



2019-2020 Employee Benefits Open Enrollment



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DISCLAIMER

The intent of this summary is to briefly highlight your benefits and NOT to replace your insurance contracts or booklets. This information has been compiled into summary form to outline the benefits offered by CareSTL Health.

If this benefit summary does not address your specific benefit questions, please contact BenefitsDirect for assistance.

- Phone:** (855)-775-4663
- Email:** info@benefits-direct.com
- Web:** www.benefits-direct.com/careslhealth

The information provided in this summary is for comparative purposes only. Actual claims paid are subject to the specific terms and conditions of each contract. This benefit summary does not constitute a contract.

The information in this booklet is proprietary. Please do not copy or distribute to others.

Created by



HOW TO ENROLL

Open Enrollment is scheduled for September 9th – 13th 2019 for an October 1st, 2019 effective date. The first step is to review the benefit enrollment materials listed in this booklet and on the Benefits Portal.

Go online **to www.benefits-direct.com/careslhealth** to schedule an appointment with a benefit counselor. Benefit Counselors will be visiting various locations during the open enrollment period. Once you have made your elections with the Benefit Counselor, you will not be able to change them until the next open enrollment period unless you have a qualified change in status. Deadline to complete enrollment during this open enrollment period is Friday, September 13th.

WHEN TO ENROLL

Unless you have a qualified change in status, you cannot make changes to the benefits you elect until the next open enrollment period (qualified change in status rule does not apply to 403(b) plan or Health Savings Account plans). Qualified changes in status include: marriage, divorce, legal separation, domestic partnership status change, birth or adoption of a child, change in child's dependent status, death of spouse, child or other qualified dependent, change in residence due to an employment transfer for you or your spouse, commencement or termination of adoption proceedings, or change in spouse's benefits or employment status.

Your summary of benefits



Anthem® BlueCross and BlueShield

Your Plan: CareSTL Anthem Blue Access Choice PPO HSAs Option 1

Your Network: Blue Access Choice

This summary of benefits is a brief outline of coverage, designed to help you with the selection process. This summary does not reflect each and every benefit, exclusion and limitation which may apply to the coverage. For more details, important limitations and exclusions, please review the formal Evidence of Coverage (EOC). If there is a difference between this summary and the Evidence of Coverage (EOC), the Evidence of Coverage (EOC), will prevail.

This summary of benefits has been updated to comply with federal and state requirements, including applicable provisions of the recently enacted federal health care reform laws. As we receive additional guidance and clarification on the new health care reform laws from the U.S. Department of Health and Human Services, Department of Labor and Internal Revenue Service, we may be required to make additional changes to this summary of benefits.

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Overall Deductible <i>See notes section to understand how your deductible works. Your plan may also have a separate Prescription Drug Deductible. See Prescription Drug Coverage section.</i>	\$1,500 person / \$3,000 family	\$4,500 person / \$9,000 family
Out-of-Pocket Limit <i>When you meet your out-of-pocket limit, you will no longer have to pay cost-shares during the remainder of your benefit period. See notes section for additional information regarding your out of pocket maximum.</i>	\$2,500 person / \$5,000 family	\$7,500 person / \$15,000 family
Preventive care/screening/immunization <i>In-network preventive care is not subject to deductible, if your plan has a deductible.</i>	No charge	30% coinsurance after deductible is met
Doctor Home and Office Services Primary Care Visit to treat an injury or illness	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Specialist Care Visit	0% coinsurance after deductible is met	30% coinsurance after deductible is met

Your summary of benefits

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<p>Prenatal and Post-natal Care <i>In-Network preventive prenatal services are covered at 100%.</i></p>	<p>0% coinsurance after deductible is met</p>	<p>30% coinsurance after deductible is met</p>
<p>Other Practitioner Visits:</p> <p>Retail Health Clinic</p> <p>On-line Visit</p> <p>Manipulation Therapy <i>Coverage is limited to 26 visits per benefit period. Applies to In-Network. Visit limits are combined both across outpatient and other professional visits.</i></p>	<p>0% coinsurance after deductible is met</p> <p>0% coinsurance after deductible is met</p> <p>50% coinsurance after deductible is met</p>	<p>30% coinsurance after deductible is met</p> <p>30% coinsurance after deductible is met</p> <p>Not covered</p>
<p>Other Services in an Office:</p> <p>Allergy Testing</p> <p>Chemo/Radiation Therapy</p> <p>Dialysis/Hemodialysis</p> <p>Prescription Drugs <i>For the drugs itself dispensed in the office through infusion/injection.</i></p>	<p>0% coinsurance after deductible is met</p> <p>0% coinsurance after deductible is met</p> <p>0% coinsurance after deductible is met</p> <p>0% coinsurance after deductible is met</p>	<p>30% coinsurance after deductible is met</p> <p>30% coinsurance after deductible is met</p> <p>30% coinsurance after deductible is met</p> <p>30% coinsurance after deductible is met</p>

Your summary of benefits

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<p>Diagnostic Services</p> <p>Lab:</p> <ul style="list-style-type: none"> Office Freestanding Lab/Reference Lab Outpatient Hospital 	<ul style="list-style-type: none"> 0% coinsurance after deductible is met 0% coinsurance after deductible is met 0% coinsurance after deductible is met 	<ul style="list-style-type: none"> 30% coinsurance after deductible is met 30% coinsurance after deductible is met 30% coinsurance after deductible is met
<p>X-Ray:</p> <ul style="list-style-type: none"> Office Freestanding Radiology Center Outpatient Hospital 	<ul style="list-style-type: none"> 0% coinsurance after deductible is met 0% coinsurance after deductible is met 0% coinsurance after deductible is met 	<ul style="list-style-type: none"> 30% coinsurance after deductible is met 30% coinsurance after deductible is met 30% coinsurance after deductible is met
<p>Advanced Diagnostic Imaging (for example, MRI/PET/CAT scans):</p> <ul style="list-style-type: none"> Office Freestanding Radiology Center Outpatient Hospital 	<ul style="list-style-type: none"> 0% coinsurance after deductible is met 0% coinsurance after deductible is met 0% coinsurance after deductible is met 	<ul style="list-style-type: none"> 30% coinsurance after deductible is met 30% coinsurance after deductible is met 30% coinsurance after deductible is met

Your summary of benefits

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<p>Emergency and Urgent Care</p> <p>Urgent Care (Office Setting)</p> <p>Urgent care(Facility Setting)</p> <p>Urgent Care: Facility fees</p> <p>Urgent Care: Doctor and other services</p>	<p>0% coinsurance after deductible is met</p> <p>0% coinsurance after deductible is met</p> <p>0% coinsurance after deductible is met</p>	<p>30% coinsurance after deductible is met</p> <p>30% coinsurance after deductible is met</p> <p>30% coinsurance after deductible is met</p>
<p>Emergency Room Facility Services</p> <p>Emergency Room Doctor and Other Services</p>	<p>0% coinsurance after deductible is met</p> <p>0% coinsurance after deductible is met</p>	<p>Covered as In-Network</p> <p>Covered as In-Network</p>
<p>Ambulance (Air, Ground, and Water)</p>	<p>0% coinsurance after deductible is met</p>	<p>Covered as In-Network</p>
<p>Outpatient Mental/Behavioral Health and Substance Abuse</p> <p>Doctor Office Visit</p> <p>Facility visit:</p> <p> Facility Fees</p> <p> Doctor Services</p>	<p>0% coinsurance after deductible is met</p> <p>0% coinsurance after deductible is met</p> <p>0% coinsurance after deductible is met</p>	<p>30% coinsurance after deductible is met</p> <p>30% coinsurance after deductible is met</p> <p>30% coinsurance after deductible is met</p>

Your summary of benefits

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<p>Outpatient Surgery</p> <p>Facility Fees:</p> <p style="padding-left: 20px;">Hospital</p> <p style="padding-left: 20px;">Freestanding Surgical Center</p> <p>Doctor and Other Services:</p> <p style="padding-left: 20px;">Hospital</p> <p style="padding-left: 20px;">Freestanding Surgical Center</p>	<p>0% coinsurance after deductible is met</p> <p>0% coinsurance after deductible is met</p> <p>0% coinsurance after deductible is met</p> <p>0% coinsurance after deductible is met</p> <p>0% coinsurance after deductible is met</p>	<p>30% coinsurance after deductible is met</p> <p>30% coinsurance after deductible is met</p> <p>30% coinsurance after deductible is met</p> <p>30% coinsurance after deductible is met</p> <p>30% coinsurance after deductible is met</p>
<p>Hospital Stay (all inpatient stays including Maternity, Mental / Behavioral Health, and Substance Abuse)</p> <p>Facility fees (for example, room & board) <i>Coverage for Inpatient physical medicine and rehabilitation including day rehabilitation programs is limited to 60 days combined per benefit period. Limit is combined In-Network and Non-Network.</i></p> <p>Human Organ and Tissue Transplants <i>Acquisition and transplant procedures, harvest and storage. Kidney and Cornea are treated the same as any other illness and subject to the medical benefits.</i></p> <p>Doctor and other services</p>	<p>0% coinsurance after deductible is met</p> <p>0% coinsurance after deductible is met</p> <p>0% coinsurance after deductible is met</p>	<p>30% coinsurance after deductible is met</p> <p>30% coinsurance after deductible is met</p> <p>30% coinsurance after deductible is met</p>

Your summary of benefits

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<p>Recovery & Rehabilitation</p> <p>Home Health Care <i>Coverage is limited to 100 visits per benefit period. Limit is combined In-Network and Non-Network.</i></p>	<p>0% coinsurance after deductible is met</p>	<p>30% coinsurance after deductible is met</p>
<p>Rehabilitation services (for example, physical/speech/occupational therapy):</p> <p>Office <i>Coverage for Occupational Therapy is limited to 20 visits per benefit period, Physical Therapy is limited to 20 visits per benefit period and Speech Therapy is limited to per . Coverage for Occupational Rehabilitation services is limited to 20 visits per benefit period. Coverage for Physical Rehabilitation and Manipulation Therapy services is limited to 20 visits per benefit period. Limit excludes manipulation therapy by a Chiropractor. Limit is combined In-network and Non-Network across professional and outpatient visits. Limit is combined for In-Network and Non-Network. Visit limits are combined both across outpatient and other professional visits.</i></p> <p>Outpatient Hospital <i>Coverage for Occupational Therapy is limited to 20 visits per benefit period, Physical Therapy is limited to 20 visits per benefit period and Speech Therapy is limited to per . Coverage for Occupational Rehabilitation services is limited to 20 visits per benefit period. Coverage for Physical Rehabilitation and Manipulation Therapy services is limited to 20 visits per benefit period. Limit excludes manipulation therapy by a Chiropractor. Limit is combined In-network and Non-Network across professional and outpatient visits. Limit is combined for In-Network and Non-Network. Visit limits are combined both across outpatient and other professional visits.</i></p>	<p>0% coinsurance after deductible is met</p> <p>0% coinsurance after deductible is met</p>	<p>30% coinsurance after deductible is met</p> <p>30% coinsurance after deductible is met</p>
<p>Cardiac rehabilitation</p> <p>Office <i>Coverage is limited to 36 visits per benefit period. Limit is combined In-Network and Non-Network. Visit limits are combined both across outpatient and other professional visits.</i></p> <p>Outpatient Hospital <i>Coverage is limited to 36 visits per benefit period. Limit is combined In-Network and Non-Network. Visit limits are combined both</i></p>	<p>0% coinsurance after deductible is met</p> <p>0% coinsurance after deductible is met</p>	<p>30% coinsurance after deductible is met</p> <p>30% coinsurance after deductible is met</p>

Your summary of benefits

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<i>across outpatient and other professional visits.</i>		
<p>Pulmonary rehabilitation</p> <p>Office <i>Coverage is limited to 20 visits per benefit period. Limit is combined In-Network and Non-Network. Visit limits are combined both across outpatient and other professional visits.</i></p> <p>Outpatient Hospital <i>Coverage is limited to 20 visits per benefit period. Limit is combined In-Network and Non-Network. Visit limits are combined both across outpatient and other professional visits.</i></p>	<p>0% coinsurance after deductible is met</p> <p>0% coinsurance after deductible is met</p>	<p>30% coinsurance after deductible is met</p> <p>30% coinsurance after deductible is met</p>
<p>Skilled Nursing Care (in a facility) <i>Coverage is limited to 100 days per benefit period. Limit is combined In-Network and Non-Network.</i></p>	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Hospice	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Durable Medical Equipment	50% coinsurance after deductible is met	50% coinsurance after deductible is met
<p>Prosthetic Devices <i>Coverage for wigs needed after cancer treatment is limited to 1 item per benefit period. Limit is combined In-Network and Non-Network.</i></p>	0% coinsurance after deductible is met	30% coinsurance after deductible is met

Your summary of benefits

Covered Prescription Drug Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Pharmacy Deductible	Combined with medical deductible	Combined with medical deductible
Pharmacy Out of Pocket	Combined with medical out of pocket maximum	Combined with medical out of pocket maximum
Prescription Drug Coverage <i>Essential Drug List</i> <i>This product has a 90-day Retail Pharmacy Network available. A 90 day supply is available at most retail pharmacies.</i>		
Tier 1 - Typically Generic <i>Covers up to a 30 day supply (retail pharmacy). Covers up to a 90 day supply (home delivery program). Covers up to 90 day supply (retail maintenance pharmacy). No coverage for non-formulary drugs.</i>	\$10 copay per prescription after deductible met (retail) and \$10 copay per prescription after deductible is met (home delivery)	30% coinsurance after deductible is met (retail) and Not covered (home delivery)
Tier 2 – Typically Preferred Brand <i>Covers up to a 30 day supply (retail pharmacy). Covers up to a 90 day supply (home delivery program). Covers up to 90 day supply (retail maintenance pharmacy). No coverage for non-formulary drugs.</i>	\$30 copay per prescription after deductible met (retail) and \$75 copay per prescription after deductible is met (home delivery)	30% coinsurance after deductible is met (retail) and Not covered (home delivery)
Tier 3 - Typically Non-Preferred Brand <i>Covers up to a 30 day supply (retail pharmacy). Covers up to a 90 day supply (home delivery program). Covers up to 90 day supply (retail maintenance pharmacy). No coverage for non-formulary drugs.</i>	\$50 copay per prescription after deductible met (retail) and \$150 copay per prescription after deductible is met (home delivery)	30% coinsurance after deductible is met (retail) and Not covered (home delivery)
Tier 4 - Typically Specialty (brand and generic) <i>Covers up to a 30 day supply (retail pharmacy). Covers up to a 30 day supply (home delivery program). No coverage for non-formulary drugs.</i>	25% coinsurance up to \$300 per prescription after deductible is met (retail and home delivery)	Not covered

Your summary of benefits



Anthem® BlueCross and BlueShield

Your Plan: CareSTL Health-Anthem Blue Access Choice PPO Option CSV 1 with Rx Option E1

Your Network: Blue Access Choice

This summary of benefits is a brief outline of coverage, designed to help you with the selection process. This summary does not reflect each and every benefit, exclusion and limitation which may apply to the coverage. For more details, important limitations and exclusions, please review the formal Evidence of Coverage (EOC). If there is a difference between this summary and the Evidence of Coverage (EOC), the Evidence of Coverage (EOC), will prevail.

