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Group Number: 00563682

# LONG ISLAND CENTER FOR INDEPENDENT LIVING

## ALL ELIGIBLE EMPLOYEES

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

### **PLAN HIGHLIGHTS**

- Dental
- Specified Disease
- Accident
- Hospital Indemnity

### **Questions? Concerns?**

Helpline (888) 600-1600

Call weekdays, 7:00 AM to 8:30 PM, EST.

And refer to your plan number: 00563682

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# Welcome

Dear LONG ISLAND CENTER FOR INDEPENDENT LIVING Employee,

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

With Guardian® coverage you get:

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

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

Guardian

GUARDIAN® is a registered trademark of The Guardian Life Insurance Company of America®. Insurance products are underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage.

2018-71635 (12/20)

**Dental Benefit Summary**

**Group Number:** 00563682

**A Dental insurance plan through Guardian:**

- Provides coverage for key preventive services such as regular checkups and cleanings to keep you and your family healthy
- Helps offset potentially expensive dental procedures, such as crowns and fillings
- Gives you access to one of the nation’s largest dental networks so care is convenient to you
- Makes it easy to find a high quality certified network dentist by accessing guardiananytime.com or Guardian’s find a provider mobile app
- Fast and easy claim payments

**About Your Benefits:**

**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.

<b>Your Dental Plan</b>	<b>PPO</b>	
<b>Your Network is</b>	DentalGuard Preferred	
<b>Calendar year deductible</b>	<i>In-Network</i>	<i>Out-of-Network</i>
Individual	\$50	\$50
Family limit	Not Applicable	
Waived for	Preventive	Preventive
<b>Charges covered for you (co-insurance)</b>	<i>In-Network</i>	<i>Out-of-Network</i>
Preventive Care	100%	100%
Basic Care	80%	80%
Major Care	50%	50%
Orthodontia	Not Covered (applies to all levels)	
<b>Annual Maximum Benefit</b>	\$2000	\$2000
<b>Maximum Rollover</b>	Yes	
Rollover Threshold	\$800	
Rollover Amount	\$400	
Rollover In-network Amount	\$600	
Rollover Account Limit	\$1500	
<b>Lifetime Orthodontia Maximum</b>	Not Applicable	
<b>Dependent Age Limits</b>	26	

## A Sample of Services Covered by Your Plan:

		<b>PPO</b>	
		<i>Plan pays (on average)</i>	
		<i>In-network</i>	<i>Out-of-network</i>
Preventive Care	Cleaning (prophylaxis)	100%	100%
	Frequency:	Once Every 6 Months	
	Fluoride Treatments	100%	100%
	Limits:	Under Age 19	
	Oral Exams	100%	100%
	Sealants (per tooth)	100%	100%
	X-rays	100%	100%
Basic Care	Anesthesia*	80%	80%
	Fillings‡	80%	80%
	Perio Surgery	80%	80%
	Periodontal Maintenance	80%	80%
	Frequency:	Once Every 6 Months	
	Repair & Maintenance of Crowns, Bridges & Dentures	80%	80%
	Root Canal	80%	80%
	Scaling & Root Planing (per quadrant)	80%	80%
	Simple Extractions	80%	80%
Major Care	Bridges and Dentures	50%	50%
	Inlays, Onlays, Veneers**	50%	50%
	Single Crowns	50%	50%
	Surgical Extractions	50%	50%

This is only a partial list of dental services. Your certificate of benefits will show exactly what is covered and excluded. \*\*For PPO and or Indemnity members, Crowns, Inlays, Onlays and Labial Veneers are covered only when needed because of decay or injury or other pathology 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 limit set by your plan; 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. \*General Anesthesia – restrictions may apply. ‡For PPO and or Indemnity members, Fillings – restrictions may apply to composite fillings.

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

### Manage Your Benefits:

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

### Find A Dentist:

Visit [www.GuardianAnytime.com](http://www.GuardianAnytime.com)  
Click on "Find A Provider"; You will need to know your plan, which can be found on the first page of your dental benefit summary.

