



Summary of Benefits

Dental Benefit Summary

Group ID:	00055622	Coverage Type:	Contributory
Group Name:	SAN FRANCISCO SPCA	Class:	0001 ALL ELIGIBLE EMPLOYEES EARNING \$145,000 OR MORE
Waiting Period:	1st of the month following 30 day(s)	As of Date:	10/21/2025

Plan Information

Your dental networks is: Managed Dental Care(CA)

Coverage Information

	Managed Dental Care(CA)
What's the most cost-effective way to use dental insurance?	You are only covered if you go to a dentist who belongs to the Managed Dental Care (CA) network.
Calendar year deductible	
Preventive	
Basic	
Major	
Calendar Year Maximum Benefit	
Maximum rollover	
Monthly Switch	Yes
Office Visit Co-pay (one office visit may cover multiple services)	\$5
Preventive Care:	
Bitewing X-Rays	

Managed Dental Care(CA)	
What's the most cost-effective way to use dental insurance?	You are only covered if you go to a dentist who belongs to the Managed Dental Care (CA) network.
Full Mouth X-Rays	
Cleaning	
Oral Exams	
Sealants (per tooth)	
Basic Care:	
Fillings (one surface)	
General Anesthesia ¹	
Scaling & Root Planing (per quadrant)	
Simple Extractions	
Major Care:	
Dentures	
Orthodontia	Consult Your Benefit Booklet

General Exclusions

Important information about Guardian's Managed Dental Care Plans:

This plan provides dental benefits through a network of participating general dentists and specialty care dentists. All covered services must be provided by the member's Primary Care Dentist. Specialty care services are covered only when referred by the member's Primary Care Dentist and approved in advance by Managed Dental Care. Only those services listed in the plan are covered. Certain services are subject to annual or other periodic limitations. Where orthodontic benefits are specifically included, the plan provides for one course of comprehensive treatment per lifetime, per member. The Managed Dental Care plan does not provide orthodontic benefits if comprehensive orthodontic treatment or retention is in progress as of the member's effective date under the Managed Dental Care plan. The services, exclusions and limitations listed here do not constitute a contract and are a summary only. The Managed Dental Care plan documents are the final arbiter of coverage. GP-1-MDG1, et al. (Florida), GP-1MDC1, et al. (California), GP-1-MDG-TX1, et al. (Texas), GP-1-MDG-NY1, et al. (New York), GP-1-MDG-1-NJ, et al. (New Jersey)

 1 Restrictions apply and may be subject to medical necessity.

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Summary of Benefits

Vision Benefit Summary

Group ID:	00055622	Coverage Type:	Contributory
Group Name:	SAN FRANCISCO SPCA	Class:	0001 ALL ELIGIBLE EMPLOYEES EARNING \$145,000 OR MORE
Waiting Period:	1st of the month following 30 day(s)	As of Date:	10/21/2025

Plan Information

Your network is the VSP - Choice Full Feature

Coverage Information

	VSP - Choice Full Feature	
What's the most cost-effective way to use vision benefits?	You may go to any eye doctor however, if you go to a VSP network provider you will usually pay less.	
	In-Network	Out-Of-Network

Co-Pay

First service provided	Not applicable
Exams	Exams \$10.00
Materials	Materials (waived for conventional and planned replacement contact lenses) \$25.00

How often can I obtain service?

Exams:
Once a year.
Lenses:
Once a year.
Frames:
Once every other year.
Materials:
Once a year.

	In-Network	Out-Of-Network
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VSP - Choice Full Feature		
What's the most cost-effective way to use vision benefits?	You may go to any eye doctor however, if you go to a VSP network provider you will usually pay less.	
	In-Network	Out-Of-Network
Eye exams	Copay applies	Amount over: \$39.00
Lenses		
Single vision lenses	Copay applies	Amount over: \$23.00
Lined bifocal lenses	Copay applies	Amount over: \$37.00
Lined trifocal lenses	Copay applies	Amount over: \$49.00
Lenticular lenses	Copay applies	Amount over: \$64.00
Contact Lenses		
Conventional	Amount over: \$200.00	Amount over: \$100.00
Planned replacement	Amount over \$200.00	\$120 Max (copay waived)
Medically necessary	Copay Applies	Amount over: \$210.00
Evaluation and fitting	15% off professional fee	Included in Contact Lens allowance
Frames	\$200.00, 20% discount on amount over \$200.00.	Amount over: \$46.00
Lens & Frame Allowance	No discounts	No discounts
Cosmetic Extras	Discounted at an average of 20%-25% off providers UCR.	No discounts
Laser correction surgery	Average 15% discount off usual price or 5% off promotional price.	No discounts
Hearing	No discounts	No discounts

Vision and General Exclusions

Important information

This policy provides vision care limited benefits health insurance only. It does not provide basic hospital, basic medical or major medical insurance as defined by the New York State Insurance Department. Coverage is limited to those charges that are necessary for a routine vision examination. Co-pays apply. The plan does not pay for:

- Orthoptics or vision training and any associated supplemental testing;
- Medical or surgical treatment of the eye;
- Eye examination or corrective eyewear required by an employer as a condition of employment;

- Replacement of lenses and frames that are furnished under this plan, which are lost or broken (except at normal intervals when services are otherwise available or a warranty exists).

The plan limits benefits for blended lenses, oversized lenses, photochromic lenses, tinted lenses, progressive multifocal lenses, coated or laminated lenses, a frame that exceeds plan allowance, cosmetic lenses; U-V protected lenses and optional cosmetic processes. The services, exclusions and limitations listed above do not constitute a contract and are a summary only. The Guardian plan documents are the final arbiter of coverage. Contract #GP-1-VSN-96-VIS et al.

Laser Correction Surgery

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

Your plan includes popular Retail Chain Providers such as: Costco Optical, Visionworks, Clarkson Eyecare, Shopko Eyecare Center, Visioncare Associates and Rxoptical. To see a complete list of participating providers in your area register at vsp.com. Benefits may vary at retail chain provider locations



Members will receive 20% off unlimited additional pairs of prescription glasses and non prescription sunglasses valid through any VSP doctor within 12 months of the last covered exam.

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Summary of Benefits

Basic Life Benefit Summary

Group ID:	00055622	Member Coverage Type:	Non Contributory
Group Name:	SAN FRANCISCO SPCA	Dependent Coverage Type:	
Waiting Period:	1st of the month following 30 day(s)	Class:	0001 ALL ELIGIBLE EMPLOYEES EARNING \$145,000 OR MORE
As of Date:			10/21/2025

Coverage Information

Employee Volume Amount	Flat \$50,000
Maximum Amount	\$50,000
Cutbacks	35% at age 65 50% at age 70

Plan Information

When is my policy effective?	Coverage is effective after you satisfy any waiting period required by your employer. Coverage will not begin until Guardian has approved any amount subject to medical underwriting.
Do I have to answer medical questions as part of purchasing insurance?	No
Can I take the policy with me if I leave the company?	You may be able to port this coverage to a group trust plan. Yes, you can convert this coverage to an individual policy if you terminate employment with the company or the policy ends. (Some restrictions apply; see certificate of benefits for more information.)

Basic Life and General Exclusions

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.

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 policy booklet for full plan description.

The group policy or individual certificate cannot be contested after it, or any rider or amendment subsequently added to it, has been in force for a period of two years.

If the age or any other relevant factor of the insured has been misstated, Guardian or its subsidiaries will use the true fact in determining whether insurance is in force under the terms of the certificate and in what amounts.

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).



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Summary of Benefits

Accidental Death and Dismemberment Benefit Summary

Group ID:	00055622	Member Coverage Type:	Non Contributory
Group Name:	SAN FRANCISCO SPCA	Dependent Coverage Type:	
Waiting Period:	1st of the month following 30 day(s)	Class:	0001 ALL ELIGIBLE EMPLOYEES EARNING \$145,000 OR MORE
As of Date:		10/21/2025	

Coverage Information

Volume Amount	Flat \$50,000
Guaranteed Issue	Your Accidental Death and Dismemberment coverage is guaranteed based on your Basic Life coverage.
Maximum Amount	\$50,000
Cutbacks	35% at age 65 50% at age 70

Plan Information

When is my policy effective?	Coverage is effective after you satisfy any waiting period required by your employer. Coverage will not begin until Guardian has approved any amount subject to medical underwriting.
Do I have to answer medical questions as part of purchasing insurance?	No
Can I take the policy with me if I leave the company?	No

Accidental Death and Dismemberment and General Exclusions

*A loss may be defined as death, quadriplegia, loss of speech and hearing, loss of cognitive function, comatose state in excess of one month, hemiplegia or paraplegia. The loss must occur within 365 days of the accident. Please see contract for specific definition; definition of loss may vary depending on the benefit payable. We won't pay more than 100% of the Insurance amount for

all losses due to the same accident, except as stated. We pay no benefits for any loss caused:

- by willful self injury
- sickness, disease or medical treatment
- by participating in a civil disorder or committing a felony
- by duties performed as a crew member on an aircraft
- by declared or undeclared act of war or armed aggression while a member of any armed force
- while driving a motor vehicle without a current, valid driver's license
- by legal intoxication; or by voluntarily using a non-prescription controlled substance
- Contract #GP-1-R-ADCL1-00 et al

The group policy or individual certificate cannot be contested after it, or any rider or amendment subsequently added to it, has been in force for a period of two years.

If the age or any other relevant factor of the insured has been misstated, Guardian or its subsidiaries will use the true fact in determining whether insurance is in force under the terms of the certificate and in what amounts.

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).



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Summary of Benefits

Long Term Disability Benefit Summary

Group ID:	00055622	Member Coverage Type:	Non Contributory
Group Name:	SAN FRANCISCO SPCA	Dependent Coverage Type:	
Waiting Period:	1st of the month following 30 day(s)	Class:	0001 ALL ELIGIBLE EMPLOYEES EARNING \$145,000 OR MORE
As of Date:			10/21/2025

Coverage Information

Monthly Volume	50% of monthly earnings
Guaranteed Issue	There is no guaranteed issue. All amounts are approved.
Maximum Amount	\$10,000
Waiting Periods (Benefits begin on ...)	Accident: Day 181 Illness: Day 181
Maximum Payment Period	Social Security Normal Retirement Age

Plan Information

When is my policy effective?	Coverage is effective after you satisfy any waiting period required by your employer. Coverage will not begin until Guardian has approved any amount subject to medical underwriting.
Can I take the policy with me if I leave the company?	No.
Do I have to answer medical questions as part of purchasing insurance?	No.
How are my earnings defined?	Earnings means your monthly earnings excluding bonuses, commissions, expense accounts, and any other extra compensation. If you are a partner, earnings means your partnership earnings that are reported on your IRS Form 1040 Schedule E for the prior calendar or tax year.
Can I return to work part time while I'm	Yes, you may return to work part time and still be considered

disabled

disabled. Some restrictions apply.

Long Term Disability General Limitations and Exclusions

We limit the duration of payments for long term disabilities caused by mental or emotional conditions, or alcohol or drug abuse. We do not pay benefits for charges relating to a covered person: taking part in any war or act of war (including service in the armed forces); committing a felony or taking part in any riot or other civil disorder; or intentionally injuring themselves or attempting suicide while sane or insane. We do not pay benefits for charges for the voluntary use of any poison, chemical, prescription or non-prescription drug or controlled substance unless it has been prescribed by a doctor and is used as prescribed.

We do not pay benefits during any period in which a covered person is confined to a correctional facility, an employee is not under the care of a doctor, an employee is receiving treatment outside of the US or Canada, and the employee's loss or earnings is not solely due to disability.

