

Chestnut Hill College



Benefits Plan

Here is your new coverage. **Make sure you return the completed form, if applicable, to your plan administrator.**

If you miss the deadline, the coverage may be delayed or you may not be eligible for enrollment this year and proof of insurability *may* be required.



HIGHLIGHTS:

- Protect your family's future, with life coverage
- Disability coverage provides a regular check if you have an accident or illness
- Comprehensive dental care for all your needs
- High-quality vision care coverage
- Pay for Benefits with pre-tax dollars
- Lower your tax bill and keep more of your income

Questions? Concerns?

Helpline (888) 600-1600
Call weekdays, 8:00AM to 8:30PM, EST

Learn more about Guardian at
www.guardianlife.com.



We're ready to get working for you

If you're like most employees, finding enough time in the day to accomplish your lengthy to-do list can often be no easy task.

As your Guardian coverage begins, we want you to know that we're here for you every step of the way and are committed to providing you with the resources to obtain fast, accurate answers to your benefits-related questions.

One way in which we do this is through our online member resource, Guardian Anytimesm, which allows you to manage your benefits when it works best for you — day or night. Plus, it offers helpful resources to ensure you get access to the quality care you need.

We encourage you to take a couple minutes to check out and register for Guardian Anytimesm at www.GuardianAnytime.com. We promise it will be time well spent.

Welcome to Guardian!

Dental Plans

Option 1 or 2: With your **Core PPO** or **BuyUp PPO** plan, you can visit any dentist; but you pay less out-of-pocket when you choose a PPO dentist. Out-of-network benefits are limited to our PPO fee schedule.

COMPARE THE PLANS	Option 1: Core PPO		Option 2: BuyUp PPO	
Network	DentalGuard Preferred		DentalGuard Preferred	
Calendar year deductible	<i>In-Network</i>	<i>Out-Network</i>	<i>In-Network</i>	<i>Out-Network</i>
Individual	\$50	\$50	\$50	\$50
Family limit	3 per family		3 per family	
Waived for	Preventive	Preventive	Preventive	Preventive
Charges covered for you (co-insurance)	<i>In-Network</i>	<i>Out-Network</i>	<i>In-Network</i>	<i>Out-Network</i>
Preventive Care (e.g. cleanings)	100%	100%	100%	100%
Basic Care (e.g. fillings)	80%	80%	80%	80%
Major Care (e.g. crowns, dentures)	0%	0%	50%	50%
Orthodontia	Not Covered		50%	50%
Annual Maximum Benefit	\$1250	\$1250	\$1250	\$1250
Preventive Services Exempt from Maximum	Yes	No	Yes	No
Maximum Rollover	No		Yes	
Rollover Threshold			\$600	
Rollover Amount			\$300	
Rollover In-network Amount			\$450	
Rollover Account Limit			\$1250	
Lifetime Orthodontia Maximum	Not Applicable		\$1000	
Dependent Age Limits(Non-Student/Student)	20/26		20/26	

YOUR GUARDIAN PLAN OFFERS:

No charge for preventive care (subject to plan limits)

Maximum rollover If a member submits at least one claim and stays under the claims threshold, a part of the unused maximum will be rolled over for use in future years.

National PPO network of more than 70,000 dentist locations

Reliable claims payment four days on average

Find out if your dentist is in Guardian's network at www.guardianlife.com

Let Guardian put its 30-plus years of dental benefits experience to work for you and your family.

CATEGORY	PLAN DETAILS	Option 1: Core PPO		Option 2: BuyUp PPO	
		Plan pays (on average)		Plan pays (on average)	
		In-network	Out-of-network	In-network	Out-of-network
Preventive Care	Cleaning (prophylaxis)	100%	100%	100%	100%
	Frequency:	Once Every 6 Months		Once Every 6 Months	
	Fluoride Treatments	100%	100%	100%	100%
	Limits:	Under Age 14		Under Age 14	
	Oral Exams	100%	100%	100%	100%
	Sealants (per tooth)	100%	100%	100%	100%
	X-rays	100%	100%	100%	100%
Basic Care	Anesthesia*	80%	80%	80%	80%
	Fillings‡	80%	80%	80%	80%
	Periodontal Maintenance	80%	80%	80%	80%
	Frequency:	Once Every 6 Months (Standard)		Once Every 6 Months (Standard)	
	Repair & Maintenance of Crowns, Bridges & Dentures	80%	80%	80%	80%
	Scaling & Root Planing (per quadrant)	80%	80%	80%	80%
	Simple Extractions	80%	80%	80%	80%
Major Care	Bridges and Dentures	0%	0%	50%	50%
	Inlays, Onlays, Veneers**	0%	0%	50%	50%
	Perio Surgery	0%	0%	50%	50%
	Root Canal	0%	0%	50%	50%
	Single Crowns	0%	0%	50%	50%
	Surgical Extractions	0%	0%	50%	50%
Orthodontia	Orthodontia	Not Covered		50%	50%
	Limits:			Child(ren)	

Please note: The plan details listed here are some of the most common services related to dental coverage. The co-insurance percentages for the PPO plan options correspond to the coverage categories of Preventive, Basic, Major and Orthodontia listed in the table above.

Some services may be paid under a different category than listed. The actual co-insurance shown reflects your plan's coverage.

This is only a partial list of dental services. Your certificate of benefits will show exactly what is covered and excluded. **Crowns, Inlays, Onlays and Labial Veneers are covered only when needed because of decay or injury and only when the tooth cannot be restored with amalgam or composite filling material. When Orthodontia coverage is for "Child(ren)" only, the orthodontic appliance must be placed prior to the age of 19; If full-time status is required by your plan in order to remain insured after a certain age; then orthodontic maintenance may continue as long as full-time student status is maintained. If Orthodontia coverage is for "Adults and Child(ren)" this limitation does not apply. The total number of cleanings and periodontal maintenance procedures are combined in a 12 month period. *General Anesthesia – restrictions apply. ‡Fillings – restrictions may apply to composite fillings.

EXCLUSIONS AND LIMITATIONS

- Important Information about Guardian's DentalGuard Indemnity and DentalGuard Preferred PPO plans: This policy provides dental insurance only. Coverage is limited to those charges that are necessary to prevent, diagnose or treat dental disease, defect, or injury. Deductibles apply. The plan does not pay for: oral hygiene services (except as covered under preventive services), orthodontia (unless expressly provided for), cosmetic or experimental treatments (unless they are expressly provided for), any treatments to the extent benefits are payable by any other payor or for which no charge is made, prosthetic devices unless certain conditions are met, and services ancillary to surgical treatment. The plan limits benefits for diagnostic consultations and for preventive, restorative,

endodontic, periodontic, and prosthodontic services. 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-DG2000 et al.

- **Special Limitation:** Teeth lost or missing before a covered person becomes insured by this plan. A covered person may have one or more congenitally missing teeth or have lost one or more teeth before he became insured by this plan. We won't pay for a prosthetic device which replaces such teeth unless the device also replaces one or more natural teeth lost or extracted after the covered person became insured by this plan. R3 – DG2000

Finding a dentist or vision care provider is easy

Go online – it just takes minutes!

The best way to save money through your dental or vision plan is by seeing a provider in your plan's network. Guardian's Find a Provider site makes it easy for you to search for a dental or vision provider meets your needs.

Guardian's Find a Provider site is available to you 24 hours a day, 7 days a week.

Here are just a few things you can do online:

- Customize your search by specialty, languages spoken and more
- Get side-by-side comparisons of provider information (ie. office status, distance)
- Create a quick-list of "favorite" providers — for easy reference online
- Get maps and directions to a providers office location
- View your results online or have them faxed or emailed to you
- Save your search criteria for easy access when you revisit the site
- Create a customized provider directory
- Nominate a dentist to be included in a network

**Just go to www.GuardianLife.com.
Under "Contact Us", click on "Find a Provider".**

DentalGuard Preferred Dentist Nomination Form

I would like to nominate my dentist for inclusion in the DentalGuard Preferred Provider Network. I understand that my name may be used when contacting my dentist to inform him/her of my desire for them to join the network. For more information, visit us online at www.GuardianLife.com.

