



FREEDOM SENIOR MANAGEMENT, LLC
ALL ELIGIBLE EMPLOYEES
Group Number: 00555836



Customer Service (888) 600-1600
Monday to Friday | 8am to 8:30pm ET

Welcome to

Workplace benefits

Everyone deserves a Guardian

Every day, Guardian gives 26 million Americans the security they deserve through our insurance and wealth management products and services.

We've partnered with your organization to offer you a range of employee benefits. Inside this pack, you'll find the plans your employer thinks you might benefit from.

Your coverage options

| | | |
|---|-------------------------------------|---|
|  | Vision insurance | Looking after your eyesight and related health issues |
|  | Critical illness insurance | Taking care of the expenses if you're critically ill |
|  | Accident insurance | Helping you cover expenses after an accident |
|  | Hospital indemnity insurance | Covering some of your hospital stay costs |

Know your benefits

Your benefits support your physical and financial wellbeing, to help keep you and your loved ones protected.

With Guardian, you're in good hands. We've been delivering on our promises for over 150 years, and we're looking forward to doing the same for you too.

- 1 Read through this information.
- 2 Find out more about your benefits.
- 3 Talk to your employer if you need help or have any questions.

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This document is a summary of the major features of the insurance coverage that's been agreed to with your employer – it isn't your contract.

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Watch our video
How vision insurance can help
you see clearly as you get older.

Vision insurance

Vision insurance helps protect the health of your eyes by providing coverage for benefits that often aren't covered by regular medical insurance.

Protecting your eyesight means allowing for routine visits to the optometrist for eye exams, as well as coverage for glasses and contacts. Make sure your eyes remain in great shape at any age – no matter how much time you spend staring at digital screens.

Who is it for?

Even if you have perfect eyesight, it's important to have regular eye exams to make sure you're still seeing clearly. Most of us may eventually need vision correction, which is why we offer vision insurance to cover some of the costs.

What does it cover?

Vision insurance covers benefits not typically included in medical insurance plans. It covers things like routine eye exams, allowances towards the purchase of eyeglasses and contact lenses, as well as discounts on corrective Lasik surgery.

Why should I consider it?

Regular eye exams can detect more than failing eyesight, they can also pick up diseases like glaucoma and diabetes. Vision problems are one of the most prevalent disabilities in the United States, making vision insurance especially useful for anyone who regularly needs to purchase eyeglasses or contacts, or anyone who simply wants to help protect their eyesight and general health.

You will receive these benefits if you meet the conditions listed in the policy.



20/20 coverage

David notices that his vision is deteriorating. He goes in for an eye exam, and is diagnosed with myopia, which means he needs glasses.

Average cost of vision exam: **\$171**

Average cost of frames and lenses: **\$350**

Total cost: **\$521**

With a Vision policy from Guardian, David pays just **\$10** for his eye exam. After **\$25** in copay, his lenses are fully covered, and he pays **\$96** for his frames.

David's total out-of-pocket expense is **\$131**, saving him **\$390**.

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 vision coverage

Option 1: Significant out-of-pocket savings available with your **Full Feature** plan by visiting one of Davis Vision's network locations including retail centers such as Costco®, Wal-Mart®, JCPenney®, Target®, Sam's Club®, Pearle®, Visionworks®. You can also use your network benefits online at Visionworks®.com, glasses®.com, or 1800contacts®.com.

Your Vision Plan

Full Feature - Designer

Your Network is

Davis Vision

Copay

| | |
|--|-------|
| Exams Copay | \$ 10 |
| Materials Copay (waived for elective contact lenses) | \$ 10 |

Sample of Covered Services

| | <i>In-network</i> | <i>Out-of-network</i> |
|---|--|-----------------------|
| Eye Exams | \$0 | Amount over \$50 |
| Single Vision Lenses | \$0 | Amount over \$48 |
| Lined Bifocal Lenses | \$0 | Amount over \$67 |
| Lined Trifocal Lenses | \$0 | Amount over \$86 |
| Lenticular Lenses | \$0 | Amount over \$126 |
| Frames | 80% of amount over \$150*2 | Amount over \$48 |
| Contact Lenses (Elective and conventional) | 85% of amount over \$150* | Amount over \$105 |
| Contact Lenses (Planned replacement and disposable) | 85% of amount over \$150* | Amount over \$105 |
| Contact Lenses (Medically Necessary) | \$0 | Amount over \$210 |
| Cosmetic Extras | Avg. 40-60% off retail price | No discounts |
| Glasses (Additional pair of frames and lenses) | Courtesy discount from most providers | No discounts |
| Laser Correction Surgery Discount | Up to 25% off the usual charge or 5% off promotional price | No discounts |

You pay (after copay if applicable):

| Service Frequencies | |
|---|--|
| Exams | Every calendar year |
| Lenses (for glasses or contact lenses)## | Every calendar year |
| Frames | Every two calendar years |
| Network discounts (glasses and contact lens professional service) | Applies to first purchase & courtesy discount from most providers on subsequent purchases. |

Dependent Age Limits

26

This is only a partial list of vision services. Your certificate of benefits will show exactly what is covered and excluded.

