



Summary of Benefits

Dental Benefit Summary

| | | | |
|------------------------|--------------------------------------|-----------------------|--|
| Group ID: | 00381031 | Coverage Type: | Voluntary |
| Group Name: | OPTIONS FOR YOUTH, INC. | Class: | 0001 ALL CALIFORNIA (OFY, PMG AND PATHWAYS IN EDUCATION) EMPLOYEES |
| Waiting Period: | 1st of the month following 30 day(s) | As of Date: | 02/03/2017 |

Plan Information

Managed Dental Guard - Pre-Paid (CA) and Dental - DentalGuard Pref - Southern California

Coverage Information

| | DHMO CA | PPO | |
|--|---|--|--|
| 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 Guard - Pre-Paid (CA) network. | You may go to any dentist, however those who belong to the Dental - DentalGuard Pref - Southern California network will be most cost effective. | |
| | | In Network | Out of Network |
| Calendar year deductible | None | \$50, Once the annual deductible is met by each of three family members, no further deductibles apply. | \$50, Once the annual deductible is met by each of three family members, no further deductibles apply. |
| Preventive | None | Waived | Waived |
| Basic | None | Not Waived | Not Waived |
| Major | None | Not Waived | Not Waived |
| Calendar Year Maximum Benefit | Unlimited | The amount shown in the out of network field is your combined Calendar Year maximum for both in and out of network services. | \$2,000 |
| Lifetime Orthodontia Maximum | Not Applicable | The amount shown in the out of network field is your combined Lifetime Orthodontia Maximum for both in and out of network services | \$1,000 |
| Maximum rollover | Not Applicable | Yes | Yes |

| | DHMO CA | PPO | |
|---|---|--|---|
| 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 Guard - Pre-Paid (CA) network. | You may go to any dentist, however those who belong to the Dental - DentalGuard Pref - Southern California network will be most cost effective. | |
| | | In Network | Out of Network |
| Monthly Switch | Not Available | Not Available | Not Available |
| | How much will it cost? | How much does the plan pay? | How much does the plan pay?(as a percentage of reasonable and customary.) |
| Office Visit Co-pay (one office visit may cover multiple services) | \$0.00 | None | None |
| Preventive Care: | May be an additional fee | 100% | 100% |
| Bitewing X-Rays | May be an additional fee | 100% | 100% |
| Full Mouth X-Rays | May be an additional fee | 100% | 100% |
| Cleaning | May be an additional fee | 100% | 100% |
| Oral Exams | May be an additional fee | 100% | 100% |
| Sealants (per tooth) | May be an additional fee | 100% | 100% |
| Basic Care: | May be an additional fee | 100% | 90% |
| Fillings (one surface) | May be an additional fee | 100% | 90% |
| General Anesthesia ¹ | May be an additional fee | 100% | 90% |
| Scaling & Root Planing (per quadrant) | May be an additional fee | 100% | 90% |
| Simple Extractions | May be an additional fee | 100% | 90% |
| Major Care: | May be an additional fee | 60% | 60% |
| Dentures | May be an additional fee | 60% | 60% |
| Single Crowns | May be an additional fee | 60% | 60% |
| Orthodontia | Consult Your Benefit Booklet | 50% | 50% |

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-DG2000 et al.

Important information about Guardian's Managed DentalGuard Pre-Paid (Florida) Plan, Managed Dental Care's DHMO (California) Plan and Managed DentalGuard, Inc.'s Managed DentalGuard DHMO (Texas) Plan:

This plan provides pre-paid 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 DentalGuard. 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 DentalGuard 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 DentalGuard plan. The services, exclusions and limitations listed here do not constitute a contract and are a summary only. The Managed DentalGuard 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)

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.

This Benefit Summary is for illustrative purposes. Your benefits booklet will show exactly what is covered and/or excluded under your plan. If there is a discrepancy between this Benefit Summary and your benefit booklet, the benefit booklet prevails.

Definitions shown on this site are in summary form and are for general informational purposes. The terms of the insurance contract prevails.



