

	CHOSEN PLAN 8.1.2020
	HUMANA
	CO SIMPLICITY 19 OPT 2 LFP
CONTRACTED NETWORK	NPOS
IN-NETWORK BENEFITS	
Individual Deductible	\$0
Individual Out-of-Pocket Max	\$6,000
Family Deductible	\$0
Family Out-of-Pocket Max	\$12,000
In-Network Coinsurance	100%
OUT-OF-NETWORK BENEFITS	
Individual Deductible	\$6,000
Individual Out-of-Pocket Max	\$24,000
Family Deductible	\$12,000
Family Out-of-Pocket Max	\$48,000
Out-of-Network Coinsurance	50%
COPAYS PER VISIT - IN-NETWORK	
Primary Care	\$40 (Virtual visit - No Charge)
Specialists	\$100
Preventive Care	No Charge
Outpt Diag Xray/Lab	No Charge
Out Diag CT/Pet Scans MRIs	\$500
Rx 30-Day Cvg	\$5/\$20/\$50/\$100/\$500
Rx 90-Day Cvg Mail Order	\$12.50/\$50/\$125/\$250/\$500
Outpt Surg/Serv	\$1,250
Emergency Room	\$500
Ambulance	\$500
Urgent Care	\$100
Inpt Hospitalization	\$1250 copay/day (3 days for copay per day)
Outpt Mental Health	\$40; other outpt sev \$1250 copay
Outpt PT OT SP	\$40

Voluntary Term Life

RATES per \$1,000										
Age	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
Rates	\$0.063	\$0.067	\$0.088	\$0.131	\$0.209	\$0.343	\$0.553	\$0.862	\$1.688	\$3.223
Census	Child		Employee AD&D			Spouse AD&D		Child AD&D		
27	\$0.167		\$0.030			\$0.030		\$0.030		
Rate Guarantee	2 Years									
Minimum Participation	Voluntary, Greater of 30% or 10 enrolled employees.									
Re-enrollment	Annual Election Option: allows an employee to annually enroll for an increase of coverage, by an electable amount up to \$50,000, not to exceed the case Guarantee Issue.									
Underwriting Requirements	Employee <65	Spouse <65	Child	Employee 65<70	Spouse 65<70	Employee 70+	Spouse 70+			
Guarantee Issue	\$50,000	\$25,000	\$10,000	\$50,000	\$10,000	\$10,000	\$0			

BENEFITS											
All Eligible Employees											
Employee Benefit	\$10,000 to \$250,000 in \$10,000 increments										
Employee AD&D	100% of Life benefit to \$250,000										
Dependent AD&D	100% of Life Benefit										
Spouse Benefit	\$10,000 to \$250,000 in \$5,000 increments, not to exceed 100% of Employee's amount										
Child Benefit	\$5,000, \$10,000, not to exceed 100% of Employee's amount										
Infant Benefit	\$500										
Dependent Age Limits	14 days to 23 years (25 if full time student). Infant Age: Birth to 14 days. Spouse terminates at 70.										
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, without Evidence of Insurability										
Conversion	Included										
Seatbelt/Airbag	Employee: \$10,000/\$15,000, Dependent: \$5,000/\$7,500										
Benefit Reduction (of original amount)	<table border="1"> <thead> <tr> <th>Age</th> <th>Reduction</th> </tr> </thead> <tbody> <tr> <td>65</td> <td>35%</td> </tr> <tr> <td>70</td> <td>60%</td> </tr> <tr> <td>75</td> <td>75%</td> </tr> <tr> <td>80</td> <td>85%</td> </tr> </tbody> </table>	Age	Reduction	65	35%	70	60%	75	75%	80	85%
Age	Reduction										
65	35%										
70	60%										
75	75%										
80	85%										

- ### PLAN HIGHLIGHTS
- **Will Prep Services:** Provides resources to prepare wills and other planning documents. Will Prep Services include: free Estate Planning documents, access to Estate Planners and Resource Library. For a small fee, Attorney Assisted Will Preparation is also available
 - 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.
 - Seatbelt/Airbag benefit will be limited to \$30,000 for combined Life and AD&D amounts.

