



## Welcome to

# Workplace benefits

### Everyone deserves a Guardian

Every day, Guardian gives 26 million Americans the security they deserve through our insurance and wealth management products and services.

We've partnered with your organization to offer you a range of employee benefits. Inside this pack, you'll find the plans your employer thinks you might benefit from.

### Your coverage options



**Dental insurance**

Taking care of teeth and overall health



**Vision insurance**

Looking after your eyesight and related health issues



**Life insurance**

Protecting your family's financial future

### Know your benefits

Your benefits support your physical and financial wellbeing, to help keep you and your loved ones protected.

With Guardian, you're in good hands. We've been delivering on our promises for over 150 years, and we're looking forward to doing the same for you too.

**1** Read through this information.

**2** Find out more about your benefits.

**3** Talk to your employer if you need help or have any questions.

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# Dental insurance

Taking care of your teeth is about more than just covering cavities and cleanings. It also means accounting for more expensive dental work, and your overall health.

With dental insurance, routine preventive care can lead to better overall health. And you'll be able to save money if any extensive dental work is required.

## Who is it for?

Everyone should have access to great dental coverage, which is why we offer comprehensive plans that are available through employers as part of your benefit offerings.

## What does it cover?

Dental insurance helps to protect your overall oral care. That includes services like preventive cleanings, x-rays, restorative services like fillings, and other more serious forms of oral surgery if you ever need them.

## Why should I consider it?

Poor oral health isn't just aesthetic, it's also been linked to conditions including diabetes, heart disease, and strokes. So, while brushing and flossing every day can help keep your teeth clean, nothing should replace regular visits to the dentist.



## Staying healthy

Joe visits his dentist for a routine dental cleaning, to take care of his teeth as well as his overall health.

Oral health is about more than just teeth and gums. It's also essential for a range of other health and wellbeing reasons:

**Cardiovascular disease:** Some research suggests that heart disease, clogged arteries, and strokes may be linked to inflammation and infections from oral bacteria.

**Osteoporosis:** Weak and brittle bones may be linked to tooth loss.

**Diabetes:** Research shows that people with gum disease find it more difficult to control their blood sugar levels.

**Alzheimer's disease:** Worsening oral health is seen as Alzheimer's disease progresses.

Source: An Ounce of Prevention: The link between preventive dental care and better oral health and wellness, Guardian 12th Annual Workplace Benefits Study, 2024

You will receive these benefits if you meet the conditions listed in the policy. \*Guardian will never ask you to provide sensitive personal information, including SSN/DOB, nor login via QR codes.

**GUARDIAN® is a registered trademark of The Guardian Life Insurance Company of America**

**Hope College**

ALL ELIGIBLE ACTIVE FACULTY/ADMIN EMPLOYEES

2025-8140766.1 (07/27)

Kit created 03/26/2026

Group number: 00096812



# Your dental coverage

**Option 1 or 2: Base or Base Up** plan, you'll have access to one of the largest networks of dentists with two reimbursement levels that give you more control over savings. You will always save money with any dentist in Guardian's network and when they belong to a tier in the Tier 1 reimbursement level you will maximize your savings. Reimbursement for covered services received from a non-contracted dentist will be based on Guardian's fee schedule.

Your Dental Plan	Option 1: Base		Option 2: Base Up	
	Tier 1	Tier 2	Tier 1	Tier 2
<b>Your Network is</b> DentalGuard Preferred Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Plan year deductible</b>	<i>Tier 1</i>	<i>Tier 2</i>	<i>Tier 1</i>	<i>Tier 2</i>
Individual	\$50	\$50	\$50	\$50
Family limit	2 per family (applies to all levels)		2 per family (applies to all levels)	
Waived for	Preventive	Preventive	Preventive	Preventive
<b>Charges covered for you</b> (co-insurance)	<i>Tier 1</i>	<i>Tier 2</i>	<i>Tier 1</i>	<i>Tier 2</i>
Preventive Care	100%	100%	100%	100%
Basic Care	75%	75%	75%	75%
Major Care	50%	50%	50%	50%
Orthodontia	Not Covered (applies to all levels)		50%	50%
<b>Annual Maximum Benefit</b>	\$1500 (applies to all levels)		\$1500 (applies to all levels)	
<b>Maximum Rollover</b>	Yes (applies to all levels)		Yes (applies to all levels)	
Rollover Threshold	\$700		\$700	
Rollover Amount	\$350		\$350	
Rollover In-network Amount	\$500		\$500	
Rollover Account Limit	\$1250		\$1250	
<b>Lifetime Orthodontia Maximum</b>	Not Applicable (applies to all levels)		\$1500 (applies to all levels)	
<b>Dependent Age Limits</b>	26 (applies to all levels)		26 (applies to all levels)	



