STATE OF TEXAS
CITY OF FRIENDSWOOD
COUNTIES OF
GALVESTON/HARRIS
AUGUST 30, 2021

AGENDA

NOTICE IS HEREBY GIVEN OF A FRIENDSWOOD EMPLOYEE BENEFIT TRUST MEETING TO BE HELD AT 5:30 PM ON MONDAY, AUGUST 30 2021, IN THE COUNCIL CHAMBER, FRIENDSWOOD CITY HALL, 910 S. FRIENDSWOOD DRIVE, FRIENDSWOOD, TEXAS, REGARDING THE ITEMS LISTED BELOW:

1. CALL TO ORDER

2. BUSINESS ITEM

A. Consider approving a contract with Trust Mark for ancillary products.

3. ADJOURNMENT

PUBLIC NOTICE IS GIVEN THAT IN ADDITION TO ANY EXECUTIVE SESSION LISTED ABOVE, THE CITY COUNCIL RESERVES THE RIGHT TO ADJOURN INTO EXECUTIVE SESSION AT ANY TIME AS AUTHORIZED BY THE TEXAS GOVERNMENT CODE SECTIONS 551.071 - 551.090 TO DISCUSS ANY MATTERS LISTED ABOVE.

THE CITY OF FRIENDSWOOD IS COMMITTED TO COMPLIANCE WITH THE AMERICANS WITH DISABILITIES ACT. THIS FACILITY IS WHEELCHAIR ACCESSIBLE AND ACCESSIBLE PARKING SPACES ARE AVAILABLE. REQUESTS FOR ACCOMMODATIONS OR INTERPRETIVE SERVICE MUST BE MADE TWO (2) BUSINESS DAYS OR MORE PRIOR TO THIS MEETING. PLEASE CONTACT THE CITY SECRETARY'S OFFICE AT (281) 996-3270 FOR FURTHER INFORMATION.

I, LETICIA BRYSCH, CITY SECRETARY **OF THE CITY OF FRIENDSWOOD DO HEREBY CERTIFY THAT THE ABOVE NOTICE OF MEETING OF THE FRIENDSWOOD CITY COUNCIL WAS POSTED IN A PLACE CONVENIENT TO THE GENERAL PUBLIC AND IN COMPLIANCE WITH THE TEXAS OPEN MEETINGS ACT, ON THIS THE 25TH DAY OF AUGUST, 2021, AT 5:00 P.M.**

LETICIA BRYSCH, CITY SECRETARY

FRIENDSWOOD CITY COUNCIL AGENDA ITEM FORM

This form should be completed and forwarded to the City Manager's Office as soon as possible prior to the first date that the item is expected to be placed on the Friendswood City Council agenda.

Date requested for City Council consideration: August 30, 2021

Date submitted: 08/16/2021

Prepared by: Leticia Brysch, City Secretary

Subject: Consider approving a contract with Trust Mark for ancillary products.

Originating Department: City Secretary

Degree of importance:

SUMMARY / ORIGINATING CAUSE

This item allows the members to review and approve the products and rates for ancillary insurance products. This proposal was received after the August 2nd Council Meeting.

IMMINENT CONSEQUENCES / BENEFIT TO COMMUNITY

The change from Guardian to Trust Mark as our ancillary product provider will present the City employees with a better level of coverage for a comparable cost.

RECOMMENDATIONS

HR recommends making this change at this time.

ATTACHMENTS

1. Trust Mark Proposal
2. Guardian Products

Gallagher

Insurance | Risk Management | Consulting

Accident
Critical Illness
Hospital Indemnity
Permanent Life

PROVIDER PROPOSALS

Prepared By:
Gallagher Benefit Services, Inc.

EXCLUSIVELY FOR:

City of Friendswood

Accident Insurance

	Reliance Standard	Sun Life	Trustmark
Issue Ages	Employee: Actively at Work; Under Age 70 Spouse: Under Age 70 Child: Birth to Age 26	Employee: Actively at Work, No Age Limit Spouse: No Age Limit Child: Birth to Age 26	Employee: Actively at Work; Age 18-80 Spouse: Age 18-80 Child: Birth to Age 26
Participation Requirement	5 Insured Employee Lives	5 Enrolled Employees	10 Employee Applications
Guaranteed Issue	Yes	Yes	Yes
24 Hour / Off Job	Off Job	Off Job	Off Job
Hospital Admission	$1,000	$1,500	$1,500
Hospital ICU Admission	$2,000	$2,500	Payable Under Hospital Admission
Admission Benefit Payments	Either Admission or ICU Admission Benefit is Payable Once Per Covered Accident	Either Admission or ICU Admission Benefit is Payable Once Per Year	Either Admission or ICU Admission Benefit is Payable Once Per Covered Accident
Hospital Confinement Per Day	$200 (Up to 365 Days)	$250 (Up to 365 Days)	$200 (Up to 365 Days)
Hospital ICU Confinement Per Day	$400 (Up to 30 Days)	$500 (Up to 14 Days)	$400 (Up to 15 Days)
Confinement Benefit Payments	Either Confinement or ICU Confinement Benefit is Payable Once Per Covered Accident	Confinement and ICU Confinement Benefits Can Be Paid Simultaneously	Either Confinement or ICU Confinement Benefit is Payable Once Per Covered Accident
Emergency Room	$200	$150	$200
Non-Emergency Room Care	$75 Physician's Office / $200 Urgent Care	$75 Physician's Office / $100 Urgent Care	$100 Physician's Office / Urgent Care
Ambulance Ground / Air	$250 / $1,250	$300 / $1,000	$200 / $1,000
Physical Therapy	$75 (Up to 6 Visits)	$25 (Up to 10 Visits)	$50 (Up to 6 Visits)
Single Fractures / Dislocations	Up to $10,000 / Up to $6,400	Up to $3,000 / Up to $2,000	Up to $7,500 / Up to $4,000
Lacerations	Up to $400	Up to $250	Up to $800
AD&D	Up to $25,000	Up to $15,000	Up to $25,000
Wellness	$50 Per Insured Per Benefit Year	$50 Per Insured Per Benefit Year	$100 Per Insured Per Calendar Year
Portability	Included to Age 70	Included to Age 70	Included
Miscellaneous	Benefits Reduce 50% at Age 65-69 25% at Age 70+	None	
Monthly Rates	**Reliance Standard**	**Sun Life**	**Trustmark**
Employee Only	$12.60	$9.91	$12.93
Employee & Spouse	$19.15	$17.46	$19.15
Employee & Children	$24.18	$20.23	$25.74
Family	31.37	27.78	$31.97

