

RATES Per \$10 of Weekly Indemnity

	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60+
Rate	\$0.260	\$0.360	\$0.560	\$0.470	\$0.290	\$0.270	\$0.310	\$0.360	\$0.550
Rate Guarantee	2 Years								

BENEFITS

	All Eligible Employees
Contribution/Participation	Voluntary/Greater of 25% or 10 enrolled employees.
Benefits Begin Accident/Sickness	1st day/8th day
Duration of Benefits	13 weeks
Definition of Disability	Own Job
Weekly Benefit	\$250, \$500, \$750, \$1,000, \$1,250, \$1,500, \$1,750, \$2,000, \$2,250, \$2,500 not to exceed 60% of weekly earnings
Interruption of Elimination Period	Unlimited, no set number of days
Return to Work	Zero Day Residual
Maximum Partial Disability Earnings	80% Indexed
Partial Disability Calculation	Greater of direct reduction or proportionate loss
Integration Method	Benefits reduced by other group disability benefits
Salary Continuation /Association IDI	No Offset
Minimum Weekly Benefit	Flat \$25
Pre-Existing Condition	3/12 with 2 week limitation.
Earnings Definition	Standard, excluding bonus & commission
Telephonic Claims	TeleGuard Included
Coverage Type	Non-occupational
Quarantine Benefit	Pays benefit to person under quarantine order.
Rehabilitation Services	110% benefit amount, mandatory participation, Includes Dependent care expense
Specified Injury	Pays benefit for a guaranteed number of weeks based on specified injury
Tax Services	Tax reports only
Worksite Modification	\$2,500
Annual Re-Enrollment	On an annual basis, participating employees will be allowed to 'step-up' one eligible increment

PLAN HIGHLIGHTS

- **Guardian's Financial Strength:** Guardian has a long history of earning exemplary ratings from independent rating services which provide essential measures of a company's value as well as common ground for valid comparison.¹ For additional details, visit our web site: <http://www.guardianlife.com/AboutGuardian/FinancialHighlights/Ratings/index.htm>
- **Experienced and Innovative Disability Service Team:** Our services help disabled employees return to maximum potential by having a dedicated claims analyst work closely with the employer, disabled employee and physicians to encourage and support successful outcomes. For additional details, see our disability page: <https://www.guardiananytime.com/gafd/wps/portal/fdhome/employers/products-and-coverage/disability>
- **TeleGuard call center** - No claims forms to complete. No mail delays. Employees simply call a dedicated toll-free number. Our in-house, specially-trained TeleGuard experts collect all information and get the answers we need the first time, helping to expedite claims review and determination. In fact, employees can expect their short term disability payment in less than a week starting from the time we receive the claim.

¹Financial information concerning The Guardian Life Insurance Company of America as of December 31, 2015 on a statutory basis: Admitted Assets = \$48.1 Billion; Liabilities = \$42.0 Billion (including \$37.0 Billion of Reserves); and Surplus = \$6.1 Billion.

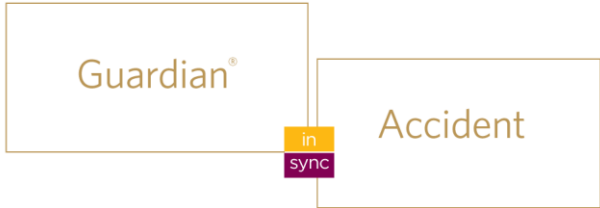
IMPORTANT NOTES

Rates and premiums are based on the employee data submitted. Final rates and premiums are based on the plan and employee/dependent data provided on the enrollment forms. State specific requirements apply.

