

NOTICE

Meeting of the Board of Directors of the League Insurance Government Health Team (LIGHT)

March 28, 2025, at 3:00 p.m. CT/2:00 p.m. MT By Virtual Conferencing

PLEASE TAKE NOTICE that on **Friday**, **March 28**, **2025**, **at 3:00 p.m./2:00 pm. MT**, the League Insurance Government Health Team (LIGHT) will hold a Meeting of the LIGHT Board of Directors by virtual conferencing.

An agenda of subjects known at this time is included with this notice, but the agenda shall be kept continually current and readily available for public inspection at the principal office of LIGHT during normal business hours at 206 S 13th Street, Suite 800, Lincoln, Nebraska.

The City of West Point Council Chambers at 444 South Main, West Point, Nebraska, 68788, is open for attendance by the public during the meeting. LIGHT Vice Chair Tom Goulette, or his designee, will inform the public about the location of the copy of the Open Meetings Act which is accessible to members of the public at the City of West Point Council Chambers. A notice of this meeting with the agenda and other materials are available at this location with a copy of the Open Meetings Act posted.

You may join the meeting by Zoom via Computer, Smart Device or Telephone https://lonm-org.zoom.us/j/87281058086?pwd=COaAn8CojbBCbC28AJE8S6aU1OJNXW.1 or via phone at 719-359-4580. The meeting ID is 872 8105 8086 and the Passcode is: 046103

On March 25, 2025, notice of this meeting with the agenda and other materials were sent to all LIGHT members and the LIGHT Board of Directors. Notice of this meeting with the agenda and other materials are available for public inspection at 206 S 13th Street, Suite 800, in Lincoln, Nebraska and posted with the following links kept continually current: an electronic copy of the agenda, all documents being considered at the meeting, and the current version of the Open Meetings Act on the website of the League of Nebraska Municipalities – lonm.org/light/.



AGENDA

Meeting of the Board of Directors of the League Insurance Government Health Team (LIGHT)

March 28, 2025, at 3:00 p.m. CT/2:00 p.m. MT By Virtual Conferencing

In accordance with the Open Meetings Act, Chapter 84, Article 14 of the Reissue Revised Statutes of the State of Nebraska 1943, as amended, one copy of all reproducible written materials to be discussed is available to the public at the meeting and at the link below for examination and copying. The LIGHT Board of Directors may pass motions to go into closed session on agenda items pursuant to the requirements of the Open Meetings Act.

Join the meeting by Zoom via Computer, Smart Device or Telephone https://lonm-org.zoom.us/j/87281058086?pwd=COaAn8CojbBCbC28AJE8S6aU1OJNXW.1 or via phone at 719-359-4580. The meeting ID is 872 8105 8086 and the Passcode is: 046103

Officials of LIGHT members and members of the public may comment on agenda items or listen to the Board of Directors Meeting; however, if the Board of Directors votes to hold a closed session pursuant to the Open Meetings Act, officials of LIGHT members and members of the public may not comment or listen during that time.

1. Call meeting to order:

- **a.** 3:00 p.m. CT/2:00 p.m. MT Plattsmouth Mayor Paul Lambert, Chair of the LIGHT Board, will call the meeting to order.
- **b.** Roll call.
- c. Indicate that on March 25, 2025, a notice of this meeting with the agenda and other materials were sent to all LIGHT members and the LIGHT Board of Directors. Notice of this meeting with the agenda and other materials were available for public inspection at 206 S 13th Street, Suite 800, in Lincoln, Nebraska, and also posted with the following links kept continually current: an electronic copy of the agenda, all documents being considered at the meeting, and the current version of the Open Meetings Act on the website of the League of Nebraska Municipalities long/light/.
- d. The City of West Point Council Chambers at 444 South Main, West Point, Nebraska, 68788, is open for attendance by the public during the meeting. LIGHT Vice Chair Tom Goulette, or his designee, will inform the public about the location of the copy of the Open Meetings Act which is accessible to members of the public at the City of West Point Council Chambers. A notice of this meeting with the agenda and other materials are available at this location with a copy of the Open

- Meetings Act posted. Inform the public about the location of the Open Meetings Act which is accessible to members of the public and at long-norg/light/ along with a copy of all reproducible written materials to be discussed at this meeting.
- **e.** Public comment on any agenda item(s): Pursuant to the Open Meetings Act, the LIGHT Board Chair reserves the right to limit comments on agenda items. In accordance with the Open Meetings Act, there is no time limit on comments made by members of the LIGHT Board of Directors.
- f. Pledge of Allegiance to the Flag of the United States of America.
- 2. Update on the transition from EASE to Alliant as LIGHT's consultant for ancillary line coverages and APEX Engagement Solutions as LIGHT's new benefit administration platform.

Dennis Maggert, President, McInnes Maggart Consulting Group

- L. Lynn Rex, Ex-Officio, Non-Voting Board Member; Executive Director of the League of Nebraska Municipalities (LIGHT's Administrator)
- 3. Consider a motion to approve Guardian's Final Proposal for life, short term disability, long term disability, vision, and work site coverages.

 Dennis Maggert, President, McInnes Maggart Consulting Group

See pages 1-33

- 4. Update and review of the preliminary medical/dental renewal from BCBSNE.

 Dennis Maggert, President, McInnes Maggart Consulting Group

 See pages 34-37
- 5. Consider a motion to go into closed session to protect the public interest to discuss negotiations regarding the medical/dental renewal from BCBSNE.
- 6. Consider a motion to adjourn.



PROPOSAL FOR

LIGHT

RATES SHOWN ARE VALID TO:

July 1, 2025

Sales Representative: Andrew Flaniken

Telephone: (800) 443-0330

SIC Code: 8611 State & Zip: NE 68508

Created: March 13, 2025

PLAN DESIGN

We offer a comprehensive portfolio of employee benefit plans with many varied design options to meet the needs of employers and their employees. To help you evaluate the plans, we have provided detailed benefits summaries within this package.

RATES

Rates and premiums presented are based on the employee data submitted in your request for a proposal. Final rates and premiums are based on the plans selected and the information provided on the enrollment forms.

BROAD RANGE OF PRODUCTS

We offer a variety of flexible, cost-effective employee benefits plans that can help employers meet the needs of employees and their families, and manage costs at the same time. Our benefits plans include Dental, Disability, Absence, Life, Vision, Critical Illness, and many more.

WHY GUARDIAN?

- Enrollment Support Dedicated professionals help ensure smooth plan implementation
- Multi-Product Discounts Combine plans to meet customer needs and help save money
- Convenient Access to Service One phone number and one secure website
- Streamlined Billing All plans billed on one invoice
- Experience & Knowledge Over 50 years group benefits experience with exemplary credit ratings

Any commercial insurance group policy underwritten and issued by The Guardian Life Insurance Company of America, a New York Domiciled mutual company, is a participating policy. It is not expected, however, that a dividend will be paid on any such group policies. All coverage will be provided as set forth in the policies.

Portability

Conversion

Seatbelt/Airbag

original amount)

Valid Until: 07/01/2025

Benefit Reduction (of

		RATES p	er \$1,000					
Plan #1								
Census	Employee Life Rate	E Employee AD&D Volume Monthly Premi			um	Annual Premium		
1,037	\$0.310	\$0.030	\$20,194	,000	\$6,865.96		\$82,391.52	
Dependent Life	Units	Monthly	Premium	Ann	ual Premium	Tot	al Annual Premium	
\$1.500	666	\$2,6	44.02		\$31,728.24		\$114,119.76	
Rate Guarantee	2 Years							
Minimum Participation		Contributory plans assume a minimum of 75% participation of eligible employees. Non-contributory plans assume a minimum of 100% participation of eligible employees.						
Guarantee Issue	\$20,000							
		BEN	EFITS					
			All Eligibl	e Emplo	yees			
Employee Benefit	\$20,000							
Employee AD&D	100% of Life Be	enefit to a maximum of \$	20,000					
Spouse Benefit	\$2,000							
Child Benefit	\$1,000							
Infant Benefit	\$200	\$200						
Dependent Age Limits	14 Days to 26 y	14 Days to 26 years (26 if full time student). Infant age: Birth to 14 days						
Accelerated Life	75% of the dea	75% of the death benefit, Minimum: \$10,000, Maximum: \$250,000						
Waiver of Premium	If disabled, insu	f disabled, insurance will continue until age 65 or no longer disabled.						

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. For additional details, visit our web site: http://www.guardianlife.com/AboutGuardian/FinancialHighlights/Ratings/index.htm
- We provide companies with plans and options that give employees and their families the right level of protection at the right price protection that will help care for their families in the most difficult of circumstances.

Standard AD&D helps employees with the unexpected accidents/injuries and includes Seatbelt/Airbag and Exposure Disappearance.

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 may apply.

- Waiver: Insured must be totally disabled prior to age 60 and remain totally disabled through an elimination period of 9 months.
- Portability ceases on attainment of age 70.
- Seatbelt/Airbag benefit will be limited to \$30,000 for combined Life and AD&D amounts.