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Insurance | Risk Management | Consulting

Critical Illness Insurance

	Reliance Standard	Sun Life	Trustmark
Issue Ages	Employee: Actively at Work; No Age Limit Spouse: Under Age 70 Child: Birth to Age 26	Employee: Actively at Work, No Age Limit Spouse: No Age Limit Child: Birth to Age 26	Employee: Actively at Work; Age 18+ Spouse: Ages 18-80, Not Disabled Child/Dependent: Birth to Age 26
Participation Requirement	Greater of 10% of Eligible Employees or 5 Enrolled Employees	Greater of 5 Enrolled Employees or 15% Participation	10 Employee Applications
Guaranteed Issue Maximum	Employee: Choice of $10,000 $20,000 or $30,000 Spouse: 100% of Employee Coverage Amount Child: 25% of Employee Coverage Amount	Employee: Up to $40,000 Spouse: 100% of Employee Coverage Amount Child: 50% of Employee Coverage Amount	Employee: Up to $25,000 Spouse: 50% of Employee Coverage Amount Child: 25% of Employee Coverage Amount
Children Coverage	Additional	Additional	Additional
Pre-Existing Condition Limitations*	None	None	None
Covered Critical Illnesses	Life Threatening Cancer, Heart Attack, Stroke, Organ Failure, Kidney Failure	Cancer, Heart Attack, Stroke, Organ Transplant, Kidney Failure	Cancer, Heart Attack, Stroke, Organ Failure
Other Covered Critical Illnesses	**100%** Benign Brain Tumor, Coma, Blindness, Alzheimer's, Loss of Sight / Speech / Hearing, Paralysis, MS, Ruptured Cerebral, Carotid, Aortic Aneurism, Occupational Hepatitis & HIV, Parkinson's **50%** 7 Childhood Conditions **25%** Carcinoma In Situ, Coronary Disease, 2 Additional Conditions **5%** Skin Cancer	**100%** Occupational Hepatitis B, C or D & HIV, Loss of Hearing / Sight / Speech, Benign Brain Tumor, Paralysis, Coma, Severe Burns, Alzheimer's, ALS, 8 Childhood Conditions **25%** Coronary Artery Bypass Graft, Carcinoma in Situ, Parkinson's **5%** Angioplasty	**100%** Cancer: Stage 3+, Stage 2 Involving Lymph Nodes, Melanoma Stage 2+, Stage 1+: Pancreas, Liver, Lung, Esophagus, Leukemia, Biliary Tract, Head & Neck, Lymphoma, Multiple Myeloma, Cerebral Vascular Disease: Stroke With 30+ Days Impairment **50%** Cancer: Stage 1 Melanoma, Stage 1 or 2 Cancers, Coronary Artery Disease: Obstruction; Cerebral Vascular Disease: Stroke With <30 Days Impairment, Stroke When Clinically Diagnosed **10%** Cancer: Invasive Basal/Squamous Cell Skin Cancer, In Situ Cancer, Benign Brain, Spinal Chord and Cranial Nerve Tumors, Myelodysplastic Syndrome; Coronary Artery Disease: Initial Diagnosis After Assessment & Recommended Treatment, TIA Including RIND
Same Illness Diagnosis (Recurrence)	100% for Specified Conditions (6 Months Separation Period)	100% for Specified Conditions (12 Month Separation Period)	100% for Specified Conditions (No Separation Period)
Different Illness Diagnosis	1x Each Illness (0 Months Separation Period)	1 x Each Illness (6 Month Separation Period)	1 x Each Illness Per Year (No Separation Period)
Maximum Benefit	1,000% of the Amount of Insurance	1x Each Illness, 1x Recurrence Benefit (Specific Conditions)	Benefit Payout Replenishes Annually; No Limitations on Recurrence, Except for Conditions Covered Under the Specified Illness Rider
Benefit Reduction	50% at Age 70+	None	None
Wellness	$50 Per Insured Per Benefit Year	$50 Per Insured Per Benefit Year	None
Portability	Included to Age 70	Included to Age 70	Included
Miscellaneous	None	None	
Sample Age Banded Monthly Rates	**$20,000 Employee Only**	**$20,000 Employee Only**	**$20,000 Employee Only**
	Attained Age, Uni-Tobacco	Issue Age, Uni-Tobacco	Issue Age, Non-Tobacco
Age 35	$22.60	$22.22	$22.96
Age 45	$51.00	$43.60	$37.24
Age 55	$102.60	$77.40	$59.12

*Diagnosis Look-Back Periods, Treatment/Symptom Free Duration Requirements and Other Restrictions May Apply. The Policy and Certificate Provide Complete Definitions Regarding Eligibility of Any Claim.

