### **Guardian Hospital Indemnity Insurance**

## Protect your savings from a trip to the hospital.

### If you think your medical insurance covers everything, think again.

If you become seriously ill or injured, it's likely you will have a hospital stay. It may be a little scary, as well as expensive.

Could you manage the out-of-pocket costs that come from being hospitalized if the unexpected should happen?

### Guardian helps protect you and your family from unexpected expenses

- Guardian<sup>®</sup> Hospital Indemnity Insurance supplements your medical plan— **no matter what type of other coverage you have**
- Guardian pays you cash benefits for hospital admissions and hospital stays.
- Premiums are Issue Age and do not increase as you get older.
- Cash benefits are paid directly to you you decide how to use them

# Here's an example of how Guardian Hospital Indemnity Insurance helped Jane:\*

Jane was in a car accident and went to the emergency room. She had an MRI on and was admitted to the hospital for 2 days. After her release from the hospital, Jane returned 2 weeks later for outpatient surgery on her knee.



#### Are you financially prepared?

- There are over 36 million hospitals stays in the US per year<sup>1</sup>
- The average cost for a 3 day hospital stay is \$30,000<sup>2</sup>
- 63% of Americans with medical insurance used all their savings for out-ofpocket medical costs<sup>3</sup>

Benefit	Plan Option I	Plan Option 2
Emergency Room Treatment	\$100	
Diagnostic Test	\$100	
Hospital Admission	\$1,000	\$1,500
Hospital Confinement (2 days)	\$400	\$600
<b>Outpatient Surgical Procedure</b>	\$250	
Total Cash Benefit Paid to Jane	\$1,850	\$2,100

### Hospital Indemnity Insurance with Guardian is easy

- No health or medical questions to answer
- Take the coverage with you if you change jobs



\*For illustrative purposes only all names mentioned are purely fictional. Covered benefits and benefit amounts may vary by employer-sponsored plan. See your plan for specific coverage amounts and details. 1. Agency for Healthcare Research and Quality, Healthcare Cost and Utilization Project, http://www.hcup-us.ahrq.gov/reports/statbriefs/sb180-Hospitalizations-United-States-2015.pdf, October, 2014. 2. Protection from high medical costs, 2016, https://www.healthcare.gov/why-coverage-is-important/protection-from-high-medical-costs/. 3. Kaiser Family Foundation and the Health Research & Educational Trust, 2015. 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. 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. Policy Form # GP-1-HI-15 1.

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Benefits	Plan Option I Plan Option 2		
Hospital or ICU Admission	\$1,000 per Admission, one Admission per Year per Insured Member (up to 3)	\$1,500 per Admission, one Admission per Year per Insured Member	
Hospital/ICU Confinement	\$200 per day for Hospital/\$400 per day for ICU confinement, up to 15 days per Year, per Insured Member	\$300 per day for Hospital/\$600 per day for ICU confinement, up to 15 days per Year, per Insured Member	
Emergency Room/Urgent Care Facility Treatment	\$100 per day for Emergency Room/\$50 per day for Urgent Care Facility up to one per Year, per Insured Member.	N/A	
Diagnostic Tests	\$100, up to one per Year, per Insured Member.	N/A	
Outpatient Surgical Category I/ Category 2	\$250 for Category 1/\$500 for Category 2 up to one per Year, per Insured Member	N/A	
Doctor's Office Visit	\$25 each up to max of 3 per Insured Member, per Year; up to 5 per Family	N/A	
WELLNESS BENEFIT Health Screenings	\$50 per Screening to a max of 1 per year, per Insured Member	N/A	
Coverage	Sickness and Injury, On and Off Job		
Pre-Existing Condition Limitation	No Pre-Existing Condition Limitations No Waiting Period for Maternity Claims		
Evidence of Insurability	Not Required; Annual Enrollment		
Age Limits	Employees & Spouses Age 69 and under may enroll and coverage continues as long as the employee is actively at work; Children covered from Birth to Age 26		
Waiver of Premium	Included		
Portability	Included, without Evidence of Insurability		



\*The services, exclusions, and limitations listed above do not constitute a contract and are a summary only. The Guardian plan documents are the final arbiter of coverage. This document is a summary of the major features of the referenced insurance coverage. It is intended for illustrative purposes only and does not constitute a contract. The insurance plan documents, including the policy and certificate, comprise the contract for coverage. The full plan description, including the benefits and all terms, limitations and exclusions that apply will be contained in your insurance certificate. The plan documents are the final arbiter of coverage. Coverage terms may vary by state and employer-sponsored plan. The premium amounts reflected in this summary are an approximation; if there is a discrepancy between this amount and the premium deducted from your paycheck, the latter prevails.

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Semi-Monthly Premiums for Plan Option 1 (24 Pay Periods)					
Issue Age Band	Employee	Employee & Spouse	Employee & Children	Full Family	
Under Age 50	\$16.58	\$29.78	\$27.29	\$40.49	
50-59	\$18.88	\$38.19	\$29.59	\$48.89	
60-64	\$26.33	\$54.20	\$37.04	\$64.91	
65-69	\$34.53	\$70.07	\$45.23	\$80.78	

### Semi-Monthly Premiums for Plan Option 2 (24 Pay Periods)

Issue Age Band	Employee	Employee & Spouse	Employee & Children	Full Family
Under Age 50	\$14.26	\$24.5 I	\$22.96	\$33.22
50-59	\$16.61	\$34.19	\$25.3 I	\$42.89
60-64	\$26.5 I	\$55.07	\$35.22	\$63.77
65-69	\$37.46	\$76.15	\$46.16	\$84.85

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.

IMPORTANT NOTES • Hospital Admission & Hospital ICU Admission benefits are not payable on the same day. • 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 benefit is not payable for a newborn unless the child is admitted to the Neonatal ICU. • Waiver of premium is included with Hospital Indemnity coverage. 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. 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: or 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 lnjury, medically necessary surgery for glaucoma, cataracts or other sickness or injury; oDental 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. ©Services, treatment or supplies rendered outside the United States or caned; ocosereid dependent newborn or adopted infant; or on a non-diseased breast to restore and achieve symmetry between two breasts following a covered Mastectomy; oTreatment or removal of warts, moles, boils, skin blemishes or birthmarks, bunions, acne, corms, 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 Person, Covered 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. 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.

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