



Alfred Benesch and Company

About our company

In **1860**, a community of immigrants joined together to insure and protect their businesses and families.



As one of the largest mutual insurance companies, we know what matters most: putting the needs of our customers first.

1. Ratings as of 02/2025 and are subject to change. Information is time sensitive and is subject to change quickly. Although data presented here is gathered from reliable sources, completeness and accuracy cannot be guaranteed. Source: Vital Signs and Third-Party Rating Agencies.
2. 2023-24 Corporate Equality Index from the Human Rights Campaign (HRC) Foundation, <https://reports.hrc.org/corporate-equality-index-2023>



Alfred Beresch and Company | Business unit | Guardian confidential

160+

Years of experience protecting families with insurance solutions

A++

from A.M. Best, showing our exemplary financial ratings¹

100

Perfect score on Human Rights Campaign Foundation's Disability Equality Index²

Critical Illness Insurance

What is Critical Illness Insurance?

Help protect yourself during unexpected moments

- Can help **reduce the stress and worry** associated with managing out-of-pocket expenses if you're diagnosed with a critical illness or suffer a serious illness.
- Get a **lump sum benefit payment to help cover additional expenses** that can occur with a critical illness diagnosis including non-medical expenses such as travel to treatment, additional childcare, or help taking care of a home.
- Major illnesses like stroke, heart attack, Parkinson's disease, and more. If you're diagnosed with one of these illnesses, the **benefit payment goes directly to you, not the doctor or hospital.**
- **Complements your medical insurance** and be an affordable way to supplement and pay for the additional expenses while recovering from a covered illness.



Critical Illness wellness benefit

Helping you stay on top of your physical health and well-being

Receive a \$50 benefit payment once a year when you or a covered individual completes a routine wellness screening such as*:

- Chest x-ray
- Colonoscopy
- Fasting blood glucose test
- Mammogram
- PSA blood test
- And more...

For a complete list of covered health screenings go to Guardian Anytime.

* One wellness benefit per calendar year per covered person if a covered person has a covered wellness test or procedure performed while coverage is in force. See your plan details for benefit amounts.



Your Critical Illness Plan

Coverage Details	Employee	Dependents
Benefit Amount	Employee may choose a lump sum benefit of \$10,000 to \$20,000 in \$10,000 increments.	Spouse: May choose a lump sum benefit of \$10,000 to \$20,000 in \$10,000 increments up to 100% of the employee's lump sum benefit. Child: 50% of the employee's lump sum benefit.
Guaranteed issue: Health questions are required if the elected amount exceeds the guaranteed issued amount.	Employee: \$20,000 Spouse: \$10,000 Child: All child amounts are guaranteed	
Pre-Existing Condition 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.	N/A— Policy pays for diagnosis of a listed critical illness that is made after covered person's critical illness effective date with Guardian.	
Wellness Screening Benefit	Provides a per year benefit for completing certain routine wellness screenings or procedures, per year (refer to plan highlights for listing). Employee \$50; Spouse \$50; Child \$50	
Portability: Allows you to take your Critical Illness coverage with you if you terminate employment.	Included	
Dependent age	Childbirth to 26 years	

Your Critical Illness Plan

Conditions	1 ST Occurrence	2 ND Occurrence
Invasive Cancer	100%	100%
Carcinoma In Situ	30%	Not covered
Benign Brain Tumor	75%	Not covered
Skin Cancer	\$250 per lifetime	Not covered
Heart Attack	100%	100%
Stroke	100%	100%
Heart Failure	100%	100%
Coronary Arteriosclerosis	30%	Not covered
Kidney Failure	100%	100%
Organ Failure	100%	100%

First occurrence benefits also available for conditions such as neurological, chronic, mental health, pregnancy and childbirth, additional disorders, and/or childhood illnesses and disorders. See plan documents for more details.



Here's an example of how Critical Illness Insurance works:

Tyler was diagnosed with Parkinson's disease and had to deal with multiple life changes. The lump sum payout he received from Guardian after his diagnosis helped him with the extra out-of-pocket expenses and helps him with his new normal.

All scenarios and names mentioned herein are purely fictional and have been created solely for educational purposes. Any resemblance to existing situations, persons or fictional characters is coincidental.

Summary of Plan Limitations and Exclusions

- 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. This policy will not pay for a diagnosis of a listed Critical Illness that is made before the covered person's Critical Illness insurance effective date with Guardian.
- 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 Illness are contained within the Cancer Related Conditions category; or (b) both Critical Illness 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. Subject to state specific variations.
- Employees must be working full-time on the effective date of coverage; otherwise, coverage becomes effective after the completion of the specific waiting period.
- Health questions are 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.

Accident Insurance

What is Accident Insurance?