Hospital Indemnity Insurance

	Reliance Standard	Sun Life	Trustmark
Issue Ages	Employee: Actively at Work; No Age Limit Spouse: No Age Limit Child: Birth to Age 26	Employee: Actively at Work; Age 18+ Spouse: Age 18+ Child: Birth to Age 26	Employee: Actively At Work; Ages 18-70 Spouse: Ages 18-70 Children: Birth Through Age 25
Participation Requirement	5 Enrolled Employees	5 Enrolled Employees	10 Applications
Guaranteed Issue	Yes	Yes	Yes
Pre-Existing Condition Limitations*	None	None	Waived For Initial Enrollment (12/12 Thereafter)
Hospital Admission	$1,000	$1,000	$1,000
Hospital Confinement Per Day	$200 (Up to 180 Days)	$100 (Up to 30 Days Per Calendar Year)	$200 (Up to 365 Days)
Pregnancy	Covered	Covered, 10 Month Waiting Period	Covered
Wellness	None	None	None
Portability	Included to Age 70	Included to Age 70	Included to Age 70
Miscellaneous	None	Extended Hospitalization Benefit: $100 (Up to 10 Days Per Calendar Year); Mental Nervous & Substance Abuse; Newborn Complications Included	Mental Wellness & Addiction Recovery
Monthly Rates	**Reliance Standard** Composite Rates	**Sun Life** Composite Rates	**Trustmark** Age Banded (18-49)
Employee Only	$21.77	$22.77	$19.55
Employee & Spouse	$31.06	$45.51	$36.11
Employee & Children	$41.66	$37.97	$41.86
Family	$50.31	$60.71	$58.42

*Diagnosis Look-Back Periods, Treatment/Symptom Free Duration Requirements and Other Restrictions May Apply. The Policy and Certificate Provide Complete Definitions Regarding Eligibility of Any Claim.

Permanent Life Insurance

	Trustmark Universal Life Events
Issue Ages	Employee: Actively at Work; Ages 18-64 Spouse: Ages 18-64
Participation Requirement	10 Enrolled Employees
Guaranteed Issue - EE	Up to $75,000 MGI: Up to $125,000
Guaranteed Issue - SP	MGI: Greater of Amount Purchased By $4 Per Week or $5,000 SI: Up to $300,000
Guaranteed Issue - Child(ren)	Not Eligible for Universal LifeEvents; Alternative Universal Life is available
Waiver of Premium	Included
Future Purchase Option	None
Long Term Care Rider	4% Monthly Benefit for Assisted Living or Long-Term Care Facility, Home Health Care, Adult Day Care Up to 25 Months; 90 Day Waiting Period; 6/6 Pre-Ex
Restoration of Benefits	Restores 100% of Death Benefit Reduced By LTC
Extension of Benefits	None
Accelerated Death Benefit Rider	Terminal Illness Benefit: Accelerates 75% of Death Benefit When Life Expectancy is 24 Months or Less
Accidental Death Benefit Rider	None
Time Span of Coverage	Up to Age 100
Portability	Included
Miscellaneous	Death Benefit Reduces to 1/3 At the Later of Age 70 or 15 Policy Years, Living Benefits Do Not Reduce; Optional Child Term Rider
Sample Age Based Monthly Rates*	**$25,000 Face Amount**
	EE, Non-Tobacco, Death Benefit
Age 35	$19.22
Age 45	$31.32
Age 55	$55.62

Carrier Information

	Reliance Standard	Sun Life	Trustmark
AM Best / Financial Rating	A++ (Superior) XIV ($1.5 Billion to $2 Billion)	A+ (Superior) XV ($2 Billion or Greater)	A- (Excellent) IX ($250 Million to $500 Million)
Products Quoted	Accident, Critical Illness, Hospital Indemnity	Accident, Critical Illness, Hospital Indemnity	Accident, Critical Health Events, Hospital Indemnity, Permanent Life Insurance
HSA Compliant	Yes	Yes	Yes
Rate Guarantees	ACC: 2 Years CI/HI: 3 Years	3 Years	State Filed
Employee Eligibility	Actively at Work; 30+ Hours / Week; Temporary And Seasonal Employees Excluded	Actively at Work; 20+ Hours / Week; Temporary, Part-Time, Leased, Contracted And Seasonal Employees Excluded; 60 Days Active Service Required	Actively at Work; 30+ Hours / Week; 30 Days Active Service Required
Billing Process / Method	Self-Bill or List-Bill	Self-Bill	Self-Bill or List-Bill
Claims Turnaround Time	3 - 5 Business Days	3 - 4 Business Days	10 Business Days
Commissions	60% Year 1, 10% Years 2+	60% Year 1, 10% Years 2+	ACC: 60% Year 1, 5% Years 2+ CI: 70% Year 1, 10% Years 2+ HI: 50% Year 1, 8% Years 2+ Permanent Life: 100% Year 1, 5% Years 2+
Supplemental Compensation	0% to 2.25% of premium	0% to 3% of Premium	0% to 7% of premium (new sales), 0% to 10% of premium (persistency)

Disclosures and Disclaimers

The intent of this analysis is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It should not be construed as, nor is it intended to provide, legal advice. Laws may be complex and subject to change. This information is based on current interpretation of the law and is not guaranteed. Questions regarding specific issues should be addressed by legal counsel who specializes in this practice area.