Davis

- ##Benefit includes coverage for glasses or contact lenses, not both.
- Family coverage for spouse and children if the child is dependent upon the employee for support and is: (i) living in the employee's household; or (ii) a full-time or part-time student.



Your vision coverage

- Contact lenses from Davis Vision's Collection are available at most private practice locations with Full Feature and Materials Only plans. Contacts from the collection are covered in full including fitting and evaluation, in excess of the plan's materials copay. Elective contacts that are not part of the Collection are covered up to the plan's elective contact lens allowance and the materials copay is waived.
- *Additional discounts are not available at all private practice locations. Costco, Walmart, Sam's Club, glasses.com, and 1800contacts.com do not allow additional discounts.
- For Davis Vision, complete eyeglasses must be purchased at one time from one provider. For example, if a member purchases only lenses, he or she cannot purchase frames later in the same benefit period. The member is not eligible for new vision materials until the next benefit period. Only charges for an initial purchase can be used toward the material allowance. Any unused balance remaining after the initial purchase cannot be banked for future use.
- *Extra \$50 at Visionworks stores and at Visionworks.com.
- Davis Vision offers 2,000 College Tuition Benefit Rewards, which are administered by SAGE CTB, LLC.

EXCLUSIONS AND LIMITATIONS

Important Information: This policy provides vision care limited benefits health insurance only. It does not provide basic hospital, basic medical or major medical insurance as defined by the New York State Insurance Department. Coverage is limited to those charges that are necessary for a routine vision examination. Co-pays apply. The plan does not pay for: orthoptics or vision training and any associated supplemental testing; medical or surgical treatment of the eye; and eye examination or corrective eyewear required by an employer as a condition of employment; replacement of lenses and frames that are furnished under this plan, which are lost or broken (except at normal intervals when services are otherwise available or a warranty exists). The plan limits benefits for blended lenses, oversized lenses, photochromic lenses, tinted lenses, progressive multifocal lenses, coated or laminated lenses, a frame that exceeds plan allowance, cosmetic lenses; U-V protected lenses and optional cosmetic processes.

The services, exclusions and limitations listed above do not constitute a contract and are a summary only. The Guardian plan documents are the final arbiter of coverage. Contract #GP-1-DAVIS-05-VIS et al.

Laser Correction Surgery:

Up to 25% off for vision laser surgery.

Laser surgery is not an insured benefit. The surgery is available at a discounted fee. The covered person must pay the entire discounted fee. In addition, the laser surgery discount may not be available in all states.

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. This policy provides vision care 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. Plan documents are the final arbiter of coverage.
Policy Form # GP-1-GVSN-17

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Watch our video
How critical illness insurance
helps cover the costs of treatment.

Critical illness insurance

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

It's a cash payment you receive if you ever experience a serious illness like cancer, a heart attack, or a stroke, giving you the financial support to focus on recovery.

Who is it for?

Critical illness insurance is a supplemental policy for people who already have health insurance. It provides you with an additional payment 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 an affordable way to supplement and pay for additional expenses that your health insurance doesn't cover. Our policies typically provide payments 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.



Critical costs

John is hospitalized after a heart attack, and has to cover the cost of five days as an inpatient.

Average heart attack hospitalization expense: **\$53,000**

Average Major Medical deductible: **\$1,500**

Major Medical covers 80% of the cost after the deductible is met, but John's still responsible for 20%: **\$10,300.**

Total out-of-pocket amount for John (deductible + coinsurance): **\$11,800.**

John has a **\$10,000** Guardian Critical Illness policy, which covers the majority of these out-of-pocket expenses.

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 up to \$20,000. Please see your cost illustration for a full list of available benefit amounts.

