

ENHANCED NEW YORK DBL PLANS AND NEW YORK PFL

For Those Occasions When \$170/week May Not be Enough

The standard DBL plan pays a weekly benefit of 50% of an employee’s weekly salary to a maximum of \$170/week. However, \$170 a week may not be enough for an employee to cover basic expenses if he/she is out of work due to a disability. For this reason, Guardian offers affordable Enhanced DBL plans that allow clients to increase the maximum weekly benefit amount.

We provide convenient Billing Mode options; Quarterly in Arrears, and Annual in Advance (*contingent on case size*). Rates below are based on an Elimination Period of 7 days for accident or sickness and a Benefit Duration of 26 weeks, and assume a weekly benefit of 50% of an employee’s weekly salary.

MONTHLY RATES¹ PAYABLE QUARTERLY IN ARREARS (\$15 MINIMUM)

GROUPS SITUED IN ZIP CODE RANGE 10000-14999

CASE SIZE	BENEFIT AMOUNT MAXIMUM	STAND ALONE		CROSS SOLD	
		MALE	FEMALE	MALE	FEMALE
		Monthly Rate	Monthly Rate	Monthly Rate	Monthly Rate
2-49 COVERED LIVES	\$200	\$2.90	\$6.42	\$2.59	\$5.64
	\$250	\$3.39	\$7.53	\$3.07	\$6.70
	\$350	\$4.38	\$9.75	\$4.03	\$8.83
	\$450	\$5.37	\$11.97	\$4.99	\$10.96
	\$650 ²	\$7.35	\$16.41	\$6.91	\$15.22
1-49 COVERED LIVES	Statutory DBL (max of \$170/week)	\$2.60	\$5.75	\$2.30	\$5.00

1. Rates do not include New York Paid Family Leave; 2. Only available to 10-49 lives.

PARTNERS/PROPRIETORS (WITH EMPLOYEES) DBL/PFL OPTIONAL COVERAGE

Coverage is contingent on receipt of prior NY WCB approval (DB140). Two year waiting period may apply for PFL benefits if NY WCB approval for Voluntary Coverage was not received prior to 1/1/2018. (Guardian does not offer coverage for Sole Proprietors with no employees.)

Rates: \$6.85 Monthly Rates Payable Quarterly in Arrears; \$68.86 Annual Rates Payable Annually in Advance.

WWW.GUARDIANANYTIME.COM



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DISABILITY & ABSENCE MANAGEMENT
NEW YORK DISABILITY BENEFITS LAW (DBL) & PAID FAMILY LEAVE (PFL)

ANNUAL RATES¹ PAYABLE ANNUALLY IN ADVANCE (\$60 MINIMUM) – 01/01 Anniversary Required³

GROUPS SITUED IN ZIP CODE RANGE 10000-11999

CASE SIZE	BENEFIT AMOUNT MAXIMUM	STAND ALONE				CROSS SOLD			
		MALE		FEMALE		MALE		FEMALE	
		Annual Rate	Monthly Equivalent Rate	Annual Rate	Monthly Equivalent Rate	Annual Rate	Monthly Equivalent Rate	Annual Rate	Monthly Equivalent Rate
2-24 COVERED LIVES	\$200	\$26.16	\$2.18	\$60.96	\$5.08	\$22.92	\$1.91	\$53.76	\$4.48
	\$250	\$31.08	\$2.59	\$72.72	\$6.06	\$27.60	\$2.30	\$64.92	\$5.41
	\$350	\$40.92	\$3.41	\$96.24	\$8.02	\$36.84	\$3.07	\$87.24	\$7.27
	\$450	\$50.76	\$4.23	\$119.76	\$9.98	\$46.08	\$3.84	\$109.56	\$9.13
	\$650 ²	\$70.44	\$5.87	\$166.80	\$13.90	\$64.56	\$5.38	\$154.20	\$12.85
1-24 COVERED LIVES	Statutory DBL (max of \$170/week)	\$23.16	\$1.93	\$53.88	\$4.49	\$20.16	\$1.68	\$47.04	\$3.92

GROUPS SITUED IN ZIP CODE RANGE 12000-14999⁴

CASE SIZE	BENEFIT AMOUNT MAXIMUM	STAND ALONE				CROSS SOLD			
		MALE		FEMALE		MALE		FEMALE	
		Annual Rate	Monthly Equivalent Rate	Annual Rate	Monthly Equivalent Rate	Annual Rate	Monthly Equivalent Rate	Annual Rate	Monthly Equivalent Rate
2-24 COVERED LIVES	\$200	\$31.44	\$2.62	\$68.52	\$5.71	\$27.72	\$2.31	\$60.36	\$5.03
	\$250	\$36.84	\$3.07	\$80.52	\$6.71	\$32.76	\$2.73	\$71.76	\$5.98
	\$350	\$47.64	\$3.97	\$104.52	\$8.71	\$42.96	\$3.58	\$94.56	\$7.88
	\$450	\$58.44	\$4.87	\$128.52	\$10.71	\$53.16	\$4.43	\$117.36	\$9.76
	\$650 ²	\$80.04	\$6.67	\$176.52	\$14.71	\$73.56	\$6.13	\$162.96	\$13.58
1-24 COVERED LIVES	Statutory DBL (max of \$170/week)	\$28.21	\$2.35	\$61.27	\$5.11	\$24.61	\$2.05	\$53.48	\$4.46

1.Rates do not include New York Paid Family Leave; 2.Only available to 10-24 lives; 3.Requires plan anniversary to align with January 1 to coordinate with applicable PFL annual updates; 4.Applicable to Groups situated outside of NY, but have employees working in NY.

2018 NEW YORK PAID FAMILY LEAVE (NY PFL)

Effective January 1, 2018, the same private sector New York covered employers for purposes of NY DBL are also required to provide NY PFL coverage to their eligible employees, in conjunction with the DBL policy. Employee contribution rates and benefit provisions are set annually by the State of New York.

2018 PFL rate and benefit provisions are outlined below.

- **Employee Contribution Rate:** 0.126% of Covered Wages, up to annual wage cap of \$67,907.84
- **Maximum Contribution:** \$85.56
- **PFL Benefit Maximum:** 50% of Employees' Average Weekly Wages, to weekly max \$652.96
- **Benefit Duration:** 8 weeks

For details on NY PFL, visit www.guardiananytime.com/NY-paid-leave.

CONTACT YOUR GUARDIAN GROUP SALES REPRESENTATIVE FOR MORE INFORMATION.

WWW.GUARDIANANYTIME.COM



Annual rates may vary slightly due to rounding. This Policy provides New York Statutory Disability Income Insurance only. It does not provide "basic hospital", basic medical, or "major medical" insurance as defined by the New York State Insurance Department. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage. For more information please refer to policy, New York DBL Policy #GP-1-DBL. Benefits, coverage and eligibility are in accordance with Article 9 of the Workers' Compensation Law under the New York Statutory Disability Benefits Law. For Broker Use Only. Not for distribution to the general public.