This policy provides disability income insurance only. It does not provide "basic hospital", "basic medical", or "medical" insurance as defined by the New York State Insurance Department. If the plan is new (not transferred):

Non-NY states: If the plan is new (not transferred): During the exclusion period, this disability plan does not pay charges relating to a pre-existing condition. A pre-existing condition includes any condition for which an employee, in a specified period of time prior to coverage in this plan, consults with a physician, receives treatment, or takes prescribed drugs. If this plan is transferred from another insurance carrier, the time an insured is covered under that plan will count toward satisfying Guardian's pre-existing condition limitation period. Please refer to the plan details for specific time periods. State variations may apply.

Please refer to plan documents for specific time periods.

Contract #'s GP-1-LTD94-A,B,C-1.0 et al.; GP-1-STD94-1.0 et al; GP-1-LTD2K-1.0 et al, GP-1-STD2K-1.0 et al; GP-1-LTD07-1.0 et al, Contract # GP-1-LTD-15-1.0 et al.

Acts of war etc.

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;
4. confined to a correctional facility, or
5. receiving treatment outside US.

Disability benefits are not paid for charges relating to a covered person: taking part in any war or act of war (including service in the armed forces); committing a felony or taking part in any riot or other civil disorder; or intentionally injuring themselves or attempting suicide while sane or insane, and for the voluntary use of any poison, chemical, prescription or non-prescription drug or controlled substance unless it has been prescribed by a doctor and is used as prescribed.

Disability benefits are not paid during any period in which you are in confined to a correctional facility, you are not under the care of a doctor, you are not receiving treatment outside of the US or Canada, and 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.

Other

Where applicable, this coverage will be integrated with Social Security and with Workers Compensation. Refer to your booklet for additional details.



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Summary of Benefits

Voluntary Life Benefit Summary

Group ID:	00055622	Member Coverage Type:	Voluntary
Group Name:	SAN FRANCISCO SPCA	Dependent Coverage Type:	
Waiting Period:	1st of the month following 30 day(s)	Class:	0001 ALL ELIGIBLE EMPLOYEES EARNING \$145,000 OR MORE
		As of Date:	10/21/2025

Coverage Information

Employee Volume Amount Increments of \$10,000 to a Maximum of \$500,000

\$10,000	\$110,000	\$210,000	\$310,000	\$410,000
\$20,000	\$120,000	\$220,000	\$320,000	\$420,000
\$30,000	\$130,000	\$230,000	\$330,000	\$430,000
\$40,000	\$140,000	\$240,000	\$340,000	\$440,000
\$50,000	\$150,000	\$250,000	\$350,000	\$450,000
\$60,000	\$160,000	\$260,000	\$360,000	\$460,000
\$70,000	\$170,000	\$270,000	\$370,000	\$470,000
\$80,000	\$180,000	\$280,000	\$380,000	\$480,000
\$90,000	\$190,000	\$290,000	\$390,000	\$490,000
\$100,000	\$200,000	\$300,000	\$400,000	\$500,000

Spouse Volume Amount Minimum Amount of \$5,000 and Increments of \$5,000 to a maximum of \$250,000

Child Volume Amount Ages 14 Days to 6 Months Minimum of \$2,000 and Increments of \$2,000 to a maximum of \$10,000
Ages 6 Months to 26 Years Minimum of \$2,000 and Increments of \$2,000 to a maximum of \$10,000

Member Guaranteed Issue Ages 15-64 \$200,000
Ages 65-69 \$50,000
Ages 70 and up \$10,000

Spouse Guaranteed Issue Spouse's Age 15-64 \$25,000
Spouse's Age 65 and up \$10,000

Child Guaranteed Issue There is no guaranteed issue. All amounts are approved.

Cutbacks	35% at age 65 50% at age 70
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Plan Information

When is my policy effective?	Coverage is effective after you satisfy any waiting period required by your employer. Coverage will not begin until Guardian has approved any amount subject to medical underwriting.
Do I have to answer medical questions as part of purchasing insurance?	If you decide to purchase more than the amount guaranteed by Guardian or enroll after the open enrollment period, you must answer some medical questions to help us assess your insurability. Answering "yes" to any of the questions will not necessarily prevent you from obtaining coverage.
Can I take the policy with me if I leave the company?	You may be able to port this coverage to a group trust plan. Yes, you can convert this coverage to an individual policy if you terminate employment with the company or the policy ends. (Some restrictions apply; see certificate of benefits for more information.)

Voluntary Life and General Exclusions

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

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.

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 policy booklet for full plan description.

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 home confined, 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.

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.

The group policy or individual certificate cannot be contested after it, or any rider or amendment subsequently added to it, has been in force for a period of two years. If the age or any other relevant factor of the insured has been misstated, GIAC will use the true fact in determining whether insurance is in force under the terms of the certificate and in what amounts.



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Summary of Benefits

Voluntary Accidental Death and Dismemberment Benefit Summary

Group ID: 00055622 Member Coverage Type: Voluntary
Group Name: SAN FRANCISCO SPCA Dependent Coverage Type:
Waiting Period: 1st of the month following 30 Class: 0001 ALL ELIGIBLE
day(s) EMPLOYEES EARNING
\$145,000 OR MORE
As of Date: 10/21/2025

Coverage Information

Employee Volume Amount

Minimum Amount of \$10,000 and Increments of \$10,000 to a maximum of \$500,000

\$10,000	\$110,000	\$210,000	\$310,000	\$410,000
\$20,000	\$120,000	\$220,000	\$320,000	\$420,000
\$30,000	\$130,000	\$230,000	\$330,000	\$430,000
\$40,000	\$140,000	\$240,000	\$340,000	\$440,000
\$50,000	\$150,000	\$250,000	\$350,000	\$450,000
\$60,000	\$160,000	\$260,000	\$360,000	\$460,000
\$70,000	\$170,000	\$270,000	\$370,000	\$470,000
\$80,000	\$180,000	\$280,000	\$380,000	\$480,000
\$90,000	\$190,000	\$290,000	\$390,000	\$490,000
\$100,000	\$200,000	\$300,000	\$400,000	\$500,000

Spouse Volume Amount

Minimum Amount of \$5,000 and Increments of \$5,000 to a maximum of \$250,000

\$5,000	\$55,000	\$105,000	\$155,000	\$205,000
\$10,000	\$60,000	\$110,000	\$160,000	\$210,000
\$15,000	\$65,000	\$115,000	\$165,000	\$215,000
\$20,000	\$70,000	\$120,000	\$170,000	\$220,000
\$25,000	\$75,000	\$125,000	\$175,000	\$225,000
\$30,000	\$80,000	\$130,000	\$180,000	\$230,000
\$35,000	\$85,000	\$135,000	\$185,000	\$235,000
\$40,000	\$90,000	\$140,000	\$190,000	\$240,000
\$45,000	\$95,000	\$145,000	\$195,000	\$245,000
\$50,000	\$100,000	\$150,000	\$200,000	\$250,000

Child Volume Amount	Minimum Amount of \$2,000 and Increments of \$2,000 to a maximum of \$10,000
	\$2,000
	\$4,000
	\$6,000
	\$8,000
	\$10,000

Member Guaranteed Issue	Your Voluntary Accidental Death and Dismemberment coverage is guaranteed based on your Voluntary Life coverage.
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Cutbacks	35% at age 65
	50% at age 70

Plan Information

When is my policy effective?	Coverage is effective after you satisfy any waiting period required by your employer. Coverage will not begin until Guardian has approved any amount subject to medical underwriting.
Do I have to answer medical questions as part of purchasing insurance?	If you enroll after the open enrollment period, you must answer some medical questions to help us assess your insurability. Answering "yes" to any of the questions will not necessarily prevent you from obtaining coverage.
Can I take the policy with me if I leave the company?	No

Voluntary Accidental Death and Dismemberment and General Exclusions

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

*A loss may be defined as death, quadriplegia, loss of speech and hearing, loss of cognitive function, comatose state in excess of one month, hemiplegia or paraplegia. The loss must occur within 365 days of the accident. Please see contract for specific definition; definition of loss may vary depending on the benefit payable. We won't pay more than 100% of the Insurance amount for all losses due to the same accident, except as stated. We pay no benefits for any loss caused:

- by willful self injury
- sickness, disease or medical treatment
- by participating in a civil disorder or committing a felony
- by duties performed as a crew member on an aircraft
- by declared or undeclared act of war or armed aggression while a member of any armed force
- while driving a motor vehicle without a current, valid driver's license
- by legal intoxication; or by voluntarily using a non-prescription controlled substance
- Contract #GP-1-R-ADCL1-00 et al



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Summary of Benefits

Voluntary Critical Illness Benefit Summary

Group ID:	00055622	Member Coverage Type:	Voluntary
Group Name:	SAN FRANCISCO SPCA	Dependent Coverage Type:	
Waiting Period:	1st of the month following 30 day(s)	Class:	0001 ALL ELIGIBLE EMPLOYEES EARNING \$145,000 OR MORE
As of Date:			10/21/2025

Coverage Information

Employee Volume Amount	Lump sum increments of \$5,000 to a maximum of \$30,000		
Spouse Volume Amount	Up to 100% of Member's benefit in lump sum increments of \$5,000 to a maximum of \$30,000		
Child Volume Amount	25% of Member's benefit to a maximum of \$7,500		
Member Guaranteed Issue	Ages 15-69 \$30,000 Ages 70 and up, Medical Questions are required for all amounts. Ages 70 and up		
Spouse Guaranteed Issue	Member's Age 15-69 \$30,000 Ages 70 and up		
Child Guaranteed Issue	All amounts are guaranteed.		
Covered Conditions	1st Occurrence	2nd Occurrence	
Invasive Cancer	100% of lump sum	100% of lump sum	
Carcinoma In Situ	30% of lump sum	0% of lump sum	
Benign Brain Tumor	75% of lump sum	0% of lump sum	
Skin Cancer	\$250 per lifetime		
Heart Attack	100% of lump sum	100% of lump sum	
Stroke	100% of lump sum	100% of lump sum	
Heart Failure	100% of lump sum	100% of lump sum	
Arteriosclerosis	30% of lump sum	0% of lump sum	
Organ Failure	100% of lump sum	100% of lump sum	
Kidney Failure	100% of lump sum	100% of lump sum	
Additional Covered Conditions			
Addison's Disease	30% of lump sum		
ALS (Lou Gehrig's Disease)	100% of lump sum		
Alzheimer's Disease	50% of lump sum		

Coma	100% of lump sum
Huntington's Disease	30% of lump sum
Multiple Sclerosis	30% of lump sum
Loss of Speech	100% of lump sum
Loss of Sight	100% of lump sum
Loss of Hearing	100% of lump sum
Parkinson's Disease	100% of lump sum
Permanent Paralysis	2+ Limbs =100% of lump sum, 1 Limb =50% of lump sum
Severe Burns	100% of lump sum

Child Covered Conditions

Cerebral Palsy	100% of lump sum
Cleft Lip/Cleft Palate	100% of lump sum
Club Foot	100% of lump sum
Cystic Fibrosis	100% of lump sum
Down's Syndrome	100% of lump sum
Muscular Dystrophy	100% of lump sum
Spina Bifida	100% of lump sum
Type 1 Diabetes	100% of lump sum

Member Wellness Benefit

Provides a \$50 per year member benefit for completing certain routine wellness screenings or procedures such as a mammography, colonoscopy, pap smear, PSA, Serum cholesterol test, completion of smoking cessation and weight reduction programs and many more.

Spouse Wellness Benefit

Provides a \$50 per year spouse benefit for completing certain routine wellness screenings or procedures such as a mammography, colonoscopy, pap smear, PSA, serum cholesterol testing, completion of smoking cessation and weight reduction programs.

