



# Critical illness insurance

Critical illness insurance may help you cover expenses not covered by your health insurance.

Critical illness Insurance provides financial support following the diagnosis of a covered critical illness. The lump sum benefit is paid to you, so you can focus more on recovery, less on expenses.

## Who is it for?

Critical illness insurance is a supplemental policy for people who already have health insurance. It provides you with an additional lump sum benefits to cover expenses like deductibles, treatments, and living costs.

## What does it cover?

Critical illnesses include strokes, heart attacks, Parkinson's disease and cancer. Our policies can cover over 30 major illnesses, helping you stay financially stable by paying you a lump sum if you're diagnosed with one of them.

## Why should I consider it?

Health coverage is becoming more expensive, with higher co-pays, premiums, and deductibles. Critical illness insurance is a cost-effective way to supplement and pay for additional expenses that your health insurance doesn't cover. Our policies typically provide lump sum benefits for the first and second time you're diagnosed with a covered illness.

Plus, critical illness insurance is portable and payments are made directly to you.

You will receive these benefits if you meet the conditions listed in the policy. \*Guardian will never ask you to provide sensitive personal information, including SSN/DOB, nor login via QR codes.



## Critical costs

Bob has had a couple of health scares over the years including a heart attack and stroke.

Bob suffered a heart attack and received a lump sum benefit payment from his critical illness plan. Four years later, he had a stroke and got another payment.

During both illnesses, he used his lump sum benefits to help pay for out-of-pocket medical costs, as well as household expenses while he recovered.

This example is for illustrative purposes only. Your plan's coverage may vary. See your plan's information on the following pages for specific amounts and details.



# Your critical illness coverage

## CRITICAL ILLNESS

Benefit Amount(s)	Employee may choose a lump sum benefit of \$10,000 to \$20,000 in \$10,000 increments.	
<b>CONDITIONS</b>		
<b>Cancer</b>	<b>1st OCCURRENCE</b>	<b>2nd OCCURRENCE</b>
Invasive Cancer	100%	50%
Carcinoma In Situ	30%	0%
Benign Brain or Spinal Tumor	100%	0%
Skin Cancer	\$250	\$0
BRCA 1 & BRCA 2	30%	Not Covered
Bone Marrow Failure (including Stem Cells)	100%	50%
<b>Lung and Vascular Disorder</b>		
Aneurysm	10%	0%
Pulmonary Embolism	30%	0%
Stroke – Moderate	50%	25%
Stroke – Severe	100%	50%
Transient Ischemic Attack (TIA)	10%	0%
<b>Heart Conditions</b>		
Coronary Artery Disease	10%	0%
Coronary Artery Disease – bypass needed	50%	0%
Heart Attack	100%	50%
Heart Failure	100%	50%
Pacemaker	10%	0%
<b>Mental Health</b>		
Mental Health Disorder – Severe	30%	0%
Post-Traumatic Stress Disorder (PTSD)	30%	0%
<b>Additional Conditions</b>		
Kidney Failure	100%	50%
Major Organ Failure	100%	50%
	<b>1st OCCURRENCE ONLY</b>	
Addison's Disease	30%	
Coma	100%	
Loss of Hearing	100%	
Loss of Sight	100%	
Loss of Speech	100%	
Permanent Paralysis	100% for 1 or more limbs	
Severe Burns	100%	
<b>Chronic Disorders</b>		
Crohn's Disease	30%	
Epilepsy	10%	



# Your critical illness coverage

## CRITICAL ILLNESS

Lupus	30%
Ulcerative Colitis	30%
<b>Neurological Disorders</b>	
Alzheimer's Disease – Early	50%
Alzheimer's Disease – Advanced	100%
ALS (Lou Gehrig's Disease)	100%
Dementia – other causes	100%
Huntington's Disease	30%
Multiple Sclerosis – Early	50%
Multiple Sclerosis – Advanced	100%
Myasthenia Gravis	30%
Parkinson's Disease – Early	50%
Parkinson's Disease – Advanced	100%
<b>Childhood Illnesses and Disorders</b>	
Autism Spectrum Disorder	100%
Cerebral Palsy	100%
Cleft Lip/Cleft Palate	100%
Club Foot	100%
Congenital Heart Defect	100%
Cystic Fibrosis	100%
Diabetes – Type I	100%
Down Syndrome	100%
Hemophilia	100%
Multisystem Inflammatory Disease (MLS)	100%
Muscular Dystrophy	100%
Spina Bifida	100%
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<b>Spouse Benefit</b>	May choose a lump sum benefit of \$5,000 to \$10,000 in \$5,000 increments up to 50% of the employee's lump sum benefit.
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<b>Child Benefit-</b> children age Birth to 26 years	25% of employee's lump sum benefit
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<b>Guarantee Issue:</b> The 'guarantee' means you are not required to answer health questions to qualify for coverage up to and including the specified amount, when you sign up for coverage during the initial enrollment period or the annual open enrollment period.	We Guarantee Issue up to: \$20,000  For a spouse: \$10,000  For a child: All Amounts
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<b>Health questions are required if the elected amount exceeds the Guarantee Issue.</b>	
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<b>Portability:</b> Allows you to take your Critical Illness coverage with you if you terminate employment.	Included
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# Your critical illness coverage

## CRITICAL ILLNESS

<b>Pre-Existing Condition Limitation:</b> A pre-existing condition includes any condition for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.	Not Applicable
<b>Waiver of Premium:</b> If you become disabled due to a covered critical illness that is diagnosed after the employee's effective date, and you remain disabled for 90 days, we will waive the premium due after such 90 days for as long as you remain disabled.	Included
<b>Health Screening Benefit</b>	\$50 Employee, \$50 Spouse, \$50 Child per year limit.
<b>Mental Health Assessment Benefit</b>	\$25 Employee, \$25 Spouse, \$25 Child per year, with a lifetime limit of 5 payments.