| | 1st OCCURRENCE | 2nd OCCURRENCE |
|------------------------------|----------------------------------|----------------|
| CONDITIONS | | |
| Cancer | | |
| Invasive Cancer | 100% | 100% |
| Carcinoma In Situ | 30% | 0% |
| Benign Brain Tumor | 75% | 0% |
| Vascular | | |
| Heart Attack | 100% | 100% |
| Stroke | 100% | 100% |
| Heart Failure | 100% | 100% |
| Coronary Arteriosclerosis | 30% | 0% |
| Other | | |
| Organ Failure | 100% | 100% |
| Kidney Failure | 100% | 100% |
| ADDITIONAL CONDITIONS | | |
| Addison's Disease | 30% | |
| ALS (Lou Gehrig's Disease) | 100% | |
| Alzheimer's Disease | 50% | |
| Coma | 100% | |
| Huntington's Disease | 30% | |
| Loss of Hearing | 100% | |
| Loss of Sight | 100% | |
| Loss of Speech | 100% | |
| Multiple Sclerosis | 30% | |
| Parkinson's Disease | 100% | |
| Permanent Paralysis | 50% for 1 limb, 100% for 2 limbs | |
| Severe Burns | 100% | |
| Childhood Conditions | | |
| Cerebral Palsy | 100% | |
| Cleft Lip/Palate | 100% | |
| Club Foot | 100% | |
| Cystic Fibrosis | 100% | |
| Down's Syndrome | 100% | |
| Muscular Dystrophy | 100% | |
| Spina Bifida | 100% | |
| Type I Diabetes | 100% | |
| 1st OCCURRENCE ONLY | | |



Your critical illness coverage

CRITICAL ILLNESS

Spouse/Domestic Partner Benefit

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.

Child Benefit- children age Birth to 26 years

25% of employee's lump sum benefit

Benefit Reductions: Benefits are reduced by a certain percentage as an employee ages

50% at age 70

Guarantee Issue: 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.

For a child: All Amounts

Health questions are required if the elected amount exceeds the Guarantee Issue, as well as for all applicants age 70+ regardless of elected amount.

Health questions are required if the elected amount exceeds the Guarantee Issue, as well as for all applicants age 70+ regardless of elected amount.

Portability: Allows you to take your Critical Illness coverage with you if you terminate employment.

Included

Pre-Existing Condition Limitation: 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.

12 months prior, 12 months after

WELLNESS BENEFIT

Employee Per Year Limit

\$100

Spouse Per Year Limit

\$100

Child Per Year Limit

\$100

Condition Definitions

- Stroke: Stroke must be severe enough to cause neurological deficits at least 30 days after the event.
- Heart Failure: An insured must be placed on an organ transplant list in order to be eligible for the Heart failure benefits.
- Coronary Arteriosclerosis: Coronary Arteriosclerosis must be severe enough to require a coronary artery bypass graft.
- Organ Failure: Organ failure includes both lungs, liver, pancreas or bone marrow and requires the insured to be placed on an organ transplant list.
- Kidney Failure: An insured must be placed on an organ transplant list in order to be eligible for the Kidney failure benefits.



Your critical illness coverage

EXCLUSIONS AND LIMITATIONS

A SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS FOR CRITICAL ILLNESS:

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 6 months in a row prior to the recurrence. For purposes of this exclusion, care or treatment does not include: (1) preventative medications in the absence of disease; and (2) routine scheduled follow-up visits to a Doctor.

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 1) late enrollees and 2) enrollees over age 69 (not applicable in FL). This coverage will not be effective until approved by a Guardian underwriter.

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 # GP-1-CI-14

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.
Policy Form # GP-1-LAH-12R; GP-1-CI-14



Watch our video
How accident insurance
can get you back on your feet.

Accident insurance

Accidents happen. With accident insurance, you can help them hurt a bit less.

Accident insurance is an extra layer of protection that gives you a cash payment to help cover out-of-pocket expenses when you suffer an unexpected, qualifying accident.

Who is it for?

Nobody can predict when an accident might happen. That's why accident insurance is an important add-on policy for people who want to supplement the health and disability insurance coverage they already have individually or through an employer.

What does it cover?

Accident insurance pays you lump sum benefits after an accident happens. This could be a severe burn, broken bone or emergency room visit. Our accident insurance policies also offer an increased benefit that pays extra for children injured while playing an organized sport like soccer, baseball, lacrosse, or football.

The child must be covered at the time the accident occurred and be 18 years of age or younger.

Why should I consider it?

Health coverage may become more expensive, with higher co-pays, premiums, and deductibles. Accident insurance can be a simple, affordable way to help supplement and cover additional expenses your health and disability insurance may not cover, including x-rays, ambulance services, deductibles, and even things like rent or groceries.

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

You will receive these benefits if you meet the conditions listed in the policy.



Added support during recovery

Amanda breaks her leg falling off her bike and needs emergency treatment.

Average non-surgical broken leg treatment expense: **\$2,500**

Average Major Medical deductible: **\$1,500**

Major Medical covers 80% of the surgical cost after the deductible is met, but Amanda's still responsible for 20%: **\$200**

Total out-of-pocket amount for Amanda (deductible + coinsurance): **\$1,700**

Amanda's Guardian Accident policy pays her a benefit of **\$1,700**, which covers all of her out-of-pocket expenses.