Summary of Benefits

Vision Benefit Summary

| | | | |
|------------------------|--------------------------------------|-----------------------|--|
| Group ID: | 00381031 | Coverage Type: | Voluntary |
| Group Name: | OPTIONS FOR YOUTH, INC. | Class: | 0001 ALL CALIFORNIA (OFY, PMG AND PATHWAYS IN EDUCATION) EMPLOYEES |
| Waiting Period: | 1st of the month following 30 day(s) | As of Date: | 02/03/2017 |

Plan Information

Your networks are: VSP VISION and DAVIS VISION

Coverage Information

| | VSP VISION | | DAVIS VISION | |
|---|--|-----------------------|--|-----------------------|
| 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. | | You may go to any eye doctor however, if you go to a Davis Vision network provider you will usually pay less. | |
| | In-Network | Out-Of-Network | In-Network | Out-Of-Network |
| Co-Pay | | | | |
| First service provided | Not applicable | | Not applicable | |
| Exams | Exams \$10.00 | | Exams \$10.00 | |
| Materials | waived for conventional and planned replacement contact lenses \$25.00 | | waived for non-formulary elective 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. | | Exams: Once a year. Lenses: Once a year. Frames: Once every other year. Materials: Once a year. | |
| | In-Network | Out-Of-Network | In-Network | Out-Of-Network |
| Eye exams | Copay applies | Amount over: \$39.00 | Copay applies | Amount over: \$50.00 |

| | VSP VISION | | DAVIS VISION | |
|---|--|-----------------------|--|---|
| 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. | | You may go to any eye doctor however, if you go to a Davis Vision network provider you will usually pay less. | |
| | In-Network | Out-Of-Network | In-Network | Out-Of-Network |
| Lenses | | | | |
| Single vision lenses | Copay applies | Amount over: \$23.00 | Copay applies | Amount over: \$48.00 |
| Lined bifocal lenses | Copay applies | Amount over: \$37.00 | Copay applies | Amount over: \$67.00 |
| Lined trifocal lenses | Copay applies | Amount over: \$49.00 | Copay applies | Amount over: \$86.00 |
| Lenticular lenses | Copay applies | Amount over: \$64.00 | Copay applies | Amount over: \$126.00 |
| Contact Lenses | | | | |
| Conventional | Amount over: \$130.00 | Amount over: \$100.00 | \$135.00, 15% discount on amount over \$135.00. | Amount over: \$105.00 |
| Planned replacement and disposable | Amount over \$130.00 | Amount over: \$100.00 | \$135.00, 15% discount on amount over \$135.00. | Amount Over \$105.00 |
| Medically necessary | Copay Applies | Amount over: \$210.00 | Covered in full with prior approval. Copay does not apply. | Amount over: \$210.00 |
| Evaluation and fitting | 15% off professional fee | Not Covered | 15% off professional fee ¹ | Included in Elective Contact Lens allowance |
| Frames | \$130.00, 20% discount on amount over \$130.00. | Amount over: \$46.00 | \$135.00, 20% discount on amount over \$135.00, except Sam's Club/Walmart. ² | Amount over: \$48.00 |
| Lens & Frame Allowance | No discounts | No discounts | No discounts | No discounts |
| Cosmetic Extras | Discounted at an average of 20%-25% off providers UCR. | No discounts | No additional charge for: Oversize lens, polycarbonate for kids, polycarbonate for adults with strong prescriptions ³ , tinting. Others discounted at 20%-50% off retail price. | No discounts |
| Laser correction surgery | Average 15% discount off usual price or 5% off promotional price. | No discounts | Up to 25% off usual and customary. | 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.

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.



1 If contact lenses from formulary are chosen, then evaluation and fit may be included. When contact lenses not in the Formulary are chosen and the evaluation, fit and lenses are supplied by the same vision provider at the same time, all can be applied to the elective contact lens allowance.

2 Frames from Davis Vision's Fashion, Designer, or Premier collections are covered in full in excess of the plan's materials copay. Frames from a Davis Vision network provider that are not in the collections are covered up to the plan's retail allowance in excess of the plan's materials copay.

3 Polycarbonate lenses covered in full for monocular patients and patients with prescriptions greater than or equal to +/-6.00 diopters.

