



Summary of Benefits

Dental Benefit Summary

Group ID:	00764330	Coverage Type:	Contributory
Group Name:		Class:	0001 ALL ELIGIBLE EMPLOYEES ELECTING THE DENTAL PPO
Waiting Period:	89 day(s)	As of Date:	07/19/2023

Plan Information

Your dental networks is: Dental - DentalGuard Pref - Chicago

Coverage Information

	Dental - DentalGuard Pref - Chicago	
What's the most cost-effective way to use dental insurance?	You may go to any dentist, however those who belong to the Dental - DentalGuard Pref - Chicago network will be most cost effective.	
	In Network	Out of Network
Calendar year deductible	\$50, Once the annual deductible is met by each of three family members, no further deductibles apply.	\$50, Once the annual deductible is met by each of three family members, no further deductibles apply.
Preventive	Waived	Waived
Basic	Not Waived	Not Waived
Major	Not Waived	Not Waived
Calendar Year Maximum Benefit	The amount shown in the out of network field is your combined Calendar Year maximum for both in and out of network services.	\$2,000
Maximum rollover	Yes	Yes
Monthly Switch	Not Available	Not Available
	How much does the plan pay?	How much does the plan pay?

	Dental - DentalGuard Pref - Chicago	
What's the most cost-effective way to use dental insurance?	You may go to any dentist, however those who belong to the Dental - DentalGuard Pref - Chicago network will be most cost effective.	
	In Network	Out of Network
Office Visit Co-pay (one office visit may cover multiple services)	None	None
Preventive Care:	100%	100%
Bitewing X-Rays	100%	100%
Full Mouth X-Rays	100%	100%
Cleaning	100%	100%
Oral Exams	100%	100%
Sealants (per tooth)	100%	100%
Basic Care:	90%	80%
Fillings (one surface)	90%	80%
General Anesthesia ¹	90%	80%
Scaling & Root Planing (per quadrant)	90%	80%
Simple Extractions	90%	80%
Major Care:	60%	50%
Dentures	60%	50%
Single Crowns	60%	50%
Orthodontia	Not Available	Not Available

General Exclusions

Important Information about Guardian's DentalGuard Indemnity and DentalGuard Preferred PPO plans:

This policy provides dental insurance only. Coverage is limited to 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 # GP-1-DEN -16 et al.

Teeth lost or missing before a covered person becomes insured by this plan. A covered person may have one or more congenitally missing teeth or have lost one or more teeth before he became insured by this plan. We won't pay for a prosthetic device which replaces such teeth unless the device also replaces one or more natural teeth lost or extracted after the covered person became insured by this plan. R3-DG2000



¹ Restrictions apply and may be subject to medical necessity.

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Summary of Benefits

Vision Benefit Summary

Group ID:	00764330	Coverage Type:	Contributory
Group Name:		Class:	0001 ALL ELIGIBLE EMPLOYEES ELECTING THE DENTAL PPO
Waiting Period:	89 day(s)	As of Date:	07/19/2023

Plan Information

Your network is the Davis - Full Feature - Designer

Coverage Information

	Davis - Full Feature - Designer	
What's the most cost-effective way to use vision benefits?	You may go to any eye doctor however, if you go to a Davis Vision network provider you will usually pay less.	
	In-Network	Out-Of-Network
Co-Pay		
First service provided		Not applicable
Exams		Exams \$10.00
Materials		Materials (waived for non-formulary elective contact lenses) \$25.00
How often can I obtain service?	Exams: Once a year. Lenses: Once a year. Frames: Once every other year. Materials: Once a year.	
	In-Network	Out-Of-Network

	Davis - Full Feature - Designer	
What's the most cost-effective way to use vision benefits?	You may go to any eye doctor however, if you go to a Davis Vision network provider you will usually pay less.	
	In-Network	Out-Of-Network
Eye exams	Copay applies	Amount over: \$50.00
Lenses		
Single vision lenses	Copay applies	Amount over: \$48.00
Lined bifocal lenses	Copay applies	Amount over: \$67.00
Lined trifocal lenses	Copay applies	Amount over: \$86.00
Lenticular lenses	Copay applies	Amount over: \$126.00
Contact Lenses		
Conventional	\$120.00, 15% discount on amount over \$120.00.	Amount over: \$105.00
Planned replacement	\$120.00, 15% discount on amount over \$120.00.	Amount Over \$105.00
Medically necessary	Covered in full with prior approval. Copay does not apply.	Amount over: \$210.00
Evaluation and fitting	15% off professional fee ¹	Included in Elective Contact Lens allowance
Frames	\$120.00, 20% discount on amount over \$120.00, except Sam's Club/Walmart. ²	Amount over: \$48.00
Lens & Frame Allowance	No discounts	No discounts
Cosmetic Extras	No additional charge for: Oversize lens, polycarbonate for kids, polycarbonate for adults with strong prescriptions ³ , tinting. Others discounted at 20%-50% off retail price.	No discounts
Laser correction surgery	Up to 25% off usual and customary.	No discounts
Hearing	No discounts	No discounts