# Your dental coverage

## A Sample of Services Covered by Your Plan:

		<b>Option 1: Base</b> <i>Plan pays (on average)</i>		<b>Option 2: Base Up</b> <i>Plan pays (on average)</i>	
		Tier 1	Tier 2	Tier 1	Tier 2
Preventive Care	Cleaning (prophylaxis) Frequency:	100%	100%	100%	100%
		2 in 12 Months (applies to all levels)		2 in 12 Months (applies to all levels)	
	Fluoride Treatments Limits:	100%	100%	100%	100%
		No Age Limits (applies to all levels)		No Age Limits (applies to all levels)	
	Oral Exams	100%	100%	100%	100%
	Periodontal Maintenance Frequency:	100%	100%	100%	100%
		2 in 12 months (applies to all levels)		2 in 12 months (applies to all levels)	
	Sealants (per tooth)	100%	100%	100%	100%
	X-rays	100%	100%	100%	100%
Basic Care	Anesthesia*	75%	75%	75%	75%
	Fillings†	75%	75%	75%	75%
	Perio Surgery	75%	75%	75%	75%
	Repair & Maintenance of Crowns, Bridges & Dentures	75%	75%	75%	75%
	Root Canal	75%	75%	75%	75%
	Scaling & Root Planing (per quadrant)	75%	75%	75%	75%
	Simple Extractions	75%	75%	75%	75%
	Surgical Extractions	75%	75%	75%	75%
Major Care	Bridges and Dentures	50%	50%	50%	50%
	Dental Implants	50%	50%	50%	50%
	Inlays, Onlays, Veneers**	50%	50%	50%	50%
	Single Crowns	50%	50%	50%	50%
Orthodontia	Orthodontia	Not Covered		50%	50%
	Limits:	(applies to all levels)		Child(ren) (applies to all levels)	
	Deferred Services for Future Employees	Major Services - 12 Months		Major Services - 12 Months, Orthodontia - 12 Months	

Guardian's Preferred Provider Organization consists of Dentists in the DentalGuard Preferred ("DGP") network. These tiers represent specific benefit levels as described in Your Schedule of Benefits. Network access varies by geographic location and zip code. Please visit [www.Guardianlife.com](http://www.Guardianlife.com) to confirm your Dentist's tiered participation.



# Your dental coverage

This is only a partial list of dental services. Your certificate of benefits will show exactly what is covered and excluded. \*\*For PPO and or Indemnity members, Crowns, Inlays, Onlays and Labial Veneers are covered only when needed because of decay or injury or other pathology when the tooth cannot be restored with amalgam or composite filling material. **When Orthodontia coverage is for “Child(ren)” only, the dependent limiting age and the orthodontia limiting age may differ. Please review your certificate of benefits to confirm the age limit specific to orthodontic treatment. For Orthodontia to be covered, the orthodontic appliance must be placed prior to the orthodontia age limit set by your plan; If full-time status is required by your plan in order to remain insured after a certain age, then orthodontic maintenance may continue as long as full-time student status is maintained. If Orthodontia coverage is for “Adults and Child(ren)” this limitation does not apply.** \*General Anesthesia – restrictions apply. ‡For PPO and or Indemnity members, Fillings – restrictions may apply to composite fillings.

## Manage Your Benefits:

Go to [www.Guardianlife.com](http://www.Guardianlife.com) to access secure information about your Guardian benefits including access to an image of your ID Card. Your on-line account will be set up within 30 days after your plan effective date.

## Find A Dentist:

Visit [www.Guardianlife.com](http://www.Guardianlife.com)  
Click on “Find A Provider”; You will need to know your plan, which can be found on the first page of your dental benefit summary.

## 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: 00096812

**Please call the Guardian Helpline if you need to use your benefits within 30 days of plan effective date. Please note, self-serve options over the phone or online at Guardian Anytime are not available until the case is fully implemented, please wait to speak to a live agent when calling the Guardian Helpline.**

## EXCLUSIONS AND LIMITATIONS

- Important Information about Guardian’s DentalGuard Indemnity and DentalGuard Preferred Network PPO plans: This policy provides dental insurance only. Coverage is limited to those charges that are necessary to prevent, diagnose or treat dental disease, defect, or injury. Deductibles apply. The plan does not pay for: oral hygiene services (except as covered under preventive services), orthodontia (unless expressly provided for), cosmetic or experimental treatments (unless they are expressly provided for), any treatments to the extent benefits are payable by any other payor or for which

no charge is made, prosthetic devices unless certain conditions are met, and services ancillary to surgical treatment. The plan limits benefits for diagnostic consultations and for preventive, restorative, endodontic, periodontic, and prosthodontic services. The services, exclusions and limitations listed above do not constitute a contract and are a summary only. The Guardian plan documents are the final arbiter of coverage. Contract # DG7-P et al.

DentalGuard Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage. This policy provides DENTAL insurance only.  
Policy Form # GP-1-DG2000, et al, GP-1-DEN-16

# Oral Health Rewards Program

Regular visits to the dentist can help prevent and detect the early signs of serious diseases.

That's why Guardian's Maximum Rollover Oral Health Rewards Program encourages and rewards members who visit the dentist, by rolling over part of your unused annual maximum into a Maximum Rollover Account (MRA). This can be used in future years if your plan's annual maximum is reached.

## How maximum rollover works\*

Depending on a plan's annual maximum, if claims made for a certain year don't reach a specified threshold, then the set maximum rollover amount can be rolled over.

