

Critical Illness Benefit Summary

Group Number: 00529731

About Your Benefits:

It takes a lot to beat a serious illness. Unfortunately, it can also cost a lot. When you or a family member suffers a serious illness like a stroke or heart attack, Critical Illness Insurance can help with expenses that medical insurance doesn't cover like deductibles or out of pocket costs, or services like experimental treatment. Critical Illness supplements your medical and your disability income insurance. The lump sum benefit is paid when you need it most, upon diagnosis, so you can rest assured that you will have funds to offset upcoming out of pocket costs, and that you'll have the flexibility to elect treatments with less worry about the cost. Review your options and enroll today!

What Your Benefits Cover:

Benefit Amount(s)	Option 1		Option 2	
	Employee may choose a lump sum benefit of \$5,000 to \$50,000 in \$5,000 increments.		Employee may choose a lump sum benefit of \$5,000 to \$50,000 in \$5,000 increments.	
CONDITIONS				
Cancer	1st OCCURRENCE	2nd OCCURRENCE	1st OCCURRENCE	2nd OCCURRENCE
Invasive Cancer	100%	50%	100%	50%
Carcinoma In Situ	30%	0%	30%	0%
Benign Brain Tumor	75%	0%	75%	0%
Skin Cancer	\$250 per lifetime	Not Covered	\$250 per lifetime	Not Covered
Vascular				
Heart Attack	100%	50%	100%	50%
Stroke	100%	50%	100%	50%
Heart Failure	100%	50%	100%	50%
Arteriosclerosis	30%	0%	30%	0%
Other				
Organ Failure	100%	50%	100%	50%
Kidney Failure	100%	50%	100%	50%
ADDITIONAL CONDITIONS	1st OCCURRENCE ONLY		1st OCCURRENCE ONLY	
Addison's Disease	Not Applicable		30%	
ALS (Lou Gehrig's Disease)	Not Applicable		100%	
Alzheimer's Disease	Not Applicable		50%	
Coma	Not Applicable		100%	
Huntington's Disease	Not Applicable		30%	
Loss of Hearing	Not Applicable		100%	
Loss of Sight	Not Applicable		100%	
Loss of Speech	Not Applicable		100%	
Multiple Sclerosis	Not Applicable		30%	
Parkinson's Disease	Not Applicable		100%	
Permanent Paralysis	Not Applicable		50% for 1 limb, 100% for 2 limbs	
Severe Burns	Not Applicable		100%	
Childhood Conditions	1st OCCURRENCE ONLY		1st OCCURRENCE ONLY	
Cerebral Palsy	Not Applicable		100%	

Benefit information illustrated within this material reflects the plan covered by Guardian as of 07/22/2016

Greene County Public Schools ALL ELIGIBLE EMPLOYEES Benefit Summary

The Guardian Life Insurance Company of America, 7 Hanover Square, New York, NY 10004

	Option 1	Option 2
Cleft Lip/Palate	Not Applicable	100%
Club Foot	Not Applicable	100%
Cystic Fibrosis	Not Applicable	100%
Down's Syndrome	Not Applicable	100%
Muscular Dystrophy	Not Applicable	100%
Spina Bifida	Not Applicable	100%
Type I Diabetes	Not Applicable	100%
Spouse Benefit	May choose a lump sum benefit of \$2,500 to \$25,000 in \$2,500 increments up to 50% of the employee's lump sum benefit.	May choose a lump sum benefit of \$2,500 to \$25,000 in \$2,500 increments up to 50% of the employee's lump sum benefit.
Child Benefit- children age Birth to 26 years	25% of employee's lump sum benefit	25% of employee's lump sum benefit
Guarantee Issue/ Conditional Issue	We Guarantee Issue up to: Less than age 70 \$20,000 For a spouse: Less than age 70 \$10,000 For a child: All Amounts Health questions are required if the elected amount exceeds the Guarantee Issue, as well as for all applicants age 70+ regardless of elected amount.	We Guarantee Issue up to: Less than age 70 \$20,000 For a spouse: Less than age 70 \$10,000 For a child: All Amounts Health questions are required if the elected amount exceeds the Guarantee Issue, as well as for all applicants age 70+ regardless of elected amount.
Portability: Allows you to take your Critical Illness coverage with you if you terminate employment.	Included	Included
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.	3 months prior/6 months treatment free/12 months after	3 months prior/6 months treatment free/12 months after
Cancer Vaccine Benefit	\$50 per lifetime for receiving a cancer vaccine	\$50 per lifetime for receiving a cancer vaccine
WELLNESS BENEFIT		
Employee Per Year Limit	\$50	\$50
Spouse Per Year Limit	\$50	\$50
Child Per Year Limit	\$50	\$50