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: | 00381031 | Member Coverage Type: | Non Contributory |
| Group Name: | OPTIONS FOR YOUTH, INC. | Class: | 0001 ALL CALIFORNIA (OFY, PMG AND PATHWAYS IN EDUCATION) EMPLOYEES |
| Waiting Period: | 1st of the month following 30 day(s) | | |
| | | As of Date: | 02/03/2017 |

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. You must answer some medical questions to help us assess your insurability for the ported coverage. 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: | 00381031 | Member Coverage Type: | Non Contributory |
| Group Name: | OPTIONS FOR YOUTH, INC. | Class: | 0001 ALL CALIFORNIA (OFY, PMG AND PATHWAYS IN EDUCATION) EMPLOYEES |
| Waiting Period: | 1st of the month following 30 day(s) | | |
| | | As of Date: | 02/03/2017 |

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

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: | 00381031 | Member Coverage Type: | Non Contributory |
| Group Name: | OPTIONS FOR YOUTH, INC. | Class: | 0001 ALL CALIFORNIA (OFY, PMG AND PATHWAYS IN EDUCATION) EMPLOYEES |
| Waiting Period: | 1st of the month following 30 day(s) | | |
| | | As of Date: | 02/03/2017 |

Coverage Information

| | |
|--|---|
| Monthly Volume | 66.7% 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 91 Illness: Day 91 |
| Maximum Payment Period | To age 65, standard ADEA |

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, 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: | 00381031 | Coverage Type: | Voluntary |
| Group Name: | OPTIONS FOR YOUTH, INC. | Class: | 0001 ALL CALIFORNIA (OFY, PMG AND PATHWAYS IN EDUCATION) EMPLOYEES |
| Waiting Period: | 1st of the month following 30 day(s) | | |
| | | As of Date: | 02/03/2017 |

Coverage Information

| | | | | | | | | | | | | | | | | | | | | | |
|--------------------------------|--|----------|-----------|----------|-----------|----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Employee Volume Amount | <p>Increments of \$25,000 to a Maximum of \$500,000</p> <table border="1"> <tr><td>\$25,000</td><td>\$275,000</td></tr> <tr><td>\$50,000</td><td>\$300,000</td></tr> <tr><td>\$75,000</td><td>\$325,000</td></tr> <tr><td>\$100,000</td><td>\$350,000</td></tr> <tr><td>\$125,000</td><td>\$375,000</td></tr> <tr><td>\$150,000</td><td>\$400,000</td></tr> <tr><td>\$175,000</td><td>\$425,000</td></tr> <tr><td>\$200,000</td><td>\$450,000</td></tr> <tr><td>\$225,000</td><td>\$475,000</td></tr> <tr><td>\$250,000</td><td>\$500,000</td></tr> </table> | \$25,000 | \$275,000 | \$50,000 | \$300,000 | \$75,000 | \$325,000 | \$100,000 | \$350,000 | \$125,000 | \$375,000 | \$150,000 | \$400,000 | \$175,000 | \$425,000 | \$200,000 | \$450,000 | \$225,000 | \$475,000 | \$250,000 | \$500,000 |
| \$25,000 | \$275,000 | | | | | | | | | | | | | | | | | | | | |
| \$50,000 | \$300,000 | | | | | | | | | | | | | | | | | | | | |
| \$75,000 | \$325,000 | | | | | | | | | | | | | | | | | | | | |
| \$100,000 | \$350,000 | | | | | | | | | | | | | | | | | | | | |
| \$125,000 | \$375,000 | | | | | | | | | | | | | | | | | | | | |
| \$150,000 | \$400,000 | | | | | | | | | | | | | | | | | | | | |
| \$175,000 | \$425,000 | | | | | | | | | | | | | | | | | | | | |
| \$200,000 | \$450,000 | | | | | | | | | | | | | | | | | | | | |
| \$225,000 | \$475,000 | | | | | | | | | | | | | | | | | | | | |
| \$250,000 | \$500,000 | | | | | | | | | | | | | | | | | | | | |
| Spouse Volume Amount | Up to 50% of the Employee's volume to a maximum of \$250,000 | | | | | | | | | | | | | | | | | | | | |
| Child Volume Amount | Flat \$10,000 Ages 6 Months to 26 Years Flat \$10,000 | | | | | | | | | | | | | | | | | | | | |
| Member Guaranteed Issue | Ages 15-64 \$150,000 Ages 65-69 \$10,000 Ages 70 and up, evidence of insurability is required for all amounts. | | | | | | | | | | | | | | | | | | | | |
| Spouse Guaranteed Issue | Spouse's Age 15-64 \$25,000 Spouse's Age 65 and up \$5,000 | | | | | | | | | | | | | | | | | | | | |
| Child Guaranteed Issue | There is no guaranteed issue. All amounts are approved. | | | | | | | | | | | | | | | | | | | | |
| Cutbacks | 35% at age 65 50% at age 70 | | | | | | | | | | | | | | | | | | | | |