This summary of benefits has been updated to comply with federal and state requirements, including applicable provisions of the recently enacted federal health care reform laws. As we receive additional guidance and clarification on the new health care reform laws from the U.S. Department of Health and Human Services, Department of Labor and Internal Revenue Service, we may be required to make additional changes to this summary of benefits.

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Overall Deductible <i>See notes section to understand how your deductible works. Your plan may also have a separate Prescription Drug Deductible. See Prescription Drug Coverage section.</i>	\$1,000 person / \$3,000 family	\$2,000 person / \$6,000 family
Out-of-Pocket Limit <i>When you meet your out-of-pocket limit, you will no longer have to pay cost-shares during the remainder of your benefit period. See notes section for additional information regarding your out of pocket maximum.</i>	\$3,000 person / \$6,000 family	\$6,000 person / \$12,000 family
Preventive care/screening/immunization <i>In-network preventive care is not subject to deductible, if your plan has a deductible.</i>	No charge	30% coinsurance after deductible is met
Doctor Home and Office Services Primary Care Visit to treat an injury or illness <i>When Allergy injections are billed separately by network providers, the member is responsible for a \$10 copay. When billed as part of an office visit, there is no additional cost to the member for the injection.</i>	\$25 copay per visit deductible does not apply	50% coinsurance after deductible is met
Specialist Care Visit <i>When Allergy injections are billed separately by network providers, the member is responsible for a \$10 copay. When billed as part of an office</i>	\$50 copay per visit deductible does not apply	50% coinsurance after deductible is met

Your summary of benefits

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<i>visit, there is no additional cost to the member for the injection.</i>		
Prenatal and Post-natal Care <i>In-Network preventive prenatal services are covered at 100%.</i>	0% coinsurance after deductible is met	50% coinsurance after deductible is met
Other Practitioner Visits: Retail Health Clinic On-line Visit Manipulation Therapy <i>Coverage is limited to 26 visits per benefit period. Applies to In-Network. Visit limits are combined both across outpatient and other professional visits.</i>	\$25 copay per visit deductible does not apply \$25 copay per visit deductible does not apply 50% coinsurance deductible does not apply	50% coinsurance after deductible is met 50% coinsurance after deductible is met Not covered
Other Services in an Office: Allergy Testing Chemo/Radiation Therapy Performed by a Primary Care Physician Chemo/Radiation Therapy Performed by a Specialist Dialysis/Hemodialysis Prescription Drugs <i>For the drugs itself dispensed in the office through infusion/injection.</i>	0% coinsurance after deductible is met \$25 copay per visit deductible does not apply \$50 copay per visit deductible does not apply No charge 0% coinsurance after deductible is met	50% coinsurance after deductible is met 50% coinsurance after deductible is met 50% coinsurance after deductible is met 30% coinsurance after deductible is met 50% coinsurance after deductible is met

Your summary of benefits

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<p>Diagnostic Services</p> <p>Lab:</p> <p>Office <i>Office Cost Share applies only when Freestanding/Reference Labs are not used.</i></p> <p>Freestanding Lab/Reference Lab</p> <p>Outpatient Hospital</p>	<p>No charge</p> <p>No charge</p> <p>0% coinsurance after deductible is met</p>	<p>50% coinsurance after deductible is met</p> <p>30% coinsurance after deductible is met</p> <p>50% coinsurance after deductible is met</p>
<p>X-Ray:</p> <p>Office</p> <p>Freestanding Radiology Center</p> <p>Outpatient Hospital</p>	<p>No charge</p> <p>No charge</p> <p>0% coinsurance after deductible is met</p>	<p>30% coinsurance after deductible is met</p> <p>30% coinsurance after deductible is met</p> <p>50% coinsurance after deductible is met</p>
<p>Advanced Diagnostic Imaging (for example, MRI/PET/CAT scans):</p> <p>Office</p> <p>Freestanding Radiology Center</p> <p>Outpatient Hospital</p>	<p>0% coinsurance after deductible is met</p> <p>0% coinsurance after deductible is met</p> <p>0% coinsurance after deductible is met</p>	<p>50% coinsurance after deductible is met</p> <p>50% coinsurance after deductible is met</p> <p>50% coinsurance after deductible is met</p>

Your summary of benefits

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<p>Emergency and Urgent Care</p> <p>Urgent Care (Office Setting) <i>When Allergy injections are billed separately by network providers, the member is responsible for a \$10 copay. When billed as part of an office visit, there is no additional cost to the member for the injection.</i></p> <p>Urgent care(Facility Setting)</p> <p>Urgent Care: Facility fees</p> <p>Urgent Care: Doctor and other services</p>	<p>\$75 copay per visit deductible does not apply</p> <p>0% coinsurance after deductible is met</p> <p>0% coinsurance after deductible is met</p>	<p>50% coinsurance after deductible is met</p> <p>50% coinsurance after deductible is met</p> <p>50% coinsurance after deductible is met</p>
<p>Emergency Room Facility Services <i>Copay waived if admitted.</i></p> <p>Emergency Room Doctor and Other Services</p>	<p>\$200 copay per visit deductible does not apply</p> <p>No charge</p>	<p>Covered as In-Network</p> <p>Covered as In-Network</p>
<p>Ambulance (Air, Ground, and Water)</p>	<p>0% coinsurance after deductible is met</p>	<p>Covered as In-Network</p>
<p>Outpatient Mental/Behavioral Health and Substance Abuse</p> <p>Doctor Office Visit</p> <p>Facility visit:</p> <p> Facility Fees</p> <p> Doctor Services</p>	<p>\$25 copay per visit deductible does not apply</p> <p>0% coinsurance after deductible is met</p> <p>0% coinsurance after deductible is met</p>	<p>50% coinsurance after deductible is met</p> <p>50% coinsurance after deductible is met</p> <p>50% coinsurance after deductible is met</p>

Your summary of benefits

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<p>Outpatient Surgery</p> <p>Facility Fees:</p> <p>Hospital</p> <p>Freestanding Surgical Center</p> <p>Doctor and Other Services:</p> <p>Hospital</p> <p>Freestanding Surgical Center</p>	<p>0% coinsurance after deductible is met</p> <p>0% coinsurance after deductible is met</p> <p>0% coinsurance after deductible is met</p> <p>0% coinsurance after deductible is met</p>	<p>50% coinsurance after deductible is met</p> <p>50% coinsurance after deductible is met</p> <p>50% coinsurance after deductible is met</p> <p>50% coinsurance after deductible is met</p>
<p>Hospital Stay (all inpatient stays including Maternity, Mental / Behavioral Health, and Substance Abuse)</p> <p>Facility fees (for example, room & board) <i>Coverage for Inpatient physical medicine and rehabilitation including day rehabilitation programs is limited to 60 days combined per benefit period. Limit is combined In-Network and Non-Network.</i></p> <p>Human Organ and Tissue Transplants <i>Acquisition and transplant procedures, harvest and storage. Kidney and Cornea are treated the same as any other illness and subject to the medical benefits.</i></p> <p>Doctor and other services</p>	<p>0% coinsurance after deductible is met</p> <p>No charge</p> <p>0% coinsurance after deductible is met</p>	<p>50% coinsurance after deductible is met</p> <p>30% coinsurance after deductible is met</p> <p>50% coinsurance after deductible is met</p>

Your summary of benefits

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<p>Recovery & Rehabilitation</p> <p>Home Health Care <i>Coverage is limited to 100 visits per benefit period. Limit is combined In-Network and Non-Network.</i></p>	0% coinsurance after deductible is met	50% coinsurance after deductible is met
<p>Rehabilitation services (for example, physical/speech/occupational therapy):</p> <p>Office</p> <p>Outpatient Hospital <i>Limit is combined for In-Network and Non-Network. Visit limits are combined both across outpatient and other professional visits.</i></p>	<p>\$50 copay per visit deductible does not apply</p> <p>0% coinsurance after deductible is met</p>	<p>50% coinsurance after deductible is met</p> <p>50% coinsurance after deductible is met</p>
<p>Cardiac rehabilitation</p> <p>Office</p> <p>Outpatient Hospital <i>Coverage is limited to 36 visits per benefit period. Limit is combined In-Network and Non-Network. Visit limits are combined both across outpatient and other professional visits.</i></p>	<p>\$50 copay per visit deductible does not apply</p> <p>0% coinsurance after deductible is met</p>	<p>50% coinsurance after deductible is met</p> <p>50% coinsurance after deductible is met</p>
<p>Pulmonary rehabilitation</p> <p>Office</p> <p>Outpatient Hospital <i>Coverage is limited to 20 visits per benefit period. Limit is combined In-Network and Non-Network. Visit limits are combined both across outpatient and other professional visits.</i></p>	<p>\$50 copay per visit deductible does not apply</p> <p>0% coinsurance after deductible is met</p>	<p>50% coinsurance after deductible is met</p> <p>50% coinsurance after deductible is met</p>
<p>Skilled Nursing Care (in a facility) <i>Coverage is limited to 90 days per benefit period. Limit is combined In-Network and Non-Network.</i></p>	0% coinsurance after deductible is met	50% coinsurance after deductible is met

Your summary of benefits

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Hospice	0% coinsurance after deductible is met	50% coinsurance after deductible is met
Durable Medical Equipment	50% coinsurance after deductible is met	50% coinsurance after deductible is met
Prosthetic Devices <i>Coverage for wigs needed after cancer treatment is limited to 1 item per benefit period. Limit is combined In-Network and Non-Network.</i>	0% coinsurance after deductible is met	50% coinsurance after deductible is met

Bi-Weekly Medical Rates				
	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Anthem Standard PPO \$1,000 Deductible	\$ 79.02	\$ 128.90	\$ 112.80	\$ 177.24
Anthem QHDHP, H.S.A. \$1,500	\$ 52.64	\$ 118.35	\$ 103.56	\$ 162.73

* Should employee deductions be deemed unaffordable based upon the Affordable Care Act, your rates may be slightly adjusted.

Your summary of benefits

Covered Prescription Drug Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Pharmacy Deductible	Not applicable	Not applicable
Pharmacy Out of Pocket	Combined with medical out of pocket maximum	Combined with medical out of pocket maximum
Prescription Drug Coverage <i>Essential Drug List</i> <i>This product has a 90-day Retail Pharmacy Network available. A 90 day supply is available at most retail pharmacies.</i>		
Tier 1 - Typically Generic <i>Covers up to a 30 day supply (retail pharmacy). Covers up to a 90 day supply (home delivery program). Covers up to 90 day supply (retail maintenance pharmacy).</i>	\$10 copay per prescription, deductible does not apply (retail) and \$20 copay per prescription, deductible does not apply (home delivery)	50% coinsurance (retail) and Not covered (home delivery)
Tier 2 – Typically Preferred Brand <i>Covers up to a 30 day supply (retail pharmacy). Covers up to a 90 day supply (home delivery program). Covers up to 90 day supply (retail maintenance pharmacy).</i>	\$30 copay per prescription, deductible does not apply (retail) and \$60 copay per prescription, deductible does not apply (home delivery)	50% coinsurance (retail) and Not covered (home delivery)
Tier 3 - Typically Non-Preferred Brand <i>Covers up to a 30 day supply (retail pharmacy). Covers up to a 90 day supply (home delivery program). Covers up to 90 day supply (retail maintenance pharmacy).</i>	\$50 copay per prescription, deductible does not apply (retail) and \$100 copay per prescription, deductible does not apply (home delivery)	50% coinsurance (retail) and Not covered (home delivery)

Summary of Benefits

Anthem Dental Essential Choice

Care STL Health - Base Plan

Anthem Dental Complete Network



WELCOME TO YOUR DENTAL PLAN!

Regular dental checkups can help find early warning signs of certain health problems, which means you can get the care you need to get healthy. So, don't skimp on your dental care, good oral care can mean better overall health!

Powerful and easily accessible member tools.

- **Ask a Hygienist:** Dental members can simply email their dental questions to a team of licensed dental professionals who in turn will respond in about 24 hours.
- **Dental Health Risk Assessment:** We want our dental members to better understand their oral health and their risk factors for tooth decay, gum disease and oral cancer. This easy to use online tool can help them do this.
- **Dental Care Cost Estimator:** In order to help our dental member better understand the cost of their dental care, we offer access to a user-friendly, web-based tool that provides estimates on common dental procedures and treatments when using a network dentist.
- **More Capabilities:** With our latest mobile application, Anthem Anywhere, members can find a network dentist as well as view their claims. It's available both for Android and Apple phones.

Dentists in your plan network.

- You'll save money when you visit a dentist in your plan network because Anthem and the dentist have agreed on pricing for covered services. Dentists who are not in your plan network have not agreed to pricing, and may bill you for the difference between what Anthem pays them and what the dentist usually charges.
- To find a dentist by name or location, go to anthem.com or call dental customer service at the number listed on the back of your ID card.

Ready to use your dental benefits?

- Choose a dentist from the network
- Make an appointment
- Show the office staff your member ID card
- Pay any deductible or copay that is part of your plan

Need to contact us?

See the back of your ID card for who to call, write or email.

Your dental benefits at a glance

The following benefit summary outlines how your dental plan works and provides you with a quick reference of your dental plan benefits. For complete coverage details, please refer to your policy.

		In-Network	Out-of-Network
Annual Benefit Maximum	Calendar Year		
• Per insured person		\$1,000	\$1,000
D&P applies to Annual Maximum		Yes	Yes
Annual Maximum Carryover / Carry in		No/No	No/No
Orthodontic Lifetime Benefit Maximum			
• Per eligible insured person		N/A	N/A
Annual Deductible	Calendar Year		
• Per insured person/Family maximum		\$75/3X Individual	\$75/3X Individual
Deductible Waived for Diagnostic/Preventive Services		Yes	Yes
Out-of-Network Reimbursement:		80th percentile	

Anthem BCBS is the trade name for Anthem Health Plans, Inc., an independent licensee of the Blue Cross and Blue Shield Association.