Critical Illness Cost Illustration

To determine the most appropriate level of coverage, you should consider your current basic monthly expenses and expected financial needs during a critical illness.

Your premium will not increase as you age.

Child cost is included with employee election.

Option I

Benefit Amount	Issue Age	Premiums Displayed Election Cost Per Age Bracket					
		< 30	30-39	40-49	50-59	60-69	70+
Employee							
\$5,000	Non-tobacco	\$2.75	\$4.30	\$7.75	\$13.35	\$20.90	\$45.05
	Tobacco	\$4.00	\$6.75	\$15.40	\$25.90	\$40.90	\$106.50
\$10,000	Non-tobacco	\$5.50	\$8.60	\$15.50	\$26.70	\$41.80	\$90.10
	Tobacco	\$8.00	\$13.50	\$30.80	\$51.80	\$81.80	\$213.00
\$15,000	Non-tobacco	\$8.25	\$12.90	\$23.25	\$40.05	\$62.70	\$135.15
	Tobacco	\$12.00	\$20.25	\$46.20	\$77.70	\$122.70	\$319.50
\$20,000	Non-tobacco	\$11.00	\$17.20	\$31.00	\$53.40	\$83.60	\$180.20
	Tobacco	\$16.00	\$27.00	\$61.60	\$103.60	\$163.60	\$426.00
\$25,000	Non-tobacco	\$13.75	\$21.50	\$38.75	\$66.75	\$104.50	\$225.25
	Tobacco	\$20.00	\$33.75	\$77.00	\$129.50	\$204.50	\$532.50
\$30,000	Non-tobacco	\$16.50	\$25.80	\$46.50	\$80.10	\$125.40	\$270.30
	Tobacco	\$24.00	\$40.50	\$92.40	\$155.40	\$245.40	\$639.00
\$35,000	Non-tobacco	\$19.25	\$30.10	\$54.25	\$93.45	\$146.30	\$315.35
	Tobacco	\$28.00	\$47.25	\$107.80	\$181.30	\$286.30	\$745.50
\$40,000	Non-tobacco	\$22.00	\$34.40	\$62.00	\$106.80	\$167.20	\$360.40
	Tobacco	\$32.00	\$54.00	\$123.20	\$207.20	\$327.20	\$852.00
\$45,000	Non-tobacco	\$24.75	\$38.70	\$69.75	\$120.15	\$188.10	\$405.45
	Tobacco	\$36.00	\$60.75	\$138.60	\$233.10	\$368.10	\$958.50
\$50,000	Non-tobacco	\$27.50	\$43.00	\$77.50	\$133.50	\$209.00	\$450.50
	Tobacco	\$40.00	\$67.50	\$154.00	\$259.00	\$409.00	\$1,065.00
Benefit Amount Up To 50% of Employee Amount to a Maximum of \$25,000							
Spouse							
\$2,500	Non-tobacco	\$1.38	\$2.15	\$3.88	\$6.68	\$10.45	\$22.53
	Tobacco	\$2.00	\$3.38	\$7.70	\$12.95	\$20.45	\$53.25
\$5,000	Non-tobacco	\$2.75	\$4.30	\$7.75	\$13.35	\$20.90	\$45.05
	Tobacco	\$4.00	\$6.75	\$15.40	\$25.90	\$40.90	\$106.50
\$7,500	Non-tobacco	\$4.13	\$6.45	\$11.63	\$20.02	\$31.35	\$67.58
	Tobacco	\$6.00	\$10.13	\$23.10	\$38.85	\$61.35	\$159.75
\$10,000	Non-tobacco	\$5.50	\$8.60	\$15.50	\$26.70	\$41.80	\$90.10
	Tobacco	\$8.00	\$13.50	\$30.80	\$51.80	\$81.80	\$213.00
\$12,500	Non-tobacco	\$6.88	\$10.75	\$19.38	\$33.38	\$52.25	\$112.63
	Tobacco	\$10.00	\$16.88	\$38.50	\$64.75	\$102.25	\$266.25
\$15,000	Non-tobacco	\$8.25	\$12.90	\$23.25	\$40.05	\$62.70	\$135.15
	Tobacco	\$12.00	\$20.25	\$46.20	\$77.70	\$122.70	\$319.50
\$17,500	Non-tobacco	\$9.63	\$15.05	\$27.13	\$46.73	\$73.15	\$157.68
	Tobacco	\$14.00	\$23.63	\$53.90	\$90.65	\$143.15	\$372.75
\$20,000	Non-tobacco	\$11.00	\$17.20	\$31.00	\$53.40	\$83.60	\$180.20
	Tobacco	\$16.00	\$27.00	\$61.60	\$103.60	\$163.60	\$426.00
\$22,500	Non-tobacco	\$12.38	\$19.35	\$34.88	\$60.08	\$94.05	\$202.73
	Tobacco	\$18.00	\$30.38	\$69.30	\$116.55	\$184.05	\$479.25
\$25,000	Non-tobacco	\$13.75	\$21.50	\$38.75	\$66.75	\$104.50	\$225.25
	Tobacco	\$20.00	\$33.75	\$77.00	\$129.50	\$204.50	\$532.50