Included with Evidence of Insurability

Reduction

35%

50%

Included

Age

65

75

Employee: \$10,000/\$15,000, Dependent: \$5,000/\$7,500

• Dependent life 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.

Please see the Summary of Plan Limitations and Exclusions that appears either on this page or the last page of this coverage.

		RATES p	per \$1,000					
		Pla	n #2					
Census	Employee Life Rate	Employee AD&D Volume Monthly Premium Annu			um Annual Pre	mium		
1,037	\$0.310	\$0.030	\$0.030 \$25,242,500 \$8,582.46 \$1			\$102,989.	.52	
Dependent Life	Units	Monthly	Premium	Ann	ual Premium	Total Annual Pre	emium	
\$2.500	666	\$1,6	65.00		\$19,980.00	\$122,969.52	2	
Rate Guarantee	2 Years							
Minimum Participation		Contributory plans assume a minimum of 75% participation of eligible employees. Jon-contributory plans assume a minimum of 100% participation of eligible employees.						
Guarantee Issue	\$25,000	\$25,000						
		BEN	EFITS					
			All Eligibl	e Emplo	yees			
Employee Benefit	\$25,000							
Employee AD&D	100% of Life Be	enefit to a maximum of \$	25,000					
Spouse Benefit	\$10,000							
Child Benefit	\$5,000							
Infant Benefit	\$1,000							
Dependent Age Limits	14 Days to 26 y	ears (26 if full time stud	ent). Infant age	e: Birth to	14 days			
Accelerated Life	75% of the dea	th benefit, Minimum: \$10	0,000, Maximui	m: \$250,0	00			
Waiver of Premium	If disabled, insu	urance will continue until	age 65 or no le	onger disa	abled.			
Portability	Included with E	vidence of Insurability						
Seatbelt/Airbag	Employee: \$10	Employee: \$10,000/\$15,000, Dependent: \$5,000/\$7,500						

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- Waiver: Insured must be totally disabled prior to age 60 and remain totally disabled through an elimination period of 9 months.
- Portability ceases on attainment of age 70.

Conversion

Benefit Reduction (of

original amount)

Seatbelt/Airbag benefit will be limited to \$30,000 for combined Life and AD&D amounts.

Included

Reduction

35%

50%

Age

65

75

• Dependent life 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.

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Waiver of Premium

Benefit Reduction (of

Seatbelt/Airbag

original amount)

Portability

Conversion

RATES per \$1,000								
Plan #3								
Census	Employee Life Rate	Employee AD&D Volume Rate			Monthly Premi		Annual Premium	
1,037	\$0.310	\$0.030	\$30,291	,000	\$10,298.94		\$123,587.28	
Dependent Life	Units	Monthly	Premium	Ann	ual Premium	Tot	al Annual Premium	
\$5.000	666	\$3,3	30.00		\$39,960.00		\$163,547.28	
Rate Guarantee	2 Years							
Minimum Participatio		Contributory plans assume a minimum of 75% participation of eligible employees. Non-contributory plans assume a minimum of 100% participation of eligible employees.						
Guarantee Issue	\$30,000							
		BEN	EFITS					
			All Eligibl	e Emplo	yees			
Employee Benefit	\$30,000							
Employee AD&D	100% of Life B	enefit to a maximum of \$	30,000					
Spouse Benefit	\$15,000							
Child Benefit	\$7,500							
Infant Benefit	\$1,500							
Dependent Age Limits	14 Days to 26	years (26 if full time stud	ent). Infant age	e: Birth to	14 days			
Accelerated Life	75% of the dea	th benefit, Minimum: \$10	0,000, Maximu	m: \$250,0	00			

PLAN HIGHLIGHTS

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If disabled, insurance will continue until age 65 or no longer disabled.

Employee: \$10,000/\$15,000, Dependent: \$5,000/\$7,500

Included with Evidence of Insurability

Reduction

35%

50%

Included

Age

65

75

IMPORTANT NOTES

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		RATES p	oer \$1,000						
	Plan #4								
Census	Employee Life Rate	Employee AD&D Volume Monthly Premium Annual Premium Volume							
1,037	\$0.310	\$0.030	\$35,339	,500	\$12,015.44	\$144,185.28			
Dependent Life	Units	Monthly	Premium	Ann	ual Premium	Total Annual Premium			
\$5.000	666	\$3,3	30.00		\$39,960.00	\$184,145.28			
Rate Guarantee	2 Years								
Minimum Participation		Contributory plans assume a minimum of 75% participation of eligible employees. Non-contributory plans assume a minimum of 100% participation of eligible employees.							
Guarantee Issue	\$35,000								
		BEN	EFITS						
			All Eligibl	e Emplo	yees				
Employee Benefit	\$35,000								
Employee AD&D	100% of Life Be	enefit to a maximum of \$	35,000						
Spouse Benefit	\$15,000								
Child Benefit	\$7,500								
Infant Benefit	\$1,500								
Dependent Age Limits	14 Days to 26 y	14 Days to 26 years (26 if full time student). Infant age: Birth to 14 days							
Accelerated Life	75% of the dea	75% of the death benefit, Minimum: \$10,000, Maximum: \$250,000							
Waiver of Premium	If disabled, insu	urance will continue until	age 65 or no lo	onger disa	abled.				
Portability	Included with E	Included with Evidence of Insurability							
Seatbelt/Airbag	Employee: \$10	Employee: \$10,000/\$15,000, Dependent: \$5,000/\$7,500							

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- Portability ceases on attainment of age 70.

Conversion

Benefit Reduction (of

original amount)

Seatbelt/Airbag benefit will be limited to \$30,000 for combined Life and AD&D amounts.

Included

Reduction

35%

50%

Age

65

75

• Dependent life 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.

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Seatbelt/Airbag

original amount)

Benefit Reduction (of

Conversion

		DATEO	A4 000					
		RATES	per \$1,000					
		Pla	n #5					
Census	Employee Life Rate	Employee AD&D Volume Monthly Premium Annu				Annual Premium		
1,037	\$0.310	\$0.030	\$50,485	,000	\$17,164.90		\$205,978.80	
Dependent Life	Units	Monthly	Premium	Ann	nual Premium	Tota	al Annual Premium	
\$5.000	666	\$3,3	30.00		\$39,960.00		\$245,938.80	
Rate Guarantee	2 Years							
Minimum Participation		Contributory plans assume a minimum of 75% participation of eligible employees. Non-contributory plans assume a minimum of 100% participation of eligible employees.						
Guarantee Issue	\$50,000							
		BEN	EFITS					
			All Eligibl	e Emplo	yees			
Employee Benefit	\$50,000							
Employee AD&D	100% of Life Be	enefit to a maximum of \$	550,000					
Spouse Benefit	\$15,000							
Child Benefit	\$7,500							
Infant Benefit	\$1,500	\$1,500						
Dependent Age Limits	14 Days to 26 y	14 Days to 26 years (26 if full time student). Infant age: Birth to 14 days						
Accelerated Life	75% of the dea	75% of the death benefit, Minimum: \$10,000, Maximum: \$250,000						
Waiver of Premium	If disabled, insu	If disabled, insurance will continue until age 65 or no longer disabled.						
Portability	Included with E	Included with Evidence of Insurability						

PLAN HIGHLIGHTS

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Employee: \$10,000/\$15,000, Dependent: \$5,000/\$7,500

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Included

Reduction

35%

50%

Age

65

75

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	RATES per \$1,000							
			Pla	n #6				
Census	Employee Life Rate	· · · · · · · · · · · · · · · · · · ·			Monthly Premi	ium	Annual Premium	
1,037	\$0.310	(\$0.030	\$75,727	,504	\$25,747.36		\$308,968.32
Dependent Life	Units		Monthly Premium		Annual Premium		To	tal Annual Premium
\$5.000	666		\$3,3	330.00	\$39,960.00			\$348,928.32
Rate Guarantee	2 Years							
Minimum Participation						ligible employees. n of eligible employe	ees.	
Guarantee Issue	\$75,000							
	BENEFITS							
		All Eligible Employees						

	BENEFITS						
	All Eligible Employees						
Employee Benefit	\$75,000						
Employee AD&D	00% of Life Benefit to a maximum of \$75,000						
Spouse Benefit	\$15,000						
Child Benefit	7,500						
Infant Benefit	\$1,500						
Dependent Age Limits	14 Days to 26 years (26 if full time student). Infant age: Birth to 14 days						
Accelerated Life	75% of the death benefit, Minimum: \$10,000, Maximum: \$250,000						
Waiver of Premium	If disabled, insurance will continue until age 65 or no longer disabled.						
Portability	Included with Evidence of Insurability						
Seatbelt/Airbag	Employee: \$10,000/\$15,000, Dependent: \$5,000/\$7,500						
Conversion	Included						
Benefit Reduction (of original amount)	Age Reduction 65 35% 75 50%						

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Please see the Summary of Plan Limitations and Exclusions that appears either on this page or the last page of this coverage.

