

DESERT EAR NOSE & THROAT MEDICAL GROUP INC

ALL OTHER ELIGIBLE EMPLOYEES



Disability Coverage

Here is your new coverage. Make sure you are aware of the deadline date for your coverage elections.

If you miss the deadline, you will be considered a late entrant and proof of insurability will be required.



PLAN HIGHLIGHTS:

- Short Term Disability
- Long Term Disability

Your Guardian plan number: 00496332

*Learn more about Guardian at
www.guardianlife.com.*



We're ready to get working for you

If you're like most employees, finding enough time in the day to accomplish your lengthy to-do list can often be no easy task.

As your Guardian coverage begins, we want you to know that we're here for you every step of the way and are committed to providing you with the resources to obtain fast, accurate answers to your benefits-related questions.

One way in which we do this is through our online member resource, Guardian Anytimesm, which allows you to manage your benefits when it works best for you — day or night. Plus, it offers helpful resources to ensure you get access to the quality care you need.

We encourage you to take a couple minutes to check out and register for Guardian Anytimesm at www.GuardianAnytime.com. We promise it will be time well spent.

Welcome to Guardian!

- Review your benefits
- Complete your enrollment form, if applicable
- Sign and return form to your plan administrator

Welcome

Dear Employee,

We're pleased to tell you that Guardian will be our disability insurance provider this year. We have chosen Guardian because of its competitive rates and excellent service reputation. All the information you need to understand and sign up for the coverage is included in this booklet.

DESERT EAR NOSE & THROAT MEDICAL GROUP INC

UNDERSTAND YOUR COVERAGE:

Plan Details This booklet explains your basic coverage options. Your detailed certificate of benefits will be provided to you after you enroll.

File a claim with Teleguard®
Initiate short-term disability claims by phone at (888) 262-5670.

Go online Learn more about Guardian at www.guardianlife.com.

Ask your plan administrator
Contact your plan administrator if you have any changes to your plan.

Disability Plans

COVERAGE	SHORT-TERM DISABILITY	LONG-TERM DISABILITY
Coverage amount	60% of salary to maximum \$1154/week	60% of salary to maximum \$5000/month
Maximum payment period	17 weeks	To age 65, standard ADEA
Accident benefits begin	Day 14	Day 181
Illness benefits begin	Day 14	Day 181
Waiting period		
Current employees	Planholder determines	Planholder determines
New employees	Planholder determines	Planholder determines

YOUR GUARDIAN PLAN OFFERS:

File short-term disability
claims by phone with Teleguard® at
(888) 262-5670.

Premium payments waived
once you begin receiving benefits.

Reliable claim payments

Did you know?

Most experts agree that after medical insurance, disability is the most important coverage to have.

PLAN DETAILS	SHORT-TERM DISABILITY	LONG-TERM DISABILITY
Evidence of Insurability	Health Statement may be required	Health Statement may be required
Guarantee Issue	We Guarantee Issue \$1154 in coverage	We Guarantee Issue \$5000 in coverage
Minimum work hours/week	Planholder Determines	Planholder Determines
Plan covers on the job accidents	Yes	Yes
Pre-existing Conditions	Not Applicable	3 months look back; 12 months after exclusion
Rehabilitation Benefit	Yes	Yes
Survivor Benefit	No	3 months

A SUMMARY OF DISABILITY PLAN LIMITATIONS AND EXCLUSIONS

- 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 certificate of coverage for full plan description.
- 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.
- A pre-existing condition includes any condition/symptom for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.
- For Long-Term Disability coverage, we pay no benefits for a disability caused or contributed to by a pre-existing condition unless the disability starts after you have been insured under this plan for a specified period of time. We limit the duration of payments for long term disabilities caused by mental or emotional conditions, or alcohol or drug abuse.
- When applicable, this coverage will integrate with NJ TDB, NY DBL, CA SDI, RI TDI, Hawaii TDI and Puerto Rico DBA.

UNDERSTANDING YOUR BENEFITS—DISABILITY (Some information may vary by state)

Actively at work	Employee is fully capable of performing the major duties of his/her regular occupation on a full-time basis on scheduled effective date.
Disability (long-term)	For first two years of disability, you will receive benefit payments while you are unable to work in your own occupation. After two years, you will continue to receive benefits if you cannot work in any occupation based on training, experience and education.
Earnings definition	Your covered salary excludes bonuses and commissions.
Elimination period	Number of days, weeks or months that must pass before employee qualifies for benefit.
Guarantee Issue	The "guarantee" means the applicant is not required to answer health questions to qualify for coverage up to and including the specified amount, when applicant signs up for coverage during the initial enrollment period.
Maximum payment period	The maximum length of time that benefits are paid by the plan.
Rehabilitation benefit	Pays 110% of disability benefit to employee who participates in a rehabilitation program, approved by Guardian, designed to help the employee return to work.
Special limitations	Provides a 24-month benefit limit for mental health and substance abuse.
Survivor benefit	If employee dies while receiving disability benefits, eligible survivors or estate receive a lump sum payment equal to several weeks of benefits for short-term disability, or several months for long-term. See certificate of coverage for details.
Work incentive	Plan benefit will not be reduced for a specified amount of months so that you have part-time earnings while you remain disabled, unless the combined benefit and earnings exceed 100% of your previous earnings.
Zero day disability (long-term disability)	You can return to work in a limited capacity at any time during the elimination period and benefit period. You are no longer considered disabled when you earn or are able to earn 80% of pre-disability earnings.
Zero day disability (short-term disability)	You can return to work in a limited capacity at any time during the elimination period and benefit period. You are no longer considered disabled when you earn or are able to earn 80% of pre-disability earnings.