- **Tax Services:** Guardian prepares quarterly & annual tax reports. Policyholder is required to prepare and file W-2 using the Policyholder tax ID number. 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.
- These rates are contingent upon STD being purchased with Guardian LTD coverage.
- Maternity is covered as any other illness.
- #2016-20341 (exp. 4/18)

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 or intentionally injuring themselves or attempting suicide while sane or insane, and for the voluntary inhalation or ingestion of poison, gas, solvent, chemical, or other substance not intended for internal consumption
- We do not pay benefits due solely to the risk of relapse, during any period in which a covered person is confined to a correctional facility, an employee is not under the care of a doctor, an employee is receiving treatment outside of the US or Canada, and 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. A pre-existing condition includes any condition for which an employee, in a specified period of time prior to coverage in this plan, consults with a physician, receives treatment, or takes prescribed drugs. If this plan is transferred from another insurance carrier, the time an insured is covered under that plan will count toward satisfying Guardian's pre-existing condition exclusion /limitation period. Please refer to the plan details for specific time periods. Contract # GP-1-STD-15-1.0 et al. (Disability 2016)
- 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.
- 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.
- Evidence of Insurability is required for all late enrollees.
- Guardian Group Short Term 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. 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.



+++++ Accidents happen

+++++ Fortunately, we can help with unexpected expenses

+++++ Guardian Accident Insurance helps offset the cost associated with both minor and major accidents:

- +++++ • For every covered accident, Guardian can pay a benefit based on the injury you sustain and the-various treatments and/or services received, regardless of what is covered by medical insurance.
- +++++ • **Special Feature:** Guardian Accident Insurance will increase covered benefits by 20% for a child who has an accident while playing organized sports.*

+++++ *See next page for a schedule of paid benefits and monthly rates.*

+++++ A benefit when you need it

+++++ Consider some of the unexpected costs that may result from an accident such as travel to treatment centers, child care while recovering, household expenses while you can't work, or even modifications to a home or automobile. Payments are made directly to the employee and can be used for any purpose — even everyday expenses like groceries, rent and mortgage.

+++++ Enroll today

+++++ During this enrollment, you and your family are guaranteed coverage:

- +++++ • No health questions
- +++++ • Family coverage available
- +++++ • Convenient payroll deductions
- +++++ • Portable

+++++ David Bryant, Guardian Broker

+++++ 512-785-6025

+++++ *The child must be insured by the plan on date the accident occurred. The child must be 18 years of age or younger.

DID YOU KNOW?

1 out of 5 people receive emergency room treatment annually¹

\$17,749 is the average out-of-pocket medical bills and that's not including the loss of earnings of the injured and their spouses²

62% of bankruptcies are the result of medical causes despite 76% of those claiming bankruptcy had medical insurance³

1 www.cdc.gov/nchs/data/nhis/earlyrelease/emergency_room_use_january-june_2011.pdf;
2 "Study Links Medical Costs and Personal Bankruptcy," Bloomberg Business Week, June 4, 2009
3 Duke University Medical Center, 2011 http://clearhealthcosts.com/tag/duke-university-medical-center



COVERED EVENTS	Premier Plan
Initial Transportation & Treatment	
Air / Ground Ambulance (<50 miles away)	\$1,500/\$200
Transportation	\$600 3 x per accident
Accident ER Treatment / Urgent Care or Office	\$200/\$100
Diagnostic Exam (Major) / X-ray	\$200/\$40
Injury Diagnosis	
Coma / Concussions	\$12,500/\$100
Burns (2nd Degree/3rd Degree)	Up to \$12,000
Burn – Skin Graft	50% of Burn benefit
Dislocations	Up to \$4,800
Eye Injury	\$300
Fractures (Bone)	Up to \$6,000
Knee Cartilage	\$750
Laceration	Up to \$500
Tendon/Ligament/Rotator Cuff	\$750 to \$1,500
Hospitalization	
Hospital Admission / ICU Admission	\$1,250/\$2,500
Hospital Confinement	\$250 per day
ICU Confinement	\$500 per day
Treatments & Family Care	
Appliance ¹ , Blood/Plasma/Platelets, Emergency Dental Work, Epidural Anesthesia for Pain, Joint Replacement, Artificial Limb, Rehabilitation Unit Confinement, Ruptured Disc Surgical Repair, Surgeries	Additional Money paid for these treatments. Please refer to plan summary for details.
Family Care ²	\$20 per day
Lodging	\$150 per day
Follow-Up	
Accident Follow-Up Visits – Doctor	\$75 per visit up to 6 visits
Occupational or Physical Therapy	\$35 per day up to 10 days
Additional Benefits Included in Your Plan	
Disability due to an Accident	\$250/week up to 26 weeks
Hospital Sickness	\$200/day up to 30 days

1 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. 2 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.