Dental Services	In-Network	Out-of-Network	Waiting Period
	Anthem Pays:	Anthem Pays:	
Diagnostic and Preventive Services • Periodic oral exam 2 per 12 months • Teeth cleaning (prophylaxis) 2 per 12 months; w/periodontal maintenance • Bitewing X-rays: 2 sets per 12 months • Full-mouth or Panoramic X-rays: 1 per 36 months • Fluoride application: 1 per 12 months; through age 15	100% Coinsurance	100% Coinsurance	No Waiting Period
Basic Services • Consultation (second opinion) 1 per 12 months • Space Maintainer 1 per 60 months; through age 15; posterior teeth • Amalgam (silver-colored) Filling 1 per tooth per 24 months • Composite (tooth-colored) Filling 1 per tooth per 24 months posterior (back) fillings alternated to amalgam benefit (silver-colored filling) • Brush Biopsy (cancer test) Not Covered • Sealants 1 per 36 months; through age 15	70% Coinsurance	70% Coinsurance	No Waiting Period
Endodontics (Non-Surgical) • Root Canal and retreatments 1 per tooth per 24 months	70% Coinsurance	70% Coinsurance	No Waiting Period
Endodontics (Surgical) • Apicoectomy and apexification 1 per tooth per 24 months	70% Coinsurance	70% Coinsurance	No Waiting Period
Periodontics (Non-Surgical) • Periodontal Maintenance 2 per 12 months; w/teeth cleaning • Scaling and root planing 1 per quadrant per 24 months	70% Coinsurance	70% Coinsurance	No Waiting Period
Periodontics (Surgical) 1 per quadrant per 36 months • Periodontal Surgery (osseous, gingivectomy, graft procedures)	70% Coinsurance	70% Coinsurance	No Waiting Period
Oral Surgery (Simple) • Simple Extractions 1 per tooth per lifetime	70% Coinsurance	70% Coinsurance	No Waiting Period
Oral Surgery (Complex) • Surgical Extractions 1 per tooth per lifetime	70% Coinsurance	70% Coinsurance	No Waiting Period
Major (Restorative) Services • Crowns, onlays, veneers 1 per tooth per 60 months • Cosmetic teeth whitening Not Covered	40% Coinsurance	40% Coinsurance	No Waiting Period
Prosthodontics • Dentures and bridges 1 per tooth per 60 months • Dental Implants Not Covered	40% Coinsurance	40% Coinsurance	No Waiting Period
Prosthodontic Repairs/Adjustments • Crown, denture, bridge repairs 1 per 12 months; 6 months after placement • Denture and bridge adjustments: 2 per 12 months; 6 months after placement	40% Coinsurance	40% Coinsurance	No Waiting Period
Orthodontic Services • None	Not Covered	Not Covered	N/A

Bi-Weekly Dental Rates				
	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
Anthem Dental Base	\$ 10.26	\$ 20.27	\$ 20.83	\$ 30.56

Anthem BCBS is the trade name for Anthem Health Plans, Inc., an independent licensee of the Blue Cross and Blue Shield Association.

Additional Services and Programs

Anthem Whole Health Connection -Dental

- For members with certain health conditions, additional dental benefits are available without a deductible or waiting periods. Eligible services are paid at 100% and won't reduce your coverage year annual maximum (if applicable)

Accidental Dental Injury Benefit

- Provides members 100% coverage for accidental injuries to teeth up to the coverage year annual maximum (if applicable). No deductibles, member coinsurance, or waiting periods apply

Extension of Benefits

- Following termination of coverage, members are provided up to 60 days to complete treatment started prior to their termination of coverage under the plan and eligible services will be covered

International Emergency Dental Program

- Provides emergency dental benefits while working or traveling abroad from licensed, English-speaking dentists. Eligible covered services will be paid 100% with no deductibles, member coinsurance, or waiting periods and won't reduce the member coverage year annual maximum (if applicable)

Additional Limitations & Exclusions

Below is a partial listing of non-covered services under your dental plan. Please see your policy for a full list.

Services provided before or after the term of this coverage - Services received before your effective date or after your coverage ends, unless otherwise specified in the dental plan certificate

Orthodontics (unless included as part of your dental plan benefits) including orthodontic braces, appliances and all related services

Cosmetic dentistry (unless included as part of your dental plan benefits) provided by dentists solely for the purpose of improving the appearance of the tooth when tooth structure and function are satisfactory and no pathologic conditions (cavities) exist

Drugs and medications including intravenous conscious sedation, IV sedation and general anesthesia when performed with nonsurgical dental care

Analgesia, analgesic agents, and anxiolysis nitrous oxide, therapeutic drug injections, medicines or drugs for nonsurgical or surgical dental care except that intravenous conscious sedation is eligible as a separate benefit when performed in conjunction with complex surgical services.

Waiting periods for endodontic, periodontic and oral surgery services may differ from other Basic Services or Major Services under the same dental plan.

There is a waiting period of up to 24 months for replacement of congenitally missing teeth or teeth extracted prior to coverage under this plan.

This is not a contract; it is a partial listing of benefits and services. All covered services are subject to the conditions, limitations, exclusions, terms and provisions of your certificate of coverage. In the event of a discrepancy between the information in this summary and the certificate of coverage, the certificate will prevail.

Summary of Benefits
Anthem Dental Essential Choice
Care STL Health - Buy-Up Plan
Anthem Dental Complete Network



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- To find a dentist by name or location, go to anthem.com or call dental customer service at the number listed on the back of your ID card.

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- Make an appointment
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Your dental benefits at a glance

The following benefit summary outlines how your dental plan works and provides you with a quick reference of your dental plan benefits. For complete coverage details, please refer to your policy.

	In-Network	Out-of-Network
Annual Benefit Maximum · Per insured person Calendar Year	\$3,000	\$3,000
D&P applies to Annual Maximum	Yes	Yes
Annual Maximum Carryover / Carry in	No/No	No/No
Orthodontic Lifetime Benefit Maximum · Per eligible insured person	\$1,000	\$1,000
Annual Deductible (Does not apply to Orthodontic Services) · Per insured person/Family maximum Calendar Year	\$50/3X Individual	\$50/3X Individual
Deductible Waived for Diagnostic/Preventive Services	Yes	Yes
Out-of-Network Reimbursement:	90th percentile	

Anthem BCBS is the trade name for Anthem Health Plans, Inc., an independent licensee of the Blue Cross and Blue Shield Association.

Dental Services	In-Network	Out-of-Network	Waiting Period
	Anthem Pays:	Anthem Pays:	
Diagnostic and Preventive Services . Periodic oral exam 2 per 12 months . Teeth cleaning (prophylaxis) 2 per 12 months; w/periodontal maintenance . Bitewing X-rays: 2 sets per 12 months . Full-mouth or Panoramic X-rays: 1 per 36 months . Fluoride application: 1 per 12 months; through age 15	100% Coinsurance	100% Coinsurance	No Waiting Period
Basic Services . Consultation (second opinion) 1 per 12 months . Space Maintainer 1 per 60 months; through age 15; posterior teeth . Amalgam (silver-colored) Filling 1 per tooth per 24 months . Composite (tooth-colored) Filling 1 per tooth per 24 months posterior (back) fillings alternated to amalgam benefit (silver-colored filling) . Brush Biopsy (cancer test) Not Covered . Sealants 1 per 36 months; through age 15	80% Coinsurance	80% Coinsurance	No Waiting Period
Endodontics (Non-Surgical) . Root Canal and retreatments 1 per tooth per 24 months	80% Coinsurance	80% Coinsurance	No Waiting Period
Endodontics (Surgical) . Apicoectomy and apexification 1 per tooth per 24 months	80% Coinsurance	80% Coinsurance	No Waiting Period
Periodontics (Non-Surgical) . Periodontal Maintenance 2 per 12 months; w/teeth cleaning . Scaling and root planing 1 per quadrant per 24 months	80% Coinsurance	80% Coinsurance	No Waiting Period
Periodontics (Surgical) 1 per quadrant per 36 months . Periodontal Surgery (osseous, gingivectomy, graft procedures)	80% Coinsurance	80% Coinsurance	No Waiting Period
Oral Surgery (Simple) . Simple Extractions 1 per tooth per lifetime	80% Coinsurance	80% Coinsurance	No Waiting Period
Oral Surgery (Complex) . Surgical Extractions 1 per tooth per lifetime	80% Coinsurance	80% Coinsurance	No Waiting Period
Major (Restorative) Services . Crowns, onlays, veneers 1 per tooth per 60 months . Cosmetic teeth whitening Not Covered	50% Coinsurance	50% Coinsurance	No Waiting Period
Prosthodontics . Dentures and bridges 1 per tooth per 60 months . Dental Implants Covered, 1 per tooth per 60 months	50% Coinsurance	50% Coinsurance	No Waiting Period
Prosthodontic Repairs/Adjustments . Crown, denture, bridge repairs 1 per 12 months; 6 months after placement . Denture and bridge adjustments: 2 per 12 months; 6 months after placement	50% Coinsurance	50% Coinsurance	No Waiting Period
Orthodontic Services . Adults & Dependent Children	50% Coinsurance	50% Coinsurance	No Waiting Periods

*Child orthodontic runs through age 18. This means that the child must have been banded prior to their 19th birthday in order to receive coverage.

Bi-Weekly Dental Rates				
	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
Anthem Dental Buy-Up	\$ 15.52	\$ 30.66	\$ 34.95	\$ 50.20

Anthem BCBS is the trade name for Anthem Health Plans, Inc., an independent licensee of the Blue Cross and Blue Shield Association.

Additional Services and Programs

Anthem Whole Health Connection -Dental

- For members with certain health conditions, additional dental benefits are available without a deductible or waiting periods. Eligible services are paid at 100% and won't reduce your coverage year annual maximum (if applicable)

Accidental Dental Injury Benefit

- Provides members 100% coverage for accidental injuries to teeth up to the coverage year annual maximum (if applicable). No deductibles, member coinsurance, or waiting periods apply

Extension of Benefits

- Following termination of coverage, members are provided up to 60 days to complete treatment started prior to their termination of coverage under the plan and eligible services will be covered

International Emergency Dental Program

- Provides emergency dental benefits while working or traveling abroad from licensed, English-speaking dentists. Eligible covered services will be paid 100% with no deductibles, member coinsurance, or waiting periods and won't reduce the member coverage year annual maximum (if applicable)

Additional Limitations & Exclusions

Below is a partial listing of non-covered services under your dental plan. Please see your policy for a full list.

Services provided before or after the term of this coverage - Services received before your effective date or after your coverage ends, unless otherwise specified in the dental plan certificate

Orthodontics (unless included as part of your dental plan benefits) including orthodontic braces, appliances and all related services

Cosmetic dentistry (unless included as part of your dental plan benefits) provided by dentists solely for the purpose of improving the appearance of the tooth when tooth structure and function are satisfactory and no pathologic conditions (cavities) exist

Drugs and medications including intravenous conscious sedation, IV sedation and general anesthesia when performed with nonsurgical dental care

Analgesia, analgesic agents, and anxiolysis nitrous oxide, therapeutic drug injections, medicines or drugs for nonsurgical or surgical dental care except that intravenous conscious sedation is eligible as a separate benefit when performed in conjunction with complex surgical services.

Waiting periods for endodontic, periodontic and oral surgery services may differ from other Basic Services or Major Services under the same dental plan.

There is a waiting period of up to 24 months for replacement of congenitally missing teeth or teeth extracted prior to coverage under this plan.

This is not a contract; it is a partial listing of benefits and services. All covered services are subject to the conditions, limitations, exclusions, terms and provisions of your certificate of coverage. In the event of a discrepancy between the information in this summary and the certificate of coverage, the certificate will prevail.

CareSTL Health
Proposed Blue View Vision plan design

Bi-Weekly Vision Rates				
	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
Anthem Vision	\$ 2.46	\$ 4.93	\$ 5.28	\$ 8.43

Blue View Vision plan benefits	In-network	Out-of-network	Frequency
Routine Eye Exam A comprehensive eye examination	\$10 copay	Up to \$42 allowance	Once every calendar year
Eyeglass Frames One pair of eyeglass frames	\$150 allowance, then 20% off any balance	Up to \$45 allowance	Once every two calendar years
Eyeglass Lenses (instead of contact lenses) One pair of standard plastic prescription lenses: <ul style="list-style-type: none"> Single vision lenses Bifocal lenses Trifocal lenses 	\$20 copay \$20 copay \$20 copay	Up to \$40 allowance Up to \$60 allowance Up to \$80 allowance	Once every calendar year
Eyeglass Lens Enhancements¹ <ul style="list-style-type: none"> Transitions Lenses (for a child under age 19) Standard polycarbonate (for a child under age 19) Factory scratch coating 	\$0 copay \$0 copay \$0 copay	No allowance when obtained out-of-network	Same as covered eyeglass lenses
Contact Lenses² (instead of eyeglass lenses) <ul style="list-style-type: none"> Elective conventional (non-disposable); OR Elective disposable; OR Non-elective (medically necessary) 	\$150 allowance, then 15% off any balance \$150 allowance (no additional discount) Covered in full	Up to \$105 allowance Up to \$105 allowance Up to \$210 allowance	Once every calendar year

¹When obtaining covered eyewear from a Blue View Vision provider, members may choose to add any of the listed lens enhancements at no extra cost.

²Contact lens allowance will only be applied toward the first purchase of contacts made during a benefit period. Any unused amount remaining cannot be used for subsequent purchases in the same benefit period, nor can any unused amount be carried over to the following benefit period.

Additional savings available from in-network providers

When obtaining covered eyewear from a Blue View Vision provider, members may choose to upgrade their new eyeglass lenses at a discounted cost. Costs shown are after any applicable eyeglass lens copayment.

Description	Member cost	Description	Member cost
<ul style="list-style-type: none"> Progressive Lenses <ul style="list-style-type: none"> Standard Premium Tier 1 Premium Tier 2 Premium Tier 3 Anti-Reflective Coating <ul style="list-style-type: none"> Standard Premium Tier 1 Premium Tier 2 UV Coating Tint (Solid and Gradient) 	\$65 \$85 \$95 \$110 \$45 \$57 \$68 \$15 \$15	<ul style="list-style-type: none"> Transitions lenses (Adults) Standard Polycarbonate lenses (Adults) Other lens upgrades and add-ons Retinal Imaging (obtained at same time as covered eye exam) Standard contact lens fitting and follow-up after comprehensive eye exam Premium contact lens fitting and follow-up after comprehensive eye exam Additional supplies of conventional contact lenses after benefits have been used Additional complete pairs of eyeglasses Eyeglass materials purchased separately Other items including most non-prescription sunglasses, eyewear accessories such as lens cleaning supplies, contact lens solutions, eyeglass cases, etc. 	\$75 \$40 20% off retail price Up to \$39 Up to \$55 10% off retail price 15% off retail price 40% off retail price 20% off retail price 20% off retail price

Other discount offers on LASIK surgery and much more are available through Anthem's SpecialOffers program.

