

Welcome

Dear NATIONAL SEATING & MOBILITY Employee,

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

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

NATIONAL SEATING & MOBILITY



Group Number: 00553700

Accident Benefit Summary

ACCIDENT

About Your Benefits:

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

What Your Benefits Cover:

	ACCIDENT	
COVERAGE - DETAILS	Option I: Value Plan	Option 2: Advantage Plan
Your Monthly premium	\$7.26	\$11.97
You and Spouse	\$14.17	\$23.36
You and Child(ren)	\$12.48	\$20.84
You, Spouse and Child(ren)	\$19.39	\$32.23
Accident Coverage Type	On and Off Job	On and Off Job
Portability - Allows you to take your Accident coverage with you if you terminate employment. Ported Accident plan terminates at age 70.	Included	Included
WELLNESS BENEFIT - Per Year Limit	\$50	\$50
Child(ren) Age Limits	Children age birth to 26 years	Children age birth to 26 years
FEATURES		
Accident Emergency Room Treatment	\$150	\$175
Accident Follow-Up Visit - Doctor	\$25 up to 6 treatments	\$50 up to 6 treatments
Air Ambulance	\$500	\$1,000
Ambulance	\$100	\$150
Appliance - Wheelchair, leg or back brace, crutches, walker, walking boot that extends above the ankle or brace for the neck.	\$100	\$125
Blood/Plasma/Platelets	\$300	\$300
Burns (2nd Degree/3rd Degree)	9 sq inches to 18 sq inches: \$0/\$2,000 18 sq inches to 35 sq inches: \$1,000/\$4,000 Over 35 sq inches: \$3,000/\$12,000	9 sq inches to 18 sq inches: \$0/\$2,000 18 sq inches to 35 sq inches: \$1,000/\$4,000 Over 35 sq inches: \$3,000/\$12,000
Burn - Skin Graft	50% of burn benefit	50% of burn benefit
Child Organized Sport - Benefit is paid if the covered accident occurred while your covered child is participating in an organized sport that is governed by an organization and requires formal registration to participate.	20% increase to child benefits	20% increase to child benefits
Chiropractic Visits	No Benefit	\$25 per visit up to 6 visits
Coma	\$7,500	\$10,000
Concussions	\$50	\$75
Dislocations	Schedule up to \$3,600	Schedule up to \$4,400
Diagnostic Exam (Major)	\$100	\$150

Benefit information illustrated within this material reflects the plan covered by Guardian as of 10/08/2018

NATIONAL SEATING & MOBILITY ALL ELIGIBLE EMPLOYEES Benefit Summary

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

¹Injury Facts, 2011 Edition, National Safety Council.

EATURES (Cont.)	Option I: Value Plan	Option 2: Advantage Plan
Emergency Dental Work	\$200/Crown, \$50/Extraction	\$300/Crown, \$75/Extraction
Epidural pain management	\$100, 2 times per accident	\$100, 2 times per accident
Eye Injury	\$200	\$300
Family Care	\$20/day up to 30 days	\$20/day up to 30 days
Fracture	Schedule up to \$4,500	Schedule up to \$5,500
Hospital Admission	\$750	\$1,000
Hospital Confinement	\$175/day - up to 1 year	\$225/day - up to I year
Hospital ICU Admission	\$1,500	\$2,000
Hospital ICU Confinement	\$350/day - up to 15 days	\$450/day - up to 15 days
Initial Physician's office/Urgent Care Facility Treatment	\$50	\$75
Joint Replacement (hip/knee/shoulder)	\$1,500/\$750/\$750	\$2,500/\$1,250/\$1,250
Knee Cartilage	\$500	\$500
Laceration	Schedule up to \$300	Schedule up to \$400
Lodging - The hospital must be more than 50 miles from the insured's residence.	\$100/day, up to 30 days for companion hotel stay	\$125/day, up to 30 days for companion hotel stay
Occupational or Physical Therapy	\$25/day up to 10 days	\$25/day up to 10 days
Prosthetic Device/Artificial Limb	1: \$500 2 or more: \$1,000	1: \$500 2 or more: \$1,000
Rehabilitation Unit Confinement	\$150/day up to 15 days	\$150/day up to 15 days
Ruptured Disc With Surgical Repair	\$500	\$500
Surgery	Schedule up to \$1,000 Hernia: \$125	Schedule up to \$1,250 Hernia: \$150
Surgery - Exploratory or Arthroscopic	\$150	\$250
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.	\$400, 3 times per accident	\$500, 3 times per accident
X - Ray	\$20	\$30

UNDERSTANDING YOUR BENEFITS:

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

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

Manage Your Benefits:

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

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

This proposal summarizes the major features of the Guardian Accident benefit plan. It is not intended to be a complete representation of the proposed plan. For full plan features, including exclusions and limitations, please refer to your Policy.

This proposal is hedged subject to satisfactory financial evaluation.

This plan will not pay benefits for any injury caused by or related to: declared or undeclared war, act of war or armed aggression; taking part in a riot or civil disorder; or commission of, or attempt to commit a felony; intentionally self inflicted injury, while sane or insane; suicide, while sane or insane. The covered

person being legally intoxicated. Treatment rendered or hospital confinement outside the United States or Canada. Travel of flight in any kind of aircraft including any aircraft owned by or for the employer except as a fare paying passenger on a common carrier. Participation in any kind of sporting activity for compensation or profit including coaching or officiating.

Riding in or driving any motor-driven vehicle in a race, stunt show or speed test. Participation in hang gliding, bungee jumping, sailgliding, parasailing, parakiting, ballooning, parachuting, and/or skydiving. Injuries to a dependent child received during the birth. An accident that occurred before the covered person is covered by this plan. Sickness, disease, mental infirmity or medical or surgical treatment.

Contract # GP-I-AC-IC-12

If Accident insurance premium is paid for on a pre tax basis, the benefit may be taxable. Please contact your tax or legal advisor regarding the tax treatment of your policy benefits.