This analysis is an outline of the coverages proposed by the carrier(s) based upon the information provided by your company. It does not include all the terms, coverages, exclusions, limitations, and conditions of the actual contract language. See the policies and contracts for actual language. This proposal (analyses, report, etc.) is not a contract and offers no contractual obligation on behalf of GBS.

Gallagher companies may receive supplemental compensation which is referred to in a variety of terms and definitions, such as contingent commissions, additional commissions and supplemental commission. Supplemental compensation does not impact specific case level rates and premiums.

This analysis is for illustrative purposes only, and is not a proposal for coverage or a guarantee of future expenses, claims costs, managed care savings, etc. There are many variables that can affect future health care costs including utilization patterns, catastrophic claims, changes in plan design, health care trend increases, etc. This analysis does not amend, extend, or alter the coverage provided by the actual insurance policies and contracts. See your policy or contact us for specific information or further details in this regard.

Products and policies/certificates may vary by state and/or carrier, including but not limited to, definitions, provisions, exclusions, and rates. Carriers and/or states may require major medical insurance to be eligible, including proof. Communications, education and enrollment will accommodate state differences and requirements. Final proposals may vary based on effective date, education / enrollment, plan designs, and census updates.

Quick View — Voluntary Critical Illness Insurance

Many times when a major illness is diagnosed, there can be several expenses that are not covered by medical insurance. Critical Illness insurance pays a lump sum benefit when a covered critical illness is diagnosed. This benefit is paid direct to the policyholder to help cover any expenses that typically are paid out of pocket.

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Choose a Benefit	Covered Illnesses	Wellness Benefit	Provisions
$10,000 or **$20,000**	**Cancer Category** Invasive Cancer Cancer in Situ (30%) Skin Cancer ($250/lifetime) **Vascular Category** Heart Attack Stroke **Other Category** Organ Failure Kidney Failure *Addt'l illnesses covered*	**$50** Payable once per person Per calendar year Pap Smear, Mammogram, Colonoscopy, Lipid Test PSA, Chest X-Ray, and more! **$50** Cancer Vaccine (lifetime)	**GUARANTEE ISSUE** **No Pre-Existing Waiting Period** **Different Category Diagnosis:** **3** month separation **Same Category Diagnosis:** **12** month separation Portable at same rate to age 70 Max Payout: 2X Per Illness / Person
Spouse at **50%** Child(ren) at **50%** *(no addt'l premium)*			

Semi-Monthly (24of26)	$10,000 *(Spouse/Child(ren) @ $5,000)*		$20,000 *(Spouse/Child(ren) @ $10,000)*	
Attained Age	**EE+CH**	**FAM**	**EE+CH**	**FAM**
<30	$3.96	$7.92	$7.11	$14.22
30-39	$4.68	$9.36	$8.53	$17.06
40-49	$7.55	$15.09	$14.20	$28.39
50-59	$13.33	$26.65	$25.63	$51.25
60-69	$22.47	$44.94	$43.77	$87.54
***70+**	$40.21	$80.41	$79.01	$158.01
**if age 70 or over, EOI will be required.*				

IMPORTANT – This document only is designed to provide a high level overview of the benefits contained herein and does not contain a comprehensive overview of each plan. Please refer to each benefit brochure for a complete listing of all benefit features, limitations, and exclusions. Where any discrepancy exists, policy language will preside.

Quick View — Voluntary Accident Insurance

Accident insurance is an excellent benefit for those who have active lifestyles or children involved in sports or other extracurricular activities. The accident plan is designed to pay benefits direct to the policyholder based on treatment received and injuries sustained as a result of a covered accident.

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Benefit Name	Amount	Benefit Name	Amount	Provisions
Urgent Care	$175	Physical Therapy	$25 (10)	Off the Job
Appliances	$125	Laceration	up to $400	Over 40 named Benefits
X-Ray	$30	Concussion	$75	No limit on the number of accidents
Follow Up Treatment	$50 (6)	Hospital Admission	$1,000 (24HR)	Certain exclusions apply
Fractures / Dislocations	up to $5,500	Hospital Confinement	$225 (365)	Portable at the same rate

Wellness Benefit: $50

Payable once per person per calendar year

Pap Smear, Mammogram, Colonoscopy, Lipid Test, PSA, Chest X-Ray, and more!

Dislocation Schedule		Fracture Schedule	
Skull (depressed)	$2,750	Hip	$1,650
Skull (non-depressed)	$1,100	Ankle or Foot	$880
Hip, Thigh (femur)	$1,650	Collar Bone (sternoclavicular)	$550
Vertebrae, body of (excluding vertebrae processes), Pelvis, Leg	$825	Wrist or Elbow, Bones of the Hand	$330
Bones of the face or nose, Upper jaw, maxilla, Upper arm (humorous)	$385	Lower jaw	$330
Lower jaw, mandible, Shoulder blade, Vertebral process, Forearm, Kneecap, Foot (except toes), Ankle	$330	Kneecap	$330
Rib	$275	Shoulder blade	$330
Coccyx	$220	Collar Bone (acromioclavicular and separation)	$110
Finger, Toe	$110	Toe or Finger	$110

Semi-Monthly (24) RATES	
Employee	$6.22
Employee + Spouse	$10.52
Employee + Child(ren)	$10.83
Family	$15.13

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Quick View — Voluntary Hospital Indemnity Insurance

Expenses associated with a hospital stay can be financially difficult if money is tight and you are not prepared. But having the right coverage in the right place before you experience a sickness or injury can help eliminate your financial concerns and provide support at a time when it is needed most.