DATE: _____

Employer: _____

Patient: _____

Address: _____

City/State/Zip: _____

Phone: _____

Fax: _____

E-mail: _____

DENTIST INFO

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Specialty: _____

Please submit completed form to:

Guardian
DentalGuard Preferred
P.O. Box 2465
Spokane, WA 99210-9817
or FAX to: 509-468-6550



Life Plans

Basic Life Your employer provides Basic Life Coverage for all full time employees in the amount of 100% of your annual salary, to a maximum of \$200,000 with a minimum amount of \$10,000. Your Basic Life coverage includes Accidental Death and Dismemberment coverage equal to one times the employee's life benefits.

You may elect Voluntary Term coverage.

Premiums will be deducted from your monthly payroll check.

COVERAGE OPTIONS	VOLUNTARY TERM LIFE
Employee Benefit	\$10,000 increments to a maximum of \$500,000. See Cost Illustration page for details.
Spouse† benefit	50% of employee coverage to a max of \$250,000
Child benefit—children age 14 days to 23 years (25 if full time student)	10% of employee coverage to a max of \$10,000. Coverage limits are based on child age.

Subject to coverage limits

† Spouse coverage is based on employee age and terminates at age 70.

Premiums for Voluntary Life increase in five-year increments. See enrollment form for details.

YOUR GUARDIAN PLAN OFFERS:

Low group rates

Family coverage for spouse and children

Reliable claims payments

Did you know?

According to the National Safety Council, someone dies in an accident every six minutes.

PLAN DETAILS	BASIC LIFE	VOLUNTARY TERM LIFE
Guarantee Issue	Underwriting may be required, depending on amount and/or age	We Guarantee Issue coverage up to \$150,000 per employee, \$10,000 for a spouse and \$10,000 for dependent children
Premiums	Covered by your company if you meet eligibility requirements	Increase on plan anniversary after you enter next 5 year age group
Portability	Yes, with age and other restrictions, including evidence of insurability	Yes, with age and other restrictions
Conversion	Yes, with restrictions; see certificate of benefits	Yes, with restrictions; see certificate of benefits
Accelerated Life Benefit	Yes	Yes
Waiver of Premiums	For employees disabled prior to age 60, with premiums waived until age 65, if conditions are met	For employees disabled prior to age 60, with premiums waived until age 65, if conditions met
Benefit Reductions	35% at age 65, 60% at age 70, 75% at age 75, 85% at age 80	35% at age 65, 60% at age 70, 75% at age 75, 85% at age 80

EXCLUSIONS AND LIMITATIONS

A SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS For Basic Life:

You must be working full-time on the effective date of your coverage; otherwise, your coverage becomes effective after you have completed a specific waiting period.

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 one year; or (b) in an area under travel warning by the US Department of State. Subject to state specific variations.

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

Evidence of Insurability is required on all late enrollees.

This coverage will not be effective until approved by a Guardian underwriter.

This proposal is hedged subject to satisfactory financial evaluation.

Please refer to certificate of coverage for full plan description.

A SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS for Voluntary Term Life:

You must be working full-time on the effective date of your coverage; otherwise, your coverage becomes effective after you have completed a specific waiting period.

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 one year; or (b) in an area under travel warning by the US Department of State. Subject to state specific variations.

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. Dependent coverage 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 (may vary by state).

Accelerated Life Benefit is not paid to an employee under the following circumstances: one who is required by law to use the benefit to pay creditors; is required by court order to pay the benefit to another person; is required by a government agency to use the payment to receive a government benefit; or loses his or her group coverage before an accelerated benefit is paid.

GP-1-R-EOPT-96.

A SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS for AD&D:

We pay no Accidental Death and Dismemberment (AD&D) benefits for an insured where death or dismemberment occurs:

As the result of a disease or a bodily infirmity; By declared or undeclared war or act of war or armed aggression, or while a member of any armed force. May vary by state; Through intentional self-injury; While driving without a valid driver's license; 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; GP-1-R-ADCL1-00 et al.

Guarantee Issue/Conditional Issue amount applies for ages less than 65. Ages 65-69 maximum issue underwriting amounts \$10,000 for employee and \$5,000 spouse. Ages 70 and older must be individually underwritten for all amounts. Late entrants and benefit increases require underwriting approval.

Life Cost Illustration

Voluntary Life Cost Illustration

Monthly premiums displayed.
Policy Election Cost Per Age Bracket

		< 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69 [†]
\$10,000 Policy Election Amount											
Employee	\$10,000	\$.60	\$.60	\$.70	\$ 1.00	\$ 1.80	\$ 2.80	\$ 4.30	\$ 6.90	\$ 10.80	\$ 17.60
Spouse	\$5,000	\$.30	\$.30	\$.35	\$.50	\$.90	\$ 1.40	\$ 2.15	\$ 3.45	\$ 5.40	\$ 8.80
Child	\$1,000	\$.17	\$.17	\$.17	\$.17	\$.17	\$.17	\$.17	\$.17	\$.17	\$.17
\$20,000 Policy Election Amount											
Employee	\$20,000	\$ 1.20	\$ 1.20	\$ 1.40	\$ 2.00	\$ 3.60	\$ 5.60	\$ 8.60	\$ 13.80	\$ 21.60	\$ 35.20
Spouse	\$10,000	\$.60	\$.60	\$.70	\$ 1.00	\$ 1.80	\$ 2.80	\$ 4.30	\$ 6.90	\$ 10.80	\$ 17.60
Child	\$2,000	\$.34	\$.34	\$.34	\$.34	\$.34	\$.34	\$.34	\$.34	\$.34	\$.34
\$30,000 Policy Election Amount											
Employee	\$30,000	\$ 1.80	\$ 1.80	\$ 2.10	\$ 3.00	\$ 5.40	\$ 8.40	\$ 12.90	\$ 20.70	\$ 32.40	\$ 52.80
Spouse	\$15,000	\$.90	\$.90	\$ 1.05	\$ 1.50	\$ 2.70	\$ 4.20	\$ 6.45	\$ 10.35	\$ 16.20	\$ 26.40
Child	\$3,000	\$.51	\$.51	\$.51	\$.51	\$.51	\$.51	\$.51	\$.51	\$.51	\$.51
\$40,000 Policy Election Amount											
Employee	\$40,000	\$ 2.40	\$ 2.40	\$ 2.80	\$ 4.00	\$ 7.20	\$ 11.20	\$ 17.20	\$ 27.60	\$ 43.20	\$ 70.40
Spouse	\$20,000	\$ 1.20	\$ 1.20	\$ 1.40	\$ 2.00	\$ 3.60	\$ 5.60	\$ 8.60	\$ 13.80	\$ 21.60	\$ 35.20
Child	\$4,000	\$.68	\$.68	\$.68	\$.68	\$.68	\$.68	\$.68	\$.68	\$.68	\$.68
\$50,000 Policy Election Amount											
Employee	\$50,000	\$ 3.00	\$ 3.00	\$ 3.50	\$ 5.00	\$ 9.00	\$ 14.00	\$ 21.50	\$ 34.50	\$ 54.00	\$ 88.00
Spouse	\$25,000	\$ 1.50	\$ 1.50	\$ 1.75	\$ 2.50	\$ 4.50	\$ 7.00	\$ 10.75	\$ 17.25	\$ 27.00	\$ 44.00
Child	\$5,000	\$.85	\$.85	\$.85	\$.85	\$.85	\$.85	\$.85	\$.85	\$.85	\$.85
\$60,000 Policy Election Amount											
Employee	\$60,000	\$ 3.60	\$ 3.60	\$ 4.20	\$ 6.00	\$ 10.80	\$ 16.80	\$ 25.80	\$ 41.40	\$ 64.80	\$ 105.60
Spouse	\$30,000	\$ 1.80	\$ 1.80	\$ 2.10	\$ 3.00	\$ 5.40	\$ 8.40	\$ 12.90	\$ 20.70	\$ 32.40	\$ 52.80
Child	\$6,000	\$ 1.02	\$ 1.02	\$ 1.02	\$ 1.02	\$ 1.02	\$ 1.02	\$ 1.02	\$ 1.02	\$ 1.02	\$ 1.02
\$70,000 Policy Election Amount											
Employee	\$70,000	\$ 4.20	\$ 4.20	\$ 4.90	\$ 7.00	\$ 12.60	\$ 19.60	\$ 30.10	\$ 48.30	\$ 75.60	\$ 123.20
Spouse	\$35,000	\$ 2.10	\$ 2.10	\$ 2.45	\$ 3.50	\$ 6.30	\$ 9.80	\$ 15.05	\$ 24.15	\$ 37.80	\$ 61.60
Child	\$7,000	\$ 1.19	\$ 1.19	\$ 1.19	\$ 1.19	\$ 1.19	\$ 1.19	\$ 1.19	\$ 1.19	\$ 1.19	\$ 1.19
\$80,000 Policy Election Amount											
Employee	\$80,000	\$ 4.80	\$ 4.80	\$ 5.60	\$ 8.00	\$ 14.40	\$ 22.40	\$ 34.40	\$ 55.20	\$ 86.40	\$ 140.80
Spouse	\$40,000	\$ 2.40	\$ 2.40	\$ 2.80	\$ 4.00	\$ 7.20	\$ 11.20	\$ 17.20	\$ 27.60	\$ 43.20	\$ 70.40
Child	\$8,000	\$ 1.36	\$ 1.36	\$ 1.36	\$ 1.36	\$ 1.36	\$ 1.36	\$ 1.36	\$ 1.36	\$ 1.36	\$ 1.36
\$90,000 Policy Election Amount											
Employee	\$90,000	\$ 5.40	\$ 5.40	\$ 6.30	\$ 9.00	\$ 16.20	\$ 25.20	\$ 38.70	\$ 62.10	\$ 97.20	\$ 158.40
Spouse	\$45,000	\$ 2.70	\$ 2.70	\$ 3.15	\$ 4.50	\$ 8.10	\$ 12.60	\$ 19.35	\$ 31.05	\$ 48.60	\$ 79.20
Child	\$9,000	\$ 1.53	\$ 1.53	\$ 1.53	\$ 1.53	\$ 1.53	\$ 1.53	\$ 1.53	\$ 1.53	\$ 1.53	\$ 1.53