- ### 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)

Voluntary Term Life

SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS (continued)

- 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-15-1.0 (VLife 2016)
- WillPrep Services are provided by Integrated Behavioral Health, Inc., and its contractors. The Guardian Life Insurance Company of America (Guardian) does not provide any part of WillPrep Services. Guardian is not responsible or liable for care or advice given by any provider or resource under the program. WillPrep Services is not an insurance benefit and may not be available in all states.
- 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-15-1.0 (VADD 2016)
- Guardian Group Voluntary Term Life Insurance is underwritten by The Guardian Life Insurance Company of America, New York, NY and will not be effective until approved by a Guardian underwriter. Optional riders and/or features may incur additional costs. 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. #2016-24622(exp. 4/18)

Dental

RATES

Plan #3

	Employee	Employee & Spouse	Employee & Child(ren)	Full Family	Monthly Premiums	Annual Premium
Monthly Rate	\$33.41	\$67.81	\$79.82	\$121.36	\$1,706.60	\$20,479.20
Census	14	4	3	6		
Rate Guarantee	1 Year					

BENEFITS

All Eligible

	Value Plan		NAP Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Contribution/Participation	Contributory, Assumes 75% of eligible employees.		Contributory, Assumes 75% of eligible employees.	
Deductible	\$50		\$50	
Period	Policy Year		Policy Year	
Family Limit	3 per family		3 per family	
Waived For	Preventive		Preventive	
Annual Maximum	\$1,500		\$1,500	
Claim Payment Basis	Negotiated Fee Schedule	Negotiated Fee Schedule	Negotiated Fee Schedule	UCR 90 th
Network	DentalGuard Preferred		DentalGuard Preferred	
Coinsurance - Preventive	100%	100%	100%	100%
	• Oral Exams (once/6 mos.) • Cleanings (once/6 mos.) • X-Rays (Full-mouth series once/60 mos.) • Fluoride Treatment (to age 19, once/6 mos.) • Sealants (to age 16, once/36 mos.) • Space Maintainers/Harmful Habit Appliances			
Coinsurance - Basic	100%	100%	80%	80%
	• Fillings • Perio Maintenance Procedure (once/3 mos.) • Combined Cleanings/Perio Maintenance Limit (4 in a 12 consecutive months period) • Periodontal Services (eg Scaling and Root Planing) • Periodontal Surgery • Simple Extractions • Complex Extractions • Endodontic Services (eg. Root Canal) • Repair & Maintenance of Crowns, Bridges & Dentures • General Anesthesia • Oral Cancer Screenings (age 40 or older, once/24 mos.)			
Coinsurance - Major	60%	60%	50%	50%
	• Bridges & Dentures • Single Crowns • Inlays, Onlays & Veneers			
Dependent Age Limits	To Age 26		To Age 26	
Waiting Periods	None		None	
Plan Type & Code	Guardian Choice Plan (J1)			

PLAN HIGHLIGHTS

Guardian Choice Plan

- With a Guardian Choice plan, employees select either a Network Access Plan (NAP) or a Value Plan and can change their election annually. Premium rates are the same for both plans.
- With a NAP plan, benefits are paid at the same coinsurance percentages in-network and out-of-network. In-network benefits are based on a negotiated PPO fee schedule; out-of-network benefits are based on local UCR charges. While employees retain complete freedom of choice, the employee benefits when using an in-network dentist because our significant PPO discounts result in less out-of-pocket expenses.
- With Value plan, in-network and out-of-network benefits are paid at the same coinsurance percentages, but all benefits are paid based on the discounted PPO fees. So, when employees seek in-network care, they receive our regular PPO savings. If they choose to seek out-of-network care, they may be responsible for the difference between the discounted PPO fees and the out-of-network dentist's regular fees for the services that are performed.

Strong Network Coverage Nationwide - providing choice and savings

- Guardian has one of the nation's largest selection of network dentists and we're growing fast, with over 115,000 dentists at more than 370,000 locations.
- It's easy to find a network dentist at GuardianAnytime.com.