Vision and General Exclusions

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;
- 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-1-DAVIS-05-VIS et al.

Laser Correction Surgery

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.



1 If contact lenses from formulary are chosen, then evaluation and fit may be included. When contact lenses not in the Formulary are chosen and the evaluation, fit and lenses are supplied by the same vision provider at the same time, all can be applied to the elective contact lens allowance.

2 Frames from Davis Vision's Fashion, Designer, or Premier collections are covered in full in excess of the plan's materials copay. Frames from a Davis Vision network provider that are not in the collections are covered up to the plan's retail allowance in excess of the plan's materials copay.

3 Polycarbonate lenses covered in full for monocular patients and patients with prescriptions greater than or equal to +/-6.00 diopters.

At Sam's Club/Walmart Vision Centers, members receive Sam's Club/Walmart's everyday low price on frame and contact lenses purchases. For eyeglass lens purchases the member receives the lesser of Sam's Club/Walmart's everyday low price or the Davis Vision fixed charge.

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Summary of Benefits

Basic Life Benefit Summary

Group ID:	00764330	Member Coverage Type:	Non Contributory
Group Name:		Class:	0001 ALL ELIGIBLE EMPLOYEES ELECTING THE DENTAL PPO
Waiting Period:	89 day(s)	As of Date:	07/19/2023

Coverage Information

Employee Volume Amount	100% of annual earnings to \$125,000
Member Guaranteed Issue	Ages 70 and up, evidence of insurability is required for all amounts.
Maximum Amount	\$125,000
Cutbacks	50% at age 65

Plan Information

When is my policy effective?	Coverage is effective after you satisfy any waiting period required by your employer. Coverage will not begin until Guardian has approved any amount subject to medical underwriting.
Do I have to answer medical questions as part of purchasing insurance?	If you decide to purchase more than the amount guaranteed by Guardian or enroll after the open enrollment period, you must answer some medical questions to help us assess your insurability. Answering "yes" to any of the questions will not necessarily prevent you from obtaining coverage.
Can I take the policy with me if I leave the company?	Yes, you can convert this coverage to an individual policy if you terminate employment with the company or the policy ends. (Some restrictions apply; see certificate of benefits for more information.)

Basic Life and General Exclusions

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 policy booklet for full plan description.

LifeAssistSM applies to your life benefit. If 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.

This proposal is hedged subject to satisfactory financial evaluation. This coverage will not be effective until approved by a Guardian underwriter. Please refer to policy booklet for full plan description.

The group policy or individual certificate cannot be contested after it, or any rider or amendment subsequently added to it, has been in force for a period of two years.

If the age or any other relevant factor of the insured has been misstated, Guardian or its subsidiaries will use the true fact in determining whether insurance is in force under the terms of the certificate and in what amounts.

Dependent coverage will not take effect if a dependent, other than a newborn is confined to a hospital or other health care facility, or is unable to perform the normal activities of someone of like age and sex (may vary by state).



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Summary of Benefits

Accidental Death and Dismemberment Benefit Summary

Group ID:	00764330	Member Coverage Type:	Non Contributory
Group Name:		Class:	0001 ALL ELIGIBLE EMPLOYEES ELECTING THE DENTAL PPO
Waiting Period:	89 day(s)	As of Date:	07/19/2023

Coverage Information

Volume Amount	100% of annual earnings to \$125,000
Guaranteed Issue	Your Accidental Death and Dismemberment coverage is guaranteed based on your Basic Life coverage.
Maximum Amount	\$125,000
Cutbacks	50% at age 65

