 11/28/2017 |

Coverage Information

| | |
|-------------------------|---|
| Volume Amount | Flat \$25,000 |
| Guaranteed Issue | Your Accidental Death and Dismemberment coverage is guaranteed based on your Basic Life coverage. |
| Maximum Amount | \$25,000 |
| Cutbacks | 35% at age 65 50% at age 70 |

Plan Information

| | |
|---|---|
| When is my policy effective? | Coverage is effective after you satisfy any waiting period required by your employer. Coverage will not begin until Guardian has approved any amount subject to medical underwriting. |
| Do I have to answer medical questions as part of purchasing insurance? | No |
| Can I take the policy with me if I leave the company? | No |

Accidental Death and Dismemberment and General Exclusions

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.

Dependent coverage will not take effect if a dependent, other than a newborn is confined to a hospital or other health care facility, or is home confined, or is unable to perform the normal activities of someone of like age and sex (may vary by state).

The group policy or individual certificate cannot be contested after it, or any rider or amendment subsequently added to

it, has been in force for a period of two years.

If the age or any other relevant factor of the insured has been misstated, Guardian or its subsidiaries will use the true fact in determining whether insurance is in force under the terms of the certificate and in what amounts.

Dependent coverage will not take effect if a dependent, other than a newborn is confined to a hospital or other health care facility, or is unable to perform the normal activities of someone of like age and sex (may vary by state).

 This Benefit Summary is for illustrative purposes. Your benefits booklet will show exactly what is covered and/or excluded under your plan. If there is a discrepancy between this Benefit Summary and your benefit booklet, the benefit booklet prevails.

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Summary of Benefits

Short Term Disability Benefit Summary

| | | | |
|------------------------|---|------------------------------|--|
| Group ID: | 00393146 | Member Coverage Type: | Voluntary |
| Group Name: | BAZILIO COBB ASSOCIATES, PC | Class: | 0001 ALL ELIGIBLE EMPLOYEES WORKING 40 OR MORE HOURS PER WEEK NOT AT THE CALIFORNIA LOCATION |
| Waiting Period: | 1st of the month following 30 day(s) | As of Date: | 11/28/2017 |

Coverage Information

| | |
|--|---|
| Weekly Volume | 60% of weekly earnings |
| Guaranteed Issue | There is no guaranteed issue. All amounts are approved. |
| Maximum Amount | \$1,385 |
| Waiting Periods (Benefits begin on ...) | Accident: Day 8 Illness: Day 8 |
| Maximum Payment Period | 26 weeks |

Plan Information

| | |
|---|---|
| When is my policy effective? | Coverage is effective after you satisfy any waiting period required by your employer. Coverage will not begin until Guardian has approved any amount subject to medical underwriting. |
| How are my earnings defined? | Earnings means your weekly earnings excluding bonuses, commissions, expense accounts, and any other extra compensation. |
| Can I take the policy with me if I leave the company? | No. |
| Do I have to answer medical questions as part of purchasing insurance? | No. |
| Can I return to work part time while I'm disabled | Yes, you may return to work part time and still be considered disabled. Some restrictions apply. |

Short Term Disability General Limitations and Exclusions

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, and for the voluntary inhalation or ingestion of poison, gas,

solvent, chemical, or other substance not intended for internal consumption.

We do not pay benefits for any job-related or on-the-job injury, or conditions for which Workers' Compensation benefits are payable.

We do not pay benefits due solely to the risk of relapse, during any period in which a covered person is confined to a correctional facility, an employee is not under the care of a doctor, an employee is receiving treatment outside of the US or Canada, and the employee's loss of earnings is not solely due to disability.

This policy provides disability income insurance only. It does not provide "basic hospital", "basic medical", "medical" insurance as defined by the New York State Insurance Department. 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.

If the plan is new (not transferred): This STD plan limits benefits to two weeks for a disability relating to a pre-existing condition. A pre-existing condition includes any condition for which an employee, in the three month period prior to coverage under this plan, consults with a physician, receives treatment, or takes prescribed drugs.

Contract #'s GP-1-STD2K-1.0 et al., GP-1-STD07-1.0 et al., Contract # GP-1-STD-15-1.0 et al.

