



## Welcome to

# Workplace benefits

### Everyone deserves a Guardian

Every day, Guardian gives 26 million Americans the security they deserve through our insurance and wealth management products and services.

We've partnered with your organization to offer you a range of employee benefits. Inside this pack, you'll find the plans your employer thinks you might benefit from.

### Your coverage options

**Hospital indemnity insurance**

Covering some of your hospital stay costs

### Know your benefits

Your benefits support your physical and financial wellbeing, to help keep you and your loved ones protected.

With Guardian, you're in good hands. We've been delivering on our promises for over 150 years, and we're looking forward to doing the same for you too.

**1**

Read through this information.

**2**

Find out more about your benefits.

**3**

Talk to your employer if you need help or have any questions.



# Hospital indemnity insurance

Hospital indemnity insurance can cover some of the cost associated with a hospital stay, letting you focus on recovery.

Being hospitalized for illness or injury can happen to anyone, at any time. While medical insurance may cover hospital bills, it may not cover all the costs associated with a hospital stay. That's where hospital indemnity coverage can help.

## Who is it for?

Hospital indemnity insurance is for people who need help covering the costs associated with a hospital stay if they suddenly become sick or injured.

## What does it cover?

If you are admitted to a hospital for a covered sickness or injury, you'll receive payments that can be used to cover all sorts of costs, including:

- Deductibles and co-pays.
- Travel to and from the hospital for treatment.
- Childcare service assistance while recovering.

## Why should I consider it?

Health coverage is becoming more expensive, with higher co-pays, premiums, and deductibles. Hospital indemnity insurance can help pay for out-of-pocket costs associated with being hospitalized, giving you more of a financial safety net for unplanned expenses brought on by a hospital stay.

Plus, hospital indemnity insurance is portable and payments are made directly to you – even if you didn't incur any out-of-pocket expenses.

You will receive these benefits if you meet the conditions listed in the policy.



## Be prepared

John is hospitalized after a heart attack, and has to cover the cost of five days as an inpatient.

Average heart attack hospitalization expense: **\$53,000**

Average Major Medical deductible: **\$1,500**

Major Medical covers 80% of the cost after the deductible is met, but John's still responsible for 20%: **\$10,300**.

Total out-of-pocket amount for John (deductible + coinsurance): **\$11,800**.

John's Guardian Hospital Indemnity policy pays him **\$1,000** for hospital admission.

The policy gives him a total payment of **\$1,000** to help cover the out-of-pocket amount.

This example is for illustrative purposes only. Your plan's coverage may vary. See your plan's information on the following pages for specific amounts and details.



# Your hospital indemnity coverage

Hospital Indemnity		
	Option 1	Option 2
<b>Coverage Details</b>		
<b>Your Monthly premium</b>	\$18.97	\$37.04
You and Spouse	\$33.38	\$66.48
You and Child(ren)	\$28.46	\$55.52
You, Spouse and Child(ren)	\$42.88	\$84.96
<b>Benefits</b>		
Hospital/ICU Admission	\$2,000 per admission, limited to 2 admission(s) per insured.	\$2,000 per admission, limited to 2 admission(s) per insured.
Hospital/ICU Confinement	\$100/\$100 per day, limited to 15 day(s) per insured per benefit year.	\$100/\$100 per day, limited to 15 day(s) per insured per benefit year.
Ambulance Ground/Air	Not Applicable	\$100/\$100 per day, limited to 2 day(s) per insured per benefit year.
Diagnostic Tests	Not Applicable	\$500 per day, limited to 1 day(s) per insured per benefit year.
Emergency Room/Urgent Care Facility	Not Applicable	\$150/\$100 per day, limited to 1 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.
Inpatient Surgical	Not Applicable	\$1,000 per day, limited to 1 day(s) per insured per benefit year.
Outpatient Surgery Category 1 Category 2	Not Applicable	Category 1 \$1,000 Category 2 \$2,000 limited to 1 days of surgery per insured per benefit year
<b>Pre-Existing Conditions Limitation</b> - 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
<b>Portability</b> - Allows you to take your Hospital Indemnity coverage with you if you terminate employment.	Included	Included
<b>Child(ren) Age Limits</b>	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.



# Your hospital indemnity coverage

## UNDERSTANDING YOUR BENEFITS – HOSPITAL INDEMNITY (Cont.)

We limit what we pay for the for vaginal and scheduled caesarian newborn delivery to 25% of the Inpatient Surgery 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 your 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.

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.

## 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;

Services or treatment Provided by a Doctor, Nurse or any other person who is employed or retained by a Covered Person or who is a 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.

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. 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, GP-1-LAH-12R



# Our commitment to you

Please read the documentation referenced below carefully. The notices are intended to provide you important information about our insurance offerings and to protect your interests. Certain ones are required by law.

---

## Important information



### Notice Informing Individuals about Nondiscrimination and Accessibility Requirements

Guardian notice stating that it complies with applicable Federal civil rights laws and does not discriminate based on race, color, national origin, age, disability, sex, or actual or perceived gender identity. The notice provides contact information for filing a nondiscrimination grievance. It also provides contact information for access to free aids and services by disabled people to assist in communications with Guardian.

Visit <https://www.guardiananytime.com/notice48> to read more.

### No Cost Language Services

Guardian provides language assistance in multiple languages for members who have limited English proficiency.

Visit <https://www.guardiananytime.com/notice46> to read more.

---

## Dental insurance



### DHMO Plan and Orthodontic Schedules, Limitations and Exclusions, Fine Print

May include one or more of the following publications, depending upon plan and state: Employee out of pocket charges based on CDT codes, brief summary of limitations and exclusions applicable to the DHMO plan and important plan rules for: emergency & alternate treatment; crown, bridges & dentures; pediatric services; second surgical opinions; noble and high noble metals; general anesthesia & IV sedation; orthodontic treatment; treatment on progress; and continuity of care.

Visit <https://www.guardiananytime.com/notice449> to read more.