Voluntary Life Cost Illustration *continued*

		< 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69†
\$100,000 Policy Election Amount											
Employee	\$100,000	\$6.00	\$6.00	\$7.00	\$10.00	\$18.00	\$28.00	\$43.00	\$69.00	\$108.00	\$176.00
Spouse	\$50,000	\$3.00	\$3.00	\$3.50	\$5.00	\$9.00	\$14.00	\$21.50	\$34.50	\$54.00	\$88.00
Child	\$10,000	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70
\$110,000 Policy Election Amount											
Employee	\$110,000	\$6.60	\$6.60	\$7.70	\$11.00	\$19.80	\$30.80	\$47.30	\$75.90	\$118.80	\$193.60
Spouse	\$55,000	\$3.30	\$3.30	\$3.85	\$5.50	\$9.90	\$15.40	\$23.65	\$37.95	\$59.40	\$96.80
Child	\$10,000	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70
\$120,000 Policy Election Amount											
Employee	\$120,000	\$7.20	\$7.20	\$8.40	\$12.00	\$21.60	\$33.60	\$51.60	\$82.80	\$129.60	\$211.20
Spouse	\$60,000	\$3.60	\$3.60	\$4.20	\$6.00	\$10.80	\$16.80	\$25.80	\$41.40	\$64.80	\$105.60
Child	\$10,000	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70
\$130,000 Policy Election Amount											
Employee	\$130,000	\$7.80	\$7.80	\$9.10	\$13.00	\$23.40	\$36.40	\$55.90	\$89.70	\$140.40	\$228.80
Spouse	\$65,000	\$3.90	\$3.90	\$4.55	\$6.50	\$11.70	\$18.20	\$27.95	\$44.85	\$70.20	\$114.40
Child	\$10,000	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70
\$140,000 Policy Election Amount											
Employee	\$140,000	\$8.40	\$8.40	\$9.80	\$14.00	\$25.20	\$39.20	\$60.20	\$96.60	\$151.20	\$246.40
Spouse	\$70,000	\$4.20	\$4.20	\$4.90	\$7.00	\$12.60	\$19.60	\$30.10	\$48.30	\$75.60	\$123.20
Child	\$10,000	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70
\$150,000 Policy Election Amount											
Employee	\$150,000	\$9.00	\$9.00	\$10.50	\$15.00	\$27.00	\$42.00	\$64.50	\$103.50	\$162.00	\$264.00
Spouse	\$75,000	\$4.50	\$4.50	\$5.25	\$7.50	\$13.50	\$21.00	\$32.25	\$51.75	\$81.00	\$132.00
Child	\$10,000	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70
\$200,000 Policy Election Amount											
Employee	\$200,000	\$12.00	\$12.00	\$14.00	\$20.00	\$36.00	\$56.00	\$86.00	\$138.00	\$216.00	\$352.00
Spouse	\$100,000	\$6.00	\$6.00	\$7.00	\$10.00	\$18.00	\$28.00	\$43.00	\$69.00	\$108.00	\$176.00
Child	\$10,000	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70
\$250,000 Policy Election Amount											
Employee	\$250,000	\$15.00	\$15.00	\$17.50	\$25.00	\$45.00	\$70.00	\$107.50	\$172.50	\$270.00	\$440.00
Spouse	\$125,000	\$7.50	\$7.50	\$8.75	\$12.50	\$22.50	\$35.00	\$53.75	\$86.25	\$135.00	\$220.00
Child	\$10,000	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70
\$300,000 Policy Election Amount											
Employee	\$300,000	\$18.00	\$18.00	\$21.00	\$30.00	\$54.00	\$84.00	\$129.00	\$207.00	\$324.00	\$528.00
Spouse	\$150,000	\$9.00	\$9.00	\$10.50	\$15.00	\$27.00	\$42.00	\$64.50	\$103.50	\$162.00	\$264.00
Child	\$10,000	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70
\$350,000 Policy Election Amount											
Employee	\$350,000	\$21.00	\$21.00	\$24.50	\$35.00	\$63.00	\$98.00	\$150.50	\$241.50	\$378.00	\$616.00
Spouse	\$175,000	\$10.50	\$10.50	\$12.25	\$17.50	\$31.50	\$49.00	\$75.25	\$120.75	\$189.00	\$308.00
Child	\$10,000	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70
\$400,000 Policy Election Amount											
Employee	\$400,000	\$24.00	\$24.00	\$28.00	\$40.00	\$72.00	\$112.00	\$172.00	\$276.00	\$432.00	\$704.00
Spouse	\$200,000	\$12.00	\$12.00	\$14.00	\$20.00	\$36.00	\$56.00	\$86.00	\$138.00	\$216.00	\$352.00
Child	\$10,000	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70
\$450,000 Policy Election Amount											
Employee	\$450,000	\$27.00	\$27.00	\$31.50	\$45.00	\$81.00	\$126.00	\$193.50	\$310.50	\$486.00	\$792.00
Spouse	\$225,000	\$13.50	\$13.50	\$15.75	\$22.50	\$40.50	\$63.00	\$96.75	\$155.25	\$243.00	\$396.00
Child	\$10,000	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70

Voluntary Life Cost Illustration *continued*

		< 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69†
\$500,000 Policy Election Amount											
Employee	\$500,000	\$30.00	\$30.00	\$35.00	\$50.00	\$90.00	\$140.00	\$215.00	\$345.00	\$540.00	\$880.00
Spouse	\$250,000	\$15.00	\$15.00	\$17.50	\$25.00	\$45.00	\$70.00	\$107.50	\$172.50	\$270.00	\$440.00
Child	\$10,000	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70

Guarantee Issue Amount: Employee \$150,000; Spouse \$10,000; Child \$10,000

Estimated premiums; refer to your first paycheck deduction for final rates. Your company has selected Guardian to provide life coverage to eligible employees according to plan terms which have been mutually agreed upon. As an eligible employee, you can purchase this coverage at the group premium levels illustrated above. For more details see enrollment form.

Subject to coverage limits

Premiums for Voluntary Life Increase in 5 year increments

Spouse coverage is based on employee age and terminates at age 70.

†Benefit reductions apply. See plan details

Disability Plans

Long-Term Disability Coverage

Provides benefits starting 90 days after you become disabled.

While disabled, your gross monthly benefit will be 60% of your salary, to a maximum of \$10000.

COVERAGE	LONG-TERM DISABILITY
Coverage amount	60% of salary to maximum \$10000/month
Maximum payment period	Social Security Normal Retirement Age
Lifetime Benefit ADL	No
Accident benefits begin	Day 91
Illness benefits begin	Day 91
Waiting period	
Current employees	Planholder determines
New employees	Planholder determines

YOUR GUARDIAN PLAN OFFERS:

Free employee assistance program, confidential advice and crisis intervention by phone from registered nurses and psychotherapists.

