



NATIONAL GUARDIAN LIFE INSURANCE COMPANY

A Mutual Company Incorporated in 1909
Madison, WI

**GROUP VISION PPO INSURANCE
MASTER POLICY**

Underwritten by: National Guardian Life Insurance Company
Two East Gilman Street
P.O. Box 1191
Madison, WI 53701-1191

Administrator: National Vision Administrators, L. L. C.
1200 Rt 46 West, 2nd Floor, Clifton, NJ 07013

In return for the application, which is attached, and payment of premium as it becomes due, National Guardian Life Insurance Company (called "We," "Our," and "Us") agrees to pay the benefits described in the Policy.

This Policy is issued to the Policyholder. It takes effect at 12:01 a.m. at the Policyholder's principal address shown on the application on the Policy Effective Date. The Effective Date is shown on the Policy Schedule.

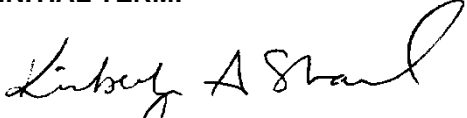
This Policy may be continued in force by payment of premium at the rates We establish until the insurance ends as provided.

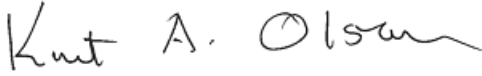
The following are made part of this Policy: the provisions of the attached Certificates; Schedules of Benefits; all riders; all endorsements; and all amendments issued on and after the Effective Date.

This Policy is governed by the laws of the jurisdiction shown below.

POLICY SCHEDULE:

POLICYHOLDER:	THE MAYOR AND ALDERMEN OF THE CITY OF SAVANNAH
GROUP POLICY NUMBER:	NVAI3276
POLICY EFFECTIVE DATE:	JANUARY 1, 2022
ANNIVERSARY DATE:	JANUARY 1
JURISDICTION:	Georgia
PREMIUM DUE DATE:	1st of every Month
COVERAGE PROVIDED:	See Incorporated Certificate's Schedule of Benefits
INITIAL TERM:	48 Months


Kimberly A. Shaul, Secretary


Knut A. Olson, President

**NON-PARTICIPATING
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PART I: PREMIUMS

A. PREMIUM SCHEDULE

Refer to the attached Group Application for premium rate information.

B. PAYMENT OF PREMIUMS: The premiums due under this Policy are payable in advance directly to Us at the Administrator's Office. The first premium is due on the Effective Date of this Policy. Premiums after the first are due on the Premium Due Date shown on the face page of this Policy.

The payment of any premium will not maintain the insurance in force beyond the day next following the Premium Due Date, except as provided under the GRACE PERIOD provision.

C. RIGHT TO CHANGE PREMIUM RATES:

We have the right to change the premium rates on any Premium Due Date after the Initial Term. After the Initial Term, We will not increase the premium rates more than once in any twelve (12)-month period. We will notify the Policyholder in writing at least sixty (60) days before any increase in premium rates. This is subject to the Premium Adjustments provision, as stated below.

D. PREMIUM ADJUSTMENTS: The Company may adjust the premium rate on the Policy Anniversary Date, including during any applicable premium rate guarantee period, if any one of the following occurs:

1. The terms of this Policy change; including change in benefits;
2. Any federal, state, or other law or regulation is enacted, adopted, amended, or requiring implementation that affects: (a) Our benefit obligations under this Policy; or (b) any monetary assessments, or changes in those assessments, We are required to pay
3. The number of Insureds increase or decrease by more than 10% since the later of the Policy Effective Date and the date of the last renewal of the Policy;
4. Coverage is reinstated following failure to pay premium during the Grace Period;
5. An acquisition, merger, consolidation, divestiture, corporate reorganization or purchase or sale of assets affecting, increasing or decreasing by 10% or more the number of Insureds.

E. PREMIUM CALCULATION: The total premium for insurance coverage under this Policy is the sum of the premiums for each Insured.

F. GRACE PERIOD: A Grace Period of 31 days (without interest charge) is granted for the payment of any premium due after the first. This Policy will continue in effect during this period unless the Policyholder has given written notice to Us that the insurance under this Policy is to be ended on the first day before the Grace Period would otherwise start. If the premium is not paid by the end of the Grace Period, all insurance under this Policy will end on the last day of the Grace Period. The Policyholder will owe Us all premiums then due and unpaid including the premium for the Grace Period.

If the Policyholder gives Us written notice that insurance under this Policy is to be ended during the Grace Period, all insurance will end on the date We receive the written notice or the date specified, if later.

The Policyholder will owe Us the pro-rata premium for the time the insurance was in effect during the Grace Period.

PART II: WHEN INSURANCE UNDER THIS POLICY ENDS

By giving the Policyholder written notice at least 60 days in advance, We have the right to end coverage at the end of the Initial Term or on any Premium Due Date.

All insurance or any part may be ended on any date by mutual agreement between the Policyholder and Us. In the event of such Cancellation by either Us or the Policyholder, We shall promptly return on a pro rata basis any unearned premium paid as required by the law of the state in which the Policy is issued. The Policyholder shall promptly pay on a pro rata basis the earned premium which has not been paid, if any. Such Cancellation shall be without prejudice to any claim originating prior to the effective date of such Cancellation.