This information is intended to be a brief outline of plan benefits. The most detailed description of benefits, exclusions, and restrictions can be found in the Certificate of Coverage. Discounts are subject to change without notice. Laws in some states may prohibit network providers from discounting products and services that are not covered benefits under the plan. Discounts will not apply when a manufacturer has imposed a no discount policy on the item.

Transitions and the swirl are registered trademarks of Transitions Optical, Inc.

Critical Illness Benefit Summary

Group Number: 00565006

A Critical Illness insurance plan through Guardian provides:

- A cash benefit for a range of covered serious illnesses such as Cancer, Stroke and Heart Attack, in addition to whatever your medical insurance may cover
- Payments are made directly to you and can be used for any purpose

About Your Benefits:

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%	50%
Carcinoma In Situ	30%	0%
Benign Brain Tumor	75%	0%
Skin Cancer	\$250 per lifetime	Not Covered
Vascular		
Heart Attack	100%	50%
Stroke	100%	50%
Heart Failure	100%	50%
Coronary Arteriosclerosis	30%	0%
Other		
Organ Failure	100%	50%
Kidney Failure	100%	50%
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	
Cerebral Palsy	100%	
Cleft Lip/Palate	100%	
Club Foot	100%	
Cystic Fibrosis	100%	
Down's Syndrome	100%	
Muscular Dystrophy	100%	

Benefit information illustrated within this material reflects the plan covered by Guardian as of 08/21/2019

ALL ELIGIBLE EMPLOYEES Benefit Summary

The Guardian Life Insurance Company of America, New York, NY

CRITICAL ILLNESS

Spina Bifida	100%	28
Type I Diabetes	100%	
Spouse Benefit	50% of employee's lump sum benefit	
Child Benefit- children age Birth to 26 years	25% of employee's lump sum benefit	
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.	
Portability: Allows you to take your Critical Illness coverage with you if you terminate employment.	Included	
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.	12 months prior, 12 months after	
Occupational HIV/Hepatitis Benefit	100% of employee benefit for the first occurrence.	

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.

Your premium will not increase as you age.

Spouse coverage premium is based on Employee age

Child cost is included with employee election.

Issue Age	Bi-weekly Premiums Displayed Election Cost Per Age Bracket					
	< 30	30-39	40-49	50-59	60-69	70+
\$10,000 Benefit Amount						
Employee \$10,000	\$3.19	\$4.52	\$8.35	\$14.91	\$22.66	\$44.08
Spouse \$5,000	\$1.57	\$2.24	\$4.15	\$7.43	\$11.33	\$22.04
\$20,000 Benefit Amount						
Employee \$20,000	\$6.37	\$9.05	\$16.71	\$29.82	\$45.32	\$88.15
Spouse \$10,000	\$3.14	\$4.48	\$8.31	\$14.86	\$22.66	\$44.08

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: 00565006.

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.

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

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.

under that plan will count toward satisfying Guardian's pre-existing condition limitation period. A pre-existing condition includes any condition for which an employee, in a 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.

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.

This policy will not pay for a diagnosis of a listed critical illness that is made before the insured's Critical Illness effective date with Guardian.

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

Group Number: 00565006

Accident Benefit Summary

Accident insurance through Guardian provides you:

- A cash benefit for covered injuries, treatments and services, in addition to whatever your medical plan may cover
- Payments go directly to you, not the doctor
- Easy enrollment with no medical questions

About Your Benefits:

ACCIDENT		
COVERAGE - DETAILS	Option 1: Silver	Option 2: Gold
Your Bi-weekly premium	\$5.31	\$7.14
You and Spouse	\$9.52	\$12.55
You and Child(ren)	\$10.04	\$12.91
You, Spouse and Child(ren)	\$14.25	\$18.32
Accident Coverage Type	Off Job	Off Job
Portability - Allows you to take your Accident coverage with you if you terminate employment.	Included	Included
ACCIDENTAL DEATH AND DISMEMBERMENT		
Benefit Amount(s)	Employee \$25,000 Spouse \$10,000 Child \$5,000	Employee \$50,000 Spouse \$20,000 Child \$10,000
Catastrophic Loss	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
Common Carrier	200% of AD&D benefit	200% of AD&D benefit
Common Disaster	200% of Spouse AD&D benefit	200% of Spouse AD&D benefit
Dismemberment - 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
Dismemberment - Thumb/Index Finger Same Hand, Four Fingers Same Hand, All Toes Same Foot	25% of AD&D benefit	25% of AD&D benefit
Seatbelts and Airbags	Seatbelts: \$10,000 & Airbags: \$15,000	Seatbelts: \$10,000 & Airbags: \$15,000
Reasonable Accommodation to Home or Vehicle	\$2,500	\$2,500
WELLNESS BENEFIT - Per Year Limit	\$100	\$100
Child(ren) Age Limits	Children age birth to 26 years	Children age birth to 26 years
RAINY DAY FUND	Benefit Amount: \$300 Rollover Maximum: \$150 Fund Maximum: \$600	Benefit Amount: \$400 Rollover Maximum: \$200 Fund Maximum: \$800
FEATURES		
Air Ambulance	\$750	\$750
Ambulance	\$150	\$150
Blood/Plasma/Platelets	\$200	\$200

Benefit information illustrated within this material reflects the plan covered by Guardian as of 08/21/2019

ALL ELIGIBLE EMPLOYEES Benefit Summary

The Guardian Life Insurance Company of America, New York, NY

FEATURES (Cont.)	Option 1: Silver	Option 2: Gold
Burns (2nd Degree/3rd Degree)	9 sq inches To 18 sq inches: \$0/\$1,700 18 sq inches To 35 sq inches: \$850/\$3,350 Over 35 sq inches: \$2,500/\$10,000	9 sq inches To 18 sq inches: \$0/\$1,700 18 sq inches To 35 sq inches: \$850/\$3,350 Over 35 sq inches: \$2,500/\$10,000
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	\$25/visit, up to 6 visits	\$50/visit, up to 6 visits
Coma	\$5,000	\$5,000
Concussions	\$100	\$200
Diagnostic Exam (Major)	\$100	\$200
Dislocations	Schedule up to \$3,000	Schedule up to \$5,000
Doctor Follow-Up Visits	\$25, up to 6 treatments	\$50, up to 6 treatments
Emergency Dental Work	\$200/Crown, \$50/Extraction	\$300/Crown, \$75/Extraction
Emergency Room Treatment	\$150	\$200
Epidural Anesthesia Pain Management	\$50, 2 times per accident	\$75, 2 times per accident
Eye Injury	\$200	\$300
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.	\$20/day, up to 30 days	\$20/day, up to 30 days
Fractures	Schedule up to \$4,000	Schedule up to \$6,000
Gun Shot Wound	\$500	\$1,000
Hospital Admission	\$750	\$1,000
Hospital Confinement	\$150/day - up to 1 year	\$250/day - up to 1 year
Hospital ICU Admission	\$1,500	\$2,000
Hospital ICU Confinement	\$300/day - up to 15 days	\$500/day - up to 15 days
Initial Dr. Office/Urgent Care Facility Treatment	\$75	\$100
Joint Replacement (Hip/Knee/Shoulder)	\$1,000/\$500/\$500	\$1,000/\$500/\$500
Knee Cartilage	\$250	\$500
Laceration	Schedule up to \$300	Schedule up to \$400
Lodging - The hospital stay must be more than 50 miles from the insured's residence.	\$100/day, up to 30 days for companion hotel stay	\$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 \$300
Outpatient Therapies	\$25/day, up to 10 days	\$35/day, up to 10 days
Post-Traumatic Stress Disorder	\$200	\$300
Prosthetic Device/Artificial Limb	1: \$250 2 or more: \$500	1: \$500 2 or more: \$1,000
Rehabilitation Unit Confinement	\$50/day, up to 15 days	\$100/day, up to 15 days
Ruptured Disc With Surgical Repair	\$250	\$500
Surgery (Cranial, Open Abdominal, Thoracic, Hernia) Max	Schedule up to \$1,000 Hernia: \$200	Schedule up to \$1,000 Hernia: \$200
Surgery (Exploratory or Arthroscopic)	\$300	\$400
Tendon/Ligament/Rotator Cuff	1: \$250 2 or more: \$500	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.	\$0.50 per mile, limited to \$300/round trip, up to 3 times per accident	\$0.50 per mile, limited to \$300/round trip, up to 3 times per accident

FEATURES (Cont.)	Option 1: Silver	Option 2: Gold
Traumatic Brain Injury — A nondegenerative, noncongenital Injury to the brain from an external nonbiological force, requiring Hospital Confinement for 48 hours or more and resulting in a permanent neurological deficit with significant loss of muscle function and persistent clinical symptoms.	\$2,500	\$2,500
X - Ray	\$30	\$40

UNDERSTANDING YOUR BENEFITS:

- **Common Carrier** – Benefit is paid if an insured's death occurs due to an accident while riding as a fare-paying passenger 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 Accommodation** – 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.
- **Emergency Room Treatment** – Benefit is paid only when an insured is examined or treated within 72 hours of a covered accident.
- **Rainy Day Fund** – Can pay benefits when a claimant has exhausted a frequency limitation that applies to a particular benefit. Rainy Day Fund will apply to the following benefits Air Ambulance, Ambulance, Blood/Plasma/Platelets, Chiropractic visits, Diagnostic Exam (Major), Doctor Follow-Up visits, Emergency Dental Work, Epidural Anesthesia Pain Management, Eye Injury, Family Care, Fractures, Gun Shot Wound, Hospital Confinement, Hospital ICU Confinement, Joint Replacement, Knee Cartilage, Lodging, Outpatient Therapies, Rehabilitation Unit Confinement, Ruptured Disc with Surgical Repair, Surgery (Cranial, Open Abdominal, Thoracic, Hernia), Surgery (Exploratory and Arthroscopic), Transportation and X-Ray, if they are included on your plan.

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: 00565006

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; treatment rendered or hospital confinement outside the United States or Canada; 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-I-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.

Welcome to the College Tuition Benefits Rewards program! Your Plan Sponsor has worked with Guardian to make College Tuition Benefit services available to eligible participants enrolling in the following coverage/option(s):

Coverage	Option
Critical Illness	
Accident	Option 1: Silver Option 2: Gold

Register Today!

You can now create your Rewards account and start accumulating your Tuition Rewards that can be used to pay up to one year's tuition at over 380 private colleges and universities across the nation. In 2016, over \$60 million in College Tuition Benefit Rewards were submitted by high school seniors. **Here is how it works:**

- 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) for each line of Guardian coverage (up to four lines).
- Guardian Dental participants receive a bonus after year four.
- These rewards are yours for your lifetime and can be given to children, grandchildren, nieces, nephews and godchildren.

The Tuition Rewards program is provided by College Tuition Benefit. The Guardian Life Insurance Company of America (Guardian) does not provide any services related to this program. College Tuition Benefit is not a subsidiary or an affiliate of Guardian.

Print and cut out ID Card

College Tuition Benefits Rewards- ID Card	f o l d	The College Tuition Benefit 435 Devon Park Drive Building 400, Suite 410 Wayne, PA 19087 Phone:(215) 839-0119 Fax: (215) 392-3255
Register@ www.Guardian.CollegeTuitionBenefit.com User ID: Is Your Guardian Group Plan Number that can be found on your benefit booklet Password: Guardian		

Life Benefit Summary

Group Number: 00565006

A Life insurance plan through Guardian provides:

- The foundation of a smart financial plan that helps protect you and those who depend on you
- Affordable group rates
- Flexibility to update your coverage as your life changes or take it with you if you change jobs or retire

About Your Benefits:

	VOLUNTARY PERMANENT LIFE
Employee Benefit	\$10,000 increments to a maximum of \$100,000.
Spouse Benefit	<p>Spouse Permanent Life: \$5,000 increments to a maximum of \$50,000.</p> <p>Spouse 10 Year Term Life: Up to 50% of the employee amount to a maximum \$50,000; Minimum is greater of 50% or \$10,000.</p>
Child Benefit	<p>Child Permanent Life: \$10,000 - Max age 26. Subject to state limits.</p> <p>Child Term Life: \$10,000 (amount until 14 days old is \$500.) Max age 26. Subject to state limits.</p>
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.	We Guarantee Issue coverage up to: Employee \$100,000. Spouse \$10,000. Dependent children \$10,000.
Premiums	Never increase due to an increase in age. All issue ages will be calculated using age at last birthday as of the member's certificate effective date.
Portability: Allows you to take coverage with you if you terminate employment.	Coverage is fully portable when employee or dependent is no longer eligible under employer's plan.

Subject to coverage limits

GPL Dependent Term: Spouse's Term Rider maximum Issue age is 60

† Permanent Life: Infant coverage is limited based on age.

