



**It's renewal
time!**

**Guardian is
here to help.**

RENEWAL INFORMATION FOR

**COMAL COUNTY
GROUP PLAN # 00406388**

**RENEWAL PERIOD
October 1, 2016 - September 30, 2017**



LIFE | DENTAL | VISION | DISABILITY | ABSENCE | SUPPLEMENTAL HEALTH | STOP LOSS | ASO

GuardianAnytime.com

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What you'll find in this package

RENEWAL INFORMATION

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Renewal Premiums At-a-Glance

KEY POINTS OF INFORMATION REGARDING PLAN PRICING

Premiums shown above reflect a multi-line discount. If you do not wish to renew all lines of coverage, please contact us for revised pricing.

Product-specific rates shown in this package have been determined based on a number of factors, including:

- Employee age and gender
- Group location
- Changes in group size
- Claims experience (when applicable)

EMPLOYEE-PAID VOLUNTARY COVERAGE		
Coverage	Current Annual	Renewal Annual
Voluntary Dental	\$265,710	\$265,710
Voluntary Vision	\$59,176	\$59,176
Voluntary Life	\$174,544	\$174,544

Renewal Rates At-a-Glance

This plan is currently offered for Insurance Class 1 and 2

Good news ! There is a 2 year rate guarantee on this plan

VOLUNTARY DENTAL PLAN RATES - PPO IZ NAP PX

Tier	Enrolled Employees	CURRENT		RENEWAL	
		Monthly Rate	Annual Premium	Monthly Rate	Annual Premium
EE	256	\$25.41	\$78,060	\$25.41	\$78,060
EE + 1	141	\$50.69	\$85,767	\$50.69	\$85,767
FAMILY	99	\$85.76	\$101,883	\$85.76	\$101,883
TOTAL	496		\$265,710		\$265,710

This plan is currently offered for Insurance Class 1 and 2

Good news ! There is a 2 year rate guarantee on this plan

VOLUNTARY VISION PLAN RATES - VSP 69

Tier	Enrolled Employees	CURRENT		RENEWAL	
		Monthly Rate	Annual Premium	Monthly Rate	Annual Premium
EE	174	\$10.29	\$21,486	\$10.29	\$21,486
EE + 1	97	\$15.60	\$18,158	\$15.60	\$18,158
FAMILY	69	\$23.59	\$19,533	\$23.59	\$19,533
TOTAL	340		\$59,176		\$59,176

This plan is currently offered for Insurance Class 1

Good news ! There is a 2 year rate guarantee on this plan

VOLUNTARY LIFE PLAN RATES

EMPLOYEES Age	CURRENT	RENEWAL
	Monthly Rate	Monthly Rate
15-29	\$0.070/\$1000	\$0.070/\$1000

Renewal Rates At-a-Glance

This plan is currently offered for Insurance Class 1

Good news ! There is a 2 year rate guarantee on this plan

VOLUNTARY LIFE PLAN RATES (Continued)

	CURRENT	RENEWAL
30-34	\$0.080	\$0.080
35-39	\$0.110	\$0.110
40-44	\$0.180	\$0.180
45-49	\$0.290	\$0.290
50-54	\$0.440	\$0.440
55-59	\$0.760	\$0.760
60-64	\$1.250	\$1.250
65-69	\$2.010	\$2.010
70-74	\$3.130	\$3.130
75-79	\$5.320	\$5.320
80-84	\$11.850	\$11.850
85-89	\$15.900	\$15.900
90-94	\$20.300	\$20.300
95-99	\$25.910	\$25.910

This plan is currently offered for Insurance Class 1

Good news ! There is a 2 year rate guarantee on this plan

VOLUNTARY LIFE PLAN RATES

SPOUSE Age	CURRENT Monthly Rate	RENEWAL Monthly Rate
15-29	\$0.070/\$1000	\$0.070/\$1000
30-34	\$0.080	\$0.080
35-39	\$0.110	\$0.110
40-44	\$0.180	\$0.180
45-49	\$0.290	\$0.290
50-54	\$0.440	\$0.440
55-59	\$0.760	\$0.760
60-64	\$1.250	\$1.250
65-69	\$2.010	\$2.010
70-74	\$3.130	\$3.130
75-79	\$5.320	\$5.320
80-84	\$11.850	\$11.850