Acts of war etc.

Disability benefits do not cover any disability caused by

1. war or any act of war, including service in the armed forces;
2. committing a crime or taking part in a riot or civil disorder;
3. intentionally injuring yourself or attempting suicide while sane or insane;
4. confined to a correctional facility, or
5. receiving treatment outside US.

Disability benefits are not paid 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, and for the voluntary inhalation or ingestion of poison, gas, solvent, chemical, or other substance not intended for internal consumption.

Disability benefits are not paid due solely to the risk of relapse, during any period in which you are in confined to a correctional facility, you are not under the care of a doctor, you are not receiving treatment outside of the US or Canada, and or your loss of earnings is not due solely to disability.

You will receive a certificate of coverage after you enroll which contains a complete list of exclusions. If there is a difference between this booklet and the certificate of coverage, the certificate of coverage prevails.

Other

When applicable, this coverage will integrate with any mandated state disability plans.



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Summary of Benefits

Voluntary Long Term Disability Benefit Summary

| | | | |
|------------------------|---|------------------------------|--|
| Group ID: | 00393146 | Member Coverage Type: | Voluntary |
| Group Name: | BAZILIO COBB ASSOCIATES, PC | Class: | 0001 ALL ELIGIBLE EMPLOYEES WORKING 40 OR MORE HOURS PER WEEK NOT AT THE CALIFORNIA LOCATION |
| Waiting Period: | 1st of the month following 30 day(s) | As of Date: | 11/28/2017 |

Coverage Information

| | |
|--|---|
| Monthly Volume | 60% of monthly earnings |
| Guaranteed Issue | There is no guaranteed issue. All amounts are approved. |
| Waiting Periods (Benefits begin on ...) | Accident: Day 181 Illness: Day 181 |
| Maximum Payment Period | Social Security Normal Retirement Age |

Plan Information

| | |
|---|---|
| When is my policy effective? | Coverage is effective after you satisfy any waiting period required by your employer. Coverage will not begin until Guardian has approved any amount subject to medical underwriting. |
| Can I take the policy with me if I leave the company? | No. |
| Do I have to answer medical questions as part of purchasing insurance? | No. |
| How are my earnings defined? | Earnings means your monthly earnings excluding bonuses, commissions, expense accounts, and any other extra compensation. |
| Can I return to work part time while I'm disabled | Yes, you may return to work part time and still be considered disabled. Some restrictions apply. |

Voluntary Long Term Disability General Limitations and Exclusions

We limit the duration of payments for long term disabilities caused by mental or emotional conditions, or alcohol or drug abuse. 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, and for the voluntary inhalation or ingestion of poison, gas, solvent, chemical, or other substance not intended for internal consumption.

We do not pay benefits due solely to the risk of relapse, during any period in which a covered person is confined to a correctional facility, an employee is not under the care of a doctor, an employee who is receiving treatment outside of the US or Canada, and the employee's loss of earnings is not solely due to disability. Contract # GP-1-LTD-15-1.0 et al.

This policy provides disability income insurance only. It does not provide "basic hospital", "basic medical", or "medical" insurance as defined by the New York State Insurance Department. If the plan is new (not transferred):

Non-NY states: If the plan is new (not transferred): During the exclusion period, this disability plan does not pay charges relating to a pre-existing condition. A pre-existing condition includes any condition for which an employee, in a specified period of time prior to coverage in this plan, consults with a physician, receives treatment, or takes prescribed drugs. 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.

Please refer to plan documents for specific time periods.

Contract #'s GP-1-LTD94-A,B,C-1.0 et al.; GP-1-STD94-1.0 et al; GP-1-LTD2K-1.0 et al, GP-1-STD2K-1.0 et al; GP-1-LTD07-1.0 et al, Contract # GP-1-LTD-15-1.0 et al.

Acts of war etc.

Disability benefits do not cover any disability caused by

1. war or any act of war, including service in the armed forces;
2. committing a crime or taking part in a riot or civil disorder;
3. intentionally injuring yourself or attempting suicide while sane or insane;
4. confined to a correctional facility, or
5. receiving treatment outside US.

