



Summary of Benefits

Dental Benefit Summary

Group ID:	00579569	Coverage Type:	Contributory
Group Name:	AILERON	Class:	0002 ALL OTHER ELIGIBLE EMPLOYEES
Waiting Period:	1st of the month following 30 day(s)	As of Date:	02/06/2025

Plan Information

Your dental networks is: Dental - DentalGuard Pref NAP - South Carolina

Coverage Information

	Dental - DentalGuard Pref NAP - South Carolina	
What's the most cost-effective way to use dental insurance?	With your PPO plan, you can visit any dentist; but you pay less out-of-pocket when you choose a PPO dentist. Out-of-network benefits are based on a percentile of the prevailing fee data for the dentist's zip code.	
	In Network	Out of Network
Calendar year deductible	Out of Network is a combined deductible for in and out of network services.	\$50, Once the annual deductible is met by each of three family members, no further deductibles apply.
Preventive		Waived
Basic		Not Waived
Major		Not Waived
Calendar Year Maximum Benefit	The amount shown in the out of network field is your combined Calendar Year maximum for both in and out of network services.	\$1,000
Lifetime Orthodontia Maximum	The amount shown in the out of network field is your combined Lifetime Orthodontia Maximum for both in and out of network services	\$1,000
Maximum rollover	Yes	Yes
Monthly Switch	Not Available	Not Available
	How much does the plan pay?	How much does the plan pay?
Office Visit Co-pay (one office visit may cover multiple services)	None	None
Preventive Care:	100%	100%
Bitewing X-Rays	100%	100%
Full Mouth X-Rays	100%	100%
Cleaning	100%	100%
Oral Exams	100%	100%
Sealants (per tooth)	100%	100%
Basic Care:	80%	80%
Fillings (one surface)	80%	80%
General Anesthesia ¹	80%	80%
Scaling & Root Planing (per quadrant)	80%	80%
Simple Extractions	80%	80%
Major Care:	50%	50%
Dentures	50%	50%
Single Crowns	50%	50%



Summary of Benefits

Dental Benefit Summary

Group ID:	00579569	Coverage Type:	Contributory
Group Name:	AILERON	Class:	0002 ALL OTHER ELIGIBLE EMPLOYEES
Waiting Period:	1st of the month following 30 day(s)	As of Date:	02/06/2025

Plan Information

Your dental networks is: Dental - DentalGuard Pref NAP - South Carolina

Coverage Information

Dental - DentalGuard Pref NAP - South Carolina		
What's the most cost-effective way to use dental insurance?	With your PPO plan, you can visit any dentist; but you pay less out-of-pocket when you choose a PPO dentist. Out-of-network benefits are based on a percentile of the prevailing fee data for the dentist's zip code.	
	In Network	Out of Network
Calendar year deductible	Out of Network is a combined deductible for in and out of network services.	\$50, Once the annual deductible is met by each of three family members, no further deductibles apply.
Preventive		Waived
Basic		Not Waived
Major		Not Waived
Calendar Year Maximum Benefit	The amount shown in the out of network field is your combined Calendar Year maximum for both in and out of network services.	\$1,000
Lifetime Orthodontia Maximum	The amount shown in the out of network field is your combined Lifetime Orthodontia Maximum for both in and out of network services	\$1,000
Maximum rollover	Yes	Yes
Monthly Switch	Not Available	Not Available
	How much does the plan pay?	How much does the plan pay?
Office Visit Co-pay (one office visit may cover multiple services)	None	None
Preventive Care:	100%	100%
Bitewing X-Rays	100%	100%
Full Mouth X-Rays	100%	100%
Cleaning	100%	100%
Oral Exams	100%	100%
Sealants (per tooth)	100%	100%
Basic Care:	80%	80%
Fillings (one surface)	80%	80%
General Anesthesia ¹	80%	80%
Scaling & Root Planing (per quadrant)	80%	80%
Simple Extractions	80%	80%
Major Care:	50%	50%
Dentures	50%	50%
Single Crowns	50%	50%



