Hospital Indemnity

MONTHLY RATES

Plan #2

	Employee Only	Employee & Spouse	Employee & Children	Full Family
Rates	$29.28	$61.92	$49.08	$81.72
Eligible Lives	7001			
Rate Guarantee	3 Years			

BENEFITS

	All Eligible Employees
Contributory/Participation	Voluntary/Greater of 15% or 10 enrolled lives.
Hospital/ICU Admission	$2500 per admission to a max of 2 admissions per year, per insured
Hospital/ICU Confinement	$300 per day to a max of 31 days per year, per insured
Emergency Room / Urgent Care Facility Treatment	$100 / $50 per day to a max of 1 day per year, per insured
Prescription Drugs	$10 per day to a max of 5 days per year, per insured, max of 10 days per year, per covered family
Rehabilitation Facility Confinement	$200 per day to a max of 10 days per year, per insured
Office Visits	$50 per day to a max of 3 days per year, per insured, max of 5 days per year, per covered family
Diagnostic Tests	$100 per day to a max of 1 day per year, per insured
Dependent Age Limits	Child Birth to 26 years
Treatments Covered	Sickness and Injury
Treatment of Normal Pregnancy	Normal pregnancy is included with no 9 month limitation.

PLAN HIGHLIGHTS

- **Guardian's Financial Strength:** Guardian has a long history of earning exemplary ratings from independent rating services which provide essential measures of a company's value as well as common ground for valid comparison. For additional details, visit our web site: **http://www.guardianlife.com/AboutGuardian/FinancialHighlights/Ratings/index.htm**
- Benefits are paid directly to the insured when they need it most and can be used however they choose: to help pay for out- of- pocket medical expenses like co-pays and deductibles or for non-medical expenses such as childcare, transportation.
- Portability allows the employee to take the coverage with them even if employment has ended. An insured must port coverage prior to age 70.
- If this Hospital admission plan is replacing coverage with another carrier, we will give credit for time served toward the pre-existing condition limitation.

IMPORTANT NOTES

Rates and premiums are based on the employee data submitted. Final rates and premiums are based on the plan and employee/dependent data provided on the enrollment forms. State specific requirements may apply.

- Must be admitted to a hospital for at least 20 hours. Hospital Admission & Hospital ICU Admission benefits are not payable on the same day.
- Hospital Confinement & Hospital ICU confinement benefits are not payable on the same day. Hospital/ICU confinement benefits are not payable on the same day as Hospital/ICU admission benefit.
- Hospital admission & confinement benefits are not payable for a newborn unless the child is admitted to the Neonatal ICU.
- Rehabilitation Facility Confinement must immediately follow a Hospital Confinement.
- Dependent insurance will not take effect if a dependent, other than a newborn, is confined to the hospital or other health care facility or home confined. Coverage is postponed until the day after the date of his or her discharge from such facility or his or her home confinement ends.
- Waiver of premium is included with Hospital Indemnity coverage.
- Please see the Summary of Plan Limitations and Exclusions that appears either on this page or the last page of this coverage.

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.
- Employees must be working full-time on the effective date of coverage; otherwise, coverage becomes effective after the completion of the specific waiting period.

(continued)

SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS (continued)

- An applicant must enroll within 31 days of the coverage effective date. An open enrollment will occur each year during a 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 (State Variations Apply):

- 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 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 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.
- Any care, service, product, or treatment that's related to alcoholism or drug addiction.
- Any care, service, product, or treatment for mental, nervous, or emotional disorders.

Guardian's Hospital Indemnity Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Not all policies are available in all states and the coverage, terms and conditions for any policy may vary from state to state. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Coverage will not be effective until approved by a Guardian underwriter. This proposal is subject to satisfactory financial evaluation.

Please refer to certificate of coverage for full plan description. This proposal is not a contract, and merely describes certain features of the products discussed herein. In the event of a conflict between this proposal and any policy or certificate issued by Guardian, those documents and not this proposal control. This policy provides limited benefits hospital insurance only. It does NOT provide basic medical or major medical insurance. Generic Policy Form # {GP-1-HI-15}. The state approved form is the governing document.