Option 2

Premiums Displayed
Election Cost Per Age Bracket

Benefit Amount		Issue Age	< 30	30-39	40-49	50-59	60-69	70+
Employee								
\$5,000	Non-tobacco		\$5.88	\$7.52	\$12.16	\$20.01	\$29.89	\$58.22
	Tobacco		\$7.53	\$10.57	\$20.16	\$38.81	\$63.79	\$119.32
\$10,000	Non-tobacco		\$9.23	\$12.32	\$21.06	\$35.71	\$54.24	\$108.97
	Tobacco		\$12.53	\$18.42	\$37.06	\$73.31	\$122.04	\$231.17
\$15,000	Non-tobacco		\$12.58	\$17.12	\$29.96	\$51.41	\$78.59	\$159.72
	Tobacco		\$17.53	\$26.27	\$53.96	\$107.81	\$180.29	\$343.02
\$20,000	Non-tobacco		\$15.93	\$21.92	\$38.86	\$67.11	\$102.94	\$210.47
	Tobacco		\$22.53	\$34.12	\$70.86	\$142.31	\$238.54	\$454.87
\$25,000	Non-tobacco		\$19.28	\$26.72	\$47.76	\$82.81	\$127.29	\$261.22
	Tobacco		\$27.53	\$41.97	\$87.76	\$176.81	\$296.79	\$566.72
\$30,000	Non-tobacco		\$22.63	\$31.52	\$56.66	\$98.51	\$151.64	\$311.97
	Tobacco		\$32.53	\$49.82	\$104.66	\$211.31	\$355.04	\$678.57
\$35,000	Non-tobacco		\$25.98	\$36.32	\$65.56	\$114.21	\$175.99	\$362.72
	Tobacco		\$37.53	\$57.67	\$121.56	\$245.81	\$413.29	\$790.42
\$40,000	Non-tobacco		\$29.33	\$41.12	\$74.46	\$129.91	\$200.34	\$413.47
	Tobacco		\$42.53	\$65.52	\$138.46	\$280.31	\$471.54	\$902.27
\$45,000	Non-tobacco		\$32.68	\$45.92	\$83.36	\$145.61	\$224.69	\$464.22
	Tobacco		\$47.53	\$73.37	\$155.36	\$314.81	\$529.79	\$1,014.12
\$50,000	Non-tobacco		\$36.03	\$50.72	\$92.26	\$161.31	\$249.04	\$514.97
	Tobacco		\$52.53	\$81.22	\$172.26	\$349.31	\$588.04	\$1,125.97
Benefit Amount Up To 50% of Employee Amount to a Maximum of \$25,000								
Spouse								
\$2,500	Non-tobacco		\$3.18	\$4.09	\$6.68	\$11.14	\$16.69	\$31.83
	Tobacco		\$4.00	\$5.62	\$10.68	\$20.54	\$33.64	\$62.38
\$5,000	Non-tobacco		\$4.85	\$6.49	\$11.13	\$18.99	\$28.86	\$57.20
	Tobacco		\$6.50	\$9.54	\$19.13	\$37.79	\$62.76	\$118.30
\$7,500	Non-tobacco		\$6.53	\$8.89	\$15.58	\$26.84	\$41.04	\$82.58
	Tobacco		\$9.00	\$13.47	\$27.58	\$55.04	\$91.89	\$174.23
\$10,000	Non-tobacco		\$8.20	\$11.29	\$20.03	\$34.69	\$53.21	\$107.95
	Tobacco		\$11.50	\$17.39	\$36.03	\$72.29	\$121.01	\$230.15
\$12,500	Non-tobacco		\$9.88	\$13.69	\$24.48	\$42.54	\$65.39	\$133.33
	Tobacco		\$14.00	\$21.32	\$44.48	\$89.54	\$150.14	\$286.08
\$15,000	Non-tobacco		\$11.55	\$16.09	\$28.93	\$50.39	\$77.56	\$158.70
	Tobacco		\$16.50	\$25.24	\$52.93	\$106.79	\$179.26	\$342.00
\$17,500	Non-tobacco		\$13.23	\$18.49	\$33.38	\$58.24	\$89.74	\$184.08
	Tobacco		\$19.00	\$29.17	\$61.38	\$124.04	\$208.39	\$397.93
\$20,000	Non-tobacco		\$14.90	\$20.89	\$37.83	\$66.09	\$101.91	\$209.45
	Tobacco		\$21.50	\$33.09	\$69.83	\$141.29	\$237.51	\$453.85