Premium payments waived once you begin receiving benefits.

Reliable claim payments

Did you know?

Most experts agree that after medical insurance, disability is the most important coverage to have.

PLAN DETAILS**LONG-TERM DISABILITY**

COLA (Cost of Living Adjustment)	Monthly benefit increase of 3% (fixed). Unlimited adjustments.
Evidence of Insurability	Health Statement not required
Minimum work hours/week	30
Plan covers on the job accidents	Yes
Pre-existing Conditions	3 months; see exclusions and limitations
Rehabilitation Benefit	Yes
Retirement Savings Benefit	10% to a maximum of \$7500 per quarter after a specified qualifying period.

EXCLUSIONS AND LIMITATIONS

- The benefits, exclusions and limitations do not constitute a contract and are a summary only. 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 one year; or (b) in an area under travel warning by the US Department of State. Subject to state specific variations.
- A pre-existing condition includes any condition and symptoms thereof for which an employee consults with a doctor, undergoes diagnostic procedures, receives treatment or takes prescribed drugs, in the designated period prior to the employee's effective date under the plan or the effective date of an increase in plan benefits (3 months for Long-Term Disability).
- For Long-Term Disability coverage, we pay no benefits for a disability caused or contributed to by a pre-existing condition unless the disability starts after you have been insured under this plan for 12 months.
- Disability benefits do not cover any disability caused by 1) war or any act of war, including service in the armed forces; 2) committing a crime or taking part in a riot or civil disorder; 3) intentionally injuring yourself or attempting suicide while sane or insane. Disability benefits are not paid for any period in which you are in a correctional facility, you are not under the care of a doctor, or your loss of earnings is not due solely to disability. You will receive a certificate of coverage after you enroll which contains a complete list of exclusions. If there is a difference between this booklet and the certificate of coverage, the certificate of coverage prevails; 4) Due to intoxication; 5) Confined to a correctional facility; or 6) receiving treatment outside US.
- When applicable, this coverage will integrate with NJ TDB, NY DBL, CA SDI, RI TDI, Hawaii TDI and Puerto Rico DBA.

Vision Plans

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 Wal-Mart®, JCPenney®, Sears®, Target®, Sam's Club®, and Pearle®.

UNDERSTAND YOUR PLAN	Full Feature-Fashion
Network	Davis Vision
Copay	
Exams Copay	\$ 10
Materials Copay (waived for non-formulary elective contact lenses)	\$ 25
Service Frequencies	
Exams	Every 12 months
Lenses (<i>for glasses or contact lenses</i>)**	Every 12 months
Frames	Every 24 months
Network discounts (cosmetic extras, glasses and contact lenses)	Applies to first purchase & courtesy discount from most providers on subsequent purchases.
Dependent Age Limits (Non-Student/ Student)	20/26

**Benefit includes coverage for glasses or contact lenses, not both.

YOUR GUARDIAN PLAN OFFERS:

Reduced prices An average 40% to 60% discount off an extensive list of "cosmetic extras", including tints, special lenses and scratch-resistant coatings.

No claims submission for in-network services and supplies.

Did you know?

"Two-thirds of employees would rather trade a vacation day for eyecare benefits." – Bests Review, 2006

PLAN DETAILS

FULL FEATURE-FASHION

You pay (after copay if applicable):

	<i>In-network</i>	<i>Out-of-network</i>
Eye Exams	\$0	Amount over \$46
Single Vision Lenses	\$0	Amount over \$47
Lined Bifocal Lenses	\$0	Amount over \$66
Lined Trifocal Lenses	\$0	Amount over \$85
Lenticular Lenses	\$0	Amount over \$125
Frames	Amount over \$60	Amount over \$47
Contact Lenses (<i>Elective and conventional</i>)	Amount over \$60	Amount over \$60
Contact Lenses (<i>Planned replacement and disposable</i>)	Amount over \$60	Amount over \$60
Contact Lenses (<i>Medically Necessary</i>)	\$0	Amount over \$210
Cosmetic Extras	Avg. 40-60% off retail price	No discounts
Glasses (<i>Additional pair of frames and lenses</i>)	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

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

With the Davis Vision Designer plans, frames from the Fashion or Designer collections are covered in full in excess of the plan's materials copay, if applicable. Frames from the Premier collection are covered in full in excess of a \$25 copay applied in addition to the plan's materials copay, if applicable. Frames from a network provider that are not in the collections are covered up to the plan's retail allowance in excess of the plan's materials copay, if applicable.

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.

Flexible Spending Account

THE FOLLOWING PLAN(S) ARE AVAILABLE FOR YOUR ELECTION

Premium Only Plan will deduct your eligible insurance premiums from your paycheck pre-tax. Most life insurance and disability premiums are excluded

Health Care Reimbursement Account allows you to create an account with pre-tax dollars to be used for qualifying health expenses.

Dependent Care Reimbursement Account allows you to create an account with pre-tax dollars to be used for qualifying dependent care expenses. Consult with your tax advisor before you sign up.

COMPARE THE PLANS:

Maximum annual contribution amounts

HEALTH CARE ACCOUNT

Determined by Employer

DEPENDENT CARE ACCOUNT

\$5,000 Married filing joint return; single - maximum contribution cannot exceed \$5,000.
\$2,500 Married filing separately - maximum cannot exceed \$2,500.

UNDERSTAND YOUR FLEXIBLE SPENDING ACCOUNT:

Employee designates amount to withhold

Yes

Employees may change withholding amount during the plan year

No, unless there is a status change

Account dollars not used in plan year plus any applicable grace period are forfeited.

Yes

Claims reimbursed in paycheck

No

Run-out period for filing claims

90 day(s) after end of plan year

90 days(s) after end of plan year

GUARDIAN OFFERS:

Opportunity to lower your taxable income

Benny® Pre-Paid

MasterCard®—it deducts money directly from your Health Care FSA—No need to pay cash up front

Pay for medical and dental benefits with pre-tax dollars

Plan provided at no cost to you

On-line Information—

From Guardian Anytime (www.GuardianAnytime.com), you can login to your FSA account to view your current FSA elections, view a summary of your account, view your claims history, and download and print plan materials

Did you know?

You save \$22 in taxes for every \$100 you set aside in your FlexPlan account. The more you set aside, the more you save!

ESTIMATE YOUR ANNUAL EXPENSES AND PAYCHECK DEDUCTION

Please remember: Account dollars not used in the plan year are forfeited.

Eligible Health Care Account expenses for you and your family* (Medical expenses not covered by insurance)

Doctor, dentist, chiropractor, psychologist or psychiatrist: fees, co-pays & deductibles	\$ _____
Dental treatment including implants, periodontics, orthodontia	\$ _____
Hearing exams, hearing aids, telephone for the deaf, helping animal	\$ _____
Eye exams, eyeglasses, contact lenses, Lasik surgery, Braille materials, guide dogs	\$ _____
Prescription drugs or co-pays, X-rays, lab fees, injections, insulin, oxygen, vaccinations	\$ _____
Physical therapy for specified medical purpose, osteopath	\$ _____
Substance abuse or mental health treatment, psychoanalysis	\$ _____
Artificial limbs, car controls for handicapped, crutches, durable medical equipment	\$ _____
Transplants, operations, medically necessary surgery, private hospital room	\$ _____
Eligible OTC items, including bandages, splints, contact lenses, contact solution, first aid items, insulin and diabetic supplies.	\$ _____
Other eligible expenses	\$ _____
<i>*This list is not complete; to determine if an expense is eligible, call (866) 359-4542 or go to www.irs.gov</i>	

TOTAL ELIGIBLE HEALTH EXPENSES	\$ _____
Divide by the number of pay periods in the plan year	\$ _____
AMOUNT TO BE DEDUCTED, BEFORE TAXES, FROM EACH PAYCHECK	\$ _____

Eligible Dependent Care Account expenses

Yearly cost of child care (under age 13)	\$ _____
Yearly cost of care for disabled child (any age)	\$ _____
Yearly cost of elderly dependent care	\$ _____
Non-medical home health care for dependents	\$ _____

TOTAL EXPECTED COST OF CARE IN PLAN YEAR	\$ _____
Divide the number of pay periods in the plan year	\$ _____
AMOUNT TO BE DEDUCTED, BEFORE TAXES, FROM EACH PAYCHECK	\$ _____

EXCLUSIONS AND LIMITATIONS

- **Premium Only Plans** exclude Group Universal Life, Whole Life, Dependent Term Life and Term Life Insurance over \$50,000, and sometimes exclude Short-Term and Long-Term Disability Insurance.
- **Health Care Reimbursement Accounts** do not cover cosmetic surgery or dentistry, teeth whitening, hair loss medication, food supplements, vitamins, expenses already covered by insurance, or meals or mileage related to receiving medical care away from home. For more information, go to www.irs.gov
- **Dependent Care Reimbursement Accounts** do not cover full-time nursing home expenses, long-term care facilities, dependent day care when one spouse stays at home, expenses for food, clothing, education, overnight camp or transportation between home and day care. For more information, go to www.irs.gov



GUARDIAN®

You save \$22 in taxes for every \$100 you set aside in your FlexPlan Account The more you set aside, the more you save!