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 accident coverage

ACCIDENT

COVERAGE - DETAILS

| | |
|--|----------------|
| Accident Coverage Type | On and Off Job |
| Portability - Allows you to take your Accident coverage with you if you terminate employment. | Included |

ACCIDENTAL DEATH AND DISMEMBERMENT

| | |
|---|---|
| Benefit Amount(s) | Employee \$50,000 Spouse \$25,000 Child \$5,000 |
| Catastrophic Loss | Quadriplegia, Loss of speech & hearing (both ears), Loss of Cognitive function: 100% of AD&D Hemiplegia & Paraplegia: 50% of AD&D |
| Common Carrier | 200% of AD&D benefit |
| Common Disaster | 200% of Spouse AD&D benefit |
| Dismemberment - Hand, Foot, Sight | Single: 50% of AD&D benefit Multiple: 100% of AD&D benefit |
| Dismemberment - Thumb/Index Finger Same Hand, All Four Fingers Same Hand, All Toes Same Foot | 25% of AD&D benefit |
| Seatbelts and Airbags | Seatbelts: \$10,000 & Airbags: \$15,000 |
| Reasonable Accommodation to Home or Vehicle | \$2,500 |
| WELLNESS BENEFIT - Per Year Limit | \$100 |
| Child(ren) Age Limits | Children age birth to 26 years |

FEATURES

| | |
|---|--|
| Accident Emergency Room Treatment | \$200 |
| Accident Follow-Up Visit - Doctor | \$75 up to 6 treatments |
| Air Ambulance | \$1,500 |
| Ambulance | \$200 |
| Appliance - Wheelchair, leg or back brace, crutches, walker, walking boot that extends above the ankle or brace for the neck. | \$125 |
| Blood/Plasma/Platelets | \$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 |
| Burn - Skin Graft | 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 |
| Chiropractic Visits | \$50 per visit up to 6 visits |
| Coma | \$12,500 |
| Concussions | \$100 |
| Dislocations | Schedule up to \$4,800 |



Your accident coverage

FEATURES (Cont.)

| | |
|---|---|
| Diagnostic Exam (Major) | \$200 |
| Emergency Dental Work | \$400/Crown, \$100/Extraction |
| Epidural pain management | \$100, 2 times per accident |
| Eye Injury | \$300 |
| Family Care | \$20/day up to 30 days |
| Fracture | Schedule up to \$6,000 |
| Hospital Admission | \$1,250 |
| Hospital Confinement | \$250/day - up to 1 year |
| Hospital ICU Admission | \$2,500 |
| Hospital ICU Confinement | \$500/day - up to 15 days |
| Initial Physician's office/Urgent Care Facility Treatment | \$100 |
| Joint Replacement (hip/knee/shoulder) | \$3,500/\$1,750/\$1,750 |
| Knee Cartilage | \$750 |
| Laceration | Schedule up to \$500 |
| Lodging - The hospital must be more than 50 miles from the insured's residence. | \$150/day, up to 30 days for companion hotel stay |
| Occupational or Physical Therapy | \$35/day up to 10 days |
| Prosthetic Device/Artificial Limb | 1: \$750 2 or more: \$1,500 |
| Rehabilitation Unit Confinement | \$150/day up to 15 days |
| Ruptured Disc With Surgical Repair | \$750 |
| Surgery | Schedule up to \$1,500 Hernia: \$200 |
| Surgery - Exploratory or Arthroscopic | \$350 |
| Tendon/Ligament/Rotator Cuff | 1: \$750 2 or more: \$1,500 |
| 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. | \$600, 3 times per accident |
| X - Ray | \$40 |

UNDERSTANDING YOUR BENEFITS:

- **Common Carrier** – Benefit is paid if an insured's death occurs due to an accident while riding as a fare-paying passenger in a public conveyance. If this is paid, we do not pay the Accidental Death benefit.
- **Common Disaster** – Benefit is paid if both you & your spouse die in a covered accident or separate covered accidents within the same 24 hour period.
- **Reasonable Accommodation** – Benefit is payable if a modification is required to an insured's place of residence or vehicle due to an Accidental Dismemberment or Catastrophic loss.
- **Accident Emergency Room Treatment** – Benefit is paid only when an insured is examined or treated within 72 hours of a covered accident.



Your accident coverage

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's Accident 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 Accident 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.
IMPORTANT NOTICE – THIS POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS.
Policy Form # GP-1-AC-BEN-12, et al., GP-1-LAH-12R; GP-1-ACC-18



Watch our video
How hospital indemnity insurance can give you a comfortable stay.

Hospital indemnity insurance

Hospital indemnity insurance can cover some of the cost associated with a hospital stay, letting you focus on recovery.

Being hospitalized for illness or injury can happen to anyone, at any time. While medical insurance may cover hospital bills, it may not cover all the costs associated with a hospital stay. That's where hospital indemnity coverage can help.