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Benefit Name	Amount
Initial Hospital Confinement (24HR)	$1,000 *(once per calendar year)*
Daily Hospital Confinement (daily)	$200 *(up to 30 days per calendar year)*
Daily Intensive Care (daily)	$200 *(up to 30 days per calendar year)*
Provisions	
Guarantee Issue?	Yes
Pre-Existing Condition Waiting Period?	No
Pre-Existing Pregnancy Covered?	Yes
Mental & Nervous Disorders Covered?	No
Drug & Alcohol Addiction Covered?	No
Portable?	Yes

Semi-Monthly (24) RATES	
Employee	$11.25
Employee + Spouse	$23.47
Employee + Child(ren)	$18.32
Family	$30.55

IMPORTANT – This document only is designed to provide a high level overview of the benefits contained herein and does not contain a comprehensive overview of each plan. Please refer to each benefit brochure for a complete listing of all benefit features, limitations, and exclusions. Where any discrepancy exists, policy language will preside.

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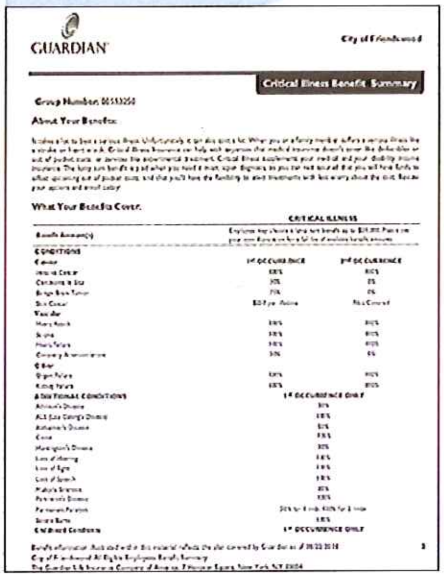
Contact Information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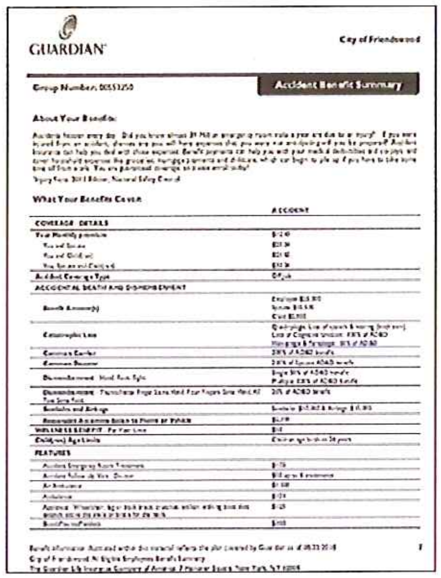
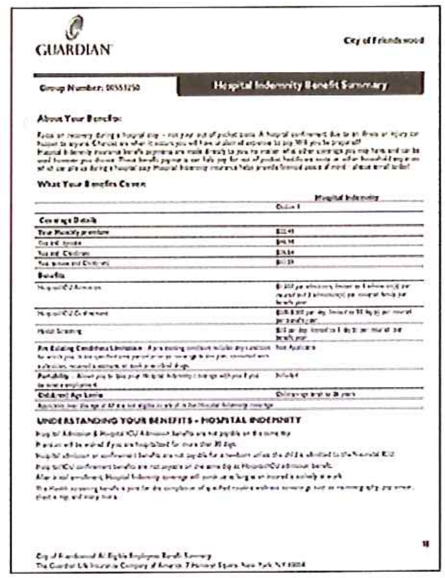
Critical Illness Benefit Summary


GUARDIAN

City of Friendswood

Accident Benefit Summary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City of Friendswood

Hospital Indemnity Benefit Summary

To Access Your Benefit Information Online:

Go to:

www.guardiananytime.com

Registration Steps

⇨ Go to www.guardiananytime.com

⇨ Sign-up for access using the secure online registration process and create an online user ID and Password

⇨ Be prepared to provide your Social Security number, zip code and birthdate

⇨ It's that simple!

	Presenter	
Caleb Sprang	210.202.3295	caleb_sprang@ajg.com
	To File a Claim	
Lisa Mattern	210.348.4184	lisa_mattern@ajg.com

Policy limitations and exclusions exist. This is not an application for coverage or guarantee of claim payment. Please see policy brochure for all benefits, limitations and exclusions. Where discrepancies exist, policy language will overrule

MEDICAID recipients are NOT recommended to participate in coverage

GUARDIAN®

Group Number: 00553250

City of Friendswood

All Eligible Employees

Here you'll find information about your following employee benefit(s). Be sure to review the enclosed - it provides everything you need to sign up for your Guardian benefits.

PLAN HIGHLIGHTS

- Critical Illness
- Accident
- Hospital Indemnity

Questions? Concerns?

Helpline (888) 600-1600
Call weekdays, 7:00 AM to 8:30 PM, EST.
And refer to your plan number: 00553250

GUARDIAN®

Welcome

Dear City of Friendswood Employee,

We're pleased to tell you that Guardian will be our coverage provider this year. We have chosen Guardian because of its competitive rates, excellent service reputation, and extensive plan designs.

We have worked hard to negotiate group rates that will be affordable for all employees. All coverage is paid through payroll deduction.

