



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



Critical illness insurance

Taking care of the expenses if you're critically ill



Accident insurance

Helping you cover expenses after an accident



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.

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Critical illness insurance

Critical illness insurance may help you cover expenses not covered by your health insurance.

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

Who is it for?

Critical illness 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?

Critical illnesses 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. Critical illness 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, critical illness 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 critical illness 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 critical illness coverage

CRITICAL ILLNESS

Benefit Amount(s)		Employee may choose a lump sum benefit of \$10,000 to \$30,000 in \$10,000 increments.	
CONDITIONS			
Cancer	1st OCCURRENCE	2nd OCCURRENCE	
Invasive Cancer	100%	100%	
Carcinoma In Situ	30%	30%	
Benign Brain or Spinal Tumor	100%	100%	
Skin Cancer	\$250	\$0	
BRCA 1 & BRCA 2	30%	Not Covered	
Bone Marrow Failure (including Stem Cells)	100%	100%	
Lung and Vascular Disorder			
Aneurysm	10%	10%	
Pulmonary Embolism	30%	30%	
Stroke – Moderate	50%	50%	
Stroke – Severe	100%	100%	
Transient Ischemic Attack (TIA)	10%	10%	
Heart Conditions			
Coronary Artery Disease	10%	10%	
Coronary Artery Disease – bypass needed	50%	50%	
Heart Attack	100%	100%	
Heart Failure	100%	100%	
Pacemaker	10%	10%	
Sudden Cardiac Arrest	100%	Not Covered	
Family and Childbirth			
Infertility – non-surgical treatment	20%	0%	
Infertility – surgical treatment	20%	0%	
Additional Conditions			
Kidney Failure	100%	100%	
Major Organ Failure	100%	100%	
1st OCCURRENCE ONLY			
Addison's Disease	30%		
Coma	100%		
Loss of Hearing	100%		
Loss of Sight	100%		
Loss of Speech	100%		
Permanent Paralysis	100% for 1 or more limbs		
Chronic Disorders			
Crohn's Disease	30%		
Epilepsy	10%		



Your critical illness coverage

CRITICAL ILLNESS	
Lupus	30%
Ulcerative Colitis	30%
Neurological Disorders	
Alzheimer's Disease – Early	50%
Alzheimer's Disease – Advanced	100%
ALS (Lou Gehrig's Disease)	100%
Dementia – other causes	100%
Huntington's Disease	30%
Multiple Sclerosis – Early	50%
Multiple Sclerosis – Advanced	100%
Myasthenia Gravis	30%
Parkinson's Disease – Early	50%
Parkinson's Disease – Advanced	100%
Childhood Illnesses and Disorders	
Autism Spectrum Disorder	100%
Cerebral Palsy	100%
Club Foot	100%
Congenital Heart Defect	100%
Cystic Fibrosis	100%
Diabetes – Type I	100%
Down Syndrome	100%
Hemophilia	100%
Multisystem Inflammatory Disease (MLS)	100%
Muscular Dystrophy	100%
Spina Bifida	100%
Spouse/Domestic Partner Benefit	May choose a lump sum benefit of \$10,000 to \$30,000 in \$10,000 increments up to 100% of the employee's lump sum benefit.
Child Benefit- children age Birth to 26 years	50% 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: \$30,000 For a spouse: \$30,000 For a child: All Amounts Health questions are required if the elected amount exceeds the Guarantee Issue.
Portability: Allows you to take your Critical Illness coverage with you if you terminate employment.	Included



Your critical illness coverage

CRITICAL ILLNESS

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
Waiver of Premium: If you become disabled due to a covered critical illness that is diagnosed after the employee's effective date, and you remain disabled for 90 days, we will waive the premium due after such 90 days for as long as you remain disabled.	Included
Alzheimer's Benefit for Parents	\$1,000 benefit if the employee's parent is diagnosed with Alzheimer's Disease while covered by this plan.