Who is it for?

Hospital indemnity insurance is for people who need help covering the costs associated with a hospital stay if they suddenly become sick or injured.

What does it cover?

If you are admitted to a hospital for a covered sickness or injury, you'll receive payments that can be used to cover all sorts of costs, including:

- Deductibles and co-pays.
- Travel to and from the hospital for treatment.
- Childcare service assistance while recovering.

Why should I consider it?

Health coverage is becoming more expensive, with higher co-pays, premiums, and deductibles. Hospital indemnity insurance can help pay for out-of-pocket costs associated with being hospitalized, giving you more of a financial safety net for unplanned expenses brought on by a hospital stay.

Plus, hospital indemnity insurance is portable and payments are made directly to you – even if you didn't incur any out-of-pocket expenses.

You will receive these benefits if you meet the conditions listed in the policy.



Be prepared

John is hospitalized after a heart attack, and has to cover the cost of five days as an inpatient.

Average heart attack hospitalization expense: **\$53,000**

Average Major Medical deductible: **\$1,500**

Major Medical covers 80% of the cost after the deductible is met, but John's still responsible for 20%: **\$10,300.**

Total out-of-pocket amount for John (deductible + coinsurance): **\$11,800.**

John's Guardian Hospital Indemnity policy pays him **\$1,000** for hospital admission.

The policy gives him a total payment of **\$1,000** to help cover the out-of-pocket amount.

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 hospital indemnity coverage

Hospital Indemnity

Option 1

Coverage Details

Benefits

Hospital//ICU Admission

\$2,000 per admission, limited to 1 admission(s) per insured and 3 admission(s) per covered family per benefit year.

Hospital//ICU Confinement

\$200/\$200 per day, limited to 30 day(s) per insured per benefit year.

Pre-Existing Conditions Limitation - 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 (See Limitations and Exclusions section for details on treatment of maternity)

Portability - Allows you to take your Hospital Indemnity coverage with you if you terminate employment. Included

Child(ren) Age Limits

Children age birth to 26 years

Applicants over the age of 69 are not eligible to enroll in the Hospital Indemnity coverage.

UNDERSTANDING YOUR BENEFITS – HOSPITAL INDEMNITY

Hospital Admission & Hospital ICU Admission benefits are not payable on the same day. Premium will be waived if you are hospitalized for more than 30 days.

Hospital admission or confinement benefits are not payable for a newborn unless the child is admitted to the Neonatal ICU. Hospital//ICU confinement benefits are not payable on the same day as Hospital//ICU admission benefit.

After initial enrollment, Hospital Indemnity coverage will continue as long as an insured is actively at work.



Your hospital indemnity coverage

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.

An applicant must enroll within 31 days of the coverage effective date. An open enrollment will occur each year during a 30 day 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:

- 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 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 nondiseased 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;

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.

Hospital Confinement and/or Hospital Admission and Inpatient Surgery due to any Covered Person's giving birth within the first 9 months after the Covered Person's effective date under this Plan as a result of a normal pregnancy, including cesarean section. Complications of Pregnancy will be covered to the same extent as any other Covered Sickness

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.

GP-1-HI-15

Guardian Hospital Indemnity 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. 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 hospital insurance only. It does not provide basic medical or major medical insurance as defined by the New York State Department of Financial Services.
Policy Form # GP-1-HI-15, GP-1-LAH-12R



Watch our video
How Guardian can help
with college tuition.

College Tuition Benefit Program

Get closer to your college savings goals by earning valuable rewards that can help you pay for a loved one's tuition.

Paying for college is one of the most significant financial goals families face. That can mean decades of saving, but Guardian is able to help.

Our College Tuition Benefit Program gives you reward-based points when you sign up for a plan – these rewards can be used toward the cost of tuition.

How it works



Every reward point equals \$1 off the cost of full tuition



You'll earn 2,000 points annually, per line of qualifying Guardian coverage purchased*



Every student on your account starts with 500 reward points

Tuition Reward points can be used at over 400+ four-year undergraduate colleges and universities across the U.S. that are in the SAGE network. Plus, Guardian dental members earn an extra 2,500 points after the fourth year.

This service is only available if you purchase qualifying lines of coverage. See your plan administrator for more details.

* Except for Guardian Davis Vision Plan Rewards, which are provided by Davis Vision. The Tuition Rewards program is provided by SAGE CTB, LLC. Guardian does not provide any services related to this program. SAGE CTB, LLC is not a subsidiary or an affiliate of Guardian. Guardian reserves the right to discontinue the College Tuition Benefit program at any time without notice. The College Tuition Benefit is not an insurance benefit and may not be available in all states. Group insurance coverage is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states.



How to sign up

To set up your SAGE Scholars Tuition Rewards account, you'll need a few personal details.



