

Benefits Guide PARA



**Community Connected
Insurance and Consulting**



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Enroll Now! Here's How...

Benefits the KBS Way

It is time to start enrolling in your employee benefits. To do so, follow the three simple steps below. If you have questions or need assistance, please contact your human resources department.

Step 1

Click [here](#) to visit the enrollment portal or type kbsbenefits.com in your browser.

Step 2

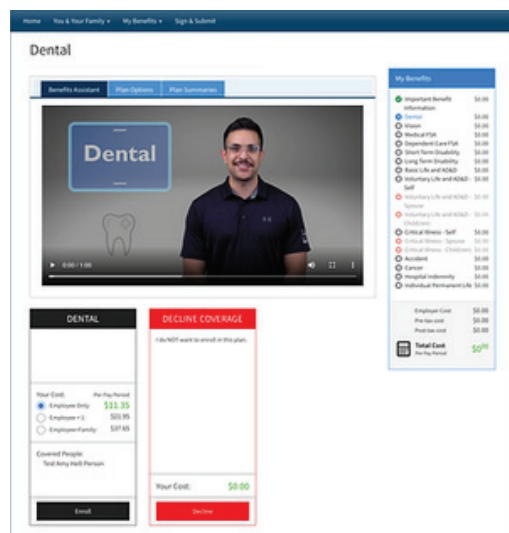
Login to the enrollment portal.

- Your username will be your social security number
- Your pin will be the last four digits of your SSN followed by the last two digits of your birth year.



Step 3

Utilize our easy interface to enroll in your employee benefits. Our digital Benefits Assistant, can help answer questions about specific benefits or plan options.* This gives you the flexibility to enroll at a time that works best for you.



As you enroll, the cost per pay period will automatically calculate, so you have all the information you need to enroll in benefits with confidence.

*The Benefits Assistant, only works on Google Chrome and Edge browsers.

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2025 Medical Rates - Paras

Plan 3 \$2500

	Total Premium	Employer Total	Employee Total	Employee 9 Month Rate
Employee Only	\$777.15	\$651.40	\$125.75	\$167.67

2025 Dental Rates

High Option

	Total Premium	Employer Total	Employee Total	Employee 9 Month Rate
Employee Only	\$42.02	\$0.00	\$42.02	\$56.03
Employee/Spouse	\$80.67	\$0.00	\$80.67	\$107.56
Employee/Children	\$101.58	\$0.00	\$101.58	\$135.44
Family	\$157.37	\$0.00	\$157.37	\$209.83

Low Option

	Total Premium	Employer Total	Employee Total	Employee 9 Month Rate
Employee Only	\$30.64	\$0.00	\$30.64	\$40.85
Employee/Spouse	\$72.95	\$0.00	\$72.95	\$97.27
Employee/Children	\$91.85	\$0.00	\$91.85	\$122.47
Family	\$142.30	\$0.00	\$142.30	\$189.73

2025 Vision Rates

	Total Premium	Employer Total	Employee Total	Employee 9 Month Rate
Employee Only	\$9.65	\$0.00	\$9.65	\$12.87
Employee/Spouse	\$20.26	\$0.00	\$20.26	\$27.01
Employee/Children	\$17.37	\$0.00	\$17.37	\$23.16
Family	\$32.50	\$0.00	\$32.50	\$43.33

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Medical Plan Information



**Community Connected
Insurance and Consulting**

Summary of Benefits and Coverage: What this Plan Covers & What You Pay For Covered Services

Coverage for: Individual/Family | Plan Type: PPO



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. **NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, visit www.bcbsks.com/blueaccess or call 1-800-432-3990. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at www.bcbsks.com/blueaccess or call 1-800-432-3990 to request a copy.

Important Questions	Answers	Why this Matters:
What is the overall <u>deductible</u> ?	\$2,500 person / \$5,000 family. Doesn't apply to In-Network preventive care.	Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the <u>plan</u> , each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u> .
Are there services covered before you meet your <u>deductible</u> ?	Yes, preventive care.	For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost-sharing</u> and before you meet your <u>deductible</u> . See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other <u>deductibles</u> for specific services?	No. There are no other specific <u>deductibles</u> .	You don't have to meet <u>deductibles</u> for specific services.
What is the <u>out-of-pocket limit</u> for this <u>plan</u> ?	\$5,000 person / \$10,000 family.	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.
What is not included in the <u>out-of-pocket limit</u> ?	<u>Premiums</u> , <u>balance-billing</u> charges, and health care this <u>plan</u> doesn't cover. 20% non PPO penalty applies annually up to \$2,000 person/ \$4,000 family.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Will you pay less if you use a <u>network provider</u> ?	Yes. See www.bcbsks.com/providerdirectory or call 1-800-432-3990 for a list of <u>network providers</u> .	This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's</u> charge and what your <u>plan</u> pays (<u>balance billing</u>). Be aware, your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
Do you need a <u>referral</u> to see a <u>specialist</u> ?	No.	You can see the <u>specialist</u> you choose without a <u>referral</u> .

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All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$35 copay/visit	\$35 copay/visit	Telemedicine: Office visits provided via Telemedicine will be paid at 100% of the allowable charge. All other services provided via Telemedicine are subject to the same Cost Sharing provisions as a Non-Telemedicine service.
	Specialist visit	\$70 copay/visit	\$70 copay/visit	—————none—————
	Preventive care/screening/immunization	\$0. Preventive is without cost share.	Deductible then 20% coinsurance	Immunizations as identified by the Center of Medicare and Medicaid Services.
If you have a test	Diagnostic test (x-ray, blood work)	\$0 up to \$300 person, deductible then 20% coinsurance	\$0 up to \$300 person, deductible then 20% coinsurance	—————none—————
	Imaging (CT/PET scans, MRIs)	\$0 up to \$300 person, deductible then 20% coinsurance	\$0 up to \$300 person, deductible then 20% coinsurance	—————none—————
If you need drugs to treat your illness or condition	Tier 1	\$15 copay	\$15 copay	Generic drugs are mandatory if available.
	Tier 2	\$50 copay	\$50 copay	—————none—————
	Tier 3	\$75 copay	\$75 copay	—————none—————
	Tier 4*	Preferred: \$150 copay	Not Covered	Specialty Drugs must be obtained from the Blue Cross and Blue Shield of Kansas Designated Specialty Pharmacy. If a Specialty Prescription Drug is obtained from a Pharmacy other than our Designated Specialty Pharmacy, the drug will not be eligible for benefits.
	Tier 5*	Non-Preferred: 20% coinsurance not to exceed \$250		
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	Deductible then 20% coinsurance	Deductible then 20% coinsurance	—————none—————
	Physician/surgeon fees	Deductible then 20% coinsurance	Deductible then 20% coinsurance	—————none—————

[* For more information about limitations and exceptions, see the [plan](#) or policy document at www.bcbsks.com.]

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Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need immediate medical attention	Emergency room care	\$250 copay then deductible and 20% coinsurance	\$250 copay then deductible and 20% coinsurance	—————none—————
	Emergency medical transportation	Deductible then 20% coinsurance	Deductible then 20% coinsurance	—————none—————
	Urgent care	Copay is applicable to the provider type	Copay is applicable to the provider type	Same as office visit. For emergency services, out-of-network is subject to the in-network benefits.
If you have a hospital stay*	Facility fee (e.g., hospital room)	Deductible then 20% coinsurance	Deductible then 20% coinsurance	—————none—————
	Physician/surgeon fees	Deductible then 20% coinsurance	Deductible then 20% coinsurance	—————none—————
If you need mental health, behavioral health, or substance abuse services	Outpatient services	\$35 copay/visit, other outpatient services subject to deductible then 20% coinsurance	\$35 copay/visit, other outpatient services subject to deductible then 20% coinsurance	—————none—————
	Inpatient services*	Deductible then 20% coinsurance	Deductible then 20% coinsurance	—————none—————
If you are pregnant	Office visits	Deductible then 20% coinsurance	Deductible then 20% coinsurance	—————none—————
	Childbirth/delivery professional services	Deductible then 20% coinsurance	Deductible then 20% coinsurance	—————none—————
	Childbirth/delivery facility services	Deductible then 20% coinsurance	Deductible then 20% coinsurance	—————none—————
If you need help recovering or have other special health needs	Home health care*	Deductible then 20% coinsurance	Deductible then 20% coinsurance	—————none—————
	Rehabilitation services	Deductible then 20% coinsurance	Deductible then 20% coinsurance	—————none—————
	Habilitation services	Deductible then 20% coinsurance	Deductible then 20% coinsurance	—————none—————
	Skilled nursing care*	Deductible then 20% coinsurance	Deductible then 20% coinsurance	—————none—————

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Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need help recovering or have other special health needs	Durable medical equipment	Deductible then 20% coinsurance	Deductible then 20% coinsurance	_____none_____
	Hospice services*	Deductible then 20% coinsurance	Deductible then 20% coinsurance	_____none_____
If your child needs dental or eye care	Children's eye exam	Copay is applicable to the provider type	Copay is applicable to the provider type	Vision screening for children under 5 years is covered at 100% as preventative.
	Children's glasses	Not Covered	Not Covered	_____none_____
	Children's dental check-up	Not Covered	Not Covered	_____none_____

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Excluded Services & Other Covered Services:

Services Your [Plan](#) Generally Does NOT Cover (Check your policy or [plan](#) document for more information and a list of any other [excluded services](#).)

- Acupuncture
- Bariatric surgery
- Cosmetic surgery
- Dental care (Adult)
- Hearing aids
- Long-term care

Other Covered Services (Limitation may apply to these services. This isn't a complete list. Please see your [plan](#) document.)

- Infertility treatment
- Non-emergency care when traveling outside the U.S. See www.bcbs.com/already-a-member/coverage-home-and-away.html
- Private-duty nursing
- Routine eye care (Adult)
- Routine foot care
- Spinal manipulations
- Weight loss programs

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Blue Cross and Blue Shield of Kansas Customer Service at 1-800-432-3990. You may also contact your state insurance department, Kansas Insurance Department, 1300 SW Arrowhead Road, Topeka, Kansas 66604, Phone: 1-800-432-2484, or visit insurance.kansas.gov, or the Department of Labor's Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance [Marketplace](#). For more information about the [Marketplace](#), visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact: Customer Service at 1-800-432-3990 or you can visit www.bcbsks.com/blueaccess, or the Kansas Insurance Department, 1300 SW Arrowhead Road, Topeka, Kansas 66604, Phone: 1-800-432-2484, or visit insurance.kansas.gov, or the Department of Labor's Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa/healthreform.

Does this plan provide Minimum Essential Coverage? Yes

[Minimum Essential Coverage](#) generally includes [plans](#), [health insurance](#) available through the [Marketplace](#) or other individual market policies Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of [Minimum Essential Coverage](#), you may not be eligible for the [premium tax credit](#).