Benefits Claim Example

Fractured arm and torn knee cartilage	
COVERED EVENTS	Benefit Paid
Ambulance	\$200
Emergency Room Visit	\$200
Medical Resonance Imaging (MRI)	\$200
X-Ray	\$40
Fractured arm (open)	\$840
Knee Cartilage Tear	\$750
Arthroscopic Surgery	\$350
Knee Brace (appliance)	\$125
Physical Therapy (10 visits)	\$350
Follow-up visits with doctor (4 visits)	\$300
TOTAL BENEFIT PAID UNDER POLICY	\$3,355

Guardian Accident 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.



GUARDIAN®

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 All Erection & Crane Rental is offering Guardian's Accident Insurance to its members.

24 Hour Coverage	
Tier	Weekly Rates
Employee	\$8.83
Employee and Spouse	\$12.72
Employee and Child	\$13.02
Family	\$16.91

Child Organized Sport

Pays an additional 20% to ALL benefits if a child is injured while playing organized sports for either a school team or an organization that requires a registration to participate.

***Child must be covered to be eligible**

ANNUAL WELLNESS BENEFIT

For Employees & Covered Family Members

This plan pays you \$200 once per calendar year per policy for receiving one or more approved covered wellness screenings or for an annual physical / well child visit. See schedule for list of covered procedures.

Critical Illness

IMPORTANT INFORMATION

- Available on groups with 2 or more eligible lives
- Valid in AL AR AZ DE GA IA ID IL KS KY LA MA ME MI MO MS NC NE NM NV OH OK OR PA SC SD TN TX VA WI WV WY
- Rates shown are valid thru January 1, 2019
- Not available for all industries. Please see limitations and exclusions section.

Monthly Premium

Employee

Benefit Amounts	<30	30-39	40-49	50-59	60-69	70+
\$5,000	\$6.87	\$8.21	\$12.44	\$19.95	\$28.89	\$52.91
\$10,000	\$11.02	\$13.66	\$21.99	\$36.75	\$54.34	\$101.91
\$15,000	\$15.17	\$19.11	\$31.54	\$53.55	\$79.79	\$150.91
\$20,000	\$19.32	\$24.56	\$41.09	\$70.35	\$105.24	\$199.91
\$25,000	\$23.47	\$30.01	\$50.64	\$87.15	\$130.69	\$248.91

Spouse

Benefit Amounts	<30	30-39	40-49	50-59	60-69	70+
\$5,000	\$6.87	\$8.21	\$12.44	\$19.95	\$28.89	\$52.91
\$10,000	\$11.02	\$13.66	\$21.99	\$36.75	\$54.34	\$101.91
\$15,000	\$15.17	\$19.11	\$31.54	\$53.55	\$79.79	\$150.91
\$20,000	\$19.32	\$24.56	\$41.09	\$70.35	\$105.24	\$199.91
\$25,000	\$23.47	\$30.01	\$50.64	\$87.15	\$130.69	\$248.91

Rate Guarantee 2 Years

Premiums Premiums listed are for Issue Age and will not increase due to an insured's age.
Child cost is included with employee election.

Underwriting Requirements	Employee <70	Spouse <70	Child	Employee 70+	Spouse 70+
Guarantee Issue	\$20,000	\$20,000	All amounts Guaranteed	Health questions required.	Health questions required.
Conditional Issue	Health questions required on amounts above the guarantee issue.				