User ID
Your Guardian
Group Plan Number



Password
Guardian

There are two important deadlines that must be met to utilize rewards points:

1. Adding Students and Pledging

Tuition Rewards: Students must be registered by the member by August 31 of the year when the student begins 12th grade. The last day for pledging earned Tuition Rewards to a student is August 31 of the year the student begins 12th grade. This is also the last day for a student to earn any Student Tuition Rewards from any source.

2. Submitting Student Tuition

Rewards to member schools: Using the college and university list available in the member's account, the member must submit a Tuition Rewards statement to any member school(s) a registered student applies to within ten days of the application being submitted.

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2021-118529 (7/22)

Employee Assistance Program

We all need a little support every now and then.

Guardian's Employee Assistance Program gives you and your family members access to confidential personal support, across everything from stress management and nutrition to handling legal or financial issues.

The services available include consultations with experienced professionals, as well as access to resources and discounts designed to help you in a variety of different ways.

How it can help



Consultative services are available to provide direct support and assistance



Work/life assistance that can help you save money and balance commitments



Access legal and financial assistance and resources – including Will/Prep Services

This service is only available if you purchase qualifying lines of coverage. See your plan administrator for more details.

WorkLifeMatters Program services are provided by Integrated Behavioral Health, Inc., and its contractors. Guardian does not provide any part of WorkLifeMatters program services. 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 IBH reserve the right to discontinue the WorkLifeMatters program at any time without notice. Legal services provided through WorkLifeMatters will not be provided in connection with or preparation for any action against Guardian, IBH, or your employer. WorkLifeMatters Program is not an insurance benefit and may not be available in all states.

¹Office hours: Monday-Friday 6 a.m.-5 p.m. PST.



How to access

To access the WorkLifeMatters Employee Assistance Program, you'll need a few personal details.



Visit

ibhworklife.com



User ID
Matters



Password
wlm70101

For more information or support, you can reach out by phoning **1800 386 7055**. The team is available 24 hours a day, 7 days a week¹.

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2021-117403 (3/23)

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Our commitment to you

Please read the documentation referenced below carefully. The notices are intended to provide you important information about our insurance offerings and to protect your interests. Certain ones are required by law.

Important information



Notice Informing Individuals about Nondiscrimination and Accessibility Requirements

Guardian notice stating that it complies with applicable Federal civil rights laws and does not discriminate based on race, color, national origin, age, disability, sex, or actual or perceived gender identity. The notice provides contact information for filing a nondiscrimination grievance. It also provides contact information for access to free aids and services by disabled people to assist in communications with Guardian.

Visit <https://www.guardiananytime.com/notice48> to read more.

No Cost Language Services

Guardian provides language assistance in multiple languages for members who have limited English proficiency.

Visit <https://www.guardiananytime.com/notice46> to read more.

Vision insurance



Guardian's HIPAA Notice of Privacy Practices

The notice describes how health information about you may be used and disclosed and how you can access this information.

Visit <https://www.guardiananytime.com/notices50> to read more.

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Guardian Life, P.O. Box 14319,
Lexington, KY 40512

Please print clearly and mark carefully.

| | | |
|--|------------------------------------|---------------------------|
| Employer Name: FREEDOM SENIOR MANAGEMENT, LLC | Group Plan Number: 00555836 | Benefits Effective: _____ |
| PLEASE CHECK APPROPRIATE BOX | Initial Enrollment | Add Employee/Dependents |
| | Drop/Refuse Coverage | Information Change |

Class: ALL ELIGIBLE EMPLOYEES Division: _____ Subtotal Code: _____ (Please obtain this from your Employer)

| | | |
|---|--|---------------------------------|
| About You: First, MI, Last Name: _____ | Employer Provided Identification: _____ | Social Security Number _____ |
| Your Social Security Number must be provided if enrolling for Life Coverage, Short Term Disability Coverage and/or Long Term Disability Coverage. | | |

| | | | |
|---------|------|-------|-----|
| Address | City | State | Zip |
|---------|------|-------|-----|

Gender: M F Date of Birth (mm-dd-yy): ____ - ____ - ____

Phone (indicate primary):
 Home (____) ____ - ____
 Work (____) ____ - ____
 Mobile (____) ____ - ____

Email Address (indicate primary) Home _____ Work _____

Are you married or do you have a partner? Yes No Date of marriage/union: ____ - ____ - ____
 Do you have children or other dependents? Yes No Placement date of adopted child: ____ - ____ - ____

About Your Job: Job Title: _____

Work Status:
 Active Retired Cobra/State Continuation Date of full time hire: ____ - ____ - ____
 Hours worked per week: _____