Does this plan meet the Minimum Value Standards? Yes

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

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Language Access Services:

Spanish (Español):	Para obtener asistencia en Español, llame al	1-800-432-3990
Tagalog (Tagalog):	Kung kailangan ninyo ang tulong sa Tagalog tumawag sa	1-800-432-3990
Chinese (中文):	如果需要中文的帮助，请拨打这个号码	1-800-432-3990
Navajo (Dine):	Dinek'ehgo shika at'ohwol ninisingo, kwijjigo holne'	1-800-432-3990

To see examples of how this [plan](#) might cover costs for a sample medical situation, see the next section.

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About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost-sharing](#) amounts ([deductibles](#), [copayments](#) and [coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

- The [plan's overall deductible](#) **\$2,500**
- [Specialist coinsurance](#) **\$70**
- Hospital (facility) [coinsurance](#) **20%**
- Other [coinsurance](#) **20%**

This EXAMPLE event includes services like:

[Specialist](#) office visits (prenatal care)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
[Diagnostic tests](#) (ultrasounds and blood work)
[Specialist](#) visit (anesthesia)

Total Example Cost	\$12,700
---------------------------	-----------------

In this example, Peg would pay:

<i>Cost Sharing</i>	
Deductibles	\$2,500
Copayments	\$10
Coinsurance	\$2,000
<i>What isn't covered</i>	
Limits or exclusions	\$60
The total Peg would pay is	\$4,570

Managing Joe's type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

- The [plan's overall deductible](#) **\$2,500**
- [Specialist coinsurance](#) **\$70**
- Hospital (facility) [coinsurance](#) **20%**
- Other [coinsurance](#) **20%**

This EXAMPLE event includes services like:

[Primary care physician](#) office visits (including disease education)
[Diagnostic tests](#) (blood work)
[Prescription drugs](#)
[Durable medical equipment](#)

Total Example Cost	\$5,600
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In this example, Joe would pay:

<i>Cost Sharing</i>	
Deductibles	\$1,200
Copayments	\$1,100
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$20
The total Joe would pay is	\$2,320

Mia's Simple Fracture

(in-network emergency room visit and follow up care)

- The [plan's overall deductible](#) **\$2,500**
- [Specialist coinsurance](#) **\$70**
- Hospital (facility) [coinsurance](#) **20%**
- Other [coinsurance](#) **20%**

This EXAMPLE event includes services like:

[Emergency room care](#) (including medical supplies)
[Diagnostic test](#) (x-ray)
[Durable medical equipment](#) (crutches)
[Rehabilitation services](#) (physical therapy)

Total Example Cost	\$2,800
---------------------------	----------------

In this example, Mia would pay:

<i>Cost Sharing</i>	
Deductibles	\$2,500
Copayments	\$10
Coinsurance	\$60
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Mia would pay is	\$2,570

The [plan](#) would be responsible for the other costs of these EXAMPLE covered services.

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Blue Cross and Blue Shield of Kansas is an independent licensee of the Blue Cross Blue Shield Association.

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Dental Plan Information



**Community Connected
Insurance and Consulting**

Summary of Dental Plan Benefits

East Central Kansas Cooperative in Education - Low Option

Account Benefit Plan ID# 53454-03

Effective for October 1, 2025

	Benefit % Paid					
	Delta Dental PPO	Delta Dental Premier	Out-of-Network			
<p>MAXIMUM BENEFIT(S) PER PERSON: The Maximum Benefit for all Covered Services for each Enrollee in any one Calendar Year is One Thousand Dollars (\$1,000.00).</p> <p>DEDUCTIBLE LIMITATIONS: Coverage for Diagnostic and Preventive Services are not subject to the Deductible. For all other Covered Services, the Calendar Year Deductible is: \$50x3.</p> <p>RIGHT START 4 KIDSSM (RS4K): Children 12 and under receive their Claims paid at 100% for all Covered Services. Deductibles will not apply, but the annual maximum, frequencies, and limitations will apply. Orthodontics Services will not change. If a Child visits an Out-of-Network Dentist, normal waiting periods, Deductibles, and Coinsurance will apply.</p> <p>ELIGIBLE CHILDREN AGES: Children are eligible for coverage to age 26.</p>	100%	100%	100%	DIAGNOSTIC & PREVENTIVE (Not Subject to Deductible)		
				Diagnostic:	Includes the following procedures necessary to evaluate existing dental conditions and the dental care required: <ul style="list-style-type: none"> • <u>Oral evaluations</u> - 2 times each Calendar Year. • <u>Bitewing x-rays</u> - 2 times each Calendar Year for Dependents under age 18 and once each 12 months for adults age 18 and over. • <u>Full mouth or panoramic x-rays</u> - once each 5 years. 	
				Preventive:	Provides for the following: <ul style="list-style-type: none"> • <u>Routine Cleanings</u> - unlimited. • <u>Topical Fluoride</u> - 2 times each Calendar Year for Dependent Children under age 19. • <u>Space Maintainers</u> - for Dependent Children under age 14 and only for early loss of baby molars. • <u>Sealants</u> - once (1) each tooth per lifetime for Dependent Children under age 16 when applied only to adult molars with no decay or fillings on the chewing surface and intact. 	
				BASIC (Subject to Deductible)		
				Ancillary:	Provides for one emergency/limited exam per Calendar Year by the Dentist for the relief of pain.	
				Oral Surgery:	Provides for removal of teeth including pre and post-operative care, preparation of the mouth for dentures, removal of the vertical band of thin tissue that connects the tongue to the bottom of the mouth, removal of the tissue that attaches the lips to the gum above the top front two teeth, removal of tissue that connects the gums to the insides of the cheeks, and removal of a piece of tissue from a lesion and sent to the lab for testing.	
				Regular Restorative:	Provides silver fillings; resin (white) fillings on all teeth; and stainless-steel crowns for Dependents under age 12.	
				Endodontics:	Includes root canal treatments. When covered, payment for the initial root canal therapy is limited to one per lifetime, per tooth; payment for the retreatment of a root canal is limited to once per 24 months, per tooth.	
				Periodontics:	a. Includes procedures for the treatment of diseases of the gums and bones. Periodontal cleaning is unlimited if diagnosed with periodontal treatment history. b. Surgical periodontal procedures.	
				MAJOR (Subject to Deductible)		
			Special Restorative:	When teeth cannot be restored with a filling, provides for individual crowns.		
			Prosthodontics:	a. Includes bridges, partial and complete dentures. b. Repairs and adjustments of bridges and dentures.		
			ORTHODONTICS (Subject to Deductible)			
			Orthodontics (Braces):	Orthodontic appliances and treatment.		

This is a summary of benefits only and does not bind Delta Dental of Kansas to any coverage. Subscribers are encouraged to familiarize themselves with the details of their individual plan benefits. Subscribers are responsible for any required copayments, deductibles, or fees for services not covered by their plan at the time services are performed. Please refer to the Description of Dental Care Coverage ("Benefits Booklet") for complete coverage information, including but not limited to any applicable exclusions and limitations. Coverage as described in the employer group's dental benefits contract with Delta Dental of Kansas is binding on all parties and supersedes all other written or oral communications.

Welcome to Delta Dental of Kansas

With Delta Dental of Kansas you receive the expertise of the largest, most experienced dental benefits carrier in the nation, paired with our unparalleled customer service. With your employer, we have designed a dental benefit plan to help protect you and your family's oral health. Regular, preventive dental care is fundamental to making your smile last, and a healthy mouth contributes to your overall wellbeing.

CHOOSING A DENTIST

You are free to go to any dentist of your choice, but there may be a difference in the amount you pay if the dentist is not a Delta Dental in-network dentist. It is to your advantage to choose a **Delta Dental PPO™** or **Delta Dental Premier®** network dentist. Nearly 4 out of 5 dentists nationwide participate with Delta Dental, so chances are excellent your dentist is already in-network. You can search for an in-network dentist at **DeltaDentalKS.com**, on the Delta Dental mobile app or by contacting our customer service team at 800.234.3375.

MANAGING MY BENEFITS

At **DeltaDentalKS.com**, you can log in to your member account to:

- Print your member ID card
- Review your eligibility and benefit information
- See how your claims paid
- Estimate your out-of-pocket costs*
- Sign-up to receive your Explanation of Benefits (EOBs) electronically
- And more!

Through Delta Dental's mobile app, you can:

- Use your mobile ID card
- Find a dentist
- Estimate your out-of-pocket costs*
- Review your coverage and claims
- And more!



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DELTA DENTAL MOBILE APP

**The Dental Care Cost Estimator provides an estimate and does not guarantee the exact fees for dental procedures, what your dental benefits plan will cover or your out-of-pocket costs. Estimates should not be construed as financial or medical advice. For more detailed information on your actual dental care costs, please consult your dentist and call Delta Dental of Kansas at 800-234-3375.*

Welcome to Delta Dental of Kansas

With Delta Dental of Kansas you receive the expertise of the largest, most experienced dental benefits carrier in the nation, paired with our unparalleled customer service. With your employer, we have designed a dental benefit plan to help protect you and your family's oral health. Regular, preventive dental care is fundamental to making your smile last, and a healthy mouth contributes to your overall wellbeing.

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- See how your claims paid
- Estimate your out-of-pocket costs*
- Sign-up to receive your Explanation of Benefits (EOBs) electronically
- And more!

Through Delta Dental's mobile app, you can:

- Use your mobile ID card
- Find a dentist
- Estimate your out-of-pocket costs*
- Review your coverage and claims
- And more!