BENEFITS

Plan #1

Contribution/ Participation	Voluntary/Minimum participation greater of 10 enrolled or 15%		
Employee Critical Illness Benefit Amounts	Employee may choose a lump sum benefit of \$5,000 to \$25,000 in increments of \$5,000		
Dependent Critical Illness Benefit Amount	Spouse: Up to 100% of Employee Benefit	Child: 25% of Employee Benefit	
Covered Conditions (lump sum payments)		First Occurrence	Second Occurrence
	Cancer		
	Invasive Cancer	100%	50%
	Carcinoma In Situ	30%	0%
	Benign Brain Tumor	75%	0%
Skin Cancer	\$250 per lifetime	Not included	

Critical Illness

Plan #1				
Covered Conditions (lump sum payments)		First Occurrence	Second Occurrence	
		Vascular		
		Heart Attack	100%	50%
		Stroke	100%	50%
		Heart Failure	100%	50%
		Arteriosclerosis	30%	0%
		Other		
		Organ Failure	100%	50%
	Kidney Failure	100%	50%	
Group 2 Covered Conditions	First Occurrence of these additional illnesses: Addison's Disease 30%, ALS (Lou Gehrig's Disease) 100%, Alzheimer's Disease 50%, Coma 100%, Huntington's Disease 30%, Multiple Sclerosis 30%, Loss of Speech, Sight or Hearing 100%, Parkinson's Disease 100%, Permanent Paralysis 50% for 1 limb, 100% for 2 limbs, Severe Burns 100%			
Group 3 Childhood Covered Conditions	100% of Child Benefit for the First Occurrence of Cerebral Palsy, Cleft lip/palate, Club Foot, Cystic Fibrosis, Down's Syndrome, Muscular Dystrophy, Spina Bifida, Type 1 Diabetes			
Cancer Vaccine	\$50 per lifetime for receiving a Cancer Vaccine			
Wellness Benefit	Provides a per year benefit for completing certain routine wellness screenings or procedures (refer to plan highlights for listing). Employee \$100; Spouse \$100; Child \$100			
Dependent Age Limits	Child birth to 26 years			
Pre-Existing Condition Limitation	3 month look back period, 12 month exclusion period 3 month look back period, 6 months treatment free, 12 month exclusion period (TX & VA) 6 month look back period, 6 month exclusion period (ME)			
Benefit Reduction (of original amount)	Age	Reduction		
	70	50%		

PLAN HIGHLIGHTS

- Guardian's Critical Illness Product provides ability for an insured to receive a lump sum benefit payment upon first and second diagnosis of any qualified Critical Illnesses listed under covered conditions.
- Benefits are paid directly to the insured when they need it most. Expenditure for claim proceeds are not limited to cover medical expenses, funds can be used under the discretion of the insured for things such as childcare, transportation and to fill in gaps in their medical plan, like co-pays and deductibles.
- Wellness Benefit pays when insured completes screenings such as mammography, colonoscopy, pap smear, PSA, serum cholesterol testing, completion of smoking cessation, and weight reduction programs. Benefits paid even if medical insurance is paying 100% of the cost.
- Portability allows the employee to take the coverage with them even if employment has ended. Portability not allowed in OR or LA.

IMPORTANT NOTES

Rates and premiums are based on the employee data submitted. Final rates and premiums are based on the plan and employee/dependent data provided on the enrollment forms. States specific requirements apply.

Rates Notes

- Spouse rate is based on employee's age bracket. Dependent Critical Illness insurance will not take effect if a dependent, other than a newborn, is confined to the hospital or other health care facility or is unable to perform the normal activities of someone of like age and sex.

Benefits Notes

- Employees age 70 & older must complete health questions to qualify for coverage.

Critical Illness

- Dependent Guarantee Issue amounts are limited to 50% of the amount purchased by the employee.

