

Critical Illness – Bridge Insurance Group

IMPORTANT INFORMATION

- Available on groups with 5-499 eligible lives.
- Valid in AK, AL, AR, AZ, CA, DE, GA, HI, IA, ID, IL, KS, KY, LA, MA, ME, MO, MS, MT, NC, NE, NH, NM, NV, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WI, WV, WY.
- Not available for all industries. Please see limitations and exclusions section.
- Rates shown are valid thru January 1, 2020.

MONTHLY PREMIUM

Employee

Benefit Amounts	<30	30-39	40-49	50-59	60-69	70+
\$5,000	\$3.50	\$5.60	\$11.45	\$21.40	\$33.20	\$61.70
\$10,000	\$7.00	\$11.20	\$22.90	\$42.80	\$66.40	\$123.40
\$15,000	\$10.50	\$16.80	\$34.35	\$64.20	\$99.60	\$185.10
\$20,000	\$14.00	\$22.40	\$45.80	\$85.60	\$132.80	\$246.80

Spouse

Benefit Amounts	<30	30-39	40-49	50-59	60-69	70+
\$2,500	\$1.75	\$2.80	\$5.72	\$10.70	\$16.60	\$30.85
\$5,000	\$3.50	\$5.60	\$11.45	\$21.40	\$33.20	\$61.70
\$7,500	\$5.25	\$8.40	\$17.17	\$32.10	\$49.80	\$92.55
\$10,000	\$7.00	\$11.20	\$22.90	\$42.80	\$66.40	\$123.40

Rate Guarantee	2 Years
Premiums	Premiums listed are for Issue Age and will not increase due to an insured's age.
Spouse	Spouse rate is based on employee's age bracket.
Child	Child cost is included with employee election.
Annual Open Enrollment	Included on groups of 25+ eligible lives.

Underwriting Requirements	Employee <70	Spouse <70	Child	Employee 70+	Spouse 70+
Conditional Issue 5-24 eligible lives	Health questions required	Health questions required	All amounts Guaranteed	Health questions required	Health questions required
Guarantee Issue 25-49 eligible lives	\$10,000	\$5,000	All amounts Guaranteed	Health questions required	Health questions required
Guarantee Issue 50-499 eligible lives	\$20,000	\$10,000	All amounts Guaranteed	Health questions required	Health questions required

BENEFITS

Plan #1

Contribution/ Participation	Voluntary / Minimum participation: 5-24 eligible lives: 2 enrolled employees; 25-499 eligible lives: 5 enrolled employees	
Employee Critical Illness Benefit Amounts	Employee may choose a lump sum benefit of \$5,000 to \$20,000 in increments of \$5,000	
Dependent Critical Illness Benefit Amount	Spouse: Up to 50% of Employee Benefit	Child: 25% of Employee Benefit

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BENEFITS (continued)

Plan #1

Covered Conditions (lump sum payments)		First Occurrence	Second Occurrence
		Cancer	
	Invasive Cancer	100%	50%
	Carcinoma In Situ	30%	0%
	Benign Brain Tumor	75%	0%
	Skin Cancer	\$250 per lifetime	Not included
	Vascular		
	Heart Attack	100%	50%
	Stroke (Severe Stroke in NH)	100%	50%
	Heart Failure	100%	50%
	Coronary Arteriosclerosis	30%	0%
	Other		
	Organ Failure	100%	50%
	Kidney Failure	100%	50%
Wellness Benefit (Critical Illness Screening and Prevention Benefit in NH)	Provides a per year benefit for completing certain routine wellness screenings or procedures (refer to Plan Highlights for example procedures). Employee \$50; Spouse \$50; Child \$50		
Dependent Age Limits	Child birth to 26 years		
Pre-Existing Condition Limitation	12 month look back period, 12 month exclusion period 3 month look back period, 12 month exclusion period (ID, MT, NM, NV, PA) 6 month look back period, 6 month exclusion period (MA, ME, UT) 3 month look back period, 6 months treatment free, 12 month exclusion period (TX, VA)		
Benefit Reduction (of original amount)	Age	Reduction	
	70	50%	