(continued)

PLAN HIGHLIGHTS (continued)

International Dental Travel Assistance

- While traveling internationally, Guardian members can get a referral to a local dentist for immediate dental care through the International Dental Travel Assistance Program. This service is available 24/7, in over 200 countries. Coverage will be considered under the out-of-network benefits.
- International Dental Travel Assistance services are administered by AXA Assistance USA, Inc. AXA Assistance is not affiliated with (The) Guardian Life Insurance (Company of America) ("Guardian"), and the services they provide are separate and apart from the benefits provided by Guardian.

College Tuition Benefit

- Annual enrollment in this plan earns you 2,000 Tuition Rewards (1 Reward = \$1 in tuition reduction at a network of Private Colleges and Universities.) These rewards are yours for your lifetime and can be given to Children, Grandchildren, Nieces, Nephews and Godchildren. Visit www.Guardian.CollegeTuitionBenefit.com to learn more!

IMPORTANT NOTES

Rates and Premiums were determined using a census of eligible employees and dependents provided at time of quote. If the provided information was missing additional office locations or census counts for office locations, the rates shown are illustrative only. Final rates and premiums will be produced when information regarding office locations and related census counts is received and will be based on the plan and employee/dependent data provided on the enrollment forms. State specific requirements apply.

- We reserve the right to adjust rates if actual participation is below assumed level. We also reserve the right to adjust rates if there is an average of more than 4 children per dependent unit (EE+CH or FAM).
- We reserve the right to withdraw this proposal if actual employee participation is below 25%; minimum of 5 enrolled employees. This requirement does not apply to any Managed Dental Care plans quoted.
- If your plan includes Section 125/Flex Plan, open enrollment must be held the month prior to the renewal/anniversary date.
- This plan DOES NOT include coverage of pediatric dental services for members under age 19 as required under The Patient Protection and Affordable Care, Pub, L. 111-148 and the Health Care and Education Reconciliation Act of 2010, Pub, L. 111-152. Coverage of pediatric dental services is available for purchase in the State of Colorado and can be purchased as a stand-alone plan. Please contact your insurance carrier, agent, or Connect for Health Colorado to purchase either a plan that includes pediatric dental coverage, or an Exchange-certified stand-alone dental plan that includes pediatric dental 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.
- Coverage is limited to charges that are necessary to prevent, diagnose or treat dental disease, defect or injury. Depending on plan type, deductibles, waiting periods, per service frequency limitations, and payment limits may apply.
- The list of dental services shown is not exhaustive.
- This coverage will not be effective until approved by a Guardian underwriter. Please refer to certificate of coverage for full plan description.

This plan does not pay for:

- Any restoration procedure, appliance or dental prosthesis used solely to: a) alter vertical dimension; b) restore or maintain occlusion, except to the extent that this plan covers orthodontic treatment; c) splint or stabilize teeth for periodontal reasons; or d) treat a condition caused by abrasion or attrition.
- Cosmetic or experimental treatments, unless specifically listed in the BENEFIT DETAIL section of this proposal as a covered cosmetic service.
- Replacing a lost, stolen or missing appliance or prosthetic device; or making a spare appliance or device.
- Treatment needed due to: a) an on-the-job or job-related injury; or b) a condition for which benefits are payable by Workers' Compensation or similar laws.
- Replacing an appliance or prosthetic device with a like appliance or device, unless: a) it is damaged while in the covered person's mouth in an injury suffered while insured, and can't be fixed; or b) can't be made usable and meets the replacement age criteria selected by the employer.
- Treatment for which no charge is made.
- The replacement of extracted or missing third molars/wisdom teeth.
- Treatment of congenital or developmental malformations, or the replacement of congenitally missing teeth.
- Evaluations and consultations for non-covered services; detailed and extensive oral evaluations.
- Any procedure performed in conjunction with, as part of, or related to a non-covered procedure.
- Any procedure not specifically listed as a covered benefit.
- GP-1-DG2000 et al.
- Guardian Dental is underwritten 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.