Summary of Benefits

Vision Benefit Summary

Group ID:	00579569	Coverage Type:	Voluntary
Group Name:		Class:	0002 ALL OTHER ELIGIBLE EMPLOYEES
Waiting Period:	1st of the month following 30 day(s)	As of Date:	01/29/2025

Plan Information

Your network is the VSP - Choice Full Feature

Coverage Information

	VSP - Choice Full Feature	
What's the most cost-effective way to use vision benefits?	You may go to any eye doctor however, if you go to a VSP network provider you will usually pay less.	
	In-Network	Out-Of-Network

Co-Pay

First service provided	Not applicable
Exams	Exams \$10.00
Materials	Materials (waived for conventional and planned replacement contact lenses) \$25.00

How often can I obtain service?	Exams: Once a year.
	Lenses: Once a year.
	Frames: Once every other year.
	Materials: Once a year.

	In-Network	Out-Of-Network
Eye exams	Copay applies	Amount over: \$39.00

	VSP - Choice Full Feature	
What's the most cost-effective way to use vision benefits?	You may go to any eye doctor however, if you go to a VSP network provider you will usually pay less.	
	In-Network	Out-Of-Network
Lenses		
Single vision lenses	Copay applies	Amount over: \$23.00
Lined bifocal lenses	Copay applies	Amount over: \$37.00
Lined trifocal lenses	Copay applies	Amount over: \$49.00
Lenticular lenses	Copay applies	Amount over: \$64.00
Contact Lenses		
Conventional	Amount over: \$130.00	Amount over: \$100.00
Planned replacement	Amount over \$130.00	\$120 Max (copay waived)
Medically necessary	Copay Applies	Amount over: \$210.00
Evaluation and fitting	15% off professional fee	Included in Contact Lens allowance
Frames	\$130.00, 20% discount on amount over \$130.00.	Amount over: \$46.00
Lens & Frame Allowance	No discounts	No discounts
Cosmetic Extras	Discounted at an average of 20%-25% off providers UCR. Scratch Resistant Coating, covered in full.	No discounts
Laser correction surgery	Average 15% discount off usual price or 5% off promotional price.	No discounts
Hearing	No discounts	No discounts

Vision and General Exclusions

Important information

This policy provides vision care limited benefits health insurance only. It does not provide basic hospital, basic medical or major medical insurance as defined by the New York State Insurance Department. Coverage is limited to those charges that are necessary for a routine vision examination. Co-pays apply. The plan does not pay for:

- Orthoptics or vision training and any associated supplemental testing;
- Medical or surgical treatment of the eye;
- Eye examination or corrective eyewear required by an employer as a condition of employment;


- Replacement of lenses and frames that are furnished under this plan, which are lost or broken (except at normal intervals when services are otherwise available or a warranty exists).

The plan limits benefits for blended lenses, oversized lenses, photochromic lenses, tinted lenses, progressive multifocal lenses, coated or laminated lenses, a frame that exceeds plan allowance, cosmetic lenses; U-V protected lenses and optional cosmetic processes. 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. Contract #GP-1-VSN-96-VIS et al.

Laser Correction Surgery

Laser surgery is not an insured benefit. The surgery is available at a discounted fee. The covered person must pay the entire discounted fee. In addition, the laser surgery discount may not be available in all states.

Your plan includes popular Retail Chain Providers such as: Costco Optical, Visionworks, Clarkson Eyecare, Shopko Eyecare Center, Visioncare Associates and Rxoptical. To see a complete list of participating providers in your area register at vsp.com. Benefits may vary at retail chain provider locations

 Members will receive 20% off unlimited additional pairs of prescription glasses and non prescription sunglasses valid through any VSP doctor within 12 months of the last covered exam.