• The Guarantee Issue amount shown in the above boxes may be reduced if acceptable evidence of insurability cannot be provided. Benefit reduction percentage by age is shown above in this proposal.

SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS

Life Plan

• 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.

(continued)

SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS (continued)

- Employees must be working full-time on the effective date of coverage; otherwise, coverage becomes effective after the completion of the specific waiting period GC-Life-15 (Life 2016).
- Evidence of Insurability is required for all late enrollees. Benefit increases may require underwriting.

Accidental Death and Dismemberment Plan

We pay no Accidental Death and Dismemberment benefits for an insured where death or dismemberment occurs as the result of a disease or
a bodily infirmity; through willful self-injury; by declared or undeclared war, act of war, armed aggression, or while a member of armed forces;
while driving a motor vehicle unlicensed, or with a license that has been revoked, suspended or expired for more than 90 days; 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 GC-ADD-15 (ADD 2016).

Guardian Group Basic Term Life Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Not all policies are available in all states and the coverage, terms and conditions for any policy may vary from state to state. 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. This proposal is not a contract, and merely describes certain features of the products discussed herein. In the event of a conflict between this proposal and any policy or certificate issued by Guardian, those documents and not this proposal control. Generic Policy Form # GP-1-LIFE-15. The state approved form is the governing document.

voluntary	ı emi	LIIE									
				RATE	ES per S	1,000					
Age	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
Rates	\$0.120	\$0.140	\$0.190	\$0.260	\$0.410	\$0.710	\$1.060	\$1.530	\$3.210	\$5.180	\$9.000
Census		Ch	ild	Em	ployee A	D&D	Spou	se AD&D		Child AE	D&D
1,037		\$0.2	\$0.200 \$0.036 \$0.036				\$0.036	3			
Rate Guarantee		2 Years									
Minimum Participa	tion	Voluntary,	Greater of 3	30% or 10 e	nrolled em	oloyees.					
Underwriti Requiremen			Employe	е		Spo	ouse			Child	
Guarantee Is	sue		\$200,000 \$50,000						\$10,000		
	BENEFITS										
							Employe				
Employee Deposit		4000/ 200	0/ 2000/ 4	000/ 5000/			Employee				
Employee Benefit					or salary,	wax: \$∠00,	000 Min: \$2	25,000			
Employee AD&D		100% of Lif	fe benefit to	\$200,000							
Dependent AD&D				4	-00/ of F						
Spouse Benefit Child Benefit			50,000, not			•	nount				
010 20110111			ot to exceed	1 50% of Er	npioyee's a	mount					
Infant Benefit	• .	\$500	00 /	00:((()		1.6.4.4	D: (1 / 4/			70	
Dependent Age Lin	nits		• •				e: Birth to 14	days. Spo	use termin	ates at 70.	
Accelerated Life			death bene				. ,				
Waiver of Premium	1					35 or no lor	nger disable	d.			
Portability			ithout Evide	ence of Insu	urability						
Conversion		Included									
Seatbelt/Airbag		Employee:	\$10,000/\$1	5,000, Dep	endent: \$5	,000/\$7,50	0				
Benefit Reduction original amount)	(of	Age Red 70	duction 35%								

- 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. For additional details, visit our web site: http://www.guardianlife.com/AboutGuardian/FinancialHighlights/Ratings/index.htm
- EstateGuidance®: Create a customized will at no cost through a simple and secure online tool. Draft a living will for end-of-life care for \$14.99. Draft a final arrangements document to express preferences for funeral services for \$9.99.
- Standard AD&D helps employees with the unexpected accidents/injuries and includes Seatbelt/Airbag and Exposure Disappearance.

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 may apply.

- Waiver: Insured must be totally disabled prior to age 60 and remain totally disabled through an elimination period of 9 months.
- Portability ceases on attainment of age 70.
- Spouse rate is based on employee's age bracket. Child rate is a per \$1,000 for all children. Dependent life insurance 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.
- Earnings Definition: For salary-based Life plans, the earnings definition will match the earnings definition for STD and/or LTD. See your STD and/or LTD pages for more detail.
- Seatbelt/Airbag benefit will be limited to \$30,000 for combined Life and AD&D amounts.

75

80

90

55%

80% 85%

SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS

Life Plan

- 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.
- 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. GC-Life-15 (VLife 2016)
- EstateGuidance® is provided by ComPsych and its contractors. The Guardian Life Insurance Company of America (Guardian) does not provide any part of EstateGuidance. Guardian is not responsible or liable for care or advice given by any provider or resource under the program. This information is for illustrative purposes only. It is not a contract. Only the Administration Agreement can provide the actual terms, services, limitations and exclusions. Guardian and ComPsych reserve the right to discontinue EstateGuidance at any time without notice. Legal services will not be provided in connection with or preparation for any action against Guardian, ComPsych, or your employer. 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.
- Employees must be working full-time on the effective date of your 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.

Accidental Death and Dismemberment Plan

We pay no Accidental Death and Dismemberment benefits for an insured where death or dismemberment occurs as the result of a disease or
a bodily infirmity; through willful self-injury; by declared or undeclared war, act of war, armed aggression, or while a member of armed forces;
while driving a motor vehicle unlicensed, or with a license that has been revoked, suspended or expired for more than 90 days; 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 GC-ADD-15 (VADD 2016)

Guardian Group Voluntary Life Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Not all policies are available in all states and the coverage, terms and conditions for any policy may vary from state to state. 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. This proposal is not a contract, and merely describes certain features of the products discussed herein. In the event of a conflict between this proposal and any policy or certificate issued by Guardian, those documents and not this proposal control. Generic Policy Form # GP-1-LIFE-15. The state approved form is the governing document.

	RATES Pe	er \$10 of Weekly In	demnity	
Census	Employee Rate	Weekly Benefit	Monthly Premium	Annual Premium
1037	\$0.700	\$596,019.00	\$41,721.33	\$500,655.96
Rate Guarantee	2 Years			

	BENEFITS
	All Eligible Employees
Census	1037
Contribution/Participation	Non-contributory/100%
Benefits Begin Accident/Sickness	15th day/15th day
Duration of Benefits	24 weeks
Definition of Disability	Own Job
Weekly Benefit	60% to \$1,000
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	Direct Offset, Family - benefits reduced by other group disability benefits, plus insured and dependent social security benefits
Salary Continuation/Association IDI	Salary Continuation - offsets when benefit and salary continuation exceeds 100%
Minimum Weekly Benefit	Flat \$25
Pre-Existing Condition	Not Included
Earnings Definition	Standard, excluding bonus & commission
State Integration	State Integration is included, if offered by the state in which you work.
Telephonic Claims	TeleGuard Included
Coverage Type	Non-occupational
Rehabilitation Services	110% benefit amount, mandatory participation, Includes Dependent care expense
H&W Withholding	Not Included
Tax Services / Employer FICA	Tax Reports only, No W-2 Printing, FICA Match not included
Worksite Modification	\$2,500
Recurrent Disability	2 Weeks

- 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. 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/Telephonic call center -** Employees simply call a toll-free number. Our specially trained absence, disability, and paid leave experts collect necessary information up front helping to expedite claims review and determination.
- Wellthy: Personalized caregiving resources, coaching, and community to help navigate any caregiving journey for oneself or your loved ones.

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. There is a load to the STD rate to include FICA services (not available on voluntary plans).
- These rates are contingent upon STD being purchased with Guardian LTD coverage or Guardian LTD and Guardian FMLA coverage.
- · Maternity is covered as any other illness.
- The quoting of disability coverage assume the group is contributing to FICA and Worker's Compensation.
- Own Job: The employee must be unable to perform, on a full-time basis, the major duties of his or her own job. The employee is not disabled if he or she earns, or is able to earn, more than this plan's maximum allowed income earned during disability.
- Earnings Definition: All definitions of earnings will include language to cover shift differential, and partnership, owner, or sole proprietor earnings, and 1099 earnings.

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.
- Evidence of Insurability is required on all late enrollees.

Valid Until: 07/01/2025

- 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.
- Plan #1 Wellthy, Inc. ("Wellthy") is a vendor to The Guardian Life Insurance Company of America ("Guardian"). Wellthy and Guardian are not affiliated entities. Wellthy provides a care coordinator to integrate separately retained caregiver resources (e.g., senior care, childcare, etc.) for the benefit of a member or their permitted dependents ("Services"). Guardian does not control or provide any part of the Services and does not bear any liability for their provision. This informational resource is not a contract and is for illustrative purposes only. Only the policy contains applicable terms. Guardian and Wellthy reserve the right to discontinue Services at any time without notice. Services may not be available in all states. ©2024 The Guardian Life Insurance Company of America.