Renewal Rates At-a-Glance

This plan is currently offered for Insurance Class 1

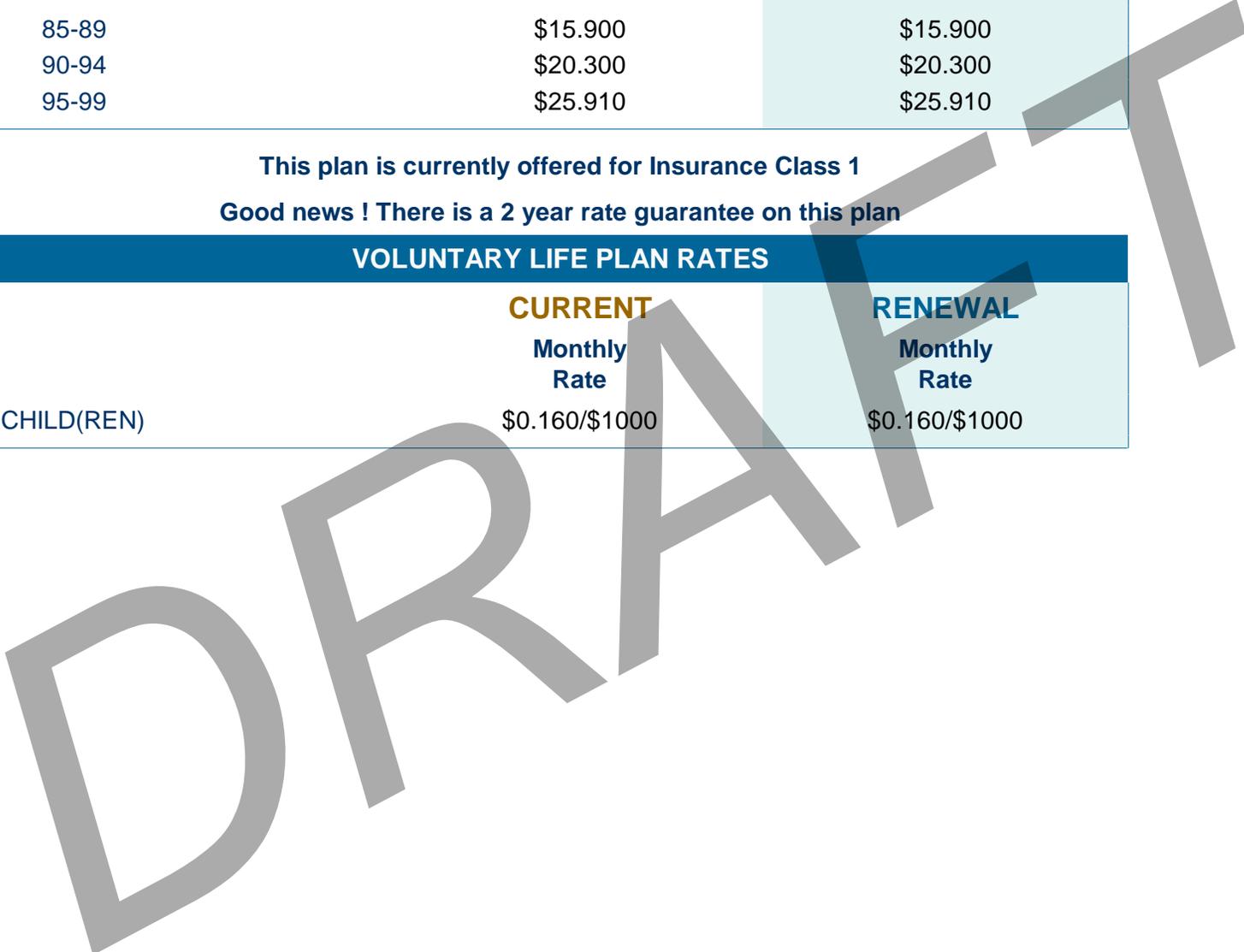
Good news ! There is a 2 year rate guarantee on this plan

VOLUNTARY LIFE PLAN RATES (Continued)		
	CURRENT	RENEWAL
85-89	\$15.900	\$15.900
90-94	\$20.300	\$20.300
95-99	\$25.910	\$25.910

This plan is currently offered for Insurance Class 1

Good news ! There is a 2 year rate guarantee on this plan

VOLUNTARY LIFE PLAN RATES		
	CURRENT Monthly Rate	RENEWAL Monthly Rate
CHILD(REN)	\$0.160/\$1000	\$0.160/\$1000



Current Voluntary Dental Plan Information

CONTRACT TYPE: DENTAL GUARD 2000

This plan is currently offered for Insurance Class 1 and 2

PLAN BENEFITS SUMMARY		
	In-Network	Out-of-Network
Coinsurance		
Preventive	100%	100%
Basic	100%	100%
Major	60%	60%
Deductible		
	\$50	\$50
Waived for preventive?	Yes	Yes
Maximum		
	\$1,000	\$1,000
Orthodontia		
	Included	
Lifetime Maximum	\$1,000	
Coinsurance	50%	
Maximum Rollover		
Threshold		\$500
Rollover Amount		\$250
In-network only rollover		N/A
Max Rollover Limit		\$1,000
Dependent Age Limit		25/26

Plan information is for illustrative purposes only. Please consult plan contract for specific benefit levels.