Plan annual maximum**	Threshold	Maximum rollover amount	In-network only rollover amount	Maximum rollover account limit
<b>\$1,500</b> Maximum claims reimbursement	<b>\$700</b> Claims amount that determines rollover eligibility	<b>\$350</b> Additional dollars added to a plan's annual maximum for future years	<b>\$500</b> Additional dollars added if only in-network providers were used during the benefit year	<b>\$1,250</b> The limit that cannot be exceeded within the maximum rollover account



### Automatic rollover

Submit a claim (without exceeding the paid claims threshold of a benefit year), and Guardian will roll over a portion of your unused annual dental maximum.

\* This example has been created for illustrative purposes only.

\*\* If a plan has a different annual maximum for PPO benefits vs. non-PPO benefits, (\$1500 PPO/\$1000 non-PPO for example) the non-PPO maximum determines the Maximum Rollover plan. May not be available in all states.

Guardian's Dental Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage. Information provided in this communication is for informational purposes only. Dental Policy Form No. GP-1-DEN-16. GUARDIAN® is a registered service mark of The Guardian Life Insurance Company of America © Copyright 2023 The Guardian Life Insurance Company of America.

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# Vision insurance

Vision insurance helps protect the health of your eyes by providing coverage for benefits that often aren't covered by regular medical insurance.

Protecting your eyesight means allowing for routine visits to the optometrist for eye exams, as well as coverage for glasses and contacts. Make sure your eyes remain in great shape at any age – no matter how much time you spend staring at digital screens.

## Who is it for?

Even if you have perfect eyesight, it's important to have regular eye exams to make sure you're still seeing clearly. Most of us may eventually need vision correction, which is why we offer vision insurance to cover some of the costs.

## What does it cover?

Vision insurance covers benefits not typically included in medical insurance plans. It covers things like routine eye exams, allowances towards the purchase of eyeglasses and contact lenses, as well as discounts on corrective Lasik surgery.

## Why should I consider it?

Regular eye exams can detect more than failing eyesight, they can also pick up diseases like glaucoma and diabetes. Vision problems are one of the most prevalent disabilities in the United States, making vision insurance especially useful for anyone who regularly needs to purchase eyeglasses or contacts, or anyone who simply wants to help protect their eyesight and general health.

You will receive these benefits if you meet the conditions listed in the policy. \*Guardian will never ask you to provide sensitive personal information, including SSN/DOB, nor login via QR codes.



## 20/20 coverage

David notices that his vision is deteriorating. He goes in for an eye exam, and is diagnosed with myopia, which means he needs glasses.

David feels eye strain, and notices that he can't see certain things as clearly as he once did. He goes in for an eye exam and is diagnosed with myopia (nearsightedness), which means he needs glasses.

His vision plan helps him find a quality eye doctor and pays for the exam, and makes it possible for him to buy new glasses at a discount.

This example is for illustrative purposes only. Your plan's coverage may vary. See your plan's information on the following pages for specific amounts and details.



# Your vision coverage

**Option 1:** Significant out-of-pocket savings available with your **Full Feature** plan by visiting one of VSP's network locations, including one of the largest private practice provider networks, Visionworks and contracted Pearle Vision locations.

Your Vision Plan	Full Feature	
<b>Your Network is</b>	VSP Choice Network	
<b>Your Semi-monthly premium</b>	<b>\$ 4.98</b>	
You and I dependent	\$ 9.46	
You, Spouse and Child(ren)	\$ 13.89	
<b>Copay</b>		
Exams Copay	\$ 10	
Materials Copay ( <i>waived for elective contact lenses</i> )	\$ 10	
<b>Sample of Covered Services</b>	<i>You pay (after copay if applicable):</i>	
	<i>In-network</i>	<i>Out-of-network</i>
Eye Exams	\$0	Amount over \$39
Single Vision Lenses	\$0	Amount over \$23
Lined Bifocal Lenses	\$0	Amount over \$37
Lined Trifocal Lenses	\$0	Amount over \$49
Lenticular Lenses	\$0	Amount over \$64
Frames	80% of amount over \$200 <sup>1</sup>	Amount over \$46
Costco, Walmart and Sam's Club Frame Allowance	Amount over \$110	
Contact Lenses ( <i>Elective</i> )	Amount over \$200	Amount over \$100
Contact Lenses ( <i>Medically Necessary</i> )	\$0	Amount over \$210
Contact Lenses ( <i>Evaluation and fitting</i> )	15% off UCR	No discounts
Cosmetic Extras	Avg. 20-25% off retail price	No discounts
Glasses ( <i>Additional pair of frames and lenses</i> )	20% off retail price <sup>**</sup>	No discounts
Laser Correction Surgery Discount	Up to 15% off the usual charge or 5% off promotional price	No discounts
<b>Service Frequencies</b>		
Exams	Every calendar year	
Lenses ( <i>for glasses or contact lenses</i> ) <sup>‡‡</sup>	Every calendar year	
Frames	Every calendar year	
Network discounts ( <i>glasses and contact lens professional service</i> )	Limitless within 12 months of exam.	
<b>Dependent Age Limits</b>	26	
To Find a Provider:	Register at VSP.com to find a participating provider.	