Guardian Group Short Term Disability Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Not all policies are available in all states and the coverage, terms and conditions for any policy may vary from state to state. 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. This proposal is not a contract, and merely describes certain features of the products discussed herein. In the event of a conflict between this proposal and any policy or certificate issued by Guardian, those documents and not this proposal control. This policy provides Disability Income insurance only. It does NOT provide basic hospital, basic medical or major medical insurance. Generic Policy Form # GP-1-STD-15. The state approved form is the governing document.

Long Term Disability

	RATES Per \$1	00 of Monthly Cov	ered Payroll	
Census	Employee Rate	Monthly Payroll	Monthly Premium	Annual Premium
1037	\$0.370	\$4,345,614	\$16,078.77	\$192,945.24
Rate Guarantee	2 Years			

	BENEFITS
	All Eligible Employees
Contribution/Participation	Non-contributory/100%
Elimination Period	180 days
Duration of Benefits	5 Years
Definition of Disability	3 year Own Occupation/Any Occupation thereafter
Monthly Benefit	60% to \$5,000
Guarantee Issue	\$5,000
Evidence of Insurability	Medical Underwriting may be required for amounts in excess of GI
Interruption of Elimination Period	Unlimited, no set number of days
Return to Work	Zero Day Residual
Work Incentive	12 month
Maximum Partial Disability Earnings	80% Indexed Own Occ/ 60% Indexed Any Occ - No earnings loss required during the Elimination Period
Partial Disability Calculation	Greater of direct reduction or proportionate loss
Income Recovery	Included
Integration Method	Direct Offset, Family
Salary Continuation /Association IDI	Salary Continuation - Offsets when benefit and salary continuation exceeds 100%
Minimum Benefit	Greater of 10% or \$100
Mental Health & Substance Abuse	24 Month lifetime payment limit, combined
Pre-Existing Conditions	3 months prior, 12 months after Exclusion, Continuity of Coverage
Special Limitations on Specified Conditions	Included
Earnings Definition	Standard, excluding bonus & commission
State Integration	State Integration is included, if offered by the state in which you work.
Rehabilitation Services	110% benefit amount, mandatory participation Includes Dependent care expense
Recurrent Disability	6 months
Survivor Benefit	3 months net, accelerated
Tax Services	W-2 reporting with FICA Match
Worksite Modification	\$2,500

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. 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
- Income Recovery Benefit: This provision continues a monthly benefit payment to a claimant who is recovered from disability and returns to full-time work in his or her own occupation but is unable to earn 80% of pre-disability earnings. This benefit will continue up to 12 months or until the claimant is able to earn 80% of indexed pre-disability earnings.
- Wellthy: Personalized caregiving resources, coaching, and community to help navigate any caregiving journey for oneself or your loved ones.

PLAN HIGHLIGHTS (continued)

• Osara Health: Accredited 1x1 cancer wellness coaching focused on holistic support, education, and wellbeing guidance for members with a cancer claim supported by self-service digital tools and tailored wellbeing content.

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.

- Earnings Definition: All definitions of earnings will include language to cover shift differential, and partnership, owner, or sole proprietor earnings, and 1099 earnings.
- If an Own Occupation/Any Occupation plan is selected: During the elimination period and the own occupation period, the employee must be unable to perform, on a full-time basis, the major duties of his or her own occupation. After the end of the own occupation period, the employee must be unable to perform, on a full-time basis, the major duties of any gainful work. The employee is not disabled if he or she earns, or is able to earn, more than this plan's maximum allowed income earned during disability.
- Special Limitations on Specified Conditions: The conditions limited under Specified Conditions include disability caused by: musculoskeletal and connective tissue disorders, chronic fatique conditions, chemical or environmental sensitivities, headache, chronic or myofascial pain, gastro-esophageal reflux disorder, irritable bowel syndrome, and vestibular dysfunction, vertigo or dizziness.
- Tax Services W2 Reporting with FICA Match: Guardian prepares & files W-2 forms under the Guardian's Federal 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.
- If 60% Gainful/Any Occupation is selected: During the any occupation period, the 60% gainful earnings test will be 80% if the employee is working while disabled, and 60% if the employee is not working while disabled
- The quoting of disability coverage assume the group is contributing to FICA and Worker's Compensation.
- These rates are contingent upon LTD being purchased with Guardian STD and/or another Guardian coverage.

*Because Guardian does not have visibility into the entire suite of benefits offered to your employees, it cannot ensure that any LTD product individually satisfies all applicable age discrimination laws. Employer's compliance with these laws is based on consideration of the entire benefit package provided. If a stand-alone compliant LTD product is required, you should contact your sales representative for available options.

SUMMARY OF PLAN 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, 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.
- 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.
- Evidence of Insurability is required on all late enrollees.
- Plan #1 Wellthy, Inc. ("Wellthy") is a vendor to The Guardian Life Insurance Company of America ("Guardian"). Wellthy and Guardian are not affiliated entities. Wellthy provides a care coordinator to integrate separately retained caregiver resources (e.g., senior care, childcare, etc.) for the benefit of a member or their permitted dependents ("Services"). Guardian does not control or provide any part of the Services and does not bear any liability for their provision. This informational resource is not a contract and is for illustrative purposes only. Only the policy contains applicable terms. Guardian and Wellthy reserve the right to discontinue Services at any time without notice. Services may not be available in all states. ©2024 The Guardian Life Insurance Company of America.
- Osara Health ("Osara") is a vendor to The Guardian Life Insurance Company of America ("Guardian"). Osara and Guardian are not affiliated entities. Osara provides a personalized support program through certified health coaches to address cancer management issues for the benefit of a member ("Services"). Services are designed for members 18 years+ of age, diagnosed with cancer, regardless of cancer type, stage, or prognosis. Services are not meant to provide medical advice/care. Medical advice/care should be sought from your independent healthcare provider(s). Guardian does not control or provide any part of the Services and does not bear any liability for their provision. This informational resource is not a contract and is for illustrative purposes only. Only the policy contains applicable terms. Guardian and Osara reserve the right to discontinue Services at any time without notice. Services may not be available in all states. Guardian® is a registered trademark of The Guardian Life Insurance Company of America, New York, NY. Copyright© 2024 The Guardian Life Insurance Company of America. All rights reserved.

(continued) Valid Until: 07/01/2025 6998218.1 [Exp. 9/26]

Long Term Disability

SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS (continued)

Guardian Group Long Term Disability Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Not all policies are available in all states and the coverage, terms and conditions for any policy may vary from state to state. 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. This proposal is not a contract, and merely describes certain features of the products discussed herein. In the event of a conflict between this proposal and any policy or certificate issued by Guardian, those documents and not this proposal control. This policy provides Disability Income insurance only. It does NOT provide basic hospital, basic medical or major medical insurance. Generic Policy Form # GP-1-LTD-15. The state approved form is the governing document.

RATES						
All Eligible Employees	Employee	Employee & Spouse	Employee & Child(ren)	Full Family	Monthly Premium	Annual Premium
Monthly Rate	\$8.97	\$15.01	\$15.41	\$24.37	\$16,565.89	\$198,790.68
Census	371	201	124	341		
Rate Guarantee	2 Years					

BENEFITS				
	All Eligible Employees			
Contribution/Participation	Contributory, Assumes 75% of eligible employees.			
Dependent Age Limits	To Age 26			
Network/Plan	VSP/Full Feature - Choice B			
Сорау				
Split(Exams/Materials)	\$20/\$20			

SERVICE FREQUENCIES			
Eye Exams	Once Every Calendar Year		
Lenses Benefit	Once Every Calendar Year		
Contact Lenses	Once Every Calendar Year		
Frames	Once Every Other Calendar Year		

REIMBURSEMENT SCHEDULE						
	In Network (Copay)	Out of Network (Before Copay)				
Eye Exams Benefit	\$20	\$39 max				
Lenses Benefit						
Single Vision	\$20	\$23 max				
Bifocal	\$20	\$37 max				
Trifocal	\$20	\$49 max				
Lenticular	\$20	\$64 max				
Contact Lenses Benefit**						
Medically Necessary	Covered after copay	\$210 max				
Elective Materials	\$130 max (Copay waived)	\$100 max (Copay waived)				
Elective Fitting and Evaluation	Included in the Contact Lens Allowance. 15% discount on the fee.	Included in the Contact Lens Allowance				
Frames Benefit						
Frames	\$130 retail max + 20% off balance	\$46 max				
Costco, Walmart, Sam's Club	\$70 retail max	Not Applicable				
Visions Upgrade Options Included	Retail Chain Provider	Not Applicable				

^{**}In lieu of eyeglass lenses and/or frames

• 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. For additional details, visit our web site: http://www.guardianlife.com/AboutGuardian/FinancialHighlights/Ratings/index.htm

PLAN HIGHLIGHTS (continued)

- Guardian's affiliation with Vision Service Plan (VSP), offers one of the largest vision care networks in the industry with over 121,000 provider access points nationwide, including private practice providers, Visionworks and contracted Pearle Vision locations. It's easy to find a network provider at GuardianAnytime.com.
- Choice plans offer 20% off any additional pairs of glasses purchased within 12 months of the exam. Members also receive 20% off the amount exceeding the copay and allowance on frames purchased as well as 15% off providers' professional services for prescription contact lenses. These discounts only apply to services from an in network provider.
- With our Choice plans, members will receive significant discounts on lens options, discounts will range from 20-25% off the U&C. For example, standard progressive plastic lenses will cost the member \$55 and scratch resistant coating will cost \$17. Solid tints and dyes are covered in full.
- Members who use a VSP contracted laser center may save an average of 10% -20% off, or 5% off a promotional offer, on PRK, LASIK, Custom LASIK, Custom PRK and Bladeless LASIK.
- Your plan includes Retail Chain Providers, your employees have the convenience of over 9,000 access points with popular retail chains like Walmart, Sam's Club, Costco Optical. Benefits may vary at some retail chain provider locations.
- In network benefits can be used online at eyeconic.com.
- In Network Routine Retinal Screening Covered after no more than a \$39 copay.