SCAN TO DOWNLOAD
DELTA DENTAL MOBILE APP

**The Dental Care Cost Estimator provides an estimate and does not guarantee the exact fees for dental procedures, what your dental benefits plan will cover or your out-of-pocket costs. Estimates should not be construed as financial or medical advice. For more detailed information on your actual dental care costs, please consult your dentist and call Delta Dental of Kansas at 800-234-3375.*

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Vision Plan Information



**Community Connected
Insurance and Consulting**



Summary of Benefits
 East Central Kansas Cooperative in Education
 Group #53453-0-1-0
 Effective OCTOBER 1, 2025

Vision Care Services	In-Network Member Costs	Out-of-Network Allowances	
This plan utilizes the Insight Network.	Exam With Dilation as Necessary	\$10 Copay Up to \$35 Reimbursement	
	Retinal Imaging	\$39 Not Covered	
FREQUENCY:			
Exams: Once every 12 months Frames: Once every 24 months Lenses or Contact Lenses: Once every 12 months	Frames	\$150 Allowance, 20% off balance Up to \$75 Reimbursement	
	Standard Plastic Lenses		
	Single Vision	\$25 Copay	Up to \$25 Reimbursement
	Bifocal	\$25 Copay	Up to \$40 Reimbursement
	Trifocal	\$25 Copay	Up to \$55 Reimbursement
	Lenticular	\$25 Copay	Up to \$55 Reimbursement
	Lens Options		
	Standard polycarbonate	Adults: \$40 Dependents under 19: \$0	Up to \$25 Reimbursement Up to \$25 Reimbursement
	UV Coating	\$15	Not Covered
	Tint (Solid and Gradient)	\$15	Not Covered
Standard Scratch-Resistance	\$15	Not Covered	
Standard Anti-Reflective Coating	\$45	Not Covered	
Standard Progressive (includes Copay amount)	\$90 Copay	Up to \$40 Reimbursement	
Premium Progressive (includes Copay amount)	Tier 1 – \$110 Copay Tier 2 – \$120 Copay Tier 3 – \$135 Copay Tier 4 – \$90 Copay, \$120 Allowance, and 20% off balance	Up to \$40 Reimbursement	
Contact Lens Fit & Follow-Up (Contact lens fit and 2 follow-up visits are available once a comprehensive eye exam has been completed.)			
ADDITIONAL DISCOUNTS: 40% off - Additional pair of eyeglasses or sunglasses (both frames & lenses) 20% off - Non covered items such as cleaning cloths and solution 15% off - Retail price of LASIK Vision Correction 40% off - Hearing Discount: hearing exams and a low price guarantee on discounted hearing aids	Standard – spherical clear contact lenses in conventional wear and planned replacement (Examples include but not limited to disposable, frequent	\$0 Copay, Paid-in-full fit and two follow-up visits Up to \$40 Reimbursement	
	Premium – all lens designs, materials and specialty fittings other than Standard Contact Lenses (Examples include toric, multifocal, etc.)	\$55 Allowance Up to \$40 Reimbursement	
Contacts Lenses (Contact lens allowance includes materials only)			
Conventional	\$150 Allowance, 15% off balance over Allowance	Up to \$90 Reimbursement	
Disposable	\$150 Allowance	Up to \$90 Reimbursement	
Medically Necessary	\$0 Copay	Up to \$200 Reimbursement	

SEE SECTION ON PLAN LIMITATIONS/EXCLUSIONS ON THE NEXT PAGE

This is a Summary of Benefits only, and various limitations and exceptions may apply. Your actual coverage is described in the Agreement which is binding on all of the parties and supersedes all other written or oral communications.

WHO IS SURENCY VISION?

Surency Vision offers flexible, straightforward plans with multiple features to meet your employees' needs. Plans include comprehensive eye exams and convenient access to vision care 7 days a week as well as multiple allowances, copay, and frequency options for exams, lenses, and frame. Members also receive savings on eye care and eyewear year-round.



RETAIL AND ONLINE VISION OPTIONS

Surency Vision offers several in-network online shopping options to go with the thousands of in-network store locations. Retail options include Target Optical, LensCrafters and Pearl Vision. Our online options include ContactsDirect.com, Glasses.com, Rayban.com/insurance and more.



SURENCY VISION MOBILE APP

Download the free Surency Vision Mobile App today to take control of your vision benefits. With the app, you can:

- Find a doctor
- Check eligibility
- Check claim status
- Order replacement contact lenses
- And more



PLAN LIMITATIONS/EXCLUSIONS:

- Allowances are one-time use benefits; no remaining balance.
- If eyeglass lenses are elected, contact lens allowance may not be available; coverage specific to vision benefit plan.
- Orthoptic or vision training, subnormal vision aids and any associated supplemental testing.
- Medical and/or surgical treatment of the eye, eyes or supporting structures.
- Services provided as a result of any Worker's Compensation law.
- Benefit is not available on certain frame brands in which the manufacturer imposes a no discount policy.
- Corrective eyewear required by an employer as a condition of employment, and safety eyewear unless specifically covered under plan.
- Plano lenses and non-prescription sunglasses (except for twenty percent (20%) discount).
- Services or materials provided by major medical coverage under any other group benefit providing for vision care.
- Two (2) pair of glasses in lieu of bifocals.
- Aniseikonic lenses.
- Discounts do not apply for benefits provided by other group benefit plans.
- Lost or broken materials are not covered.

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Flexible Spending Account



**Community Connected
Insurance and Consulting**

BENEFITS OF THE SURENCY FLEX MEMBER ACCOUNT



MANAGE YOUR BENEFITS ONLINE AT SURENCY.COM

It sure is easy.

ACCESS THE INFORMATION YOU NEED:

- Check balances on your Health Care Flexible Spending Account (FSA), Dependent Care Flexible Spending Account (DC FSA), Health Reimbursement Arrangement (HRA), and Health Savings Account (HSA).
- View account activity, payment history and tax statements.
- Access FSASore.com to purchase eligible items like contact lenses, first aid kits, sunscreen and more. Use your Surency Flex Benefits Card to pay.
- Access forms.



TAKE ACTION:

- Submit claims for Health Care FSA, Dependent Care FSA, and HRA expenses.
- Add a dependent or spouse.
- Add or update a bank account to receive direct deposit reimbursements.
- Request HSA distributions, make HSA contributions and set HSA investment sweeps.
- Access account funds to pay yourself back or to pay your doctor.
- Report a Surency Flex Benefits Card as lost or stolen.



LOGGING IN FOR THE FIRST TIME

If you are a new member and do not have a username and password, you must first log in online at Surency.com using the information below:

- Username: first name (all lowercase) + last four digits of Social Security Number.
- Password: last name (all lowercase) + last four digits of Social Security Number.*

*If your last name is hyphenated, your password should be entered with no hyphen or space between the two names.

If you experience any difficulty signing in, please call Customer Service at 866-818-8805.



You can also manage your benefits through the **Surency Flex mobile app**. Easily access your account from anywhere, and snap photos of your receipts to submit with new or existing claims.

866-818-8805 • Surency.com

WHAT IS A HEALTH CARE FLEXIBLE SPENDING ACCOUNT?



SET ASIDE MONEY FOR FUTURE HEALTH CARE EXPENSES

It sure is easy.

PAY LESS IN TAXES

- ▶ Putting money into a Health Care Flexible Spending Account (HC FSA) **before** you pay taxes on it saves you money by lowering your amount of taxable income. The result? **You pay less in taxes each year.**

TAKE CONTROL OF YOUR HEALTH CARE COSTS

- ▶ **Use money in your Health Care FSA to pay for out-of-pocket medical expenses**, such as eyeglasses, contacts, copays, deductibles, prescription medicines and routine exams.
- ▶ The entire amount you set aside is available to use on the first day of your Plan Year.

INCREASE YOUR TAKE-HOME PAY	WITH FSA	WITHOUT FSA
Annual Income:	\$50,000	\$50,000
Pre-Tax FSA Contributions:	\$2,400	\$0
Taxable Income:	\$47,600	\$50,000
Taxes (assumes 30% tax bracket):	\$11,900	\$12,500
Take-Home Pay:	\$35,700	\$37,500
Out-of-Pocket Health Care Expenses:	\$0	\$2,400
Spendable Income:	\$35,700	\$35,100
Savings Each Year:	\$600	\$0

Savings amount in the example are provided by Surency for illustrative purposes only. You may save more or less based on your own tax situation. Some states do not recognize these tax exclusions for this program. No part of this document is tax, financial or legal advice. You should consult your own legal and tax advisors regarding your personal situation and whether this is the right program for you.

2023 IRS Maximum Contribution Limit: \$3,050



When you use the **Surency Flex Benefits Card** to pay for qualified expenses, the amount is deducted from your account - **no need to file claims!**



You have **24/7 access to your account** through the **Surency Flex mobile app** or on your **Member Account** at Surency.com.

866-818-8805 • Surency.com

WHAT IS A DEPENDENT CARE FSA?



SET ASIDE MONEY TO COVER CHILD CARE EXPENSES, PRE-TAX!

It sure is easy.

PAY LESS IN TAXES

- ▶ Putting money into a Dependent Care Flexible Spending Account (DC FSA) **before** you pay taxes on it saves you money by lowering your amount of taxable income. The result? **You pay less in taxes each year.**

TAKE CONTROL OF YOUR DEPENDENT CARE COSTS

- ▶ Use money in your Dependent Care FSA to pay for **day care, general purpose day camps or after school programs while you are at work** for your dependents who are under 13 years old.
- ▶ Pay for adult day care services for **dependent adults** who are unable to care for themselves. *(Must live with you for more than half of the year.)*

INCREASE YOUR TAKE-HOME PAY	WITH DC FSA	WITHOUT DC FSA
Annual Income:	\$50,000	\$50,000
Pre-Tax Contributions:	\$5,000	\$0
Taxable Income:	\$45,000	\$50,000
Taxes (assumes 25% tax bracket):	\$11,250	\$12,500
Take-Home Pay:	\$33,750	\$37,500
Out-of-Pocket Dependent Care Expenses:	\$0	\$5,000
Spendable Income:	\$33,750	\$32,500
Savings Each Year:	\$1,250	\$0

Savings amount in the example are provided by Surency for illustrative purposes only. You may save more or less based on your own tax situation. Some states do not recognize these tax exclusions for this program. No part of this document is tax, financial or legal advice. You should consult your own legal and tax advisors regarding your personal situation and whether this is the right program for you.

We make it easy for you to get reimbursed!

Use the Surency Flex mobile app to file claims and take pictures of your receipts, or complete **one form for the entire year** if your dependent care expenses are for the same amount, from the same provider, and for the same length of time. Go to **Surency.com** to download the Dependent Care Reimbursement Form.



You have **24/7 access to your account** through the **Surency Flex mobile app** or on your **Member Account** at Surency.com.

Refer to the back of this page for plan rules and regulations.

DEPENDENT CARE FSA PLAN RULES & REGULATIONS



**SET ASIDE MONEY TO COVER
CHILD CARE EXPENSES, PRE-TAX!**

It sure is easy.

RULES & REGULATIONS

- A Dependent Care FSA can help you save money. If both you and your spouse work, or you are a single parent, a Dependent Care FSA may be right for you. However, if you have a stay-at-home spouse, you should not enroll in a Dependent Care FSA.

MAXIMUM CONTRIBUTION

- \$5,000 for married couples filing joint federal taxes or single persons filing as head of household.
- \$2,500 for married couples filing separate federal taxes.
- If you are single or a married couple filing separately and your earned income is less than \$5,000, then you may not contribute more than your earned income.

ELIGIBLE EXPENSES

- Use the funds in your Dependent Care FSA to pay for qualified child care expenses for dependents under the age of 13. Some examples include day care and general purpose day camps.
- You may also use the funds for adult day care services if you have an older dependent who lives with you at least 8 hours each day and requires daily care services. Adult day care services are qualified expenses if you work and your spouse is working, looking for work, is a full-time student, or is physically or mentally incapable of self-care.
- Dependent care services must have been “incurred”, or fully provided and completed, for the service period before you can be reimbursed for your dependent care expenses. This is important to remember because most providers require prepayment of dependent care services at the beginning of the service period before they provide dependent care services. In order to follow IRS requirements, you may only be reimbursed at the end of the service period even if you prepaid the provider for dependent care services.
- *Ineligible expenses* include, but are not limited to, overnight camps, care provided by your dependent, spouse or child under the age of 19, and care provided while you are not at work.
- In order for your child care expenses to qualify, you must maintain the residence that you live in for more than half of the year with the qualified child or dependent.

