

Disability Cost Illustrations

To determine the most appropriate level of coverage, you should consider your current basic monthly expenses. To help you assess your needs, you can also go to Guardian Anytime and use our Disability Insurance Explorer Tool.

Long-Term Disability Plan Monthly Cost Illustration

Monthly Benefit	Min. Annual Salary	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60+
\$300	\$6,000	\$0.37	\$0.60	\$0.95	\$1.45	\$1.98	\$2.25	\$2.29	\$1.52
\$400	\$8,000	\$0.49	\$0.80	\$1.27	\$1.94	\$2.64	\$3.00	\$3.05	\$2.02
\$500	\$10,000	\$0.61	\$1.01	\$1.59	\$2.42	\$3.30	\$3.76	\$3.82	\$2.53
\$600	\$12,000	\$0.73	\$1.21	\$1.91	\$2.90	\$3.96	\$4.51	\$4.58	\$3.03
\$700	\$14,000	\$0.85	\$1.41	\$2.23	\$3.39	\$4.62	\$5.26	\$5.34	\$3.54
\$800	\$16,000	\$0.98	\$1.61	\$2.54	\$3.87	\$5.28	\$6.01	\$6.10	\$4.04
\$900	\$18,000	\$1.10	\$1.81	\$2.86	\$4.36	\$5.94	\$6.76	\$6.87	\$4.55
\$1,000	\$20,000	\$1.22	\$2.01	\$3.18	\$4.84	\$6.60	\$7.51	\$7.63	\$5.05
\$1,100	\$22,000	\$1.34	\$2.21	\$3.50	\$5.32	\$7.26	\$8.26	\$8.39	\$5.56
\$1,200	\$24,000	\$1.46	\$2.41	\$3.82	\$5.81	\$7.92	\$9.01	\$9.16	\$6.06
\$1,300	\$26,000	\$1.59	\$2.61	\$4.13	\$6.29	\$8.58	\$9.76	\$9.92	\$6.57
\$1,400	\$28,000	\$1.71	\$2.81	\$4.45	\$6.78	\$9.24	\$10.51	\$10.68	\$7.07
\$1,500	\$30,000	\$1.83	\$3.02	\$4.77	\$7.26	\$9.90	\$11.27	\$11.45	\$7.58
\$2,000	\$40,000	\$2.44	\$4.02	\$6.36	\$9.68	\$13.20	\$15.02	\$15.26	\$10.10
\$2,500	\$50,000	\$3.05	\$5.03	\$7.95	\$12.10	\$16.50	\$18.78	\$19.08	\$12.63
\$3,000	\$60,000	\$4.71	\$8.13	\$13.35	\$20.70	\$29.19	\$34.74	\$35.94	\$26.22
\$3,500	\$70,000	\$5.50	\$9.49	\$15.58	\$24.15	\$34.06	\$40.53	\$41.93	\$30.59
\$4,000	\$80,000	\$6.28	\$10.84	\$17.80	\$27.60	\$38.92	\$46.32	\$47.92	\$34.96
\$4,500	\$90,000	\$7.07	\$12.20	\$20.03	\$31.05	\$43.79	\$52.11	\$53.91	\$39.33
\$5,000	\$100,000	\$7.85	\$13.55	\$22.25	\$34.50	\$48.65	\$57.90	\$59.90	\$43.70

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 legal intoxication, including but not limited to the operation of a motor vehicle, 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. 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, and an employee who is receiving treatment outside of the US or Canada and the employee's loss of earning 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): 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 advice or 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. 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

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. State variations may apply.