Child Wellness Benefit

Provides a \$50 per year child benefit for completing certain routine wellness screenings or procedures such as bone marrow testing, chest x-ray, pap smear and weight reduction programs.

Rider/Additional Benefits

Plan Information

When is my policy effective?

Coverage is effective after you satisfy any waiting period required by your employer. Coverage will not begin until Guardian has approved any amount subject to medical underwriting.

Do I have to answer medical questions as part of purchasing insurance?

If you decide to purchase more than the amount guaranteed by Guardian or enroll outside the annual open enrollment period, you must answer some medical questions to help us assess your insurability.

Can I take the policy with me if I leave the company?

You can port this coverage to a group conversion trust.

Voluntary Critical Illness and General Exclusions

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 Recurrence (second occurrence) 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 will not pay benefits for more than one Recurrence (third or later occurrence) of any Critical Illness. First & second occurrence refers to the first & second time an insured experiences or is diagnosed with a covered critical illness while covered under Guardian Critical Illness insurance. If the plan is new (not transferred): During the exclusion period, this Critical Illness plan does not pay charges relating to a pre-existing condition. If this plan is transferred from another insurance carrier, the time an insured is covered under that plan will count toward satisfying Guardian's pre-existing condition limitation period. Please refer to the plan details for specific time periods. State variations may apply. A pre-existing condition includes any condition for which an employee, in a specified period of time prior to coverage in this plan, consults with a physician, receives treatment or takes prescribed drugs. 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, taking part of any riot or other civil disorder or intentionally injuring themselves or attempting suicide while sane or insane. Employees must be legally working in the United States in order to be eligible for coverage. Underwriting must approve coverage for employees on temporary assignment: (a) exceeding 1 year; or (b) in an area under travel warning by the US Department of State (including service in the armed forces), committing a felony, taking part of any riot or other civil disorder or intentionally injuring themselves or attempting suicide while sane or insane. Guardian's Critical Illness plan does not provide comprehensive medical coverage. It is a basic or limited benefit and is not intended to coverage all medical expenses. This benefit summary summarizes the major features of the Guardian Critical Illness benefit plan. It is not intended to be a complete representation of the proposed plan. The policy has exclusions and limitations that may impact the eligibility for or entitlement to benefits under each covered condition. For full plan features, including exclusions and limitations, please refer to your Policy or contact your sales representative.



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Summary of Benefits

Accident Benefit Summary

Group ID:	00055622	Member Coverage Type:	Voluntary
Group Name:	SAN FRANCISCO SPCA	Dependent Coverage Type:	
Waiting Period:	1st of the month following 30 day(s)	Class:	0001 ALL ELIGIBLE EMPLOYEES EARNING \$145,000 OR MORE
As of Date:			10/21/2025

Coverage Information

Schedule	Accident - Advantage Plan
	This coverage includes benefits for treatments or procedures due to an accident. These include hospitalization, emergency room treatment, Xrays, and much more. Please see your certificate booklet for specific benefits.
Accident Coverage Type	Your accident coverage will cover injuries suffered while off the job.
Employee Accidental Death and Dismemberment	Amount: \$25,000 Includes Common Carrier, Common Disaster, Dismemberment, Seatbelt & Airbag, and Reasonable Accommodation benefits.
Spouse Accidental Death and Dismemberment	Amount: \$12,500 Includes Common Carrier, Common Disaster, Dismemberment, Seatbelt & Airbag, and Reasonable Accommodation benefits.
Child Accidental Death and Dismemberment	Amount: \$5,000 Includes Common Carrier, Common Disaster, Dismemberment, Seatbelt & Airbag, and Reasonable Accommodation benefits.
Employee Hospital Confinement Sickness Benefit	\$25 per day up to 10 days.
Child Hospital Confinement Sickness Benefit	\$25 per day up to 10 days.
Rainy Day Fund	

\$400

Yearly Wellness Benefit

Provides a \$50 per year benefit for completing certain routine wellness screenings or procedures (Refer to your Policy Rider for example procedures)

Plan Information

When is my policy effective?

Coverage is effective after you satisfy any waiting period required by your employer. Coverage will not begin until Guardian has approved any amount subject to medical underwriting.

Do I have to answer medical questions as part of purchasing insurance?

No

Can I take the policy with me if I leave the company?

Yes, you can port this coverage.

How are pre-existing conditions covered?

There is a 3 month look back period with a 12 month exclusion period. The pre-existing exclusions only apply to your Disability and/or Hospital Confinement portion of the your Accident coverage.

What is the Rainy Day Fund and how does it help me?

Rainy Day Fund can pay you additional benefits when you have exhausted a frequency limitation that applies to a particular benefit

Accident General Limitations and Exclusions

Employees must be legally working in the United States in order to be eligible for coverage. Underwriting must approve coverage for employees on temporary assignment: (a) exceeding 1 year; or (b) in an area under travel warning by the US Department of State, subject to state specific variations.

This proposal summarizes the major features of the Guardian Accident benefit plan. It is not intended to be a complete representation of the proposed plan. For full plan features, including exclusions and limitations, please refer to your Policy.

This proposal is hedged subjected to satisfactory financial evaluation.

This plan will not pay benefits for any injury caused by or related to directly or indirectly: Sickness, disease, mental infirmity or medical or surgical treatment; the covered person being legally intoxicated; declared or undeclared war, act of war, or armed aggression; service in the armed forces, National Guard, or military reserves of any state or country; taking part in a riot or civil disorder; commission of, or attempt to commit a felony; treatment rendered or hospital confinement outside the United States or Canada; intentionally self-inflicted Injury, while sane or insane; suicide or attempted suicide, while sane or insane; travel or flight in any kind of aircraft, including any aircraft owned by or for the policyholder, except as a fare-paying passenger on a common carrier; participation in any kind of sporting activity for compensation or profit, including coaching or officiating; riding in or driving any motor-driven vehicle in a race, stunt show or speed test; participation in hang gliding, bungee jumping, sail gliding, parasailing, parakiting, ballooning, parachuting, zorbing or skydiving; an accident that occurred before the covered person is covered by this plan; injuries to a dependent child received during birth; voluntary use of any poison, chemical, prescription or non-prescription drug or controlled substance unless: (1) it was prescribed for a covered person by a doctor, and (2) it was used as prescribed. In the case of a non-prescription drug, this Plan does not pay for any Accident resulting from or contributed to by use in a manner inconsistent

with package instructions. "Controlled substance" means anything called a controlled substance in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as amended from time to time

Job related Injuries.

Injuries to a dependent child received during birth



Restrictions apply and may be subject to medical necessity.

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Summary of Benefits

Hospital Indemnity Benefit Summary

Group ID:	00055622	Coverage Type:	Voluntary
Group Name:	SAN FRANCISCO SPCA	Class:	0001 ALL ELIGIBLE EMPLOYEES EARNING \$145,000 OR MORE
Waiting Period:	1st of the month following 30 day(s)	As of Date:	10/21/2025

Coverage Information

Hospital Admission:	\$2,000 per day to a max of 1 day(s) per year, per insured, max of 3 days per year, per covered family.
Hospital/ICU Confinement:	\$200 / \$400 per day to a max of 15 day(s) per year.
Dependent Age Limits:	Child birth to 26 years (26 if full time student)
Treatment of an Injury is included:	Yes

Hospital Indemnity General Exclusions

- In order to be eligible for coverage: Employees must be legally working: (a) in the United States or (b) outside the United States, for a US based employer, in a country or region approved by Guardian.
- The policy has exclusions and limitations that may impact the eligibility for benefits. See the certificate of coverage or contact your sales representative for full details.
- A pre-existing condition includes any condition for which an employee, in the specified period of time prior to coverage in this plan, consults with a physician, receives treatment, or takes prescribed drugs. Please refer to the plan documents for specific time periods.
- If the plan is new (not transferred): During the exclusion period, this critical illness plan does not pay charges relating to a pre-existing condition. If this plan is transferred from another insurance carrier, the time an insured is covered under that plan will count toward satisfying Guardian's pre-existing condition limitation period. Please refer to the plan details for specific time periods. State variations may apply.
- Employees must be working full-time on the effective date of coverage; otherwise, coverage becomes effective after the completion of the specific waiting period.
- An applicant must enroll within 31 days of the coverage effective date. An open enrollment will occur each year during a 30 day time period specified by the policyholder. If an applicant does not enroll during their initial enrollment period, he/she may not enroll until the next open enrollment period.

And this plan will not pay benefits for:

- Treatment relating to a covered person: taking part in any war or act of war (including service in the armed forces), commission of or attempt to commit a felony, an act of terrorism, or participating in an illegal occupation, riot or insurrection;
- Elective surgery;
- Surgery to correct vision or hearing, unless a result of a covered Injury;
- Dental care, dental x-rays, or dental treatment;
- Weight loss or modification and complications arising there from, including surgery and any other form of treatment for the purpose of weight reduction. This exclusion does not apply to completion of a weight reduction program that may be payable under Covered Benefits;
- Rest cures or custodial care, or treatment of sleep disorders;
- Services, treatment or supplies rendered outside the United States or Canada;
- Treatment of a Covered Dependent Child's Children;
- Cosmetic surgery. This Exclusion does not apply to reconstructive surgery:
 - (a) on an injured part of the body following infection or disease of the involved part;
 - (b) of a congenital disease or anomaly of a covered dependent newborn or adopted infant; or
 - (c) on a non-diseased breast to restore and achieve symmetry between two breasts following a covered Mastectomy;
- Treatment or removal of warts, moles, boils, skin blemishes or birthmarks, bunions, acne, corns, calluses, the cutting and trimming of toenails, care for flat feet, fallen arches or chronic foot strain;
- Service, treatment or loss related to alcoholism or drug addiction, except for drugs prescribed by the Covered Person's Doctor;
- Care or treatment for mental or nervous disorders;
- Services, treatment or loss rendered in any Veterans Administration or Federal Hospital, except if there is a legal obligation to pay;
- Services or treatment Provided by a Doctor, Nurse or any other person who is employed or retained by a Covered Person or who is a member of a Covered Person's Immediate Family;
- Treatment received while on active duty in the armed forces of any country. This does not include Reserve or National Guard duty for training.
- Surgery and treatment, procedures, products or services that are experimental or Investigative.

This coverage will not be effective until approved by a Guardian underwriter. This proposal is subject to satisfactory financial evaluation. Please refer to certificate of coverage for full plan description; plan documents are the final arbiter of coverage.