TAX CREDITS

- Before you enroll, you should evaluate the tax advantages, as well as the impact on your tax liability and your ability to take advantage of the Dependent Care Tax Credit.

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Supplemental Plans



**Community Connected
Insurance and Consulting**

Cancer – KBS (Kansas Board Solutions)

IMPORTANT INFORMATION

- Available on groups with 25+ eligible lives.
- Valid in KS.
- Not available for all industries. Please see limitations & exclusions section.
- Rates shown are valid thru January 1, 2027.
- SBA Code 0012 (Internal Use Only).

MONTHLY RATES

	Value Plan	Advantage Plan	Premier Plan
Employee	\$21.00	\$35.00	\$41.00
Employee & Spouse	\$44.00	\$56.00	\$65.00
Employee & Child	\$22.00	\$36.00	\$42.00
Family	\$45.00	\$57.00	\$66.00
Rate Guarantee	2 Years		
Contributory Status	Voluntary		
Minimum Participation	5 enrolled employees		
Portability	Included without evidence		
Issue Underwriting	Annual Open Enrollment		
Child(ren) Age Limits	Birth to 26 yrs (26 if full-time), subject to state limitations		
Rate Basis	Premiums listed are for Issue Age and will not increase due to an insured's age.		

BENEFITS

	Value Plan	Advantage Plan	Premier Plan
	12 month look back period; 12 month exclusion period, Continuity of Coverage		
Pre-existing condition limitation			
Initial Diagnosis Benefit Amount	Employee: \$1,500 Spouse: \$1,500 Child: \$1,500	Employee: \$1,500 Spouse: \$1,500 Child: \$1,500	Employee: \$1,500 Spouse: \$1,500 Child: \$1,500
Initial Diagnosis Waiting Period	30 days	30 days	30 days
Cancer Screening	\$50; \$50 follow-up screening	\$75; \$75 follow-up screening	\$100; \$100 follow-up screening
Air Ambulance	\$250/trip, limit 2 trips per hospital confinement	\$1,500/trip, limit 2 trips per hospital confinement	\$2,000/trip, limit 2 trips per hospital confinement
Alternative Care	No Benefit	No Benefit	\$50/visit up to 20 visits
Ambulance	\$200/trip, limit 2 trips per hospital confinement	\$200/trip, limit 2 trips per hospital confinement	\$250/trip, limit 2 trips per hospital confinement
Anesthesia	25% of surgery benefit	25% of surgery benefit	25% of surgery benefit
Anti-Nausea	No Benefit	\$50/day up to \$150 per month	\$50/day up to \$250 per month
Attending Physician	\$25/day while hospital confined. Limit 75 visits	\$25/day while hospital confined. Limit 75 visits	\$25/day while hospital confined. Limit 75 visits
Blood/Plasma/Platelets	Actual Costs up to \$15,000 per 12 month period	Actual Costs up to \$20,000 per 12 month period	Actual Costs up to \$25,000 per 12 month period
	No Benefit	Bone Marrow: \$7,500 Stem Cell: \$1,500 50% benefit for 2 nd transplant \$1,000 benefit if a donor	Bone Marrow: \$10,000 Stem Cell: \$2,500 50% benefit for 2 nd transplant \$1,500 benefit if a donor
Bone Marrow/Stem Cell			
Experimental Treatment	No Benefit	\$100/day up to \$1,000/month	\$200/day up to \$2,400/month
Extended Care Facility/Skilled Nursing Care	\$100/day up to 90 days per year	\$100/day up to 90 days per year	\$150/day up to 90 days per year
Government or Charity Hospital	No Benefit	\$300/day in lieu of all other benefits	\$400/day in lieu of all other benefits
Home Health Care	No Benefit	\$50/visit up to 30 visits per year	\$100/visit up to 30 visits per year

Cancer – KBS (Kansas Board Solutions)

BENEFITS (continued)

	Value Plan	Advantage Plan	Premier Plan
Hormone Therapy	\$25/Treatment up to 12 treatments per year	\$25/Treatment up to 12 treatments per year	\$50/Treatment up to 12 treatments per year
Hospice	\$50/day up to 100 days/lifetime	\$50/day up to 100 days/lifetime	\$100/day up to 100 days/lifetime
Hospital Confinement	\$300/day for first 30 days; \$600/day for 31 st day thereafter per confinement	\$300/day for first 30 days; \$600/day for 31 st day thereafter per confinement	\$400/day for first 30 days; \$800/day for 31 st day thereafter per confinement
ICU Confinement	\$400/day for first 30 days; \$600/day for 31 st day thereafter per confinement	\$400/day for first 30 days; \$600/day for 31 st day thereafter per confinement	\$600/day for first 30 days; \$800/day for 31 st day thereafter per confinement
Immunotherapy	\$500 per month \$2500 lifetime max	\$500 per month \$2500 lifetime max	\$500 per month \$2500 lifetime max
Inpatient Special Nursing	No Benefit	\$100/day up to 30 days per year	\$150/day up to 30 days per year
Medical Imaging	No Benefit	\$100/image up to 2 per year	\$200/image up to 2 per year
Outpatient or Ambulatory Surgical Center	No Benefit	\$250/day, 3 days per procedure	\$350/day, 3 days per procedure
Outpatient and Family Member Lodging	No Benefit	\$75/day, up to 90 days per year	\$100/day, up to 90 days per year
Physical or Speech Therapy	No Benefit	\$25/visit up to 4 visits per month, \$400 lifetime max	\$50/visit up to 4 visits per month, \$1,000 lifetime max
Prosthetic	Surgically Implanted: \$2,000/device, \$4,000 lifetime max Non-Surgically; \$200/device, \$400 lifetime max	Surgically Implanted: \$2,000/device, \$4,000 lifetime max Non-Surgically; \$200/device, \$400 lifetime max	Surgically Implanted: \$3,000/device, \$6,000 lifetime max Non-Surgically; \$300/device, \$600 lifetime max
Radiation Therapy Chemotherapy and Immunotherapy	Actual Costs up to a \$15,000 benefit year maximum	Actual Costs up to a \$20,000 benefit year maximum	Actual Costs up to a \$25,000 benefit year maximum
Reconstructive Surgery	No Benefit	Breast TRAM Flap \$2,000 Breast reconstruction \$500 Breast Symmetry \$250 Facial reconstruction \$500	Breast TRAM Flap \$3,000 Breast reconstruction \$700 Breast Symmetry \$350 Facial reconstruction \$700
Reproductive Benefit	No Benefit	No Benefit	\$1,500 egg harvesting, \$500 egg or sperm storage, \$2,000 lifetime max
Second Surgical Opinion	\$200/surgical procedure	\$200/surgical procedure	\$300/surgical procedure
Skin Cancer	Biopsy Only: \$100 Reconstructive Surgery: \$250 Excision of a skin cancer: \$375 Excision of a skin cancer with flap or graft: \$600	Biopsy Only: \$100 Reconstructive Surgery: \$250 Excision of a skin cancer: \$375 Excision of a skin cancer with flap or graft: \$600	Biopsy Only: \$100 Reconstructive Surgery: \$250 Excision of a skin cancer: \$375 Excision of a skin cancer with flap or graft: \$600
Surgical Benefit	Schedule amount up to \$2,750	Schedule amount up to \$4,125	Schedule amount up to \$5,500
Transportation/Companion Transportation	No Benefit	\$0.50/mile up to \$1,000 per round trip/equal benefit for companion	\$0.50/mile up to \$1,500 per round trip/equal benefit for companion
Waiver of Premium	Included	Included	Included

Cancer – KBS (Kansas Board Solutions)

PLAN HIGHLIGHTS

- Cancer screening benefit includes coverage for screenings such as biopsy, mammogram, pap smear, PSA for prostate cancer, MRI scans, etc.

IMPORTANT NOTES

- **Cancer** means an insured has been diagnosed with a disease manifested by the presence of a malignant tumor characterized by the uncontrolled growth and spread of malignant cells in any part of the body. This includes leukemia, Hodgkin's disease, lymphoma, sarcoma, malignant tumors and melanoma. Cancer includes carcinomas in-situ (in the natural or normal place, confined to the site of origin, without having invaded neighboring tissue). Pre-malignant conditions or conditions with malignant potential, such as myelodysplastic and myeloproliferative disorders, carcinoid, leukoplakia, hyperplasia, actinic keratosis, polycythemia, and nonmalignant melanoma, moles or similar diseases or lesions will not be considered cancer. Cancer must be diagnosed while insured under the Guardian cancer plan.
- **Alternative Care** – Benefit is paid for palliative care (bio-feedback or hypnosis) or lifestyle benefits such as visits to an accredited practitioner for smoking cessation, yoga, meditation, relaxation techniques and nutritional counseling.
- **Blood/Plasma/Platelets** – Benefit is paid each day you receive blood, plasma and/or platelets for the treatment of internal cancer.
- **Experimental Treatment** – Benefits will be paid for experimental treatment prescribed by a doctor for the purpose of destroying or changing abnormal tissue. All treatment must be NCI listed as viable experimental treatment for Internal Cancer.
- **Outpatient and Family Member Lodging** – Benefit is paid if you stay in a hotel while receiving treatment for internal cancer and treatment cannot be obtained locally. A benefit is also payable if a family member stays in a hotel while you are confined in a hospital for internal cancer treatment. Lodging must be more than 50 miles from your home.
- **Portability** – Portability allows the employee to take the coverage with them if employment has ended. Portability terms at age 70. An insured must port Cancer coverage prior to age 70.
- **Transportation/Companion Transportation** – Benefit is paid if you have to travel more than 50 miles one way to receive treatment for internal cancer.
- **Waiver of Premium** – If you become disabled due to cancer that is diagnosed after the employee's effective date, and you remain disabled for 90 days, we will waive the premium due after such 90 days for as long as you remain disabled.
- Any commercial insurance group policy underwritten and issued by The Guardian Life Insurance Company of America, a New York Domiciled mutual company, is a participating policy. It is not expected, however, that a dividend will be paid on any such group policies. All coverage will be provided as set forth in the policies.
- **Producer Compensation Disclosure:** As is common with Group Insurance, your coverage(s) might involve one or more licensed producers who will receive compensation from Guardian for soliciting, negotiating, securing and/or administering the insurance coverage(s) you have purchased. Compensation to these producers may be paid in the form of base commissions, administrative service commissions and, in some instances, supplemental compensation (e.g. an annual performance bonus). For more detailed information regarding producer compensation relative to your Guardian coverage(s), please contact your local sales consultant or account manager. If commissions are paid based on a percentage, the percentage is calculated monthly on enrolled lives, not eligible lives. Graded commission scales are calculated as a percentage of annual premium and are on a sliding scale.
- **Public Entity Groups:** Released quote is contingent on notification being made to Guardian regarding any political contribution requirements and/ or disclosure requests prior to contract signing.