See how paying for certain expenses using *pre-tax* dollars through FlexPlan can save you money. The employees below make the same yearly salary and have identical expenses. The employee who takes advantage of FlexPlan has a higher take home pay – because he saves on taxes!

			Employee #1 Has FlexPlan POP & FSA	Employee #2 No FlexPlan
	A	Yearly Salary	\$30,000	\$30,000
Pre-tax Deductions	B	Medical Insurance Premiums Dental Insurance Premiums Health and/or Dependent Care Expenses Transportation Expenses	\$1,800 \$550 \$1,000 \$500	<i>Post-Tax</i> <i>Post-Tax</i> <i>Post-Tax</i> <i>Post-Tax</i>
	C = A + B	Taxable Income	\$26,150	\$30,000
	D	Tax Percentage*	22.65%	22.65%
	E = C x D	Taxes	\$5,923	\$6,795
	F = C - E	After-Tax Earnings	\$20,227	\$23,205
Post-tax Deductions	G	Medical Insurance Premiums Dental Insurance Premiums Health and/or Dependent Care Expenses Transportation Expenses	<i>Pre-Tax</i> <i>Pre-Tax</i> <i>Pre-Tax</i> <i>Pre-Tax</i>	\$1,800 \$550 \$1,000 \$500
	H = F - G	TAKE HOME PAY	\$20,227	\$19,355
		TAX SAVINGS	\$872	\$0

* Based on 15% Federal Income Tax, 6.2% Social Security & 1.45% Medicare taxes

Enroll in a Guardian FlexPlan today.



The Benny[®] Prepaid MasterCard[®] Card

Frequently Asked Questions

General Questions about the Benny Prepaid MasterCard Card



What is the Benny Prepaid MasterCard Card?

The Benny Prepaid MasterCard Card is a special-purpose MasterCard Card that gives you an easy, automatic way to pay for qualified health care expenses. The Benny Prepaid MasterCard Card lets you electronically access the pre-tax amounts set aside in your employee benefits Flexible Spending Account (FSAs).

How does the Benny Prepaid MasterCard Card work?

It works like a MasterCard Card with the value of your account election stored on it. When you have qualified eligible expenses at a business that accepts MasterCard debit cards you simply use your Benny Prepaid MasterCard Card. The amount of the qualified purchases will be deducted — automatically — from your account and the pre-tax dollars will be electronically transferred to the provider/merchant for immediate payment.

How does the Benny Prepaid MasterCard Card change how I am reimbursed for expenses?

Before the Benny Prepaid MasterCard Card became available, you were required to first make a contribution from your paycheck into your FSA. You then had to pay for your eligible expenses at the time of purchase, submit claim forms along with all receipts, and then wait for the reimbursement to be processed. Checks were issued and mailed to you. You then cashed the checks. In essence, you “paid twice” — through payroll deduction and then at the point of sale — then had to wait for reimbursement.

However, with the Benny Prepaid MasterCard Card, you simply swipe your card and the funds are automatically deducted from your respective employee benefit account for payment. The Benny Prepaid MasterCard Card eliminates most out-of-pocket cash outlays and paperwork, as well as the need to wait for reimbursement checks.

Is this just like other MasterCard Cards?

No. The Benny Prepaid MasterCard Card is a special-purpose MasterCard Card that can be used **only** for qualified health care expenses. It cannot be used, for instance, at gas stations or restaurants. There are no monthly bills and no interest.

How many Benny Prepaid MasterCard Cards will I receive?

As a participant, you will receive two Benny Prepaid MasterCard Cards. If you would like additional cards for other family members, you should contact the Guardian FlexPlan Department at 1-866-359-4542.

Do I need a new Benny Prepaid MasterCard Card each year?

As long as the respective employee benefit account remains part of your benefit plan and you elect to participate each year, the Benny Prepaid MasterCard Card will be loaded with the new annual election amount at the start of each plan year.

What if my Benny Prepaid MasterCard Card is lost or stolen?

Call the Guardian FlexPlan Department at 1-866-359-4542 to report a card lost or stolen as soon as you realize it is missing, so we can turn off your current card(s) and issue replacement card(s).

Replacement Cards are \$10 each, which will be deducted directly from your pre-tax account.

Getting Started and Activating Your Card

How do I activate the Benny Prepaid MasterCard Card?

Call the toll-free number on the activation sticker on the front of the card. You can use both cards once the first card is activated – you do not need to activate both. In some cases, you should wait 48 hours after activation to use your cards. Each card user should sign the card with his or her own name.

What dollar amount is on the Benny Prepaid MasterCard Card when it is activated?

For health care FSAs, the dollar value on the card will be the annual amount that you elected to contribute to your respective employee benefit account during your annual benefits enrollment. It's from that total dollar amount that eligible expenses will be deducted as you use your cards or submit manual claims.

Using Your Card

Where may I use the Benny Prepaid MasterCard Card?

The Benny Prepaid MasterCard Card can be used to pay for eligible goods and services at providers/merchants that offer these goods or services and accept MasterCard debit cards. Be sure to review your current benefit plan or contact the Guardian FlexPlan Department for a complete list of eligible expenses.

Are there places the Benny Prepaid MasterCard Card won't be accepted?

Yes. The card will not be accepted at locations that do not offer the eligible goods and services, such as department stores (unless they have pharmacies), hardware stores, restaurants, bookstores, gas stations and home improvement stores.

If asked, should I select "Debit" or "Credit"?

The Benny Prepaid Benefits Card is actually a prepaid card. But, since there is no "prepaid" selection available, you should select "Credit." You do not need a PIN # and cannot get cash with the Benny Prepaid MasterCard Card.

Why do I need to save all itemized receipts?

Always save itemized receipts for FSA purchases made with the Benny Prepaid MasterCard Card. You may be asked to submit receipts to verify that your expenses comply with IRS guidelines. Each receipt must show: the merchant or provider name, the service received or the item purchased, the date and the amount of the purchase.

What if I lose my receipts or I accidentally swipe the Card for something that's not eligible?

Usually the service provider can recreate an account history and provide a replacement receipt. In the event that a receipt cannot be located, recreated, or if the expense is ineligible for reimbursement, you can send a check or money order to your employer for the amount so it can be credited back to your FSA account.

May I use the Benny Prepaid MasterCard Card for prescriptions ordered prior to activation of the Card?

No. The Benny Prepaid MasterCard Card must be activated prior to the order and/or purchase date of prescriptions. In some cases, you need to wait 48 hours after activating the card to purchase prescriptions at your pharmacy. For example, if the card is activated on Tuesday, a prescription can be ordered and picked up on Thursday.

May I use the Benny Prepaid MasterCard Card if I receive a statement with a Patient Due Balance for a medical service?

No, due bills are not acceptable proofs of services under your Guardian Flexible Spending Plan since they are not itemized and are generally missing the service received or the item purchased, the date and the amount of the purchase.

How do I know how much is in my account?

You can visit your personal Account Summary page at www.GuardianLife.com to view your account activity and current balance. Or, you can call the Guardian Flex Plan at 1-866-359-4542 to obtain your current balance. This number will be shown on the back of your card. You should always know your account balance before making a purchase with the Benny Prepaid MasterCard Card.

What if I have an expense that is more than the amount left in my account?

By checking your account balance often – either online or by calling the Guardian FlexPlan Department at the phone number shown on the back of the Card – you will have a good idea of how much is available. When incurring an expense that is greater than the amount remaining in your account, you may be able to split the cost at the register. (Check with the merchant.) For example, you may tell the clerk to use the Benny Prepaid MasterCard Card for the exact amount left in the account, and then pay the remaining balance separately. Alternatively, you may pay by another means and submit the qualified transaction manually via a claim form with the appropriate documentation to the Guardian FlexPlan Department.