About Your Family: Please include the names of the dependents you wish to enroll for coverage. If additional space is needed, please attach a separate sheet of paper with this information along with your enrollment form. Your dependent's Social Security Number must be provided if enrolling for Life Coverage. Be sure to sign and date (mm-dd-yy) the paper and keep a copy for your records. Additional information may be required for non-standard dependents such as a grandchild, a niece or a nephew.

| | | | |
|---|-----------------|----------------------------|--|
| Spouse (wherever the term "Spouse" appears on this form, it also includes "Partner"): | Gender | Date of Birth (mm-dd-yyyy) | Status (check all that apply) |
| | M F | ____ - ____ - ____ | Student (post high school) Non standard dependent |
| Child/Dependent 1: | Add Drop Gender | Date of Birth (mm-dd-yyyy) | Status (check all that apply) |
| | M F | ____ - ____ - ____ | Student (post high school) Non standard dependent |
| Child/Dependent 2: | Add Drop Gender | Date of Birth (mm-dd-yyyy) | Status (check all that apply) |
| | M F | ____ - ____ - ____ | Student (post high school) Non standard dependent |
| Child/Dependent 3: | Add Drop Gender | Date of Birth (mm-dd-yyyy) | Status (check all that apply) |
| | M F | ____ - ____ - ____ | Student (post high school) Non standard dependent |
| Child/Dependent 4: | Add Drop Gender | Date of Birth (mm-dd-yyyy) | Status (check all that apply) |
| | M F | ____ - ____ - ____ | Student (post high school) Non standard dependent |

| | | | | | | | | | | | | | | | | | |
|---|---|--------|------------|--------|------------|------------------|--|--|--|----------|----------|--------|------------|--------------------|----------|--------|------------|
| <p>Drop Coverage:</p> <p>Drop Employee Drop Dependents</p> <p>The date of withdrawal cannot be prior to the date this form is completed and signed.</p> <p>Last Day of Coverage: _____</p> <p>Termination of Employment Retirement</p> <p>Last Day Worked: _____</p> <p>Other Event: _____</p> <p>Date of Event: _____</p> | <p>Coverage Being Dropped:</p> <table border="0"> <tr> <td>Vision</td> <td>Employee</td> <td>Spouse</td> <td>Child(ren)</td> </tr> <tr> <td>Critical Illness</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Accident</td> <td>Employee</td> <td>Spouse</td> <td>Child(ren)</td> </tr> <tr> <td>Hospital Indemnity</td> <td>Employee</td> <td>Spouse</td> <td>Child(ren)</td> </tr> </table> | Vision | Employee | Spouse | Child(ren) | Critical Illness | | | | Accident | Employee | Spouse | Child(ren) | Hospital Indemnity | Employee | Spouse | Child(ren) |
| Vision | Employee | Spouse | Child(ren) | | | | | | | | | | | | | | |
| Critical Illness | | | | | | | | | | | | | | | | | |
| Accident | Employee | Spouse | Child(ren) | | | | | | | | | | | | | | |
| Hospital Indemnity | Employee | Spouse | Child(ren) | | | | | | | | | | | | | | |
| <p>Loss Of Other Coverage:</p> <p>I and/or my dependents were previously covered under Loss of coverage was due to:</p> <p>Termination of Employment: _____</p> <p>Divorce/Separation _____</p> <p>Death of Spouse _____</p> <p>Termination/Expiration of Coverage _____</p> <p>Coverage Lost Vision</p> | <p>I have been offered the above coverage(s) and wish to drop enrollment for the following reasons:</p> <p>Covered under another insurance plan</p> <p>Other _____</p> <p>(additional information may be required)</p> | | | | | | | | | | | | | | | | |

Vision Coverage: You must be enrolled to cover your dependents. Check only one box.

Full Feature - Designer Employee Only EE & Spouse EE & Spouse & Dependent/Child(ren)

I do not want this coverage. If you do not want this Vision Coverage, please mark all that apply:

I am covered under another Vision plan

My spouse is covered under another Vision plan

My dependents are covered under another Vision plan

Critical Illness Coverage: You must be enrolled to cover your dependents

Benefit reductions apply. Please see plan administrator.

Employee Insurance Amount: \$10,000 \$20,000

I do not want this coverage.

Spouse Insurance Amount: Up to 50% of the employee's amount to a maximum of \$10,000

\$5,000 \$10,000

I do not want this coverage.

Dependent/Child(ren) Insurance Amount: 25% of the employee's amount

I do not want this coverage.

Have you smoked cigarettes, cigars, or cannabis/marijuana, or used e-cigarettes/vape products in the past 12 months or used chewing tobacco or a pipe in the past 6 months?

| | | | | | |
|----------|-----|----|--------|-----|----|
| Employee | Yes | No | Spouse | Yes | No |
|----------|-----|----|--------|-----|----|

You may be required to complete an additional evidence of insurability form for Critical Illness if you are enrolling after any initial eligibility enrollment period.