Plan Information

When is my policy effective?	Coverage is effective after you satisfy any waiting period required by your employer. Coverage will not begin until Guardian has approved any amount subject to medical underwriting.
Do I have to answer medical questions as part of purchasing insurance?	No
Can I take the policy with me if I leave the company?	No

Accidental Death and Dismemberment and General Exclusions

*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 365 days of the accident. Please see contract for specific definition; definition of loss may vary depending on the benefit payable. We won't pay more than 100% of the Insurance amount for all losses due to the same accident, except as stated. 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
- by duties performed as a crew member on an aircraft
- by declared or undeclared act of war or armed aggression while a member of any armed force
- 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-ADCL1-00 et al

The group policy or individual certificate cannot be contested after it, or any rider or amendment subsequently added to it, has been in force for a period of two years.

If the age or any other relevant factor of the insured has been misstated, Guardian or its subsidiaries will use the true fact in determining whether insurance is in force under the terms of the certificate and in what amounts.

Dependent coverage will not take effect if a dependent, other than a newborn is confined to a hospital or other health care facility, or is unable to perform the normal activities of someone of like age and sex (may vary by state).



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Summary of Benefits

Short Term Disability Benefit Summary

Group ID:	00764330	Member Coverage Type:	Non Contributory
Group Name:		Class:	0001 ALL ELIGIBLE EMPLOYEES ELECTING THE DENTAL PPO
Waiting Period:	89 day(s)	As of Date:	07/19/2023

Coverage Information

Weekly Volume	60% of weekly earnings
Guaranteed Issue	\$1,500
Maximum Amount	\$1,500
Waiting Periods (Benefits begin on ...)	Accident: Day 1 Illness: Day 8
Maximum Payment Period	26 weeks

Plan Information

When is my policy effective?	Coverage is effective after you satisfy any waiting period required by your employer. Coverage will not begin until Guardian has approved any amount subject to medical underwriting.
How are my earnings defined?	Earnings means your weekly earnings excluding bonuses, commissions, expense accounts, and any other extra compensation. If you are a partner, earnings means your partnership earnings that are reported on your IRS Form 1040 Schedule E for the prior calendar or tax year.
Can I take the policy with me if I leave the company?	No.
Do I have to answer medical questions as part of purchasing insurance?	Yes, you must answer some medical questions.
Can I return to work part time while I'm disabled	Yes, you may return to work part time and still be considered disabled. Some restrictions apply.

Short Term Disability General Limitations and Exclusions

We do not pay benefits for charges relating to a covered person: taking part in any war or act of war (including service in the armed forces); committing a felony or taking part in any riot or other civil disorder; or intentionally injuring themselves or attempting suicide while sane or insane, and for the voluntary inhalation or ingestion of poison, gas, solvent, chemical, or other substance not intended for internal consumption.

We do not pay benefits for any job-related or on-the-job injury, or conditions for which Workers' Compensation benefits are payable.

We do not pay benefits due solely to the risk of relapse, during any period in which a covered person is confined to a correctional facility, an employee is not under the care of a doctor, an employee is receiving treatment outside of the US or Canada, and the employee's loss of earnings is not solely due to disability.

This policy provides disability income insurance only. It does not provide "basic hospital", "basic medical", "medical" insurance as defined by the New York State Insurance Department. 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.

Contract #'s GP-1-STD2K-1.0 et al., GP-1-STD07-1.0 et al., Contract # GP-1-STD-15-1.0 et al.

Acts of war etc.

Disability benefits do not cover any disability caused by

1. war or any act of war, including service in the armed forces;
2. committing a crime or taking part in a riot or civil disorder;
3. intentionally injuring yourself or attempting suicide while sane or insane;
4. confined to a correctional facility, or
5. receiving treatment outside US.

Disability benefits are not paid for charges relating to a covered person: taking part in any war or act of war (including service in the armed forces); committing a felony or taking part in any riot or other civil disorder; or intentionally injuring themselves or attempting suicide while sane or insane, and for the voluntary inhalation or ingestion of poison, gas, solvent, chemical, or other substance not intended for internal consumption.


Disability benefits are not paid due solely to the risk of relapse, during any period in which you are in confined to a correctional facility, you are not under the care of a doctor, you are not receiving treatment outside of the US or Canada, and or your loss of earnings is not due solely to disability.

You will receive a certificate of coverage after you enroll which contains a complete list of exclusions. If there is a difference between this booklet and the certificate of coverage, the certificate of coverage prevails.