RATES						
All Eligible Employees	Employee	Employee & Spouse	Employee & Child(ren)	Full Family	Monthly Premium	Annual Premium
Monthly Rate	\$6.75	\$11.35	\$11.58	\$18.32	\$284.56	\$3,414.72
Census	14	4	3	6		
Rate Guarantee	2 Years					

BENEFITS	
All Eligible Employees	
Contribution/Participation	Voluntary, Assumes 50% of eligible employees. Vision is sold with Dental.
Dependent Age Limits	To Age 26
Network/Plan	Guardian Vision/Full Feature - B
Copay	
Split(Exams/Materials)	\$10/\$25

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

REIMBURSEMENT SCHEDULE		
	In Network (Copay)	Out Network (No Copay)
Eye Exams Benefit	\$10	\$59 max
Lenses Benefit		
Single Vision	\$25	\$30 max
Bifocal	\$25	\$50 max
Trifocal	\$25	\$65 max
Lenticular	\$25	\$100 max
Contact Lenses Benefit**		
Medically Necessary	Covered (Copay waived)	\$210 max
Elective Materials	\$130 max (Copay waived)	\$120 max
Elective Fitting and Evaluation	Member pays Standard: \$50; Custom: \$75	Included in the Contact Lens Allowance
Frames Benefit	\$130 retail max + 20% off balance	\$70 max

**In lieu of eyeglass lenses and/or frames

PLAN HIGHLIGHTS	
<ul style="list-style-type: none"> • Significant out-of-pocket savings available by visiting one of Guardian Vision's network locations including retail centers such as Walmart, JC Penney, Sears, Target, Sam's Club, Costco, Pearle, America's Best, For Eyes and Visionworks. • Members will receive up to 45% off the provider's UCR on lens options. Oversized lenses and fashion or gradient tinting of plastic lenses are covered in full. • Members receive a 20% discount off the amount exceeding the copay and allowance on frames purchased from a participating provider. • Members receive up to 25% off the national average for Laser Correction Surgery. • Members receive 30-60% off retail for Hearing services when there's no insured benefit on the plan. • Additional discounts are not available at Costco, Walmart and Sam's Club locations. 	

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.

The plan does not pay for:

- Orthoptics or vision training and any associated supplemental testing.
- Eye examination or corrective eyewear required by an employer as a condition of employment.
- Medical or surgical treatment of the eye.
- 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-17, et al
- Guardian's Vision Insurance products are underwritten by The Guardian Life Insurance Company of America, New York, NY and will not be effective until approved by a Guardian underwriter. Please refer to certificate of coverage for full plan description; plan documents are the final arbiter of coverage.

Short Term Disability

RATES Per \$10 of Weekly Indemnity	
Census	Employee Rate
27	\$0.290
Rate Guarantee	2 Years

BENEFITS	
	All Eligible Employees
Census	27
Contribution/Participation	Voluntary/Greater of 25% or 10 enrolled employees.
Benefits Begin Accident/Sickness	8th day/8th day
Duration of Benefits	12 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	No Offset
Minimum Weekly Benefit	None
Pre-Existing Condition	3/12 with 2 week limitation.
Earnings Definition	Standard, excluding bonus & commission
Telephonic Claims	TeleGuard Included
Coverage Type	Non-occupational
Quarantine Benefit	Pays benefit to person under quarantine order.
Rehabilitation Services	110% benefit amount, mandatory participation, Includes Dependent care expense
Tax Services	Tax reports only
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.¹ 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 call center** - No claims forms to complete. No mail delays. Employees simply call a dedicated toll-free number. Our in-house, specially-trained TeleGuard experts collect all information and get the answers we need the first time, helping to expedite claims review and determination. In fact, employees can expect their short term disability payment in less than a week starting from the time we receive the claim.

¹Financial information concerning The Guardian Life Insurance Company of America as of December 31, 2015 on a statutory basis: Admitted Assets = \$48.1 Billion; Liabilities = \$42.0 Billion (including \$37.0 Billion of Reserves); and Surplus = \$6.1 Billion.

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.

(continued)

Short Term Disability

IMPORTANT NOTES (continued)

- **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.
- STD rate is only valid for STD only coverage.
- Maternity is covered as any other illness.
- #2016-20341 (exp. 4/18)

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.
- 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. Contract # GP-1-STD-15-1.0 et al. (Disability 2016)
- 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.
- This policy provides disability income insurance only. It does not provide "basic hospital," "basic medical," or "major medical" insurance as defined by the New York State Insurance Department.
- Evidence of Insurability is required for all late enrollees.
- Guardian Group Short Term Disability 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. 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.