Accidents can happen to anyone at anytime

- It's an extra layer of protection that pays you when you suffer an unexpected, qualifying accident.
- Supplements your medical plan — no matter what other insurance you have
- Benefit payment paid directly to you, based on covered injuries, treatments and services
- Use the money for any purpose, whether for medical or non-medical expenses
- Extra protection for child athletes — 25% increase in your benefit if a covered dependent child is injured while playing an organized sport — must be 18 years or younger
- Start each year with monies in your Rainy-Day Fund and, if you don't use any of it, a part of it keeps rolling over to the next year.



Accident wellness benefit

Take an active role in your health and well-being

Receive a \$50 benefit payment once a year when you or a covered family member complete a routine health screening such as:*

- Chest x-ray
- Colonoscopy
- Immunizations (including COVID-19 vaccines)
- Mammogram
- Pap smear
- PSA blood test
- Routine physicals (including COVID-19 testing)
- And more...

For a complete list of covered screenings go to Guardian Anytime.

* One wellness benefit per calendar year per covered person if a covered person has a covered wellness test or procedure performed while coverage is in force. See your plan details for benefit amounts.



Your Accident Insurance Plan

Coverage Details	Coverage details
Accident Coverage Type	On and Off Job
Accidental Death and Dismemberment (AD&D)	Employee \$25,000; Spouse \$12,500; Child \$5,000
Payment Features	Based on a schedule (see your employee kit)
Child Organized Sports Benefit (must be 18 years or younger)	25% increase to child benefits
Portability	Included
Rainy Day Fund	Benefit Amount: \$400 Rollover Maximum: \$200 Fund Maximum: \$800
Wellness Benefit	Annual payment of \$50 per insured individual when you and/or your covered dependents ² complete certain routine wellness procedures or screening
Dependent Age	Childbirth to 26 years

Global Emergency Assistance Services

The global emergency assistance program provided by Assist America® connects employees to qualified health care providers, hospitals, pharmacies and other services if employees experience an emergency while traveling more than 100 miles away from home or outside the country for up to 90 days.

- Medical emergency assistance
- Medical consultation, evaluation and referrals
- 24/7 Multilingual operations center
- Emergency medical evacuation and repatriation
- Foreign hospital admission assistance
- Prescription assistance
- Travel emergency assistance

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ID Theft Protection Services

Prevention and resolution tools to safeguard your data and restore its integrity if it's used fraudulently.

- 24/7 Access to ID protection specialists
- Internet fraud monitoring
- Secure credit card and document registration
- Lost and stolen card assistance
- ID theft resolution tools



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Here's an example of how Accident Insurance works:

While John was hiking, he fell and tore the cartilage in his knee. He went to the hospital ER for treatment. The doctor gave him a brace and scheduled him for a follow-up visit. John received \$2,880 to help offset his out-of-pocket costs and enable him to focus on his recovery.

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Accident Product Details

Summary of plan limitations and exclusion

This plan will not pay benefits for any injury caused by or related to:

Declared or undeclared war, act of war, or armed aggression; service in the Armed Forces, National Guard, or military reserves of any state or country; 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

Voluntary use of any poison, chemical, prescription or nonprescription drug or controlled substance unless: (1) it was prescribed for a *covered person* by a *doctor*, and (2) it was used as prescribed. In the case of a non-prescription drug, this Plan does not pay for any Accident resulting from or contributed to by use in a manner inconsistent with package instructions. "Controlled substance" means anything called a controlled substance in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as amended from time to time.

The covered person being legally intoxicated

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, parachuting, ballooning, zorbing, and/or skydiving

Job related or on the job injuries; 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

Employees must be legally working in the United States in order to be eligible for coverage. Underwriting must approve coverage for employees on temporary assignment: (a) exceeding one year; or (b) in an area under travel warning by the U.S. Department of State, subject to state specific variations.

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

Hospital Indemnity Insurance

IMPORTANT: This is a fixed indemnity policy, NOT health insurance

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

Looking for comprehensive health insurance?

- Visit [HealthCare.gov](https://www.healthcare.gov) or call **1-800-318-2596** (TTY: 1-855-889-4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

Questions about this policy?

- For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website ([naic.org](https://www.naic.org)) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.

What is Hospital Indemnity Insurance?

Financial support when you're hospitalized

- If you are admitted to a hospital, this coverage pays you regardless of any other coverage you may have.
- It can help pay for out-of-pocket costs associated with being hospitalized, such as high deductibles and copays, travel to and from the hospital for treatment or childcare services while recovering.
- Benefit payments are made directly to you.
- Use the money for any purpose, medical or non-medical.