Condition Definitions

Coverage on illnesses shown is only payable if caused by disease. No benefit is payable if the coverage is caused by an injury.

- **BRCA1 or BRCA2 Mutation:** occurs the date you're scheduled to undergo a mastectomy, or ovary or fallopian tube removal prior to a breast or ovarian cancer diagnosis as a preventive measure.
- **Stroke - Moderate:** requires clinical evidence of infarction of brain tissue, or intracranial or subarachnoid hemorrhage.
- **Stroke - Severe:** a permanent neurological deficit which persists at least 30 days after the event.
- **Coronary Artery Disease:** requires a diagnosis and severity level that requires one or more of the following procedures: atherectomy (rotation or laser), balloon angioplasty, laser angioplasty, stent implantation, thrombectomy (angiojet).
- **Coronary Artery Disease - requiring a bypass:** requires a diagnosis to be of such a severity that it requires one or more coronary artery bypass grafts.
- **Heart Failure:** requires a heart valve replacement or acceptance into the heart transplant waiting list.
- **Infertility (Non-Surgically Treated):** occurs on the date it's diagnosed by a physician who prescribes one or more of the following solely to increase the likelihood of getting pregnant: Prescription Oral medication, Prescription Injectable medication, Intrauterine insemination (IUI).
- **Infertility (Surgical Treated):** occurs on the date it's diagnosed by a physician and one or more of the following procedures is performed solely to increase the likelihood of getting pregnant: Removal of uterine fibroids, polyps, uterine septum, endometriosis tissue or fallopian tube scar tissue, Varicocele, Egg removal for the purpose of artificial insemination for the purpose of in vitro fertilization, Other surgical intervention performed to treat infertility.
- **Kidney Failure:** occurs on the earlier date of when renal or peritoneal dialysis begins, or the date you're accepted onto the kidney transplant waiting list of a recognized kidney transplant program in the United States.
- **Major Organ Failure:** occurs on the date you're accepted onto the liver, pancreas or lung transplant waiting list of a recognized transplant program in the United States.
- **Crohn's Disease:** benefit is available for the initial diagnosis of the disease, not the periodic flare-ups that may occur after the initial diagnosis.
- **Epilepsy:** requires initial diagnosis after at least two seizures, which are 24 hours apart and have no known trigger.
- **Lupus:** requires at least four symptoms be present at time of diagnosis. The benefit is available for initial diagnosis of the disease, not for periodic flare-ups that may occur after the initial diagnosis.
- **Ulcerative Colitis:** benefit is available for the initial diagnosis based on the results of a colonoscopy, not for periodic flare-ups that may occur after the initial diagnosis.
- **Early-Stage Alzheimer's Disease:** occurs on the date a physician diagnoses the progression which causes a loss of cognitive ability and functioning.
- **Advanced Alzheimer's Disease:** occurs on the date a physician diagnoses the cognitive decline to have progressed to the point that there's permanent inability to perform 2 or more Activities of Daily Living.
- **Early-Stage Multiple Sclerosis (MS):** must be diagnosed by a physician and confirmed by neurological exams, imaging studies, and analysis of cerebrospinal fluid.



Your critical illness coverage

- Advanced Stage Multiple Sclerosis (MS): requires neurological deficits for at least six months and confirmed by neurological exams, imaging studies, and analysis of cerebrospinal fluid.
- Early-Stage Parkinson's Disease: occurs on the date diagnosed by a physician with at least 1 symptom(s) affecting movement and the central nervous system.
- Advanced Parkinson's Disease: occurs on the date diagnosed by a physician and requires at least 3 or more symptom(s) affecting movement and the central nervous system.

Critical Illness Cost Illustration

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

Your premium will not increase as you age.

Spouse/DP coverage premium is based on Employee age

Child cost is included with employee election.