 1 Restrictions apply and may be subject to medical necessity.

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Summary of Benefits

Dental Benefit Summary

Group ID:	00055622	Coverage Type:	Contributory
Group Name:	SAN FRANCISCO SPCA	Class:	0002 ALL FULL TIME ELIGIBLE EMPLOYEES
Waiting Period:	1st of the month following 30 day(s)	As of Date:	10/21/2025

Plan Information

Your dental networks is: Managed Dental Care(CA)

Coverage Information

	Managed Dental Care(CA)
What's the most cost-effective way to use dental insurance?	You are only covered if you go to a dentist who belongs to the Managed Dental Care (CA) network.
Calendar year deductible	
Preventive	
Basic	
Major	
Calendar Year Maximum Benefit	
Maximum rollover	
Monthly Switch	Yes
Office Visit Co-pay (one office visit may cover multiple services)	\$5
Preventive Care:	
Bitewing X-Rays	

Managed Dental Care(CA)	
What's the most cost-effective way to use dental insurance?	You are only covered if you go to a dentist who belongs to the Managed Dental Care (CA) network.
Full Mouth X-Rays	
Cleaning	
Oral Exams	
Sealants (per tooth)	
Basic Care:	
Fillings (one surface)	
General Anesthesia ¹	
Scaling & Root Planing (per quadrant)	
Simple Extractions	
Major Care:	
Dentures	
Orthodontia	Consult Your Benefit Booklet

General Exclusions

Important information about Guardian's Managed Dental Care Plans:

This plan provides dental benefits through a network of participating general dentists and specialty care dentists. All covered services must be provided by the member's Primary Care Dentist. Specialty care services are covered only when referred by the member's Primary Care Dentist and approved in advance by Managed Dental Care. Only those services listed in the plan are covered. Certain services are subject to annual or other periodic limitations. Where orthodontic benefits are specifically included, the plan provides for one course of comprehensive treatment per lifetime, per member. The Managed Dental Care plan does not provide orthodontic benefits if comprehensive orthodontic treatment or retention is in progress as of the member's effective date under the Managed Dental Care plan. The services, exclusions and limitations listed here do not constitute a contract and are a summary only. The Managed Dental Care plan documents are the final arbiter of coverage. GP-1-MDG1, et al. (Florida), GP-1MDC1, et al. (California), GP-1-MDG-TX1, et al. (Texas), GP-1-MDG-NY1, et al. (New York), GP-1-MDG-1-NJ, et al. (New Jersey)

 1 Restrictions apply and may be subject to medical necessity.

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Summary of Benefits

Vision Benefit Summary

Group ID:	00055622	Coverage Type:	Contributory
Group Name:	SAN FRANCISCO SPCA	Class:	0002 ALL FULL TIME ELIGIBLE EMPLOYEES
Waiting Period:	1st of the month following 30 day(s)	As of Date:	10/21/2025

Plan Information

Your network is the VSP - Choice Full Feature

Coverage Information

VSP - Choice Full Feature	
What's the most cost-effective way to use vision benefits?	You may go to any eye doctor however, if you go to a VSP network provider you will usually pay less.
	In-Network Out-Of-Network

Co-Pay

First service provided	Not applicable
Exams	Exams \$10.00
Materials	Materials (waived for conventional and planned replacement contact lenses) \$25.00

How often can I obtain service?	Exams: Once a year. Lenses: Once a year. Frames: Once every other year. Materials: Once a year.
	In-Network Out-Of-Network

Eye exams	Copay applies	Amount over: \$39.00
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VSP - Choice Full Feature		
What's the most cost-effective way to use vision benefits?	You may go to any eye doctor however, if you go to a VSP network provider you will usually pay less.	
	In-Network	Out-Of-Network
Lenses		
Single vision lenses	Copay applies	Amount over: \$23.00
Lined bifocal lenses	Copay applies	Amount over: \$37.00
Lined trifocal lenses	Copay applies	Amount over: \$49.00
Lenticular lenses	Copay applies	Amount over: \$64.00
Contact Lenses		
Conventional	Amount over: \$200.00	Amount over: \$100.00
Planned replacement	Amount over \$200.00	\$120 Max (copay waived)
Medically necessary	Copay Applies	Amount over: \$210.00
Evaluation and fitting	15% off professional fee	Included in Contact Lens allowance
Frames	\$200.00, 20% discount on amount over \$200.00.	Amount over: \$46.00
Lens & Frame Allowance		
	No discounts	No discounts
Cosmetic Extras	Discounted at an average of 20%-25% off providers UCR.	No discounts
Laser correction surgery	Average 15% discount off usual price or 5% off promotional price.	No discounts
Hearing	No discounts	No discounts

Vision and General Exclusions

Important information

This policy provides vision care limited benefits health insurance only. It does not provide basic hospital, basic medical or major medical insurance as defined by the New York State Insurance Department. Coverage is limited to those charges that are necessary for a routine vision examination. Co-pays apply. The plan does not pay for:

- Orthoptics or vision training and any associated supplemental testing;
- Medical or surgical treatment of the eye;
- Eye examination or corrective eyewear required by an employer as a condition of employment;
- Replacement of lenses and frames that are furnished under this plan, which are lost or broken (except at normal intervals

when services are otherwise available or a warranty exists).

The plan limits benefits for blended lenses, oversized lenses, photochromic lenses, tinted lenses, progressive multifocal lenses, coated or laminated lenses, a frame that exceeds plan allowance, cosmetic lenses; U-V protected lenses and optional cosmetic processes. The services, exclusions and limitations listed above do not constitute a contract and are a summary only. The Guardian plan documents are the final arbiter of coverage. Contract #GP-1-VSN-96-VIS et al.

Laser Correction Surgery

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

Your plan includes popular Retail Chain Providers such as: Costco Optical, Visionworks, Clarkson Eyecare, Shopko Eyecare Center, Visioncare Associates and Rxoptical. To see a complete list of participating providers in your area register at vsp.com. Benefits may vary at retail chain provider locations



Members will receive 20% off unlimited additional pairs of prescription glasses and non prescription sunglasses valid through any VSP doctor within 12 months of the last covered exam.

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Summary of Benefits

Basic Life Benefit Summary

Group ID:	00055622	Member Coverage Type:	Non Contributory
Group Name:	SAN FRANCISCO SPCA	Dependent Coverage Type:	
Waiting Period:	1st of the month following 30 day(s)	Class:	0002 ALL FULL TIME ELIGIBLE EMPLOYEES
As of Date:			10/21/2025

Coverage Information

Employee Volume Amount	Flat \$50,000
Maximum Amount	\$50,000
Cutbacks	35% at age 65 50% at age 70

Plan Information

When is my policy effective?	Coverage is effective after you satisfy any waiting period required by your employer. Coverage will not begin until Guardian has approved any amount subject to medical underwriting.
Do I have to answer medical questions as part of purchasing insurance?	No
Can I take the policy with me if I leave the company?	You may be able to port this coverage to a group trust plan. Yes, you can convert this coverage to an individual policy if you terminate employment with the company or the policy ends. (Some restrictions apply; see certificate of benefits for more information.)

Basic Life and General Exclusions

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.

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 policy booklet for full plan description.

The group policy or individual certificate cannot be contested after it, or any rider or amendment subsequently added to it, has been in force for a period of two years.

If the age or any other relevant factor of the insured has been misstated, Guardian or its subsidiaries will use the true fact in determining whether insurance is in force under the terms of the certificate and in what amounts.

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).



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Summary of Benefits

Accidental Death and Dismemberment Benefit Summary

Group ID:	00055622	Member Coverage Type:	Non Contributory
Group Name:	SAN FRANCISCO SPCA	Dependent Coverage Type:	
Waiting Period:	1st of the month following 30 day(s)	Class:	0002 ALL FULL TIME ELIGIBLE EMPLOYEES
As of Date:			10/21/2025

Coverage Information

Volume Amount	Flat \$50,000
Guaranteed Issue	Your Accidental Death and Dismemberment coverage is guaranteed based on your Basic Life coverage.
Maximum Amount	\$50,000
Cutbacks	35% at age 65 50% at age 70

Plan Information

When is my policy effective?	Coverage is effective after you satisfy any waiting period required by your employer. Coverage will not begin until Guardian has approved any amount subject to medical underwriting.
Do I have to answer medical questions as part of purchasing insurance?	No
Can I take the policy with me if I leave the company?	No

Accidental Death and Dismemberment and General Exclusions

*A loss may be defined as death, quadriplegia, loss of speech and hearing, loss of cognitive function, comatose state in excess of one month, hemiplegia or paraplegia. The loss must occur within 365 days of the accident. Please see contract for specific definition; definition of loss may vary depending on the benefit payable. We won't pay more than 100% of the Insurance amount for all losses due to the same accident, except as stated. We pay no benefits for any loss caused:

- by willful self injury
- sickness, disease or medical treatment
- by participating in a civil disorder or committing a felony
- by duties performed as a crew member on an aircraft
- by declared or undeclared act of war or armed aggression while a member of any armed force
- while driving a motor vehicle without a current, valid driver's license
- by legal intoxication; or by voluntarily using a non-prescription controlled substance
- Contract #GP-1-R-ADCL1-00 et al

The group policy or individual certificate cannot be contested after it, or any rider or amendment subsequently added to it, has been in force for a period of two years.

If the age or any other relevant factor of the insured has been misstated, Guardian or its subsidiaries will use the true fact in determining whether insurance is in force under the terms of the certificate and in what amounts.

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).



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Summary of Benefits

Long Term Disability Benefit Summary

Group ID:	00055622	Member Coverage Type:	Non Contributory
Group Name:	SAN FRANCISCO SPCA	Dependent Coverage Type:	
Waiting Period:	1st of the month following 30 day(s)	Class:	0002 ALL FULL TIME ELIGIBLE EMPLOYEES
		As of Date:	10/21/2025

Coverage Information

Monthly Volume	50% of monthly earnings
Guaranteed Issue	There is no guaranteed issue. All amounts are approved.
Maximum Amount	\$6,000
Waiting Periods (Benefits begin on ...)	Accident: Day 181 Illness: Day 181
Maximum Payment Period	Social Security Normal Retirement Age

Plan Information

When is my policy effective?	Coverage is effective after you satisfy any waiting period required by your employer. Coverage will not begin until Guardian has approved any amount subject to medical underwriting.
Can I take the policy with me if I leave the company?	No.
Do I have to answer medical questions as part of purchasing insurance?	No.
How are my earnings defined?	Earnings means your monthly earnings excluding bonuses, commissions, expense accounts, and any other extra compensation. If you are a partner, earnings means your partnership earnings that are reported on your IRS Form 1040 Schedule E for the prior calendar or tax year.
Can I return to work part time while I'm disabled	Yes, you may return to work part time and still be considered disabled. Some restrictions apply.

Long Term Disability General Limitations and Exclusions

We limit the duration of payments for long term disabilities caused by mental or emotional conditions, or alcohol or drug abuse. We do not pay benefits for charges relating to a covered person: taking part in any war or act of war (including service in the armed forces); committing a felony or taking part in any riot or other civil disorder; or intentionally injuring themselves or attempting suicide while sane or insane. We do not pay benefits for charges for the voluntary use of any poison, chemical, prescription or non-prescription drug or controlled substance unless it has been prescribed by a doctor and is used as prescribed.

We do not pay benefits during any period in which a covered person is confined to a correctional facility, an employee is not under the care of a doctor, an employee is receiving treatment outside of the US or Canada, and the employee's loss or earnings is not solely due to disability.

This policy provides disability income insurance only. It does not provide "basic hospital", "basic medical", or "medical" insurance as defined by the New York State Insurance Department. If the plan is new (not transferred):

Non-NY states: If the plan is new (not transferred): During the exclusion period, this disability plan does not pay charges relating to a pre-existing condition. A pre-existing condition includes any condition for which an employee, in a specified period of time prior to coverage in this plan, consults with a physician, receives treatment, or takes prescribed drugs. If this plan is transferred from another insurance carrier, the time an insured is covered under that plan will count toward satisfying Guardian's pre-existing condition limitation period. Please refer to the plan details for specific time periods. State variations may apply.

Please refer to plan documents for specific time periods.

Contract #'s GP-1-LTD94-A,B,C-1.0 et al.; GP-1-STD94-1.0 et al; GP-1-LTD2K-1.0 et al, GP-1-STD2K-1.0 et al; GP-1-LTD07-1.0 et al, Contract # GP-1-LTD-15-1.0 et al.

Acts of war etc.

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;
4. confined to a correctional facility, or
5. receiving treatment outside US.

Disability benefits are not paid for charges relating to a covered person: taking part in any war or act of war (including service in the armed forces); committing a felony or taking part in any riot or other civil disorder; or intentionally injuring themselves or attempting suicide while sane or insane, and for the voluntary use of any poison, chemical, prescription or non-prescription drug or controlled substance unless it has been prescribed by a doctor and is used as prescribed.