Unless otherwise noted, the benefits listed are payable if the service or treatment is due to the insured's diagnosis of cancer while covered.

SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS

- Not available for the following SICs: 1011-1241, 1411-1499, 2812-2819, 2879-2892, 2899-2999, 3292, 3312-3399, 3482-3489, 4311, 4952-4959, 7299, 7342, 7360-7363, 7389, 8610-8699, 8811-8999, 9110-9211, 9223-9224, 9311-9999.
- In order to be eligible for coverage: Employees must be legally working: (a) in the United States or (b) outside the United States, for a US based employer, in a country or region approved by Guardian.
- Subject to state specific variations.
- A pre-existing condition includes any condition for which an employee, in the 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. Other state variations may apply.

SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS (continued)

- This plan will not pay benefits for (state variations may apply):
 - Services or treatment not included in the Schedule of Insurance.
 - Services or treatment provided by a family member.
 - Services or treatment rendered for hospital confinement outside the United States.
 - Any cancer diagnosed solely outside of the United States.
 - Services or treatment provided primarily for cosmetic purposes.
 - Services or treatment for premalignant conditions
 - Services or treatment for conditions with malignant potential.
 - Services or treatment for non-cancer sicknesses.
 - Cancer caused by, contributed to by, or resulting from: participating in a felony, riot or insurrection; intentionally causing a self-inflicted injury; committing or attempting to commit suicide while sane or insane; a covered person's mental or emotional disorder, alcoholism or drug addiction; engaging in any illegal activity; or serving in the armed forces or any auxiliary unit of the armed forces of any country.
 - Cancer arising from war or act of war, even if war is not declared.
 - Conditional Underwriting is one medical question as a part of the enrollment form.

Guardian Cancer Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Not all policies are available in all states and the coverage, terms and conditions for any policy may vary from state to state. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Coverage will not be effective until approved by a Guardian underwriter. This proposal is subject to satisfactory financial evaluation.

Please refer to certificate of coverage for full plan description. This proposal is not a contract, and merely describes certain features of the products discussed herein. In the event of a conflict between this proposal and any policy or certificate issued by Guardian, those documents and not this proposal control. This policy provides limited benefits health insurance only. It does NOT provide basic hospital, basic medical or major medical insurance Generic Policy Form #GP-1-CAN-IC-12, et al; GP-1-LAH-12R. The state approved form is the governing document.



An accidental injury can seriously cost you

Help protect yourself from unexpected medical costs

If you and your family are active, chances are, you're no stranger to a hospital emergency room. Even with medical insurance, a fall while bicycle riding or your child's sprained ankle at soccer practice can cost you a bundle in out-of-pocket expenses. Are you financially prepared for all of the medical and non-medical costs of treatment and recovery from a serious injury?

Financial support to help get you back on your feet

- No matter what kind of medical coverage you have, you may have out-of-pocket costs that could really set you back financially.
- Guardian® pays you cash benefits based on covered injuries, treatments and services.
- Payments go directly to you, and can help pay for other expenses, like traveling to the hospital, childcare and lost income from missed work.
- "Child Organized Sport" benefit pays you an extra 25% cash benefit for each accident when the dependent child is injured while playing an organized sport.¹
- Rainy Day Fund continues to pay you a benefit even when you have exhausted a frequency limitation on a particular accident benefit.²

An example of how Accident Insurance works³

While Sue was hiking in a local park, she fell and tore cartilage in her knee. She went to the hospital emergency room for treatment and stayed overnight. The doctor gave her a brace and scheduled her for a follow up visit. See how Accident Insurance offset Sue's expenses:

Ambulance	\$300	Knee Brace	\$100
Hospital Admission	\$750	X-Ray	\$50
Emergency Room Visit	\$150	Knee Cartilage Tear	\$500
Hospital Confinement (1 Day)	\$175	6 Follow-Up Visits	\$150
Medical Resonance Imaging (MRI)	\$200		

Total cash benefit paid for covered services: \$2,375

Accident Insurance with Guardian is easy

- No health questions to answer and convenient payroll deductions.
- Helps protect your savings when the unexpected occurs.
- Take the coverage with you if you change jobs or retire.

Learn more about Accident Insurance at guardianlife.com

The Guardian Life Insurance
Company of America
New York, NY

guardianlife.com

2020-98283 (04/22)



Accident Insurance is a smart choice for:

- Families with an active lifestyle
- Your children while playing organized sports¹
- Anyone concerned about covering out of pocket medical expenses

Accident Insurance Rates

Employee	\$19.90
Employee & Spouse	\$28.30
Employee & Child	\$31.50
Family	\$39.90

1. Child must be insured by the plan on the date the accident occurred and must be 18 years of age or younger. 2. The Rainy Day Fund does not apply to benefits without frequency limitation or wellness claims. See plan documents for covered benefits. 3. For illustrative purposes only. See your plan for specific coverage amounts and details. Guardian Accident 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 Accident 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. IMPORTANT NOTICE –THIS POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS. GUARDIAN® is a registered service mark of The Guardian Life Insurance Company of America®. ©Copyright 2020 The Guardian Life Insurance Company of America. Policy Form #GP-1-ACC-18, GP-1-AC-BEN-12, et al.; GP-1-LAH-12R.

Accident Insurance Benefit	Employee Coverage*
Accident Coverage Type	On and Off Job
Ambulance/Air Ambulance	\$300/\$1,500
Blood/Plasma/Platelets	\$300
Burns (2 nd Degree / 3 rd Degree)	9 sq inches to 18 sq inches: \$0 / \$2,000; 18 sq inches to 35 sq inches: \$1,000 / \$4,000; Over 35 sq inches: \$3,000 / \$12,000
Burn-Skin Graft	50% of burn benefit
Child Organized Sport	25% increase to child benefits
Chiropractic Visits	\$25 per visit up to 6 visits
Coma	\$7,500
Concussions/Concussion Baseline Study	\$200/ \$25
Diagnostic Exam (Major)	\$200
Dislocations	Schedule up to \$4,000
Doctor Follow Up Visits	\$25 up to 6 treatments
Emergency Dental Work	\$200/Crown; \$50/Extraction
Emergency Room Treatment	\$150
Epidural Anesthesia Pain Management	\$100, 2 times per accident
Eye Injury	\$200
Family Care	\$20/day up to 30 days
Fractures	Schedule up to \$5,000
Gun Shot Wound	\$500
Hospital Admission/ Hospital Confinement	\$750/ \$175/day – up to 1 year
Hospital ICU Admission/ Hospital ICU Confinement	\$1,500/\$350/day – up to 15 days
Initial Doctor's Office/ Urgent Care Facility Treatment	\$75
Joint Replacement (hip/knee/shoulder)	\$1,500/\$750/\$750
Knee Cartilage	\$500
Laceration	Schedule up to \$300
Lodging	\$100/day, up to 30 days for companion hotel stay
Medical Appliance	Schedule up to \$400
Outpatient Therapies	\$25 day, up to 10 days
Post-Traumatic Stress Disorder	\$300
Prosthetic Device/Artificial Limb	1: \$500; 2 or more: \$1,000
Rehabilitation Unit Confinement	\$150/day up to 15 days
Ruptured Disc with Surgical Repair	\$500
Surgery (Cranial, Open Abdominal, Thoracic)	\$1,000 (Hernia: \$200)
Surgery – Exploratory or Arthroscopic	\$150
Tendon/Ligament/Rotator Cuff	1: \$250; 2 or more: \$500
Transportation	\$0.50 per mile, limited to \$400, 3 times per accident
Traumatic Brain Injury	\$3,000
X-Ray	\$50
Wellness Benefit	Provides a \$50 per year benefit for completing certain routine wellness screenings or procedures
Accidental Death and Dismemberment:	
Death Benefit	Employee: \$15,000, Spouse: \$15,000, Child: \$7,500
Catastrophic Loss	Quadriplegia: 100% of AD&D Loss of speech and hearing (both ears): 100% of AD&D Loss of cognitive function: 100% of AD&D Hemiplegia: 50% of AD&D Paraplegia: 50% of AD&D
Common Carrier	200% of AD&D
Common Disaster	200% of Spouse AD&D
Hand, Foot, Sight	Single: 50% of AD&D benefit; Multiple: 100% of AD&D benefit
Thumb/Index Finger	
Same Hand, Four Fingers	25% of AD&D
Same Hand, All Toes	
Same Foot	
Seatbelt and Airbags	Seatbelts: \$10,000; Airbags: \$15,000
Reasonable Accommodation to Home or Vehicle	\$2,500
Rainy Day Fund	Benefit Amount: \$300; Rollover Maximum: \$150; Fund Maximum: \$600



An accidental injury can seriously cost you

Help protect yourself from unexpected medical costs

If you and your family are active, chances are, you're no stranger to a hospital emergency room. Even with medical insurance, a fall while bicycle riding or your child's sprained ankle at soccer practice can cost you a bundle in out-of-pocket expenses. Are you financially prepared for all of the medical and non-medical costs of treatment and recovery from a serious injury?

Financial support to help get you back on your feet

- No matter what kind of medical coverage you have, you may have out-of-pocket costs that could really set you back financially.
- Guardian® pays you cash benefits based on covered injuries, treatments and services.
- Payments go directly to you, and can help pay for other expenses, like traveling to the hospital, childcare and lost income from missed work.
- "Child Organized Sport" benefit pays you an extra 25% cash benefit for each accident when the dependent child is injured while playing an organized sport.¹
- Rainy Day Fund continues to pay you a benefit even when you have exhausted a frequency limitation on a particular accident benefit.²

An example of how Accident Insurance works³

While Sue was hiking in a local park, she fell and tore cartilage in her knee. She went to the hospital emergency room for treatment and stayed overnight. The doctor gave her a brace and scheduled her for a follow up visit. See how Accident Insurance offset Sue's expenses:

Ambulance	\$300	Knee Brace	\$100
Hospital Admission	\$1,000	X-Ray	\$100
Emergency Room Visit	\$200	Knee Cartilage Tear	\$500
Hospital Confinement (1 Day)	\$225	6 Follow-Up Visits	\$300
Medical Resonance Imaging (MRI)	\$200		

Total cash benefit paid for covered services: \$2,925

Accident Insurance with Guardian is easy

- No health questions to answer and convenient payroll deductions.
- Helps protect your savings when the unexpected occurs.
- Take the coverage with you if you change jobs or retire.

Learn more about Accident Insurance at guardianlife.com

The Guardian Life Insurance
Company of America
New York, NY

guardianlife.com

2020-98283 (04/22)



Accident Insurance is a smart choice for:

- Families with an active lifestyle
- Your children while playing organized sports¹
- Anyone concerned about covering out of pocket medical expenses

Accident Insurance Rates

Employee	\$26.10
Employee & Spouse	\$34.90
Employee & Child	\$41.00
Family	\$49.80

1. Child must be insured by the plan on the date the accident occurred and must be 18 years of age or younger. 2. The Rainy Day Fund does not apply to benefits without frequency limitation or wellness claims. See plan documents for covered benefits. 3. For illustrative purposes only. See your plan for specific coverage amounts and details. Guardian Accident 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 Accident 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. IMPORTANT NOTICE –THIS POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS. GUARDIAN® is a registered service mark of The Guardian Life Insurance Company of America®. ©Copyright 2020 The Guardian Life Insurance Company of America. Policy Form #GP-1-ACC-18, GP-1-AC-BEN-12, et al.; GP-1-LAH-12R.

