



# Specified disease insurance

Specified disease insurance may help you cover expenses not covered by your health insurance.

Specified disease Insurance provides financial support following the diagnosis of a covered specified disease. The lump sum benefit is paid to you, so you can focus more on recovery, less on expenses.

## Who is it for?

Specified disease insurance is a supplemental policy for people who already have health insurance. It provides you with an additional lump sum benefits to cover expenses like deductibles, treatments, and living costs.

## What does it cover?

Specified diseases include strokes, heart attacks, Parkinson's disease and cancer. Our policies can cover over 30 major illnesses, helping you stay financially stable by paying you a lump sum if you're diagnosed with one of them.

## Why should I consider it?

Health coverage is becoming more expensive, with higher co-pays, premiums, and deductibles. Specified disease insurance is a cost-effective way to supplement and pay for additional expenses that your health insurance doesn't cover. Our policies typically provide lump sum benefits for the first and second time you're diagnosed with a covered illness.

Plus, specified disease insurance is portable and payments are made directly to you.

You will receive these benefits if you meet the conditions listed in the policy. \*Guardian will never ask you to provide sensitive personal information, including SSN/DOB, nor login via QR codes.



## Critical costs

Bob has had a couple of health scares over the years including a heart attack and stroke.

Bob suffered a heart attack and received a lump sum benefit payment from his specified disease plan. Four years later, he had a stroke and got another payment.

During both illnesses, he used his lump sum benefits to help pay for out-of-pocket medical costs, as well as household expenses while he recovered.

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 specified disease coverage

| SPECIFIED DISEASE                                                                                                                                                                                                                                                 |                                                                                                                                                                                                |                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| Benefit Amount(s)                                                                                                                                                                                                                                                 | Employee may choose a lump sum benefit of \$10,000 to \$20,000 in \$10,000 increments.                                                                                                         |                |
| CONDITIONS                                                                                                                                                                                                                                                        |                                                                                                                                                                                                |                |
| Cancer                                                                                                                                                                                                                                                            | 1st OCCURRENCE                                                                                                                                                                                 | 2nd OCCURRENCE |
| Invasive Cancer                                                                                                                                                                                                                                                   | 100%                                                                                                                                                                                           | 50%            |
| Carcinoma In Situ                                                                                                                                                                                                                                                 | 30%                                                                                                                                                                                            | 0%             |
| Skin Cancer                                                                                                                                                                                                                                                       | \$250 per lifetime                                                                                                                                                                             | Not Covered    |
| Vascular                                                                                                                                                                                                                                                          |                                                                                                                                                                                                |                |
| Heart Attack                                                                                                                                                                                                                                                      | 100%                                                                                                                                                                                           | 50%            |
| Stroke                                                                                                                                                                                                                                                            | 100%                                                                                                                                                                                           | 50%            |
| Heart Failure                                                                                                                                                                                                                                                     | 100%                                                                                                                                                                                           | 50%            |
| Coronary Arteriosclerosis                                                                                                                                                                                                                                         | 30%                                                                                                                                                                                            | 0%             |
| Other                                                                                                                                                                                                                                                             |                                                                                                                                                                                                |                |
| Organ Failure                                                                                                                                                                                                                                                     | 100%                                                                                                                                                                                           | 50%            |
| Kidney Failure                                                                                                                                                                                                                                                    | 100%                                                                                                                                                                                           | 50%            |
| Spouse/Domestic Partner Benefit                                                                                                                                                                                                                                   | May choose a lump sum benefit of \$5,000 to \$10,000 in \$5,000 increments up to 50% of the employee's lump sum benefit.                                                                       |                |
| Child Benefit- children age Birth to 26 years                                                                                                                                                                                                                     | 25% of employee's lump sum benefit                                                                                                                                                             |                |
| Guarantee Issue: The 'guarantee' means you are not required to answer health questions to qualify for coverage up to and including the specified amount, when you sign up for coverage during the initial enrollment period or the annual open enrollment period. | We Guarantee Issue up to:<br>\$20,000<br><br>For a spouse:<br>\$10,000<br><br>For a child: All Amounts<br><br>Health questions are required if the elected amount exceeds the Guarantee Issue. |                |
| Portability: Allows you to take your Specified Disease coverage with you if you terminate employment.                                                                                                                                                             | Included                                                                                                                                                                                       |                |
| Pre-Existing Condition 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                                                                                                                                                                                 |                |
| WELLNESS BENEFIT                                                                                                                                                                                                                                                  |                                                                                                                                                                                                |                |
| Employee Per Year Limit                                                                                                                                                                                                                                           | \$50                                                                                                                                                                                           |                |
| Spouse Per Year Limit                                                                                                                                                                                                                                             | \$50                                                                                                                                                                                           |                |
| Child Per Year Limit                                                                                                                                                                                                                                              | \$50                                                                                                                                                                                           |                |