Disability benefits are not paid during any period in which you are in confined to a correctional facility, you are not under the care of a doctor, you are not receiving treatment outside of the US or Canada, and 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.

Other

Where applicable, this coverage will be integrated with Social Security and with Workers Compensation. Refer to your booklet for additional details.



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Summary of Benefits

Voluntary Life Benefit Summary

Group ID:	00055622	Member Coverage Type:	Voluntary
Group Name:	SAN FRANCISCO SPCA	Dependent Coverage Type:	
Waiting Period:	1st of the month following 30 day(s)	Class:	0002 ALL FULL TIME ELIGIBLE EMPLOYEES
As of Date:			10/21/2025

Coverage Information

Employee Volume Amount

Increments of \$10,000 to a Maximum of \$500,000

\$10,000	\$110,000	\$210,000	\$310,000	\$410,000
\$20,000	\$120,000	\$220,000	\$320,000	\$420,000
\$30,000	\$130,000	\$230,000	\$330,000	\$430,000
\$40,000	\$140,000	\$240,000	\$340,000	\$440,000
\$50,000	\$150,000	\$250,000	\$350,000	\$450,000
\$60,000	\$160,000	\$260,000	\$360,000	\$460,000
\$70,000	\$170,000	\$270,000	\$370,000	\$470,000
\$80,000	\$180,000	\$280,000	\$380,000	\$480,000
\$90,000	\$190,000	\$290,000	\$390,000	\$490,000
\$100,000	\$200,000	\$300,000	\$400,000	\$500,000

Spouse Volume Amount

Minimum Amount of \$5,000 and Increments of \$5,000 to a maximum of \$250,000

Child Volume Amount

Ages 14 Days to 6 Months Minimum of \$2,000 and Increments of \$2,000 to a maximum of \$10,000
Ages 6 Months to 26 Years Minimum of \$2,000 and Increments of \$2,000 to a maximum of \$10,000

Member Guaranteed Issue

Ages 15-64 \$200,000
Ages 65-69 \$50,000
Ages 70 and up \$10,000

Spouse Guaranteed Issue

Spouse's Age 15-64 \$25,000
Spouse's Age 65 and up \$10,000

Child Guaranteed Issue

There is no guaranteed issue. All amounts are approved.

Cutbacks

35% at age 65

Plan Information

When is my policy effective?

Coverage is effective after you satisfy any waiting period required by your employer. Coverage will not begin until Guardian has approved any amount subject to medical underwriting.

Do I have to answer medical questions as part of purchasing insurance?

If you decide to purchase more than the amount guaranteed by Guardian or enroll after the open enrollment period, you must answer some medical questions to help us assess your insurability.

Answering "yes" to any of the questions will not necessarily prevent you from obtaining coverage.

Can I take the policy with me if I leave the company?

You may be able to port this coverage to a group trust plan.

Yes, you can convert this coverage to an individual policy if you terminate employment with the company or the policy ends. (Some restrictions apply; see certificate of benefits for more information.)

Voluntary Life and General Exclusions

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

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.

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 policy booklet for full plan description.

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 home confined, 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.

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.

The group policy or individual certificate cannot be contested after it, or any rider or amendment subsequently added to it, has been in force for a period of two years. If the age or any other relevant factor of the insured has been misstated, GIAC will use the true fact in determining whether insurance is in force under the terms of the certificate and in what amounts.



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Summary of Benefits

Voluntary Accidental Death and Dismemberment Benefit Summary

Group ID: 00055622 Member Coverage Type: Voluntary
Group Name: SAN FRANCISCO SPCA Dependent Coverage Type:
Waiting Period: 1st of the month following 30 Class: 0002 ALL FULL TIME
day(s) ELIGIBLE EMPLOYEES
As of Date: 10/21/2025

Coverage Information

Employee Volume Amount

Minimum Amount of \$10,000 and Increments of \$10,000 to a maximum of \$500,000

\$10,000	\$110,000	\$210,000	\$310,000	\$410,000
\$20,000	\$120,000	\$220,000	\$320,000	\$420,000
\$30,000	\$130,000	\$230,000	\$330,000	\$430,000
\$40,000	\$140,000	\$240,000	\$340,000	\$440,000
\$50,000	\$150,000	\$250,000	\$350,000	\$450,000
\$60,000	\$160,000	\$260,000	\$360,000	\$460,000
\$70,000	\$170,000	\$270,000	\$370,000	\$470,000
\$80,000	\$180,000	\$280,000	\$380,000	\$480,000
\$90,000	\$190,000	\$290,000	\$390,000	\$490,000
\$100,000	\$200,000	\$300,000	\$400,000	\$500,000

Spouse Volume Amount

Minimum Amount of \$5,000 and Increments of \$5,000 to a maximum of \$250,000

\$5,000	\$55,000	\$105,000	\$155,000	\$205,000
\$10,000	\$60,000	\$110,000	\$160,000	\$210,000
\$15,000	\$65,000	\$115,000	\$165,000	\$215,000
\$20,000	\$70,000	\$120,000	\$170,000	\$220,000
\$25,000	\$75,000	\$125,000	\$175,000	\$225,000
\$30,000	\$80,000	\$130,000	\$180,000	\$230,000
\$35,000	\$85,000	\$135,000	\$185,000	\$235,000
\$40,000	\$90,000	\$140,000	\$190,000	\$240,000
\$45,000	\$95,000	\$145,000	\$195,000	\$245,000
\$50,000	\$100,000	\$150,000	\$200,000	\$250,000

Child Volume Amount	Minimum Amount of \$2,000 and Increments of \$2,000 to a maximum of \$10,000
	\$2,000
	\$4,000
	\$6,000
	\$8,000
	\$10,000

Member Guaranteed Issue	Your Voluntary Accidental Death and Dismemberment coverage is guaranteed based on your Voluntary Life coverage.
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Cutbacks	35% at age 65 50% at age 70
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Plan Information

When is my policy effective?	Coverage is effective after you satisfy any waiting period required by your employer. Coverage will not begin until Guardian has approved any amount subject to medical underwriting.
Do I have to answer medical questions as part of purchasing insurance?	If you enroll after the open enrollment period, you must answer some medical questions to help us assess your insurability. Answering "yes" to any of the questions will not necessarily prevent you from obtaining coverage.
Can I take the policy with me if I leave the company?	No

Voluntary Accidental Death and Dismemberment and General Exclusions

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

*A loss may be defined as death, quadriplegia, loss of speech and hearing, loss of cognitive function, comatose state in excess of one month, hemiplegia or paraplegia. The loss must occur within 365 days of the accident. Please see contract for specific definition; definition of loss may vary depending on the benefit payable. We won't pay more than 100% of the Insurance amount for all losses due to the same accident, except as stated. We pay no benefits for any loss caused:

- by willful self injury
- sickness, disease or medical treatment
- by participating in a civil disorder or committing a felony
- by duties performed as a crew member on an aircraft
- by declared or undeclared act of war or armed aggression while a member of any armed force
- while driving a motor vehicle without a current, valid driver's license
- by legal intoxication; or by voluntarily using a non-prescription controlled substance
- Contract #GP-1-R-ADCL1-00 et al



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Summary of Benefits

Voluntary Critical Illness Benefit Summary

Group ID:	00055622	Member Coverage Type:	Voluntary
Group Name:	SAN FRANCISCO SPCA	Dependent Coverage Type:	
Waiting Period:	1st of the month following 30 day(s)	Class:	0002 ALL FULL TIME ELIGIBLE EMPLOYEES
		As of Date:	10/21/2025

Coverage Information

Employee Volume Amount Lump sum increments of \$5,000 to a maximum of \$30,000

Spouse Volume Amount Up to 100% of Member's benefit in lump sum increments of \$5,000 to a maximum of \$30,000

Child Volume Amount 25% of Member's benefit to a maximum of \$7,500

Member Guaranteed Issue Ages 15-69 \$30,000
Ages 70 and up, Medical Questions are required for all amounts.
Ages 70 and up

Spouse Guaranteed Issue Member's Age 15-69 \$30,000
Ages 70 and up

Child Guaranteed Issue All amounts are guaranteed.

Covered Conditions	1st Occurrence	2nd Occurrence
Invasive Cancer	100% of lump sum	100% of lump sum
Carcinoma In Situ	30% of lump sum	0% of lump sum
Benign Brain Tumor	75% of lump sum	0% of lump sum
Skin Cancer	\$250 per lifetime	
Heart Attack	100% of lump sum	100% of lump sum
Stroke	100% of lump sum	100% of lump sum
Heart Failure	100% of lump sum	100% of lump sum
Arteriosclerosis	30% of lump sum	0% of lump sum
Organ Failure	100% of lump sum	100% of lump sum
Kidney Failure	100% of lump sum	100% of lump sum

Additional Covered Conditions

Addison's Disease	30% of lump sum
ALS (Lou Gehrig's Disease)	100% of lump sum
Alzheimer's Disease	50% of lump sum
Coma	100% of lump sum

Huntington's Disease	30% of lump sum
Multiple Sclerosis	30% of lump sum
Loss of Speech	100% of lump sum
Loss of Sight	100% of lump sum
Loss of Hearing	100% of lump sum
Parkinson's Disease	100% of lump sum
Permanent Paralysis	2+ Limbs =100% of lump sum, 1 Limb =50% of lump sum
Severe Burns	100% of lump sum

Child Covered Conditions

Cerebral Palsy	100% of lump sum
Cleft Lip/Cleft Palate	100% of lump sum
Club Foot	100% of lump sum
Cystic Fibrosis	100% of lump sum
Down's Syndrome	100% of lump sum
Muscular Dystrophy	100% of lump sum
Spina Bifida	100% of lump sum
Type 1 Diabetes	100% of lump sum

Member Wellness Benefit

Provides a \$50 per year member benefit for completing certain routine wellness screenings or procedures such as a mammography, colonoscopy, pap smear, PSA, Serum cholesterol test, completion of smoking cessation and weight reduction programs and many more.

Spouse Wellness Benefit

Provides a \$50 per year spouse benefit for completing certain routine wellness screenings or procedures such as a mammography, colonoscopy, pap smear, PSA, serum cholesterol testing, completion of smoking cessation and weight reduction programs.

Child Wellness Benefit

Provides a \$50 per year child benefit for completing certain routine wellness screenings or procedures such as bone marrow testing, chest x-ray, pap smear and weight reduction programs.

Rider/Additional Benefits

Plan Information

When is my policy effective?

Coverage is effective after you satisfy any waiting period required by your employer. Coverage will not begin until Guardian has approved any amount subject to medical underwriting.

Do I have to answer medical questions as part of purchasing insurance?

If you decide to purchase more than the amount guaranteed by Guardian or enroll outside the annual open enrollment period, you must answer some medical questions to help us assess your insurability.

Can I take the policy with me if I leave the company?

You can port this coverage to a group conversion trust.

Voluntary Critical Illness and General Exclusions

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 Recurrence (second occurrence) 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 will not pay benefits for more than one Recurrence (third or later occurrence) of any Critical Illness. First & second occurrence refers to the first & second time an insured experiences or is diagnosed with a covered critical illness while covered under Guardian Critical Illness insurance. If the plan is new (not transferred): During the exclusion period, this Critical Illness plan does not pay charges relating to a pre-existing condition. If this plan is transferred from another insurance carrier, the time an insured is covered under that plan will count toward satisfying Guardian's pre-existing condition limitation period. Please refer to the plan details for specific time periods. State variations may apply. A pre-existing condition includes any condition for which an employee, in a specified period of time prior to coverage in this plan, consults with a physician, receives treatment or takes prescribed drugs. 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, taking part of any riot or other civil disorder or intentionally injuring themselves or attempting suicide while sane or insane. Employees must be legally working in the United States in order to be eligible for coverage. Underwriting must approve coverage for employees on temporary assignment: (a) exceeding 1 year; or (b) in an area under travel warning by the US Department of State (including service in the armed forces), committing a felony, taking part of any riot or other civil disorder or intentionally injuring themselves or attempting suicide while sane or insane. Guardian's Critical Illness plan does not provide comprehensive medical coverage. It is a basic or limited benefit and is not intended to coverage all medical expenses. This benefit summary summarizes the major features of the Guardian Critical Illness benefit plan. It is not intended to be a complete representation of the proposed plan. The policy has exclusions and limitations that may impact the eligibility for or entitlement to benefits under each covered condition. For full plan features, including exclusions and limitations, please refer to your Policy or contact your sales representative.



