



ROBERT GOLDEN  
GOLDEN CHARTER ACADEMY  
1626 W PRINCETON AVE  
FRESNO, CA 93705

HUB INTERNATIONAL OF CA I  
701 UNIVERSITY AVENUE  
SUITE 100  
SACRAMENTO, CA 95825

Your Guardian employee benefits  
renewal package is enclosed

As a valued Guardian customer, we appreciate your business and hope that you are fully satisfied with our plan offerings and services. Our commitment is to continue providing high-quality plans while placing your benefit needs first.

If you have questions about your renewal package or would like information about other benefits available for your employees, we can assist you. Contact your insurance broker or contact your Guardian Group Sales office at:

222 SOUTH MILL AVENUE, SUITE 412, TEMPE, ARIZONA, 85281, 866-747-4542.



**It's renewal  
time!**

**Guardian is  
here to help.**

**RENEWAL INFORMATION FOR**

**GOLDEN CHARTER ACADEMY  
GROUP PLAN # 00799461**

**RENEWAL PERIOD  
August 1, 2023 - July 31, 2024**



[guardiananytime.com](https://guardiananytime.com)

The Guardian Life Insurance Company of America, New York, NY.

# What you'll find in this package

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Please note:

If your group plan includes multiple lines of coverage, a multi-line discount was used in the pricing. If you do not wish to renew all lines of coverage, please contact us for revised pricing.



# Participating Policy and Producer Compensation Disclosure Statement

## Participating Policy Statement:

Any commercial insurance group policy underwritten and issued by The Guardian Life Insurance Company of America, a New York Domiciled mutual company, is a participating policy. It is not expected, however, that a dividend will be paid on any such group policies. All coverage will be provided as set forth in the policies.

## Producer Compensation Disclosure:

As is common with Group insurance, your coverage(s) might involve one or more licensed producers who will receive compensation from Guardian for soliciting, negotiating, securing and/or administering the insurance coverage(s) you have purchased. Compensation to these producers may be paid in the form of base commissions, administrative service commissions and, in some instances, supplemental compensation (e.g., an annual performance bonus). For more detailed information regarding producer compensation relative to your Guardian coverage(s), please contact your Guardian local sales consultant or account manager.

Compensation is generated based upon premium which has been remitted by the planholder and applied by Guardian. Graded Commission scales, which can vary by product, are calculated based upon decremental scales (i.e. percentage payable decreases as defined premium thresholds are attained). Graded commission scales refresh annually upon each plan's anniversary. For DHMO, Supplemental Health, SMD and/or ASO Vision commission information, or for any other questions, please contact your local Guardian sales consultant or account manager.

If commissions are paid based on a percentage basis, the percentage is calculated monthly on enrolled lives, not eligible lives. Graded commission scales are calculated as a percentage of annual premium and are on a sliding scale.

Product	Commissions
AD&D	Graded Scale Commission
AD&D Voluntary	Graded Scale Commission
Dental PPO	Graded Scale Commission
Basic Life	Graded Scale Commission
Vol Life	13%
Vision PPO	Graded Scale Commission



## Renewal Rates At-a-Glance

This plan is currently offered for Insurance Class 1

DENTAL PLAN RATES - CHOICE PLAN					
Tier	Enrolled Employees	CURRENT		RENEWAL	
		Monthly Rate	Annual Premium	Monthly Rate	Annual Premium
EE	18	\$50.25	\$10,854	\$50.25	\$10,854
EE & SP	3	\$102.00	\$3,672	\$102.00	\$3,672
EE & CH	1	\$122.97	\$1,476	\$122.97	\$1,476
FAMILY	2	\$185.91	\$4,462	\$185.91	\$4,462
<b>TOTAL</b>	<b>24</b>		<b>\$20,463</b>		<b>\$20,463</b>