Disability benefits are not paid 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, and for the voluntary inhalation or ingestion of poison, gas, solvent, chemical, or other substance not intended for internal consumption.

Disability benefits are not paid due solely to the risk of relapse, during any period in which you are in confined to a correctional facility, you are not under the care of a doctor, you are not receiving treatment outside of the US or Canada, and or your loss of earnings is not due solely to disability.

You will receive a certificate of coverage after you enroll which contains a complete list of exclusions. If there is a difference between this booklet and the certificate of coverage, the certificate of coverage prevails.

Other

Where applicable, this coverage will be integrated with Social Security and with workers compensation. Refer to your booklet for additional details.



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Summary of Benefits

Voluntary Life Benefit Summary

| | | | |
|------------------------|---|-----------------------|--|
| Group ID: | 00393146 | Coverage Type: | Voluntary |
| Group Name: | BAZILIO COBB ASSOCIATES, PC | Class: | 0001 ALL ELIGIBLE EMPLOYEES WORKING 40 OR MORE HOURS PER WEEK NOT AT THE CALIFORNIA LOCATION |
| Waiting Period: | 1st of the month following 30 day(s) | As of Date: | 11/28/2017 |

Coverage Information

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--------------------------------|--|-----------|-----------|-----------|-----------|-----------|----------|-----------|-----------|-----------|-----------|----------|-----------|-----------|-----------|-----------|----------|-----------|-----------|-----------|-----------|----------|-----------|-----------|-----------|-----------|----------|-----------|-----------|-----------|-----------|----------|-----------|-----------|-----------|-----------|----------|-----------|-----------|-----------|-----------|----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Employee Volume Amount | <p>Increments of \$10,000 to a Maximum of \$500,000</p> <table border="1"> <tr> <td>\$10,000</td> <td>\$110,000</td> <td>\$210,000</td> <td>\$310,000</td> <td>\$410,000</td> </tr> <tr> <td>\$20,000</td> <td>\$120,000</td> <td>\$220,000</td> <td>\$320,000</td> <td>\$420,000</td> </tr> <tr> <td>\$30,000</td> <td>\$130,000</td> <td>\$230,000</td> <td>\$330,000</td> <td>\$430,000</td> </tr> <tr> <td>\$40,000</td> <td>\$140,000</td> <td>\$240,000</td> <td>\$340,000</td> <td>\$440,000</td> </tr> <tr> <td>\$50,000</td> <td>\$150,000</td> <td>\$250,000</td> <td>\$350,000</td> <td>\$450,000</td> </tr> <tr> <td>\$60,000</td> <td>\$160,000</td> <td>\$260,000</td> <td>\$360,000</td> <td>\$460,000</td> </tr> <tr> <td>\$70,000</td> <td>\$170,000</td> <td>\$270,000</td> <td>\$370,000</td> <td>\$470,000</td> </tr> <tr> <td>\$80,000</td> <td>\$180,000</td> <td>\$280,000</td> <td>\$380,000</td> <td>\$480,000</td> </tr> <tr> <td>\$90,000</td> <td>\$190,000</td> <td>\$290,000</td> <td>\$390,000</td> <td>\$490,000</td> </tr> <tr> <td>\$100,000</td> <td>\$200,000</td> <td>\$300,000</td> <td>\$400,000</td> <td>\$500,000</td> </tr> </table> | \$10,000 | \$110,000 | \$210,000 | \$310,000 | \$410,000 | \$20,000 | \$120,000 | \$220,000 | \$320,000 | \$420,000 | \$30,000 | \$130,000 | \$230,000 | \$330,000 | \$430,000 | \$40,000 | \$140,000 | \$240,000 | \$340,000 | \$440,000 | \$50,000 | \$150,000 | \$250,000 | \$350,000 | \$450,000 | \$60,000 | \$160,000 | \$260,000 | \$360,000 | \$460,000 | \$70,000 | \$170,000 | \$270,000 | \$370,000 | \$470,000 | \$80,000 | \$180,000 | \$280,000 | \$380,000 | \$480,000 | \$90,000 | \$190,000 | \$290,000 | \$390,000 | \$490,000 | \$100,000 | \$200,000 | \$300,000 | \$400,000 | \$500,000 |
| \$10,000 | \$110,000 | \$210,000 | \$310,000 | \$410,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \$20,000 | \$120,000 | \$220,000 | \$320,000 | \$420,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \$30,000 | \$130,000 | \$230,000 | \$330,000 | \$430,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \$40,000 | \$140,000 | \$240,000 | \$340,000 | \$440,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \$50,000 | \$150,000 | \$250,000 | \$350,000 | \$450,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \$60,000 | \$160,000 | \$260,000 | \$360,000 | \$460,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \$70,000 | \$170,000 | \$270,000 | \$370,000 | \$470,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \$80,000 | \$180,000 | \$280,000 | \$380,000 | \$480,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \$90,000 | \$190,000 | \$290,000 | \$390,000 | \$490,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \$100,000 | \$200,000 | \$300,000 | \$400,000 | \$500,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Spouse Volume Amount | 50% of the Employee's volume to a maximum of \$250,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Child Volume Amount | <p>Ages 14 Days to 6 Months 10% of the Employee's volume to a maximum of \$10,000</p> <p>Ages 6 Months to 23 Years 10% of the Employee's volume to a maximum of \$10,000</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Member Guaranteed Issue | <p>Ages 15-64 \$100,000</p> <p>Ages 65-69 \$10,000</p> <p>Ages 70 and up, evidence of insurability is required for all amounts.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Spouse Guaranteed Issue | <p>Spouse's Age 15-64 \$10,000</p> <p>Spouse's Age 65 and up \$5,000</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Child Guaranteed Issue | \$10,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cutbacks | <p>35% at age 65</p> <p>50% at age 70</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Plan Information