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Summary of Benefits

Accident Benefit Summary

Group ID:	00055622	Member Coverage Type:	Voluntary
Group Name:	SAN FRANCISCO SPCA	Dependent Coverage Type:	
Waiting Period:	1st of the month following 30 day(s)	Class:	0002 ALL FULL TIME ELIGIBLE EMPLOYEES
As of Date:			10/21/2025

Coverage Information

Schedule	Accident - Advantage Plan
	This coverage includes benefits for treatments or procedures due to an accident. These include hospitalization, emergency room treatment, Xrays, and much more. Please see your certificate booklet for specific benefits.
Accident Coverage Type	Your accident coverage will cover injuries suffered while off the job.
Employee Accidental Death and Dismemberment	Amount: \$25,000 Includes Common Carrier, Common Disaster, Dismemberment, Seatbelt & Airbag, and Reasonable Accommodation benefits.
Spouse Accidental Death and Dismemberment	Amount: \$12,500 Includes Common Carrier, Common Disaster, Dismemberment, Seatbelt & Airbag, and Reasonable Accommodation benefits.
Child Accidental Death and Dismemberment	Amount: \$5,000 Includes Common Carrier, Common Disaster, Dismemberment, Seatbelt & Airbag, and Reasonable Accommodation benefits.
Employee Hospital Confinement Sickness Benefit	\$25 per day up to 10 days.
Child Hospital Confinement Sickness Benefit	\$25 per day up to 10 days.
Rainy Day Fund	\$400

Yearly Wellness Benefit

Provides a \$50 per year benefit for completing certain routine wellness screenings or procedures (Refer to your Policy Rider for example procedures)

Plan Information

When is my policy effective?

Coverage is effective after you satisfy any waiting period required by your employer. Coverage will not begin until Guardian has approved any amount subject to medical underwriting.

Do I have to answer medical questions as part of purchasing insurance?

No

Can I take the policy with me if I leave the company?

Yes, you can port this coverage.

How are pre-existing conditions covered?

There is a 3 month look back period with a 12 month exclusion period. The pre-existing exclusions only apply to your Disability and/or Hospital Confinement portion of the your Accident coverage.

What is the Rainy Day Fund and how does it help me?

Rainy Day Fund can pay you additional benefits when you have exhausted a frequency limitation that applies to a particular benefit

Accident General Limitations and Exclusions

Employees must be legally working in the United States in order to be eligible for coverage. Underwriting must approve coverage for employees on temporary assignment: (a) exceeding 1 year; or (b) in an area under travel warning by the US Department of State, subject to state specific variations.

This proposal summarizes the major features of the Guardian Accident benefit plan. It is not intended to be a complete representation of the proposed plan. For full plan features, including exclusions and limitations, please refer to your Policy.

This proposal is hedged subjected to satisfactory financial evaluation.

This plan will not pay benefits for any injury caused by or related to directly or indirectly: Sickness, disease, mental infirmity or medical or surgical treatment; the covered person being legally intoxicated; declared or undeclared war, act of war, or armed aggression; service in the armed forces, National Guard, or military reserves of any state or country; taking part in a riot or civil disorder; commission of, or attempt to commit a felony; treatment rendered or hospital confinement outside the United States or Canada; intentionally self-inflicted Injury, while sane or insane; suicide or attempted suicide, while sane or insane; travel or flight in any kind of aircraft, including any aircraft owned by or for the policyholder, except as a fare-paying passenger on a common carrier; participation in any kind of sporting activity for compensation or profit, including coaching or officiating; riding in or driving any motor-driven vehicle in a race, stunt show or speed test; participation in hang gliding, bungee jumping, sail gliding, parasailing, parakiting, ballooning, parachuting, zorbing or skydiving; an accident that occurred before the covered person is covered by this plan; injuries to a dependent child received during birth; voluntary use of any poison, chemical, prescription or non-prescription drug or controlled substance unless: (1) it was prescribed for a covered person by a doctor, and (2) it was used as prescribed. In the case of a non-prescription drug, this Plan does not pay for any Accident resulting from or contributed to by use in a manner inconsistent with package instructions. "Controlled substance" means anything called a controlled substance in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as amended from time to time

Job related Injuries.

Injuries to a dependent child received during birth



Restrictions apply and may be subject to medical necessity.

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Summary of Benefits

Hospital Indemnity Benefit Summary

Group ID:	00055622	Coverage Type:	Voluntary
Group Name:	SAN FRANCISCO SPCA	Class:	0002 ALL FULL TIME ELIGIBLE EMPLOYEES
Waiting Period:	1st of the month following 30 day(s)	As of Date:	10/21/2025

Coverage Information

Hospital Admission:	\$2,000 per day to a max of 1 day(s) per year, per insured, max of 3 days per year, per covered family.
Hospital/ICU Confinement:	\$200 / \$400 per day to a max of 15 day(s) per year.
Dependent Age Limits:	Child birth to 26 years (26 if full time student)
Treatment of an Injury is included:	Yes

Hospital Indemnity General Exclusions

- In order to be eligible for coverage: Employees must be legally working: (a) in the United States or (b) outside the United States, for a US based employer, in a country or region approved by Guardian.
- The policy has exclusions and limitations that may impact the eligibility for benefits. See the certificate of coverage or contact your sales representative for full details.
- A pre-existing condition includes any condition for which an employee, in the specified period of time prior to coverage in this plan, consults with a physician, receives treatment, or takes prescribed drugs. Please refer to the plan documents for specific time periods.
- If the plan is new (not transferred): During the exclusion period, this critical illness plan does not pay charges relating to a pre-existing condition. If this plan is transferred from another insurance carrier, the time an insured is covered under that plan will count toward satisfying Guardian's pre-existing condition limitation period. Please refer to the plan details for specific time periods. State variations may apply.
- Employees must be working full-time on the effective date of coverage; otherwise, coverage becomes effective after the completion of the specific waiting period.
- An applicant must enroll within 31 days of the coverage effective date. An open enrollment will occur each year during a 30 day time period specified by the policyholder. If an applicant does not enroll during their initial enrollment period, he/she may not enroll until the next open enrollment period.

And this plan will not pay benefits for:

- Treatment relating to a covered person: taking part in any war or act of war (including service in the armed forces), commission of or attempt to commit a felony, an act of terrorism, or participating in an illegal occupation, riot or insurrection;
- Elective surgery;
- Surgery to correct vision or hearing, unless a result of a covered Injury;
- Dental care, dental x-rays, or dental treatment;
- Weight loss or modification and complications arising there from, including surgery and any other form of treatment for the purpose of weight reduction. This exclusion does not apply to completion of a weight reduction program that may be payable under Covered Benefits;
- Rest cures or custodial care, or treatment of sleep disorders;
- Services, treatment or supplies rendered outside the United States or Canada;
- Treatment of a Covered Dependent Child's Children;
- Cosmetic surgery. This Exclusion does not apply to reconstructive surgery:
 - (a) on an injured part of the body following infection or disease of the involved part;
 - (b) of a congenital disease or anomaly of a covered dependent newborn or adopted infant; or
 - (c) on a non-diseased breast to restore and achieve symmetry between two breasts following a covered Mastectomy;
- Treatment or removal of warts, moles, boils, skin blemishes or birthmarks, bunions, acne, corns, calluses, the cutting and trimming of toenails, care for flat feet, fallen arches or chronic foot strain;
- Service, treatment or loss related to alcoholism or drug addiction, except for drugs prescribed by the Covered Person's Doctor;
- Care or treatment for mental or nervous disorders;
- Services, treatment or loss rendered in any Veterans Administration or Federal Hospital, except if there is a legal obligation to pay;
- Services or treatment Provided by a Doctor, Nurse or any other person who is employed or retained by a Covered Person or who is a member of a Covered Person's Immediate Family;
- Treatment received while on active duty in the armed forces of any country. This does not include Reserve or National Guard duty for training.
- Surgery and treatment, procedures, products or services that are experimental or Investigative.

This coverage will not be effective until approved by a Guardian underwriter. This proposal is subject to satisfactory financial evaluation. Please refer to certificate of coverage for full plan description; plan documents are the final arbiter of coverage.

 1 Restrictions apply and may be subject to medical necessity.

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Summary of Benefits

Dental Benefit Summary

Group ID:	00055622	Coverage Type:	Contributory
Group Name:	SAN FRANCISCO SPCA	Class:	0003 ALL PART TIME EMPLOYEES
Waiting Period:	1st of the month following 30 day(s)	As of Date:	10/21/2025

Plan Information

Your dental networks is: Managed Dental Care(CA)

Coverage Information

	Managed Dental Care(CA)
What's the most cost-effective way to use dental insurance?	You are only covered if you go to a dentist who belongs to the Managed Dental Care (CA) network.
Calendar year deductible	
Preventive	
Basic	
Major	
Calendar Year Maximum Benefit	
Maximum rollover	
Monthly Switch	Yes
Office Visit Co-pay (one office visit may cover multiple services)	\$5
Preventive Care:	
Bitewing X-Rays	

Managed Dental Care(CA)	
What's the most cost-effective way to use dental insurance?	You are only covered if you go to a dentist who belongs to the Managed Dental Care (CA) network.
Full Mouth X-Rays	
Cleaning	
Oral Exams	
Sealants (per tooth)	
Basic Care:	
Fillings (one surface)	
General Anesthesia ¹	
Scaling & Root Planing (per quadrant)	
Simple Extractions	
Major Care:	
Dentures	
Orthodontia	Consult Your Benefit Booklet

General Exclusions

Important information about Guardian's Managed Dental Care Plans:

This plan provides dental benefits through a network of participating general dentists and specialty care dentists. All covered services must be provided by the member's Primary Care Dentist. Specialty care services are covered only when referred by the member's Primary Care Dentist and approved in advance by Managed Dental Care. Only those services listed in the plan are covered. Certain services are subject to annual or other periodic limitations. Where orthodontic benefits are specifically included, the plan provides for one course of comprehensive treatment per lifetime, per member. The Managed Dental Care plan does not provide orthodontic benefits if comprehensive orthodontic treatment or retention is in progress as of the member's effective date under the Managed Dental Care plan. The services, exclusions and limitations listed here do not constitute a contract and are a summary only. The Managed Dental Care plan documents are the final arbiter of coverage. GP-1-MDG1, et al. (Florida), GP-1MDC1, et al. (California), GP-1-MDG-TX1, et al. (Texas), GP-1-MDG-NY1, et al. (New York), GP-1-MDG-1-NJ, et al. (New Jersey)

 1 Restrictions apply and may be subject to medical necessity.

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Summary of Benefits

Vision Benefit Summary

Group ID:	00055622	Coverage Type:	Contributory
Group Name:	SAN FRANCISCO SPCA	Class:	0003 ALL PART TIME EMPLOYEES
Waiting Period:	1st of the month following 30 day(s)	As of Date:	10/21/2025