Benefit information illustrated within this material reflects the plan covered by Guardian as of 08/21/2019

ALL ELIGIBLE EMPLOYEES Benefit Summary

The Guardian Life Insurance Company of America, New York, NY

Group Permanent Life Employee Bi-weekly Cost Illustration - Waiver to 67

Employee Issue Age	Bi-weekly Premium & Cash Value	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
18	NonTobacco	\$2.82	\$5.63	\$8.45	\$11.26	\$14.08	\$16.89	\$19.71	\$22.52	\$25.34	\$28.15
	Cash Value	\$4,790	\$9,581	\$14,371	\$19,162	\$23,952	\$28,743	\$33,533	\$38,324	\$43,114	\$47,905
	Tobacco	\$3.51	\$7.02	\$10.52	\$14.03	\$17.54	\$21.05	\$24.55	\$28.06	\$31.57	\$35.08
	Cash Value	\$5,017	\$10,033	\$15,050	\$20,066	\$25,083	\$30,099	\$35,116	\$40,132	\$45,149	\$50,166
19	NonTobacco	\$2.82	\$5.63	\$8.45	\$11.26	\$14.08	\$16.89	\$19.71	\$22.52	\$25.34	\$28.15
	Cash Value	\$4,465	\$8,930	\$13,395	\$17,860	\$22,325	\$26,790	\$31,255	\$35,720	\$40,185	\$44,650
	Tobacco	\$3.60	\$7.20	\$10.80	\$14.40	\$18.00	\$21.60	\$25.20	\$28.80	\$32.40	\$36.00
	Cash Value	\$4,842	\$9,684	\$14,526	\$19,369	\$24,211	\$29,053	\$33,895	\$38,737	\$43,579	\$48,422
20	NonTobacco	\$2.86	\$5.72	\$8.58	\$11.45	\$14.31	\$17.17	\$20.03	\$22.89	\$25.75	\$28.62
	Cash Value	\$4,308	\$8,616	\$12,924	\$17,232	\$21,539	\$25,847	\$30,155	\$34,463	\$38,771	\$43,079
	Tobacco	\$3.69	\$7.38	\$11.08	\$14.77	\$18.46	\$22.15	\$25.85	\$29.54	\$33.23	\$36.92
	Cash Value	\$4,660	\$9,319	\$13,979	\$18,638	\$23,298	\$27,957	\$32,617	\$37,276	\$41,936	\$46,596
21	NonTobacco	\$2.91	\$5.82	\$8.72	\$11.63	\$14.54	\$17.45	\$20.35	\$23.26	\$26.17	\$29.08
	Cash Value	\$4,151	\$8,302	\$12,453	\$16,604	\$20,755	\$24,905	\$29,056	\$33,207	\$37,358	\$41,509
	Tobacco	\$3.88	\$7.75	\$11.63	\$15.51	\$19.38	\$23.26	\$27.14	\$31.02	\$34.89	\$38.77
	Cash Value	\$4,691	\$9,381	\$14,072	\$18,762	\$23,453	\$28,143	\$32,834	\$37,524	\$42,215	\$46,905
22	NonTobacco	\$3.00	\$6.00	\$9.00	\$12.00	\$15.00	\$18.00	\$21.00	\$24.00	\$27.00	\$30.00
	Cash Value	\$4,132	\$8,263	\$12,395	\$16,526	\$20,658	\$24,789	\$28,921	\$33,052	\$37,184	\$41,315
	Tobacco	\$3.97	\$7.94	\$11.91	\$15.88	\$19.85	\$23.82	\$27.78	\$31.75	\$35.72	\$39.69
	Cash Value	\$4,556	\$9,112	\$13,668	\$18,224	\$22,780	\$27,336	\$31,892	\$36,448	\$41,004	\$45,560
23	NonTobacco	\$3.09	\$6.18	\$9.28	\$12.37	\$15.46	\$18.55	\$21.65	\$24.74	\$27.83	\$30.92
	Cash Value	\$4,094	\$8,188	\$12,283	\$16,377	\$20,471	\$24,565	\$28,659	\$32,754	\$36,848	\$40,942
	Tobacco	\$4.11	\$8.22	\$12.32	\$16.43	\$20.54	\$24.65	\$28.75	\$32.86	\$36.97	\$41.08
	Cash Value	\$4,563	\$9,125	\$13,688	\$18,250	\$22,813	\$27,375	\$31,938	\$36,500	\$41,063	\$45,625
24	NonTobacco	\$3.18	\$6.37	\$9.55	\$12.74	\$15.92	\$19.11	\$22.29	\$25.48	\$28.66	\$31.85
	Cash Value	\$4,046	\$8,092	\$12,137	\$16,183	\$20,229	\$24,275	\$28,320	\$32,366	\$36,412	\$40,458
	Tobacco	\$4.25	\$8.49	\$12.74	\$16.98	\$21.23	\$25.48	\$29.72	\$33.97	\$38.22	\$42.46
	Cash Value	\$4,545	\$9,090	\$13,635	\$18,180	\$22,725	\$27,269	\$31,814	\$36,359	\$40,904	\$45,449
25	NonTobacco	\$3.32	\$6.65	\$9.97	\$13.29	\$16.62	\$19.94	\$23.26	\$26.58	\$29.91	\$33.23
	Cash Value	\$4,104	\$8,207	\$12,311	\$16,415	\$20,519	\$24,622	\$28,726	\$32,830	\$36,933	\$41,037
	Tobacco	\$4.52	\$9.05	\$13.57	\$18.09	\$22.62	\$27.14	\$31.66	\$36.18	\$40.71	\$45.23
	Cash Value	\$4,772	\$9,544	\$14,317	\$19,089	\$23,861	\$28,633	\$33,406	\$38,178	\$42,950	\$47,722
26	NonTobacco	\$3.42	\$6.83	\$10.25	\$13.66	\$17.08	\$20.49	\$23.91	\$27.32	\$30.74	\$34.15
	Cash Value	\$3,983	\$7,965	\$11,948	\$15,930	\$19,913	\$23,895	\$27,878	\$31,860	\$35,843	\$39,826
	Tobacco	\$4.71	\$9.42	\$14.12	\$18.83	\$23.54	\$28.25	\$32.95	\$37.66	\$42.37	\$47.08
	Cash Value	\$4,687	\$9,375	\$14,062	\$18,749	\$23,436	\$28,124	\$32,811	\$37,498	\$42,186	\$46,873
27	NonTobacco	\$3.55	\$7.11	\$10.66	\$14.22	\$17.77	\$21.32	\$24.88	\$28.43	\$31.98	\$35.54
	Cash Value	\$3,963	\$7,927	\$11,890	\$15,853	\$19,816	\$23,780	\$27,743	\$31,706	\$35,670	\$39,633
	Tobacco	\$4.85	\$9.69	\$14.54	\$19.38	\$24.23	\$29.08	\$33.92	\$38.77	\$43.62	\$48.46
	Cash Value	\$4,508	\$9,016	\$13,524	\$18,032	\$22,540	\$27,048	\$31,556	\$36,064	\$40,572	\$45,080
28	NonTobacco	\$3.69	\$7.38	\$11.08	\$14.77	\$18.46	\$22.15	\$25.85	\$29.54	\$33.23	\$36.92
	Cash Value	\$3,929	\$7,857	\$11,786	\$15,715	\$19,643	\$23,572	\$27,501	\$31,429	\$35,358	\$39,287
	Tobacco	\$5.03	\$10.06	\$15.09	\$20.12	\$25.15	\$30.18	\$35.22	\$40.25	\$45.28	\$50.31
	Cash Value	\$4,390	\$8,779	\$13,169	\$17,558	\$21,948	\$26,337	\$30,727	\$35,116	\$39,506	\$43,896
29	NonTobacco	\$3.83	\$7.66	\$11.49	\$15.32	\$19.15	\$22.98	\$26.82	\$30.65	\$34.48	\$38.31
	Cash Value	\$3,875	\$7,750	\$11,624	\$15,499	\$19,374	\$23,249	\$27,124	\$30,998	\$34,873	\$38,748
	Tobacco	\$5.22	\$10.43	\$15.65	\$20.86	\$26.08	\$31.29	\$36.51	\$41.72	\$46.94	\$52.15
	Cash Value	\$4,292	\$8,584	\$12,877	\$17,169	\$21,461	\$25,753	\$30,045	\$34,338	\$38,630	\$42,922
30	NonTobacco	\$4.02	\$8.03	\$12.05	\$16.06	\$20.08	\$24.09	\$28.11	\$32.12	\$36.14	\$40.15
	Cash Value	\$3,805	\$7,611	\$11,416	\$15,222	\$19,027	\$22,833	\$26,638	\$30,444	\$34,249	\$38,055
	Tobacco	\$5.49	\$10.98	\$16.48	\$21.97	\$27.46	\$32.95	\$38.45	\$43.94	\$49.43	\$54.92
	Cash Value	\$4,237	\$8,473	\$12,710	\$16,947	\$21,183	\$25,420	\$29,657	\$33,893	\$38,130	\$42,367

Group Permanent Life Employee Bi-weekly Cost Illustration - Waiver to 67

Employee Issue Age	Bi-weekly Premium & Cash Value	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
31	NonTobacco	\$4.15	\$8.31	\$12.46	\$16.62	\$20.77	\$24.92	\$29.08	\$33.23	\$37.38	\$41.54
	Cash Value	\$3,756	\$7,513	\$11,269	\$15,026	\$18,782	\$22,538	\$26,295	\$30,051	\$33,808	\$37,564
	Tobacco	\$5.72	\$11.45	\$17.17	\$22.89	\$28.62	\$34.34	\$40.06	\$45.78	\$51.51	\$57.23
	Cash Value	\$4,098	\$8,196	\$12,293	\$16,391	\$20,489	\$24,587	\$28,685	\$32,782	\$36,880	\$40,978
32	NonTobacco	\$4.34	\$8.68	\$13.02	\$17.35	\$21.69	\$26.03	\$30.37	\$34.71	\$39.05	\$43.38
	Cash Value	\$3,742	\$7,484	\$11,226	\$14,969	\$18,711	\$22,453	\$26,195	\$29,937	\$33,679	\$37,422
	Tobacco	\$6.00	\$12.00	\$18.00	\$24.00	\$30.00	\$36.00	\$42.00	\$48.00	\$54.00	\$60.00
	Cash Value	\$4,085	\$8,170	\$12,255	\$16,340	\$20,424	\$24,509	\$28,594	\$32,679	\$36,764	\$40,849
33	NonTobacco	\$4.48	\$8.95	\$13.43	\$17.91	\$22.38	\$26.86	\$31.34	\$35.82	\$40.29	\$44.77
	Cash Value	\$3,628	\$7,256	\$10,883	\$14,511	\$18,139	\$21,767	\$25,395	\$29,022	\$32,650	\$36,278
	Tobacco	\$6.23	\$12.46	\$18.69	\$24.92	\$31.15	\$37.38	\$43.62	\$49.85	\$56.08	\$62.31
	Cash Value	\$3,991	\$7,982	\$11,973	\$15,964	\$19,954	\$23,945	\$27,936	\$31,927	\$35,918	\$39,909
34	NonTobacco	\$4.66	\$9.32	\$13.98	\$18.65	\$23.31	\$27.97	\$32.63	\$37.29	\$41.95	\$46.62
	Cash Value	\$3,578	\$7,157	\$10,735	\$14,314	\$17,892	\$21,471	\$25,049	\$28,628	\$32,206	\$35,785
	Tobacco	\$6.51	\$13.02	\$19.52	\$26.03	\$32.54	\$39.05	\$45.55	\$52.06	\$58.57	\$65.08
	Cash Value	\$3,922	\$7,845	\$11,767	\$15,689	\$19,612	\$23,534	\$27,456	\$31,378	\$35,301	\$39,223
35	NonTobacco	\$4.94	\$9.88	\$14.82	\$19.75	\$24.69	\$29.63	\$34.57	\$39.51	\$44.45	\$49.38
	Cash Value	\$3,580	\$7,160	\$10,741	\$14,321	\$17,901	\$21,481	\$25,061	\$28,642	\$32,222	\$35,802
	Tobacco	\$6.74	\$13.48	\$20.22	\$26.95	\$33.69	\$40.43	\$47.17	\$53.91	\$60.65	\$67.38
	Cash Value	\$3,784	\$7,569	\$11,353	\$15,137	\$18,921	\$22,706	\$26,490	\$30,274	\$34,059	\$37,843
36	NonTobacco	\$5.26	\$10.52	\$15.78	\$21.05	\$26.31	\$31.57	\$36.83	\$42.09	\$47.35	\$52.62
	Cash Value	\$3,474	\$6,948	\$10,422	\$13,896	\$17,370	\$20,844	\$24,318	\$27,792	\$31,266	\$34,740
	Tobacco	\$7.25	\$14.49	\$21.74	\$28.98	\$36.23	\$43.48	\$50.72	\$57.97	\$65.22	\$72.46
	Cash Value	\$3,748	\$7,497	\$11,245	\$14,994	\$18,742	\$22,491	\$26,239	\$29,987	\$33,736	\$37,484
37	NonTobacco	\$5.49	\$10.98	\$16.48	\$21.97	\$27.46	\$32.95	\$38.45	\$43.94	\$49.43	\$54.92
	Cash Value	\$3,380	\$6,759	\$10,139	\$13,519	\$16,898	\$20,278	\$23,658	\$27,037	\$30,417	\$33,797
	Tobacco	\$7.62	\$15.23	\$22.85	\$30.46	\$38.08	\$45.69	\$53.31	\$60.92	\$68.54	\$76.15
	Cash Value	\$3,613	\$7,226	\$10,839	\$14,452	\$18,065	\$21,679	\$25,292	\$28,905	\$32,518	\$36,131
38	NonTobacco	\$5.77	\$11.54	\$17.31	\$23.08	\$28.85	\$34.62	\$40.38	\$46.15	\$51.92	\$57.69
	Cash Value	\$3,301	\$6,601	\$9,902	\$13,202	\$16,503	\$19,804	\$23,104	\$26,405	\$29,705	\$33,006
	Tobacco	\$8.03	\$16.06	\$24.09	\$32.12	\$40.15	\$48.18	\$56.22	\$64.25	\$72.28	\$80.31
	Cash Value	\$3,518	\$7,036	\$10,554	\$14,071	\$17,589	\$21,107	\$24,625	\$28,143	\$31,661	\$35,179
39	NonTobacco	\$6.00	\$12.00	\$18.00	\$24.00	\$30.00	\$36.00	\$42.00	\$48.00	\$54.00	\$60.00
	Cash Value	\$3,173	\$6,347	\$9,520	\$12,693	\$15,867	\$19,040	\$22,213	\$25,386	\$28,560	\$31,733
	Tobacco	\$8.45	\$16.89	\$25.34	\$33.78	\$42.23	\$50.68	\$59.12	\$67.57	\$76.02	\$84.46
	Cash Value	\$3,395	\$6,790	\$10,185	\$13,579	\$16,974	\$20,369	\$23,764	\$27,159	\$30,554	\$33,949
40	NonTobacco	\$6.32	\$12.65	\$18.97	\$25.29	\$31.62	\$37.94	\$44.26	\$50.58	\$56.91	\$63.23
	Cash Value	\$3,111	\$6,221	\$9,332	\$12,443	\$15,553	\$18,664	\$21,774	\$24,885	\$27,996	\$31,106
	Tobacco	\$8.72	\$17.45	\$26.17	\$34.89	\$43.62	\$52.34	\$61.06	\$69.78	\$78.51	\$87.23
	Cash Value	\$3,303	\$6,606	\$9,909	\$13,212	\$16,515	\$19,818	\$23,121	\$26,424	\$29,727	\$33,031
41	NonTobacco	\$6.65	\$13.29	\$19.94	\$26.58	\$33.23	\$39.88	\$46.52	\$53.17	\$59.82	\$66.46
	Cash Value	\$2,977	\$5,954	\$8,930	\$11,907	\$14,884	\$17,861	\$20,837	\$23,814	\$26,791	\$29,768
	Tobacco	\$9.18	\$18.37	\$27.55	\$36.74	\$45.92	\$55.11	\$64.29	\$73.48	\$82.66	\$91.85
	Cash Value	\$3,181	\$6,362	\$9,542	\$12,723	\$15,904	\$19,085	\$22,266	\$25,446	\$28,627	\$31,808
42	NonTobacco	\$7.02	\$14.03	\$21.05	\$28.06	\$35.08	\$42.09	\$49.11	\$56.12	\$63.14	\$70.15
	Cash Value	\$2,896	\$5,791	\$8,687	\$11,582	\$14,478	\$17,373	\$20,269	\$23,165	\$26,060	\$28,956
	Tobacco	\$9.65	\$19.29	\$28.94	\$38.58	\$48.23	\$57.88	\$67.52	\$77.17	\$86.82	\$96.46
	Cash Value	\$3,034	\$6,068	\$9,102	\$12,135	\$15,169	\$18,203	\$21,237	\$24,271	\$27,305	\$30,339
43	NonTobacco	\$7.38	\$14.77	\$22.15	\$29.54	\$36.92	\$44.31	\$51.69	\$59.08	\$66.46	\$73.85
	Cash Value	\$2,773	\$5,546	\$8,319	\$11,092	\$13,865	\$16,638	\$19,410	\$22,183	\$24,956	\$27,729
	Tobacco	\$10.15	\$20.31	\$30.46	\$40.62	\$50.77	\$60.92	\$71.08	\$81.23	\$91.38	\$101.54
	Cash Value	\$2,909	\$5,818	\$8,726	\$11,635	\$14,544	\$17,453	\$20,361	\$23,270	\$26,179	\$29,088

Life Benefit Summary

Group Number: 00565006

A Life insurance plan through Guardian provides:

- The foundation of a smart financial plan that helps protect you and those who depend on you
- Affordable group rates
- Flexibility to update your coverage as your life changes or take it with you if you change jobs or retire

About Your Benefits:

	VOLUNTARY PERMANENT LIFE
Employee Benefit	\$10,000 increments to a maximum of \$100,000.
Spouse Benefit	<p>Spouse Permanent Life: \$5,000 increments to a maximum of \$50,000.</p> <p>Spouse 10 Year Term Life: Up to 50% of the employee amount to a maximum \$50,000; Minimum is greater of 50% or \$10,000.</p>
Child Benefit	<p>Child Permanent Life: \$10,000 - Max age 26. Subject to state limits.</p> <p>Child Term Life: \$10,000 (amount until 14 days old is \$500.) Max age 26. Subject to state limits.</p>
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.	We Guarantee Issue coverage up to: Employee \$100,000. Spouse \$10,000. Dependent children \$10,000.
Premiums	Never increase due to an increase in age. All issue ages will be calculated using age at last birthday as of the member's certificate effective date.
Portability: Allows you to take coverage with you if you terminate employment.	Coverage is fully portable when employee or dependent is no longer eligible under employer's plan.