\$22,500	Non-tobacco		\$16.58	\$23.29	\$42.28	\$73.94	\$114.09	\$234.83
	Tobacco		\$24.00	\$37.02	\$78.28	\$158.54	\$266.64	\$509.78
\$25,000	Non-tobacco		\$18.25	\$25.69	\$46.73	\$81.79	\$126.26	\$260.20
	Tobacco		\$26.50	\$40.94	\$86.73	\$175.79	\$295.76	\$565.70

Manage Your Benefits:

Need Assistance?

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.

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: 00529731.

EXCLUSIONS AND LIMITATIONS

A SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS FOR CRITICAL ILLNESS:

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 benefits for claims 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.

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.

If the plan is new (not transferred): During the exclusion period, this Critical

This handout is for illustrative purposes only and is an approximation. If any discrepancies between this handout and your paycheck stub exist, your paycheck stub prevails. Your company has selected Guardian to provide Critical Illness coverage to eligible employees & dependents according to plan terms which have been mutually agreed upon. As an eligible employee, you can purchase this coverage at the group premium levels illustrated above.

Illness 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. A pre-existing condition includes any condition for which an employee, in a specified time period prior to coverage in this plan, consults with a physician, receives treatment, or takes prescribed drugs. No benefit will be paid until the earlier of the treatment free period or a specified time period after the effective date. Please refer to the plan documents for specific time periods. State variations may apply.

Guardian's Critical Illness plan does not provide comprehensive medical coverage. It is a basic or limited benefit and is not intended to cover all medical expenses. It does not provide "basic hospital," "basic medical," or "medical" insurance as defined by the New York State Insurance Department.

Health questions are required on 1) late enrollees and 2) enrollees over age 69 (not applicable in FL). This coverage will not be effective until approved by a Guardian underwriter.

The policy has exclusions and limitations that may impact the eligibility for or entitlement to benefits under each covered condition. See your certificate booklet for a full listing of exclusions & limitations..

If Critical Illness insurance premium is paid for on a pre tax basis, the benefit may be taxable. Please contact your tax or legal advisor regarding the tax treatment of your policy benefits..