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Summary of Benefits

Basic Life Benefit Summary

Group ID:	00579569	Member Coverage Type:	Non Contributory
Group Name:		Class:	0002 ALL OTHER ELIGIBLE EMPLOYEES
Waiting Period:	1st of the month following 30 day(s)	As of Date:	01/29/2025

Coverage Information

Employee Volume Amount	100% of annual earnings to \$50,000
Maximum Amount	\$50,000
Cutbacks	35% at age 65 60% at age 70 75% at age 75

Plan Information

When is my policy effective?	Coverage is effective after you satisfy any waiting period required by your employer. Coverage will not begin until Guardian has approved any amount subject to medical underwriting.
Do I have to answer medical questions as part of purchasing insurance?	No
Can I take the policy with me if I leave the company?	<p>You may be able to port this coverage to a group trust plan. You must answer some medical questions to help us assess your insurability for the ported coverage.</p> <p>Yes, you can convert this coverage to an individual policy if you terminate employment with the company or the policy ends. (Some restrictions apply; see certificate of benefits for more information.)</p>

Basic Life and General Exclusions

You must be working full-time on the effective date of your coverage; otherwise, your coverage becomes effective after you have completed a specific waiting period.

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 US Department of State. Subject to state specific variations.

Evidence of Insurability is required on all late enrollees. This coverage will not be effective until approved by a Guardian underwriter. This proposal is hedged subject to satisfactory financial evaluation. Please refer to policy booklet for full plan description.

The group policy or individual certificate cannot be contested after it, or any rider or amendment subsequently added to it, has been in force for a period of two years.

If the age or any other relevant factor of the insured has been misstated, Guardian or its subsidiaries will use the true fact in determining whether insurance is in force under the terms of the certificate and in what amounts.

Dependent coverage will not take effect if a dependent, other than a newborn is confined to a hospital or other health care facility, or is unable to perform the normal activities of someone of like age and sex (may vary by state).



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Summary of Benefits

Accidental Death and Dismemberment Benefit Summary

Group ID:	00579569	Member Coverage Type:	Non Contributory
Group Name:		Class:	0002 ALL OTHER ELIGIBLE EMPLOYEES
Waiting Period:	1st of the month following 30 day(s)	As of Date:	01/29/2025

Coverage Information

Volume Amount	100% of annual earnings to \$50,000
Guaranteed Issue	Your Accidental Death and Dismemberment coverage is guaranteed based on your Basic Life coverage.
Maximum Amount	\$50,000
Cutbacks	35% at age 65 60% at age 70 75% at age 75

Plan Information

When is my policy effective?	Coverage is effective after you satisfy any waiting period required by your employer. Coverage will not begin until Guardian has approved any amount subject to medical underwriting.
Do I have to answer medical questions as part of purchasing insurance?	No
Can I take the policy with me if I leave the company?	No

Accidental Death and Dismemberment and General Exclusions

*A loss may be defined as death, quadriplegia, loss of speech and hearing, loss of cognitive function, comatose state in excess of one month, hemiplegia or paraplegia. The loss must occur within 365 days of the accident. Please see contract for specific definition; definition of loss may vary depending on the benefit payable. We won't pay more than 100% of the Insurance amount for all losses due to the same accident, except as stated. We pay no benefits for any loss caused:

- by willful self injury
- sickness, disease or medical treatment
- by participating in a civil disorder or committing a felony
- by duties performed as a crew member on an aircraft
- by declared or undeclared act of war or armed aggression while a member of any armed force
- while driving a motor vehicle without a current, valid driver's license
- by legal intoxication; or by voluntarily using a non-prescription controlled substance
- Contract #GP-1-R-ADCL1-00 et al

The group policy or individual certificate cannot be contested after it, or any rider or amendment subsequently added to it, has been in force for a period of two years.

If the age or any other relevant factor of the insured has been misstated, Guardian or its subsidiaries will use the true fact in determining whether insurance is in force under the terms of the certificate and in what amounts.

Dependent coverage will not take effect if a dependent, other than a newborn is confined to a hospital or other health care facility, or is unable to perform the normal activities of someone of like age and sex (may vary by state).