Accident Insurance Benefit	Employee Coverage*
Accident Coverage Type	On and Off Job
Ambulance/Air Ambulance	\$300/\$1,500
Blood/Plasma/Platelets	\$300
Burns (2 nd Degree / 3 rd Degree)	9 sq inches to 18 sq inches: \$0 / \$2,000; 18 sq inches to 35 sq inches: \$1,000 / \$4,000; Over 35 sq inches: \$3,000 / \$12,000
Burn-Skin Graft	50% of burn benefit
Child Organized Sport	25% increase to child benefits
Chiropractic Visits	\$50 per visit up to 6 visits
Coma	\$10,000
Concussions/Concussion Baseline Study	\$200/ \$25
Diagnostic Exam (Major)	\$200
Dislocations	Schedule up to \$5,000
Doctor Follow Up Visits	\$50 up to 6 treatments
Emergency Dental Work	\$300/Crown; \$75/Extraction
Emergency Room Treatment	\$200
Epidural Anesthesia Pain Management	\$100, 2 times per accident
Eye Injury	\$300
Family Care	\$20/day up to 30 days
Fractures	Schedule up to \$6,000
Gun Shot Wound	\$750
Hospital Admission/ Hospital Confinement	\$1,000/\$225/day – up to 1 year
Hospital ICU Admission/ Hospital ICU Confinement	\$2,000/\$450/day – up to 15 days
Initial Doctor's Office/ Urgent Care Facility Treatment	\$100
Joint Replacement (hip/knee/shoulder)	\$2,500/\$1,250/\$1,250
Knee Cartilage	\$500
Laceration	Schedule up to \$400
Lodging	\$125/day, up to 30 days for companion hotel stay
Medical Appliance	Schedule up to \$500
Outpatient Therapies	\$25 day, up to 10 days
Post-Traumatic Stress Disorder	\$400
Prosthetic Device/Artificial Limb	1: \$500; 2 or more: \$1,000
Rehabilitation Unit Confinement	\$150/day up to 15 days
Ruptured Disc with Surgical Repair	\$500
Surgery (Cranial, Open Abdominal, Thoracic)	\$1,250 (Hernia: \$250)
Surgery – Exploratory or Arthroscopic	\$250
Tendon/Ligament/Rotator Cuff	1: \$500; 2 or more: \$1,000
Transportation	\$0.50 per mile, limited to \$500, 3 times per accident
Traumatic Brain Injury	\$4,000
X-Ray	\$100
Wellness Benefit	Provides a \$75 per year benefit for completing certain routine wellness screenings or procedures
Accidental Death and Dismemberment:	
Death Benefit	Employee: \$30,000, Spouse: \$30,000, Child: \$15,000
Catastrophic Loss	Quadriplegia: 100% of AD&D Loss of speech and hearing (both ears): 100% of AD&D Loss of cognitive function: 100% of AD&D Hemiplegia: 50% of AD&D Paraplegia: 50% of AD&D
Common Carrier	200% of AD&D
Common Disaster	200% of Spouse AD&D
Hand, Foot, Sight	Single: 50% of AD&D benefit; Multiple: 100% of AD&D benefit
Thumb/Index Finger	
Same Hand, Four Fingers	25% of AD&D
Same Hand, All Toes	
Same Foot	
Seatbelt and Airbags	Seatbelts: \$10,000; Airbags: \$15,000
Reasonable Accommodation to Home or Vehicle	\$2,500
Rainy Day Fund	Benefit Amount: \$400; Rollover Maximum: \$200; Fund Maximum: \$800

HELPS PROTECT YOUR SAVINGS FROM LIFE'S UNEXPECTED MOMENTS

Because Medical Insurance Doesn't Cover Everything

Health care costs are on the rise. Even with medical insurance, you're often still responsible for both medical and non-medical expenses related to your recovery from a serious illness. The cost you pay for co-pays and deductibles, as well as other expenses such as child care, transportation to the doctor and loss of income when you are unable to work, could really set you back financially. Are you prepared to manage these expenses if you or a family member were diagnosed with a serious illness?

FOCUS ON RECOVERY, NOT YOUR FINANCES

- Guardian® Critical Illness Insurance complements your medical plan — no matter what type of coverage you have
- The plan pays you cash benefits based on each eligible diagnosis such as a heart attack or stroke
- Also pays a benefit for covered illnesses, as well as offering benefits for a reoccurring condition*
- The cash benefits are paid directly to you, so you decide how to use them

HERE'S AN EXAMPLE OF HOW GUARDIAN'S CRITICAL ILLNESS INSURANCE WORKS**

Sue suffers a heart attack and receives a cash payment of \$10,000 from her Critical Illness Plan. Four years later she has a stroke and receives an additional payment of \$10,000 from her Plan. During both of these illnesses, her plan provided the financial support to cover a variety of expenses, such as mortgage and car payments, while she recovered.

CONDITION	FORMULA	BENEFIT FOR EACH COVERED CONDITION
HEART ATTACK	100% of covered benefit X \$10,000	\$10,000
STROKE	100% of covered benefit X \$10,000	\$10,000

TOTAL CASH BENEFIT PAID: \$20,000

CRITICAL ILLNESS INSURANCE WITH GUARDIAN IS EASY

- Convenient payroll deduction
- Take the coverage with you if you change jobs or retire



A SERIOUS ILLNESS IMPACTS YOU AND YOUR FAMILY

Every minute of every day, an American becomes seriously ill¹

Medical expenses account for approximately 62% of personal bankruptcies in the US²

72% of people who filed bankruptcy due to medical expenses had some type of medical insurance²

Wellness Benefit

\$50 per year for Employee, Spouse and Child if you complete certain routine wellness screenings, such as mammograms, serum cholesterol testing or a PSA (refer to your certificate of coverage for a full list of covered procedures)

LEARN MORE ABOUT CRITICAL ILLNESS INSURANCE AT WWW.GUARDIANANYTIME.COM

The Guardian Life Insurance Company of America® (Guardian)
7 Hanover Square
New York, NY 10004-4025
www.guardiananytime.com

2018-58025 (04-20)



*See your plan for additional details. ** For illustrative purposes only. 1. Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS) Nonfatal Injury Data. (2015). 2. Harvard University Study, Huffingtonpost.com, 05/2015 https://www.huffingtonpost.com/simple-thrifty-living/top-10-reasons-people-go-b_6887642.html. Guardian's Critical Illness 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 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. Policy Form #GP-I-CI-14. GP-I-CI-14-NM. GP-I-LAH-12R-OR. GC-CI-14-OR.

Covered Conditions	First Occurrence	Second Occurrence
Vascular		
Heart Attack	100%	50%
Stroke	100%	50%
Heart Failure	100%	50%
Coronary Arteriosclerosis	30%	0%
Other		
Organ Failure & Kidney Failure	100%	50%
Loss of Speech, Sight or Hearing	100%	0%
Severe Burns	100%	0%
ALS (Lou Gehrig's Disease) & Parkinson's Disease	100%	0%
Addison's Disease, Huntington's Disease, & Multiple Sclerosis	30%	0%
Alzheimer's Disease	50%	0%
Coma	100%	0%
Permanent Paralysis for 1 Limb	50%	0%
Permanent Paralysis for 2 Limbs	100%	0%

Dependent Age Limits	Child birth to 26 years
Pre-Existing Condition Limitation	12 month look back period, 12 month exclusion period, continuity of coverage

Non-Tobacco Rates			
Issue Age	Employee	Spouse	Child
VALUE PLAN 1: \$15,000			
<26	\$7.62	\$4.54	\$1.00
26-30	\$8.22	\$5.70	
31-35	\$9.48	\$8.00	
36-40	\$11.46	\$10.72	
41-45	\$14.02	\$14.24	
46-50	\$17.02	\$18.24	
51-55	\$20.36	\$22.24	
56-60	\$24.90	\$27.24	
61-65	\$31.24	\$33.84	
66-70	\$40.30	\$41.88	
70+	\$78.66	\$78.66	
ADVANTAGE PLAN 2: \$20,000			
<26	\$8.26	\$5.48	1.26
26-30	\$9.10	\$6.98	
31-35	\$10.86	\$10.00	
36-40	\$13.48	\$13.56	
41-45	\$16.84	\$18.14	
46-50	\$20.80	\$23.38	
51-55	\$25.12	\$28.72	
56-60	\$31.08	\$35.30	
61-65	\$39.28	\$44.10	
66-70	\$51.18	\$54.88	
70+	\$104.56	\$104.56	
PREMIER PLAN 3: \$25,000			
<26	\$8.90	\$6.42	\$1.52
26-30	\$9.98	\$8.26	
31-35	\$12.24	\$12.00	
36-40	\$15.50	\$16.40	
41-45	\$19.66	\$22.04	
46-50	\$24.58	\$28.52	
51-55	\$29.88	\$35.20	
56-60	\$37.26	\$43.36	
61-65	\$47.32	\$54.36	
66-70	\$62.06	\$67.88	
70+	\$130.46	\$130.46	

Tobacco Rates			
Issue Age	Employee	Spouse	Child
VALUE PLAN 1: \$15,000			
<26	\$8.52	\$6.06	\$1.00
26-30	\$9.66	\$8.24	
31-35	\$12.14	\$12.42	
36-40	\$15.62	\$17.48	
41-45	\$20.12	\$23.92	
46-50	\$25.28	\$31.24	
51-55	\$30.94	\$38.58	
56-60	\$38.90	\$47.54	
61-65	\$49.94	\$59.28	
66-70	\$66.06	\$73.30	
70+	\$141.21	\$141.21	
ADVANTAGE PLAN 2: \$20,000			
<26	\$9.46	\$7.48	\$1.26
26-30	\$11.00	\$10.44	
31-35	\$14.40	\$15.84	
36-40	\$19.00	\$22.46	
41-45	\$24.88	\$30.94	
46-50	\$31.70	\$40.60	
51-55	\$39.16	\$50.28	
56-60	\$49.62	\$62.14	
61-65	\$64.12	\$77.62	
66-70	\$85.44	\$96.36	
70+	\$187.96	\$187.96	
PREMIER PLAN 3: \$25,000			
<26	\$10.40	\$8.90	\$1.52
26-30	\$12.34	\$12.64	
31-35	\$16.66	\$19.26	
36-40	\$22.38	\$27.44	
41-45	\$29.64	\$37.96	
46-50	\$38.12	\$49.96	
51-55	\$47.38	\$61.98	
56-60	\$60.34	\$76.74	
61-65	\$78.30	\$95.96	
66-70	\$104.82	\$119.42	
70+	\$234.71	\$234.71	

*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. 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. Coverage terms may vary by state and employer-sponsored plan. The premium amounts reflected in this summary are an approximation; if there is a discrepancy between this amount and the premium deducted from your paycheck, the latter prevails.