After the Initial Term, stated in the Policy Schedule, the Policy shall continue on a month-to-month basis. It will automatically renew on the first day of each renewal period unless either We or the Policyholder has given to the other at least 60 days advance written notice of Cancellation.

Insurance will end as provided above without the consent of, or notice to, any Insured or beneficiary.

PART III: GENERAL PROVISIONS

A. ENTIRE CONTRACT: The entire contract consists of:

1. this Policy;
2. the application of the Policyholder;
3. the provisions shown in the Certificate; and incorporated Schedules;
4. the Member enrollment forms; and
5. riders and endorsements, if any, adding or changing the provisions of the Policy or Certificate.

A copy of the Policyholder's application is attached to this Policy on the date it is signed. All statements made in the applications, in the absence of fraud, are representations and not warranties. No statement made by an Insured under this Policy will be used to void insurance or deny a claim unless a copy of the statement is or has been given to that Insured or to Their beneficiary, if any.

B. INCONTESTABILITY: This Policy will be incontestable, except for non-payment of premium, after it has been in force for two years.

C. CHANGES IN POLICY: The terms of this Policy can be changed only by written agreement between the Policyholder and Us. Agreement for Us can only be made by Our President or Our Secretary. Any changes will be made without the consent of, or notice to, any Insured or beneficiary, if any. No agent has authority to make this Policy or to change, alter or amend any of its terms or provisions in any way.

D. CONFORMITY WITH LAW: If any provision of this Policy is contrary to the law of the jurisdiction in which it is delivered, such provision is hereby amended to conform to that law.

E. POLICY NON-PARTICIPATING: This Policy is not entitled to share in the surplus earnings of Our company.

F. INFORMATION TO BE FURNISHED BY POLICYHOLDER: The Policyholder will furnish Us with all information which pertains to this Policy. Failure to furnish Us with such information without good and sufficient cause will permit Us to terminate this Policy. We may inspect at all reasonable times (while this Policy is in effect and thereafter until all rights and payments have been made) any records of the Policyholder which have a bearing on the insurance or premiums.

G. CLERICAL ERROR: Clerical error (whether by the Policyholder or Us) in keeping records having to do with this Policy, or delays in making entries on the records, will not void the insurance of any person if that insurance would otherwise have been in effect. Such clerical error will not extend the insurance of any person if that insurance would otherwise have ended or been reduced as provided by this Policy.

When a clerical error is found, premiums and benefits will be adjusted based on the true facts and this Policy.

H. POLICYHOLDER NOT AGENT: The Policyholder will in no event be considered Our agent for any purpose under this Policy.

I. ASSIGNMENT: No assignment of this Policy is binding upon Us unless We agree to it in writing and not until it is filed with Us at Our Home Office.

J. INDIVIDUAL CERTIFICATES: We will issue to the Policyholder, to make available to each Member under this Policy, a Certificate of insurance that describes the essential features of this Policy. The Certificate may be made available electronically. The word Certificate includes Certificate riders and Certificate supplements, if any.

K. ADDITIONAL INSUREDS: The following will be added to the group originally insured:

1. All new persons becoming eligible to and applying for insurance in such group or class, including new members of a family; and
2. Any persons required to be provided coverage under federal law who apply for insurance in such group or class.

L. LEGAL ACTIONS: No legal action may be brought to recover on the Policy before sixty (60) days after written Proof of Loss has been furnished as required by the Policy. No such action may be brought after three (3) years from the time written Proof of Loss is required to be furnished.



NATIONAL GUARDIAN LIFE INSURANCE COMPANY

A Mutual Company Incorporated in 1909
2 East Gilman Street Madison, Wisconsin 53701

LOW VISION BENEFIT RIDER LIMITED BENEFITS – PLEASE READ CAREFULLY

Attached to and made part of the Policyholder’s Group Vision Policy and each Certificate of Insurance issued under such policy. It is hereby agreed that the policy and certificate is amended by adding the benefits provisions as defined below:

RIDER EFFECTIVE DATE: This Rider is effective on the effective date of the Group Vision Policy.

BENEFIT DESCRIPTION

This Rider provides a benefit if an Insured is diagnosed with Low Vision. The benefit payable for Low Vision Testing and Low Vision Aids is shown in the Rider Schedule of Benefits. The benefit is subject to the frequency and benefit limitations as outlined in this Rider.

RIDER SCHEDULE OF BENEFITS

<u>SERVICE OR MATERIAL</u>	<u>IN-NETWORK PROVIDER BENEFIT</u>	<u>OUT-OF-NETWORK PROVIDER BENEFIT</u>	<u>FREQUENCY</u>
Low Vision Testing	Covered in Full	Up to \$125	Once every 2 years
Low Vision Aids	75% of amount up to \$1000.00*	75% of amount up to \$1000.00*	Once every 2 years

***Maximum benefit for all Low Vision Testing and Aids is \$1000.00 every two Calendar Years.**

Low Vision benefits secured from Non-Network Providers (if covered) are subject to the same time and Copayment provisions described above for In-Network Providers. The Insured should pay the Non-Network Provider’s full fee at the time of service.