# Your specified disease coverage

## Condition Definitions

- Heart Failure: An insured must be placed on an organ transplant list in order to be eligible for the Heart failure benefits.
- Coronary Arteriosclerosis: Coronary Arteriosclerosis must be severe enough to require a coronary artery bypass graft.
- Coronary Arteriosclerosis: Coronary Arteriosclerosis referred to as [Coronary Heart Disease].
- Organ Failure: Organ failure includes both lungs, liver, pancreas or bone marrow and requires the insured to be placed on an organ transplant list.
- Kidney Failure: An insured must be placed on an organ transplant list in order to be eligible for the Kidney failure benefits.

## Specified Disease Cost Illustration

To determine the most appropriate level of coverage, you should consider your current basic monthly expenses and expected financial needs during a Specified Disease.

Spouse/DP coverage premium is based on Employee age

Child cost is included with employee election.

|                                                                             | < 30   | Monthly Premiums Displayed<br>Election Cost Per Age Bracket |         |         |         |          |
|-----------------------------------------------------------------------------|--------|-------------------------------------------------------------|---------|---------|---------|----------|
|                                                                             |        | 30-39                                                       | 40-49   | 50-59   | 60-69   | 70+      |
| Employee                                                                    |        |                                                             |         |         |         |          |
| \$10,000                                                                    | \$1.90 | \$4.40                                                      | \$9.80  | \$20.20 | \$34.70 | \$54.00  |
| \$20,000                                                                    | \$3.80 | \$8.80                                                      | \$19.60 | \$40.40 | \$69.40 | \$108.00 |
| <b>Benefit Amount Up To 50% of Employee Amount to a Maximum of \$10,000</b> |        |                                                             |         |         |         |          |
| Spouse                                                                      |        |                                                             |         |         |         |          |
| \$5,000                                                                     | \$0.95 | \$2.20                                                      | \$4.90  | \$10.10 | \$17.35 | \$27.00  |
| \$10,000                                                                    | \$1.90 | \$4.40                                                      | \$9.80  | \$20.20 | \$34.70 | \$54.00  |

## EXCLUSIONS AND LIMITATIONS

### A SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS FOR SPECIFIED DISEASE:

We will not pay benefits for the First Occurrence of a Specified Disease if it occurs less than 3 months after the First Occurrence of a related Specified Disease for which this Plan paid benefits. By related we mean either: (a) both Specified Diseases are contained within the Cancer Related Conditions category; or (b) both Specified Diseases are contained within the Vascular Conditions category. We will not pay benefits for a Second occurrence (recurrence) of a Specified Disease unless the Covered Person has not exhibited symptoms or received care or treatment for that Specified Disease for at least 12 months in a row prior to the recurrence. For purposes of this exclusion, care or treatment does not include: (1) preventive medications in the absence of disease; and (2) routine scheduled follow-up visits to a Doctor.

We do not pay benefits for claims relating to a covered person: taking part in any war or act of war (including service in the armed forces) committing a felony or taking part in any riot or other civil disorder or intentionally injuring themselves or attempting suicide while sane or insane.

Employees must be legally working in the United States in order to be eligible for coverage. Underwriting must approve coverage for employees on temporary assignment: (a) exceeding 1 year; or (b) in an area under travel warning by the

US Department of State, subject to state specific variations.

Guardian's Specified Disease plan does not provide comprehensive medical coverage. It is a basic or limited benefit and is not intended to cover all medical expenses. It does not provide "basic hospital," "basic medical," or "medical" insurance as defined by the New York State Insurance Department.

Health questions are required on late enrollees. This coverage will not be effective until approved by a Guardian underwriter.

This policy will not pay for a diagnosis of a listed critical illness that is made before the insured's Critical Illness effective date with Guardian.

*The policy has exclusions and limitations that may impact the eligibility for or entitlement to benefits under each covered condition. See your certificate booklet for a full listing of exclusions & limitations..*

*If Specified Disease insurance premium is paid for on a pre tax basis, the benefit may be taxable. Please contact your tax or legal advisor regarding the tax treatment of your policy benefits..*

Contract # GP-1-CI-14

Guardian's Specified Disease Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. 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 benefits health insurance only. It does not provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services.  
Policy Form # GP-1-LAH-12R; GP-1-CI-14

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**Monroe County Bar Association Inc**

**ALL ELIGIBLE EMPLOYEES**

Kit created 10/09/2026

Group number: 00104121



# Accident insurance

Accidents happen. With accident insurance, you can help them hurt a bit less.

Accident insurance is an extra layer of protection that gives you a lump sum benefit payment to help cover out-of-pocket expenses.

## Who is it for?

Nobody can predict when an accident might happen. That's why accident insurance is a great add-on policy for people who want to supplement the health and disability insurance coverage they already have individually or through an employer.

## What does it cover?

Accident Insurance pays you lump sum of benefits after you suffer an accident. This could be more than 40 different circumstances, including: emergency treatment, ambulance, burns, dislocations, fractures, hospital confinement, and surgery.

## Why should I consider it?

Health coverage is becoming more expensive, with higher co-pays, premiums, and deductibles. Accident insurance is a simple, cost-effective way to supplement and cover additional expenses your health and disability insurance may not cover, including x-rays, ambulance services, deductibles, and even things like rent or groceries.

Plus, accident insurance is portable and payments are made directly to you.



## Support during recovery

Sue hurts her knee while hiking and needs emergency treatment.

Sue fell while hiking in a local park and tore the cartilage in her knee. She went to the hospital emergency room for treatment.

Her accident insurance paid her a lump sum benefit that helped offset her injury-related expenses for an MRI, knee brace, and follow-up visits to her doctor.

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.

You will receive these benefits if you meet the conditions listed in the policy. \*Guardian will never ask you to provide sensitive personal information, including SSN/DOB, nor login via QR codes.

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**Monroe County Bar Association Inc**

**ALL ELIGIBLE EMPLOYEES**

2024-179703 (08/26)

Kit created 10/09/2026

Group number: 00104121



# Your accident coverage

| ACCIDENT                                                                                             |                                                                                                                                         |
|------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| <b>COVERAGE - DETAILS</b>                                                                            |                                                                                                                                         |
| <b>Your Monthly premium</b>                                                                          | \$8.03                                                                                                                                  |
| You and Spouse/Domestic Partner                                                                      | \$13.14                                                                                                                                 |
| You and Child(ren)                                                                                   | \$13.69                                                                                                                                 |
| You, Spouse/Domestic Partner and Child(ren)                                                          | \$18.80                                                                                                                                 |
| <b>Accident Coverage Type</b>                                                                        | Off Job                                                                                                                                 |
| <b>Portability</b> - Allows you to take your Accident coverage with you if you terminate employment. | Included                                                                                                                                |
| <b>ACCIDENTAL DEATH AND DISMEMBERMENT</b>                                                            |                                                                                                                                         |
| <b>Benefit Amount(s)</b>                                                                             | Employee \$20,000<br>Spouse \$10,000<br>Child \$5,000                                                                                   |
| <b>Catastrophic Loss</b>                                                                             | Quadriplegia, Loss of speech & hearing (both ears),<br>Loss of Cognitive function: 100% of AD&D<br>Hemiplegia & Paraplegia: 50% of AD&D |
| <b>Common Carrier</b>                                                                                | 200% of AD&D benefit                                                                                                                    |
| <b>Common Disaster</b>                                                                               | 200% of Spouse AD&D benefit                                                                                                             |
| <b>Dismemberment</b> - Hand, Foot, Sight                                                             | Single: 50% of AD&D benefit<br>Multiple: 100% of AD&D benefit                                                                           |
| <b>Dismemberment</b> - Thumb/Index Finger Same Hand, Four Fingers Same Hand, All Toes Same Foot      | 25% of AD&D benefit                                                                                                                     |
| <b>Seatbelts and Airbags</b>                                                                         | Seatbelts: \$10,000 & Airbags: \$15,000                                                                                                 |
| <b>Reasonable Accommodation to Home or Vehicle</b>                                                   | \$2,500                                                                                                                                 |
| <b>Child(ren) Age Limits</b>                                                                         | Children age birth to 26 years                                                                                                          |
| <b>FEATURES</b>                                                                                      |                                                                                                                                         |
| Air Ambulance                                                                                        | \$1,000                                                                                                                                 |
| Ambulance                                                                                            | \$200                                                                                                                                   |
| Blood/Plasma/Platelets                                                                               | \$300                                                                                                                                   |
| Burns (2nd Degree/3rd Degree)                                                                        | 9 sq inches To 18 sq inches: \$0/\$2,000<br>18 sq inches To 35 sq inches: \$1,000/\$4,000<br>Over 35 sq inches: \$3,000/\$12,000        |
| Burns - Skin Graft                                                                                   | 50% of burn benefit                                                                                                                     |
| Chiropractic Visits                                                                                  | \$50/visit, up to 6 visits                                                                                                              |
| Coma                                                                                                 | \$10,000                                                                                                                                |
| Concussions                                                                                          | \$200                                                                                                                                   |
| Diagnostic Exam (Major)                                                                              | \$200                                                                                                                                   |
| Dislocations                                                                                         | Schedule up to \$5,000                                                                                                                  |
| Doctor Follow-Up Visits                                                                              | \$50, up to 6 treatments                                                                                                                |



# Your accident coverage

## FEATURES (Cont.)

|                                                                                                                                                                                                                                                                                                      |                                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| Emergency Dental Work                                                                                                                                                                                                                                                                                | \$300/Crown, \$75/Extraction                                             |
| Emergency Room Treatment                                                                                                                                                                                                                                                                             | \$200                                                                    |
| Epidural Anesthesia Pain Management                                                                                                                                                                                                                                                                  | \$100, 2 times per accident                                              |
| Eye Injury                                                                                                                                                                                                                                                                                           | \$300                                                                    |
| Family Care—Benefit is payable for each child attending a Child Care center while the insured is confined to a hospital, ICU or Alternate Care or Rehabilitative facility due to injuries sustained in a covered accident.                                                                           | \$20/day, up to 30 days                                                  |
| Fractures                                                                                                                                                                                                                                                                                            | Schedule up to \$6,000                                                   |
| Hospital Admission                                                                                                                                                                                                                                                                                   | \$1,000                                                                  |
| Hospital Confinement                                                                                                                                                                                                                                                                                 | \$165/day - up to 1 year                                                 |
| Hospital ICU Admission                                                                                                                                                                                                                                                                               | \$2,000                                                                  |
| Hospital ICU Confinement                                                                                                                                                                                                                                                                             | \$165/day - up to 15 days                                                |
| Initial Dr. Office/Urgent Care Facility Treatment                                                                                                                                                                                                                                                    | \$100                                                                    |
| Joint Replacement (Hip/Knee/Shoulder)                                                                                                                                                                                                                                                                | \$2,500/\$1,250/\$1,250                                                  |
| Knee Cartilage                                                                                                                                                                                                                                                                                       | \$500                                                                    |
| Laceration                                                                                                                                                                                                                                                                                           | Schedule up to \$400                                                     |
| Lodging - The hospital stay must be more than 50 miles from the insured's residence.                                                                                                                                                                                                                 | \$125/day, up to 30 days for companion hotel stay                        |
| Medical Appliance—Wheelchair, motorized scooter, leg or back brace, cane, crutches, walker, walking boot that extends above the ankle or brace for the neck.                                                                                                                                         | Schedule up to \$500                                                     |
| Outpatient Therapies                                                                                                                                                                                                                                                                                 | \$35/day, up to 10 days                                                  |
| Prosthetic Device/Artificial Limb                                                                                                                                                                                                                                                                    | 1: \$500<br>2 or more: \$1,000                                           |
| Rehabilitation Unit Confinement                                                                                                                                                                                                                                                                      | \$100/day, up to 15 days                                                 |
| Ruptured Disc With Surgical Repair                                                                                                                                                                                                                                                                   | \$500                                                                    |
| Surgery (Cranial, Open Abdominal, Thoracic, Hernia) Max                                                                                                                                                                                                                                              | Schedule up to \$1,250<br>Hernia: \$250                                  |
| Surgery (Exploratory or Arthroscopic)                                                                                                                                                                                                                                                                | \$400                                                                    |
| Tendon/Ligament/Rotator Cuff                                                                                                                                                                                                                                                                         | 1: \$500<br>2 or more: \$1,000                                           |
| Transportation - Benefit is paid if you have to travel more than 50 miles one way to receive special treatment at a hospital or facility due to a covered accident.                                                                                                                                  | \$0.50 per mile, limited to \$500/round trip, up to 3 times per accident |
| Traumatic Brain Injury — A nondegenerative, noncongenital Injury to the brain from an external nonbiological force, requiring Hospital Confinement for 48 hours or more and resulting in a permanent neurological deficit with significant loss of muscle function and persistent clinical symptoms. | \$4,000                                                                  |
| X - Ray                                                                                                                                                                                                                                                                                              | \$40                                                                     |

## UNDERSTANDING YOUR BENEFITS:

- **Common Carrier** – Benefit is paid if an insured's death occurs due to an accident while riding as a fare-paying passenger in a public conveyance. If this is paid, we do not pay the Accidental Death benefit.
- **Common Disaster** – Benefit is paid if both you & your spouse die in a covered accident or separate covered accidents within the same 24 hour period.



# Your accident coverage

## UNDERSTANDING YOUR BENEFITS (Cont.):

- **Reasonable Accommodation** – Benefit is payable if a modification is required to an insured's place of residence or vehicle due to an Accidental Dismemberment or Catastrophic loss.
- **Emergency Room Treatment** – Benefit is paid only when an insured is examined or treated within 72 hours of a covered accident.

## LIMITATIONS AND EXCLUSIONS:

### A SUMMARY OF ACCIDENT LIMITATIONS AND EXCLUSIONS:

Employees must be working in the United States in order to be eligible for coverage. Underwriting must approve coverage for employees on temporary assignment: (a) exceeding 1 year; or (b) in an area under travel warning by the US Department of State, subject to state specific variations.

This proposal summarizes the major features of the Guardian Accident benefit plan. It is not intended to be a complete representation of the proposed plan. For full plan features, including exclusions and limitations, please refer to your Policy.