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Benefit Summary - Short Term Disability

Group name	Group ID	Class	Contribution type	Waiting period	Coverage as of
AILERON	00579569	0002 ALL OTHER ELIGIBLE EMPLOYEES	Voluntary	1st of the month following 30 day (s)	02/07/2025

Coverage Information

Weekly Volume	60% of weekly earnings
Guaranteed Issue	There is no guaranteed issue. All amounts are approved.
Maximum Amount	\$1,000
Waiting Periods (Benefits begin on ...)	Accident: Day 15 Illness: Day 15
Maximum Payment Period	11 weeks

Plan Information

When is my policy effective?	Coverage is effective after you satisfy any waiting period required by your employer. Coverage will not
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begin until Guardian has approved any amount subject to medical underwriting.

How are my earnings defined?

Earnings means your weekly earnings excluding bonuses, commissions, expense accounts, and any other extra compensation. If you are a partner, earnings means your partnership earnings that are reported on your IRS Form 1040 Schedule E for the prior calendar or tax year.

Can I take the policy with me if I leave the company?

No.

Do I have to answer medical questions as part of purchasing insurance?

No.

Can I return to work part time while I'm disabled?

Yes, you may return to work part time and still be considered disabled. Some restrictions apply.

Short Term Disability General 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 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 for any job-related or on-the-job injury, or conditions for which Workers' Compensation benefits are payable.

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 US or Canada, and the employee's loss or earnings is not solely due to disability.

This policy provides disability income insurance only. It does not provide "basic hospital", "basic medical", "medical" insurance as defined by the New York State Insurance Department.

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 US Department of State, subject to state specific variations.

If the plan is new (not transferred): This STD plan does not cover benefits for a disability relating to a pre-existing condition. A pre-existing condition includes any condition for which an employee, in the three month period prior to coverage under this plan, consults with a physician, receives treatment, or takes prescribed drugs.

Contract #'s GP-1-STD2K-1.0 et al., GP-1-STD07-1.0 et al., Contract # GP-1-STD-15-1.0 et al.

Acts of war etc.

Disability benefits do not cover any disability caused by

1. war or any act of war, including service in the armed forces;
2. committing a crime or taking part in a riot or civil disorder;
3. intentionally injuring yourself or attempting suicide while sane or insane;
4. confined to a correctional facility, or
5. receiving treatment outside US.

Disability benefits are not paid 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 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.

Disability benefits are not paid during any period in which you are confined to a correctional facility, you are not under the care of a doctor, you are not receiving treatment outside of the US or Canada, and or your loss of earnings is not due solely to disability.

You will receive a certificate of coverage after you enroll which contains a complete list of exclusions. If there is a difference between this booklet and the certificate of coverage, the certificate of coverage prevails.

Other

When applicable, this coverage will integrate with any mandated state disability plans.

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Summary of Benefits

Long Term Disability Benefit Summary

Group ID:	00579569	Member Coverage Type:	Non Contributory
Group Name:		Class:	0002 ALL OTHER ELIGIBLE EMPLOYEES
Waiting Period:	1st of the month following 30 day(s)	As of Date:	01/29/2025

Coverage Information

Monthly Volume	60% of monthly earnings
Guaranteed Issue	There is no guaranteed issue. All amounts are approved.
Maximum Amount	\$5,000
Waiting Periods (Benefits begin on ...)	Accident: Day 91 Illness: Day 91
Maximum Payment Period	Lesser of 5 years or to age 70

Plan Information

When is my policy effective?	Coverage is effective after you satisfy any waiting period required by your employer. Coverage will not begin until Guardian has approved any amount subject to medical underwriting.
Can I take the policy with me if I leave the company?	No.
Do I have to answer medical questions as part of purchasing insurance?	No.
How are my earnings defined?	Earnings means your monthly earnings excluding bonuses, commissions, expense accounts, and any other extra compensation. If you are a partner, earnings means your partnership earnings that are reported on your IRS Form 1040 Schedule E for the prior calendar or tax year.
Can I return to work part time while I'm disabled	Yes, you may return to work part time and still be considered disabled. Some restrictions apply.