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.

- The covered person must remain enrolled until the plan's next vision annual open enrollment period. Someone who waives or drops coverage can't enroll until the plan's next vision annual open enrollment period. These requirements do not apply if the vision plan is sold on a non-contributory basis or if enrollment is tied-to a dental or medical plan.
- If an employee has employee/spouse vision coverage and the spouse obtains new employment and elects vision coverage with the new employer, Guardian lock-in does not apply to that spouse and the spouse is free to move with no negative impact.
- If an employee has employee/spouse vision coverage and **both** the employee and spouse elect to move over to the spouse's new employer's vision plan, again, Guardian lock-in does not apply to either spouse or employee.
- If an employee gets married and wishes to go on the new spouse's plan, the member may decline outside of open enrollment only if the member actually goes on the new spouse's plan.
- We reserve the right to adjust rates if actual participation is below assumed level. See the participation table for other participation rates. We reserve the right to withdraw this proposal if actual participation is below 25%.

Please see the Summary of Plan Limitations and Exclusions that appears either on this page or the last page of this coverage.

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.
- Coverage is limited to those charges that are necessary to prevent, diagnose and treat a vision condition.
- For a calendar year plan A or B, if a member purchases contact lenses they must wait 2 calendar years to purchase frames.
- Members cannot bank unused allowance amounts for future use, they must use their allowance during the same office visit.

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.
- Lenses and frames furnished under this plan, which are lost or broken (except when services are otherwise available).
- The plan limits benefits for blended lenses, oversized lenses, photochromic lenses, coated or laminated lenses, a frame that exceeds plan allowance, cosmetic lenses, U-V protected lenses, and optional cosmetic processes.
- Medically necessary contact lenses are covered only if needed: (1) after cataract surgery; (2) to correct extreme visual acuity problems that cannot be corrected with eyeglasses; (3) for certain conditions of Anisometropia; or (4) for Keratoconus.
- The services, exclusions and limitations listed above do not constitute a contract and are a summary only.
- GP-1-VSN-96-1, et al.

Valid Until: 07/01/2025

Guardian Vision Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Not all policies are available in all states and the coverage, terms and conditions for any policy may vary from state to state. 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. This proposal is not a contract, and merely describes certain features of the products discussed herein. In the event of a conflict between this proposal and any policy or certificate issued by Guardian, those documents and not this proposal control. This policy provides vision care limited benefits health insurance only. It does NOT provide basic hospital, basic medical or major medical insurance. The state approved form is the governing document.

6998218.1 [Exp. 9/26]

MONTHLY PREMIUM							
		E	imployee				
Benefit Amounts	<30	30-39	40-49	50-59	60-69	70+	
\$10,000	\$3.20	\$6.20	\$13.70	\$28.80	\$58.80	\$58.80	
	Spouse						
Benefit Amounts	<30	30-39	40-49	50-59	60-69	70+	
\$10,000	\$3.20	\$6.20	\$13.70	\$28.80	\$58.80	\$58.80	
Rate Guarantee	2 Years						
Eligible Lives	1037						
Premiums	Premiums lis	sted are for Attained Ag	e and will increas	se as an insured age	s		
Child	Child cost is	included with employe	e election.				
Annual Open Enrollme	nt Included						
Underwriting Requirements	Emp	loyee	Spo	ouse	Chile	d (ren)	
Guarantee Issue	\$10	,000	\$10	0,000	All child amoun	ts are guaranteed	
		BI	ENEFITS				
			All Eligible	Employees			
Contribution/ Participation	Voluntary/Greater of 15% or 10 enrolled employees						
Employee Critical Illness Benefit Amounts	Employee may choose a lump sum benefit of \$10,000						
Dependent Critical Illness Benefit Amount	Dependent Critical Spouse: 100% of Employee benefit Child: 50% of Employee benefit						
Cancer and benign tumors				st Occurrence	Second	Occurrence	
Bone Marrow Failure 100% 50%				50%			
Benign Brain or Spinal Cord Tumor			mor	100%		0%	
	В	RCA1 or BRCA2 Muta		30%	Not	applicable	
		Carcinoma In		30%		0%	
	Invasive Cancer (Le	ukemia, Multiple Myelo	*	100%		50%	
		Skin Car		\$250		applicable	
Heart disorders		· · · - · ·		st Occurrence	Second	Occurrence	
Coronary Artery	•	igioplasty, Thrombecto		10%		0%	
	Coronary Artery Dis	sease – requiring a byp		50%		0%	
		Heart At		100%		50%	
		Heart Fai		100%		50%	
Pacemaker				10%	Casand	0%	
Lung and Vascular disorders				10%	Second	Occurrence 0%	
	Aneurysm			30%		0%	
Pulmonary Embolism Stroke - moderate				50%		25%	
					∠J /0		
			/oro	100%			
	Trong	Stroke - sev		100%		50%	
Additional disorders			ΓΙΑ)	10%	Socond	50% 0%	
Additional disorders		Stroke - sev sient Ischemic Attack (*	ΓΙΑ) Firs	10%	Second	50% 0% Occurrence	
Additional disorders		Stroke - sev	Firs	10%	Second	50% 0%	

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BENEFITS (continued)					
		All Eligible Employees			
Additional disorders	(continued)	First Occurrence Only			
	Addison's disease	30%			
	Coma	100%			
	Loss of Hearing	100%			
Loss of Sight		100%			
	Loss of Speech	100%			
	Permanent Paralysis	100%			
	Severe Burns	100%			
Neurological disorde	ers	First Occurrence Only			
	Alzheimer's disease – early Stage	50%			
	Alzheimer's disease – advanced Stage	100%			
	ALS (Lou Gehrig's)				
	Dementia - other causes				
	Huntington's disease				
	Multiple Sclerosis (MS) – early Stage				
	Multiple Sclerosis (MS) – advanced Stage				
	Myasthenia Gravis				
	Parkinson's disease – early Stage				
	Parkinson's disease – advanced Stage				
Chronic disorders	<u> </u>	First Occurrence Only			
	Crohn's disease				
Epilepsy					
	Lupus				
Obilally and illumonance	Ulcerative Colitis				
Childhood illnesses		First Occurrence Only			
	Autism Spectrum Disorder Cerebral Palsy				
	Cleft Lip or Cleft Palate				
	Cleft Lip of Cleft Palate				
	Congenital Heart Defect				
	Cystic Fibrosis				
	Diabetes - Type 1				
	Down Syndrome				
	Hemophilia				
	Multisystem Inflammatory Syndrome (MIS)				
	Muscular Dystrophy				
Spina Bifida					
Health Screening Benefit		rtain routine wellness screenings or procedures, per year (refer to plan			
Waiver of Premium	Included				
Dependent Age Limits	0 days to 26 years (26 if full time student)				
Pre-Existing Condition Limitation	3 month look back period, 12 month exclusion period, Continuity of Coverage				
Benefit Reduction (of original amount)	Age Reduction 70 50%				

- 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. For additional details, visit our web site: http://www.quardianlife.com/AboutGuardian/FinancialHighlights/Ratings/index.htm
- 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.
- The Health Screening Benefit pays when an 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.
- An insured must port Critical Illness coverage prior to age 70.
- Portability allows the insured to take the coverage with them even if employment has ended. Evidence of Insurability is not required.
- Guardian offers generous Guarantee Issue levels for groups with 25 or more lives.

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. Child rate is included with employee election. Dependent Critical Illness insurance will not take effect if a dependent, other than a newborn, is home confined, confined to the hospital or other health care facility or is unable to perform two or more Activities of Daily Living.
- If any discrepancies between the premiums on this proposal and your bill exist, your bill prevails.

Benefits Notes

- The policy has exclusions and limitations that may impact the eligibility for or entitlement to benefits under each covered condition. See the actual policy or contact your sales representative for full details.
- Dependent Guarantee Issue amounts are limited to 50% of the employee guarantee issue amount.
- Internal Use only Recurrence schedule M

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 effective date with Guardian.
- 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 6 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 a third or later occurrence of a Critical Illness.
- A pre-existing condition includes any condition for which an employee, in the three month period 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. 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.
- An applicant must enroll within 31 days of the coverage effective date. An annual open enrollment will occur each year during a time period
 specified by the policyholder. If the applicant enrolls outside of the annual open enrollment period they will be considered a late entrant and
 must answer health questions.

