

# Critical Illness (BOST)

## IMPORTANT INFORMATION

- Available on groups with 26-999 eligible lives (BOST Workplace Solutions Groups Only)
- Valid in AK AL AR AZ CA DE GA HI IA ID IL KS KY LA MA ME MI MO MS MT NC NE NM NV OH OK OR PA RI SC SD TN TX UT VA VT WI WV WY
- Rates shown are valid thru January 1, 2018
- Not available for all industries. Please see limitations and exclusions section.

## BENEFITS

### Plan #1

<b>Contribution/ Participation</b>	Voluntary/Minimum participation greater of 10 enrolled or 15%		
<b>Employee Critical Illness Benefit Amounts</b>	Employee may choose a lump sum benefit of \$5,000 to \$50,000 in increments of \$5,000		
<b>Dependent Critical Illness Benefit Amount</b>	Spouse: Up to 50% of Employee Benefit		Child: 25% of Employee Benefit
<b>Group 1 Covered Conditions</b>  (lump sum payments)	<b>Cancer</b>	<b>First Occurrence</b>	<b>Second Occurrence</b>
	Invasive Cancer	100%	50%
	Carcinoma In Situ	30%	0%
	Benign Brain Tumor	75%	0%
	Skin Cancer	\$250 per lifetime	Not included
	<b>Vascular</b>	<b>First Occurrence</b>	<b>Second Occurrence</b>
	Heart Attack	100%	50%
	Stroke	100%	50%
	Heart Failure	100%	50%
	Arteriosclerosis	30%	0%
	<b>Other</b>	<b>First Occurrence</b>	<b>Second Occurrence</b>
	Organ Failure	100%	50%
	Kidney Failure	100%	50%
<b>Group 2 Covered Conditions</b>	First Occurrence of these additional illnesses: Addison's Disease 30%, ALS (Lou Gehrig's Disease) 100%, Alzheimer's Disease 50%, Coma 100%, Huntington's Disease 30%, Multiple Sclerosis 30%, Loss of Speech, Sight or Hearing 100%, Parkinson's Disease 100%, Permanent Paralysis 50% for 1 limb, 100% for 2 limbs, Severe Burns 100%		
<b>Group 3 Childhood Covered Conditions</b>	100% of Child Benefit for the First Occurrence of Cerebral Palsy, Cleft lip/palate, Club Foot, Cystic Fibrosis, Down's Syndrome, Muscular Dystrophy, Spina Bifida, Type 1 Diabetes		
<b>Cancer Vaccine</b>	\$50 per lifetime for receiving a Cancer Vaccine		
<b>Wellness Benefit</b>	Provides a per year benefit for completing certain routine wellness screenings or procedures (refer to plan highlights for listing). Employee \$100; Spouse \$100; Child \$100		
<b>Dependent Age Limits</b>	Child birth to 26 years		
<b>Pre-Existing Condition Limitation</b>	3 month look back period, 12 month exclusion period 3 month look back period, 6 months treatment free, 12 month exclusion period (TX & VA) 6 month look back period, 6 month exclusion period (MA, ME, UT)		
<b>Benefit Reduction (of original amount)</b>	None		

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## Monthly Premium

### Employee

Benefit Amounts		<30	30-39	40-49	50-59	60-69	70+
Non-Tobacco	\$5,000	\$6.51	\$7.71	\$11.29	\$17.75	\$26.00	\$49.87
	\$10,000	\$10.41	\$12.76	\$19.79	\$32.45	\$48.65	\$95.92
	\$15,000	\$14.31	\$17.81	\$28.29	\$47.15	\$71.30	\$141.97
	\$20,000	\$18.21	\$22.86	\$36.79	\$61.85	\$93.95	\$188.02
	\$25,000	\$22.11	\$27.91	\$45.29	\$76.55	\$116.60	\$234.07
	\$30,000	\$26.01	\$32.96	\$53.79	\$91.25	\$139.25	\$280.12
	\$35,000	\$29.91	\$38.01	\$62.29	\$105.95	\$161.90	\$326.17
	\$40,000	\$33.81	\$43.06	\$70.79	\$120.65	\$184.55	\$372.22
	\$45,000	\$37.71	\$48.11	\$79.29	\$135.35	\$207.20	\$418.27
	\$50,000	\$41.61	\$53.16	\$87.79	\$150.05	\$229.85	\$464.32
Tobacco	\$5,000	\$8.11	\$10.06	\$16.69	\$30.05	\$48.15	\$88.12
	\$10,000	\$13.61	\$17.46	\$30.59	\$57.05	\$92.95	\$172.42
	\$15,000	\$19.11	\$24.86	\$44.49	\$84.05	\$137.75	\$256.72
	\$20,000	\$24.61	\$32.26	\$58.39	\$111.05	\$182.55	\$341.02
	\$25,000	\$30.11	\$39.66	\$72.29	\$138.05	\$227.35	\$425.32
	\$30,000	\$35.61	\$47.06	\$86.19	\$165.05	\$272.15	\$509.62
	\$35,000	\$41.11	\$54.46	\$100.09	\$192.05	\$316.95	\$593.92
	\$40,000	\$46.61	\$61.86	\$113.99	\$219.05	\$361.75	\$678.22
	\$45,000	\$52.11	\$69.26	\$127.89	\$246.05	\$406.55	\$762.52
	\$50,000	\$57.61	\$76.66	\$141.79	\$273.05	\$451.35	\$846.82
Spouse							
Benefit Amounts		<30	30-39	40-49	50-59	60-69	70+
Non-Tobacco	\$2,500	\$4.56	\$5.19	\$7.04	\$10.40	\$14.68	\$26.85
	\$5,000	\$6.51	\$7.71	\$11.29	\$17.75	\$26.00	\$49.87
	\$7,500	\$8.46	\$10.24	\$15.54	\$25.10	\$37.33	\$72.90
	\$10,000	\$10.41	\$12.76	\$19.79	\$32.45	\$48.65	\$95.92
	\$12,500	\$12.36	\$15.29	\$24.04	\$39.80	\$59.98	\$118.95
	\$15,000	\$14.31	\$17.81	\$28.29	\$47.15	\$71.30	\$141.97
	\$17,500	\$16.26	\$20.34	\$32.54	\$54.50	\$82.63	\$165.00
	\$20,000	\$18.21	\$22.86	\$36.79	\$61.85	\$93.95	\$188.02
	\$22,500	\$20.16	\$25.39	\$41.04	\$69.20	\$105.28	\$211.05
	\$25,000	\$22.11	\$27.91	\$45.29	\$76.55	\$116.60	\$234.07
Tobacco	\$2,500	\$5.36	\$6.36	\$9.74	\$16.55	\$25.75	\$45.97
	\$5,000	\$8.11	\$10.06	\$16.69	\$30.05	\$48.15	\$88.12
	\$7,500	\$10.86	\$13.76	\$23.64	\$43.55	\$70.55	\$130.27
	\$10,000	\$13.61	\$17.46	\$30.59	\$57.05	\$92.95	\$172.42
	\$12,500	\$16.36	\$21.16	\$37.54	\$70.55	\$115.35	\$214.57
	\$15,000	\$19.11	\$24.86	\$44.49	\$84.05	\$137.75	\$256.72
	\$17,500	\$21.86	\$28.56	\$51.44	\$97.55	\$160.15	\$298.87
	\$20,000	\$24.61	\$32.26	\$58.39	\$111.05	\$182.55	\$341.02
	\$22,500	\$27.36	\$35.96	\$65.34	\$124.55	\$204.95	\$383.17
	\$25,000	\$30.11	\$39.66	\$72.29	\$138.05	\$227.35	\$425.32