DEFINITIONS

Low Vision means acuity or visual field loss that cannot be corrected with regular Eyeglass Lenses.

Low Vision Testing means the evaluation, diagnosis and prescription of Low Vision Aids by an Optometrist or Ophthalmologist who specializes in Low Vision rehabilitation. Low Vision Testing does not include orthoptics or vision training.

Low Vision Aids means supplemental aids that are prescribed as a result of Low Vision Testing. Low Vision Aids include, but are not limited to, reading telescopes, closed circuit TV reading systems, magnifiers, and bioptic eyewear. Conventional glasses or contacts are not considered Low Vision Aids.

EXCLUSIONS

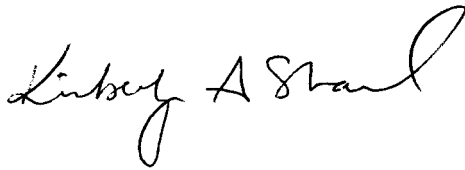
We will not pay for:

1. Medical or surgical treatment of the eyes;
2. Replacement of any Low Vision Aid, except at the normal frequency when benefits are otherwise available;
3. Conventional glasses or contacts.

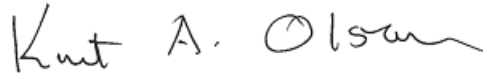
This rider takes effect on the date specified on Page 1 of the Rider. It terminates on the same date as the Policy/Certificate to which it is attached.

This rider is subject to all terms, conditions and provisions of the Policy/Certificate that are not inconsistent with it. Except as stated in this rider, nothing contained in this rider changes or affects any other terms of the Policy/Certificate.

Signed for National Guardian Life Insurance Company, at its Home Office, 2 East Gilman Street, Madison, WI 53701-1191.



Kimberly A. Shaul, Secretary



Knut A. Olson, President



Privacy Notice

Why We Collect and How We Use Information:

When you apply to any of our insurance companies for any product or service, you disclose to us a certain amount of Information about yourself. We collect only Information necessary or relevant to our business. We use the Information to evaluate, process and service your request for products and services and to offer you other NGL products or services.

Types of Information We Collect:

We collect most information directly from you on applications or from other communications with you during the application process.

Types of Information we could collect include, but not limited to:

- name
- address
- age
- social security number
- beneficiary information
- other insurance coverage
- health information
- financial information
- occupation
- hobbies
- other personal characteristics
- phone number
- email

We also may keep information about your transactions with us:

- types of products you buy
- your premium amount
- your account balances
- your payment history

Additional Information is received from:

- medical personnel
- medical institutions
- Medical Information Bureau (MIB, Inc.)
- Other insurance companies
- agents
- employers
- public records
- consumer reporting agencies
- service providers
- Google analytics
- website hosts

How We Disclose Your Information:

Your Information as described above may be disclosed as permitted by law to our affiliates and nonaffiliated third parties. These disclosures include, but are not limited to the following purposes:

- To assess eligibility for insurance, benefits or payments
- To process and service your requests for our products and services
- To collect premium, pay benefits and perform other claims administration
- To print and mail communications from us such as policy statements
- For audit or research purposes
- To respond to requests from law enforcement authorities or other government authority as required by law
- To resolve grievances
- To find or prevent criminal activity, fraud, material misrepresentation or nondisclosure in connection with an insurance issue

NGL also may disclose your Information as permitted by law to our affiliates without prior authorization in order to offer you other NGL products or services. The law does not allow you to restrict such disclosures.

Except for the above disclosures or as authorized by you with respect to your Information, NGL does not share Information about our customers or former customers with nonaffiliated third parties. Further, when Information is disclosed to any nonaffiliated third parties as permitted by law, we require that they agree to our privacy standards. Please note that Information we get from a report prepared by an insurance support organization may be retained by that insurance support organization and used for other purposes.

Access to and Correction of Your Information:

You have the right to access and correct your Information that we have on file. Generally, upon your written request, we will make your Information available for your review. Information collected in connection with or in anticipation of a claim or legal proceeding need not be disclosed to you.

If you notify us that your Information should be corrected, amended or deleted, we will review it. We will either make the requested change or explain our refusal to do so. If we do not make the requested change, you may submit a short written statement of dispute, which we will include in any future disclosure of Information. For a more detailed explanation of these rights to access and correction, please send us a written request.

Massachusetts Policyholders: You will be notified in writing of any adverse underwriting decisions, including the specific reason the adverse decision was made.

How We Protect Your Information:

NGL has developed strong security measures to guard the Information of our customers.

We restrict access to your Information to designated personnel or service providers who administer or offer our products or services, or who may be responsible for maintaining Information security practices.

We maintain physical, electronic and procedural safeguards that comply with applicable laws to protect your Information.

Please keep a copy of this notice with your important papers. Additional copies of this notice are available upon written or verbal request. This notice is also available on NGL's website, www.nglic.com.