### 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: 00563682

**Please call the Guardian Helpline if you need to use your benefits within 30 days of plan effective date. Please note, self-serve options over the phone or online at Guardian Anytime are not available until the case is fully implemented, please wait to speak to a live agent when calling the Guardian Helpline.**

# Dental Maximum Rollover<sup>®</sup>

## Save Your Unused Claims Dollars For When You Need Them Most

Guardian will roll over a portion of your unused annual maximum into your personal Maximum Rollover Account (MRA). If you reach your Plan Annual Maximum in future years, you can use money from your MRA. To qualify for an MRA, you must have a paid claim (not just a visit) and must not have exceeded the paid claims threshold during the benefit year. Your MRA may not exceed the MRA limit. You can view your annual MRA statement detailing your account and those of your dependents on [www.GuardianAnytime.com](http://www.GuardianAnytime.com).

*Please note that actual maximum limitations and thresholds vary by plan. Your plan may vary from the one used below as an example to illustrate how the Maximum Rollover functions.*

Plan Annual Maximum*	Threshold	Maximum Rollover Amount	In-Network Only Rollover Amount	Maximum Rollover Account Limit
\$2000	\$800	\$400	\$600	\$1500
Maximum claims reimbursement	Claims amount that determines rollover eligibility	Additional dollars added to Plan Annual Maximum for future years	Additional dollars added to Plan Annual Maximum for future years if only in-network providers were used during the benefit year	Plan Annual Maximum plus Maximum Rollover cannot exceed \$3,500 in total

\* If a plan has a different annual maximum for PPO benefits vs. non-PPO benefits, (\$1500 PPO/\$1000 non-PPO for example) the non-PPO maximum determines the Maximum Rollover plan.

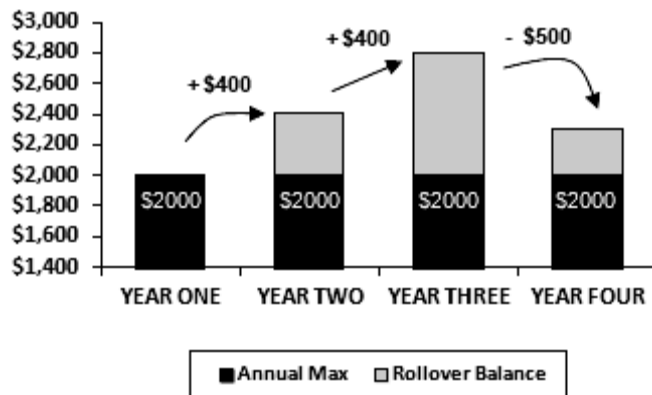
### Here's how the benefits work:

**YEAR ONE:** Jane starts with a \$2000 Plan Annual Maximum. She submits \$150 in dental claims. Since she did not reach the \$800 Threshold, she receives a \$400 rollover that will be applied to Year Two.

**YEAR TWO:** Jane now has an increased Plan Annual Maximum of \$2,400. This year, she submits \$50 in claims and receives an additional \$400 rollover added to her Plan Annual Maximum.

**YEAR THREE:** Jane now has an increased Plan Annual Maximum of \$2,800. This year, she submits \$2,500 in claims. All claims are paid due to the amount accumulated in her Maximum Rollover Account.

**YEAR FOUR:** Jane's Plan Annual Maximum is \$2,300 (\$2,000 Plan Annual Maximum + \$300 remaining in her Maximum Rollover Account).



For Overview of your Dental Benefits, please see About Your Benefit Section of this Enrollment Booklet.

### NOTES:

You and your insured dependents maintain separate MRAs based on your own claim activity. Each MRA may not exceed the MRA limit.