This plan is currently offered for Insurance Class 1

VISION PLAN RATES - VSP K36					
Tier	Enrolled Employees	CURRENT		RENEWAL	
		Monthly Rate	Annual Premium	Monthly Rate	Annual Premium
EE	19	\$8.79	\$2,004	\$9.32	\$2,125
EE & SP	1	\$14.81	\$178	\$15.70	\$188
EE & CH	1	\$15.09	\$181	\$16.00	\$192
FAMILY	2	\$23.90	\$574	\$25.33	\$608
<b>TOTAL</b>	<b>23</b>		<b>\$2,937</b>		<b>\$3,113</b>

## Renewal Rates At-a-Glance

This plan is currently offered for Insurance Class 1

BASIC LIFE PLAN RATES					
Coverage	Volume	CURRENT		RENEWAL	
		Monthly Rate	Annual Premium	Monthly Rate	Annual Premium
BASIC LIFE	\$1,620,000	\$0.050/\$1000	\$972	\$0.050/\$1000	\$972

This plan is currently offered for Insurance Class 1

AD&D PLAN RATES					
Coverage	Volume	CURRENT		RENEWAL	
		Monthly Rate	Annual Premium	Monthly Rate	Annual Premium
AD&D	\$1,620,000	\$0.030/\$1000	\$583	\$0.030/\$1000	\$583

This plan is currently offered for Insurance Class 1

VOLUNTARY LIFE PLAN RATES		
EMPLOYEES	CURRENT	RENEWAL
Employee Age	Monthly Rate	Monthly Rate
15-29	\$0.062/\$1000	\$0.062/\$1000
30-34	\$0.073	\$0.073
35-39	\$0.107	\$0.107
40-44	\$0.156	\$0.156
45-49	\$0.246	\$0.246
50-54	\$0.414	\$0.414
55-59	\$0.653	\$0.653
60-64	\$0.953	\$0.953
65-69	\$2.012	\$2.012
70-74	\$3.652	\$3.652
75-79	\$3.652	\$3.652
80-84	\$3.652	\$3.652
85-89	\$3.652	\$3.652
90-94	\$3.652	\$3.652
95-99	\$3.652	\$3.652

## Renewal Rates At-a-Glance

This plan is currently offered for Insurance Class 1

VOLUNTARY LIFE PLAN RATES		
SPOUSE	CURRENT	RENEWAL
Employee Age	Monthly Rate	Monthly Rate
15-29	\$0.062/\$1000	\$0.062/\$1000
30-34	\$0.073	\$0.073
35-39	\$0.107	\$0.107
40-44	\$0.156	\$0.156
45-49	\$0.246	\$0.246
50-54	\$0.414	\$0.414
55-59	\$0.653	\$0.653
60-64	\$0.953	\$0.953
65-69	\$2.012	\$2.012
70-74	\$3.652	\$3.652
75-79	\$3.652	\$3.652
80-84	\$3.652	\$3.652
85-89	\$3.652	\$3.652
90-94	\$3.652	\$3.652
95-99	\$3.652	\$3.652

This plan is currently offered for Insurance Class 1

VOLUNTARY LIFE PLAN RATES		
CHILD(REN)	CURRENT	RENEWAL
	Monthly Rate	Monthly Rate
CHILD(REN)	\$0.147/\$1000	\$0.147/\$1000

This plan is currently offered for Insurance Class 1

VOLUNTARY AD&D PLAN RATES					
		CURRENT		RENEWAL	
Tier	Volume	Monthly Rate	Annual Premium	Monthly Rate	Annual Premium
EE	\$725,000	\$0.030/\$1000	\$261	\$0.030/\$1000	\$261
SPOUSE	\$50,000	\$0.030	\$18	\$0.030	\$18
CHILD(REN)	\$40,000	\$0.030	\$14	\$0.030	\$14

# Renewal Rates At-a-Glance

This plan is currently offered for Insurance Class 1

VOLUNTARY ACCIDENT PLAN RATES - ADVANTAGE					
Tier	Enrolled Employees	CURRENT		RENEWAL	
		Monthly Rate	Annual Premium	Monthly Rate	Annual Premium
EMPLOYEE	8	\$13.10	\$1,258	\$13.10	\$1,258
SPOUSE	1	\$8.31	\$100	\$8.31	\$100
CHILD(REN)	2	\$9.16	\$220	\$9.16	\$220
<b>TOTAL</b>	<b>11</b>		<b>\$1,578</b>		<b>\$1,578</b>



