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Group Number: 00534821

# ST. MORITZ SECURITY SERVICES, INC.

ALL ELIGIBLE SSI EMPLOYEES

Here you'll find information about your following employee benefit(s). Be sure to review the enclosed - it provides everything you need to sign up for your Guardian benefits.

## **PLAN HIGHLIGHTS**

- Accident

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# Welcome

Dear ST. MORITZ SECURITY SERVICES, INC. Employee,

We are happy to have been chosen by ST. MORITZ SECURITY SERVICES, INC. to be the provider of your employee benefits this year. For over 150 years, we have helped millions of people plan, secure and look after their families. We believe that life's unexpected surprises should be met with the support, guidance and understanding of someone who truly cares. And, we understand the power of help. It's why we go above and beyond to do what's right for you.

With Guardian® coverage you get:

- Affordable group rates
- Convenient payroll deduction
- Benefits for your unique needs

Take advantage of the benefits offered to you at work. Feel secure knowing that you have the coverage you need from a trusted provider and that it's there when you need it most.

Guardian

GUARDIAN® is a registered trademark of The Guardian Life Insurance Company of America®. Insurance products are 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.

2018-71635 (12/20)

**Accident Benefit Summary**
**Group Number: 00534821**
**Accident insurance through Guardian provides you:**

- A cash benefit for covered injuries, treatments and services, in addition to whatever your medical plan may cover
- Payments go directly to you, not the doctor
- Easy enrollment with no medical questions

**About Your Benefits:**

<b>ACCIDENT</b>		
<b>COVERAGE - DETAILS</b>	<b>Option 1: Advantage Plan</b>	<b>Option 2: Premier Plan</b>
<b>Your Monthly premium</b>	\$19.00	\$26.81
You and Spouse	\$30.26	\$42.46
You and Child(ren)	\$30.66	\$42.31
You, Spouse and Child(ren)	\$41.92	\$57.96
<b>Accident Coverage Type</b>	On and Off Job	On and Off Job
<b>Portability</b> - Allows you to take your Accident coverage with you if you terminate employment.	Included	Included
<b>WELLNESS BENEFIT</b> - Per Year Limit	\$50	\$50
<b>Child(ren) Age Limits</b>	Children age birth to 26 years	Children age birth to 26 years
<b>FEATURES</b>		
Accident Emergency Room Treatment	\$300	\$500
Accident Follow-Up Visit - Doctor	\$50 up to 2 visits	\$50 up to 2 visits
Ambulance	\$200	\$300
Appliance - Wheelchair, leg or back brace, crutches, walker, walking boot that extends above the ankle or brace for the neck.	\$125	\$175
Blood/Plasma/Platelets	\$300	\$300
Burns (2nd Degree/3rd 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	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	50% of burn benefit
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.	20% increase to child benefits	20% increase to child benefits
Chiropractic Visits	\$50 per visit up to 5 visits	\$75 per visit up to 5 visits
Coma	\$10,000	\$12,500
Concussions	\$300	\$450
Dislocations	Schedule up to \$8,000	Schedule up to \$12,000
Diagnostic Exam (Major)	\$500	\$500
Eye Injury	\$500	\$750

FEATURES (Cont.)	Option 1: Advantage Plan	Option 2: Premier Plan
Fracture	Schedule up to \$10,000	Schedule up to \$15,000
Hospital Admission	\$2,000	\$3,000
Hospital Confinement	\$500/day - up to 1 year	\$750/day - up to 1 year
Hospital ICU Admission	\$4,000	\$6,000
Hospital ICU Confinement	\$1,000/day - up to 30 days	\$1,500/day - up to 30 days
Initial Physician's office/Urgent Care Facility Treatment	\$100	\$200
Joint Replacement (hip/knee/shoulder)	\$2,500/\$1,250/\$1,250	\$3,500/\$1,750/\$1,750
Laceration	Schedule up to \$800	Schedule up to \$1,200
Occupational or Physical Therapy	\$50/day up to 10 days	\$75/day up to 10 days
Rehabilitation Unit Confinement	\$150/day up to 15 days	\$150/day up to 15 days
Ruptured Disc With Surgical Repair	\$500	\$750
Surgery	Schedule up to \$1,250 Hernia: \$150	Schedule up to \$1,500 Hernia: \$200
Surgery - Exploratory or Arthroscopic	\$250	\$350
Tendon/Ligament/Rotator Cuff	1: \$500 2 or more: \$1,000	1: \$750 2 or more: \$1,500
X - Ray	\$200	\$300

## UNDERSTANDING YOUR BENEFITS:

- **Accident Emergency Room Treatment** – Benefit is paid only when an insured is examined or treated within 72 hours of a covered accident.