Long Term Disability General Limitations and Exclusions

We limit the duration of payments for long term disabilities caused by mental or emotional conditions, or alcohol or drug abuse. 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, We do not pay benefits for charges 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 US or Canada, and the employee's loss or earnings is not solely due to disability.

This policy provides disability income insurance only. It does not provide "basic hospital", "basic medical", or "medical" insurance as defined by the New York State Insurance Department. If the plan is new (not transferred):

Non-NY states: If the plan is new (not transferred): During the exclusion 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 limitation period. Please refer to the plan details for specific time periods. State variations may apply.

Please refer to plan documents for specific time periods.

Contract #'s GP-1-LTD94-A,B,C-1.0 et al.; GP-1-STD94-1.0 et al; GP-1-LTD2K-1.0 et al, GP-1-STD2K-1.0 et al; GP-1-LTD07-1.0 et al, Contract # GP-1-LTD-15-1.0 et al.

Acts of war etc.

Disability benefits do not cover any disability caused by

1. war or any act of war, including service in the armed forces;
2. committing a crime or taking part in a riot or civil disorder;
3. intentionally injuring yourself or attempting suicide while sane or insane;
4. confined to a correctional facility, or
5. receiving treatment outside US.

Disability benefits are not paid 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 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.

Disability benefits are not paid during any period in which you are in confined to a correctional facility, you are not under the care of a doctor, you are not receiving treatment outside of the US or Canada, and or your loss of earnings is not due solely to disability.

You will receive a certificate of coverage after you enroll which contains a complete list of exclusions. If there is a difference between this booklet and the certificate of coverage, the certificate of coverage prevails.

Other

Where applicable, this coverage will be integrated with Social Security and with Workers Compensation. Refer to your booklet for

additional details.



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Summary of Benefits

Voluntary Life Benefit Summary

Group ID:	00579569	Coverage Type:	Voluntary
Group Name:		Class:	0002 ALL OTHER ELIGIBLE EMPLOYEES
Waiting Period:	1st of the month following 30 day(s)	As of Date:	01/29/2025

Coverage Information

Employee Volume Amount	Increments of \$10,000 to a Maximum of \$100,000
	\$10,000
	\$20,000
	\$30,000
	\$40,000
	\$50,000
	\$60,000
	\$70,000
	\$80,000
	\$90,000
	\$100,000
Spouse Volume Amount	Minimum Amount of \$5,000 and Increments of \$5,000 to a maximum of \$50,000
Child Volume Amount	Ages 14 Days to 6 Months Flat \$10,000 Ages 6 Months to 20 Years Flat \$10,000
Spouse Guaranteed Issue	\$25,000
Child Guaranteed Issue	There is no guaranteed issue. All amounts are approved.
Cutbacks	35% at age 65 60% at age 70 75% at age 75 90% at age 80

Plan Information

When is my policy effective?

Coverage is effective after you satisfy any waiting period required by your employer. Coverage will not begin until Guardian has approved any amount subject to medical underwriting.

Do I have to answer medical questions as part of purchasing insurance?

If you decide to purchase more than the amount guaranteed by Guardian or enroll after the open enrollment period, you must answer some medical questions to help us assess your insurability.

Answering "yes" to any of the questions will not necessarily prevent you from obtaining coverage.

Can I take the policy with me if I leave the company?

You may be able to port this coverage to a group trust plan.

Yes, you can convert this coverage to an individual policy if you terminate employment with the company or the policy ends. (Some restrictions apply; see certificate of benefits for more information.)

Voluntary Life and General Exclusions

Spouse coverage is based on employee age and terminates at age 70.

You must be working full-time on the effective date of your coverage; otherwise, your coverage becomes effective after you have completed a specific waiting period.

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 US Department of State. Subject to state specific variations.

Evidence of Insurability is required on all late enrollees. This coverage will not be effective until approved by a Guardian underwriter. This proposal is hedged subject to satisfactory financial evaluation. Please refer to policy booklet for full plan description.