The policy has exclusions and limitations that may impact the eligibility for or entitlement to benefits under each covered condition. There are limitations & special requirements for each condition. See the certificate of coverage or contact your sales representative for full details. • 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 for a third or later occurrence of a critical illness. • First & second occurrence refers to the first & second time an insured experiences or is diagnosed with a covered critical illness while covered under Guardian Critical Illness insurance. • A pre-existing condition includes any condition for which an employee, in the specified period of time 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. • If the plan is new (not transferred): During the exclusion period, this critical illness plan does not pay charges relating to a preexisting condition. 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. • 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. • In order to be eligible for coverage: Employees must be legally working (a) in the United States or (b) outside the United States, for a US based employer, in a country or region approved by Guardian. • Employees must be working full-time on the effective date of coverage; otherwise, coverage becomes effective after the completion of the specific waiting period. • Evidence of Insurability is required for all late enrollees. Benefit increases may require underwriting. • This coverage will not be effective until approved by a Guardian underwriter. This proposal is subject to satisfactory financial evaluation. Please refer to certificate of coverage for full plan description; plan documents are the final arbiter of coverage.

PROTECT YOUR PAYCHECK IF YOU ARE UNABLE TO WORK

Your Income Is One of Your Most Valuable Assets

No one plans on becoming disabled, but a serious illness or injury can strike anyone at any time, and at any age, taking away your ability to earn a paycheck. Nearly 25% of Americans will experience a disabling illness or injury and will be disabled for a period of time before they retire.¹ Disabilities can result not just from accidents, but illnesses such as a heart attack, cancer and stroke. How long can you live on your savings if you became disabled?

THE VALUE OF DISABILITY INSURANCE FOR YOU AND YOUR FAMILY

Disability Insurance can be an integral part of your workplace benefits plan — it provides a steady stream of income to ease the financial stress of a disability, illness or injury while you are out of work and not receiving a paycheck.

For just a few dollars a month, you can help to provide financial security for yourself and those who depend on you. And enrolling for disability insurance at the workplace is simple and cost effective — with convenient payroll deductions.

INCOME PROTECTION WHEN YOU NEED IT MOST

Did you realize that if you became disabled and could not work, disability insurance provides you with an income until you are able to return to work. Depending on your plan, it can cover things like:

- Starting a family and having a new baby
- Having back pain, depression or other mental disorders
- Major accidents or life-changing diagnoses, such as diabetes or cancer

IF YOU BECOME DISABLED, YOU CAN COUNT ON US

Guardian's® Disability insurance not only provides you with income protection while you are unable to work, but we also have a team of experts that will provide you with guidance and support while you are disabled. We are committed to getting you back on your feet and giving you the attention, vocational rehabilitation and outplacement services you need to give you the best chance of resuming employment.

DISABILITY INSURANCE WITH GUARDIAN IS EASY

- Affordable group rates
- Extensive resources and support to help you get back to work and live a productive life
- Timely and efficient claims review and payment



YOU MIGHT UNDERESTIMATE YOUR RISK OF A DISABLING ILLNESS OR INJURY

More than 50% of disabled Americans are in their working years, from 18—64¹

A typical female has a 24% chance of becoming disabled for 3 months or longer during her working career¹

How long can you go without a paycheck?

Guardian offers three different options **for when benefits begin**, which allows you to choose a plan that fits your budget and aligns best with your accrued paid time off & sick leave.

	Accident	Sickness
PREMIER PLAN 1	Day 1	Day 8
VALUE PLAN 3	Day 30	Day 30

LEARN MORE ABOUT DISABILITY INSURANCE AT WWW.GUARDIANANYTIME.COM



The Guardian Life Insurance Company of America® (Guardian)
7 Hanover Square
New York, NY 10004-4025
www.guardiananytime.com
2018-64035 [exp08/20]

1. Council for Disability Awareness, 2015 http://www.disabilitycanhappen.org/chances_disability/. Guardian's Disability 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 disability income 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. Short Term Disability Policy Form #GP-I-STD-15. Long Term Disability Policy Form #GP-I-LTD-15. GP-I-STD-15-NM. GP-I-LTD-15-NM. GP-I-STD-15-OR. GP-I-LTD-15-OR.

GUARDIAN SHORT TERM DISABILITY INSURANCE

Short Term Disability Benefits		Employee Coverage*	
Plan (Employee Choice)	PREMIER PLAN 1		VALUE PLAN 3
Benefit Amount	66.67% of gross income up to \$6,500 per month		
Benefits Begin (Accident/Sickness)	1 st day/8 th day		30 th day/30 th day
Duration of Benefits	26 weeks		22 weeks
Definition of Disability	Own Job		
Pre-existing Condition	12 month look back/12 month limiting period, 2 week limited benefit for pre-existing conditions; Continuity of coverage waives the pre-existing condition clause if employee has had Short Term Disability coverage through current employer for 12 months. If the Short Term Disability is paid for by the group, then the pre-existing condition limitation does not apply.		
Waiver of Premium	Not included		
Teleguard	Included – allows employee to begin the claims process with one phone call		
Coverage Type	Non-occupational – does not cover on-the-job accidents or illnesses		
Minimum Hours Worked	20 hours per week		

Sample Monthly Rates*				
Annual Income	Monthly Benefit	PREMIER PLAN 1 1/8		VALUE PLAN 3 30/30
\$18,000	\$1,000	\$27.00		\$12.00
\$27,000	\$1,500	\$40.50		\$18.00
\$36,000	\$2,000	\$54.00		\$24.00
\$45,000	\$2,500	\$67.50		\$30.00
\$54,000	\$3,000	\$81.00		\$36.00
\$63,000	\$3,500	\$94.50		\$42.00
\$72,000	\$4,000	\$108.00		\$48.00
\$81,000	\$4,500	\$121.50		\$54.00
\$90,000	\$5,000	\$135.00		\$60.00
\$99,000	\$5,500	\$148.50		\$66.00
\$108,000	\$6,000	\$162.00		\$72.00
\$117,000+	\$6,500	\$175.50		\$78.00

Monthly rates and benefits shown are approximate

*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. 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. Coverage terms may vary by state and employer-sponsored plan. The premium amounts reflected in this summary are an approximation; if there is a discrepancy between this amount and the premium deducted from your paycheck, the latter prevails.

SUMMARY OF PLAN 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; intentionally injuring themselves or attempting suicide while sane or insane; or for the voluntary use of any poison, chemical, prescription or non-prescription drug or controlled substance unless it has been prescribed by a doctor and is used as prescribed. • We do not pay benefits 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 U.S. or Canada; the employee's loss of earnings is not solely due to disability. • During the exclusion/limitation period, this disability 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 under that plan will count toward satisfying Guardian's pre-existing condition exclusion/limitation period. Please refer to the plan details for specific time periods. 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. • In order to be eligible for coverage; employees must be legally working (a) in the United States or (b) outside the United States, for a U.S. based employer in a country or region approved by Guardian. Subject to state specific variations. • This policy provides disability income insurance only. It does not provide "basic hospital," "basic medical," or "major medical" insurance as defined by the New York State Insurance Department. • This proposal is subject to satisfactory financial evaluation. • Please refer to certificate of coverage for full plan description; plan documents are the final arbiter of coverage. Insurance Department. • This proposal is subject to satisfactory financial evaluation. • Please refer to certificate of coverage for full plan description; plan documents are the final arbiter of coverage. GP-1-STD-15; GP-1-STD-15-NM; GP-1-STD-15-OR.

A GUARANTEE YOU CAN COUNT ON

Helping to Secure Your Financial Future

We all want to live a long and happy life. However, life can be unpredictable and few things in life are guaranteed. Having an appropriate amount of life insurance for yourself and those who depend on you, provides a guarantee they can count on.

Life insurance is not just about final expenses. Depending on your unique circumstances, it could take years to financially recover from the loss of an income earner. When the unexpected happens, life insurance is there to help those left behind get back on their feet and can cover expenses such as:

- Mortgage/rent
- Legal or medical fees
- Childcare assistance
- Education/college tuition
- Outstanding debts

WHY ENROLL FOR LIFE INSURANCE AT WORK

Taking advantage of your benefits at work is a smart and affordable way to get the financial protection you want for you and your family. As your life changes, so should your life insurance coverage. You should review your options each year and consider increasing your coverage if you get married, have a child or purchase a home.

HOW IT WORKS

Your company's plan may come with features and benefits that you can use during your lifetime. Take a few minutes to review your plan details and determine how much life insurance you need, and what plan features can help you live better today.

HOW MUCH DO YOU NEED?

While your situation is unique, a good 'rule of thumb' is to have coverage equal to seven to ten times your annual salary.¹



IT'S NEVER BEEN EASIER TO GET THE PROTECTION YOU WANT

- Simple enrollment and affordable group rates
- Available for spouse and dependent children
- Convenient payroll deductions

LEARN MORE ABOUT LIFE INSURANCE AT WWW.GUARDIANANYTIME.COM



DID YOU KNOW...?

70% of all households said they would have trouble covering everyday living expenses after several months if the primary wage earner died.¹

IS THE BENEFIT TO MY BENEFICIARY TAXED?

Life insurance proceeds paid to your beneficiary are not typically subject to income tax.*

CAN I TAKE MY COVERAGE WITH ME IF I RETIRE OR LEAVE THE COMPANY?

Yes, many plans offer options to continue your coverage through direct payment to Guardian®.



The Guardian Life Insurance Company of America® (Guardian)
7 Hanover Square
New York, NY 10004-4025
www.guardiananytime.com
2018-64029 (exp08/20)

1. Facts About Life 2016, LIMRA: https://www.limra.com/uploadedFiles/limra.com/LIMRA_Root/Posts/PR/_Media/PDFs/Facts-of-Life-2016. 2. Yes, You Probably Need Life Insurance And Here's Why, 2017, Forbes, <https://www.forbes.com/sites/kristinmerrick/2017/05/11/yes-you-probably-need-life-insurance-and-heres-why/#6d70e26f7f30>. *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 Group Life Insurance is underwritten 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. Group Term Life Policy Form # GP-I-Life-15.

