



The Guardian Life Insurance Company of America
10 Hudson Yards, New York, NY 10001

THE FOLLOWING NOTICE ONLY PERTAINS TO HOSPITAL INDEMNITY COVERAGE

IMPORTANT: This is a fixed indemnity policy, NOT health insurance.

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

Looking for comprehensive health insurance?

- **Visit [HealthCare.gov](https://www.healthcare.gov)** or call **1-800-318-2596** (TTY: 1-855-889-4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

Questions about this policy?

- For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website (naic.org) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.

Hospital Indemnity Benefit Summary

Effective:

Group Number: 00073733

A Hospital Indemnity insurance plan through Guardian provides:

- A cash benefit when you are admitted to a hospital, whether or not these charges are covered by your medical plan
- Benefit payments sent directly to you and can be used for any purpose – from covering medical copays and deductibles to paying for everyday expenses such as the mortgage, groceries and utilities
- Simple enrollment with no health or medical questions to answer
- Ability to take the coverage with you if you change jobs or retire

About Your Benefits:

		Hospital Indemnity	
		Option 1	Option 2
Coverage Details			
Your Semi-monthly premium		\$6.90	\$12.59
You and Spouse/Domestic Partner		\$13.80	\$25.16
You and Child(ren)		\$11.51	\$20.81
You, Spouse/Domestic Partner and Child(ren)		\$18.40	\$33.38
Benefits			
Hospital//ICU Admission		\$1,000 per admission, limited to 2 admission(s) per insured.	\$2,000 per admission, limited to 2 admission(s) per insured.
Hospital//ICU Confinement		\$100/\$200 per day, limited to 30 day(s) per insured per benefit year.	\$200/\$400 per day, limited to 30 day(s) per insured per benefit year.
Health Screening		\$50 per day, limited to 1 day(s) per insured per benefit year.	\$50 per day, limited to 1 day(s) per insured per benefit year.
Pre-Existing Conditions Limitation - A pre-existing condition includes any condition for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.		Not Applicable	Not Applicable
Portability - Allows you to take your Hospital Indemnity coverage with you if you terminate employment.		Included	Included
Child(ren) Age Limits		Children age birth to 26 years	Children age birth to 26 years

UNDERSTANDING YOUR BENEFITS – HOSPITAL INDEMNITY

Hospital Admission & Hospital ICU Admission benefits are not payable on the same day.
 Premium will be waived if you are hospitalized for more than 30 days.

Hospital admission or confinement benefits are not payable for a newborn unless the child is admitted to the Neonatal ICU.
 Hospital//ICU confinement benefits are not payable on the same day as Hospital//ICU admission benefit.

After initial enrollment, Hospital Indemnity coverage will continue as long as an insured is actively at work.

The Health screening benefit is paid for the completion of specified routine wellness screenings such as annual well visits, immunizations, mammography, chest x-ray, and many more.

Go to www.GuardianAnytime.com to access secure information about your Guardian benefits. Your on-line account will be set up within 30 days after your plan effective date.
www.guardiananytime.com.

Call the Guardian Helpline (888) 600-1600, weekdays, 8:00 AM to 8:30 PM, EST. Refer to your member ID (social security number) and your plan number: 00073733

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.

An applicant must enroll within 31 days of the coverage effective date. An open enrollment will occur each year during a 30 day 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:

- 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 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;

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 nondiseased 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;

parent, brother, sister, child, Domestic Partner or partner in a civil union.

Surgery and treatment, 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.

GP-1-HI-15

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 actual sold plan. The premium amounts reflected in this summary are an approximation; if there is a discrepancy between this amount and the premium actually billed, the latter prevails.