

Hospital Indemnity

MONTHLY RATES

	Employee Only	Employee & Spouse	Employee & Children	Full Family
Rates	\$25.25	\$43.88	\$37.00	\$60.35

BENEFITS

All Eligible Employees	
Hospital/ICU Admission	\$500 per admission to a max of 1 admission per year, per insured, max of 3 admissions, per year, per covered family
Hospital/ICU Confinement	\$100 per day to a max of 15 days per year, per insured
Emergency Room / Urgent Care Facility Treatment	\$100 / \$50 per day to a max of 1 day per year, per insured
Outpatient Surgical Category 1 / Category 2	\$500 / \$1000 per day of surgery to a max of 1 day per year, per insured
Doctor's Office Visit	\$25 per day to a max of 3 days per insured, per year, max of 5 days per year, per covered family
Dependent Age Limits	Child Birth to 26 years (26 if full time student)
Treatments Covered	Sickness and Injury
Treatment of Normal Pregnancy	Hospital Admission benefits are not payable for birth within first 9 months of coverage. See Plan Limitations & Exclusions section below for details.
Pre-Existing Condition Limitation	3 month look back period, 6 months treatment free/12 month exclusion period, Continuity of Coverage

PLAN HIGHLIGHTS

- Benefits are paid directly to the insured when they need it most and can be used however they choose: to help pay for out-of-pocket medical expenses like co-pays and deductibles or for non-medical expenses such as childcare, transportation.
- Portability allows the employee to take the coverage with them even if employment has ended. An insured must port Hospital Indemnity coverage prior to age 70.

IMPORTANT NOTES

Rates and premiums are based on the employee data submitted. Final rates and premiums are based on the plan and employee/dependent data provided on the enrollment forms. State specific requirements may apply.

- Employees over the age of 69 are not eligible to enroll in Hospital Indemnity coverage. After initial enrollment, Hospital Indemnity coverage will continue as long as an insured is actively at work.
- Hospital Admission & Hospital ICU Admission benefits are not payable on the same day.
- Hospital Confinement & Hospital ICU confinement benefits are not payable on the same day. Hospital/ICU confinement benefits are not payable on the same day as Hospital/ICU admission benefit.
- Category 2 outpatient surgeries are paid at a higher benefit than category 1 outpatient surgeries based on the severity of the surgical procedure. For procedures not specifically listed in the certificate booklet, we will use the Current Procedural Terminology (CPT) Code provided by the Covered Person's Doctor and a current relative value scale to determine the category in which the procedure belongs.
- Spouse rate is based on employee's age bracket. Dependent insurance will not take effect if a dependent, other than a newborn, is confined to the hospital or other health care facility or home confined. Coverage is postponed until the day after the date of his or her discharge from such facility or his or her home confinement ends.
- Hospital admission & confinement benefits are not payable for a newborn unless the child is admitted to the Neonatal ICU.
- Waiver of premium is included with Hospital Indemnity coverage.
- File #2015-6724 Exp. 6/17
- Please see the Summary of Plan Limitations and Exclusions that appears either on this page or the last page of this coverage.

SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS

- In order to be eligible for coverage: Employees must be legally working: (a) in the United States or (b) outside the United States, for a US based employer, in a country or region approved by Guardian.
- The policy has exclusions and limitations that may impact the eligibility for benefits.

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SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS (continued)

- A pre-existing condition includes any condition for which a covered person, in the look back period prior to coverage in this plan, (1) receives advice or treatment from a Doctor; (2) undergoes diagnostic procedures, other than routine screening in the absence of symptoms or suspicion of disease process by a Doctor; (3) are prescribed or take prescription drugs; or (4) receives other medical care or treatment, including consultation with a Doctor. No benefit will be paid until the earlier of a specified amount of treatment free time or after the insured is covered for a certain number of months. Please refer to the plan documents for specific time periods. State variations may apply.
- If the plan is new (not transferred): During the exclusion period, this Hospital Indemnity plan does not pay charges relating to a pre-existing condition. If this plan is transferred from another insurance carrier, the time an insured is covered under that plan will count toward satisfying Guardian's pre-existing condition limitation period. Please refer to the plan details for specific time periods.
- Employees must be working full-time on the effective date of coverage; otherwise, coverage becomes effective after the completion of the specific waiting period.
- An applicant must enroll within 31 days of the coverage effective date. An open enrollment will occur each year during a time period specified by the policyholder. If an applicant does not enroll during their initial enrollment period, he/she may not enroll until the next open enrollment period.

This Plan will not pay benefits for(State Variations Apply):

- Treatment relating to a covered person: taking part in any war or act of war (including service in the armed forces), commission of or attempt to commit a felony, an act of terrorism, or participating in an illegal occupation, riot or insurrection;
- Suicide or any intentionally self-inflicted injury;
- Elective surgery;
- Surgery to correct vision or hearing, unless a result of a covered Injury, medically necessary surgery for glaucoma, cataracts or other sickness or injury;
- Dental care, dental xrays, or dental treatment;
- Gastric or intestinal bypass services including lap banding, gastric stapling, and other similar procedures to facilitate weight loss; the reversal, or revision of such procedures; or services required for the treatment of complications from such procedures. This exclusion does not apply to completion of a weight reduction program that may be payable under the Health Screening benefit;
- Rest cures or custodial care, or treatment of sleep disorders;
- Services, treatment or supplies rendered outside the United States or Canada;
- Cosmetic surgery. This Exclusion does not apply to reconstructive surgery:
 - (a) on an injured part of the body following infection or disease of the involved part;
 - (b) of a congenital disease or anomaly of a covered dependent newborn or adopted infant; or
 - (c) on a non-diseased breast to restore and achieve symmetry between two breasts following a covered Mastectomy;
- Treatment or removal of warts, moles, boils, skin blemishes or birthmarks, bunions, acne, corns, calluses, the cutting and trimming of toenails, care for flat feet, fallen arches or chronic foot strain;
- Service, treatment or loss related to alcoholism or drug addiction, except for drugs prescribed by the Covered Person's Doctor and taken as prescribed;
- Care or treatment for mental or nervous disorders;
- Services, treatment or loss rendered in any Veterans Administration or Federal Hospital, except if there is a legal obligation to pay;
- Services or treatment Provided by a Doctor, Nurse or any other person who is employed or retained by a Covered PersonCovered Person's Spouse, parent, brother, sister, child, Domestic Partner or partner in a civil union;
- Surgery and treatment, procedures, products or services that are experimental or investigative.
- Hospital Confinement and/or Hospital Admission and Inpatient Surgery due to any Covered Person's giving birth within the first 9 months after the Covered Person's effective date under this Plan as a result of a normal pregnancy, including cesarean section. Complications of Pregnancy will be covered to the same extent as any other Covered Sickness
- Treatment of a Covered Dependent Child's Children;
- Sickness or Injury sustained while on active duty in the armed forces of any country. This does not include Reserve or National Guard duty for training.
- CONTRACT # GP-1-HI-15
- Guardian Hospital Indemnity Insurance is underwritten by The Guardian Life Insurance Company of America, New York, NY and will not be effective until approved by a Guardian underwriter. This proposal is subject to satisfactory financial evaluation. Please refer to certificate of coverage for full plan description; plan documents are the final arbiter of coverage. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage. This policy provides limited hospital insurance only. It does not provide basic medical or major medical insurance as defined by the New York State Department of Financial Services.