Current Voluntary Dental Plan Information

CONTRACT TYPE: DENTAL GUARD 2000

This plan is currently offered for Insurance Class 1 and 2

PLAN BENEFITS SUMMARY		
	In-Network	Out-of-Network
Coinsurance		
Preventive	100%	100%
Basic	80%	80%
Major	50%	50%
Deductible		
	\$50	\$50
Waived for preventive?	Yes	Yes
Maximum		
	\$1,000	\$1,000
Orthodontia		
	Included	
Lifetime Maximum	\$1,000	
Coinsurance	50%	
Maximum Rollover		
Threshold		\$500
Rollover Amount		\$250
In-network only rollover		N/A
Max Rollover Limit		\$1,000
Dependent Age Limit		25/26

Plan information is for illustrative purposes only. Please consult plan contract for specific benefit levels.

Additional Voluntary Dental Information

DENTAL MAXIMUM ROLLOVER SUMMARY

For Benefit Year Ending: 12/31/2016

ROLLOVER ACCOUNT SIZE	NUMBER OF QUALIFYING EMPLOYEES & DEPENDENTS	TOTAL ACCOUNT VALUE
\$0	369	\$0.00
\$1 - \$250	133	\$32,973.00
\$251 - \$500	107	\$51,961.40
\$501 - \$750	73	\$54,484.90
\$751 - \$1,000	249	\$247,574.60
Over \$1,000	0	\$0.00
TOTAL	562	\$386,993.90

40 of your Employees and Dependents currently are eligible for additional Maximum Rollover amounts.

"Benefit Year" refers to the 12-month period during which charges are counted toward this plan's annual maximum.

"Number of Qualifying Employees and Dependents" reflects information available at the time this renewal package was issued. Additional claims will affect this count.

"Eligibility for additional rollover amounts reflects information available at the time this renewal package was issued. Additional claims will affect the eligibility for additional rollover amounts"

Rollover amounts earned in the benefit year ending 12/31/2016 are applied to the members Maximum Rollover Account for use starting the next benefit year.

Current Voluntary Vision Plan Information

VSP

This plan is currently offered for Insurance Class 1 and 2

PLAN BENEFITS SUMMARY			
	In-Network	Out-of-Network	Frequency
Exam Copay	\$10	\$10	12 months
Exam Allowance	100%	\$46	12 months
Materials Copay	\$25	\$25	
Base Lenses			
Single Vision Allowance	100%	\$47	12 months
Bifocal Allowance	100%	\$66	12 months
Trifocal Allowance	100%	\$85	12 months
Lenticular Allowance	100%	\$125	12 months
Contact Lenses			
Elective Allowance	\$120	\$120	12 months
Therapeutic Allowance	100%	\$210	12 months
Frame Retail Allowance	\$120	\$47	12 months
Materials Allowance	N/A	N/A	N/A

Plan information is for illustrative purposes only. Please consult plan contract for specific benefit levels.

Current Voluntary Life Plan Information

This plan is currently offered for Insurance Class 1

LIFE BENEFITS SUMMARY	
Benefit Type	Flat
Multiple	N/A
Maximum Benefit	\$500,000
Earnings Definition	N/A
Guarantee Issue	\$200,000
Waiver of Premium	Waived To Specific Age
Elimination Period	9 month(s)
Age Reduction Formula	
Age 65	35%
Age 70	60%
Age 75	75%
Age 80	85%
Accelerated Benefit	
Benefit %	50%
Benefit Maximum	\$250,000

Plan information is for illustrative purposes only. Please consult plan contract for specific benefit levels.

This plan is currently offered for Insurance Class 1

DEPENDENT BENEFITS SUMMARY	
Spouse Benefit	
Benefit Type	Flat
% of EE amount	N/A
Maximum Benefit	\$250,000
Guarantee Issue	\$50,000
Child(ren) Benefit	
Benefit Type	Flat
% of EE amount	N/A
Maximum Benefit	\$10,000
Guarantee Issue	N/A

Plan information is for illustrative purposes only. Please consult plan contract for specific benefit levels.