Guardian Critical Illness Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Not all policies are available in all states and the coverage, terms and conditions for any policy may vary from state to state. 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. This proposal is not a contract, and merely describes certain features of the products discussed herein. In the event of a conflict between this proposal and any policy or certificate issued by Guardian, those documents and not this proposal control. This policy provides limited benefits health insurance only. It does NOT provide basic hospital, basic medical or major medical insurance Generic Policy Form # [CI-23-P]. The state approved form is the governing document.

Accident

MONTHLY RATES				
Employee	\$8.12			
Employee & Spouse	\$14.49			
Employee & Child	\$21.38			
Family	\$27.75			
Census	1037			
Rate Guarantee	2 Years			

Rate Guarantee	2 Years				
BENEFITS					
	All Eligible Employees				
Schedule	Advantage Plan, Customized				
Contribution/Participation	Voluntary / 5 enrolled employees				
Accident Coverage	Off Job				
Accidental Death and Dismemberment					
Death Benefit	Employee: \$10,000 Spouse: \$5,000 Child: \$5,000				
Catastrophic Loss	Quadriplegia: 100% of AD&D Loss of speech and hearing (both ears): 100% of AD&D Loss of cognitive function: 100% of AD&D Hemiplegia:50% of AD&D Paraplegia:50% of AD&D				
Common Carrier	200% of AD&D				
Common Disaster	200% of Spouse AD&D benefit				
Dismemberment					
Hand, Foot, Sight	Single: 50% of AD&D benefit Multiple: 100% of AD&D benefit				
Thumb/Index Finger Same Hand, Four Fingers Same Hand, All Toes Same Foot					
Seatbelts and Airbags	Seatbelts: \$10,000 or Seatbelts & Airbags: \$15,000				
Reasonable Accommodation to Home or Vehicle	\$2,500				
Wellness Benefit	Provides a \$50 per year benefit for completing certain routine wellness screenings or procedures (refer to Plan Highlights section for example procedures).				
Portability	Included without Evidence				
Child(ren) Age Limits	Birth to 26 years subject to state limitations				
Air Ambulance	\$1,000				
Ambulance	\$200				
Blood/Plasma/Platelets	\$300				
Burns (2 nd Degree/3 rd Degree)	9 sq inches to 18 sq inches: \$0 / \$2,000 18 sq inches to 35 sq inches: \$1,000 / \$4,000 Over 35 sq inches: \$3,000 / \$12,000				
Burn - Skin Graft	50% of burn benefit				
Child Organized Sport	25% increase to child benefits				
Chiropractic Visits	\$50 per visit up to 6 visits				
Coma	\$10,000				
Concussion Baseline Study	\$25				
Concussions	\$200				

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BENEFITS (continued)				
	All Eligible Employees			
Diagnostic Exam (Major)	\$200			
Dislocations	Schedule up to \$5,000			
Doctor Follow-Up Visits	\$50 up to 6 treatments			
Emergency Dental Work	\$300/Crown \$75/Extraction			
Emergency Room Treatment	\$75			
Epidural Anesthesia Pain Management	\$100, 2 times per accident			
Eye Injury	\$300			
Family Care	\$20/day up to 30 days			
Fractures	Schedule up to \$6,000			
Gun Shot Wound	\$750			
Hospital Admission	\$1,000			
Hospital Confinement	\$250/day – up to 1 year			
Hospital ICU Admission	\$2,000			
Hospital ICU Confinement	\$500/day – up to 15 days			
Initial Doctor's Office/Urgent Care Facility Treatment	\$100			
Joint Replacement (hip/knee/shoulder)	\$2,500/\$1,250/\$1,250			
Knee Cartilage	\$500			
Laceration	Schedule up to \$400			
Lodging	\$125/day, up to 30 days for companion hotel stay			
Medical Appliance	Schedule up to \$500			
Outpatient Therapies	\$35/day up to 10 days			
Post-Traumatic Stress Disorder	\$400			
Prosthetic Device/Artificial Limb	1: \$500 2 or more: \$1,000			
Rehabilitation Unit Confinement	\$100/day up to 15 days			
Ruptured Disc with Surgical Repair	\$500			
Surgery (Cranial, Open Abdominal, Thoracic)	Schedule up to \$1,250 Hernia:\$250			
Surgery – Exploratory or Arthroscopic	\$400			
Tendon/Ligament/Rotator Cuff	1: \$500 2 or more: \$1,000			
Transportation	\$0.50 per mile, limited to \$500/round trip, up to 3 times per accident			
Traumatic Brain Injury	\$4,000			
X-Ray	\$40			

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. For additional details, visit our web site:
http://www.guardianlife.com/AboutGuardian/FinancialHighlights/Ratings/index.htm

PLAN HIGHLIGHTS (continued)

- Wellness Benefit includes coverage for screenings & procedures such as well visits, mammography, colonoscopy, pap smear, PSA, Serum
 cholesterol test, completion of smoking cessation and weight reduction programs, registration of a covered child in an organized sport and
 many more.
- No underwriting required.
- Portability Portability allows the employee to take the coverage with them if employment has ended.

IMPORTANT NOTES

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

- Medical Appliance Benefit is paid if a wheelchair, motorized scooter, leg or back brace, crutches, cane, walker, walking boot that extends above the ankle or brace for the neck is prescribed by a physician as necessary due to an injury sustained as the result of a covered accident.
- Child Organized Sport Benefit is paid if the covered accident occurred while your covered child is participating in an organized sport that is governed by an organization and requires formal registration to participate. This benefit is only payable if child coverage is included on the plan and the covered child is age 18 or younger.
- Family Care Benefit is payable for each child attending a Child Care center while the insured is confined to the hospital, ICU or Alternate Care or Rehabilitative facility due to injuries sustained in a covered accident.
- Lodging Benefit is paid for a companion's hotel stay while the insured is confined to the hospital as the result of a covered accident. The hospital must be more than 50 miles from the insured's residence.
- Transportation Benefit is paid if you have to travel more than 50 miles one way to receive special treatment at a hospital or facility due to a covered accident.
- Traumatic Brain Injury is a nondegenerative, noncongenital Injury to the brain from an external nonbiological force, requiring Hospital Confinement for 48 hours or more and resulting in a permanent neurological deficit with significant loss of muscle function and persistent clinical symptoms.

SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS

- Employees must be legally working in the United States in order to be eligible for coverage. Underwriting must approve coverage for employees on temporary assignment: (a) exceeding 1 year; or (b) in an area under travel warning by the US Department of State, subject to state specific variations.
- 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 plan will not pay benefits for any injury caused by or related to directly or indirectly (state variations may apply):

- 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; 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 or on the job injuries.

Guardian's Accident Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Not all policies are available in all states and the coverage, terms and conditions for any policy may vary from state to state. 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. This proposal is not a contract, and merely describes certain features of the products discussed herein. In the event of a conflict between this proposal and any policy or certificate issued by Guardian, those documents and not this proposal control. This policy provides Accident Insurance only. It does NOT provide basic hospital, basic medical or major medical insurance.

IMPORTANT NOTICE - THIS POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS. Generic Policy Form # GP-1-ACC-18. The state approved form is the governing document.

MONTHLY RATES					
Age Bands	Employee Only	Employee & Spouse	Employee & Children	Full Family	
<50	\$10.52	\$26.96	\$20.58	\$37.02	
50-59	\$15.90	\$31.74	\$25.95	\$41.79	
60-64	\$20.00	\$39.63	\$30.06	\$49.68	
65+	\$34.48	\$67.61	\$44.53	\$77.66	
Eligible Lives	1037				
Rate Guarantee	2 Years				
Premiums	Premiums listed are for the Employee's age.	or Issue Age and will not increa	se due to an insured aging. Sp	oouse premium is based on	

BENEFITS BENEFITS				
	All Eligible Employees			
Contributory/Participation	Voluntary/Greater of 15% or 10 enrolled lives.			
Hospital/ICU Admission	\$1000 per admission to a max of 2 admissions per year, per insured			
Hospital/ICU Confinement	\$100 / \$200 per day to a max of 15 days per year, per insured			
Dependent Age Limits	Child Birth to 26 years (26 if full time student)			
Treatments Covered	Sickness and Injury			
Treatment of Normal Pregnancy	Normal pregnancy is included with no 9 month limitation.			

- 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. For additional details, visit our web site: http://www.guardianlife.com/AboutGuardian/FinancialHighlights/Ratings/index.htm
- Benefits are paid directly to the insured when they need it most and can be used however they choose: to help pay for out- of- pocket medical expenses 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. An insured must port coverage prior to age 70.
- If this Hospital admission plan is replacing coverage with another carrier, we will give credit for time served toward the pre-existing condition limitation.
- · HSA Compatible Plan.