*This document is a summary of the major features of the referenced insurance coverage. It is intended for illustrative purposes only and does not constitute a contract. The insurance plan documents, including the policy and certificate, comprise the contract for coverage. The full plan description, including the benefits and all terms, limitations and exclusions that apply will be contained in your insurance certificate. The plan documents are the final arbiter of coverage. Coverage terms may vary by state and actual sold plan. The premium amounts reflected in this summary are an approximation; if there is a discrepancy between this amount and the premium actually billed, the latter prevails.*

### Manage Your Benefits:

Go to [www.GuardianAnytime.com](http://www.GuardianAnytime.com) to access secure information about your Guardian benefits. Your on-line account will be set up within 30 days after your plan effective date.

## LIMITATIONS AND EXCLUSIONS:

### A SUMMARY OF ACCIDENT LIMITATIONS AND EXCLUSIONS:

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

This proposal summarizes the major features of the Guardian Accident benefit plan. It is not intended to be a complete representation of the proposed plan. For full plan features, including exclusions and limitations, please refer to your Policy.

This proposal is hedged subject to satisfactory financial evaluation.

We don't pay benefits for any Injury caused by or related to directly or indirectly: Sickness, disease, mental infirmity or medical or surgical treatment; the covered person being legally intoxicated; declared or undeclared war, act of war, or armed aggression; service in the armed forces, National Guard, or military reserves of any state or country; taking part in a riot or civil disorder; commission of, or attempt to commit a felony; 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, 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 for the employee are excluded if Accident coverage is off job only.

Contract # GP-1-AC-IC-12

*If Accident 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.*

**GUARDIAN LIFE INSURANCE COMPANY OF AMERICA**  
**10 HUDSON YARDS**  
**NEW YORK, NEW YORK 10001**  
**212-598-8000**  
www.guardianlife.com

**ACCIDENT COVERAGE ONLY**  
**REQUIRED OUTLINE OF COVERAGE**

**Read Your Policy Carefully**—This outline provides a very brief description of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is, therefore, important that you **READ YOUR POLICY CAREFULLY!**

**Accident coverage** is designed to provide, to persons insured, coverage for certain losses resulting from a covered accident ONLY, subject to any limitations contained in the policy. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

**Benefits**— Subject to all of the Certificate’s terms, We will pay the following benefits below as applicable if a Covered Person sustains an Injury or incurs a loss as a result of a Covered Accident. The Accident must occur after the date he or she becomes insured by this Plan and is subject to the limitations and exclusions otherwise set forth herein. All Covered Benefits are listed in the Certificate and all benefit amounts are shown in the Schedule of Benefits.

This following is an **EXAMPLE** of what the plan may pay:

Accidental Death	Yourself \$250,000 Your Spouse \$125,000 Your Children \$50,000
Accidental Dismemberment	Loss of a hand, foot or sight: \$5,000 Multiple Losses of hand, foot or sight: For more than one covered loss due to the same Accident: \$10,000 Loss of thumb and index finger of same hand or Loss of four fingers of same hand: \$7,500 Loss of all toes of same foot: \$3,000
Air Ambulance	\$2,500
Ambulance	\$2,000
Burn (2 <sup>nd</sup> or 3 <sup>rd</sup> Degree)	\$10,000
Hospital Admission	\$250
Hospital Confinement	\$100 per day
Hospital ICU Admission	\$500
Hospital ICU Confinement	\$250 per day
Initial Doctor’s office/Urgent care facility treatment	\$100

**The complete list of Benefits that applies to your Plan appears in your Certificate. Please Read your Certificate.**

**EXCEPTIONS, REDUCTIONS AND LIMITATIONS OF THE CERTIFICATE  
(this is not a major medical expense plan):**

**Pre-existing Conditions:** If any pre-existing condition applies, it will be listed on the Certificate Rider(s).

**The Service Waiting Period:** If You are in an eligible class, You are eligible for Accident coverage under this Plan after You complete the service waiting period, if any, established by the Employer.

This Plan will not pay benefits for any Injury caused by or related to directly or indirectly:

- Disease, mental infirmity or medical or surgical treatment.
- 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.
- A Covered person operating a motor vehicle while intoxicated, if operating a motor vehicle while intoxicated is a felony as defined by the law of the state in which the accident occurred.
- Declared or undeclared war, act of war, or armed aggression.
- Service in the armed forces, National Guard, or military reserves of any state or country.
- Taking part in a riot or civil disorder.
- Commission of, or attempt to commit a felony.
- Treatment rendered or hospital confinement outside the United States or Canada.
- Intentionally self-inflicted Injury.
- Suicide.
- 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, or skydiving.
- Job related or on the job injuries.
- An Accident that occurred before the Covered Person is covered by this Plan.
- Injuries to a dependent child received during the birth.

**Renewability**

The Policy is guaranteed renewable as long as You pay the premium when due or within the grace period. We can change our premium rates on any policy anniversary on a class basis. Any change in rates will be based on the attained or issue age of each Covered Person on the policy anniversary date.