Plan Information

Your network is the VSP - Choice Full Feature

Coverage Information

VSP - Choice Full Feature	
What's the most cost-effective way to use vision benefits?	You may go to any eye doctor however, if you go to a VSP network provider you will usually pay less.
	In-Network Out-Of-Network

Co-Pay

First service provided	Not applicable
Exams	Exams \$10.00
Materials	Materials (waived for conventional and planned replacement contact lenses) \$25.00

How often can I obtain service?	Exams: Once a year. Lenses: Once a year. Frames: Once every other year. Materials: Once a year.
	In-Network Out-Of-Network

Eye exams	Copay applies	Amount over: \$39.00
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VSP - Choice Full Feature		
What's the most cost-effective way to use vision benefits?	You may go to any eye doctor however, if you go to a VSP network provider you will usually pay less.	
	In-Network	Out-Of-Network
Lenses		
Single vision lenses	Copay applies	Amount over: \$23.00
Lined bifocal lenses	Copay applies	Amount over: \$37.00
Lined trifocal lenses	Copay applies	Amount over: \$49.00
Lenticular lenses	Copay applies	Amount over: \$64.00
Contact Lenses		
Conventional	Amount over: \$200.00	Amount over: \$100.00
Planned replacement	Amount over \$200.00	\$120 Max (copay waived)
Medically necessary	Copay Applies	Amount over: \$210.00
Evaluation and fitting	15% off professional fee	Included in Contact Lens allowance
Frames	\$200.00, 20% discount on amount over \$200.00.	Amount over: \$46.00
Lens & Frame Allowance		
	No discounts	No discounts
Cosmetic Extras		
	Discounted at an average of 20%-25% off providers UCR.	No discounts
Laser correction surgery		
	Average 15% discount off usual price or 5% off promotional price.	No discounts
Hearing		
	No discounts	No discounts

Vision and General Exclusions

Important information

This policy provides vision care limited benefits health insurance only. It does not provide basic hospital, basic medical or major medical insurance as defined by the New York State Insurance Department. Coverage is limited to those charges that are necessary for a routine vision examination. Co-pays apply. The plan does not pay for:

- Orthoptics or vision training and any associated supplemental testing;
- Medical or surgical treatment of the eye;
- Eye examination or corrective eyewear required by an employer as a condition of employment;
- Replacement of lenses and frames that are furnished under this plan, which are lost or broken (except at normal intervals

when services are otherwise available or a warranty exists).

The plan limits benefits for blended lenses, oversized lenses, photochromic lenses, tinted lenses, progressive multifocal lenses, coated or laminated lenses, a frame that exceeds plan allowance, cosmetic lenses; U-V protected lenses and optional cosmetic processes. The services, exclusions and limitations listed above do not constitute a contract and are a summary only. The Guardian plan documents are the final arbiter of coverage. Contract #GP-1-VSN-96-VIS et al.

Laser Correction Surgery

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

Your plan includes popular Retail Chain Providers such as: Costco Optical, Visionworks, Clarkson Eyecare, Shopko Eyecare Center, Visioncare Associates and Rxoptical. To see a complete list of participating providers in your area register at vsp.com. Benefits may vary at retail chain provider locations



Members will receive 20% off unlimited additional pairs of prescription glasses and non prescription sunglasses valid through any VSP doctor within 12 months of the last covered exam.

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Summary of Benefits

Voluntary Life Benefit Summary

Group ID:	00055622	Member Coverage Type:	Voluntary
Group Name:	SAN FRANCISCO SPCA	Dependent Coverage Type:	
Waiting Period:	1st of the month following 30 day(s)	Class:	0003 ALL PART TIME EMPLOYEES
		As of Date:	10/21/2025

Coverage Information

Employee Volume Amount

Increments of \$10,000 to a Maximum of \$500,000

\$10,000	\$110,000	\$210,000	\$310,000	\$410,000
\$20,000	\$120,000	\$220,000	\$320,000	\$420,000
\$30,000	\$130,000	\$230,000	\$330,000	\$430,000
\$40,000	\$140,000	\$240,000	\$340,000	\$440,000
\$50,000	\$150,000	\$250,000	\$350,000	\$450,000
\$60,000	\$160,000	\$260,000	\$360,000	\$460,000
\$70,000	\$170,000	\$270,000	\$370,000	\$470,000
\$80,000	\$180,000	\$280,000	\$380,000	\$480,000
\$90,000	\$190,000	\$290,000	\$390,000	\$490,000
\$100,000	\$200,000	\$300,000	\$400,000	\$500,000

Spouse Volume Amount

Minimum Amount of \$5,000 and Increments of \$5,000 to a maximum of \$250,000

Child Volume Amount

Ages 14 Days to 6 Months Minimum of \$2,000 and Increments of \$2,000 to a maximum of \$10,000
Ages 6 Months to 26 Years Minimum of \$2,000 and Increments of \$2,000 to a maximum of \$10,000

Member Guaranteed Issue

Ages 15-64 \$200,000
Ages 65-69 \$50,000
Ages 70 and up \$10,000

Spouse Guaranteed Issue

Spouse's Age 15-64 \$25,000
Spouse's Age 65 and up \$10,000

Child Guaranteed Issue

There is no guaranteed issue. All amounts are approved.

Cutbacks

35% at age 65

Plan Information

When is my policy effective?

Coverage is effective after you satisfy any waiting period required by your employer. Coverage will not begin until Guardian has approved any amount subject to medical underwriting.

Do I have to answer medical questions as part of purchasing insurance?

If you decide to purchase more than the amount guaranteed by Guardian or enroll after the open enrollment period, you must answer some medical questions to help us assess your insurability.

Answering "yes" to any of the questions will not necessarily prevent you from obtaining coverage.

Can I take the policy with me if I leave the company?

You may be able to port this coverage to a group trust plan.

Yes, you can convert this coverage to an individual policy if you terminate employment with the company or the policy ends. (Some restrictions apply; see certificate of benefits for more information.)

Voluntary Life and General Exclusions

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

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.

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 policy booklet for full plan description.

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 home confined, 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.

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.

The group policy or individual certificate cannot be contested after it, or any rider or amendment subsequently added to it, has been in force for a period of two years. If the age or any other relevant factor of the insured has been misstated, GIAC will use the true fact in determining whether insurance is in force under the terms of the certificate and in what amounts.



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Summary of Benefits

Voluntary Accidental Death and Dismemberment Benefit Summary

Group ID: 00055622 Member Coverage Type: Voluntary
Group Name: SAN FRANCISCO SPCA Dependent Coverage Type:
Waiting Period: 1st of the month following 30 Class: 0003 ALL PART TIME
day(s) EMPLOYEES
As of Date: 10/21/2025

Coverage Information

Employee Volume Amount

Minimum Amount of \$10,000 and Increments of \$10,000 to a maximum of \$500,000

\$10,000	\$110,000	\$210,000	\$310,000	\$410,000
\$20,000	\$120,000	\$220,000	\$320,000	\$420,000
\$30,000	\$130,000	\$230,000	\$330,000	\$430,000
\$40,000	\$140,000	\$240,000	\$340,000	\$440,000
\$50,000	\$150,000	\$250,000	\$350,000	\$450,000
\$60,000	\$160,000	\$260,000	\$360,000	\$460,000
\$70,000	\$170,000	\$270,000	\$370,000	\$470,000
\$80,000	\$180,000	\$280,000	\$380,000	\$480,000
\$90,000	\$190,000	\$290,000	\$390,000	\$490,000
\$100,000	\$200,000	\$300,000	\$400,000	\$500,000

Spouse Volume Amount

Minimum Amount of \$5,000 and Increments of \$5,000 to a maximum of \$250,000

\$5,000	\$55,000	\$105,000	\$155,000	\$205,000
\$10,000	\$60,000	\$110,000	\$160,000	\$210,000
\$15,000	\$65,000	\$115,000	\$165,000	\$215,000
\$20,000	\$70,000	\$120,000	\$170,000	\$220,000
\$25,000	\$75,000	\$125,000	\$175,000	\$225,000
\$30,000	\$80,000	\$130,000	\$180,000	\$230,000
\$35,000	\$85,000	\$135,000	\$185,000	\$235,000
\$40,000	\$90,000	\$140,000	\$190,000	\$240,000
\$45,000	\$95,000	\$145,000	\$195,000	\$245,000
\$50,000	\$100,000	\$150,000	\$200,000	\$250,000

Child Volume Amount	Minimum Amount of \$2,000 and Increments of \$2,000 to a maximum of \$10,000
	\$2,000
	\$4,000
	\$6,000
	\$8,000
	\$10,000

Member Guaranteed Issue	Your Voluntary Accidental Death and Dismemberment coverage is guaranteed based on your Voluntary Life coverage.
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Cutbacks	35% at age 65 50% at age 70
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Plan Information

When is my policy effective?	Coverage is effective after you satisfy any waiting period required by your employer. Coverage will not begin until Guardian has approved any amount subject to medical underwriting.
Do I have to answer medical questions as part of purchasing insurance?	If you enroll after the open enrollment period, you must answer some medical questions to help us assess your insurability. Answering "yes" to any of the questions will not necessarily prevent you from obtaining coverage.
Can I take the policy with me if I leave the company?	No

Voluntary Accidental Death and Dismemberment and General Exclusions

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

*A loss may be defined as death, quadriplegia, loss of speech and hearing, loss of cognitive function, comatose state in excess of one month, hemiplegia or paraplegia. The loss must occur within 365 days of the accident. Please see contract for specific definition; definition of loss may vary depending on the benefit payable. We won't pay more than 100% of the Insurance amount for all losses due to the same accident, except as stated. We pay no benefits for any loss caused:

- by willful self injury
- sickness, disease or medical treatment
- by participating in a civil disorder or committing a felony
- by duties performed as a crew member on an aircraft
- by declared or undeclared act of war or armed aggression while a member of any armed force
- while driving a motor vehicle without a current, valid driver's license
- by legal intoxication; or by voluntarily using a non-prescription controlled substance
- Contract #GP-1-R-ADCL1-00 et al



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Summary of Benefits

Voluntary Critical Illness Benefit Summary

Group ID:	00055622	Member Coverage Type:	Voluntary
Group Name:	SAN FRANCISCO SPCA	Dependent Coverage Type:	
Waiting Period:	1st of the month following 30 day(s)	Class:	0003 ALL PART TIME EMPLOYEES
		As of Date:	10/21/2025

Coverage Information

Employee Volume Amount Lump sum increments of \$5,000 to a maximum of \$30,000

Spouse Volume Amount Up to 100% of Member's benefit in lump sum increments of \$5,000 to a maximum of \$30,000

Child Volume Amount 25% of Member's benefit to a maximum of \$7,500

Member Guaranteed Issue Ages 15-69 \$30,000
Ages 70 and up, Medical Questions are required for all amounts.
Ages 70 and up

Spouse Guaranteed Issue Member's Age 15-69 \$30,000
Ages 70 and up

Child Guaranteed Issue All amounts are guaranteed.