### Condition Definitions

- **BRCA1 or BRCA2 Mutation:** occurs the date you're scheduled to undergo a mastectomy, or ovary or fallopian tube removal prior to a breast or ovarian cancer diagnosis as a preventive measure.
- **Stroke - Moderate:** requires clinical evidence of infarction of brain tissue, or intracranial or subarachnoid hemorrhage.
- **Stroke - Severe:** a permanent neurological deficit which persists at least 30 days after the event.
- **Coronary Artery Disease:** requires a diagnosis and severity level that requires one or more of the following procedures: atherectomy (rotation or laser), balloon angioplasty, laser angioplasty, stent implantation, thrombectomy (angiojet).
- **Coronary Artery Disease - requiring a bypass:** requires a diagnosis to be of such a severity that it requires one or more coronary artery bypass grafts.
- **Heart Failure:** requires a heart valve replacement or acceptance into the heart transplant waiting list.
- **Mental Health Disorder - severe:** psychological event related to or caused by one of the following disorders: Bipolar 1 or 2 disorder, Eating disorder, Major depressive disorder - severe, Obsessive-compulsive disorder, Postpartum depression, Borderline schizophrenia, Schizoaffective disorder, Schizophrenia.
- **Kidney Failure:** occurs on the earlier date of when renal or peritoneal dialysis begins, or the date you're accepted onto the kidney transplant waiting list of a recognized kidney transplant program in the United States.
- **Major Organ Failure:** occurs on the date you're accepted onto the liver, pancreas or lung transplant waiting list of a recognized transplant program in the United States.
- **Crohn's Disease:** benefit is available for the initial diagnosis of the disease, not the periodic flare-ups that may occur after the initial diagnosis.
- **Epilepsy:** requires initial diagnosis after at least two seizures, which are 24 hours apart and have no known trigger.
- **Lupus:** requires at least four symptoms be present at time of diagnosis. The benefit is available for initial diagnosis of the disease, not for periodic flare-ups that may occur after the initial diagnosis.
- **Ulcerative Colitis:** benefit is available for the initial diagnosis based on the results of a colonoscopy, not for periodic flare-ups that may occur after the initial diagnosis.
- **Early-Stage Alzheimer's Disease:** occurs on the date a physician diagnoses the progression which causes a loss of cognitive ability and functioning.
- **Advanced Alzheimer's Disease:** occurs on the date a physician diagnoses the cognitive decline to have progressed to the point that there's permanent inability to perform 2 or more Activities of Daily Living.
- **Early-Stage Multiple Sclerosis (MS):** must be diagnosed by a physician and confirmed by neurological exams, imaging studies, and analysis of cerebrospinal fluid.
- **Advanced Stage Multiple Sclerosis (MS):** requires neurological deficits for at least six months and confirmed by neurological exams, imaging studies, and analysis of cerebrospinal fluid.
- **Early-Stage Parkinson's Disease:** occurs on the date diagnosed by a physician with at least 1 symptom(s) affecting movement and the central nervous system.



## Your critical illness coverage

- Advanced Parkinson's Disease: occurs on the date diagnosed by a physician and requires at least 3 or more symptom(s) affecting movement and the central nervous system.

## Critical Illness Cost Illustration

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

Spouse coverage premium is based on Employee age

Child cost is included with employee election.

	Weekly Premiums Displayed Election Cost Per Age Bracket					
	< 30	30-39	40-49	50-59	60-69	70+
Employee						
\$10,000	\$1.13	\$1.80	\$3.60	\$7.34	\$12.76	\$21.83
\$20,000	\$2.26	\$3.60	\$7.20	\$14.68	\$25.52	\$43.66
<b>Benefit Amount Up To 50% of Employee Amount to a Maximum of \$10,000</b>						
Spouse						
\$5,000	\$0.57	\$0.90	\$1.80	\$3.67	\$6.38	\$10.92
\$10,000	\$1.13	\$1.80	\$3.60	\$7.34	\$12.76	\$21.83

## EXCLUSIONS AND LIMITATIONS

### A SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS FOR CRITICAL ILLNESS:

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. If one illness causes or contributes to another illness, we'll pay benefits for only one of these illnesses. We'll pay for the illness that has the larger benefit. If the benefit amounts for the illness are the same, we'll let you choose which one we pay.

We do not pay benefits for claims relating to a covered person: taking part in any war or act of war (including service in the armed forces) committing a felony or taking part in any riot or other civil disorder or intentionally injuring themselves or attempting suicide while sane or insane.

Employees must be legally working in the United States in order to be eligible for coverage. Underwriting must approve coverage for employees on temporary assignment: (a) exceeding 1 year; or (b) in an area under travel warning by the US Department of State, subject to state specific variations.

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

Health questions are required on late enrollees. This coverage will not be effective until approved by a Guardian underwriter.

This policy will not pay for a diagnosis of a listed critical illness that is made before the insured's Critical Illness effective date with Guardian.

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

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

Contract # CI – 23 - P

Guardian's Critical Illness 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. This policy provides limited benefits health insurance only. It does not provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services.  
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