Subject to coverage limits

GPL Dependent Term: Spouse's Term Rider maximum Issue age is 60

† Permanent Life: Infant coverage is limited based on age.

Group Permanent Life Employee Bi-weekly Cost Illustration - Waiver to 67

Employee Issue Age	Bi-weekly Premium & Cash Value	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
18	NonTobacco	\$2.82	\$5.63	\$8.45	\$11.26	\$14.08	\$16.89	\$19.71	\$22.52	\$25.34	\$28.15
	Cash Value	\$4,790	\$9,581	\$14,371	\$19,162	\$23,952	\$28,743	\$33,533	\$38,324	\$43,114	\$47,905
	Tobacco	\$3.51	\$7.02	\$10.52	\$14.03	\$17.54	\$21.05	\$24.55	\$28.06	\$31.57	\$35.08
	Cash Value	\$5,017	\$10,033	\$15,050	\$20,066	\$25,083	\$30,099	\$35,116	\$40,132	\$45,149	\$50,166
19	NonTobacco	\$2.82	\$5.63	\$8.45	\$11.26	\$14.08	\$16.89	\$19.71	\$22.52	\$25.34	\$28.15
	Cash Value	\$4,465	\$8,930	\$13,395	\$17,860	\$22,325	\$26,790	\$31,255	\$35,720	\$40,185	\$44,650
	Tobacco	\$3.60	\$7.20	\$10.80	\$14.40	\$18.00	\$21.60	\$25.20	\$28.80	\$32.40	\$36.00
	Cash Value	\$4,842	\$9,684	\$14,526	\$19,369	\$24,211	\$29,053	\$33,895	\$38,737	\$43,579	\$48,422
20	NonTobacco	\$2.86	\$5.72	\$8.58	\$11.45	\$14.31	\$17.17	\$20.03	\$22.89	\$25.75	\$28.62
	Cash Value	\$4,308	\$8,616	\$12,924	\$17,232	\$21,539	\$25,847	\$30,155	\$34,463	\$38,771	\$43,079
	Tobacco	\$3.69	\$7.38	\$11.08	\$14.77	\$18.46	\$22.15	\$25.85	\$29.54	\$33.23	\$36.92
	Cash Value	\$4,660	\$9,319	\$13,979	\$18,638	\$23,298	\$27,957	\$32,617	\$37,276	\$41,936	\$46,596
21	NonTobacco	\$2.91	\$5.82	\$8.72	\$11.63	\$14.54	\$17.45	\$20.35	\$23.26	\$26.17	\$29.08
	Cash Value	\$4,151	\$8,302	\$12,453	\$16,604	\$20,755	\$24,905	\$29,056	\$33,207	\$37,358	\$41,509
	Tobacco	\$3.88	\$7.75	\$11.63	\$15.51	\$19.38	\$23.26	\$27.14	\$31.02	\$34.89	\$38.77
	Cash Value	\$4,691	\$9,381	\$14,072	\$18,762	\$23,453	\$28,143	\$32,834	\$37,524	\$42,215	\$46,905
22	NonTobacco	\$3.00	\$6.00	\$9.00	\$12.00	\$15.00	\$18.00	\$21.00	\$24.00	\$27.00	\$30.00
	Cash Value	\$4,132	\$8,263	\$12,395	\$16,526	\$20,658	\$24,789	\$28,921	\$33,052	\$37,184	\$41,315
	Tobacco	\$3.97	\$7.94	\$11.91	\$15.88	\$19.85	\$23.82	\$27.78	\$31.75	\$35.72	\$39.69
	Cash Value	\$4,556	\$9,112	\$13,668	\$18,224	\$22,780	\$27,336	\$31,892	\$36,448	\$41,004	\$45,560
23	NonTobacco	\$3.09	\$6.18	\$9.28	\$12.37	\$15.46	\$18.55	\$21.65	\$24.74	\$27.83	\$30.92
	Cash Value	\$4,094	\$8,188	\$12,283	\$16,377	\$20,471	\$24,565	\$28,659	\$32,754	\$36,848	\$40,942
	Tobacco	\$4.11	\$8.22	\$12.32	\$16.43	\$20.54	\$24.65	\$28.75	\$32.86	\$36.97	\$41.08
	Cash Value	\$4,563	\$9,125	\$13,688	\$18,250	\$22,813	\$27,375	\$31,938	\$36,500	\$41,063	\$45,625
24	NonTobacco	\$3.18	\$6.37	\$9.55	\$12.74	\$15.92	\$19.11	\$22.29	\$25.48	\$28.66	\$31.85
	Cash Value	\$4,046	\$8,092	\$12,137	\$16,183	\$20,229	\$24,275	\$28,320	\$32,366	\$36,412	\$40,458
	Tobacco	\$4.25	\$8.49	\$12.74	\$16.98	\$21.23	\$25.48	\$29.72	\$33.97	\$38.22	\$42.46
	Cash Value	\$4,545	\$9,090	\$13,635	\$18,180	\$22,725	\$27,269	\$31,814	\$36,359	\$40,904	\$45,449
25	NonTobacco	\$3.32	\$6.65	\$9.97	\$13.29	\$16.62	\$19.94	\$23.26	\$26.58	\$29.91	\$33.23
	Cash Value	\$4,104	\$8,207	\$12,311	\$16,415	\$20,519	\$24,622	\$28,726	\$32,830	\$36,933	\$41,037
	Tobacco	\$4.52	\$9.05	\$13.57	\$18.09	\$22.62	\$27.14	\$31.66	\$36.18	\$40.71	\$45.23
	Cash Value	\$4,772	\$9,544	\$14,317	\$19,089	\$23,861	\$28,633	\$33,406	\$38,178	\$42,950	\$47,722
26	NonTobacco	\$3.42	\$6.83	\$10.25	\$13.66	\$17.08	\$20.49	\$23.91	\$27.32	\$30.74	\$34.15
	Cash Value	\$3,983	\$7,965	\$11,948	\$15,930	\$19,913	\$23,895	\$27,878	\$31,860	\$35,843	\$39,826
	Tobacco	\$4.71	\$9.42	\$14.12	\$18.83	\$23.54	\$28.25	\$32.95	\$37.66	\$42.37	\$47.08
	Cash Value	\$4,687	\$9,375	\$14,062	\$18,749	\$23,436	\$28,124	\$32,811	\$37,498	\$42,186	\$46,873
27	NonTobacco	\$3.55	\$7.11	\$10.66	\$14.22	\$17.77	\$21.32	\$24.88	\$28.43	\$31.98	\$35.54
	Cash Value	\$3,963	\$7,927	\$11,890	\$15,853	\$19,816	\$23,780	\$27,743	\$31,706	\$35,670	\$39,633
	Tobacco	\$4.85	\$9.69	\$14.54	\$19.38	\$24.23	\$29.08	\$33.92	\$38.77	\$43.62	\$48.46
	Cash Value	\$4,508	\$9,016	\$13,524	\$18,032	\$22,540	\$27,048	\$31,556	\$36,064	\$40,572	\$45,080
28	NonTobacco	\$3.69	\$7.38	\$11.08	\$14.77	\$18.46	\$22.15	\$25.85	\$29.54	\$33.23	\$36.92
	Cash Value	\$3,929	\$7,857	\$11,786	\$15,715	\$19,643	\$23,572	\$27,501	\$31,429	\$35,358	\$39,287
	Tobacco	\$5.03	\$10.06	\$15.09	\$20.12	\$25.15	\$30.18	\$35.22	\$40.25	\$45.28	\$50.31
	Cash Value	\$4,390	\$8,779	\$13,169	\$17,558	\$21,948	\$26,337	\$30,727	\$35,116	\$39,506	\$43,896
29	NonTobacco	\$3.83	\$7.66	\$11.49	\$15.32	\$19.15	\$22.98	\$26.82	\$30.65	\$34.48	\$38.31
	Cash Value	\$3,875	\$7,750	\$11,624	\$15,499	\$19,374	\$23,249	\$27,124	\$30,998	\$34,873	\$38,748
	Tobacco	\$5.22	\$10.43	\$15.65	\$20.86	\$26.08	\$31.29	\$36.51	\$41.72	\$46.94	\$52.15
	Cash Value	\$4,292	\$8,584	\$12,877	\$17,169	\$21,461	\$25,753	\$30,045	\$34,338	\$38,630	\$42,922
30	NonTobacco	\$4.02	\$8.03	\$12.05	\$16.06	\$20.08	\$24.09	\$28.11	\$32.12	\$36.14	\$40.15
	Cash Value	\$3,805	\$7,611	\$11,416	\$15,222	\$19,027	\$22,833	\$26,638	\$30,444	\$34,249	\$38,055
	Tobacco	\$5.49	\$10.98	\$16.48	\$21.97	\$27.46	\$32.95	\$38.45	\$43.94	\$49.43	\$54.92
	Cash Value	\$4,237	\$8,473	\$12,710	\$16,947	\$21,183	\$25,420	\$29,657	\$33,893	\$38,130	\$42,367