Dependent coverage will not take effect if a dependent, other than a newborn is confined to a hospital or other health care facility, or is home confined, or is unable to perform the normal activities of someone of like age and sex. (may vary by state).

Accelerated Life Benefit is not paid to an employee under the following circumstances: one who is required by law to use the benefit to pay creditors; is required by court order to pay the benefit to another person; is required by a government agency to use the payment to receive a government benefit; or loses his or her group coverage before an accelerated benefit is paid.

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.

The group policy or individual certificate cannot be contested after it, or any rider or amendment subsequently added to it, has been in force for a period of two years. If the age or any other relevant factor of the insured has been misstated, GIAC will use the true fact in determining whether insurance is in force under the terms of the certificate and in what amounts.



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Summary of Benefits

Voluntary Accidental Death and Dismemberment Benefit Summary

Group ID:	00579569	Member Coverage Type:	Voluntary
Group Name:		Class:	0002 ALL OTHER ELIGIBLE EMPLOYEES
Waiting Period:	1st of the month following 30 day(s)	As of Date:	01/29/2025

Coverage Information

Employee Volume Amount

Minimum Amount of \$10,000 and Increments of \$10,000 to a maximum of \$100,000

- \$10,000
- \$20,000
- \$30,000
- \$40,000
- \$50,000
- \$60,000
- \$70,000
- \$80,000
- \$90,000
- \$100,000

Spouse Volume Amount

Minimum Amount of \$5,000 and Increments of \$5,000 to a maximum of \$50,000

- \$5,000
- \$10,000
- \$15,000
- \$20,000
- \$25,000
- \$30,000
- \$35,000
- \$40,000
- \$45,000
- \$50,000

Child Volume Amount

Flat \$10,000

Member Guaranteed Issue

Your Voluntary Accidental Death and Dismemberment coverage is guaranteed based on your Voluntary Life coverage.

Cutbacks

35% at age 65
60% at age 70
75% at age 75
90% at age 80

Plan Information**When is my policy effective?**

Coverage is effective after you satisfy any waiting period required by your employer. Coverage will not begin until Guardian has approved any amount subject to medical underwriting.

Do I have to answer medical questions as part of purchasing insurance?

If you enroll after the open enrollment period, you must answer some medical questions to help us assess your insurability.

Answering "yes" to any of the questions will not necessarily prevent you from obtaining coverage.

Can I take the policy with me if I leave the company?

No

Voluntary Accidental Death and Dismemberment and General Exclusions

We pay no Accidental Death and Dismemberment (AD&D) benefits for an insured where death or dismemberment occurs:

- As the result of a disease or a bodily infirmity
- By declared or undeclared war or act of war or armed aggression, or while a member of any armed force
- May vary by state
- Through intentional self-injury
- While driving without a 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

*A loss may be defined as death, quadriplegia, loss of speech and hearing, loss of cognitive function, comatose state in excess of one month, hemiplegia or paraplegia. The loss must occur within 365 days of the accident. Please see contract for specific definition; definition of loss may vary depending on the benefit payable. We won't pay more than 100% of the Insurance amount for all losses due to the same accident, except as stated. We pay no benefits for any loss caused:

- by willful self injury
- sickness, disease or medical treatment

- by participating in a civil disorder or committing a felony
- by duties performed as a crew member on an aircraft
- by declared or undeclared act of war or armed aggression while a member of any armed force
- while driving a motor vehicle without a current, valid driver's license
- by legal intoxication; or by voluntarily using a non-prescription controlled substance
- Contract #GP-1-R-ADCL1-00 et al



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Summary of Benefits

Accident Benefit Summary

Group ID:	00579569	Coverage Type:	Voluntary
Group Name:		Class:	0002 ALL OTHER ELIGIBLE EMPLOYEES
Waiting Period:	1st of the month following 30 day(s)	As of Date:	01/29/2025

Coverage Information

Schedule

Accident - Advantage Plan

This coverage includes benefits for treatments or procedures due to an accident. These include hospitalization, emergency room treatment, Xrays, and much more. Please see your certificate booklet for specific benefits.