## VSP

- <sup>‡‡</sup>Benefit includes coverage for glasses or contact lenses, not both.
- <sup>\*\*</sup> For the discount to apply your purchase must be made within 12 months of the eye exam.



# Your vision coverage

- Charges for an initial purchase can be used toward the material allowance. Any unused balance remaining after the initial purchase cannot be banked for future use. The only exception would be if a member purchases contact lenses from an out of network provider, members can use the balance towards additional contact lenses within the same benefit period.
- <sup>1</sup>Extra \$20 on select brands
- Members can use their in network benefits on line at Eyeconic.com.
- In Network Routine Retinal Screening Covered after no more than a \$39 copay.

## EXCLUSIONS AND LIMITATIONS

*Important Information:* This policy provides vision care limited benefits health insurance only. It does not provide basic hospital, basic medical or major medical insurance as defined by the New York State Insurance Department. Coverage is limited to those charges that are necessary for a routine vision examination. Co-pays apply. The plan does not pay for: orthoptics or vision training and any associated supplemental testing; medical or surgical treatment of the eye; and eye examination or corrective eyewear required by an employer as a condition of employment; replacement of lenses and frames that are furnished under this plan, which are lost or broken (except at normal intervals when services are otherwise available or a warranty exists). The plan limits benefits for blended lenses, oversized lenses, photochromic lenses, tinted lenses, progressive multifocal lenses, coated or laminated lenses, a frame that exceeds plan allowance, cosmetic lenses; U-V protected lenses and optional cosmetic processes.

The services, exclusions and limitations listed above do not constitute a contract and are a summary only. The Guardian plan documents are the final arbiter of coverage. Contract #GP-I-VSN-96-VIS et al.

### Laser Correction Surgery:

Discounts on average of 10-20% off usual and customary charge or 5% off promotional price for vision laser Surgery. Members out-of-pocket costs are limited to \$1,800 per eye for LASIK or \$1,500 per eye for PRK or \$2300 per eye for Custom LASIK, Custom PRK, or Bladeless LASIK.

Laser surgery is not an insured benefit. The surgery is available at a discounted fee. The covered person must pay the entire discounted fee. In addition, the laser surgery discount may not be available in all states.

Guardian's Vision Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. This policy provides vision care limited benefits health insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services. Plan documents are the final arbiter of coverage. Policy Form # GP-I-GVSN-17

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# Life insurance

If something happens to you, life insurance can help provide your family with financial security.

Life insurance helps protect your family's finances by providing a death benefit if you pass away.\*\* This helps ensure that they'll be financially supported, and can cover important things from bills to funeral costs. With life policies, you can get cost-effective life insurance protection for a set period of time.

## Who is it for?

Everyone's life insurance needs are different, depending on their family situation. That's why group life insurance through an employer can be a more cost-effective option than individual life insurance.

## What does it cover?

Life insurance protects your loved ones by providing a benefit (which is usually tax-exempt) if you pass away.

## Why should I consider it?

Life insurance is about more than just covering expenses. Depending on your circumstances, it could take your family years to recover from the loss of your income.

With a life insurance benefit, your family will have extra money to cover mortgage and rent payments, legal or medical fees, childcare, tuition, and any outstanding debts.

You will receive these benefits if you meet the conditions listed in the policy. Guardian, its subsidiaries, agents, and employees do not provide tax, legal, or accounting advice. Consult your tax, legal, or accounting professional regarding your individual situation. \*Guardian will never ask you to provide sensitive personal information, including SSN/DOB, nor login via QR. \*\*As long as premiums are paid.



## Preparing and planning

Jorge's never considered purchasing life insurance, but after being offered it through work, he decides it's a good way to protect his family.

Jorge has a mortgage. His wife helps take care of her mother and only works part-time. With his daughter about to start college, he knows that many expenses would go unmet if his family lost him.

Jorge purchases enough life insurance coverage to help cover the mortgage, tuition, and family living costs if something happens to him.

This example is for illustrative purposes only. Your plan's coverage may vary. See your plan's information on the following pages for specific amounts and details.



# Your life coverage

	BASIC LIFE	VOLUNTARY TERM LIFE
<b>Employee Benefit</b>	Your employer provides Basic Life Coverage for all full time employees in the amount of 150% of your annual salary, to a maximum of \$250,000.	Elect up to 7 times salary, to a maximum of \$500,000. See Cost Illustration page for details.
<b>Accidental Death and Dismemberment</b>	Your Basic Life coverage includes Enhanced Accidental Death and Dismemberment coverage.	Not available
<b>Spouse Benefit</b>	N/A	\$5,000 increments to a maximum of \$250,000. See Cost Illustration page for details.
<b>Child Benefit</b>	N/A	Your dependent children age birth† to 26 years. You may elect one of the following benefit options: \$5,000, \$10,000. Subject to state limits. See Cost Illustration page for details.
<b>Guarantee Issue:</b> 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.	Guarantee Issue coverage up to \$250,000 per employee	We Guarantee Issue coverage up to: Employee \$200,000. Spouse \$50,000. Dependent children \$10,000.
<b>Premiums</b>	Covered by your company if you meet eligibility requirements	Increase when your insurance amount increases due to salary increase
<b>Portability:</b> Allows you to take coverage with you if you terminate employment.	Yes, with age and other restrictions, including evidence of insurability	Yes, with age and other restrictions