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 may apply.

- Hospital Admission & Hospital ICU Admission benefits are not payable on the same day.
- 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.
- Spouse rate is based on employee's age bracket. Dependent insurance will not take effect if a dependent, other than a newborn, is confined to the hospital or other health care facility or home confined. Coverage is postponed until the day after the date of his or her discharge from such facility or his or her home confinement ends.
- Hospital admission & confinement benefits are not payable for a newborn unless the child is admitted to the Neonatal ICU.
- Waiver of premium is included with Hospital Indemnity coverage.
- Please see the Summary of Plan Limitations and Exclusions that appears either on this page or the last page of this coverage.

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.
- The policy has exclusions and limitations that may impact the eligibility for benefits.
- 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.

This Plan will not pay benefits for (State Variations Apply):

24 (continued)

Hospital Indemnity

SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS (continued)

- 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 xrays, 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:
- (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.
- 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.

Guardian's Accident Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Not all policies are available in all states and the coverage, terms and conditions for any policy may vary from state to state. 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. This proposal is not a contract, and merely describes certain features of the products discussed herein. In the event of a conflict between this proposal and any policy or certificate issued by Guardian, those documents and not this proposal control. This policy provides limited benefits hospital insurance only. It does NOT provide basic medical or major medical insurance Generic Policy Form # {GP-1-HI-15}. The state approved form is the governing document.

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Benefit Administration Program Disclosure

Important Information Concerning Payment of Your Selected Service Provider

As requested by you, your premium has been increased to include funding to cover a payment to an external benefits administration service provider ("service provider") that you have independently contracted to, among other things, provide an enhanced electronic benefits enrollment experience for members/employees (and their dependents, as applicable) of your Guardian plan. **Reference the Distribution- Related Compensation Disclosure for the percentage premium payment for your quoted benefits.** You acknowledge that Guardian will use this portion of your premium for the purpose of facilitating an administrative pass-through payment on your behalf for the fees you have incurred for the use of this service provider. Guardian is not responsible for any acts or omissions of your service provider, the performance of the services you have contracted them for, nor for any fees service provider has charged you for this service.

By participating in this Program, you are representing: (i) the entity to which Guardian is facilitating payment to on your behalf is your duly authorized agent and (ii) you or your service provider has obtained all necessary rights, consents and authority, as required, so that service provider and Guardian may bilaterally share and transmit member/employee (and their dependents, as applicable) enrollment information. Further, you acknowledge that all eligible members/employees (and their dependents, as applicable) of this plan will be provided access to any service provider products or service platforms used to administer this service as required to enroll in Guardian products during annual enrollment and any other defined periods for enrollment.

Guardian reserves the right to disapprove the use of any service provider and terminate or modify this Program at any time.

Flexible, Cost-Effective Vision Coverage

Members have nationwide access to quality vision providers and affordable pricing on all lens options (savings average 20%-25%), and can choose any frame, lens type or brand on the market.

Member Cost for Lens Options

LENS OPTION	SINGLE VISION	MULTI-FOCAL
Solid Plastic Dye (Pink I and II)	\$0	\$0
Solid Plastic Dye (Except Pink I & II)	\$15	\$15
Plastic Gradient Dye	\$17	\$17
UV Protection	\$16	\$16
Factory Applied Scratch-Resistant Coating	\$17	\$17
Polycarbonate Lenses (covered in full for dependent children)	\$31	\$35
Anti-Reflective Coating	\$41	\$41
Photochromatic Lenses – Plastic	\$70	\$82

Member Cost for Progressive Lens Options

LENS OPTION	MULTI-FOCAL
Custom Progressive – Plastic	\$150-\$175
Premium Progressive – Plastic	\$95-\$105
Standard Progressive – Plastic	\$55

IMPORTANT NOTES

- Premium options are negotiated and may vary.
- Prices shown reflect the standard option price for each respective category, are only available through VSP Choice Preferred Providers, and are subject to change without notice.
- 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.
- VSP and VSP Choice Plan are registered trademarks of Vision Service Plan.
- Guardian's Vision 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. Plan documents are the final arbiter of coverage.

Caregiving Services - Included with LTD and STD

The Guardian caregiving offering through Wellthy, helps connect employees to market leading support resources that help them navigate any caregiving scenario. This offering provides your employees with the personalized, empathetic support they need to stay on top of their own physical, mental, and emotional wellness.

Caregiving support services are integrated into our group disability offerings to help ensure that your employees receive the support they deserve, without compromising their privacy. We've partnered with Wellthy to provide comprehensive caregiving support services tailored to their needs. From navigating new parenthood to arranging in-home care for a loved one, our caregiving support services have your employees covered.

The Guardian + Wellthy caregiving services help your employees who have caregiving responsibilities tackle logistical and administrative tasks, so they can prioritize the well-being of themselves and their loved ones.

Features Include:

- · Care concierge: Dedicated, hands-on support form experts who get to know each family and help tackle their to-dos
- Care planning: Comprehensive care planning tools and resources in one centralized, accessible place
- · Wellthy community: Peer-to-peer space where family caregivers can find support and exchange knowledge

Top Caregiving Areas

The following are some of the top caregiving areas the Guardian + Wellthy caregiving service can help support employees:

- Aging
- Special needs
- · Health conditions
- · Financial hardship
- · Veterans support
- · Mental health
- · End of life and loss
- · Childcare and teen support

For Employers, the Impact of Caregiving is Significant and Growing in the Workforce

- 73% of all employees identify as caregivers
- 66% of caregivers report need to rearrange work or take unpaid time³
- The average numbers of hours caregivers spend providing care has increased from an average of 9 hours per week in 2020, to 26 hours per week in 2023²

Positive Outcomes

Broad capabilities allow for a large spectrum of users to engage with the platform all with positive outcomes.

- 90% of users report to being more engaged and less stressed at work³
- 66% of users report to have missed fewer meetings and work days³
- 33% of users reported Wellthy prevented a leave of absence³

For more information, contact your Guardian sales representative.

¹Source: "Survey of U.S. Employers on Caregiving." Project on Managing the Future of Work, Harvard Business School

²Standing Up and Stepping In, Guardian 12th Annual Workplace Benefits Study, 2023

³Wellthy Net Promoter Score (NPS) Response Data via AskNicely, Jan 1, 2022 through June 30, 2022

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Caregiving Services - Included with LTD and STD

Wellthy, Inc. ("Wellthy") is a vendor to The Guardian Life Insurance Company of America ("Guardian"). Wellthy and Guardian are not affiliated entities. Wellthy provides a care coordinator to integrate separately retained caregiver resources (e.g., senior care, childcare, etc.) for the benefit of a member or their permitted dependents ("Services"). Guardian does not control or provide any part of the Services and does not bear any liability for their provision. This informational resource is not a contract and is for illustrative purposes only. Only the policy contains applicable terms. Guardian and Wellthy reserve the right to discontinue Services at any time without notice. Services may not be available in all states.

Cancer Support Services - Included with LTD

The Guardian + Osara Health cancer support offering helps connect employees to a more personalized care experience through human connection, expertise, and empathy. Supported by the latest clinical research, the cancer coach program by Osara Health helps individuals diagnosed with cancer develop positive behavior change to help promote better outcomes¹. This new service aims to inspire holistic well-being and can ultimately increase an employees' likelihood of returning to a fulfilling lifestyle².

Cancer support services are embedded into our Group Long Term Disability (LTD) in partnership with Osara Health. Throughout a 6 to 12-week program, employees can communicate with a dedicated health coach to help navigate their diagnosis and influence healthy behaviors. Employees will have access to resources verified by Osara health's clinical research team on various aspects of cancer self-management including (but not limited to): activity and exercise, symptom tracking, diet and nutrition, mindfulness, and sleep.

Who is Osara Health?

A team of clinical experts who understand the unique nature of each person's cancer journey. They believe that support during this time should be tailored to the individual. While the medical team focuses on treating the disease, Osara Health is there to provide holistic support and information during the moments in between, helping ensure that individuals feel better informed throughout their journey and have an increased sense of wellbeing.

Features Include:

- Dedicated health coach for holistic support, education, and guidance with scheduled calls over 6 to 12 weeks
- · Weekly digital education modules covering the key areas of cancer self-management
- · Motivational articles to help participants make positive behavior change
- Access to the Osara Health app to track symptoms and help participants take back control of their diagnosis

Why now, why Guardian?

- With cancer rates on the rise across the U.S., cancer is a leading cause of LTD claims at Guardian³
- Approximately 45% of people diagnosed with cancer in the U.S. are 20 to 64 years old the traditional working age⁴

Consider the Outcomes from Osara Health⁵

- 91% of participants complete the 6 to 12-week program
- · 97% customer satisfaction score
- 53% of participants reported a reduction in fatigue symptoms
- 32% of participants reported a reduction in pain symptoms

For more information, contact your Guardian sales representative.