Accident Coverage Type

Your accident coverage will cover injuries suffered while off the job.

Employee Accidental Death and Dismemberment

Amount:\$40,000

Includes Common Carrier, Common Disaster, Dismemberment, Seatbelt & Airbag, and Reasonable Accommodation benefits.

Spouse Accidental Death and Dismemberment

Amount:\$12,500

Includes Common Carrier, Common Disaster, Dismemberment, Seatbelt & Airbag, and Reasonable Accommodation benefits.

Child Accidental Death and Dismemberment

Amount:\$5,000

Includes Common Carrier, Common Disaster, Dismemberment, Seatbelt & Airbag, and Reasonable Accommodation benefits.

Yearly Wellness Benefit

Provides a \$50 per year benefit for completing certain routine wellness screenings or procedures (Refer to your Policy Rider for example procedures)

Plan Information

When is my policy effective?	Coverage is effective after you satisfy any waiting period required by your employer. Coverage will not begin until Guardian has approved any amount subject to medical underwriting.
Do I have to answer medical questions as part of purchasing insurance?	No
Can I take the policy with me if I leave the company?	Yes, you can port this coverage.

Accident General 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.

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.

This proposal is hedged subjected to satisfactory financial evaluation.

This plan will not pay benefits for any injury caused by or related to directly or indirectly: Sickness, disease, mental infirmity or medical or surgical treatment; the covered person being legally intoxicated; 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; commission of, or attempt to commit a felony; treatment rendered or hospital confinement outside the United States or Canada; intentionally self-inflicted Injury, while sane or insane; suicide or attempted suicide, while sane or insane; travel or flight in any kind of aircraft, including any aircraft owned by or for the policyholder, 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, zorbing or skydiving; an accident that occurred before the covered person is covered by this plan; injuries to a dependent child received during birth; voluntary use of any poison, chemical, prescription or non-prescription 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

Job related Injuries.

Injuries to a dependent child received during birth



Restrictions apply and may be subject to medical necessity.

This Benefit Summary is for illustrative purposes. Your benefits booklet will show exactly what is covered and/or excluded under your plan. If there is a discrepancy between this Benefit Summary and your benefit booklet, the benefit booklet prevails.

Definitions shown on this site are in summary form and are for general informational purposes. The terms of the insurance contract prevails.



Summary of Benefits

Voluntary Critical Illness Benefit Summary

Group ID:	00579569	Member Coverage Type:	Voluntary
Group Name:	AILERON	Class:	0002 ALL OTHER ELIGIBLE EMPLOYEES
Waiting Period:	1st of the month following 30 day(s)	As of Date:	02/05/2025

Coverage Information

Employee Volume Amount	Lump sum increments of \$10,000 to a maximum of \$20,000
Spouse Volume Amount	Up to 100% of Member's benefit in lump sum increments of \$10,000 to a maximum of \$20,000
Child Volume Amount	50% of Member's benefit to a maximum of \$10,000
Member Guaranteed Issue	Ages 15-69 \$20,000 Ages 70 and up, Medical Questions are required for all amounts. Ages 70 and up
Spouse Guaranteed Issue	Member's Age 15-69 \$20,000 Ages 70 and up
Child Guaranteed Issue	All amounts are guaranteed.

Covered Conditions

	1st Occurrence	2nd Occurrence
Cancer and benign tumors		
Bone Marrow Failure (including Stem Cells)	100% of lump sum	50% of lump sum
Benign Brain or Spinal Cord Tumor	100% of lump sum	0% of lump sum
BRCA1 or BRCA2 Mutation	30% of lump sum	
Carcinoma In Situ	30% of lump sum	0% of lump sum
Invasive Cancer (including Leukemia, Multiple Myeloma)	100% of lump sum	50% of lump sum
Skin Cancer	\$250 of lump sum	
Heart disorders		
Coronary Artery Disease (Stents, Angioplasty, Thrombectomy)	10% of lump sum	0% of lump sum
Coronary Artery Disease - requiring a bypass	50% of lump sum	0% of lump sum
Heart Attack	100% of lump sum	50% of lump sum
Heart Failure	100% of lump sum	50% of lump sum
Pacemaker	10% of lump sum	0% of lump sum
Lung and Vascular disorders		
	1st Occurrence	2nd Occurrence