Issue Age	< 30	Monthly Premiums Displayed Election Cost Per Age Bracket				
		30-39	40-49	50-59	60-69	70+
Employee						
\$10,000	\$3.00	\$6.10	\$13.40	\$26.70	\$44.00	\$65.90
\$20,000	\$6.00	\$12.20	\$26.80	\$53.40	\$88.00	\$131.80
\$30,000	\$9.00	\$18.30	\$40.20	\$80.10	\$132.00	\$197.70
Benefit Amount Up To 100% of Employee Amount to a Maximum of \$30,000						
Spouse						
\$10,000	\$3.00	\$6.10	\$13.40	\$26.70	\$44.00	\$65.90
\$20,000	\$6.00	\$12.20	\$26.80	\$53.40	\$88.00	\$131.80
\$30,000	\$9.00	\$18.30	\$40.20	\$80.10	\$132.00	\$197.70

EXCLUSIONS AND LIMITATIONS

A SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS FOR CRITICAL ILLNESS:

We will not pay benefits for a Second occurrence (recurrence) of a Critical Illness unless the Covered Person has not exhibited symptoms or received care or treatment for that Critical Illness for at least 6 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. If one illness causes or contributes to another illness, we'll pay benefits for only one of these illnesses. We'll pay for the illness that has the larger benefit. If the benefit amounts for the illness are the same, we'll let you choose which one we pay.

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.

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 Critical Illness 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 Critical Illness 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 # CI – 23 - P

Guardian's Critical Illness 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; CI – 23 - P

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City of Pueblo

ALL ELIGIBLE EMPLOYEES

Kit created 09/30/2026

Group number: 00103617



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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City of Pueblo

ALL ELIGIBLE EMPLOYEES

2024-179703 (08/26)

Kit created 09/30/2026

Group number: 00103617



Your accident coverage

ACCIDENT	
COVERAGE - DETAILS	
Your Monthly premium	\$13.81
You and Spouse/Domestic Partner	\$19.43
You and Child(ren)	\$20.29
You, Spouse/Domestic Partner and Child(ren)	\$25.91
Accident Coverage Type	On and Off Job
Portability - Allows you to take your Accident coverage with you if you terminate employment.	Included
ACCIDENTAL DEATH AND DISMEMBERMENT	
Benefit Amount(s)	Employee \$20,000 Spouse \$10,000 Child \$5,000
Catastrophic Loss	Quadriplegia, Loss of speech & hearing (both ears), Loss of Cognitive function: 100% of AD&D Hemiplegia & Paraplegia: 50% of AD&D
Common Carrier	200% of AD&D benefit
Common Disaster	200% of Spouse AD&D benefit
Dismemberment - Hand, Foot, Sight	Single: 50% of AD&D benefit Multiple: 100% of AD&D benefit
Dismemberment - Thumb/Index Finger Same Hand, Four Fingers Same Hand, All Toes Same Foot	25% of AD&D benefit
Seatbelts and Airbags	Seatbelts: \$10,000 & Airbags: \$15,000
Reasonable Accommodation to Home or Vehicle	\$2,500
WELLNESS BENEFIT - Per Year Limit	\$75
Child(ren) Age Limits	Children age birth to 26 years
FEATURES	
Air Ambulance	\$3,000
Ambulance	\$600
Blood/Plasma/Platelets	\$950
Burns (2nd Degree/3rd Degree)	9 sq inches To 18 sq inches: \$0/\$6,667 18 sq inches To 35 sq inches: \$3,333/\$13,333 Over 35 sq inches: \$10,000/\$40,000
Burns - Skin Graft	50% of burn benefit
Child Organized Sport - Benefit is paid if the covered accident occurred while your covered child, age 18 years or younger, is participating in an organized sport that is governed by an organization and requires formal registration to participate.	25% increase to child benefits
Chiropractic Visits	\$200/visit, up to 6 visits
Coma	\$40,000



Your accident coverage

FEATURES (Cont.)