¹Seebacher N et al, Usability and Quality of Life Assessment of a Digital-Based Coaching Intervention for Cancer Survivors, Victoria Cancer Survivorship Conference Accepted Abstract, March 2022

²Lo J et al, A Digital Coaching Intervention for Cancer Survivors with Job Loss: Retrospective Study, JMIR Cancer 2021

Osara Health ("Osara") is a vendor to The Guardian Life Insurance Company of America ("Guardian"). Osara and Guardian are not affiliated entities. Osara provides a personalized support program through certified health coaches to address cancer management issues for the benefit of a member ("Services"). Services are designed for members 18 years+ of age, diagnosed with cancer, regardless of cancer type, stage, or prognosis. Services are not meant to provide medical advice/care. Medical advice/care should be sought from your independent healthcare provider(s). Guardian does not control or provide any part of the Services and does not bear any liability for their provision. This informational resource is not a contract and is for illustrative purposes only. Only the policy contains applicable terms. Guardian and Osara reserve the right to discontinue Services at any time without notice. Services may not be available in all states. Guardian® is a registered trademark of The Guardian Life Insurance Company of America, New York, NY. Copyright® 2024 The Guardian Life Insurance Company of America. All rights reserved.

³https://www.guardianlife.com/reports/insuring-your-income

⁴Impact of Cancer on Employment – Journal of Clinical Oncology, 2020

⁵Internal Osara Health survey data, 2023

A Secure Website for Group Benefits Plans

GuardianAnytime®, our secure website for group benefits plans, offers comprehensive self-service capabilities for brokers, employers, employees, and health care professionals. Our intuitive web tools make going online easy!

For Brokers - Easy Management of Guardian Group Business

Brokers can manage their Guardian business more efficiently:

- · Receive e-mail notifications of groups nearing cancellation to help with follow-up
- · Check clients' premium payments, eligibility information and status of an Evidence of Insurability application
- Track commissions and compensation programs
- · View/print/e-mail forms and materials
- · Visit www.guardiananytime.com

For Employers – Simplified Benefits Administration

Benefits managers have a one-stop source of comprehensive administration tools for their Guardian benefits plans:

- · Enroll new hires, add dependents, terminate members and check status of an Evidence of Insurability application
- Allow employees to enroll, update benefits, and check status of a disability claim online
- · View and pay bills online
- · Download, print and order forms, plan materials, and ID cards
- Delegate access to staff based on job responsibility
- Visit www.guardiananytime.com

For Employees – Helpful Benefits Information Available 24/7

Members and dependents can access helpful, secure information about their Guardian benefits:

- Review benefits and update information¹
- · Check the status of a claim or Evidence of Insurability application
- · View and print ID cards
- · Submit a Short-Term Disability claim online
- Receive e-mails when a claim has been processed and a response is available online²
- Use the Find-A-Provider app to locate a provider anytime. Download the app to an Android or iPhone smart phone.
- Visit www.guardiananytime.com

For Health Care Professionals – Efficient Handling of Administrative Matters

Health care professionals have instant access to Guardian benefits information:

- · Check eligibility, claim status, and coverage amounts
- · In-network providers can view fee schedules

Access FlexPlan and Reed Group, our Absence Management subsidiary, directly from the Guardian Anytime site.

Call Your Guardian Group Benefits Representative Today for More Information.

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¹Employer must grant permission for employees to enroll or make changes to their benefits outline. Ask your Guardian representative for more details about eligibility requirements. ²Available to employees with Guardian Dental.

Distribution-Related Compensation Disclosure

As is common with Group insurance, your coverage(s) might involve one or more licensed producers and other third parties who will receive compensation from Guardian for soliciting, negotiating, securing and/or administering the insurance coverage(s) you have purchased. Compensation to these producers and other third parties may be paid in the form of base commissions, administrative service commissions (or fees for other third parties) and, in some instances, supplemental compensation (e.g., an annual performance bonus). For more detailed information regarding producer compensation relative to your Guardian coverage(s), please contact your local sales consultant or account manager.

Product	Commissions	BenAdmin
Vision	Plan 2 - 15.00%	Plan 2 - 3.00%
Accident	Plan 1 - 22%	Plan 1 - 3.00%
Critical Illness	Plan 1 - 22%	Plan 1 - 3.00%
Hospital Indemnity	Plan 1 - 20%	Plan 1 - 3.00%
Basic Life and/or AD&D	Plan 1 - 25.00% Plan 2 - 25.00% Plan 3 - 25.00% Plan 4 - 25.00% Plan 5 - 25.00% Plan 6 - 25.00%	Plan 1 - 3.00% Plan 2 - 3.00% Plan 3 - 3.00% Plan 4 - 3.00% Plan 5 - 3.00% Plan 6 - 3.00%
Voluntary Term Life	Plan 1 - 20%	Plan 1 - 3.00%
Voluntary AD&D	Plan 1 - 20%	Plan 1 - 3.00%
Long Term Disability	Plan 1 - 25.00%	Plan 1 - 3.00%
Short Term Disability	Plan 1 - 25.00%	Plan 1 - 3.00%

Compensation is generated based upon premium which has been remitted by the planholder and applied by Guardian. Graded Commission scales, which can vary by product, are calculated based upon decremental scales (i.e. percentage payable decreases as defined premium thresholds are attained). Graded commission scales refresh annually upon each plan's anniversary. For DHMO and/or ASO Vision commission information, or for any other questions, please contact your local Guardian sales consultant or account manager.

Public Entity Groups

Released quote is contingent on notification being made to Guardian regarding any political contribution requirements and/ or disclosure requests prior to contract signing.

ERISA Program Disclosure

Important Information Regarding Plan Responsibilities Under ERISA

Premium for one or more coverage(s) being quoted may depend, in part, upon support from the premium charged for other quoted coverages. If that is the case, premiums paid for one coverage will cover some or all of the cost of another plan coverage. Guardian is quoting and will issue coverage(s) corresponding to this premium on the basis you have reviewed the rate structure as described, and if acting on behalf of a plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), you have confirmed that (i) such arrangement is consistent with the requirements relating to plan assets and fiduciary responsibilities under ERISA; (ii) the coverages are being offered to the participants under a single ERISA plan; and (iii) the plan's premium structure is consistent with plan documents and related communications to participants.

Possible Benefit Changes 7/1/25

Option 1 – Current \$1,000 PPO Copay plan

```
Ded. $1,000 – no change

Total out of pocket $2,000 – current

Total out of pocket $4,000 – change

Rx copay changes

Generic

$10 – current
$15 – change

Brand Name Formulary
$30 – current
$45 – change

Brand Name Non-Formulary
$50 – current
$80 – change

Specialty
$100 – current
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\$300 - change

Option 2 – Current \$2,000 PPO Copay plan

Ded. \$2,000 – no change

Total out of pocket \$4,000 - current

Total out of pocket \$6,000 change

Rx copay changes

Generic

\$10 - current

\$15 - change

Brand Name Formulary

\$30 - current

\$45 – change

Brand Name Non-Formulary

\$50 – current

\$80 - change

Specialty

\$100 – current

\$300 - change

Option 3 – Current \$3,000 PPO Copay plan Ded. No change Total out of pocket – No change Rx copay changes Generic \$10 - current \$15 - change Brand Name Formulary \$30 – current \$45 – change Brand Name Non-Formulary \$50 – current \$80 - change Specialty \$100 - current \$300 - change Option 4 – Current \$2,500 PPO HDHP plan No changes to any benefits Option 5 - Current \$3,000 PPO HDHP plan No changes to any benefits Option 6 - Current \$3,500 PPO HDHP plan Ded. \$3,500 - current Ded. \$4,500 - change Total out of pocket \$5,500 - current Total out of pocket \$6,500 - change

Option 7 – Current \$6,750 PPO HDHP plan

No changes to any benefits

Rx benefits – No change

Option	al Based on t Plans	Alte	ewal Based on rnate Benefits done Highlighted Plans	Premium Savings	
Option 1 - \$1000 ded	\$ 571,687.14	\$	539,453.62		-5.6%
Option 2- \$2000 ded	\$ 153,214.04	\$	147,825.90		-3.5%
Option 3 - \$3000 ded	\$ 45,538.09	\$	45,532.79		-0.01%
Option 4 - \$2500 ded HSA	\$ 37,714.43	\$	37,714.43		0.0%
Option 5 - \$3000 ded HS A	\$ 243,040.76	\$	243,040.76		0.0%
Option 6- \$3500 to \$4500 ded HSA	\$ 239,175.50	\$	225,260.59		-5.8%
Option 7- \$6750 ded HSA	\$ 206,331.74	\$	206,331.74		0.0%
Total Monthly Premium	\$ 1,496,701.70	\$	1,445,159.83		
Annual Premium	\$ 17,960,420.42	\$	17,341,917.93		-3.4%
Increase	21.93%	l	17.73%	ı	