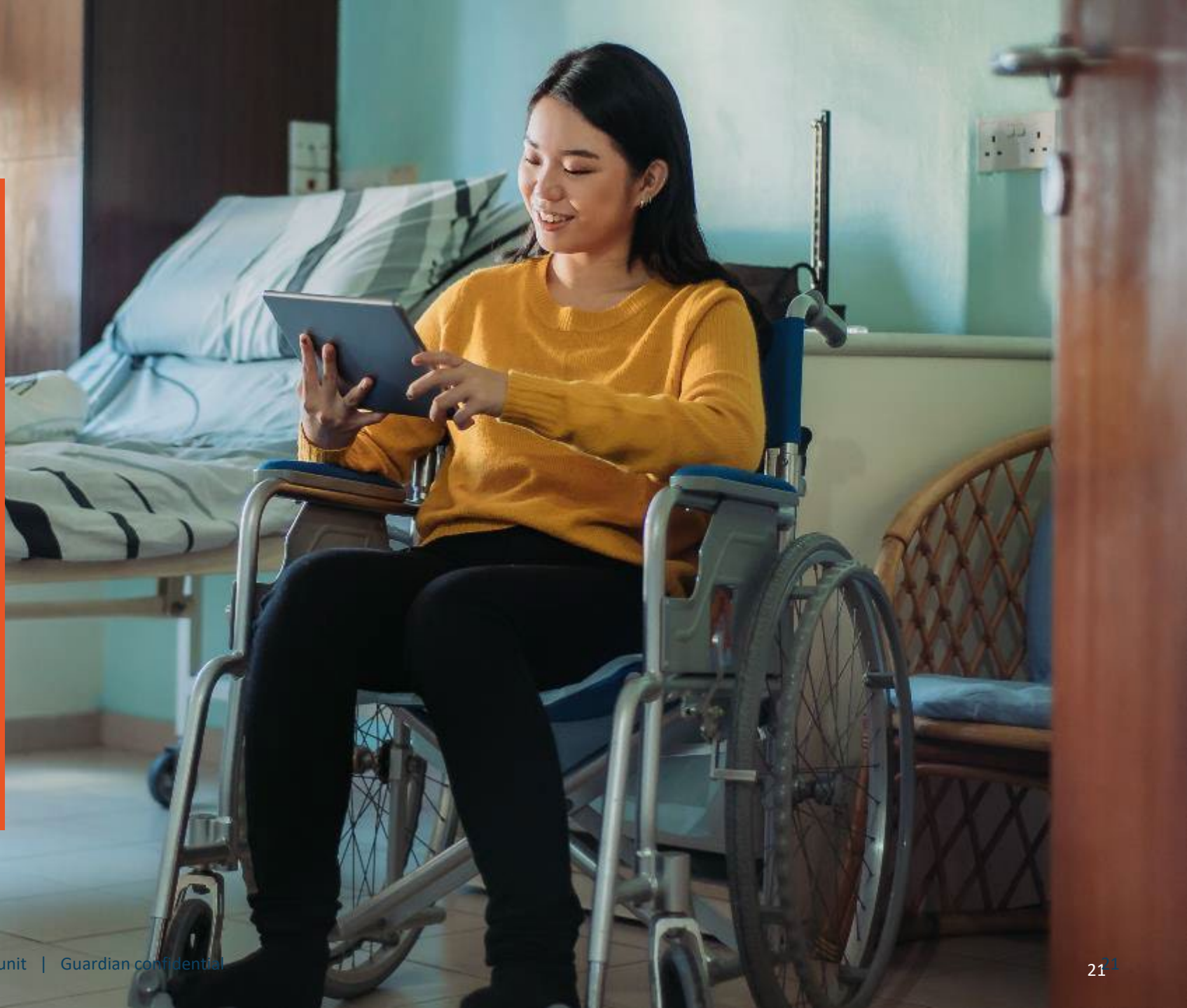
Your Hospital Indemnity Insurance Plans

Coverage Details	Option 1
Hospital/ICU Admission	\$1,000 per admission, limited to 2 admission(s) per insured.
Hospital/ICU Confinement	\$100/\$100 per day, limited to 30 day(s) per insured per benefit year.
Pre-Existing Conditions Limitations	N/A
Portability - Allows you to take your Hospital Indemnity coverage with you if you terminate employment.	Included
Dependent Age Limit	Childbirth to 26 years

Here's an example of how Hospital Indemnity Insurance works:

Carol goes to the ER and is admitted for emergency surgery. Fortunately, Carol has medical insurance but incurs \$3,815 of out-of-pocket expenses. With Guardian hospital indemnity insurance, she received a \$1,220 benefit. Carol used that money toward her medical costs and reduced her out-of-pocket expenses by 32%.

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Hospital Indemnity: Plan Limitations and Exclusions

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 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.

