



Summary of Benefits

Dental Benefit Summary

Group ID:	00236115	Coverage Type:	Contributory
Group Name:	FLORENCE COUNTRY CLUB	Class:	0001 ALL ELIGIBLE EMPLOYEES
Waiting Period:	1st of the month following 60 day(s)	As of Date:	07/12/2017

Plan Information

Your dental networks is: **Dental - Indemnity**

Coverage Information

	Dental - Indemnity
What's the most cost-effective way to use dental insurance?	You may go to any dentist.
Calendar year deductible	\$50, Once the annual deductible is met by each of three family members, no further deductibles apply.
Preventive	Waived
Basic	Not Waived
Major	Not Waived
Calendar Year Maximum Benefit	\$1,000
Maximum rollover	Not Available
Monthly Switch	Not Available
	How much does the plan pay? (as a percentage of usual and customary?)
Office Visit Co-pay (one office visit may cover multiple services)	None
Preventive Care:	100%
Bitewing X-Rays	100%
Full Mouth X-Rays	100%
Cleaning	100%
Oral Exams	100%

	Dental - Indemnity
What's the most cost-effective way to use dental insurance?	You may go to any dentist.
Sealants (per tooth)	100%
Basic Care:	80%
Fillings (one surface)	80%
General Anesthesia ¹	80%
Scaling & Root Planing (per quadrant)	80%
Simple Extractions	80%
Major Care:	50%
Dentures	50%
Single Crowns	50%
Orthodontia	Not Available

General Exclusions

Important Information about Guardian's DentalGuard Indemnity and DentalGuard Preferred PPO plans:

This policy provides dental insurance only. Coverage is limited to charges that are necessary to prevent, diagnose or treat dental disease, defect, or injury.


Deductibles apply.

The plan does not pay for:

- Oral hygiene services (except as covered under preventive services),
- Orthodontia (unless expressly provided for),
- Cosmetic or experimental treatments (unless they are expressly provided for).
- Any treatments to the extent benefits are payable by any other payor or for which no charge is made, prosthetic devices unless certain conditions are met, and services ancillary to surgical treatment.

The plan limits benefits for diagnostic consultations and for preventive, restorative, endodontic, periodontic, and prosthodontic services. The services, exclusions and limitations listed above do not constitute a contract and are a summary only. The Guardian plan documents are the final arbiter of coverage. Contract # GP-1-DEN -16 et al.

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

 ¹ Restrictions apply and may be subject to medical necessity.

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Summary of Benefits

Basic Life Benefit Summary

Group ID:	00236115	Member Coverage Type:	Non Contributory
Group Name:	FLORENCE COUNTRY CLUB	Class:	0001 ALL ELIGIBLE EMPLOYEES
Waiting Period:	1st of the month following 60 day(s)	As of Date:	07/12/2017

Coverage Information

Employee Volume Amount	Flat \$15,000
Maximum Amount	\$15,000
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?	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:	00236115	Member Coverage Type:	Non Contributory
Group Name:	FLORENCE COUNTRY CLUB	Class:	0001 ALL ELIGIBLE EMPLOYEES
Waiting Period:	1st of the month following 60 day(s)	As of Date:	07/12/2017

Coverage Information

Volume Amount	Flat \$15,000
Guaranteed Issue	Your Accidental Death and Dismemberment coverage is guaranteed based on your Basic Life coverage.
Maximum Amount	\$15,000
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

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).

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:	00236115	Member Coverage Type:	Contributory
Group Name:	FLORENCE COUNTRY CLUB	Class:	0001 ALL ELIGIBLE EMPLOYEES
Waiting Period:	1st of the month following 60 day(s)	As of Date:	07/12/2017

Coverage Information

Monthly Volume	60% of monthly earnings
Guaranteed Issue	There is no guaranteed issue. All amounts are approved.
Maximum Amount	\$5,000
Waiting Periods (Benefits begin on ...)	Accident: Day 181 Illness: Day 181
Maximum Payment Period	Lesser of 2 years or to 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.
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.
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, and for the voluntary inhalation or ingestion of poison, gas, solvent, chemical, or other substance not intended for internal consumption.

We do not pay benefits due solely to the risk of relapse, 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 who is receiving treatment outside of the US or Canada, and the employee's loss of earnings is not solely due to disability. Contract # GP-1-LTD-15-1.0 et al.

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 inhalation or ingestion of poison, gas, solvent, chemical, or other substance not intended for internal consumption.

Disability benefits are not paid due solely to the risk of relapse, 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:	00236115	Coverage Type:	Voluntary
Group Name:	FLORENCE COUNTRY CLUB	Class:	0001 ALL ELIGIBLE EMPLOYEES
Waiting Period:	1st of the month following 60 day(s)	As of Date:	07/12/2017

Coverage Information

Employee Volume Amount	<p>Increments of \$25,000 to a Maximum of \$100,000</p> <table border="1"> <tr> <td>\$25,000</td> </tr> <tr> <td>\$50,000</td> </tr> <tr> <td>\$75,000</td> </tr> <tr> <td>\$100,000</td> </tr> </table>	\$25,000	\$50,000	\$75,000	\$100,000
\$25,000					
\$50,000					
\$75,000					
\$100,000					
Spouse Volume Amount	Minimum Amount of \$5,000 and Increments of \$5,000 to a maximum of \$100,000				
Child Volume Amount	<p>Ages 14 Days to 6 Months Flat \$10,000</p> <p>Ages 6 Months to 20 Years Flat \$10,000</p>				
Member Guaranteed Issue	<p>Ages 65-69 \$50,000</p> <p>Ages 70 and up \$10,000</p>				
Spouse Guaranteed Issue					
Child Guaranteed Issue	There is no guaranteed issue. All amounts are approved.				
Cutbacks	<p>35% at age 65</p> <p>50% at age 70</p>				

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?	<p>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.</p> <p>Answering "yes" to any of the questions will not necessarily prevent you from obtaining coverage.</p>
Can I take the policy with me if I leave the company?	<p>You may be able to port this coverage to a group trust plan.</p> <p>Yes, you can convert this coverage to an individual policy if you terminate employment with the company or the policy</p>

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:	00236115	Member Coverage Type:	Voluntary
Group Name:	FLORENCE COUNTRY CLUB	Class:	0001 ALL ELIGIBLE EMPLOYEES
Waiting Period:	1st of the month following 60 day(s)	As of Date:	07/12/2017

Coverage Information

Employee Volume Amount	<p>Minimum Amount of \$25,000 and Increments of \$25,000 to a maximum of \$100,000</p> <table border="1"> <tr><td>\$25,000</td></tr> <tr><td>\$50,000</td></tr> <tr><td>\$75,000</td></tr> <tr><td>\$100,000</td></tr> </table>	\$25,000	\$50,000	\$75,000	\$100,000																
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\$50,000	\$100,000																				
Child Volume Amount	Flat \$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 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

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.

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