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|-------------------------------------|---|
| When is my policy effective? | Coverage is effective after you satisfy any waiting period required by your employer. Coverage will not begin until Guardian has approved any amount subject to medical |
|-------------------------------------|---|

| | |
|---|---|
| | underwriting. |
| Do I have to answer medical questions as part of purchasing insurance? | <p>If you decide to purchase more than the amount guaranteed by Guardian or enroll after the open enrollment period, you must answer some medical questions to help us assess your insurability.</p> <p>Answering "yes" to any of the questions will not necessarily prevent you from obtaining coverage.</p> |
| Can I take the policy with me if I leave the company? | <p>You may be able to port this coverage to a group trust plan. You must answer some medical questions to help us assess your insurability for the ported coverage.</p> <p>Yes, you can convert this coverage to an individual policy if you terminate employment with the company or the policy ends. (Some restrictions apply; see certificate of benefits for more information.)</p> |

Voluntary Life and General Exclusions

Spouse coverage is based on employee age and terminates at age 70.

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 policy booklet for full plan description.

LifeAssistSM applies to your life benefit. If A person is ADL-disabled if he or she is (a) physically unable to perform two or more ADLs without continuous physical assistance; or (b) cognitively impaired, and requires verbal cueing to protect himself/herself or others. ADLs are bathing, dressing, toileting, transferring, continence, and eating.

This proposal is hedged subject to satisfactory financial evaluation. This coverage will not be effective until approved by a Guardian underwriter. Please refer to policy booklet for full plan description.

Dependent coverage will not take effect if a dependent, other than a newborn is confined to a hospital or other health care facility, or is home confined, or is unable to perform the normal activities of someone of like age and sex. (may vary by state).

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.

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.

The group policy or individual certificate cannot be contested after it, or any rider or amendment subsequently added to it, has been in force for a period of two years. If the age or any other relevant factor of the insured has been misstated, GIAC will use the true fact in determining whether insurance is in force under the terms of the certificate and in what amounts.

 This Benefit Summary is for illustrative purposes. Your benefits booklet will show exactly what is covered and/or excluded under your plan. If there is a discrepancy between this Benefit Summary and your benefit booklet, the benefit booklet prevails.

Definitions shown on this site are in summary form and are for general informational purposes. The terms of the insurance contract prevails.