Other

When applicable, this coverage will integrate with any mandated state disability plans.





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Summary of Benefits

Long Term Disability Benefit Summary

Group ID:	00764330	Member Coverage Type:	Non Contributory
Group Name:		Class:	0001 ALL ELIGIBLE EMPLOYEES ELECTING THE DENTAL PPO
Waiting Period:	89 day(s)	As of Date:	07/19/2023

Coverage Information

Monthly Volume	60% of monthly earnings
Guaranteed Issue	\$6,000
Maximum Amount	\$6,000
Waiting Periods (Benefits begin on ...)	Accident: Day 181 Illness: Day 181
Maximum Payment Period	Social Security Normal Retirement Age

Plan Information

When is my policy effective?	Coverage is effective after you satisfy any waiting period required by your employer. Coverage will not begin until Guardian has approved any amount subject to medical underwriting.
Can I take the policy with me if I leave the company?	No.
Do I have to answer medical questions as part of purchasing insurance?	Yes, you must answer some medical questions.
How are my earnings defined?	Earnings means your monthly earnings excluding bonuses, commissions, expense accounts, and any other extra compensation. If you are a partner, earnings means your partnership earnings that are reported on your IRS Form 1040 Schedule E for the prior calendar or tax year.
Can I return to work part time while I'm disabled	Yes, you may return to work part time and still be considered disabled. Some restrictions apply.

Long Term Disability General Limitations and Exclusions

We limit the duration of payments for long term disabilities caused by mental or emotional conditions, or alcohol or drug abuse. We do not pay benefits for charges relating to a covered person: taking part in any war or act of war (including service in the armed forces); committing a felony or taking part in any riot or other civil disorder; or intentionally injuring themselves or attempting suicide while sane or insane, and for the voluntary inhalation or ingestion of poison, gas, solvent, chemical, or other substance not intended for internal consumption.

We do not pay benefits due solely to the risk of relapse, during any period in which a covered person is confined to a correctional facility, an employee is not under the care of a doctor, an employee who is receiving treatment outside of the US or Canada, and the employee's loss of earnings is not solely due to disability. Contract # GP-1-LTD-15-1.0 et al.

This policy provides disability income insurance only. It does not provide "basic hospital", "basic medical", or "medical" insurance as defined by the New York State Insurance Department. If the plan is new (not transferred):

Non-NY states: If the plan is new (not transferred): During the exclusion period, this disability plan does not pay charges relating to a pre-existing condition. A pre-existing condition includes any condition for which an employee, in a specified period of time prior to coverage in this plan, consults with a physician, receives treatment, or takes prescribed drugs. If this plan is transferred from another insurance carrier, the time an insured is covered under that plan will count toward satisfying Guardian's pre-existing condition limitation period. Please refer to the plan details for specific time periods. State variations may apply.

Please refer to plan documents for specific time periods.

Contract #'s GP-1-LTD94-A,B,C-1.0 et al.; GP-1-STD94-1.0 et al; GP-1-LTD2K-1.0 et al, GP-1-STD2K-1.0 et al; GP-1-LTD07-1.0 et al, Contract # GP-1-LTD-15-1.0 et al.

Acts of war etc.

Disability benefits do not cover any disability caused by

1. war or any act of war, including service in the armed forces;
2. committing a crime or taking part in a riot or civil disorder;
3. intentionally injuring yourself or attempting suicide while sane or insane;
4. confined to a correctional facility, or
5. receiving treatment outside US.


Disability benefits are not paid for charges relating to a covered person: taking part in any war or act of war (including service in the armed forces); committing a felony or taking part in any riot or other civil disorder; or intentionally injuring themselves or attempting suicide while sane or insane, and for the voluntary inhalation or ingestion of poison, gas, solvent, chemical, or other substance not intended for internal consumption.

Disability benefits are not paid due solely to the risk of relapse, during any period in which you are in confined to a correctional facility, you are not under the care of a doctor, you are not receiving treatment outside of the US or Canada, and or your loss of earnings is not due solely to disability.

You will receive a certificate of coverage after you enroll which contains a complete list of exclusions. If there is a difference between this booklet and the certificate of coverage, the certificate of coverage prevails.

Other

Where applicable, this coverage will be integrated with Social Security and with Workers Compensation. Refer to your booklet for additional details.

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