Aneurysm	10% of lump sum	0% of lump sum
Pulmonary Embolism	30% of lump sum	0% of lump sum
Stroke - moderate	50% of lump sum	25% of lump sum
Stroke - severe	100% of lump sum	50% of lump sum
Transient Ischemic Attack (TIA)	10% of lump sum	0% of lump sum

Additional disorders

1st Occurrence

2nd Occurrence

Kidney Failure	100% of lump sum	50% of lump sum
Major Organ Failure (Liver, Pancreas, Lungs)	100% of lump sum	50% of lump sum
Addison's disease	30% of lump sum	
Coma	100% of lump sum	
Loss of Hearing	100% of lump sum	
Loss of Sight	100% of lump sum	
Loss of Speech	100% of lump sum	
Permanent Paralysis	100% of lump sum	
Severe Burns	100% of lump sum	

Neurological disorders

Alzheimer's disease - early Stage	50% of lump sum
Alzheimer's disease - advanced Stage	100% of lump sum
ALS (Lou Gehrig's)	100% of lump sum
Dementia - other causes	100% of lump sum
Huntington's disease	30% of lump sum
Multiple Sclerosis (MS) - early Stage	50% of lump sum
Multiple Sclerosis (MS) - advanced Stage	100% of lump sum
Myasthenia Gravis	30% of lump sum
Parkinson's disease - early Stage	50% of lump sum
Parkinson's disease - advanced Stage	100% of lump sum

Chronic disorders

Crohn's disease	30% of lump sum
Epilepsy	10% of lump sum
Lupus	30% of lump sum
Ulcerative Colitis	30% of lump sum

Childhood illnesses and disorders

Autism Spectrum Disorder	100% of lump sum
Cerebral Palsy	100% of lump sum
Cleft Lip or Cleft Palate	100% of lump sum
Clubfoot	100% of lump sum
Congenital Heart Defect	100% of lump sum
Cystic Fibrosis	100% of lump sum
Diabetes - Type 1	100% of lump sum
Down Syndrome	100% of lump sum
Hemophilia	100% of lump sum
Multisystem Inflammatory Syndrome (MIS)	100% of lump sum
Muscular Dystrophy	100% of lump sum
Spina Bifida	100% of lump sum

Rider/Additional Benefits

Waiver of Premium	Included
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Plan Information

When is my policy effective?	Coverage is effective after you satisfy any waiting period required by your employer. Coverage will not begin until Guardian has approved any amount subject to medical underwriting.
Do I have to answer medical questions as part of purchasing insurance?	If you decide to purchase more than the amount guaranteed by Guardian or enroll outside the annual open enrollment period, you must answer some medical questions to help us assess your insurability.
Can I take the policy with me if I leave the company?	You can port this coverage to a group conversion trust.

Critical Illness and General 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 effective date with Guardian.

Benefits for the second occurrence (recurrence) of that same illness will be available only if the illness occurs again after a period of at least 6 months in a row during which: 1) This coverage was in place without interruption; 2) No symptoms were exhibited; 3) No care or treatment was received for the illness. For the purposes of this limitation, care or treatment doesn't include preventive medications taken in the absence of disease. Care or treatment also doesn't include any routine, regularly scheduled follow-up visits with a physician.

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.

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We do not pay for a third or later occurrence of a Critical Illness.

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. In TX & VA 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 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. 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 on all late enrollees. Benefit increases may require underwriting.

Contract #: CI-23-P

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.



This Benefit Summary is for illustrative purposes. Your benefits booklet will show exactly what is covered and/or excluded under your plan. If there is a discrepancy between this Benefit Summary and your benefit booklet, the benefit booklet prevails.

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