# Your life coverage

	BASIC LIFE	VOLUNTARY TERM LIFE
<b>Conversion:</b> Allows you to continue your coverage after your group plan has terminated.	Yes, with restrictions; see certificate of benefits	Yes, with restrictions; see certificate of benefits
<b>Accelerated Life Benefit:</b> A lump sum benefit is paid to you if you are diagnosed with a terminal condition, as defined by the plan.	Yes	Yes
<b>Benefit Reductions:</b> Benefits are reduced by a certain percentage as an employee ages.	35% at age 65, 50% at age 70	35% at age 65, 50% at age 70

Subject to coverage limits

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

The Guarantee Issue amount may be subject to reductions by percentage at the ages shown in this summary.

## Voluntary Life Cost Illustration:

To determine the most appropriate level of coverage, as a rule of thumb, you should consider about 6 - 10 times your annual income, factoring in projected costs to help maintain your family's current life style.

Elect up to 7 times salary, to a maximum of \$500,000.

Policy amounts shown based on sample salary amounts only. Use Rate per \$1,000 and enclosed worksheet to calculate your individual premium based on your salary.

	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69†
Employee rate per \$1,000	\$0.060	\$0.080	\$0.090	\$0.138	\$0.228	\$0.391	\$0.631	\$0.839	\$1.330
Spouse rate per \$1,000	\$0.060	\$0.080	\$0.090	\$0.138	\$0.228	\$0.391	\$0.631	\$0.839	\$1.330
Child rate per \$1,000	\$0.050	\$0.050	\$0.050	\$0.050	\$0.050	\$0.050	\$0.050	\$0.050	\$0.050

Policy Election Amount	Semi-monthly premiums displayed. Policy Election Cost Per Age Bracket								
	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69†
Employee									
\$10,000	\$ .30	\$ .40	\$ .45	\$ .69	\$ 1.14	\$ 1.96	\$ 3.16	\$ 4.20	\$ 6.65
\$20,000	\$ .60	\$ .80	\$ .90	\$ 1.38	\$ 2.28	\$ 3.91	\$ 6.31	\$ 8.39	\$ 13.30
\$30,000	\$ .90	\$ 1.20	\$ 1.35	\$ 2.07	\$ 3.42	\$ 5.87	\$ 9.47	\$ 12.59	\$ 19.95
\$40,000	\$ 1.20	\$ 1.60	\$ 1.80	\$ 2.76	\$ 4.56	\$ 7.82	\$ 12.62	\$ 16.78	\$ 26.60
\$50,000	\$ 1.50	\$ 2.00	\$ 2.25	\$ 3.45	\$ 5.70	\$ 9.78	\$ 15.78	\$ 20.98	\$ 33.25
\$100,000	\$ 3.00	\$ 4.00	\$ 4.50	\$ 6.90	\$ 11.40	\$ 19.55	\$ 31.55	\$ 41.95	\$ 66.50
\$200,000	\$ 6.00	\$ 8.00	\$ 9.00	\$ 13.80	\$ 22.80	\$ 39.10	\$ 63.10	\$ 83.90	\$ 133.00
\$300,000	\$ 9.00	\$ 12.00	\$ 13.50	\$ 20.70	\$ 34.20	\$ 58.65	\$ 94.65	\$ 125.85	\$ 199.50
\$400,000	\$ 12.00	\$ 16.00	\$ 18.00	\$ 27.60	\$ 45.60	\$ 78.20	\$ 126.20	\$ 167.80	\$ 266.00
\$500,000	\$ 15.00	\$ 20.00	\$ 22.50	\$ 34.50	\$ 57.00	\$ 97.75	\$ 157.75	\$ 209.75	\$ 332.50