Plan Information

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|-------------------------------------|---|
| 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. |
|-------------------------------------|---|

| | |
|--|---|
| <p>Do I have to answer medical questions as part of purchasing insurance?</p> | <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> |
| <p>Can I take the policy with me if I leave the company?</p> | <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 ends. (Some restrictions apply; see certificate of benefits for more information.)</p> |

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: | 00381031 | Member Coverage Type: | Voluntary |
| Group Name: | OPTIONS FOR YOUTH, INC. | Class: | 0001 ALL CALIFORNIA (OFY, PMG AND PATHWAYS IN EDUCATION) EMPLOYEES |
| Waiting Period: | 1st of the month following 30 day(s) | As of Date: | 02/03/2017 |

Coverage Information

| | | | | | | | | | | | | | | | | | | | | | |
|--------------------------------|---|----------|-----------|----------|-----------|----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Employee Volume Amount | <p>Minimum Amount of \$25,000 and Increments of \$25,000 to a maximum of \$500,000</p> <table border="1"> <tr><td>\$25,000</td><td>\$275,000</td></tr> <tr><td>\$50,000</td><td>\$300,000</td></tr> <tr><td>\$75,000</td><td>\$325,000</td></tr> <tr><td>\$100,000</td><td>\$350,000</td></tr> <tr><td>\$125,000</td><td>\$375,000</td></tr> <tr><td>\$150,000</td><td>\$400,000</td></tr> <tr><td>\$175,000</td><td>\$425,000</td></tr> <tr><td>\$200,000</td><td>\$450,000</td></tr> <tr><td>\$225,000</td><td>\$475,000</td></tr> <tr><td>\$250,000</td><td>\$500,000</td></tr> </table> | \$25,000 | \$275,000 | \$50,000 | \$300,000 | \$75,000 | \$325,000 | \$100,000 | \$350,000 | \$125,000 | \$375,000 | \$150,000 | \$400,000 | \$175,000 | \$425,000 | \$200,000 | \$450,000 | \$225,000 | \$475,000 | \$250,000 | \$500,000 |
| \$25,000 | \$275,000 | | | | | | | | | | | | | | | | | | | | |
| \$50,000 | \$300,000 | | | | | | | | | | | | | | | | | | | | |
| \$75,000 | \$325,000 | | | | | | | | | | | | | | | | | | | | |
| \$100,000 | \$350,000 | | | | | | | | | | | | | | | | | | | | |
| \$125,000 | \$375,000 | | | | | | | | | | | | | | | | | | | | |
| \$150,000 | \$400,000 | | | | | | | | | | | | | | | | | | | | |
| \$175,000 | \$425,000 | | | | | | | | | | | | | | | | | | | | |
| \$200,000 | \$450,000 | | | | | | | | | | | | | | | | | | | | |
| \$225,000 | \$475,000 | | | | | | | | | | | | | | | | | | | | |
| \$250,000 | \$500,000 | | | | | | | | | | | | | | | | | | | | |
| Spouse Volume Amount | 50% of the Employee's volume to a maximum of \$250,000 | | | | | | | | | | | | | | | | | | | | |
| 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

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| When is my policy effective? | Coverage is effective after you satisfy any waiting period required by your employer. Coverage will not begin until |
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| | 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

 This Benefit Summary is for illustrative purposes. Your benefits booklet will show exactly what is covered and/or excluded under your plan. If there is a discrepancy between this Benefit Summary and your benefit booklet, the benefit booklet prevails.

