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Group Number: 00575422

# Klein Independent School District

## CRITICAL ILLNESS

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

### **PLAN HIGHLIGHTS**

- Critical Illness

### **Questions? Concerns?**

Helpline (888) 600-1600

Call weekdays, 8:00 AM to 8:30 PM, EST.

And refer to your plan number: 00575422

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**Critical Illness Benefit Summary**

**Group Number:** 00575422

**A Critical Illness insurance plan through Guardian provides:**

- A cash benefit for a range of covered serious illnesses such as Cancer, Stroke and Heart Attack, in addition to whatever your medical insurance may cover
- Payments are made directly to you and can be used for any purpose

**About Your Benefits:**

**CRITICAL ILLNESS**

Benefit Amount(s)	Employee may choose a lump sum benefit of \$5,000 to \$50,000 in \$5,000 increments.	
<b>CONDITIONS</b>		
<b>Cancer</b>	<b>1st OCCURRENCE</b>	<b>2nd OCCURRENCE</b>
Invasive Cancer	100%	100%
Carcinoma In Situ	30%	0%
Benign Brain Tumor	75%	0%
Skin Cancer	\$250 per lifetime	Not Covered
<b>Vascular</b>		
Heart Attack	100%	100%
Stroke	100%	100%
Heart Failure	100%	100%
Coronary Arteriosclerosis	30%	0%
<b>Other</b>		
Organ Failure	100%	100%
Kidney Failure	100%	100%
<b>ADDITIONAL CONDITIONS</b>	<b>1st OCCURRENCE ONLY</b>	
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%	
<b>Childhood Conditions</b>	<b>1st OCCURRENCE ONLY</b>	
Cerebral Palsy	100%	
Cleft Lip/Palate	100%	
Club Foot	100%	
Cystic Fibrosis	100%	
Down's Syndrome	100%	
Muscular Dystrophy	100%	

Benefit information illustrated within this material reflects the plan covered by Guardian as of 06/25/2020

CRITICAL ILLNESS Benefit Summary

The Guardian Life Insurance Company of America, New York, NY

## CRITICAL ILLNESS

Spina Bifida	100%
Type I Diabetes	100%
<b>Spouse Benefit</b>	May choose a lump sum benefit of \$5,000 to \$50,000 in \$5,000 increments up to 100% of the employee's lump sum benefit.
<b>Child Benefit-</b> children age Birth to 26 years	50% of employee's lump sum benefit
<b>Guarantee Issue:</b> 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 or the annual open enrollment period.	We Guarantee Issue up to: \$50,000  For a spouse: \$50,000  For a child: All Amounts  <b>Health questions are required if the elected amount exceeds the Guarantee Issue.</b>
<b>Portability:</b> Allows you to take your Critical Illness coverage with you if you terminate employment.	Included
<b>Pre-Existing Condition Limitation:</b> 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

## 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.

## Critical Illness Cost Illustration

To determine the most appropriate level of coverage, you should consider your current basic monthly expenses and expected financial needs during a Critical Illness.

Your premium will not increase as you age.

Spouse coverage premium is based on Employee age

Child cost is included with employee election.

Benefit Amount	Issue Age	Monthly Premiums Displayed Election Cost Per Age Bracket					
		< 30	30-39	40-49	50-59	60-69	70+
Employee							
\$5,000	Non-tobacco	\$2.90	\$4.20	\$7.40	\$13.70	\$25.40	\$25.40
	Tobacco	\$3.80	\$6.10	\$11.20	\$21.50	\$39.10	\$39.10
\$10,000	Non-tobacco	\$5.80	\$8.40	\$14.80	\$27.40	\$50.80	\$50.80
	Tobacco	\$7.60	\$12.20	\$22.40	\$43.00	\$78.20	\$78.20
\$15,000	Non-tobacco	\$8.70	\$12.60	\$22.20	\$41.10	\$76.20	\$76.20
	Tobacco	\$11.40	\$18.30	\$33.60	\$64.50	\$117.30	\$117.30
\$20,000	Non-tobacco	\$11.60	\$16.80	\$29.60	\$54.80	\$101.60	\$101.60
	Tobacco	\$15.20	\$24.40	\$44.80	\$86.00	\$156.40	\$156.40
\$25,000	Non-tobacco	\$14.50	\$21.00	\$37.00	\$68.50	\$127.00	\$127.00
	Tobacco	\$19.00	\$30.50	\$56.00	\$107.50	\$195.50	\$195.50
\$30,000	Non-tobacco	\$17.40	\$25.20	\$44.40	\$82.20	\$152.40	\$152.40
	Tobacco	\$22.80	\$36.60	\$67.20	\$129.00	\$234.60	\$234.60
\$35,000	Non-tobacco	\$20.30	\$29.40	\$51.80	\$95.90	\$177.80	\$177.80
	Tobacco	\$26.60	\$42.70	\$78.40	\$150.50	\$273.70	\$273.70
\$40,000	Non-tobacco	\$23.20	\$33.60	\$59.20	\$109.60	\$203.20	\$203.20
	Tobacco	\$30.40	\$48.80	\$89.60	\$172.00	\$312.80	\$312.80
\$45,000	Non-tobacco	\$26.10	\$37.80	\$66.60	\$123.30	\$228.60	\$228.60
	Tobacco	\$34.20	\$54.90	\$100.80	\$193.50	\$351.90	\$351.90
\$50,000	Non-tobacco	\$29.00	\$42.00	\$74.00	\$137.00	\$254.00	\$254.00
	Tobacco	\$38.00	\$61.00	\$112.00	\$215.00	\$391.00	\$391.00
<b>Benefit Amount Up To 100% of Employee Amount to a Maximum of \$50,000</b>							
Spouse							
\$5,000	Non-tobacco	\$2.90	\$4.20	\$7.40	\$13.70	\$25.40	\$25.40
	Tobacco	\$3.80	\$6.10	\$11.20	\$21.50	\$39.10	\$39.10
\$10,000	Non-tobacco	\$5.80	\$8.40	\$14.80	\$27.40	\$50.80	\$50.80
	Tobacco	\$7.60	\$12.20	\$22.40	\$43.00	\$78.20	\$78.20
\$15,000	Non-tobacco	\$8.70	\$12.60	\$22.20	\$41.10	\$76.20	\$76.20
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## Manage Your Benefits:

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

## Need Assistance?

Call the Guardian Helpline (888) 600-1600, weekdays, 8:00 AM to 8:30 PM, EST. Refer to your member ID (social security number) and your plan number: 00575422.

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

We do not pay 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

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

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

This policy will not pay for a diagnosis of a listed critical illness that is made before the insured's Critical Illness effective date with Guardian.

*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-Cl-14