Policy Election Amount	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69†
Spouse									
\$5,000	\$ .15	\$ .20	\$ .23	\$ .35	\$ .57	\$ .98	\$ 1.58	\$ 2.10	\$ 3.33
\$10,000	\$ .30	\$ .40	\$ .45	\$ .69	\$ 1.14	\$ 1.96	\$ 3.16	\$ 4.20	\$ 6.65
\$15,000	\$ .45	\$ .60	\$ .68	\$ 1.04	\$ 1.71	\$ 2.93	\$ 4.73	\$ 6.29	\$ 9.98
\$20,000	\$ .60	\$ .80	\$ .90	\$ 1.38	\$ 2.28	\$ 3.91	\$ 6.31	\$ 8.39	\$ 13.30
\$25,000	\$ .75	\$ 1.00	\$ 1.13	\$ 1.73	\$ 2.85	\$ 4.89	\$ 7.89	\$ 10.49	\$ 16.63
\$30,000	\$ .90	\$ 1.20	\$ 1.35	\$ 2.07	\$ 3.42	\$ 5.87	\$ 9.47	\$ 12.59	\$ 19.95
\$35,000	\$ 1.05	\$ 1.40	\$ 1.58	\$ 2.42	\$ 3.99	\$ 6.84	\$ 11.04	\$ 14.68	\$ 23.28
\$40,000	\$ 1.20	\$ 1.60	\$ 1.80	\$ 2.76	\$ 4.56	\$ 7.82	\$ 12.62	\$ 16.78	\$ 26.60
\$45,000	\$ 1.35	\$ 1.80	\$ 2.03	\$ 3.11	\$ 5.13	\$ 8.80	\$ 14.20	\$ 18.88	\$ 29.93
\$50,000	\$ 1.50	\$ 2.00	\$ 2.25	\$ 3.45	\$ 5.70	\$ 9.78	\$ 15.78	\$ 20.98	\$ 33.25
\$55,000	\$ 1.65	\$ 2.20	\$ 2.48	\$ 3.80	\$ 6.27	\$ 10.75	\$ 17.35	\$ 23.07	\$ 36.58
\$60,000	\$ 1.80	\$ 2.40	\$ 2.70	\$ 4.14	\$ 6.84	\$ 11.73	\$ 18.93	\$ 25.17	\$ 39.90

**Voluntary Life Cost Illustration** *continued*

	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69†
\$65,000	\$1.95	\$2.60	\$2.93	\$4.49	\$7.41	\$12.71	\$20.51	\$27.27	\$43.23
\$70,000	\$2.10	\$2.80	\$3.15	\$4.83	\$7.98	\$13.69	\$22.09	\$29.37	\$46.55
\$75,000	\$2.25	\$3.00	\$3.38	\$5.18	\$8.55	\$14.66	\$23.66	\$31.46	\$49.88
\$80,000	\$2.40	\$3.20	\$3.60	\$5.52	\$9.12	\$15.64	\$25.24	\$33.56	\$53.20
\$85,000	\$2.55	\$3.40	\$3.83	\$5.87	\$9.69	\$16.62	\$26.82	\$35.66	\$56.53
\$90,000	\$2.70	\$3.60	\$4.05	\$6.21	\$10.26	\$17.60	\$28.40	\$37.76	\$59.85
\$95,000	\$2.85	\$3.80	\$4.28	\$6.56	\$10.83	\$18.57	\$29.97	\$39.85	\$63.18
\$100,000	\$3.00	\$4.00	\$4.50	\$6.90	\$11.40	\$19.55	\$31.55	\$41.95	\$66.50
\$105,000	\$3.15	\$4.20	\$4.73	\$7.25	\$11.97	\$20.53	\$33.13	\$44.05	\$69.83
\$110,000	\$3.30	\$4.40	\$4.95	\$7.59	\$12.54	\$21.51	\$34.71	\$46.15	\$73.15
\$115,000	\$3.45	\$4.60	\$5.18	\$7.94	\$13.11	\$22.48	\$36.28	\$48.24	\$76.48
\$120,000	\$3.60	\$4.80	\$5.40	\$8.28	\$13.68	\$23.46	\$37.86	\$50.34	\$79.80
\$125,000	\$3.75	\$5.00	\$5.63	\$8.63	\$14.25	\$24.44	\$39.44	\$52.44	\$83.13
\$130,000	\$3.90	\$5.20	\$5.85	\$8.97	\$14.82	\$25.42	\$41.02	\$54.54	\$86.45
\$135,000	\$4.05	\$5.40	\$6.08	\$9.32	\$15.39	\$26.39	\$42.59	\$56.63	\$89.78
\$140,000	\$4.20	\$5.60	\$6.30	\$9.66	\$15.96	\$27.37	\$44.17	\$58.73	\$93.10
\$145,000	\$4.35	\$5.80	\$6.53	\$10.01	\$16.53	\$28.35	\$45.75	\$60.83	\$96.43
\$150,000	\$4.50	\$6.00	\$6.75	\$10.35	\$17.10	\$29.33	\$47.33	\$62.93	\$99.75
\$155,000	\$4.65	\$6.20	\$6.98	\$10.70	\$17.67	\$30.30	\$48.90	\$65.02	\$103.08
\$160,000	\$4.80	\$6.40	\$7.20	\$11.04	\$18.24	\$31.28	\$50.48	\$67.12	\$106.40
\$165,000	\$4.95	\$6.60	\$7.43	\$11.39	\$18.81	\$32.26	\$52.06	\$69.22	\$109.73
\$170,000	\$5.10	\$6.80	\$7.65	\$11.73	\$19.38	\$33.24	\$53.64	\$71.32	\$113.05
\$175,000	\$5.25	\$7.00	\$7.88	\$12.08	\$19.95	\$34.21	\$55.21	\$73.41	\$116.38
\$180,000	\$5.40	\$7.20	\$8.10	\$12.42	\$20.52	\$35.19	\$56.79	\$75.51	\$119.70
\$185,000	\$5.55	\$7.40	\$8.33	\$12.77	\$21.09	\$36.17	\$58.37	\$77.61	\$123.03
\$190,000	\$5.70	\$7.60	\$8.55	\$13.11	\$21.66	\$37.15	\$59.95	\$79.71	\$126.35
\$195,000	\$5.85	\$7.80	\$8.78	\$13.46	\$22.23	\$38.12	\$61.52	\$81.80	\$129.68
\$200,000	\$6.00	\$8.00	\$9.00	\$13.80	\$22.80	\$39.10	\$63.10	\$83.90	\$133.00
\$205,000	\$6.15	\$8.20	\$9.23	\$14.15	\$23.37	\$40.08	\$64.68	\$86.00	\$136.33
\$210,000	\$6.30	\$8.40	\$9.45	\$14.49	\$23.94	\$41.06	\$66.26	\$88.10	\$139.65
\$215,000	\$6.45	\$8.60	\$9.68	\$14.84	\$24.51	\$42.03	\$67.83	\$90.19	\$142.98
\$220,000	\$6.60	\$8.80	\$9.90	\$15.18	\$25.08	\$43.01	\$69.41	\$92.29	\$146.30