An applicant must enroll within 31 days of the coverage effective date. An open enrollment will occur each year during a 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.

A pre-existing condition includes any condition for which a covered person, in the look back period prior to coverage in this plan, (1) receives advice or treatment from a doctor; (2) undergoes diagnostic procedures, other than routine screening in the absence of symptoms or suspicion of disease process by a doctor; (3) are prescribed or take prescription drugs; or (4) receives other medical care or treatment, including consultation with a doctor. No benefit will be paid until the earlier of a specified amount of treatment free time or after the insured is covered for a certain number of months. Please refer to the plan documents for specific time periods. State variations may apply.

If the plan is new (not transferred): During the exclusion period, this Hospital Indemnity 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 limitation period. Please refer to the plan details for specific time periods. State variations may apply.

And this plan will not pay benefits for: (State Variations Apply)

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 a result of a covered Injury, medically necessary surgery for glaucoma, cataracts or other sickness or injury; Dental care, dental x-rays, 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; Cosmetic surgery. This exclusion does not apply to reconstructive surgery: on an injured part of the body following infection or disease of the involved part; of a congenital disease or anomaly of a covered dependent newborn or adopted infant; or on a non-diseased 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 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; Hospital Confinement and/or Hospital Admission due to any covered person's giving birth within the first nine months after the covered person's effective date under this Plan as a result of a normal pregnancy, including cesarean section. Complications of pregnancy will be covered to the same extent as any other covered sickness; (**NOTE – Included when the Maternity/Pregnancy Exclusion is quoted as "Normal pregnancy included with 9 Month limit"); 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.

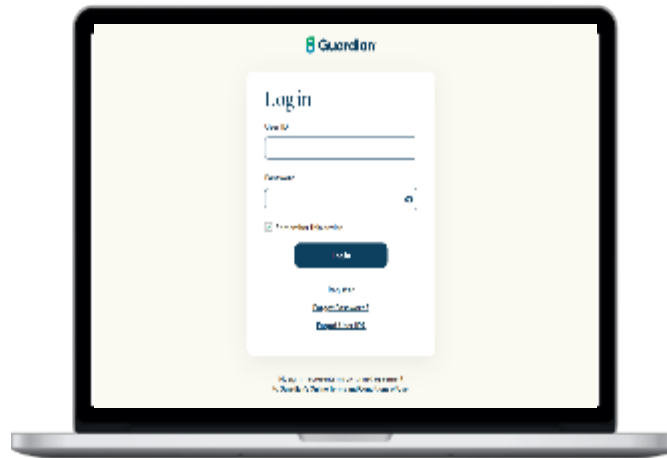
Elective Surgery: This term means surgery that: (1) is not Medically Necessary; (2) does not promote the proper function of the Covered Person's body or prevent or treat Sickness; or (3) is directed at improving appearance; unless such surgery is needed to correct a deformity resulting from: (a) a congenital abnormality; or (b) a disfiguring Sickness, physical disease or Injury. Laser correction or other surgery to correct vision or hearing will be deemed elective Surgery when similar results could be provided by use of eyeglasses, contact lenses, hearing aid or other device. Medically necessary surgery for glaucoma, cataracts or other Sickness or Injury is not considered Elective Surgery.

How to Register on Guardian Anytime

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How to register for and access your benefits on Guardian Anytime

1. Go to guardianlife.com and click on “Log in.”
2. Choose “Register” and select “Guardian Anytime.”
3. Select “employee” for yourself or “child, spouse or partner” for your dependents.
4. Complete the self registration process, click Submit registration, and you’re done.



How to Register on Guardian Anytime

Services available to you on Guardian Anytime

- Find a provider and estimate costs
- Check claim status and receive emails when claims are paid
- View, download and print materials:
 - Benefit summaries
 - Forms
 - Certificate booklets
 - Member ID cards
 - Provider directories

For assistance, contact Guardian's Customer Response Unit

Helpline (800) 627-4200

Monday - Friday, 8:00am – 8:00 pm EST

Refer to your plan number

How to File a claim:



Online Claim Submission

1. Go to guardianlife.com and select “Log in” to register or access your account.
2. Under “Your tasks,” click “Start a Claim,” and select applicable coverage and review coverage description.
3. Review summary of the information entered and confirm accuracy.
4. Submit your claim.



Telephone Claim Submission

1. Contact Guardian Claims Intake at (800) 541-7846
2. Be prepared to provide information related to insured member, date of service, doctor’s name, and wellness screening.



How to file a claim video series

- [How to register on Guardian Anytime](#)
- [How to file an Accident claim](#)
- [How to file a Critical Illness claim](#)
- [How to file a Wellness claim](#)

Thank you

A thick, orange, hand-drawn brushstroke underline that starts under the 'T' and ends under the 'u'.