Haley Brown

City of Friendswood

Critical Illness Benefit Summary

Group Number: 00553250

About Your Benefits:

It takes a lot to beat a serious illness. Unfortunately, it can also cost a lot. When you or a family member suffers a serious illness like a stroke or heart attack, Critical Illness Insurance can help with expenses that medical insurance doesn't cover like deductibles or out of pocket costs, or services like experimental treatment. Critical Illness supplements your medical and your disability income insurance. The lump sum benefit is paid when you need it most, upon diagnosis, so you can rest assured that you will have funds to offset upcoming out of pocket costs, and that you'll have the flexibility to elect treatments with less worry about the cost. Review your options and enroll today!

What Your Benefits Cover:

	CRITICAL ILLNESS	
Benefit Amount(s)	Employee may choose a lump sum benefit up to $20,000. Please see your cost illustration for a full list of available benefit amounts.	
CONDITIONS		
Cancer	**1st OCCURRENCE**	**2nd OCCURRENCE**
Invasive Cancer	100%	100%
Carcinoma In Situ	30%	0%
Benign Brain Tumor	75%	0%
Skin Cancer	$250 per lifetime	Not Covered
Vascular		
Heart Attack	100%	100%
Stroke	100%	100%
Heart Failure	100%	100%
Coronary Arteriosclerosis	30%	0%
Other		
Organ Failure	100%	100%
Kidney Failure	100%	100%
ADDITIONAL CONDITIONS	**1st OCCURRENCE ONLY**	
Addison's Disease	30%	
ALS (Lou Gehrig's Disease)	100%	
Alzheimer's Disease	50%	
Coma	100%	
Huntington's Disease	30%	
Loss of Hearing	100%	
Loss of Sight	100%	
Loss of Speech	100%	
Multiple Sclerosis	30%	
Parkinson's Disease	100%	
Permanent Paralysis	50% for 1 limb, 100% for 2 limbs	
Severe Burns	100%	
Childhood Conditions	**1st OCCURRENCE ONLY**	

CRITICAL ILLNESS	
Cerebral Palsy	100%
Cleft Lip/Palate	100%
Club Foot	100%
Cystic Fibrosis	100%
Down's Syndrome	100%
Muscular Dystrophy	100%
Spina Bifida	100%
Type 1 Diabetes	100%
Spouse Benefit	May choose a lump sum benefit of $10,000 to $20,000 in $10,000 increments up to 100% of the employee's lump sum benefit.
Child Benefit- children age Birth to 26 years	50% of employee's lump sum benefit
Benefit Reductions: Benefits are reduced by a certain percentage as an employee ages	50% at age 70
Guarantee Issue: The 'guarantee' means you are not required to answer health questions to qualify for coverage up to and including the specified amount, when you sign up for coverage during the initial enrollment period or the annual open enrollment period.	We Guarantee Issue up to: Less than age 70 $20,000 For a spouse: Less than age 70 $10,000 For a child: All Amounts **Health questions are required if the elected amount exceeds the Guarantee Issue, as well as for all applicants age 70+ regardless of elected amount.**
Pre-Existing Condition Limitation: A pre-existing condition includes any condition for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.	Not Applicable
Cancer Vaccine Benefit	$50 per lifetime for receiving a cancer vaccine
WELLNESS BENEFIT	
Employee Per Year Limit	$50
Spouse Per Year Limit	$50
Child Per Year Limit	$50

Condition Definitions

- Stroke: Stroke must be severe enough to cause neurological deficits at least 30 days after the event.
- Heart Failure: An insured must be placed on an organ transplant list in order to be eligible for the Heart failure benefits.
- Coronary Arteriosclerosis: Coronary Arteriosclerosis must be severe enough to require a coronary artery bypass graft.
- Organ Failure: Organ failure includes both lungs, liver, pancreas or bone marrow and requires the insured to be placed on an organ transplant list.
- Kidney Failure: An insured must be placed on an organ transplant list in order to be eligible for the Kidney failure benefits.

Critical Illness Cost Illustration

To determine the most appropriate level of coverage, you should consider your current basic monthly expenses and expected financial needs during a Critical Illness.

Child cost is included with employee election.

	Monthly Premiums Displayed *Election Cost Per Age Bracket*					
	< 30	*30-39*	*40-49*	*50-59*	*60-69*	*70+†*
Employee						
$10,000	$7.92	$9.36	$15.09	$26.65	$44.94	$80.41
$20,000	$14.22	$17.06	$28.39	$51.25	$87.54	$158.01
Benefit Amount Up To 100% of Employee Amount to a Maximum of $20,000						
Spouse						
$10,000	$7.92	$9.36	$15.09	$26.65	$44.94	$80.41
$20,000	$14.22	$17.06	$28.39	$51.25	$87.54	$158.01

†Benefit reductions may apply. See plan details.

Manage Your Benefits:

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Need Assistance?

Call the Guardian Helpline (888) 600-1600, weekdays, 8:00 AM to 8:30 PM, EST. Refer to your member ID (social security number) and your plan number: 00553250.

EXCLUSIONS AND LIMITATIONS

A SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS FOR CRITICAL ILLNESS:

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. 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.

We do not pay benefits for claims 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.

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 1 year; or (b) in an area under travel warning by the US Department of State, subject to state specific variations.

Guardian's Critical Illness plan does not provide comprehensive medical coverage. It is a basic or limited benefit and is not intended to cover all medical expenses. It does not provide "basic hospital," "basic medical," or " medical" insurance as defined by the New York State Insurance Department.

Health questions are required on 1) those enrolling outside of the initial enrollment period or annual open enrollment period and 2) enrollees over age 69 (not applicable in FL). The coverage will not be effective until approved by a Guardian underwriter.