Covered Conditions	1st Occurrence	2nd Occurrence
Invasive Cancer	100% of lump sum	100% of lump sum
Carcinoma In Situ	30% of lump sum	0% of lump sum
Benign Brain Tumor	75% of lump sum	0% of lump sum
Skin Cancer	\$250 per lifetime	
Heart Attack	100% of lump sum	100% of lump sum
Stroke	100% of lump sum	100% of lump sum
Heart Failure	100% of lump sum	100% of lump sum
Arteriosclerosis	30% of lump sum	0% of lump sum
Organ Failure	100% of lump sum	100% of lump sum
Kidney Failure	100% of lump sum	100% of lump sum

Additional Covered Conditions

Addison's Disease	30% of lump sum
ALS (Lou Gehrig's Disease)	100% of lump sum
Alzheimer's Disease	50% of lump sum
Coma	100% of lump sum

Huntington's Disease	30% of lump sum
Multiple Sclerosis	30% of lump sum
Loss of Speech	100% of lump sum
Loss of Sight	100% of lump sum
Loss of Hearing	100% of lump sum
Parkinson's Disease	100% of lump sum
Permanent Paralysis	2+ Limbs =100% of lump sum, 1 Limb =50% of lump sum
Severe Burns	100% of lump sum

Child Covered Conditions

Cerebral Palsy	100% of lump sum
Cleft Lip/Cleft Palate	100% of lump sum
Club Foot	100% of lump sum
Cystic Fibrosis	100% of lump sum
Down's Syndrome	100% of lump sum
Muscular Dystrophy	100% of lump sum
Spina Bifida	100% of lump sum
Type 1 Diabetes	100% of lump sum

Member Wellness Benefit

Provides a \$50 per year member benefit for completing certain routine wellness screenings or procedures such as a mammography, colonoscopy, pap smear, PSA, Serum cholesterol test, completion of smoking cessation and weight reduction programs and many more.

Spouse Wellness Benefit

Provides a \$50 per year spouse benefit for completing certain routine wellness screenings or procedures such as a mammography, colonoscopy, pap smear, PSA, serum cholesterol testing, completion of smoking cessation and weight reduction programs.

Child Wellness Benefit

Provides a \$50 per year child benefit for completing certain routine wellness screenings or procedures such as bone marrow testing, chest x-ray, pap smear and weight reduction programs.

Rider/Additional Benefits

Plan Information

When is my policy effective?

Coverage is effective after you satisfy any waiting period required by your employer. Coverage will not begin until Guardian has approved any amount subject to medical underwriting.

Do I have to answer medical questions as part of purchasing insurance?

If you decide to purchase more than the amount guaranteed by Guardian or enroll outside the annual open enrollment period, you must answer some medical questions to help us assess your insurability.

Can I take the policy with me if I leave the company?

You can port this coverage to a group conversion trust.

Voluntary Critical Illness and General Exclusions

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 Recurrence (second occurrence) 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 will not pay benefits for more than one Recurrence (third or later occurrence) of any Critical Illness. First & second occurrence refers to the first & second time an insured experiences or is diagnosed with a covered critical illness while covered under Guardian Critical Illness insurance. If the plan is new (not transferred): During the exclusion period, this Critical Illness plan does not pay charges relating to a pre-existing condition. If this plan is transferred from another insurance carrier, the time an insured is covered under that plan will count toward satisfying Guardian's pre-existing condition limitation period. Please refer to the plan details for specific time periods. State variations may apply. A pre-existing condition includes any condition for which an employee, in a specified period of time prior to coverage in this plan, consults with a physician, receives treatment or takes prescribed drugs. 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, taking part of any riot or other civil disorder or intentionally injuring themselves or attempting suicide while sane or insane. Employees must be legally working in the United States in order to be eligible for coverage. Underwriting must approve coverage for employees on temporary assignment: (a) exceeding 1 year; or (b) in an area under travel warning by the US Department of State (including service in the armed forces), committing a felony, taking part of any riot or other civil disorder or intentionally injuring themselves or attempting suicide while sane or insane. Guardian's Critical Illness plan does not provide comprehensive medical coverage. It is a basic or limited benefit and is not intended to coverage all medical expenses. This benefit summary summarizes the major features of the Guardian Critical Illness benefit plan. It is not intended to be a complete representation of the proposed plan. The policy has exclusions and limitations that may impact the eligibility for or entitlement to benefits under each covered condition. For full plan features, including exclusions and limitations, please refer to your Policy or contact your sales representative.



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Summary of Benefits

Accident Benefit Summary

Group ID:	00055622	Member Coverage Type:	Voluntary
Group Name:	SAN FRANCISCO SPCA	Dependent Coverage Type:	
Waiting Period:	1st of the month following 30 day(s)	Class:	0003 ALL PART TIME EMPLOYEES
		As of Date:	10/21/2025

Coverage Information

Schedule	Accident - Advantage Plan
	This coverage includes benefits for treatments or procedures due to an accident. These include hospitalization, emergency room treatment, Xrays, and much more. Please see your certificate booklet for specific benefits.
Accident Coverage Type	Your accident coverage will cover injuries suffered while off the job.
Employee Accidental Death and Dismemberment	Amount: \$25,000 Includes Common Carrier, Common Disaster, Dismemberment, Seatbelt & Airbag, and Reasonable Accommodation benefits.
Spouse Accidental Death and Dismemberment	Amount: \$12,500 Includes Common Carrier, Common Disaster, Dismemberment, Seatbelt & Airbag, and Reasonable Accommodation benefits.
Child Accidental Death and Dismemberment	Amount: \$5,000 Includes Common Carrier, Common Disaster, Dismemberment, Seatbelt & Airbag, and Reasonable Accommodation benefits.
Employee Hospital Confinement Sickness Benefit	\$25 per day up to 10 days.
Child Hospital Confinement Sickness Benefit	\$25 per day up to 10 days.
Rainy Day Fund	\$400

Yearly Wellness Benefit

Provides a \$50 per year benefit for completing certain routine wellness screenings or procedures (Refer to your Policy Rider for example procedures)

Plan Information

When is my policy effective?

Coverage is effective after you satisfy any waiting period required by your employer. Coverage will not begin until Guardian has approved any amount subject to medical underwriting.

Do I have to answer medical questions as part of purchasing insurance?

No

Can I take the policy with me if I leave the company?

Yes, you can port this coverage.

How are pre-existing conditions covered?

There is a 3 month look back period with a 12 month exclusion period. The pre-existing exclusions only apply to your Disability and/or Hospital Confinement portion of the your Accident coverage.

What is the Rainy Day Fund and how does it help me?

Rainy Day Fund can pay you additional benefits when you have exhausted a frequency limitation that applies to a particular benefit

Accident General Limitations and Exclusions

Employees must be legally working in the United States in order to be eligible for coverage. Underwriting must approve coverage for employees on temporary assignment: (a) exceeding 1 year; or (b) in an area under travel warning by the US Department of State, subject to state specific variations.

This proposal summarizes the major features of the Guardian Accident benefit plan. It is not intended to be a complete representation of the proposed plan. For full plan features, including exclusions and limitations, please refer to your Policy.

This proposal is hedged subjected to satisfactory financial evaluation.

This plan will not pay benefits for any injury caused by or related to directly or indirectly: Sickness, disease, mental infirmity or medical or surgical treatment; the covered person being legally intoxicated; declared or undeclared war, act of war, or armed aggression; service in the armed forces, National Guard, or military reserves of any state or country; taking part in a riot or civil disorder; commission of, or attempt to commit a felony; treatment rendered or hospital confinement outside the United States or Canada; intentionally self-inflicted Injury, while sane or insane; suicide or attempted suicide, while sane or insane; travel or flight in any kind of aircraft, including any aircraft owned by or for the policyholder, except as a fare-paying passenger on a common carrier; participation in any kind of sporting activity for compensation or profit, including coaching or officiating; riding in or driving any motor-driven vehicle in a race, stunt show or speed test; participation in hang gliding, bungee jumping, sail gliding, parasailing, parakiting, ballooning, parachuting, zorbing or skydiving; an accident that occurred before the covered person is covered by this plan; injuries to a dependent child received during birth; voluntary use of any poison, chemical, prescription or non-prescription drug or controlled substance unless: (1) it was prescribed for a covered person by a doctor, and (2) it was used as prescribed. In the case of a non-prescription drug, this Plan does not pay for any Accident resulting from or contributed to by use in a manner inconsistent with package instructions. "Controlled substance" means anything called a controlled substance in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as amended from time to time

Job related Injuries.

Injuries to a dependent child received during birth



Restrictions apply and may be subject to medical necessity.

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Summary of Benefits

Hospital Indemnity Benefit Summary

Group ID:	00055622	Coverage Type:	Voluntary
Group Name:	SAN FRANCISCO SPCA	Class:	0003 ALL PART TIME EMPLOYEES
Waiting Period:	1st of the month following 30 day(s)	As of Date:	10/21/2025

Coverage Information

Hospital Admission:	\$2,000 per day to a max of 1 day(s) per year, per insured, max of 3 days per year, per covered family.
Hospital/ICU Confinement:	\$200 / \$400 per day to a max of 15 day(s) per year.
Dependent Age Limits:	Child birth to 26 years (26 if full time student)
Treatment of an Injury is included:	Yes

Hospital Indemnity General Exclusions

- In order to be eligible for coverage: Employees must be legally working: (a) in the United States or (b) outside the United States, for a US based employer, in a country or region approved by Guardian.
- The policy has exclusions and limitations that may impact the eligibility for benefits. See the certificate of coverage or contact your sales representative for full details.
- A pre-existing condition includes any condition for which an employee, in the specified period of time prior to coverage in this plan, consults with a physician, receives treatment, or takes prescribed drugs. Please refer to the plan documents for specific time periods.
- If the plan is new (not transferred): During the exclusion period, this critical illness plan does not pay charges relating to a pre-existing condition. If this plan is transferred from another insurance carrier, the time an insured is covered under that plan will count toward satisfying Guardian's pre-existing condition limitation period. Please refer to the plan details for specific time periods. State variations may apply.
- Employees must be working full-time on the effective date of coverage; otherwise, coverage becomes effective after the completion of the specific waiting period.
- An applicant must enroll within 31 days of the coverage effective date. An open enrollment will occur each year during a 30 day time period specified by the policyholder. If an applicant does not enroll during their initial enrollment period, he/she may not enroll until the next open enrollment period.

And this plan will not pay benefits for:

- Treatment relating to a covered person: taking part in any war or act of war (including service in the armed forces), commission of or attempt to commit a felony, an act of terrorism, or participating in an illegal occupation, riot or insurrection;
- Elective surgery;
- Surgery to correct vision or hearing, unless a result of a covered Injury;
- Dental care, dental x-rays, or dental treatment;
- Weight loss or modification and complications arising there from, including surgery and any other form of treatment for the purpose of weight reduction. This exclusion does not apply to completion of a weight reduction program that may be payable under Covered Benefits;
- Rest cures or custodial care, or treatment of sleep disorders;
- Services, treatment or supplies rendered outside the United States or Canada;
- Treatment of a Covered Dependent Child's Children;
- Cosmetic surgery. This Exclusion does not apply to reconstructive surgery:
 - (a) on an injured part of the body following infection or disease of the involved part;
 - (b) of a congenital disease or anomaly of a covered dependent newborn or adopted infant; or
 - (c) on a non-diseased breast to restore and achieve symmetry between two breasts following a covered Mastectomy;
- Treatment or removal of warts, moles, boils, skin blemishes or birthmarks, bunions, acne, corns, calluses, the cutting and trimming of toenails, care for flat feet, fallen arches or chronic foot strain;
- Service, treatment or loss related to alcoholism or drug addiction, except for drugs prescribed by the Covered Person's Doctor;
- Care or treatment for mental or nervous disorders;
- Services, treatment or loss rendered in any Veterans Administration or Federal Hospital, except if there is a legal obligation to pay;
- Services or treatment Provided by a Doctor, Nurse or any other person who is employed or retained by a Covered Person or who is a member of a Covered Person's Immediate Family;
- Treatment received while on active duty in the armed forces of any country. This does not include Reserve or National Guard duty for training.
- Surgery and treatment, procedures, products or services that are experimental or Investigative.

This coverage will not be effective until approved by a Guardian underwriter. This proposal is subject to satisfactory financial evaluation. Please refer to certificate of coverage for full plan description; plan documents are the final arbiter of coverage.

 1 Restrictions apply and may be subject to medical necessity.

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