



# Benefit Summary - Accident

Group name	Group ID	Class	Contribution type	Waiting period	Coverage as of
SEMGREP, INC.	00074198	0002 ALL ELIGIBLE TEXAS EMPLOYEES	Voluntary	1st of the month following 1 day(s)	03/26/2026

## Coverage Information

### Schedule

Accident - Advantage 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:\$20,000

Includes Common Carrier, Common Disaster, Dismemberment, Seatbelt & Airbag, and Reasonable Accommodation benefits.

### Spouse Accidental Death and

Amount:\$10,000

## Dismemberment

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.

### Employee Hospital Confinement Sickness Benefit

\$25, per day up to 10 days.

### Spouse Hospital Confinement Sickness Benefit

\$25, per day up to 10 days.

### Child Hospital Confinement Sickness Benefit

\$25, per day up to 10 days.

### Yearly Wellness Benefit

Provides a \$50 per year benefit for completing certain routine wellness screenings or procedures (Refer to your Policy Rider for example procedures)

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## 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 port this coverage.

**How are pre-existing conditions covered?** There is a 3 month look back period with a 12 month exclusion period. The pre-existing exclusions only apply to your Disability and/or Hospital Confinement portion of the your Accident coverage.

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## 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 directly or indirectly: Sickness, disease, mental infirmity or medical or surgical treatment; the covered person being legally intoxicated; declared or undeclared war, act of war, or armed aggression; service in the armed

forces, National Guard, or military reserves of any state or country; taking part in a riot or civil disorder; commission of, or attempt to commit a felony; treatment rendered or hospital confinement outside the United States or Canada; intentionally self-inflicted Injury, while sane or insane; suicide or attempted suicide, while sane or insane; travel or flight in any kind of aircraft, including any aircraft owned by or for the policyholder, 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; riding in or driving any motor-driven vehicle in a race, stunt show or speed test; participation in hang gliding, bungee jumping, sail gliding, parasailing, parakiting, ballooning, parachuting, zorbing or skydiving; an accident that occurred before the covered person is covered by this plan; injuries to a dependent child received during birth; voluntary use of any poison, chemical, prescription or non-prescription drug or controlled substance unless: (1) it was prescribed for a covered person by a doctor, and (2) it was used as prescribed. In the case of a non-prescription drug, this Plan does not pay for any Accident resulting from or contributed to by use in a manner inconsistent with package instructions. "Controlled substance" means anything called a controlled substance in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as amended from time to time

Job related Injuries.

Injuries to a dependent child received during birth

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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.