Group Permanent Life Employee Bi-weekly Cost Illustration - Waiver to 67

Employee Issue Age	Bi-weekly Premium & Cash Value	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
31	NonTobacco	\$4.15	\$8.31	\$12.46	\$16.62	\$20.77	\$24.92	\$29.08	\$33.23	\$37.38	\$41.54
	Cash Value	\$3,756	\$7,513	\$11,269	\$15,026	\$18,782	\$22,538	\$26,295	\$30,051	\$33,808	\$37,564
	Tobacco	\$5.72	\$11.45	\$17.17	\$22.89	\$28.62	\$34.34	\$40.06	\$45.78	\$51.51	\$57.23
	Cash Value	\$4,098	\$8,196	\$12,293	\$16,391	\$20,489	\$24,587	\$28,685	\$32,782	\$36,880	\$40,978
32	NonTobacco	\$4.34	\$8.68	\$13.02	\$17.35	\$21.69	\$26.03	\$30.37	\$34.71	\$39.05	\$43.38
	Cash Value	\$3,742	\$7,484	\$11,226	\$14,969	\$18,711	\$22,453	\$26,195	\$29,937	\$33,679	\$37,422
	Tobacco	\$6.00	\$12.00	\$18.00	\$24.00	\$30.00	\$36.00	\$42.00	\$48.00	\$54.00	\$60.00
	Cash Value	\$4,085	\$8,170	\$12,255	\$16,340	\$20,424	\$24,509	\$28,594	\$32,679	\$36,764	\$40,849
33	NonTobacco	\$4.48	\$8.95	\$13.43	\$17.91	\$22.38	\$26.86	\$31.34	\$35.82	\$40.29	\$44.77
	Cash Value	\$3,628	\$7,256	\$10,883	\$14,511	\$18,139	\$21,767	\$25,395	\$29,022	\$32,650	\$36,278
	Tobacco	\$6.23	\$12.46	\$18.69	\$24.92	\$31.15	\$37.38	\$43.62	\$49.85	\$56.08	\$62.31
	Cash Value	\$3,991	\$7,982	\$11,973	\$15,964	\$19,954	\$23,945	\$27,936	\$31,927	\$35,918	\$39,909
34	NonTobacco	\$4.66	\$9.32	\$13.98	\$18.65	\$23.31	\$27.97	\$32.63	\$37.29	\$41.95	\$46.62
	Cash Value	\$3,578	\$7,157	\$10,735	\$14,314	\$17,892	\$21,471	\$25,049	\$28,628	\$32,206	\$35,785
	Tobacco	\$6.51	\$13.02	\$19.52	\$26.03	\$32.54	\$39.05	\$45.55	\$52.06	\$58.57	\$65.08
	Cash Value	\$3,922	\$7,845	\$11,767	\$15,689	\$19,612	\$23,534	\$27,456	\$31,378	\$35,301	\$39,223
35	NonTobacco	\$4.94	\$9.88	\$14.82	\$19.75	\$24.69	\$29.63	\$34.57	\$39.51	\$44.45	\$49.38
	Cash Value	\$3,580	\$7,160	\$10,741	\$14,321	\$17,901	\$21,481	\$25,061	\$28,642	\$32,222	\$35,802
	Tobacco	\$6.74	\$13.48	\$20.22	\$26.95	\$33.69	\$40.43	\$47.17	\$53.91	\$60.65	\$67.38
	Cash Value	\$3,784	\$7,569	\$11,353	\$15,137	\$18,921	\$22,706	\$26,490	\$30,274	\$34,059	\$37,843
36	NonTobacco	\$5.26	\$10.52	\$15.78	\$21.05	\$26.31	\$31.57	\$36.83	\$42.09	\$47.35	\$52.62
	Cash Value	\$3,474	\$6,948	\$10,422	\$13,896	\$17,370	\$20,844	\$24,318	\$27,792	\$31,266	\$34,740
	Tobacco	\$7.25	\$14.49	\$21.74	\$28.98	\$36.23	\$43.48	\$50.72	\$57.97	\$65.22	\$72.46
	Cash Value	\$3,748	\$7,497	\$11,245	\$14,994	\$18,742	\$22,491	\$26,239	\$29,987	\$33,736	\$37,484
37	NonTobacco	\$5.49	\$10.98	\$16.48	\$21.97	\$27.46	\$32.95	\$38.45	\$43.94	\$49.43	\$54.92
	Cash Value	\$3,380	\$6,759	\$10,139	\$13,519	\$16,898	\$20,278	\$23,658	\$27,037	\$30,417	\$33,797
	Tobacco	\$7.62	\$15.23	\$22.85	\$30.46	\$38.08	\$45.69	\$53.31	\$60.92	\$68.54	\$76.15
	Cash Value	\$3,613	\$7,226	\$10,839	\$14,452	\$18,065	\$21,679	\$25,292	\$28,905	\$32,518	\$36,131
38	NonTobacco	\$5.77	\$11.54	\$17.31	\$23.08	\$28.85	\$34.62	\$40.38	\$46.15	\$51.92	\$57.69
	Cash Value	\$3,301	\$6,601	\$9,902	\$13,202	\$16,503	\$19,804	\$23,104	\$26,405	\$29,705	\$33,006
	Tobacco	\$8.03	\$16.06	\$24.09	\$32.12	\$40.15	\$48.18	\$56.22	\$64.25	\$72.28	\$80.31
	Cash Value	\$3,518	\$7,036	\$10,554	\$14,071	\$17,589	\$21,107	\$24,625	\$28,143	\$31,661	\$35,179
39	NonTobacco	\$6.00	\$12.00	\$18.00	\$24.00	\$30.00	\$36.00	\$42.00	\$48.00	\$54.00	\$60.00
	Cash Value	\$3,173	\$6,347	\$9,520	\$12,693	\$15,867	\$19,040	\$22,213	\$25,386	\$28,560	\$31,733
	Tobacco	\$8.45	\$16.89	\$25.34	\$33.78	\$42.23	\$50.68	\$59.12	\$67.57	\$76.02	\$84.46
	Cash Value	\$3,395	\$6,790	\$10,185	\$13,579	\$16,974	\$20,369	\$23,764	\$27,159	\$30,554	\$33,949
40	NonTobacco	\$6.32	\$12.65	\$18.97	\$25.29	\$31.62	\$37.94	\$44.26	\$50.58	\$56.91	\$63.23
	Cash Value	\$3,111	\$6,221	\$9,332	\$12,443	\$15,553	\$18,664	\$21,774	\$24,885	\$27,996	\$31,106
	Tobacco	\$8.72	\$17.45	\$26.17	\$34.89	\$43.62	\$52.34	\$61.06	\$69.78	\$78.51	\$87.23
	Cash Value	\$3,303	\$6,606	\$9,909	\$13,212	\$16,515	\$19,818	\$23,121	\$26,424	\$29,727	\$33,031
41	NonTobacco	\$6.65	\$13.29	\$19.94	\$26.58	\$33.23	\$39.88	\$46.52	\$53.17	\$59.82	\$66.46
	Cash Value	\$2,977	\$5,954	\$8,930	\$11,907	\$14,884	\$17,861	\$20,837	\$23,814	\$26,791	\$29,768
	Tobacco	\$9.18	\$18.37	\$27.55	\$36.74	\$45.92	\$55.11	\$64.29	\$73.48	\$82.66	\$91.85
	Cash Value	\$3,181	\$6,362	\$9,542	\$12,723	\$15,904	\$19,085	\$22,266	\$25,446	\$28,627	\$31,808
42	NonTobacco	\$7.02	\$14.03	\$21.05	\$28.06	\$35.08	\$42.09	\$49.11	\$56.12	\$63.14	\$70.15
	Cash Value	\$2,896	\$5,791	\$8,687	\$11,582	\$14,478	\$17,373	\$20,269	\$23,165	\$26,060	\$28,956
	Tobacco	\$9.65	\$19.29	\$28.94	\$38.58	\$48.23	\$57.88	\$67.52	\$77.17	\$86.82	\$96.46
	Cash Value	\$3,034	\$6,068	\$9,102	\$12,135	\$15,169	\$18,203	\$21,237	\$24,271	\$27,305	\$30,339
43	NonTobacco	\$7.38	\$14.77	\$22.15	\$29.54	\$36.92	\$44.31	\$51.69	\$59.08	\$66.46	\$73.85
	Cash Value	\$2,773	\$5,546	\$8,319	\$11,092	\$13,865	\$16,638	\$19,410	\$22,183	\$24,956	\$27,729
	Tobacco	\$10.15	\$20.31	\$30.46	\$40.62	\$50.77	\$60.92	\$71.08	\$81.23	\$91.38	\$101.54
	Cash Value	\$2,909	\$5,818	\$8,726	\$11,635	\$14,544	\$17,453	\$20,361	\$23,270	\$26,179	\$29,088

Group Permanent Life Child Term Bi-weekly Cost Illustration for \$10,000 Coverage

Bi-weekly Premium	1.94
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Voluntary Permanent Life Limitations & Exclusions

This handout is for illustration purposes only and is an approximation, premium amounts may be amended. Cash Values shown are values that apply at age 65 or, if later, on the 10th anniversary and assume all premiums have been paid on time.

A SUMMARY OF PLAN LIMITATION AND EXCLUSIONS FOR LIFE COVERAGE:
<p>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.</p> <p>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 certificate of coverage for full plan description.</p>
<p>Dependent life 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.</p>
<p>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.</p>
<p>Except in Washington, 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. Late entrants and benefit increases require underwriting approval.</p>
<p>Guarantee Issue/Conditional Issue amounts may vary based on age and case size. See your Plan Administrator for details. Late entrants and benefit increases require underwriting approval.</p>

Group Permanent Life Employee Bi-weekly Cost Illustration - Waiver to 67

Employee Issue Age	Bi-weekly Premium & Cash Value	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
44	NonTobacco	\$7.75	\$15.51	\$23.26	\$31.02	\$38.77	\$46.52	\$54.28	\$62.03	\$69.78	\$77.54
	Cash Value	\$2,654	\$5,308	\$7,961	\$10,615	\$13,269	\$15,923	\$18,576	\$21,230	\$23,884	\$26,538
	Tobacco	\$10.66	\$21.32	\$31.98	\$42.65	\$53.31	\$63.97	\$74.63	\$85.29	\$95.95	\$106.62
	Cash Value	\$2,758	\$5,517	\$8,275	\$11,033	\$13,792	\$16,550	\$19,308	\$22,066	\$24,825	\$27,583
45	NonTobacco	\$8.17	\$16.34	\$24.51	\$32.68	\$40.85	\$49.02	\$57.18	\$65.35	\$73.52	\$81.69
	Cash Value	\$2,534	\$5,068	\$7,601	\$10,135	\$12,669	\$15,203	\$17,736	\$20,270	\$22,804	\$25,338
	Tobacco	\$11.31	\$22.62	\$33.92	\$45.23	\$56.54	\$67.85	\$79.15	\$90.46	\$101.77	\$113.08
	Cash Value	\$2,623	\$5,246	\$7,870	\$10,493	\$13,116	\$15,739	\$18,362	\$20,985	\$23,609	\$26,232
46	NonTobacco	\$8.82	\$17.63	\$26.45	\$35.26	\$44.08	\$52.89	\$61.71	\$70.52	\$79.34	\$88.15
	Cash Value	\$2,371	\$4,742	\$7,113	\$9,483	\$11,854	\$14,225	\$16,596	\$18,967	\$21,338	\$23,709
	Tobacco	\$12.14	\$24.28	\$36.42	\$48.55	\$60.69	\$72.83	\$84.97	\$97.11	\$109.25	\$121.38
	Cash Value	\$2,460	\$4,921	\$7,381	\$9,842	\$12,302	\$14,763	\$17,223	\$19,684	\$22,144	\$24,605
47	NonTobacco	\$9.51	\$19.02	\$28.52	\$38.03	\$47.54	\$57.05	\$66.55	\$76.06	\$85.57	\$95.08
	Cash Value	\$2,219	\$4,437	\$6,656	\$8,874	\$11,093	\$13,312	\$15,530	\$17,749	\$19,967	\$22,186
	Tobacco	\$12.97	\$25.94	\$38.91	\$51.88	\$64.85	\$77.82	\$90.78	\$103.75	\$116.72	\$129.69
	Cash Value	\$2,269	\$4,539	\$6,808	\$9,078	\$11,347	\$13,617	\$15,886	\$18,156	\$20,425	\$22,695
48	NonTobacco	\$10.20	\$20.40	\$30.60	\$40.80	\$51.00	\$61.20	\$71.40	\$81.60	\$91.80	\$102.00
	Cash Value	\$2,060	\$4,119	\$6,179	\$8,238	\$10,298	\$12,358	\$14,417	\$16,477	\$18,537	\$20,596
	Tobacco	\$13.85	\$27.69	\$41.54	\$55.38	\$69.23	\$83.08	\$96.92	\$110.77	\$124.62	\$138.46
	Cash Value	\$2,082	\$4,164	\$6,246	\$8,328	\$10,409	\$12,491	\$14,573	\$16,655	\$18,737	\$20,819
49	NonTobacco	\$10.89	\$21.78	\$32.68	\$43.57	\$54.46	\$65.35	\$76.25	\$87.14	\$98.03	\$108.92
	Cash Value	\$1,860	\$3,721	\$5,581	\$7,442	\$9,302	\$11,163	\$13,023	\$14,884	\$16,744	\$18,605
	Tobacco	\$14.77	\$29.54	\$44.31	\$59.08	\$73.85	\$88.62	\$103.38	\$118.15	\$132.92	\$147.69
	Cash Value	\$1,892	\$3,784	\$5,676	\$7,568	\$9,461	\$11,353	\$13,245	\$15,137	\$17,029	\$18,921
50	NonTobacco	\$11.63	\$23.26	\$34.89	\$46.52	\$58.15	\$69.78	\$81.42	\$93.05	\$104.68	\$116.31
	Cash Value	\$1,688	\$3,376	\$5,064	\$6,752	\$8,440	\$10,128	\$11,816	\$13,504	\$15,192	\$16,880
	Tobacco	\$15.74	\$31.48	\$47.22	\$62.95	\$78.69	\$94.43	\$110.17	\$125.91	\$141.65	\$157.38
	Cash Value	\$1,698	\$3,396	\$5,093	\$6,791	\$8,489	\$10,187	\$11,884	\$13,582	\$15,280	\$16,978
51	NonTobacco	\$12.88	\$25.75	\$38.63	\$51.51	\$64.38	\$77.26	\$90.14	\$103.02	\$115.89	\$128.77
	Cash Value	\$1,490	\$2,981	\$4,471	\$5,961	\$7,451	\$8,942	\$10,432	\$11,922	\$13,412	\$14,903
	Tobacco	\$17.49	\$34.98	\$52.48	\$69.97	\$87.46	\$104.95	\$122.45	\$139.94	\$157.43	\$174.92
	Cash Value	\$1,518	\$3,035	\$4,553	\$6,071	\$7,589	\$9,106	\$10,624	\$12,142	\$13,660	\$15,177
52	NonTobacco	\$14.12	\$28.25	\$42.37	\$56.49	\$70.62	\$84.74	\$98.86	\$112.98	\$127.11	\$141.23
	Cash Value	\$1,268	\$2,536	\$3,803	\$5,071	\$6,339	\$7,607	\$8,875	\$10,142	\$11,410	\$12,678
	Tobacco	\$19.25	\$38.49	\$57.74	\$76.98	\$96.23	\$115.48	\$134.72	\$153.97	\$173.22	\$192.46
	Cash Value	\$1,301	\$2,602	\$3,903	\$5,204	\$6,505	\$7,806	\$9,107	\$10,408	\$11,709	\$13,010
53	NonTobacco	\$15.42	\$30.83	\$46.25	\$61.66	\$77.08	\$92.49	\$107.91	\$123.32	\$138.74	\$154.15
	Cash Value	\$1,055	\$2,109	\$3,164	\$4,219	\$5,274	\$6,328	\$7,383	\$8,438	\$9,493	\$10,547
	Tobacco	\$21.09	\$42.18	\$63.28	\$84.37	\$105.46	\$126.55	\$147.65	\$168.74	\$189.83	\$210.92
	Cash Value	\$1,087	\$2,175	\$3,262	\$4,349	\$5,436	\$6,524	\$7,611	\$8,698	\$9,785	\$10,873
54	NonTobacco	\$16.75	\$33.51	\$50.26	\$67.02	\$83.77	\$100.52	\$117.28	\$134.03	\$150.78	\$167.54
	Cash Value	\$820	\$1,640	\$2,461	\$3,281	\$4,101	\$4,921	\$5,741	\$6,562	\$7,382	\$8,202
	Tobacco	\$22.94	\$45.88	\$68.82	\$91.75	\$114.69	\$137.63	\$160.57	\$183.51	\$206.45	\$229.38
	Cash Value	\$837	\$1,675	\$2,512	\$3,350	\$4,187	\$5,025	\$5,862	\$6,700	\$7,537	\$8,374
55	NonTobacco	\$18.23	\$36.46	\$54.69	\$72.92	\$91.15	\$109.38	\$127.62	\$145.85	\$164.08	\$182.31
	Cash Value	\$575	\$1,150	\$1,725	\$2,301	\$2,876	\$3,451	\$4,026	\$4,601	\$5,176	\$5,751
	Tobacco	\$24.97	\$49.94	\$74.91	\$99.88	\$124.85	\$149.82	\$174.78	\$199.75	\$224.72	\$249.69
	Cash Value	\$585	\$1,170	\$1,755	\$2,340	\$2,925	\$3,509	\$4,094	\$4,679	\$5,264	\$5,849
56	NonTobacco	\$19.62	\$39.23	\$58.85	\$78.46	\$98.08	\$117.69	\$137.31	\$156.92	\$176.54	\$196.15
	Cash Value	\$620	\$1,240	\$1,860	\$2,479	\$3,099	\$3,719	\$4,339	\$4,959	\$5,579	\$6,198
	Tobacco	\$26.86	\$53.72	\$80.58	\$107.45	\$134.31	\$161.17	\$188.03	\$214.89	\$241.75	\$268.62
	Cash Value	\$596	\$1,192	\$1,787	\$2,383	\$2,979	\$3,575	\$4,170	\$4,766	\$5,362	\$5,958