The policy has exclusions and limitations that may impact the eligibility for or entitlement to benefits under each covered condition. See your certificate booklet for a full listing of exclusions & limitations..

If Critical Illness 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..

Contract # GP-1-CI-14

This document is a summary of the major features of the referenced insurance coverage. It is intended for illustrative purposes only and does not constitute a contract. The insurance plan documents, including the policy and certificate, comprise the contract for coverage. The full plan description, including the benefits and all terms, limitations and exclusions that apply will be contained in your insurance certificate. The plan documents are the final arbiter of coverage. Coverage terms may vary by state and actual sold plan. The premium amounts reflected in this summary are an approximation; if there is a discrepancy between this amount and the premium actually billed, the latter prevails.

Group Number: 00553250

Accident Benefit Summary

About Your Benefits:

Accidents happen every day. Did you know almost 39 Million emergency room visits a year are due to an injury?[1] If you were injured from an accident, chances are you will have expenses that you were not anticipating-will you be prepared? Accident Insurance can help you deal with those expenses. Benefit payments can help you with your medical deductibles and co-pays, and cover household expenses like groceries, mortgage payments and childcare, which can begin to pile up if you have to take some time off from work. You are guaranteed coverage, so please enroll today!

[1]Injury Facts, 2011 Edition, National Safety Council.

What Your Benefits Cover:

	ACCIDENT
COVERAGE - DETAILS	
Your Monthly premium	$12.43
You and Spouse	$21.04
You and Child(ren)	$21.65
You, Spouse and Child(ren)	$30.26
Accident Coverage Type	Off Job
ACCIDENTAL DEATH AND DISMEMBERMENT	
Benefit Amount(s)	Employee $25,000 Spouse $12,500 Child $5,000
Catastrophic Loss	Quadriplegia, Loss of speech & hearing (both ears), Loss of Cognitive function: 100% of AD&D Hemiplegia & Paraplegia: 50% of AD&D
Common Carrier	200% of AD&D benefit
Common Disaster	200% of Spouse AD&D benefit
Dismemberment - Hand, Foot, Sight	Single: 50% of AD&D benefit Multiple: 100% of AD&D benefit
Dismemberment - Thumb/Index Finger Same Hand, Four Fingers Same Hand, All Toes Same Foot	25% of AD&D benefit
Seatbelts and Airbags	Seatbelts: $10,000 & Airbags: $15,000
Reasonable Accommodation to Home or Vehicle	$2,500
WELLNESS BENEFIT - Per Year Limit	$50
Child(ren) Age Limits	Children age birth to 26 years
FEATURES	
Accident Emergency Room Treatment	$175
Accident Follow-Up Visit - Doctor	$50 up to 6 treatments
Air Ambulance	$1,000
Ambulance	$150
Appliance - Wheelchair, leg or back brace, crutches, walker, walking boot that extends above the ankle or brace for the neck.	$125
Blood/Plasma/Platelets	$300

FEATURES (Cont.)	
Burns (2nd Degree/3rd Degree)	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
Burn - Skin Graft	50% of burn benefit
Child Organized Sport - Benefit is paid if the covered accident occurred while your covered child is participating in an organized sport that is governed by an organization and requires formal registration to participate.	20% increase to child benefits
Chiropractic Visits	$25 per visit up to 6 visits
Coma	$10,000
Concussions	$75
Dislocations	Schedule up to $4,400
Diagnostic Exam (Major)	$150
Emergency Dental Work	$300/Crown, $75/Extraction
Epidural pain management	$100, 2 times per accident
Eye Injury	$300
Family Care	$20/day up to 30 days
Fracture	Schedule up to $5,500
Hospital Admission	$1,000
Hospital Confinement	$225/day - up to 1 year
Hospital ICU Admission	$2,000
Hospital ICU Confinement	$450/day - up to 15 days
Initial Physician's office/Urgent Care Facility Treatment	$75
Joint Replacement (hip/knee/shoulder)	$2,500/$1,250/$1,250
Knee Cartilage	$500
Laceration	Schedule up to $400
Lodging - The hospital must be more than 50 miles from the insured's residence.	$125/day, up to 30 days for companion hotel stay
Occupational or Physical Therapy	$25/day up to 10 days
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	Schedule up to $1,250 Hernia: $150
Surgery - Exploratory or Arthroscopic	$250
Tendon/Ligament/Rotator Cuff	1: $500 2 or more: $1,000
Transportation - Benefit is paid if you have to travel more than 50 miles one way to receive special treatment at a hospital or facility due to a covered accident.	$500, 3 times per accident
X - Ray	$30

UNDERSTANDING YOUR BENEFITS:

- **Common Carrier** – Benefit is paid if an insured's death occurs due to an accident while riding as a fare-paying passanger in a public conveyance. If this is paid, we do not pay the Accidental Death benefit.
- **Common Disaster** – Benefit is paid if both you & your spouse die in a covered accident or separate covered accidents within the same 24 hour period.
- **Reasonable Accomodation** – Benefit is payable if a modification is required to an insured's place of residence or vehicle due to an Accidental Dismemberment or Catastrophic loss.

UNDERSTANDING YOUR BENEFITS (Cont.):

- **Accident Emergency Room Treatment** – Benefit is paid only when an insured is examined or treated within 72 hours of a covered accident.