What are some reasons that a Benny Prepaid MasterCard Card might not work at the point of sale?

The most common reasons why a card may be declined at the point of sale are:

1. The card has not been activated.
2. The card has been used within 48 hours of card activation.
3. The participant has insufficient funds in his or her employee benefit account to cover the expense.

4. Non-qualified expenses have been included at the point-of-sale.
(Retry the transaction with the qualified expense only.)
5. The merchant is encountering problems (e.g. coding or swipe box issues).
6. The merchant may not be a qualified merchant such as a convenience store or grocery store.

Am I responsible for charges on lost or stolen prepaid cards?

If the Guardian FlexPlan Department and the issuing bank are notified within 2 business days, you will not be responsible for any charges. If the notification is after 2 days, you may be responsible for the first \$50 or more. Replacement cards are \$10 each.

Can I use the Benny Prepaid MasterCard Card to access last year's money left in the account this year?

The IRS allows for a grace period in the current year to use funds carried over from the prior year. Check with the Guardian FlexPlan Department to find out if your employer offers a grace period and how the grace period is handled for your specific program.

How will I know to submit receipts to verify a charge?

You will receive a letter or notification from the Guardian FlexPlan Department if there is a need to submit a receipt. All receipts should be saved per IRS regulations.

What if I fail to submit receipts to verify a charge?

If receipts are not submitted as requested to verify a charge made with Benny Prepaid MasterCard Card, then the card may be suspended until receipts are received. You may be required to repay the amount charged. The Guardian FlexPlan Department will advise you that the card has been suspended, if a receipt is not received. Submitting a receipt or repaying the amount in question will allow the card to become active again.

More Questions?

Whom do I call if I have questions about the Benny Prepaid MasterCard Card?

Call the Guardian FlexPlan Department at the phone number shown on the back of the Benny Prepaid MasterCard Card.



Using your Benny[®] Prepaid MasterCard[®] Card is as easy as

1-2-3!

It's so easy for Guardian Flexible Spending Account (FSA) members to pay for eligible health care expenses. Just use your dedicated Benny Prepaid MasterCard Card (Benny Card) – it deducts money directly from your FSA account. No need to pay with cash up front!



Using your card is as easy as 1-2-3!

Step 1 Activate and sign your Benny Card(s)

- After you receive your card(s) in the mail, call the number on the card sticker to activate it.
- Wait 48 hours after activation to use your card. (Your full-year FSA health care amount is available upon activation.)

Step 2 Use your Benny Prepaid MasterCard Card

Your Benny Card can be used to pay for *eligible expenses* only for you and your dependents at pharmacies, your doctor's office and vision centers. (Refer to your lists of eligible and ineligible medical care and over-the-counter medical care expenses.)

- At the merchant, separate your eligible items from non-eligible items.
- Present your Benny Card for payment for eligible items.
- If there are *sufficient* funds in your account, the card swipe transaction will be approved and the amount of the FSA-eligible purchases is deducted from your account balance.
- If your expenses are more than your FSA balance, the card swipe transaction will be declined and the clerk will ask for another form of payment. (You may be able to use your Benny Card for the exact amount left in your account and use another form of payment for the difference – check with the merchant.)

Step 3 Check your balances

- You can check your FSA balance by calling the phone number or logging onto the website on the back of your card.
- Checking your balances will help you know whether you have sufficient funds in your account to cover your expenses before you make a purchase.

REMINDER – SAVE ALL ITEMIZED RECEIPTS

You may be contacted by your plan administrator to submit certain receipts to verify expenses in order to comply with IRS guidelines. Make sure to save your receipts!

Follow-up letters requesting itemized receipts may be sent to you in the following instances:

1. When benefit plan data is not available and when the card is used to pay a coinsurance bill from a provider (for amounts not covered by insurance).
2. When the employee or dependents are not covered by the employer plan.
3. To verify items that are purchased at a dental, medical or vision location are FSA eligible.

For even greater convenience use your Benny Card at one of these merchants

What could be more convenient than using your Benny Card to pay for Flexible Spending Account (FSA)-eligible health care expenses? Using your Benny Card at:

- Drugstore.com
- Sam's Club
- Walgreens
- Wal-Mart

By shopping at one of these merchants, your FSA-eligible items are automatically verified at the time of purchase. (Your receipt will identify the FSA-eligible items with an "H" or "F"). You won't need to provide receipts to verify the eligibility of most purchases!

Medical Care Expenses

ELIGIBLE FLEXIBLE SPENDING ACCOUNT (FSA) EXPENSES

Adoption - Medical Expense (incurred before adoption is finalized)	Medical monitoring and testing devices (if prescribed by physician for a particular ailment)
Alcoholism treatment	Medicines
Ambulance	Occlusal guards (to prevent teeth grinding)
Artificial limbs	Operations (legal operations which treat a specific ailment)
Artificial teeth	Optometrist
Braille books and magazines (difference between regular material and Braille material)	Orthodontia (unless for cosmetic purposes)
Car controls for handicapped	Osteopath
Chiropractic services	Oxygen
Christian science practitioners (payments for medical care)	Periodontal fees
Coinurance amounts and deductibles	Physical exams (except for employment-related physicals)
Contact lenses and solution	Physical therapy (for specified medical purpose)
Crutches	Pregnancy tests/kits
Dental treatment	Prescription sunglasses
Diagnostic tests	Private hospital room
Drug addiction treatment	Psychiatric care
Eye examinations and eyeglasses	Psychoanalysis
Guide dog or other animal (purchase, training and care of animal)	Psychologist
Hearing aids and examinations	Radial keratotomy
Hospital services	Surgery
Injections	Telephone for the deaf
Insulin	Transplants
Laboratory fees	Transportation for seminar on medical condition & cost of seminar on medical condition
Lasik eye surgery	Vaccinations
Learning disabled child – special school/teacher	X-rays

INELIGIBLE FLEXIBLE SPENDING ACCOUNT (FSA) EXPENSES

Athletic club dues for general health	Late fees or missed appointments
Athletic lessons or training for general health	Liposuction
Body or ear piercing	Long-term care service
Chauffeur services	Maternity clothes
Cosmetic surgery, procedure or products without medical necessity	Massage therapy for general health
Diapers for infants	Medical savings accounts
Diaper service	Personal hygiene products
Educational/training classes without medical necessity	Personal items
Electrolysis	Pre-payment of services
Exercise equipment for general health	Tattoos or tattoo removal
Fees not paid to provider	Teeth whitening or bonding
Funeral services	Transportation to and from work
Hair transplants	Trip or vacation for well-being
Home nursing care for a healthy infant	Weight loss programs/Food for general health
Household or domestic help	Wellness programs
Illegal operations or treatments	Uniforms
Insurance premiums	Vitamins, supplements or herbs without medical necessity

FOR QUESTIONS REGARDING MEDICAL CARE REIMBURSEMENTS THROUGH YOUR FSA, CONTACT FLEXPLAN CUSTOMER SERVICE AT 1-866-359-4542.

This listing does not represent all allowable or non-allowable charges.

Over The Counter (OTC) Medical Expenses

The IRS does not allow Over-the-Counter (OTC) medicines or drugs to be purchased with Health Care FSA funds unless accompanied by a prescription and the prescription is filled by a pharmacist. If you have an OTC prescription, you can use your benefits card for these purchases.

Ineligible Over-the-Counter Medicines and Drugs (unless prescribed in accordance with state laws)

- | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> • Acid controllers • Acne medications • Allergy & sinus • Antibiotic products • Antifungal (Foot) • Antiparasitic treatments • Antiseptics & wound cleansers • Anti-diarrheals • Anti-gas • Anti-itch & insect bite • Baby rash ointments & creams • Baby teething pain • Cold sore remedies | <ul style="list-style-type: none"> • Contraceptives • Cough, cold & flu • Denture pain relief • Digestive aids • Ear care • Eye care • Feminine antifungal & anti-itch • Fiber laxatives (bulk forming) • First aid burn remedies • Foot care treatment • Hemorrhoidal preps • Homeopathic remedies • Incontinence protection & treatment products | <ul style="list-style-type: none"> • Laxatives (non-fiber) • Medicated nasal sprays, drops, & inhalers • Medicated respiratory treatments & vapor products • Motion sickness • Oral remedies or treatments • Pain relief (includes aspirin) • Skin treatments • Sleep aids & sedatives • Smoking deterrents • Stomach remedies • Unmedicated nasal sprays, drops & inhalers • Unmedicated vapor products • Weight Loss Reduction Aids* |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

OTC items that are not medicines or drugs remain eligible for purchase with FSAs. You can use your benefits card for these items.