**Voluntary Life Cost Illustration** *continued*

	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69†
\$225,000	\$6.75	\$9.00	\$10.13	\$15.53	\$25.65	\$43.99	\$70.99	\$94.39	\$149.63
\$230,000	\$6.90	\$9.20	\$10.35	\$15.87	\$26.22	\$44.97	\$72.57	\$96.49	\$152.95
\$235,000	\$7.05	\$9.40	\$10.58	\$16.22	\$26.79	\$45.94	\$74.14	\$98.58	\$156.28
\$240,000	\$7.20	\$9.60	\$10.80	\$16.56	\$27.36	\$46.92	\$75.72	\$100.68	\$159.60
\$245,000	\$7.35	\$9.80	\$11.03	\$16.91	\$27.93	\$47.90	\$77.30	\$102.78	\$162.93
\$250,000	\$7.50	\$10.00	\$11.25	\$17.25	\$28.50	\$48.88	\$78.88	\$104.88	\$166.25
<b>Policy Election Amount</b>									
Child(ren)									
\$5,000	\$0.13	\$0.13	\$0.13	\$0.13	\$0.13	\$0.13	\$0.13	\$0.13	\$0.13
\$10,000	\$0.25	\$0.25	\$0.25	\$0.25	\$0.25	\$0.25	\$0.25	\$0.25	\$0.25

Refer to Guarantee Issue row on page above for Voluntary Life GI amounts.

Premiums for Voluntary Life Increase in five-year increments

Infant coverage is limited for the first two weeks of infant's life.

**Spouse coverage premium is based on Employee age.**

†Benefit reductions apply.

The Guarantee Issue amount may be subject to reductions by percentage at the ages shown in this summary.

**LIMITATIONS AND EXCLUSIONS:**

**A SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS FOR LIFE AND AD&D 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.

Accelerated Life Benefit is not paid to an employee under the following circumstances: one who is required by law to use the benefit to pay creditors; is required by court order to pay the benefit to another person; is required by a government agency to use the payment to receive a government benefit; or loses his or her group coverage before an accelerated benefit is paid.

**Voluntary Life Only:**

We pay no benefits if the insured employee or spouse death is due to suicide within two years from the insured employee or spouse 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.

GP-1-R-LB-90, GP-1-R-EOPT-96

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.

**For AD&D:** We pay no benefits for any loss caused: by willful self-injury\*; sickness, disease or medical treatment; by participating in a civil disorder or committing a felony; Traveling on any type of aircraft while having duties on that aircraft; by declared or undeclared act of war or armed aggression; while a member of any armed force (May vary by state); while driving a motor vehicle without a current, valid driver's license; by legal intoxication; or by voluntarily using a non-prescription controlled substance. Contract #GP-1-R-ADCLI-00 et al. We won't pay more than 100% of the Insurance amount for all losses due to the same accident, except as stated. The loss must occur within a specified period of time of the accident. Please see contract for specific definition; definition of loss may vary depending on the benefit payable.

\*the willful self-injury does not apply to children with Voluntary AD&D

**Enhanced AD&D:** A loss may be defined as death, quadriplegia, loss of speech and hearing, loss of cognitive function, comatose state in excess of one month, hemiplegia or paraplegia. The loss must occur within a specified period of time of the accident. Please see contract for specific definition; definition of loss may vary depending on the benefit payable.

Guardian Group Life Insurance underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage.  
Policy Form # GP-1-LIFE-15

# Global Emergency Assistance Services

Connects you to qualified healthcare providers, hospitals, pharmacies and other services if you experience an emergency while traveling 100 miles away from home or outside the country for up to 90 days. Requests for reimbursement for medical transport or other services arranged independently by you will not be accepted.