# Current Plan Benefits Summaries

**CONTRACT TYPE: DENTAL GUARD 2000**

**This plan is currently offered for Insurance Class 1**

## PLAN BENEFITS SUMMARY

<b>Network</b>	<b>In-Network</b> DentalGuard Preferred	<b>Out-of-Network</b> None
<b>Coinsurance</b>		
Preventive	100%	100%
Basic	100%	100%
Major	60%	60%
<b>Deductible</b>	\$50	\$50
Waived for preventive?	Yes	Yes
<b>Claim Payment Basis</b>	Fee Schedule	Fee Schedule
<b>Maximum</b>	\$1,500	\$1,500
<b>Orthodontia</b>	Included	
Lifetime Maximum	\$1,000	
Coinsurance	50%	
<b>Maximum Rollover</b>		
Threshold		\$700
Rollover Amount		\$350
In-network only rollover		\$500
Max Rollover Limit		\$1,250
<b>Dependent Age Limit</b>		26/26

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

## Current Plan Benefits Summaries

**CONTRACT TYPE: DENTAL GUARD 2000**

**This plan is currently offered for Insurance Class 1**

### PLAN BENEFITS SUMMARY

<b>Network</b>	<b>In-Network</b> DentalGuard Preferred	<b>Out-of-Network</b> None
<b>Coinsurance</b>		
Preventive	100%	100%
Basic	80%	80%
Major	50%	50%
<b>Deductible</b>	\$50	\$50
Waived for preventive?	Yes	Yes
<b>Claim Payment Basis</b>	Fee Schedule	90th Percentile *
<b>Maximum</b>	\$1,500	\$1,500
<b>Orthodontia</b>	Included	
Lifetime Maximum	\$1,000	
Coinsurance	50%	
<b>Maximum Rollover</b>		
Threshold		\$700
Rollover Amount		\$350
In-network only rollover		\$500
Max Rollover Limit		\$1,250
<b>Dependent Age Limit</b>		26/26

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

\* Reimbursement will be based on Guardian's 90th schedule in the Dentist's zip code. Guardian's 90th schedule is calculated utilizing a combination of industry, third party and internal data.

## Additional Dental Information

### DENTAL MAXIMUM ROLLOVER SUMMARY

For Benefit Year Ending: 12/31/2023

ROLLOVER ACCOUNT SIZE	NUMBER OF QUALIFYING EMPLOYEES & DEPENDENTS	TOTAL ACCOUNT VALUE
\$0	35	\$0.00
\$1 - \$250	0	\$0.00
\$251 - \$500	1	\$500.00
\$501 - \$750	0	\$0.00
\$751 - \$1,000	0	\$0.00
Over \$1,000	0	\$0.00
<b>TOTAL</b>	<b>1</b>	<b>\$500.00</b>

0 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 12/31/2023 are applied to the members Maximum Rollover Account for use starting the next benefit year.

## Current Plan Benefits Summaries

**VSP  
VISION**

**This plan is currently offered for Insurance Class 1**

<b>PLAN BENEFITS SUMMARY</b>			
	<b>In-Network</b>	<b>Out-of-Network</b>	<b>Frequency</b>
<b>Exam Copay</b>	\$10	\$10	Once per Calendar Year
<b>Exam Allowance</b>	100%	\$39	Once per Calendar Year
<b>Materials Copay</b>	\$25	\$25	
<b>Base Lenses</b>			
Single Vision Allowance	100%	\$23	Once per Calendar Year
Bifocal Allowance	100%	\$37	Once per Calendar Year
Trifocal Allowance	100%	\$49	Once per Calendar Year
Lenticular Allowance	100%	\$64	Once per Calendar Year
<b>Contact Lenses</b>			
Elective Allowance	\$150	\$100	Once per Calendar Year
Therapeutic Allowance	100%	\$210	Once per Calendar Year
<b>Frame Retail Allowance</b>	\$150	\$46	Every Other Calendar Year
<b>Materials Allowance</b>	N/A	N/A	N/A

Your plan also includes the following benefit option(s): Retail Chain Providers, Fitting and Evaluation  
Plan information is for illustrative purposes only. Please consult plan contract for specific benefit levels.