Eligible Over-the-Counter Items (Product categories are listed in bold face; common examples are listed in regular face.)

- | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> • Baby Electrolytes and Dehydration
Pedialyte, Enfalyte • Breast Pump and Lactation Supplies • Contraceptives
Unmedicated condoms • Denture Adhesives, Repair, and Cleansers
PoliGrip, Benzodent, Plate Weld, Efferdent • Diabetes Testing and Aids
Ascencia, One Touch, Diabetic Tussin, insulin syringes; glucose products • Diagnostic Products
Thermometers, blood pressure monitors, cholesterol testing • Ear Care
Unmedicated ear drops, syringes, ear wax removal | <ul style="list-style-type: none"> • Elastics/Athletic Treatments
ACE, Futuro, elastic bandages, braces, hot/cold therapy, orthopedic supports, rib belts • Eye Care
Contact lens care • Family Planning
Pregnancy and ovulation kits • First Aid Dressings and Supplies
Band Aid, 3M Nexcare, non-sport tapes • Foot Care Treatment
Unmedicated corn and callus treatments (e.g., callus cushions), devices, therapeutic insoles • Hearing Aid/Medical Batteries | <ul style="list-style-type: none"> • Home Health Care (limited segments)
Ostomy, walking aids, decubitis/pressure relief, enteral/parenteral feeding supplies, patient lifting aids, orthopedic braces/supports, splints & casts, hydrocollators, nebulizers, electrotherapy products, catheters, unmedicated wound care, wheel chairs • Incontinence Products
Attends, Depend, GoodNites for juvenile incontinence, Prevail • Prenatal Vitamins
Stuart Prenatal, Nature's Bounty Prenatal Vitamins • Reading Glasses and Maintenance Accessories • Vitamins and Supplements*
Osteo-Bi-Flex, Cosamin D, Flex-a-min Nutritional Supplements |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

FOR QUESTIONS REGARDING MEDICAL CARE REIMBURSEMENTS THROUGH YOUR FSA, CONTACT FLEXPLAN CUSTOMER SERVICE AT 1-866-359-4542.

This listing does not represent all allowable or non-allowable charges.

*Expense requires a physician statement of medical necessity



Go online!

For helpful information about your Guardian flexible spending account (FSA)

You can find helpful information about your Guardian FSA right at your fingertips through Guardian Anytime. Guardian Anytime (www.GuardianAnytime.com) is our secure website where you can access information about any of your Guardian coverages. Now, you can also access information about your health care, dependent care or transportation FSA. It's available to you 24 hours a day, 7 days a week.

From Guardian Anytime, you can login to your FSA account to:

- View your current FSA elections
- View your claims history
- View a summary of your account
- Download and print plan materials

(After you log into www.GuardianAnytime.com, from your homepage you'll be able to access your FSA tools by clicking on the FlexPlan link on the right. Your user ID and password are the same as your Guardian Anytime user ID and password.)

Save yourself time – go online! If you haven't already registered for Guardian Anytime, it's simple. Just go to www.GuardianAnytime.com. You'll be online in minutes.

ADDITIONAL MATERIALS

**The Guardian Life Insurance Company of America
The Guardian Insurance & Annuity Company, Inc.**

Midwest Regional Office PO Box 8012 Appleton WI 54912-8012
 Northeast Regional Office PO Box 26040 Lehigh Valley PA 18002-6040
 Western Regional Office PO Box 2454 Spokane WA 99210-2454

**EVIDENCE OF INSURABILITY FOR
NON-MEDICAL COVERAGES**

Please complete in ink. Erasures and changes invalidate this form.

Planholder Name (Company Name)	Group Plan No.
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Complete the following information for each person to be underwritten:

Name (Last, First, Middle Initial)	Sex	Birthdate	Height	Weight	Full Time Student?
Employee:	<input type="checkbox"/> M <input type="checkbox"/> F				
Spouse:	<input type="checkbox"/> M <input type="checkbox"/> F				
Child:	<input type="checkbox"/> M <input type="checkbox"/> F				<input type="checkbox"/> Yes <input type="checkbox"/> No
Child:	<input type="checkbox"/> M <input type="checkbox"/> F				<input type="checkbox"/> Yes <input type="checkbox"/> No
Employee's Social Security Number		Date of Marriage		Employee's Place of Birth (State)	

**IF APPLYING FOR LIFE INSURANCE: questions 1-4 must be answered for each person to be underwritten
 IF APPLYING FOR DISABILITY INSURANCE: all five questions must be answered in reference to the employee only**

1. In the past 10 years been treated for or diagnosed as having: heart; liver or kidney disorder; neurological disorder; diabetes; stroke; cancer; tumor; mental or nervous disorder; or been advised to have treatment for drug abuse (including prescription drugs); or alcoholism?	Employee <input type="checkbox"/> Yes <input type="checkbox"/> No Spouse <input type="checkbox"/> Yes <input type="checkbox"/> No Child <input type="checkbox"/> Yes <input type="checkbox"/> No
2. In the past 5 years used illegal drugs?	Employee <input type="checkbox"/> Yes <input type="checkbox"/> No Spouse <input type="checkbox"/> Yes <input type="checkbox"/> No Child <input type="checkbox"/> Yes <input type="checkbox"/> No
3. (a) Ever tested positive for HIV (Human Immunodeficiency Virus) antibodies? (b) In the past year had: fever persisting more than one month; significant involuntary weight loss; diarrhea persisting more than one month; oral candidiasis (thrush); lymphadenopathy (enlarged or swollen glands)?	Employee <input type="checkbox"/> Yes <input type="checkbox"/> No Spouse <input type="checkbox"/> Yes <input type="checkbox"/> No Child <input type="checkbox"/> Yes <input type="checkbox"/> No
4. In the past year: (a) consulted or been examined by or treated by a physician, practitioner or specialist? (Include routine physicals only when there is an existing or newly diagnosed medical condition); (b) been in a hospital or other facility for observation, diagnosis, treatment or an operation?; (c) been prescribed medication(s) - (other than for colds, flu or allergies)?	Employee <input type="checkbox"/> Yes <input type="checkbox"/> No Spouse <input type="checkbox"/> Yes <input type="checkbox"/> No Child <input type="checkbox"/> Yes <input type="checkbox"/> No
5. If applying for disability coverage, please complete these additional questions: (a) In the past 5 years, been treated for conditions of the back, neck, spine, or arthritis?; (b) Are you currently pregnant?; (c) Excluding your employer sponsored group disability plan, are you currently insured for any other disability coverage? If "Yes", what is the total amount of coverage already in-force? \$ _____	Employee <input type="checkbox"/> Yes <input type="checkbox"/> No

F or each "Yes" answer to questions 1 through 5b give details below. (*Continue on reverse side if additional space is needed.)

Ques. No.	Name of Patient	Practitioner's Name & Address	Hospital Name & Address	Condition	Duration of symptoms, treatment & degree of recovery	Dates mo/yr

I authorize any physician, medical practitioner, hospital, clinic, other health facility, the Medical Information Bureau, insurance or reinsurance company, or employer to release any and all medical and non-medical information in its possession about me or my eligible dependents to The Guardian Life Insurance Company of America or its legal representatives. Medical information means all information in the possession of or derived from providers of health care regarding the medical history, mental or physical condition, or treatment of me or my eligible dependents. I agree that this authorization will be valid for two and one half years from the date shown below and I have read, understand, and accept the statements and provisions on the reverse side of this application.

