

# Guardian AccidentGuard Adv

## AccidentGuard Adv Plan Rates

Four Tier	
Employee	\$15.83
Employee/Spouse	\$24.63
Employee/Child(ren)	\$24.81
Family	\$34.61

## Why an Accident Plan

Having AccidentGuard Adv provides you with an extra level of financial protection to help cover out-of-pocket medical expenses. In the event of an accident, Guardian will pay you a cash benefit for covered expenses regardless of what is paid by your medical insurance. Benefits are paid directly to you and you are free to use them to cover whatever expenses you deem fit. *This is a supplement and not a substitute for medical insurance. To enroll, comprehensive hospital, surgical and medical insurance is required.*

## AccidentGuard Adv covered expenses include, but not limited to,:

- Emergency room and urgent care facility treatment
- Hospital admission and confinement as well as ICU
- Occupational or physical therapy
- Transportation such as ambulance and air ambulance
- X-rays
- Household expenses towards rent, mortgage and/or food
- Injury-related modifications to your home and/or auto

The following billing and administrative fees apply to the Guardian AccidentGuard Adv plan: EE \$3.50, EE/Spouse \$4.50, EE+Child(ren) \$4.50, Family \$6.50  
Rates are subject to final verification at the time of enrollment. Domestic Partner coverage is included with all carriers.  
Rates for Domestic Partners are the same rates for Employee/Spouse and Family.  
This is a summary of plan information. Please refer to the Eligibility Guidelines for further information.

## Guardian AccidentGuard Adv Benefits

<b>Accident Coverage</b>	On & Off Job
<b>Accidental Death and Dismemberment</b>	
<b>Death Benefit</b>	Employee: \$25,000 Spouse: \$12,500 Child: \$5,000
<b>Catastrophic Loss</b>	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
<b>Common Carrier</b>	200% of AD&D
<b>Common Disaster</b>	200% of Spouse AD&D benefit
<b>Hand, Foot, Sight</b>	Single: 50% of AD&D benefit Multiple: 100% of AD&D benefit
<b>Thumb/Index Finger Same Hand, Four Fingers Same Hand, All Toes Same Foot</b>	25% of AD&D
<b>Seatbelts and Airbags</b>	Seatbelts: \$10,000, Airbags: \$15,000
<b>Reasonable Accommodation to Home or Vehicle</b>	\$2,500
<b>Accident Emergency Treatment</b>	\$175
<b>Accident Follow-Up Visit - Doctor</b>	\$50 up to 6 treatments
<b>Air Ambulance</b>	\$1,000
<b>Ambulance</b>	\$150
<b>Appliance</b>	\$125
<b>Blood/Plasma/Platelets</b>	\$300
<b>Burns (2nd degree/ 3rd degree)</b>	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
<b>Burn – Skin Graft</b>	50% of burn benefit
<b>Child Organized Sport</b>	20% increase to child benefits
<b>Chiropractic Visits</b>	\$25 per visit up to 6 visits
<b>Coma</b>	\$10,000
<b>Concussions</b>	\$75
<b>Dislocations</b>	Schedule up to \$4,400
<b>Diagnostic Exam (Major)</b>	\$150
<b>Emergency Dental Work</b>	\$300/Crown \$75/Extraction
<b>Epidural pain management</b>	\$100, 2 times per accident
<b>Eye Injury</b>	\$300
<b>Family Care</b>	\$20/day up to 30 days
<b>Fracture</b>	Schedule up to \$5,500

<b>Hospital Admission</b>	\$1,000
<b>Hospital Confinement</b>	\$165/day, up to 1 yr
<b>Hospital ICU Admission</b>	\$2,000
<b>Hospital ICU Confinement</b>	\$165/day – up to 15 days
<b>Initial Physician's office/Urgent Care Facility Treatment</b>	\$75
<b>Knee Cartilage</b>	\$500
<b>Joint Replacement (hip/knee/shoulder)</b>	\$2,500/\$1,250/\$1,250
<b>Laceration</b>	Schedule up to \$400
<b>Lodging</b>	\$125/day, up to 30 days for companion hotel stay
<b>Occupational or Physical Therapy</b>	\$25/day up to 10 days
<b>Prosthetic Device/Artificial Limb</b>	1: \$500 2 or more: \$1,000
<b>Rehabilitation Unit Confinement</b>	\$150/day up to 15 days
<b>Ruptured Disc with Surgical Repair</b>	\$500
<b>Surgery (Cranial, Open Abdominal, Thoracic)</b>	Hernia: \$150
<b>Surgery – Exploratory or Arthroscopic</b>	\$250
<b>Tendon/Ligament/Rotator Cuff</b>	1: \$500 2 or more: \$1,000
<b>Transportation</b>	\$500, 3 times per accident
<b>X-Ray</b>	\$30

**The benefits listed are payable if the service, treatment or procedure is due to injuries incurred in a covered accident.**

In force Major Medical coverage is required for employee, spouse and child in order to elect Accident coverage in this state.

**Appliance** – Benefit is paid if a wheelchair, leg or back brace, crutches, walker, walking boot that extends above the ankle or brace for the neck is prescribed by a physician as necessary due to an injury sustained as the result of a covered accident.

**Child Organized Sport** – Benefit is paid if the covered accident occurred while your covered child is participating in an organized sport that is governed by an organization and requires formal registration to participate. This benefit is only payable if child coverage is included on the plan.

**Family Care** – Benefit is payable for each child attending a Child Care center while the insured is confined to the hospital, ICU or Alternate Care or Rehabilitative facility due to injuries sustained in a covered accident.

**Lodging** – Benefit is paid for a companion's hotel stay while the insured is confined to the hospital as the result of a covered accident. The hospital must be more than 50 miles from the insured's residence.

**Transportation** – Benefit is paid if you have to travel more than 50 miles one way to receive special treatment at a hospital or facility due to a covered accident.

**Summary of plan limitations and exclusions:**

- Employees must be legally working in the United States in order to be eligible for coverage. Underwriting must approve coverage for employees on temporary assignment: (a) exceeding 1 year; or (b) in an area under travel warning by the US Department of State, subject to state specific variations.
- Declared or undeclared war, act of war, or armed aggression; taking part in a riot or civil disorder; or commission of, or attempt to commit a felony, intentionally self inflicted injury, while sane or insane; suicide or attempted suicide, while sane or insane.
- The covered person being legally intoxicated
- Treatment rendered or hospital confinement outside the United States or Canada.
- Travel or flight in any kind of aircraft, including any aircraft owned by or for the employer except as a fare-paying passenger on a common carrier.
- Participation in any kind of sporting activity for compensation or profit, including coaching or officiating.
- Riding in or driving any motor-driven vehicle in a race, stunt show or speed test.
- Participation in hang gliding, bungee jumping, sail gliding, parasailing, parakiting, ballooning, parachuting, and/or skydiving.
- Injuries to a dependent child received during the birth.
- An accident that occurred before the covered person is covered by this plan.
- Sickness, disease, mental infirmity or medical or surgical treatment.
- Guardian's Accident Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY.