

## HOSPITAL INDEMNITY INSURANCE

Freedom Senior Management  
Policy # 00555836

# A TRIP TO THE HOSPITAL CAN HURT YOUR WALLET

## Support When You Need It Most

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. While medical insurance may cover the hospital bills, there will also be non-medical expenses such as transportation to medical treatment or additional child care which could be considerable. If you became hospitalized, could you manage all of these expenses from your savings?

### GUARDIAN® HELPS PROTECT YOU AND YOUR FAMILY FROM UNEXPECTED EXPENSES

- Guardian Hospital Indemnity Insurance supplements your medical plan — no matter what type of other coverage you have
- You receive cash benefits based on your covered sickness or injury, treatments and services
- The cash benefits are paid 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, you decide how to use them

### HOW GUARDIAN HOSPITAL INDEMNITY INSURANCE WORKS\*

*Jane became ill and was admitted to the hospital. She had emergency surgery and was there for two days while recovering. Her Hospital Indemnity insurance paid her a \$2,500 cash benefit which helped offset her hospital expense.*

|  |                |
|--|----------------|
| Hospital Admission                     | \$2,000        |
| Hospital Confinement                   | \$400          |
| <b>Total Cash Benefit Paid to Jane</b> | <b>\$2,400</b> |

### HOSPITAL INDEMNITY INSURANCE WITH GUARDIAN IS EASY

- No health or medical questions to answer
- No deductibles, copays or coinsurance requirements
- Convenient payroll deduction
- Take the coverage with you if you change jobs or retire

LEARN MORE ABOUT HOSPITAL INDEMNITY INSURANCE AT [WWW.GUARDIANANYTIME.COM](http://WWW.GUARDIANANYTIME.COM)



### ARE YOU FINANCIALLY PREPARED?

There are over 36 million hospital 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-of-pocket medical costs<sup>3</sup>

The Guardian Life Insurance Company of America® (Guardian)  
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2018-57880 [exp0420]



\* All scenarios and names mentioned herein are purely fictional and are for illustrative purposes only, circumstances may vary. 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-2012.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-I-HI-15, GP-I-HI-15-NM, GP-I-LAH-12R-OR, GC-HI-15-OR, GP-I-HI-15-WA.

## HOSPITAL INDEMNITY INSURANCE

|                             | Employee Only | Employee & Spouse | Employee & Children | Full Family |
|-----------------------------|---------------|-------------------|---------------------|-------------|
| <b>Bi-Weekly (26) Rates</b> | \$15.36       | \$33.85           | \$26.52             | \$45.90     |

| <b>Benefits*</b>                         |  |
|--|--|
| <b>All Eligible Employees</b>            |  |
| <b>Plan Highlights</b>                   |  |
| <b>Hospital/ICU Admission</b>            | \$2000 per admission   |
| <b>Hospital/ICU Confinement</b>          | \$200 per day max 31days per year/insured<br>\$400 per day max 31days per year/insured |
| <b>Employee/Dependent Age Limits</b>     | Employee/Spouse over 69 are not eligible to enroll; Child-Birth to 26 years            |
| <b>Treatments Covered</b>                | Sickness and Injury only   |
| <b>Pre-Existing Condition Limitation</b> | None   |

\*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.

**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. • 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. 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 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 a result of a covered Injury, medically necessary surgery for glaucoma, cataracts or other sickness or injury; ○ Dental care, dental x-rays, 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; ○ on an injured part of the body following infection or disease of the involved part; ○ of a congenital disease or anomaly of a covered dependent newborn or adopted infant; or ○ 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 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. ○ 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.