Signature of Employee x	Date
Signature of Spouse x	Date

ENDORSEMENT (GUARDIAN USE ONLY)

Employee: <input type="checkbox"/> Approved <input type="checkbox"/> Declined Premium Class: <input type="checkbox"/> Preferred <input type="checkbox"/> Standard Optional Life: \$ _____ Guardian's Universal Life: \$ _____	Child: <input type="checkbox"/> Approved <input type="checkbox"/> Declined Optional Life: \$ _____ Child Term Rider: \$ _____		
Spouse: <input type="checkbox"/> Approved <input type="checkbox"/> Declined Premium Class: <input type="checkbox"/> Preferred <input type="checkbox"/> Standard Optional Life: \$ _____ Spouse Term Rider: \$ _____	Excess Life \$ _____ <input type="checkbox"/> Approved <input type="checkbox"/> Declined Long Term Disability \$ _____ <input type="checkbox"/> Approved <input type="checkbox"/> Declined Short Term Disability \$ _____ <input type="checkbox"/> Approved <input type="checkbox"/> Declined		
Effective Date:	By:	Date:	Secretary

Read and Detach for your records

Thank you for choosing Guardian insurance. This notice is given to you at the time you apply for life or health insurance to tell you about the kinds of information we may obtain in connection with your application. We will treat all personal information about you as confidential. You have a right of access and correction with respect to this information. If you wish a more detailed explanation of our information practices, please send your written request to Corporate Secretary, The Guardian Life Insurance Company of America, 7 Hanover Square, New York, NY 10004-4025.

Medical Information Bureau Pre-Notice: "Information regarding your insurability will be treated as confidential. Guardian, or its reinsurers may, however, make a brief report thereon to MIB, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its Members. If you apply to another MIB Member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information in its file."

"Upon receipt of a request from you MIB will arrange disclosure of any information it may have in your file. Please contact MIB at 866 692-6901 (TTY 866 346-3642). If you question the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is Post Office Box 105, Essex Station, Boston, Massachusetts 02112."

"Guardian, or its reinsurers, may also release information in its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted."

Medical Records: We may request information from health care providers or others who have records of your medical history, mental or physical condition, or treatment. Only qualified members of Guardian's staff will have access to your medical file to evaluate your eligibility for insurance or to service your claim for benefits under a policy. Your authorization will govern our request for information and any later disclosure of that information.

I hereby represent that the statements and answers to the questions on the attached form are, to the best of my knowledge and belief, full, complete and true. I understand that they shall form the basis upon which I may be included for insurance.

Also, it is mutually understood and agreed that (1) the Company reserves the right to request, at its expense (in the case of a late entrant, it is not at the Insurance Company's expense), that I be examined by an accredited medical examiner selected by the Company, (2) no Group Insurance shall be binding or in force until satisfactory evidence of insurability is submitted and approved by the Insurance Company at the Home Office as shown in the Endorsement, and: (a) I am actively at work on a full-time basis (as defined in the Group Plan) for full pay on the date my Group Insurance becomes effective; otherwise, (b) I will become insured on the date I do return to work and satisfy a waiting period (as defined in the Group Plan) of full-time service. (3) coverage for my dependents will not take effect if a dependent other than a newborn is: (a) confined to the hospital or other health care facility; or (b) is unable to perform the normal activities of someone of like age and sex. (4) no person, except the President, a Vice President or a Secretary of the Company, has authority to: (a) determine whether any contract(s) of insurance shall be issued on the basis of the application; (b) waive or modify any of the provisions of the application or any of the Company's requirements; (c) bind the Company by any statement or promise pertaining to any insurance contract(s) issued or to be issued on the basis of the application; or (d) accept any information or representation not contained in the written application; (5) the employer is hereby named the Proposed Insured's representative for the purpose of receiving premiums and remitting them to the Company.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

I authorize any physician, medical practitioner, hospital, clinic, other health facility, the Medical Information Bureau, insurance or reinsurance company, or employer to release any and all medical and non-medical information in its possession about me or my eligible dependents to The Guardian Life Insurance Company of America or its legal representatives. Medical information means all information in the possession of or derived from providers of health care regarding the medical history, mental or physical condition, or treatment of me or my eligible dependents.

I understand The Guardian Life Insurance Company of America will use the information obtained by this authorization to determine eligibility for insurance or eligibility for benefits under an existing plan. Guardian will not release any information obtained to any person or organization except to reinsurance companies, the Medical Information Bureau, or other persons or organizations performing business or legal services in connection with my application, claim or as may be lawfully permitted or required, or as I may further authorize.

I know that I may request and receive a copy of this authorization.

I agree that a photocopy of this authorization shall be as valid as the original.

I acknowledge receipt of Guardian's notice regarding its insurance information practices, and medical records.

I agree that this authorization shall be valid for two and one half years from the date signed.

Your Confidential Employee Assistance Program

WorkLifeMatters

Providing Assistance for What Matters Most

Let's face it, balancing your work and home life is not easy. With WorkLifeMatters, your confidential employee assistance program, you don't have to face life challenges alone. WorkLifeMatters provides guidance for personal issues that you might be facing and information about other concerns that affect your life.

WorkLifeMatters can offer help with:

Education

- Admissions testing & procedures
- Adult re-entry programs
- College Planning
- Financial aid resources
- Finding a pre-school

Dependent Care & Care Giving

- Adoption Assistance
- Before/after school programs
- Day Care/Elder Care
- Elder care
- In-home services

Legal and financial

- Basic tax planning
- Credit & collections
- Debt Counseling
- Home buying
- Immigration

Lifestyle & Fitness Management

- Anxiety & depression
- Divorce & separation
- Drugs & alcohol

Working Smarter

- Career development
- Effective managing
- Relocation

...Support is a phone call or click away

- Unlimited free telephonic consultation with an EAP counselor available 24/7 at 800-386-7055
- Referrals to local counselors - up to three sessions free of charge
- State of the art website featuring over 3,400 helpful articles and topics like wellness, training courses, and a legal and financial center:
www.ibhworklife.com; User Name: Matters; Password: wlm70101

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.

Employee Benefits Hotline (EBH)

Benefit specialists are available to answer questions as you sign up for your Guardian benefits

Toll-free Phone	E-mail
1-888-600-1600 8:00 a.m. – 8:30 p.m., Monday – Friday, Eastern Time	From www.GuardianAnytime.com , click on “secure channel” to send an e-mail (in your comments include “Question for EBH”)

STEP 1: Determine if you should contact the EBH.

Ask yourself these questions. If you answer yes to any of them, contact the EBH!

- Do I need to make a doctor, dental or vision appointment before I’ve received my ID card?
(It is suggested you contact our hotline 72 hours prior to your visit so we can ensure your provider has your coverage information. Coverage begins on your plan’s effective date.)
- Am I looking for a doctor, dentist or vision provider who participates in my plan?*
- Do I have questions about the benefits covered under the plans my employer is offering?
- Do I need help completing my enrollment form?

STEP 2: Have the following ready before calling or include it in your e-mail.

- Name of the company you work for OR
- Your company’s group number (refer to your enrollment materials)

STEP 3: Call 888-600-1600 to get answers!

- Press #1 to identify yourself as an employee.
- At the next prompt, for questions about the following press the appropriate key:
 - Dental Benefits - #1
 - Medical Benefits - #2
 - All else - #3

You will be prompted to enter your company’s group number. If you do not know your company’s group number, press 0 to be directed to a Guardian representative.

The Employee Benefits Hotline provides support in over 50 different languages!

IMPORTANT NOTE: Once you are officially enrolled in a plan, you will receive additional information with other toll-free phone numbers to service you after you have signed up.

* Available if employer is offering Guardian dental, medical or vision coverage

Thank You

If applicable, return your completed form to your plan administrator.

Please remember to:

- Check the coverage you want
- Include your social security number (and those of your dependents, if applicable)
- Include dates of birth
- Indicate the best way to reach you
- Include your name on each page of the form
- Sign and date form

Date form submitted:

You chose...

Dental:

- Option 1: Core PPO**
- Option 2: BuyUp PPO**

Life:

- Basic Life**
- Term Life**

Vision:

- Full Feature-Fashion**

Disability:

- Long-Term Disability**

Flexible Spending:

- Health Care Reimbursement**
- Dependent Care Reimbursement**



**Make the most of your Guardian benefits at
www.GuardianAnytime.com**

Enrolled members and their dependents can access helpful, secure information about their Guardian benefit(s) instantly at www.GuardianAnytime.com

- Review your benefits
- Look up coverage amounts
- Check the status of a claim
- Receive e-mail alerts when a response to your dental* or medical claim is available online
- Print forms and plan materials...and much more

To register, go to www.GuardianAnytime.com

Chestnut Hill College Benefits Plan

© 2005 The Guardian Life Insurance Company of America,
7 Hanover Square, New York 10004

*Not available to members with Guardian pre-paid Dental/DHMO plans (including FirstCommonwealth and Managed DentalGuard plans).