PLAN HIGHLIGHTS

- Guardian's Critical Illness Product provides ability for an insured to receive a lump sum benefit payment upon first and second diagnosis of any qualified Critical Illnesses listed under covered conditions.
- Benefits are paid directly to the insured when they need it most. Expenditure for claim proceeds are not limited to cover medical expenses, funds can be used under the discretion of the insured for things such as childcare, transportation and to fill in gaps in their medical plan, like co-pays and deductibles.
- Wellness Benefit pays when insured completes screenings such as mammography, colonoscopy, pap smear, PSA, serum cholesterol testing, completion of smoking cessation, and weight reduction programs. Benefits paid even if medical insurance is paying 100% of the cost. This benefit is known as the Critical Illness Screening and Prevention Benefit in the state of NH.
- An insured must port Critical Illness coverage prior to age 70.
- Portability allows the employee to take the coverage with them even if employment has ended. Evidence of insurability is not required.
- **College Tuition Benefit:** Annual enrollment in this plan earns you 2,000 Tuition Rewards (1 Reward = \$1 in tuition reduction at a network of Private Colleges and Universities.) These rewards are yours for your lifetime and can be given to Children, Grandchildren, Nieces, Nephews and Godchildren. Visit www.Guardian.CollegeTuitionBenefit.com to learn more!

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IMPORTANT NOTES

Rates and premiums are based on the employee data submitted. Final rates and premiums are based on the plan and employee/dependent data provided on the enrollment forms. States specific requirements apply.

Rates Notes

- Estimated Monthly and Annual Dependent premiums are not based on census information specific to your plan.
- Spouse rate is based on employee's age bracket. Child rate is included with employee election. Dependent Critical Illness insurance will not take effect if a dependent, other than a newborn, is confined to the hospital or other health care facility or is unable to perform the normal activities of someone of like age and sex.
- If any discrepancies between the premiums on the proposal and your bill exist, your bill prevails.

Benefits Notes

- In force Major Medical coverage is required for employee, spouse and child in order to elect Critical Illness coverage in the state of CA & MA.
- In the state of CA: This coverage is not available to any person who is 1) 65 years of age or older and is covered by Medicare Part A and Part B and a Medicare Supplement insurance policy, certificate, or contract for coverage of excess charges under Medicare Part B, or 2) 65 years of age or older, if purchasing the coverage would result in coverage for medical benefits for more than 100% of actual medical expenses.
- Portability in the state of AK, OR & VT is continuity of coverage and will end when the group plan ends with no additional options to port coverage.
- The policy has exclusions and limitations that may impact the eligibility for or entitlement to benefits under each covered condition. See the actual policy or contact your sales representative for full details.
- Employees age 70 & older must complete health questions to qualify for coverage.

Please see the Summary of Plan Limitations and Exclusions that appears either on this page or the last page of this coverage.

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.
- Not available for the following SICs: 0811-0851, 1011-1241, 1411-1499, 1611, 1731-1799, 2812-2819, 2879, 2892, 2899-2999, 3292-3399, 4952-4959, 7342, 9223-9224, 9711-9721, 9999.
- 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; or (c) both Critical Illnesses are contained within the Childhood 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.
- 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.
- We do not pay for a third or later occurrence of a critical illness.
- 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. In TX & VA 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 Critical Illness 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.
- 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.

SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS (continued)

- Employees must be working full-time on the effective date of coverage; otherwise, coverage becomes effective after the completion of the specific waiting period.
- An applicant must enroll within 31 days of the coverage effective date. An annual open enrollment will occur each year during a time period specified by the policyholder. If the applicant enrolls outside of the annual open enrollment period they will be considered a late entrant and must answer health questions.
- Contract #: GP-1-CI-14
- 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.