Accident Coverage You must be enrolled to cover your dependents.

Your Monthly premium Employee Only EE & Spouse EE & Spouse & Dependent/Child(ren)

I do not want this coverage.

Name your beneficiaries: (Primary beneficiary percentages must total 100%)

If additional space is needed, please attach a separate sheet of paper with this information along with your enrollment form. Be sure to sign and date (mm-dd-yyyy) the paper and keep a copy for your records

Primary Beneficiaries:

Name: _____ Social Security Number: _____ %
 Date of Birth (mm-dd-yy): ____ - ____ - ____ Address/City/State/Zip: _____
 Phone: () - _____ Relationship to Employee: _____
 Name: _____ Social Security Number: _____ %
 Date of Birth (mm-dd-yy): ____ - ____ - ____ Address/City/State/Zip: _____
 Phone: () - _____ Relationship to Employee: _____
 Contingent Beneficiary: _____ Social Security Number: _____
 Date of Birth (mm-dd-yy): ____ - ____ - ____ Address/City/State/Zip: _____
 Phone: () - _____ Relationship to Employee: _____

(In the event the primary beneficiaries are deceased, the contingent beneficiary will receive the benefit.

Please contact your employer for any record of or changes to your beneficiary information

Spouse and dependent/child(ren) – If the intended beneficiary is to be someone other than the employee, please complete the Beneficiary Designation form.

Attention: If any of the beneficiaries named above is a minor (a person under the age of 18 or 21, depending on their state of residency), state law may limit Guardian's ability to pay life insurance proceeds directly to them for as long as they remain a minor. State Uniform Transfers to Minors Act (UTMA) laws, where applicable, may allow for the normal course of payment of these proceeds, or a portion thereof, to the minor beneficiary's designated Custodian to manage on the minor's behalf until they reach adult age. At that time, the proceeds are turned over to the adult child, who can use the proceeds in any way he or she chooses.

Are any of the beneficiaries identified above considered a minor in the state in which they reside? Check one box only. Yes No
 If you answered "Yes", please name the legally designated UTMA Custodian for all minor beneficiaries you have designated:

Custodian to Minor Beneficiaries:

Name: _____ Social Security Number (or FEIN/TIN # if a corporate entity): _____
 Date of Birth (mm-dd-yyyy) (if an individual): ____ - ____ - ____ Address/City/State/Zip: _____
 Phone: () - ____ - ____

Hospital Indemnity Coverage You must be enrolled to cover your dependents. Check only one box.
 Your Monthly premium Employee Only EE & 1 Dependent (Spouse or Child) EE, Spouse & Child(ren)

I do not want this coverage. I do not want this coverage. I do not want this coverage.

Applicants over the age of 69 are not eligible to enroll in the Hospital Indemnity coverage.

Signature

I understand that my dependent(s) cannot be enrolled for a coverage if I am not enrolled for that coverage.

An employee's decision to elect Vision and/or Hospital Indemnity not elect Vision and/or Hospital Indemnity must be retained until the next plan's Open Enrollment period. If the employee elects not to enroll in Vision and/or Hospital Indemnity coverage, they are not eligible to enroll until the plan's next Open Enrollment period.

HOSPITAL INDEMNITY ONLY: This is a limited plan of Hospital Indemnity insurance. It is a supplement to health insurance. It is not a substitute for hospital or medical expense insurance, a health maintenance organization (HMO) contract, or major medical expense insurance.

Submission of this form does not guarantee coverage. Among other things, coverage is contingent upon underwriting approval and meeting the applicable eligibility requirements as set forth in the applicable benefit booklet.

I understand that if I waive coverage, I may not be eligible to enroll until the next open enrollment period. Late entrant penalties may apply. I understand that I may also have to provide, at my own expense, proof of each person's insurability. Guardian or its designee has the right to reject my request.

I understand that my coverage will not be effective until approved by Guardian or its designated underwriter.

I hereby apply for the group benefit(s) that I have chosen above.

I understand that I must meet eligibility requirements for all coverages that I have chosen above.

I agree that my employer may deduct premiums from my pay if they are required for the coverage I have chosen above.

I acknowledge and consent to receiving electronic copies of applicable insurance related documents, in lieu of paper copies, to the extent permitted by applicable law. I may change this election only by providing thirty (30) day prior written notice.

I consent to electronic communication from Guardian, such as emails and text messages, regarding my coverage(s). I may change this election only by providing (thirty) 30 days prior written notice.

I attest that the information provided above is true and correct to the best of my knowledge.

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

SIGNATURE OF EMPLOYEE X _____ DATE _____

Enrollment Kit 00555836, 0001, EN