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Summary of Benefits

Voluntary Critical Illness Benefit Summary

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|------------------------|--------------------------------------|-----------------------|--|
| Group ID: | 00381031 | Coverage Type: | Voluntary |
| Group Name: | OPTIONS FOR YOUTH, INC. | Class: | 0001 ALL CALIFORNIA (OFY, PMG AND PATHWAYS IN EDUCATION) EMPLOYEES |
| Waiting Period: | 1st of the month following 30 day(s) | | |
| | | As of Date: | 02/03/2017 |

Coverage Information

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| Employee Volume Amount | Lump sum increments of \$5,000 | |
| Spouse Volume Amount | 50% of Member's benefit to a maximum of \$12,500 | |
| Child Volume Amount | 50% of Member's benefit to a maximum of \$12,500 | |
| Member Guaranteed Issue | Ages 15-69 \$10,000 Ages 70 and up, Medical Questions are required for all amounts. | |
| Spouse Guaranteed Issue | Member's Age 15-69 \$5,000 Member's Age 70 and up, Medical Questions are required for all amounts. | |
| Child Guaranteed Issue | All amounts are guaranteed. | |
| Covered Conditions | 1st Occurrence | 2nd Occurrence |
| Heart Attack | 100% | 50% |
| Kidney Failure | 100% | 50% |
| Stroke | 100% | 50% |
| Cancer - Category 1 | 100% | 50% |
| Cancer - Category 2 | 25% | 0% |
| Total Amount Payable | During your lifetime, this plan will not pay more than 300% of the lump sum benefit for all voluntary critical illness combined. | |
| Benefit Waiting Period | Benefits for Cancer will be available on the 31 st day. Benefits for Non-Cancer will be available on the 31 st day. | |
| Member Hospital Admission Benefit | Provides a \$250 per day benefit for each day you are hospitalized for a condition other than voluntary critical illness listed above. 10 day per year limit. You must be hospitalized for 2 days before benefits begin. | |
| Spouse Hospital Admission Benefit | Spouse Hospital Admission Benefit is \$125. 10 day per year limit. You must be hospitalized for 2 days before benefits begin. | |
| Child Hospital Admission Benefit | Child Hospital Admission Benefit is \$125. 10 day per year limit. You must be hospitalized for 2 days before benefits begin. | |


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| Cutbacks | 35% at age 65 60% at age 70 75% at age 75 85% at age 80 |
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Plan Information

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| 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. |
| 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 do not pay benefits for a first occurrence of Critical Illness that occurs less than 12 months after the first ever occurrence of a different Critical Illness for which this plan paid benefits. If the employee has exhibited symptoms or received treatment within the past 24 months for a Critical Illness, we do not pay benefits for the second ever occurrence of that Critical Illness. We do not pay benefits for a third or later occurrence of Critical Illness. 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: | 00381031 | Coverage Type: | Voluntary |
| Group Name: | OPTIONS FOR YOUTH, INC. | Class: | 0001 ALL CALIFORNIA (OFY, PMG AND PATHWAYS IN EDUCATION) EMPLOYEES |
| Waiting Period: | 1st of the month following 30 day(s) | As of Date: | 02/03/2017 |

Coverage Information

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| Schedule | Accident - Premier 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: \$50,000 Includes Common Carrier, Common Disaster, Dismemberment, Seatbelt & Airbag, and Reasonable Accommodation benefits. |
| Spouse Accidental Death and Dismemberment | Amount: \$25,000 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. |

Plan Information

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| 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 | No |

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| questions as part of purchasing insurance? | |
| Can I take the policy with me if I leave the company? | Yes, you can port this coverage. |

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: Declared or undeclared war, act of war, or armed aggression; taking part in a riot or civil disorder; or commission of, or attempt to commit a felony; Intentionally self inflicted injury, while sane or insane; suicide or attempted suicide, while sane or insane.

The covered person being legally intoxicated.

Treatment rendered or hospital confinement outside the United States or Canada.

Travel or flight in any kind of aircraft, including any aircraft owned by or for the employer 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.



Restrictions apply and may be subject to medical necessity.

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Summary of Benefits

Accident Benefit Summary

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|------------------------|--------------------------------------|-----------------------|--|
| Group ID: | 00381031 | Coverage Type: | Voluntary |
| Group Name: | OPTIONS FOR YOUTH, INC. | Class: | 0001 ALL CALIFORNIA (OFY, PMG AND PATHWAYS IN EDUCATION) EMPLOYEES |
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The covered person being legally intoxicated.

Treatment rendered or hospital confinement outside the United States or Canada.

Travel or flight in any kind of aircraft, including any aircraft owned by or for the employer 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.



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