

Accident Insurance Benefits

VALUE PLAN

TRANSPORTATION	
Air Ambulance	\$500
Ambulance	\$100
Transportation	\$400 up to 3 times per accident
EMERGENCY ROOM/DOCTOR	
Accident Emergency Room Treatment	\$150/accident
Initial Doctor's Office/Urgent Care Facility Treatment	\$50
IMAGING	
Diagnostic Exam (Major)	\$100
X-ray	\$20
DIAGNOSIS	
Coma	\$7,500
Concussions	\$50
Burn (2 nd Degree/3 rd Degree)	9 to 18 sq inches - \$0/\$2,000 18 to 35 sq inches - \$1,000/\$4,000 over 35 sq inches - \$3,000/\$12,000
Burn – Skin Graft	50% of burn benefit
Dislocations	Schedule up to \$3,600
Eye Injury	\$200
Fractures (Bone)	Schedule up to \$4,500
Knee Cartilage	\$500
Laceration	Schedule up to \$300
Tendon/Ligament/Rotator Cuff	1 - \$250 2 or more - \$500
HOSPITALIZATION	
Hospital Admission	\$750
Hospital Confinement	\$175/day – up to 1 year
Hospital Intensive Care Unit Admission	\$1,500
Hospital Intensive Care Unit Confinement	\$350/day – up to 15 days



TREATMENT	
Appliance	\$100
Blood/Plasma/Platelets	\$300
Emergency Dental Work	\$200/Crown \$50 Extraction
Epidural Anesthesia Pain Management	\$100 up to 2 times per accident
Joint Replacement (Hip/Knee/Shoulder)	\$1,500/\$750/\$750
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 (Cranial, Open-Abdominal, Thoracic)	\$1,000 Hernia - \$125
Surgery (Exploratory and Arthroscopic)	\$150
FAMILY	
Child Organized Sport	20% increase to child benefits
Family Care	\$20/day up to 30 days
Lodging	\$100/day, up to 30 days for companion hotel stay
FOLLOW UP	
Accident Follow-up Visit – Doctor	\$25 up to 6 treatments
Occupational or Physical Therapy	\$25/day up to 10 days
ACCIDENTAL DEATH & DISMEMBERMENT (Optional Feature)	
Accidental Death	Employee \$10,000 Spouse \$5,000 Child \$5,000
Accidental Death Common Carrier	200% of death benefit
Accidental Death Common Disaster	200% of spouse death benefit
Accidental Dismemberment	Hand, Foot, Sight: Single Loss - 50% of death benefit Multiple Losses - 100% of death benefit Thumb/Index Finger of same hand, Four fingers of same hand, All toes of same foot: 25% of death benefit



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ACCIDENTAL DEATH & DISMEMBERMENT (Optional Feature)

Accidental Death Seatbelt and Airbag	<p style="text-align: center;">\$10,000 seatbelt/ \$15,000 seatbelt & airbag</p>
Catastrophic Loss	<p style="text-align: center;">Quadriplegia, Loss of speech & hearing (both ears), Loss of cognitive function – 100% of death benefit Hemiplegia, Paraplegia - 50% of death benefit</p>
Reasonable Accommodation to Home or Vehicle	<p style="text-align: center;">\$2,500</p>

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 or attempted suicide, while sane or insane • The covered person being legally intoxicated • Treatment rendered or hospital confinement outside the United States or Canada • Travel or 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, parachuting, ballooning, parachuting, and/or skydiving • Job related or on the job injuries • 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 • 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. • A pre-existing condition includes any condition for which an employee, in the specified time period 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. State variations may apply. This applies to the Disability or Hospital Confinement Sickness riders only. • 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.

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-IC-12.