## Current Plan Benefits Summaries

### BASIC LIFE

This plan is currently offered for Insurance Class 1

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

This plan is currently offered for Insurance Class 1

AD&D BENEFITS SUMMARY	
<b>Benefit Type</b>	Flat
Multiple	N/A
<b>Maximum Benefit</b>	\$50,000
<b>Earnings Definition</b>	N/A

## Current Plan Benefits Summaries

### VOLUNTARY LIFE

This plan is currently offered for Insurance Class 1

LIFE BENEFITS SUMMARY	
<b>Benefit Type</b>	Flat
Multiple	N/A
<b>Maximum Benefit</b>	\$200,000
<b>Earnings Definition</b>	N/A
<b>Guarantee Issue</b>	
< age 65	\$50,000
65<70	\$0
70+	\$10,000
<b>Waiver of Premium</b>	Lifeassist To Age 65
Elimination Period	9 month(s)
<b>Age Reduction Formula</b>	
<b>Age 65</b>	35%
<b>Age 70</b>	50%
<b>Accelerated Benefit</b>	
Benefit %	50%
Benefit Maximum	\$250,000

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

## Current Plan Benefits Summaries

This plan is currently offered for Insurance Class 1

<b>DEPENDENT BENEFITS SUMMARY</b>	
<b>Spouse Benefit</b>	
<b>Benefit Type</b>	Flat
<b>% of EE amount</b>	N/A
<b>Maximum Benefit</b>	\$25,000
<b>Guarantee Issue</b>	
< age 65	ALL
65<70	\$10,000
70+	\$0
<b>Child(ren) Benefit</b>	
<b>Benefit Type</b>	Both Flat & Increment
<b>% of EE amount</b>	N/A
<b>Maximum Benefit</b>	\$10,000
<b>Guarantee Issue</b>	N/A

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

## Current Plan Benefits Summaries

### VOLUNTARY AD&D

This plan is currently offered for Insurance Class 1

#### AD&D BENEFITS SUMMARY

	EMPLOYEE	SPOUSE	CHILD(REN)
<b>Benefit Type</b>	Flat	Flat	Increment
Multiple	N/A	N/A	N/A
<b>Maximum Benefit</b>	\$25,000	\$25,000	\$10,000
<b>Earnings Definition</b>	N/A		

### VOLUNTARY AD&D

This plan is currently offered for Insurance Class 1

#### AD&D BENEFITS SUMMARY

	EMPLOYEE	SPOUSE	CHILD(REN)
<b>Benefit Type</b>	Flat	Flat	Increment
Multiple	N/A	N/A	N/A
<b>Maximum Benefit</b>	\$50,000	\$25,000	\$10,000
<b>Earnings Definition</b>	N/A		

### VOLUNTARY AD&D

This plan is currently offered for Insurance Class 1

#### AD&D BENEFITS SUMMARY

	EMPLOYEE	SPOUSE	CHILD(REN)
<b>Benefit Type</b>	Flat	Flat	Increment
Multiple	N/A	N/A	N/A
<b>Maximum Benefit</b>	\$75,000	\$25,000	\$10,000
<b>Earnings Definition</b>	N/A		

### VOLUNTARY AD&D

This plan is currently offered for Insurance Class 1

#### AD&D BENEFITS SUMMARY

	EMPLOYEE	SPOUSE	CHILD(REN)
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## Current Plan Benefits Summaries

<b>Benefit Type</b>	Flat	Flat	Increment
Multiple	N/A	N/A	N/A
<b>Maximum Benefit</b>	\$100,000	\$25,000	\$10,000
<b>Earnings Definition</b>	N/A		