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.
- Not available for the following SICs: 0811-0851, 1011-1241, 1411-1499, 1611, 1731-1799, 2812-2819, 2879, 2892, 2899-2999, 3292-3399, 4952-4959, 7342, 9223-9224, 9711-9721, 9999.
- 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 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.
- 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.



IMPORTANT INFORMATION

- Available on groups with 25-999 eligible lives
- Valid in AL AR AZ CA DE GA HI IA ID IL IN KY LA MA ME MI MO MS NC ND NE NM NV OH OK OR PA SC SD TN TX UT VA WI WV WY
- Rates shown are valid thru January 1, 2018
- Not available for all industries. Please see limitations & exclusions section.

Monthly Premium				
Age Bracket	Employee	Employee & Spouse	Employee & Child	Full Family
<50	\$24.11	\$49.22	\$40.75	\$65.86
50-59	\$37.16	\$74.31	\$53.80	\$90.95
60-64	\$52.78	\$105.58	\$69.42	\$122.22
65-69*	\$63.44	\$134.55	\$80.08	\$151.19
Rate Guarantee	1 Year			
Premiums	Premiums listed are for Issue Age and will not increase due to an insured aging. Spouse premium is based on the Employee's age. *Employees over the age of 69 are not eligible to enroll in Hospital Indemnity coverage.			

BENEFITS

Plan 1	
Contributory / Participation	Voluntary / 15%
Hospital / ICU Admission	\$1,000 per admission to a max of 1 admission per year, per insured
Outpatient Surgical Category 1/Category 2	\$750/\$1,500 per day of surgery to a max of 1 day per year, per insured
Diagnostic Tests	\$250 per day to a max of 1 day per year, per insured
Dependent Age Limits	Child birth to 26 years
Portability	Included
Treatments Covered	Sickness and Injury
Treatment of Normal Pregnancy	Hospital Admission & Confinement benefits are not payable for birth within first 9 months of coverage. See Plan Limitations & Exclusions section below for details. (Not applicable in NC)
Pre-Existing Condition Limitation	3 month look back period / 6 months treatment free/ 12 month exclusion period

PLAN HIGHLIGHTS

- *Hospital Confinement is limited to 31 days per insured per year in ID, ME & WV.
- Employees over the age of 69 are not eligible to enroll in Hospital Indemnity coverage. After initial enrollment, Hospital Indemnity coverage will continue as long as an insured is actively at work.
- Benefits are paid **directly to the insured** when they need it most and can be used however they choose: to fill in gaps in their medical plan, like co-pays and deductibles or for non-medical expenses such as childcare, transportation.
- Portability allows the employee to take the coverage with them even if employment has ended.
- If this Hospital Indemnity plan is replacing coverage with another carrier, we will give credit for time served toward the pre-existing condition limitation.

IMPORTANT NOTES

Rates and premiums are based on the employee data submitted. Final rates and premiums are based on the plan and employee/dependent data provided on the enrollment forms. States specific requirements apply.

- Spouse rate is based on employee's age bracket. Dependent Hospital Indemnity insurance will not take effect if a dependent, other than a newborn, is confined to the hospital or other health care facility or is unable to perform the normal activities of someone of like age and sex.
- Hospital Confinement & Hospital ICU confinement benefits are not payable on the same day. Hospital/ICU confinement benefits are not payable on the same day as Hospital/ICU admission benefit.
- Hospital admission & confinement benefits are not payable for a newborn unless the child is admitted to the Neonatal ICU.

SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS

- Not valid for the following SICs: 0190-0218, 0240-0249, 0290-0299, 0782-1069, 1220-1229, 1410-1419, 1760-1769, 2892, 2910-2919, 5520-5529, 5931, 5942, 7230-7291, 7393, 7830-7839, 7910-7939, 7996, 7999, 8360-8369
- 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 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.
- 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. In TX, 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:

- 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;
- 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 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 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 9 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. (Not applicable in NC)
- 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.

Hospital Indemnity

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.

