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** 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.

Guardian®

Watch our video
How hospital indemnity insurance can give you a comfortable stay.

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.

GUARDIAN® is a registered trademark of The Guardian Life Insurance Company of America

Guardian

Your hospital indemnity coverage

	Hospital Indemnity
	Option 1
Coverage Details	
Your Semi-monthly premium	$10.65
You and Spouse	$20.94
You and Child(ren)	$17.68
You, Spouse and Child(ren)	$27.97
Benefits	
Hospital/ICU Admission	$1,000/$2,000 per admission, limited to 2 admission(s) per insured.
Hospital/ICU Confinement	$200/$200 per day, limited to 180 day(s) per insured per benefit year.
Emergency Room/Urgent Care Facility	$50/$25 per day, limited to 1 day(s) per insured per benefit year (This benefit is applicable for injury only).
Rehabilitation Facility Confinement	$200 per day, limited to 5 day(s) per insured per benefit year.
Hospital Short Stay	$200 per day, limited to 1 day(s) per insured per benefit year.
Newborn Nursery Care	$100 per day, limited to 1 day(s) per benefit year.
Newborn Increased Admission/Confinement Benefit	25% increase to a newborn benefit.
Infertility Hospital Stay	$200 per day, limited to 3 day(s) per insured benefit year and limited to 2 day(s) per insured lifetime.
Child Organized Sport	25% increase to child benefits.
Health Screenings	$50 per day, limited to 1 day(s) per insured per benefit year.
Lifestyle and Fitness	$50 per day, limited to 1 day(s) per insured per benefit year.
Treatments Covered	Sickness and Injury (injury only for Emergency Room/Urgent Care)
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
Portability - Allows you to take your Hospital Indemnity coverage with you if you terminate employment.	Included
Child(ren) Age Limits	Children age birth to 26 years

UNDERSTANDING YOUR BENEFITS – HOSPITAL INDEMNITY

The Hospital/ICU Admission requires a hospital stay of at least 20 hours to be payable.

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/ICU confinement benefits are not payable on the same day as Hospital/ICU admission benefit.

Your hospital indemnity coverage

UNDERSTANDING YOUR BENEFITS – HOSPITAL INDEMNITY (Cont.)

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

Rehabilitation Facility Confinement must immediately follow a Hospital Confinement.

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.

Hospital Short Stay - Must be held in a hospital for observation or treatment for a period of 8 - 19 hours. Hospital Short Stay is not payable on the same day as the Hospital/ICU Admission or Hospital /ICU Confinement.

Child Organized Sport - Benefit is paid if the covered hospitalization occurred while your covered child is participating in an organized sport that is governed by an organization and requires formal registration to participate. This benefit is only payable if the child coverage is included on the plan.

Infertility Hospital Stay - The infertility hospital stay must be due to one of the following procedures: a) Removal of uterine fibroids, polyps, uterine septum, endometriosis tissue or fallopian tube scar tissue; b) Varicocelectomy; c) Egg retrieval for the purpose of artificial insemination and in vitro fertilization.

Newborn Increased Admission/Confinement Benefit - Percentage increase applies to a newborn's ICU admission and ICU confinement benefits when admitted to the neonatal intensive care unit (NICU).

Newborn Nursery Care - Benefit is paid each day your newborn is confined to a hospital immediately following birth. This benefit is not payable any day another benefit is payable for your newborn baby.

The Lifestyle and Fitness benefit is paid for the following eligible programs: gym membership or fitness, smoking cessation, weight reduction, or stress management. It also includes the purchase of certain cardiovascular or strength training equipment, or the registration of a child age 18 or younger in an organized sport.

Your hospital indemnity coverage

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.
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 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:
Any care, service, product or treatment that's received when this coverage isn't in place.
Any care, service, product or treatment that's provided by a member of your immediate family.
An illness or condition that's contributed to or results from any of the following:

- Voluntarily using any poison, chemical, substance defined as a controlled substance by Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, or prescription drug, unless prescribed by a physician and used as prescribed
- Voluntarily using a non-prescription drug inconsistent with package instructions
- Being legally intoxicated
- Engaging in any illegal activity
- Travel or flight in any kind of aircraft, except as a fare-paying passenger on an airline licensed to transport passengers for a fee
- Participating in any kind of sporting activity for compensation or profit, including coaching or officiating
- Riding in or driving any motor-driven vehicle in a race, stunt show or speed test
- Participating in hang gliding, bungee jumping, sail gliding, parasailing, parakiting, ballooning, parachuting, zorbing or skydiving
- War or act of war, even if war isn't declared

Any care, service, product or treatment that violates local, state or federal law or for which our paying a benefit would violate local, state or federal law.
Elective or cosmetic surgery. Elective surgery is one or more of the following:

- Surgery that isn't needed to diagnose, treat or prevent an illness or injury
- Surgery that isn't medically appropriate and within the standards of generally accepted medical practice
- Surgery aimed at improving physical appearance, unless it's needed to correct a deformity resulting from a congenital abnormality or a disfigurement resulting from an illness or injury

This exclusion doesn't apply to reconstructive surgery that's any of the following:

- On an injured part of the body following infection or disease of the involved part
- On a non-diseased breast to restore and achieve symmetry between two breasts following a mastectomy
- To correct a congenital defect or anomaly of a covered newborn or adopted infant
- Gender transformation

Dental cleanings, X-rays, care or treatment
Testing and treatment of sleep disorders
Any treatment, service or product that's experimental or investigative.

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.
HI-25-P

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. In the state of Colorado coverage is called Hospital Indemnity and Wellness Benefits, when Wellness Benefits are included. 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 # HI-25-P