Cases on either a calendar year or policy year accumulation basis qualify for the Maximum Rollover feature. For calendar year cases with an effective date in October, November or December, the Maximum Rollover feature starts as of the first full benefit year. For example, if a plan starts in November of 2013, the claim activity in 2014 will be used and applied to MRAs for use in 2015.

Under either benefit year set up (calendar year or policy year), Maximum Rollover for new entrants joining with 3 months or less remaining in the benefit year, will not begin until the start of the next full benefit year. Maximum Rollover is deferred for members who have coverage of Major services deferred. For these members, Maximum Rollover starts when coverage of Major services starts, or the start of the next benefit year if 3 months or less remain until the next benefit year. (Actual eligibility timeframe may vary. See your Plan Details for the most accurate information.)

Guardian's Dental Insurance is underwritten and issued by The Guardian Life Insurance Company of America or its subsidiaries, 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.

Policy Form #GP-1-DG2000, et al.

Specified Disease Benefit Summary

Group Number: 00563682

**A Specified Disease 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:**

**SPECIFIED DISEASE**

Benefit Amount(s)	Lump Sum Amount of \$20,000	
<b>CONDITIONS</b>		
<b>Cancer</b>	<b>1st OCCURRENCE</b>	<b>2nd OCCURRENCE</b>
Invasive Cancer	100%	50%
Carcinoma In Situ	30%	0%
Skin Cancer	\$250 per lifetime	Not Covered
<b>Vascular</b>		
Heart Attack	100%	50%
Stroke	100%	50%
Heart Failure	100%	50%
Coronary Arteriosclerosis	30%	0%
<b>Other</b>		
Organ Failure	100%	50%
Kidney Failure	100%	50%
<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.	We Guarantee Issue up to: Less than age 70 \$20,000	
	<b>Health questions are required if the elected amount exceeds the Guarantee Issue, as well as for all applicants age 70+ regardless of elected amount.</b>	
<b>Portability:</b> Allows you to take your Specified Disease 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	

**Condition Definitions**

- 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.
- Coronary Arteriosclerosis: Coronary Arteriosclerosis referred to as [Coronary Heart Disease]
- 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.

**Accident Benefit Summary**

**Group Number:** 00563682

**Accident insurance through Guardian provides you:**

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

**About Your Benefits:**

<b>ACCIDENT</b>	
<b>COVERAGE - DETAILS</b>	
<b>Accident Coverage Type</b>	Off Job
<b>Portability</b> - Allows you to take your Accident coverage with you if you terminate employment.	Included
<b>ACCIDENTAL DEATH AND DISMEMBERMENT</b>	
<b>Benefit Amount(s)</b>	Employee \$25,000
<b>Catastrophic Loss</b>	Quadriplegia, Loss of speech & hearing (both ears), Loss of Cognitive function: 100% of AD&D Hemiplegia & Paraplegia: 50% of AD&D
<b>Common Carrier</b>	200% of AD&D benefit
<b>Dismemberment</b> - Hand, Foot, Sight	Single: 50% of AD&D benefit Multiple: 100% of AD&D benefit
<b>Dismemberment</b> - Thumb/Index Finger Same Hand, Four Fingers Same Hand, All Toes Same Foot	25% of AD&D benefit
<b>Seatbelts and Airbags</b>	Seatbelts: \$10,000 & Airbags: \$15,000
<b>Reasonable Accommodation to Home or Vehicle</b>	\$2,500
<b>FEATURES</b>	
Accident Emergency Room Treatment	\$175
Accident Follow-Up Visit - Doctor	\$50 up to 6 treatments
Air Ambulance	\$1,000
Ambulance	\$150
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
Chiropractic Visits	\$25 per visit up to 6 visits
Coma	\$10,000
Concussions	\$75
Dislocations	Schedule up to \$4,400
Diagnostic Exam (Major)	\$150
Emergency Dental Work	\$300/Crown, \$75/Extraction
Epidural pain management	\$100, 2 times per accident
Eye Injury	\$300
Family Care	\$20/day up to 30 days
Fracture	Schedule up to \$5,500