MONTHLY PREMIUM RATES

VOLUNTARY LIFE & VOLUNTARY AD&D

Employee/Spouse

Coverage Amounts	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$10,000	\$0.94	\$1.06	\$1.47	\$1.94	\$2.81	\$4.76	\$7.45	\$11.51	\$31.69	\$52.25
\$20,000	\$1.88	\$2.12	\$2.94	\$3.88	\$5.62	\$9.52	\$14.90	\$23.02	\$63.38	\$104.50
\$30,000	\$2.82	\$3.18	\$4.41	\$5.82	\$8.43	\$14.28	\$22.35	\$34.53	\$95.07	\$156.75
\$40,000	\$3.76	\$4.24	\$5.88	\$7.76	\$11.24	\$19.04	\$29.80	\$46.04	\$126.76	\$209.00
\$50,000	\$4.70	\$5.30	\$7.35	\$9.70	\$14.05	\$23.80	\$37.25	\$57.55	\$158.45	\$261.25
\$60,000	\$5.64	\$6.36	\$8.82	\$11.64	\$16.86	\$28.56	\$44.70	\$69.06	\$190.14	\$313.50
\$70,000	\$6.58	\$7.42	\$10.29	\$13.58	\$19.67	\$33.32	\$52.15	\$80.57	\$221.83	\$365.75
\$80,000	\$7.52	\$8.48	\$11.76	\$15.52	\$22.48	\$38.08	\$59.60	\$92.08	\$253.52	\$418.00
\$90,000	\$8.46	\$9.54	\$13.23	\$17.46	\$25.29	\$42.84	\$67.05	\$103.59	\$285.21	\$470.25
\$100,000	\$9.40	\$10.60	\$14.70	\$19.40	\$28.10	\$47.60	\$74.50	\$115.10	\$316.90	\$522.50
\$110,000	\$10.34	\$11.66	\$16.17	\$21.34	\$30.91	\$52.36	\$81.95	\$126.61	\$348.59	\$574.75
\$120,000	\$11.28	\$12.72	\$17.64	\$23.28	\$33.72	\$57.12	\$89.40	\$138.12	\$380.28	\$627.00
\$130,000	\$12.22	\$13.78	\$19.11	\$25.22	\$36.53	\$61.88	\$96.85	\$149.63	\$411.97	\$679.25
\$140,000	\$13.16	\$14.84	\$20.58	\$27.16	\$39.34	\$66.64	\$104.30	\$161.14	\$443.66	\$731.50
\$150,000	\$14.10	\$15.90	\$22.05	\$29.10	\$42.15	\$71.40	\$111.75	\$172.65	\$475.35	\$783.75
Child Rate	\$2.12 for \$10,000 coverage									

PLAN HIGHLIGHTS*

Coverage Options	Guaranteed Issue Amount	Coverage Amounts
Employee	\$150,000	Term Life Insurance - \$10,000 to \$150,000, in \$10,000 increments; AD&D – 100% of Life Benefit to \$150,000
Spouse	\$30,000	Term Life Insurance - \$10,000 to \$30,000 in \$5,000 increments, not to exceed 100% of Employee's amount; AD&D – 100% of Life benefit
Child	\$10,000	Term Life Insurance - \$10,000, not to exceed 100% of Employee's amount; AD&D – 100% of Life Amount
Dependent Age Limits	14 days to 26 years (26 if full time student); Spouse terminates at age 70	
Accelerated Life	75% of the death benefit, Minimum: \$10,000, Maximum: \$500,000	
Waiver of Premium	If disabled, insurance will continue until age 65 or no longer disabled	
Portability	Included, without Evidence of Insurability	
Conversion	Included	
Will Prep Services	Provides resources to prepare wills and other planning documents. Will Prep Services include: Free Estate Planning documents, access to Estate Planners and Resource Library. For a small fee, Attorney Assisted Will Prep is also available.	
Benefit Reduction (of original amount)	Age-Reduction: 50% at age 70	
Late Entrant Underwriting	If you do not enroll when first eligible, and then choose to enroll at a later date, you will be subject to a medical question that could result in denial	

*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. 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 employer-sponsored plan. The premium amounts reflected in this summary are an approximation; if there is a discrepancy between this amount and the premium deducted from your paycheck, the latter prevails.

A SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS • In order to be eligible for coverage: Employees must be legally working (a) in the United States or (b) outside the United States, for a U.S. based employer, in a country or region approved by Guardian. • 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. • Employees must be working full-time on the effective date of coverage; otherwise, coverage becomes effective after the completion of the specific waiting period. • Evidence of insurability is required for all late enrollees. Benefit increases may require underwriting. • This proposal is subject to satisfactory financial evaluation. • Please refer to certificate of coverage for full plan description; plan documents are the final arbiter of coverage. • In order to be eligible for coverage: Employees must be legally working (a) in the United States or (b) outside the United States, for a US based employer, in a country or region approved by Guardian. • 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. • Employees must be working full-time on the effective date of your coverage; otherwise, coverage becomes effective after the completion of the specific waiting period. • Evidence of Insurability is required for all late enrollees. Benefit increases will require underwriting, except for the Automatic Increase Rider. A new certificate will need to be purchased for benefit increases without Automatic Increase Rider. • When selecting face amounts above the guaranteed issue limit there may be a delay in issuing the certificate while underwriting is being completed. If there is a delay the effective day of those certificates may be later than other certificates in the group and may result in an increased age if the effective date crosses the employee's birthday. This will result in higher rates when calculating the premium for this certificate. • We pay no Accidental Death benefits for an insured where death occurs as the result of a disease or a bodily infirmity. These exclusions may include but are not limited to the following: through willful self-injury; by declared or undecared war, act of war, armed aggression, or while a member of armed forces; may vary by state while driving motor vehicle without a current, valid driver's license; while legally intoxicated; while participating in civil disorder or committing a felony; traveling on any type of aircraft while having any duties on that aircraft; while voluntarily using a non-prescription controlled substance. Form # GP-1- Life-15

Effective:

Group Number:

Hospital Indemnity Benefit Summary

A Hospital Indemnity insurance plan through Guardian provides:

- A cash benefit when you are admitted to a hospital, whether or not these charges are covered by your medical plan
- Benefit payments sent directly to you and can be used for any purpose – from covering medical copays and deductibles to paying for everyday expenses such as the mortgage, groceries and utilities
- Simple enrollment with no health or medical questions to answer
- Ability to take the coverage with you if you change jobs or retire

About Your Benefits:

	Hospital Indemnity
	Option I
Coverage Details	
Your Monthly premium	\$23.70
You and Spouse	\$46.60
You and Child(ren)	\$33.75
You, Spouse and Child(ren)	\$56.65
Benefits	
Hospital/ICU Admission	\$500 per admission, limited to 1 admission(s) per insured and 3 admission(s) per covered family per benefit year.
Hospital/ICU Confinement	\$250/\$250 per day, limited to 30 day(s) per insured per benefit year.
Pre-Existing Conditions Limitation - A pre-existing condition includes any condition for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.	12 months prior, 12 months after
Portability - Allows you to take your Hospital Indemnity coverage with you if you terminate employment.	Included
Child(ren) Age Limits	Children age birth to 26 years
Applicants over the age of 69 are not eligible to enroll in the Hospital Indemnity coverage.	

UNDERSTANDING YOUR BENEFITS – HOSPITAL INDEMNITY

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

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

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

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

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

<p>Manage Your Benefits:</p> <p>Go to www.GuardianAnytime.com to access secure information about your Guardian benefits. Your on-line account will be set up within 30 days after your plan effective date. www.guardiananytime.com.</p>	<p>Need Assistance?</p> <p>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: 00566110</p>
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LIMITATIONS AND EXCLUSIONS:

In order to be eligible for coverage: Employees must be legally working: (a) in the United States or (b) outside the United States, for a US based employer, in a country or region approved by Guardian.

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

This Plan will not pay benefits for:

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

Elective surgery;

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

Dental care, dental xrays, or dental treatment;

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

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

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

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

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

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

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

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

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

Care or treatment for mental or nervous disorders;

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

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

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

Treatment of a Covered Dependent Child's Children;














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

GP-I-HI-15

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.

The reality of emergency transportation in the U.S.

With the cost of transportation increasing and access to emergency care decreasing, employers and employees are feeling the impact.

Cost	Access	Impact
 <p>\$69K average cost for air ambulance ¹</p>  <p>\$2K average cost for ground ambulance ¹</p>  <p>+35% billed cost increase over past 5 years, while utilization has remained flat ²</p>	 <p>100+ hospitals have closed in the last 5 years, even as the need for care increased during the pandemic ³</p>  <p>1 in 8 hospitals are currently at risk of closing ³</p>	 <p>1 in 15 U.S. families require an ambulance each year ²</p>  <p>1 in 3 caregiving families require an ambulance each year ²</p>  <p>65+ cohort increases dramatically over next few years, leading to increase in cost and utilization, too ²</p>
<p>Did you know?</p> <p>All EMS bills include codes for mileage and ride severity. But bills can expand with 24+ additional codes for things like: ³</p> <div style="display: flex; justify-content: space-around;"> <div data-bbox="116 1444 272 1583">  <p>Life support services</p> </div> <div data-bbox="279 1444 435 1583">  <p>Disposable supplies</p> </div> <div data-bbox="441 1444 532 1583">  <p>IVs and more</p> </div> </div>	 <p>Ride time increases as hospitals close, and facility proximity moves farther away from home ³</p>	<p>Did you know?</p> <p>An ambulance ride occurs once for every 7 pairs of eyeglasses or contacts worn.</p> 

 **Interested in learning more?**
Reach out to your KBS Team.

Sources:
1. MASA claims data compiled in Jan. 2024
2. Milliman data compiled Dec. 2023
3. Cherrystone Hill Consulting, 2024

About MASA

Founded in 1974, MASA® continues to expand on its mission to connect members with care. As an organization with 17 international locations and coverage that extends to the U.S. as well as worldwide, MASA serves 2 million+ members with emergency and non-emergency transportation benefits and so much more.

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Permanent Life Insurance



What is Permanent Life Insurance?

Introducing permanent life insurance – a robust financial solution crafted to provide a guaranteed payout for your selected beneficiaries in the event of your passing. Life insurance offers vital financial security and support to your loved ones, and with whole life insurance, the coverage remains in force as long as premiums are paid, while also accumulating cash value over time.

With coverage options of \$10,000, \$25,000, and \$40,000, you have the flexibility to select the appropriate coverage for yourself, your spouse, and your children. Plus, rest assured, should you change jobs, you can carry this coverage with you, maintaining all policy benefits, and the price remains locked in.

Why Should I Be Covered?

Experience genuine peace of mind with our permanent life insurance, offering lifelong protection for you and your family. Our financial product ensures your loved ones receive a significant payout when it's needed most. You're not just buying protection; you're investing in a secure future for your nearest and dearest, empowering them to maintain the lifestyle they've grown accustomed to.

Benefits of Permanent Life Insurance

- Permanent coverage that does not expire.
- Benefit amounts of \$10,000, \$25,000, and \$40,000.
- Dependent life insurance coverage available.
- Accumulates cash value over time.
- Premiums locked in and never change.
- Option to keep life insurance if you leave job.

Did You Know?



Option to take this coverage with you should you leave your job.



No limitations on how a life insurance benefit is used.



No medical exam required for coverage.



Resources

visit www.thekbsway.com/benefit-resources



**Community Connected
Insurance and Consulting**