Group Permanent Life Employee Bi-weekly Cost Illustration - Waiver to 67

Employee Issue Age	Bi-weekly Premium & Cash Value	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
57	NonTobacco	\$21.00	\$42.00	\$63.00	\$84.00	\$105.00	\$126.00	\$147.00	\$168.00	\$189.00	\$210.00
	Cash Value	\$657	\$1,315	\$1,972	\$2,629	\$3,287	\$3,944	\$4,601	\$5,258	\$5,916	\$6,573
	Tobacco	\$28.80	\$57.60	\$86.40	\$115.20	\$144.00	\$172.80	\$201.60	\$230.40	\$259.20	\$288.00
	Cash Value	\$611	\$1,222	\$1,832	\$2,443	\$3,054	\$3,665	\$4,275	\$4,886	\$5,497	\$6,108
58	NonTobacco	\$22.43	\$44.86	\$67.29	\$89.72	\$112.15	\$134.58	\$157.02	\$179.45	\$201.88	\$224.31
	Cash Value	\$687	\$1,374	\$2,062	\$2,749	\$3,436	\$4,123	\$4,810	\$5,497	\$6,185	\$6,872
	Tobacco	\$30.78	\$61.57	\$92.35	\$123.14	\$153.92	\$184.71	\$215.49	\$246.28	\$277.06	\$307.85
	Cash Value	\$629	\$1,257	\$1,886	\$2,515	\$3,143	\$3,772	\$4,401	\$5,029	\$5,658	\$6,287
59	NonTobacco	\$23.91	\$47.82	\$71.72	\$95.63	\$119.54	\$143.45	\$167.35	\$191.26	\$215.17	\$239.08
	Cash Value	\$733	\$1,467	\$2,200	\$2,933	\$3,667	\$4,400	\$5,133	\$5,867	\$6,600	\$7,333
	Tobacco	\$32.82	\$65.63	\$98.45	\$131.26	\$164.08	\$196.89	\$229.71	\$262.52	\$295.34	\$328.15
	Cash Value	\$647	\$1,294	\$1,941	\$2,589	\$3,236	\$3,883	\$4,530	\$5,177	\$5,824	\$6,471
60	NonTobacco	\$18.23	\$36.46	\$54.69	\$72.92	\$91.15	\$109.38	\$127.62	\$145.85	\$164.08	\$182.31
	Cash Value	\$782	\$1,564	\$2,347	\$3,129	\$3,911	\$4,693	\$5,476	\$6,258	\$7,040	\$7,822
	Tobacco	\$24.46	\$48.92	\$73.38	\$97.85	\$122.31	\$146.77	\$171.23	\$195.69	\$220.15	\$244.62
	Cash Value	\$666	\$1,331	\$1,997	\$2,663	\$3,328	\$3,994	\$4,660	\$5,325	\$5,991	\$6,657
61	NonTobacco	\$19.25	\$38.49	\$57.74	\$76.98	\$96.23	\$115.48	\$134.72	\$153.97	\$173.22	\$192.46
	Cash Value	\$856	\$1,712	\$2,568	\$3,424	\$4,280	\$5,136	\$5,992	\$6,848	\$7,705	\$8,561
	Tobacco	\$25.71	\$51.42	\$77.12	\$102.83	\$128.54	\$154.25	\$179.95	\$205.66	\$231.37	\$257.08
	Cash Value	\$684	\$1,368	\$2,051	\$2,735	\$3,419	\$4,103	\$4,786	\$5,470	\$6,154	\$6,838
62	NonTobacco	\$20.26	\$40.52	\$60.78	\$81.05	\$101.31	\$121.57	\$141.83	\$162.09	\$182.35	\$202.62
	Cash Value	\$918	\$1,836	\$2,753	\$3,671	\$4,589	\$5,507	\$6,425	\$7,342	\$8,260	\$9,178
	Tobacco	\$27.00	\$54.00	\$81.00	\$108.00	\$135.00	\$162.00	\$189.00	\$216.00	\$243.00	\$270.00
	Cash Value	\$699	\$1,399	\$2,098	\$2,798	\$3,497	\$4,197	\$4,896	\$5,596	\$6,295	\$6,995
63	NonTobacco	\$21.42	\$42.83	\$64.25	\$85.66	\$107.08	\$128.49	\$149.91	\$171.32	\$192.74	\$214.15
	Cash Value	\$994	\$1,989	\$2,983	\$3,978	\$4,972	\$5,966	\$6,961	\$7,955	\$8,950	\$9,944
	Tobacco	\$28.48	\$56.95	\$85.43	\$113.91	\$142.38	\$170.86	\$199.34	\$227.82	\$256.29	\$284.77
	Cash Value	\$758	\$1,515	\$2,273	\$3,031	\$3,788	\$4,546	\$5,303	\$6,061	\$6,819	\$7,576
64	NonTobacco	\$22.57	\$45.14	\$67.71	\$90.28	\$112.85	\$135.42	\$157.98	\$180.55	\$203.12	\$225.69
	Cash Value	\$1,068	\$2,136	\$3,204	\$4,272	\$5,340	\$6,408	\$7,475	\$8,543	\$9,611	\$10,679
	Tobacco	\$30.00	\$60.00	\$90.00	\$120.00	\$150.00	\$180.00	\$210.00	\$240.00	\$270.00	\$300.00
	Cash Value	\$812	\$1,624	\$2,437	\$3,249	\$4,061	\$4,873	\$5,685	\$6,497	\$7,310	\$8,122
65	NonTobacco	\$23.82	\$47.63	\$71.45	\$95.26	\$119.08	\$142.89	\$166.71	\$190.52	\$214.34	\$238.15
	Cash Value	\$1,152	\$2,305	\$3,457	\$4,610	\$5,762	\$6,915	\$8,067	\$9,219	\$10,372	\$11,524
	Tobacco	\$31.66	\$63.32	\$94.98	\$126.65	\$158.31	\$189.97	\$221.63	\$253.29	\$284.95	\$316.62
	Cash Value	\$892	\$1,784	\$2,676	\$3,568	\$4,461	\$5,353	\$6,245	\$7,137	\$8,029	\$8,921
66	NonTobacco	\$25.15	\$50.31	\$75.46	\$100.62	\$125.77	\$150.92	\$176.08	\$201.23	\$226.38	\$251.54
	Cash Value	\$1,247	\$2,494	\$3,741	\$4,988	\$6,235	\$7,482	\$8,729	\$9,977	\$11,224	\$12,471
	Tobacco	\$33.37	\$66.74	\$100.11	\$133.48	\$166.85	\$200.22	\$233.58	\$266.95	\$300.32	\$333.69
	Cash Value	\$962	\$1,925	\$2,887	\$3,849	\$4,811	\$5,774	\$6,736	\$7,698	\$8,660	\$9,623
67	NonTobacco	\$26.54	\$53.08	\$79.62	\$106.15	\$132.69	\$159.23	\$185.77	\$212.31	\$238.85	\$265.38
	Cash Value	\$1,333	\$2,666	\$3,998	\$5,331	\$6,664	\$7,997	\$9,329	\$10,662	\$11,995	\$13,328
	Tobacco	\$35.17	\$70.34	\$105.51	\$140.68	\$175.85	\$211.02	\$246.18	\$281.35	\$316.52	\$351.69
	Cash Value	\$1,033	\$2,067	\$3,100	\$4,133	\$5,167	\$6,200	\$7,234	\$8,267	\$9,300	\$10,334
68	NonTobacco	\$28.11	\$56.22	\$84.32	\$112.43	\$140.54	\$168.65	\$196.75	\$224.86	\$252.97	\$281.08
	Cash Value	\$1,437	\$2,875	\$4,312	\$5,749	\$7,186	\$8,624	\$10,061	\$11,498	\$12,936	\$14,373
	Tobacco	\$37.11	\$74.22	\$111.32	\$148.43	\$185.54	\$222.65	\$259.75	\$296.86	\$333.97	\$371.08
	Cash Value	\$1,116	\$2,232	\$3,348	\$4,464	\$5,579	\$6,695	\$7,811	\$8,927	\$10,043	\$11,159
69	NonTobacco	\$29.68	\$59.35	\$89.03	\$118.71	\$148.38	\$178.06	\$207.74	\$237.42	\$267.09	\$296.77
	Cash Value	\$1,521	\$3,043	\$4,564	\$6,086	\$7,607	\$9,129	\$10,650	\$12,172	\$13,693	\$15,215
	Tobacco	\$39.14	\$78.28	\$117.42	\$156.55	\$195.69	\$234.83	\$273.97	\$313.11	\$352.25	\$391.38
	Cash Value	\$1,186	\$2,372	\$3,559	\$4,745	\$5,931	\$7,117	\$8,304	\$9,490	\$10,676	\$11,862
70	NonTobacco	\$31.43	\$62.86	\$94.29	\$125.72	\$157.15	\$188.58	\$220.02	\$251.45	\$282.88	\$314.31
	Cash Value	\$1,631	\$3,262	\$4,893	\$6,524	\$8,155	\$9,786	\$11,417	\$13,048	\$14,679	\$16,310

Group Permanent Life Spouse Permanent Policy Bi-weekly Monthly Cost Illustration

To determine premium,

1. Write down the Employee volume: _____ (a)
2. Divide (a) by 1000 _____ (b)
3. Multiply (b) by 50%: _____ (c)
4. Find the rate per \$1,000 for the
Spouse's age from table below: _____ (d)
5. Multiply (c) times (d) _____ (e)

This is the Bi-weekly premium for the desired volume.

Bi-weekly rates per \$1,000 of Volume:

Spouse Issue Age	Non-Tobacco	Tobacco
18	\$0.28	\$0.35
19	\$0.28	\$0.36
20	\$0.28	\$0.36
21	\$0.29	\$0.38
22	\$0.30	\$0.39
23	\$0.30	\$0.41
24	\$0.31	\$0.42
25	\$0.33	\$0.44
26	\$0.34	\$0.46
27	\$0.35	\$0.48
28	\$0.36	\$0.49
29	\$0.38	\$0.51
30	\$0.39	\$0.54
31	\$0.41	\$0.55
32	\$0.42	\$0.58
33	\$0.44	\$0.60
34	\$0.46	\$0.63
35	\$0.48	\$0.66
36	\$0.50	\$0.69
37	\$0.53	\$0.72
38	\$0.55	\$0.76
39	\$0.58	\$0.80
40	\$0.61	\$0.84
41	\$0.64	\$0.88
42	\$0.67	\$0.92
43	\$0.70	\$0.97
44	\$0.73	\$1.02

Spouse Issue Age	Non-Tobacco	Tobacco
45	\$0.77	\$1.07
46	\$0.82	\$1.13
47	\$0.88	\$1.20
48	\$0.93	\$1.26
49	\$0.99	\$1.34
50	\$1.05	\$1.42
51	\$1.12	\$1.50
52	\$1.18	\$1.59
53	\$1.25	\$1.69
54	\$1.32	\$1.79
55	\$1.40	\$1.89
56	\$1.48	\$1.99
57	\$1.56	\$2.10
58	\$1.64	\$2.21
59	\$1.73	\$2.33
60	\$1.82	\$2.45
61	\$1.92	\$2.57
62	\$2.03	\$2.70
63	\$2.14	\$2.85
64	\$2.26	\$3.00
65	\$2.38	\$3.17
66	\$2.52	\$3.34
67	\$2.65	\$3.52
68	\$2.81	\$3.71
69	\$2.97	\$3.91
70	\$3.14	\$4.14

Group Permanent Life Spouse 10 Year Term Bi-weekly Cost Illustration

To determine premium,

1. Write down the Employee volume: _____ (a)
2. Divide (a) by 1000 _____ (b)
3. Multiply (b) by 50%: _____ (c)
4. Find the rate per \$1,000 for the
Spouse's age from table below: _____ (d)
5. Multiply (c) times (d) _____ (e)

This is the Bi-weekly premium for the desired volume.

Bi-weekly rates per \$1,000 of Volume:

Spouse Issue Age	Non-Tobacco	Tobacco
18	\$0.04	\$0.06
19	\$0.04	\$0.06
20	\$0.04	\$0.06
21	\$0.04	\$0.06
22	\$0.04	\$0.06
23	\$0.04	\$0.06
24	\$0.04	\$0.06
25	\$0.04	\$0.06
26	\$0.05	\$0.07
27	\$0.05	\$0.07
28	\$0.06	\$0.08
29	\$0.06	\$0.08
30	\$0.06	\$0.09
31	\$0.06	\$0.10
32	\$0.07	\$0.11
33	\$0.07	\$0.12
34	\$0.08	\$0.12
35	\$0.08	\$0.12
36	\$0.09	\$0.14
37	\$0.10	\$0.15
38	\$0.11	\$0.17
39	\$0.12	\$0.18
40	\$0.12	\$0.19
41	\$0.14	\$0.22
42	\$0.15	\$0.24
43	\$0.17	\$0.26
44	\$0.18	\$0.29

Spouse Issue Age	Non-Tobacco	Tobacco
45	\$0.20	\$0.30
46	\$0.24	\$0.36
47	\$0.27	\$0.42
48	\$0.31	\$0.48
49	\$0.35	\$0.54
50	\$0.39	\$0.60
51	\$0.42	\$0.65
52	\$0.46	\$0.70
53	\$0.50	\$0.75
54	\$0.54	\$0.80
55	\$0.57	\$0.86
56	\$0.64	\$0.94
57	\$0.70	\$1.02
58	\$0.77	\$1.09
59	\$0.83	\$1.17
60	\$0.89	\$1.26
61	NA	NA
62	NA	NA
63	NA	NA
64	NA	NA
65	NA	NA
66	NA	NA
67	NA	NA
68	NA	NA
69	NA	NA
70	NA	NA

Group Permanent Life Child Term Bi-weekly Cost Illustration for \$10,000 Coverage

Bi-weekly Premium	1.94
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Voluntary Permanent Life Limitations & Exclusions

This handout is for illustration purposes only and is an approximation, premium amounts may be amended.

Cash Values shown are values that apply at age 65 or, if later, on the 10th anniversary and assume all premiums have been paid on time.

A SUMMARY OF PLAN LIMITATION AND EXCLUSIONS FOR LIFE COVERAGE:

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 certificate of coverage for full plan description.

Dependent life 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.

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.

Except in Washington, 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. Late entrants and benefit increases require underwriting approval.

Guarantee Issue/Conditional Issue amounts may vary based on age and case size. See your Plan Administrator for details. Late entrants and benefit increases require underwriting approval.

This guide prepared by:



Please note that the information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The information contained in this Guide was taken from brochures and benefit information. While every effort was taken to accurately report your benefits, discrepancies, or errors are always possible. In case of discrepancy between the Guide and the actual plan documents the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Guide, please refer to your Employee Manual for additional information or contact your Benefits Manager.