Benefit information illustrated within this material reflects the plan covered by Guardian as of 06/28/2019

ALL ELIGIBLE EMPLOYEES Benefit Summary

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

## FEATURES (Cont.)

Hospital Admission	\$1,000
Hospital Confinement	\$165/day - up to 1 year
Hospital ICU Admission	\$2,000
Hospital ICU Confinement	\$165/day - up to 15 days
Initial Physician's office/Urgent Care Facility Treatment	\$75
Joint Replacement (hip/knee/shoulder)	\$2,500/\$1,250/\$1,250
Knee Cartilage	\$500
Laceration	Schedule up to \$400
Lodging - The hospital must be more than 50 miles from the insured's residence.	\$125/day, up to 30 days for companion hotel stay
Occupational or Physical Therapy	\$25/day up to 10 days
Prosthetic Device/Artificial Limb	1: \$500 2 or more: \$1,000
Rehabilitation Unit Confinement	\$150/day up to 15 days
Ruptured Disc With Surgical Repair	\$500
Surgery	Schedule up to \$1,250 Hernia: \$150
Surgery - Exploratory or Arthroscopic	\$250
Tendon/Ligament/Rotator Cuff	1: \$500 2 or more: \$1,000
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.	\$500, 3 times per accident
X - Ray	\$30

## 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.
- **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.

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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?

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Effective:

Group Number: 00563682

## Hospital Indemnity Benefit Summary

**A Hospital Indemnity insurance plan through Guardian provides:**

- A cash benefit when you are admitted to a hospital, whether or not these charges are covered by your medical plan
- Benefit payments sent directly to you and can be used for any purpose – from covering medical copays and deductibles to paying for everyday expenses such as the mortgage, groceries and utilities
- Simple enrollment with no health or medical questions to answer
- Ability to take the coverage with you if you change jobs or retire

**About Your Benefits:**

<b>Hospital Indemnity</b>	
	Option 1
<b>Benefits</b>	
Hospital/ICU Admission	\$1,000 per admission, limited to 1 admission(s) per insured
<b>Pre-Existing Conditions 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.	3 months prior, 12 months after
<b>Portability</b> - Allows you to take your Hospital Indemnity coverage with you if you terminate employment.	Included

**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.

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

**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.  
[www.guardiananytime.com](http://www.guardiananytime.com).

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Hospital Indemnity coverage is designed to provide, to persons insured, restricted coverage paying benefits ONLY when certain losses occur as a result of a Covered Sickness or Injury shown in the Certificate. Coverage is not provided for other Sicknesses or Injuries or for basic hospital, basic medical-surgical, or major medical expenses.

This following is an **EXAMPLE** of what may be covered under the Certificate. Your Certificate may not include all of the benefits shown in this example:

### **Covered Benefits**

**Hospital Admission:** \$500 per day

Limited to 1 day per Benefit Year and  
10 days per Covered Family combined with  
Hospital ICU Admission.

**Hospital Confinement:** \$50 per day

for first 10 days Hospital Confinement  
combined with Hospital ICU Confinement.

**Hospital ICU Admission:** \$500 per day

Limited to 1 day per Benefit Year combined  
with Hospital Admission.

**Hospital ICU Confinement:** \$50 per day

for first 10 days Hospital ICU Confinement  
combined with Hospital Confinement.

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

### **LIMITATIONS**

**Pre-Existing Conditions:** If your Certificate has a pre-existing condition exclusion, it will not pay benefits for a Covered Sickness or Injury that is caused by, or results from, a pre-existing condition if the Covered Sickness or Injury occurs during the first 6 months that the person is insured by this Certificate. A pre-existing condition is a Covered Sickness or Injury, for which in the 6 months before a person becomes insured by this Certificate he or she: (a) received medical advice or diagnosis or (2) care or treatment was recommended or received from a doctor.