This proposal is hedged subject to satisfactory financial evaluation.

We don't pay benefits for any Injury caused by or related to directly or indirectly: Sickness, disease, mental infirmity or medical or surgical treatment; the covered person being legally intoxicated; declared or undeclared war, act of war, or armed aggression; service in the armed forces, National Guard, or military reserves of any state or country; taking part in a riot or civil disorder; commission of, or attempt to commit a felony; intentionally self-inflicted Injury, while sane or insane; suicide or attempted suicide, while sane or insane; travel or flight in any kind of aircraft, including any aircraft owned by or for the

policyholder, except as a fare-paying passenger on a common carrier; participation 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; participation in hang gliding, bungee jumping, sail gliding, parasailing, parakiting, ballooning, parachuting, zorbing or skydiving; an accident that occurred before the covered person is covered by this plan; injuries to a dependent child received during birth; voluntary use of any poison, chemical, prescription or non-prescription drug or controlled substance unless: (1) it was prescribed for a covered person by a doctor, and (2) it was used as prescribed. In the case of a non-prescription drug, this Plan does not pay for any Accident resulting from or contributed to by use in a manner inconsistent with package instructions. "Controlled substance" means anything called a controlled substance in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as amended from time to time. Job related or on the job injuries for the employee are excluded if Accident coverage is off job only.

Contract # GP-I-ACC-18

*If Accident insurance premium is paid for on a pre tax basis, the benefit may be taxable. Please contact your tax or legal advisor regarding the tax treatment of your policy benefits.*

Guardian's Accident Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. 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 Accident insurance only. It does not provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services.

IMPORTANT NOTICE – THIS POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS.

Policy Form # GP-1-AC-BEN-12, et al., GP-1-LAH-12R; GP-1-ACC-18

## **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](https://www.naic.org)) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.



# 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?

Medical insurance insures medical expenses while hospitalized, but other costs can add up like extra childcare, transportation, help around the house, and pet care. Hospital Indemnity coverage pays lump sum benefits based on admission and days hospitalized that can be used to help any costs.

## 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 financial confidence for unplanned expenses brought on by a hospital stay.

Plus, hospital indemnity insurance is portable and payments are made directly to you.

You will receive these benefits if you meet the conditions listed in the policy. \*Guardian will never ask you to provide sensitive personal information, including SSN/DOB, nor login via QR codes.



## Be prepared

Kevin is hospitalized after an illness, and has to cover the cost of two days as an inpatient.

Kevin became ill and was admitted to the hospital. He had emergency surgery and was there for two days while recovering.

His hospital indemnity insurance paid him a lump sum benefit which provided financial support during his hospital stay.

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                                                                                                                                                                                                                                          |                                                                         |
| <b>Coverage Details</b>                                                                                                                                                                                                                           |                                                                         |
| <b>Your Monthly premium</b>                                                                                                                                                                                                                       | \$26.35                                                                 |
| You and Spouse/Domestic Partner                                                                                                                                                                                                                   | \$55.77                                                                 |
| You and Child(ren)                                                                                                                                                                                                                                | \$43.18                                                                 |
| You, Spouse/Domestic Partner and Child(ren)                                                                                                                                                                                                       | \$72.60                                                                 |
| <b>Benefits</b>                                                                                                                                                                                                                                   |                                                                         |
| Hospital/ICU Admission                                                                                                                                                                                                                            | \$1,500 per admission, limited to 2 admission(s) per insured.           |
| Hospital/ICU Confinement                                                                                                                                                                                                                          | \$165/\$165 per day, limited to 15 day(s) 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                                                          |
| <b>Portability</b> - Allows you to take your Hospital Indemnity coverage with you if you terminate employment.                                                                                                                                    | Included                                                                |
| <b>Child(ren) Age Limits</b>                                                                                                                                                                                                                      | 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

## 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 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;

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-I-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