This document is a summary of the major features of the referenced insurance coverage. It is intended for illustrative purposes only and does not constitute a contract. The insurance plan documents, including the policy and certificate, comprise the contract for coverage. The full plan description, including the benefits and all terms, limitations and exclusions that apply will be contained in your insurance certificate. The plan documents are the final arbiter of coverage. Coverage terms may vary by state and actual sold plan. The premium amounts reflected in this summary are an approximation; if there is a discrepancy between this amount and the premium actually billed, the latter prevails.

Manage Your Benefits:

Go to www.GuardianAnytime.com to access secure information about your Guardian benefits. Your on-line account will be set up within 30 days after your plan effective date.

Need Assistance?

Call the Guardian Helpline (888) 600-1600, weekdays, 8:00 AM to 8:30 PM, EST. Refer to your member ID (social security number) and your plan number: 00553250

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.

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, while sane or insane. The covered person being legally intoxicated. Treatment rendered or hospital confinement outside the United States or Canada. Travel of 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, parakiting, ballooning, parachuting, and/or skydiving. 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.

Contract # GP-1-AC-IC-12

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.

Group Number: 00553250

Hospital Indemnity Benefit Summary

About Your Benefits:

Focus on recovery during a hospital stay – not your out-of-pocket costs. A hospital confinement due to an illness or injury can happen to anyone. Chances are when it occurs you will have unplanned expenses to pay. Will you be prepared?
Hospital Indemnity insurance benefit payments are made directly to you, no matter what other coverage you may have, and can be used however you choose. These benefit payments can help pay for out-of-pocket healthcare costs or other household expenses which can pile up during a hospital stay. Hospital Indemnity insurance helps provide financial peace of mind – please enroll today!

What Your Benefits Cover:

	Hospital Indemnity
	Option I
Coverage Details	
Your Monthly premium	$22.49
You and spouse	$46.94
You and Child(ren)	$36.64
You, spouse and Child(ren)	$61.09
Benefits	
Hospital/ICU Admission	$1,000 per admission, limited to 1 admission(s) per insured and 3 admission(s) per covered family per benefit year.
Hospital/ICU Confinement	$200/$200 per day, limited to 30 day(s) per insured per benefit year.
Pre-Existing Conditions Limitation - A pre-existing condition includes any condition for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.	Not Applicable
Portability - Allows you to take your Hospital Indemnity coverage with you if you terminate employment.	Included
Child(ren) Age Limits	Children age birth to 26 years
Applicants over the age of 69 are not eligible to enroll in the Hospital Indemnity coverage.	

UNDERSTANDING YOUR BENEFITS – HOSPITAL INDEMNITY

Hospital Admission & Hospital ICU Admission benefits are not payable on the same day.

Premium will be waived if you are hospitalized for more than 30 days.

Hospital admission or confinement benefits are not payable for a newborn unless the child is admitted to the Neonatal ICU.

Hospital/ICU confinement benefits are not payable on the same day as Hospital/ICU admission benefit.

After initial enrollment, Hospital Indemnity coverage will continue as long as an insured is actively at work.

Manage Your Benefits:

Go to www.GuardianAnytime.com to access secure information about your Guardian benefits. Your on-line account will be set up within 30 days after your plan effective date. www.guardiananytime.com.

Need Assistance?

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LIMITATIONS AND EXCLUSIONS:

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.

An applicant must enroll within 31 days of the coverage effective date. An open enrollment will occur each year during a 30 day time period specified by the policyholder. If an applicant does not enroll during their initial enrollment period, he/she may not enroll until the next open enrollment period.

This Plan will not pay benefits for:

• Treatment relating to a covered person: taking part in any war or act of war (including service in the armed forces), commission of or attempt to commit a felony, an act of terrorism, or participating in an illegal occupation, riot or insurrection.

.• Suicide or any intentionally self-inflicted injury

Elective surgery;

Surgery to correct vision or hearing, unless medically necessary surgery for glaucoma, cataracts or other sickness or injury;

Dental care, dental xrays, or dental treatment;

Gastric or intestinal bypass services including lap banding, gastric stapling, and other similar procedures to facilitate weight loss; the reversal, or revision of such procedures; or services required for the treatment of complications from such procedures. This exclusion does not apply to completion of a weight reduction program that may be payable under the Health Screening benefit ;

Rest cures or custodial care, or treatment of sleep disorders;

Services, treatment or supplies rendered outside the United States or Canada;

Cosmetic surgery. This Exclusion does not apply to reconstructive surgery:

(a) on an injured part of the body following infection or disease of the involved part;

(b) of a congenital disease or anomaly of a covered dependent newborn or adopted infant; or

(c) on a nondiseased breast to restore and achieve symmetry between two breasts following a covered Mastectomy;

Treatment or removal of warts, moles, boils, skin blemishes or birthmarks, bunions, acne, corns, calluses, the cutting and trimming of toenails, care for flat feet, fallen arches or chronic foot strain;

Service, treatment or loss related to alcoholism or drug addiction, except for drugs prescribed by the Covered Person's Doctor and taken as prescribed;

Care or treatment for mental or nervous disorders;

Services, treatment or loss rendered in any Veterans Administration or Federal Hospital, except if there is a legal obligation to pay;

Services or treatment Provided by a Doctor, Nurse or any other person who is employed or retained by a Covered Person or who is a Covered Person's Spouse, parent, brother, sister, child, Domestic Partner or partner in a civil union.

Surgery and treatment, procedures, products or services that are experimental or investigative.

Treatment of a Covered Dependent Child's Children;

Sickness or Injury sustained while on active duty in the armed forces of any country. This does not include Reserve or National Guard duty for training.

GP-1-HI-15

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