



Summary of Benefits

Voluntary Accidental Death and Dismemberment Benefit Summary

Group ID:	00554536	Member Coverage Type:	Voluntary
Group Name:	DYNAMIS, INC.	Class:	0001 EXECUTIVES
Waiting Period:	None	As of Date:	10/10/2022

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 \$1,000 to a maximum of \$10,000

\$2,000
\$3,000
\$4,000
\$5,000
\$6,000
\$7,000
\$8,000
\$9,000
\$10,000

Member Guaranteed Issue	Your Voluntary Accidental Death and Dismemberment coverage is guaranteed based on your Voluntary Life coverage.
Spouse Guaranteed Issue	Your Voluntary Accidental Death and Dismemberment coverage is guaranteed based on your Voluntary Life coverage.
Child Guaranteed Issue	Your Voluntary Accidental Death and Dismemberment coverage is guaranteed based on your Voluntary Life coverage.
Cutbacks	35% at age 70 55% at age 75 70% at age 80 80% at age 85

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

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

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

Dependent 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).



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Summary of Benefits

Voluntary Critical Illness Benefit Summary

Group ID:	00554536	Coverage Type:	Voluntary
Group Name:	DYNAMIS, INC.	Class:	0001 EXECUTIVES
Waiting Period:	None	As of Date:	10/10/2022

Coverage Information

Employee Volume Amount	Lump sum increments of \$5,000
Spouse Volume Amount	50% of Member's benefit in lump sum increments of \$2,500 to a maximum of \$10,000
Child Volume Amount	25% of Member's benefit to a maximum of \$5,000
Member Guaranteed Issue	Ages 15-69 \$20,000 Ages 70 and up
Spouse Guaranteed Issue	Member's Age 15-69 \$10,000 Member's Age 70 and up
Child Guaranteed Issue	All amounts are guaranteed.

Covered Conditions	1st Occurrence	2nd Occurrence
Invasive Cancer	100% of lump sum	50% 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	50% of lump sum
Stroke	100% of lump sum	50% of lump sum
Heart Failure	100% of lump sum	50% of lump sum
Arteriosclerosis	30% of lump sum	0% of lump sum
Organ Failure	100% of lump sum	50% of lump sum
Kidney Failure	100% of lump sum	50% 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 \$100 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 \$100 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 \$100 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

Cancer Vaccine Benefit	\$50 per lifetime for receiving a Cancer Vaccine.
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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 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:	00554536	Coverage Type:	Voluntary
Group Name:	DYNAMIS, INC.	Class:	0001 EXECUTIVES
Waiting Period:	None	As of Date:	10/10/2022

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 either on or 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.

Injury-Free Benefit

Pays \$400 if a covered family is claim free for five years

Rainy Day Fund

\$400

Yearly Wellness Benefit

Provides a \$100 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.
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



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Includes Common Carrier, Common Disaster, Dismemberment, Seatbelt & Airbag, and Reasonable Accommodation benefits.

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