### VOLUNTARY AD&D

This plan is currently offered for Insurance Class 1

#### AD&D BENEFITS SUMMARY

	EMPLOYEE	SPOUSE	CHILD(REN)
<b>Benefit Type</b>	Flat	Flat	Increment
Multiple	N/A	N/A	N/A
<b>Maximum Benefit</b>	\$125,000	\$25,000	\$10,000
<b>Earnings Definition</b>	N/A		

### VOLUNTARY AD&D

This plan is currently offered for Insurance Class 1

#### AD&D BENEFITS SUMMARY

	EMPLOYEE	SPOUSE	CHILD(REN)
<b>Benefit Type</b>	Flat	Flat	Increment
Multiple	N/A	N/A	N/A
<b>Maximum Benefit</b>	\$150,000	\$25,000	\$10,000
<b>Earnings Definition</b>	N/A		

### VOLUNTARY AD&D

This plan is currently offered for Insurance Class 1

#### AD&D BENEFITS SUMMARY

	EMPLOYEE	SPOUSE	CHILD(REN)
<b>Benefit Type</b>	Flat	Flat	Increment
Multiple	N/A	N/A	N/A
<b>Maximum Benefit</b>	\$200,000	\$25,000	\$10,000
<b>Earnings Definition</b>	N/A		

## Current Plan Benefits Summaries

### VOLUNTARY ACCIDENT

This plan is currently offered for Insurance Class 1

#### PLAN BENEFITS SUMMARY

Schedule	Advantage		
Coverage Type	Off Job		
Spouse Coverage Included	Yes		
Child Coverage Included	Yes		
Dependent Age Limits	26/26		
<p>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.</p>			
Wellness Benefit Included	No		
Amount	N/A		
Disability Benefit Type	N/A		
Accident Disability Type	N/A		
	<b>Employee</b>	<b>Spouse</b>	
Amount	N/A	N/A	
Accident Elimination Period	N/A	N/A	
Sickness Elimination Period	N/A	N/A	
Duration	N/A	N/A	
Hospital Confinement due to Sickness Included	No		
	<b>Employee</b>	<b>Spouse</b>	<b>Child</b>
Amount	N/A	N/A	N/A
Elimination Period	N/A	N/A	N/A
Maximum Number of Days	N/A	N/A	N/A

## Current Plan Benefits Summaries

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### Optional Riders:

Rainy Day Fund	400.00	400.00	400.00
Auto Increase %	N/A		
Injury-Free Benefit	N/A		

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

# California SDBC Program Disclosure

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## [Important Information for Planholders with Guardian Dental Coverage](#)

California situated Dental Plans are required to provide a state mandated Summary of Dental Benefits and coverage ("SDBC") disclosure matrix to eligible participants at time of enrollment to better compare and consider dental coverage options available to them. As your dental provider, please visit [GuardianAnytime.com](http://GuardianAnytime.com) to obtain an applicable SDBC disclosure that can be made available for distribution to eligible participants prior to enrollment.



[guardiananytime.com](http://guardiananytime.com)

The Guardian Life Insurance Company of America, New York, NY.



## Action Needed For Your Guardian Coverage

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### Renewal Census Required

In order to meet our contractual renewal notice deadline, your plan was renewed based upon the most recent census information we had on file. However, it is important that we maintain accurate salary and census information. Please take this crucial step now to ensure employees receive the maximum coverage they are entitled to under any Guardian salary-based programs.

We have an easy and secure way to view and update employees' salaries using our Enrollment Mapping and Management Application (EMMA). Simply follow the steps below.

#### Viewing Salary Census Report:

You can find a report of current employees and their salaries by visiting EMMA.

1. Navigate to <https://signin.guardianlife.com/signin>
2. Go to the Members tab
3. Choose the Update multiple members page
4. Click the Launch EMMA button
5. Click Start the download process
6. Click Salary census and enter the date range that you would like to include and click download.

#### Updating Employees' Salaries:

You can update multiple salaries by simply uploading an updated census back into EMMA. Follow the above steps to Launch EMMA then click Start the upload process, select Salary census and then Continue. EMMA will then walk you through any additional steps needed.