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<b>Rate Guarantee</b>	2 Years				
<b>Premiums</b>	Premiums listed are for Issue Age and will not increase due to an insured's age. Child cost is included with employee election.				
<b>Underwriting Requirements</b>	<b>Employee &lt;70</b>	<b>Spouse &lt;70</b>	<b>Child</b>	<b>Employee 70+</b>	<b>Spouse 70+</b>
<b>Guarantee Issue 26-99 eligible lives</b>	\$10,000	\$5,000	All amounts Guaranteed	Health questions required.	Health questions required.
<b>Guarantee Issue 100-999 eligible lives</b>	\$20,000	\$10,000			
<b>Conditional Issue</b>	Health questions required on amounts above the guarantee issue.				

## PLAN HIGHLIGHTS

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

## 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 and smoking status. Dependent Critical Illness insurance will not take effect if a dependent, other than a newborn, is confined to the hospital or other health care facility or is unable to perform the normal activities of someone of like age and sex.

### Benefits Notes

- Employees age 70 & older must complete health questions to qualify for coverage.
- Spouse Guarantee Issue amounts are limited to 50% of the amount purchased by the employee.

## SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS

- The policy has exclusions and limitations that may impact the eligibility for or entitlement to benefits under each covered condition. There are limitations & special requirements for each condition. See the certificate of coverage or contact your sales representative for full details.
- Not available for the following SICs: 0811-0851, 1011-1241, 1411-1499, 1611, 1731-1799, 2812-2819, 2879, 2892, 2899-2999, 3292-3399, 4952-4959, 7342, 9223-9224, 9711-9721, 9999.
- We will not pay benefits for the First Occurrence of a Critical Illness if it occurs less than 3 months after the First Occurrence of a related Critical Illness for which this Plan paid benefits. By related we mean either: (a) both Critical Illnesses are contained within the Cancer Related Conditions category; or (b) both Critical Illnesses are contained within the Vascular Conditions category.
- We will not pay benefits for a second occurrence (recurrence) of a Critical Illness unless the Covered Person has not exhibited symptoms or received care or treatment for that Critical Illness for at least 12 months in a row prior to the recurrence. For purposes of this exclusion, care or treatment does not include: (1) preventive medications in the absence of disease; and (2) routine scheduled follow-up visits to a Doctor.
- We do not pay for a third or later occurrence of a critical illness.
- First & second occurrence refers to the first & second time an insured experiences or is diagnosed with a covered critical illness while covered under Guardian Critical Illness insurance.
- A pre-existing condition includes any condition for which an employee, in the specified period of time prior to coverage in this plan, consults with a physician, receives treatment, or takes prescribed drugs. Please refer to the plan documents for specific time periods.
- If the plan is new (not transferred): During the exclusion period, this critical illness plan does not pay charges relating to a pre-existing condition. If this plan is transferred from another insurance carrier, the time an insured is covered under that plan will count toward satisfying Guardian's pre-existing condition limitation period. Please refer to the plan details for specific time periods. State variations may apply.
- We do not pay benefits for charges relating to a covered person: taking part in any war or act of war (including service in the armed forces), committing a felony or taking part in any riot or other civil disorder or intentionally injuring themselves or attempting suicide while sane, or insane.
- In order to be eligible for coverage: Employees must be legally working: (a) in the United States or (b) outside the United States, for a US based employer, in a country or region approved by Guardian.
- Employees must be working full-time on the effective date of coverage; otherwise, coverage becomes effective after the completion of the specific waiting period.
- Evidence of Insurability is required for all late enrollees. Benefit increases may require underwriting.
- This coverage will not be effective until approved by a Guardian underwriter. This proposal is subject to satisfactory financial evaluation. Please refer to certificate of coverage for full plan description; plan documents are the final arbiter of coverage.