## How it can help



### Medical Emergency Assistance

- Medical consultation, evaluation, and referrals
- Medical monitoring
- Emergency medical evacuation
- And more



### Travel Emergency Assistance

- Care of minor children
- Compassionate visit
- Return of traveling companion
- And more



### Additional Emergency Assistance Services

- Lost luggage
- Document assistance
- Legal and interpreter referrals
- And more

## ID Theft Protection Services

Prevention and resolution tools to safeguard your data and restore its integrity if it is used fraudulently. Services include:

- 24/7 access to identity protection specialists
- Credit card and document registration
- Lost and stolen credit and debit card assistance
- 24/7 identity fraud support

**This service is only available if you purchase qualifying lines of coverage. See your plan administrator for more details.**

ComPsych Corporation (ComPsych) is a vendor to The Guardian Life Insurance Company of America (Guardian). ComPsych and Guardian are not affiliated entities. Global emergency assistance services (Services) are provided by ComPsych through its subcontractor Assist America. Guardian does not control or provide any part of the Services and does not bear any liability for their provision. This informational resource is not a contract and is for illustrative purposes only. Only the policy contains applicable terms. Guardian and ComPsych reserve the right to discontinue Services at anytime without notice. Services may not be available in all states. Global emergency assistance services are not available in the state of New York. Provision of Services shall be in a manner consistent with applicable law.



## How to access

Reference number  
01-AA-GLI-10231



### Call

1 800 872 1414 (within the US)  
1 609 986 1234 (outside the US)



### Email

medservices@assistamerica.com



### Download

Assist America mobile app  
Available on Google Play and  
the App Store

## How to access ID Theft Protection

Access code  
18327



### Call

1 877 409 9597 (within the US)  
1 816 396 9192 (outside the US)

# Electronic Evidence of Insurability (EOI)

Completing your Evidence of Insurability (EOI) online — it's simple, secure, and takes just a few minutes.

There are a few situations where you need to answer health questions, enroll for higher amounts of coverage, or request coverage after the initial eligibility period. In all of these situations, our online EOI form keeps things simple.

## Electronic EOI keeps things simple

With Guardian's electronic EOI forms, your data is kept secure at every stage of the process. And with fewer errors than hand-written forms, and faster submission digitally, it's easier than ever to complete it and get covered.

Electronic EOI can be used for:\*

- Basic life
- Voluntary life
- Short-term disability
- Long-term disability

\*Applicable to coverage requiring full evidence of insurability (not applicable to conditional issue amounts).



### How it works

You will receive a letter or email from your employer or Guardian with instructions and a unique link to submit your EOI form online.

First register and create an account on Guardian Anytime. Then simply fill out the form, electronically sign it, and click 'Submit.'

Once we receive the form, we'll contact you with any questions, before notifying you (and your employer if the coverage amount changes).

# GuidanceResources® your Employee Assistance Program

Sometimes life can feel overwhelming.  
It doesn't have to.

Guardian's Employee Assistance Program provides confidential counseling, specialized guidance, and valuable resources to help you handle any of life's challenges, big or small.

## How it can help



### Confidential emotional support

- Anxiety, depression, and stress



### Work and lifestyle support

- Child, elder, and pet care



### Financial resources and legal guidance

- Retirement planning and taxes
- Wills, trusts, and estate planning

**This service is only available if you purchase qualifying lines of coverage. See your plan administrator for more details.**

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## How to access 24/7 live assistance



**Call**  
**1 855 239 0743**  
TRS: Dial 711



**Visit**  
[guidanceresources.com](https://guidanceresources.com)





App: GuidanceNow<sup>SM</sup>  
Organization web ID: Guardian  
Note: First-time users will need to register first with the organization web ID: Guardian.

# EstateGuidance<sup>®</sup> Online Will Preparation

Secure your wishes with a legally binding will.

EstateGuidance makes drafting a will easy with online tools that walk you through the process in minutes. You can also draft a living will to ensure you get the end-of-life care you desire and a final arrangements document expressing your wishes for your funeral services.

## How it can help


			
<b>Complete a customized will:</b> No cost to you	<b>Have your will printed and sent to you:</b> \$14.99	<b>Draft a living will:</b> \$14.99	<b>Draft a final arrangements document:</b> \$9.99


**This service is only available if you purchase qualifying lines of coverage. See your plan administrator for more details.**

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## How to access 24/7 live assistance

 **Call**  
**1 855 239 0743**  
TRS: Dial 711

 **Visit**  
[estateguidance.com](https://estateguidance.com)

App: GuidanceNow<sup>SM</sup>  
Enter promotional code:  
Guardian



# Our commitment to you

Please read the documentation referenced below carefully. The notices are intended to provide you important information about our insurance offerings and to protect your interests. Certain ones are required by law.

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## Important information



### Notice Informing Individuals about Nondiscrimination and Accessibility Requirements

Guardian notice stating that it complies with applicable Federal civil rights laws and does not discriminate based on race, color, national origin, age, disability, sex, or actual or perceived gender identity. The notice provides contact information for filing a nondiscrimination grievance. It also provides contact information for access to free aids and services by disabled people to assist in communications with Guardian.

Visit <https://www.guardiananytime.com/notice48> to read more.

### No Cost Language Services

Guardian provides language assistance in multiple languages for members who have limited English proficiency.

Visit <https://www.guardiananytime.com/notice46> to read more.

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## Vision insurance



### Guardian's HIPAA Notice of Privacy Practices

The notice describes how health information about you may be used and disclosed and how you can access this information.

Visit <https://www.guardiananytime.com/notice50> to read more.