Concussion Baseline Study	\$90
Concussions	\$500
Diagnostic Exam (Major)	\$750
Dislocations	Schedule up to \$12,000
Doctor Follow-Up Visits	\$200, up to 6 treatments
Emergency Dental Work	\$700/Crown, \$175/Extraction
Emergency Room Treatment	\$500
Epidural Anesthesia Pain Management	\$300, 2 times per accident
Eye Injury	\$1,000
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.	\$100/day, up to 30 days
Fractures	Schedule up to \$12,000
Gun Shot Wound	\$3,000
Hospital Admission	\$3,000
Hospital Confinement	\$750/day - up to 1 year
Hospital ICU Admission	\$6,000
Hospital ICU Confinement	\$1,500/day - up to 15 days
Initial Dr. Office/Urgent Care Facility Treatment	\$400
Joint Replacement (Hip/Knee/Shoulder)	\$10,000/\$5,000/\$5,000
Knee Cartilage	\$2,500
Laceration	Schedule up to \$1,500
Lodging - The hospital stay must be more than 50 miles from the insured's residence.	\$400/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 \$1,000
Outpatient Therapies	\$200/day, up to 10 days
Post-Traumatic Stress Disorder	\$1,000
Prosthetic Device/Artificial Limb	1: \$2,500 2 or more: \$5,000
Rehabilitation Unit Confinement	\$400/day, up to 15 days
Ruptured Disc With Surgical Repair	\$2,500
Surgery (Cranial, Open Abdominal, Thoracic, Hernia) Max	Schedule up to \$4,500 Hernia: \$900
Surgery (Exploratory or Arthroscopic)	\$1,500
Tendon/Ligament/Rotator Cuff	1: \$2,250 2 or more: \$4,500
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 \$1,400/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.	\$8,000
X - Ray	\$300

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Your accident coverage

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.
- **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-1-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

Global Emergency Assistance Services

Connects you to qualified healthcare providers, hospitals, pharmacies and other services if you experience an emergency while traveling 100 miles away from home or outside the country for up to 90 days. Requests for reimbursement for medical transport or other services arranged independently by you will not be accepted.

How it can help



Medical Emergency Assistance

- Medical consultation, evaluation, and referrals
- Medical monitoring
- Emergency medical evacuation
- And more



Travel Emergency Assistance

- Care of minor children
- Compassionate visit
- Return of traveling companion
- And more



Additional Emergency Assistance Services

- Lost luggage
- Document assistance
- Legal and interpreter referrals
- And more

ID Theft Protection Services

Prevention and resolution tools to safeguard your data and restore its integrity if it is used fraudulently. Services include:

- 24/7 access to identity protection specialists
- Credit card and document registration
- Lost and stolen credit and debit card assistance
- 24/7 identity fraud support

This service is only available if you purchase qualifying lines of coverage. See your plan administrator for more details.

ComPsych Corporation (ComPsych) is a vendor to The Guardian Life Insurance Company of America (Guardian). ComPsych and Guardian are not affiliated entities. Global emergency assistance services (Services) are provided by ComPsych through its subcontractor Assist America. Guardian does not control or provide any part of the Services and does not bear any liability for their provision. This informational resource is not a contract and is for illustrative purposes only. Only the policy contains applicable terms. Guardian and ComPsych reserve the right to discontinue Services at anytime without notice. Services may not be available in all states. Global emergency assistance services are not available in the state of New York. Provision of Services shall be in a manner consistent with applicable law.



How to access

Reference number
01-AA-GLI-10231



Call

1 800 872 1414 (within the US)
1 609 986 1234 (outside the US)



Email

medservices@assistamerica.com



Download

Assist America mobile app
Available on Google Play and the App Store

How to access ID Theft Protection

Access code
18327



Call

1 877 409 9597 (within the US)
1 816 396 9192 (outside the US)

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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	
Coverage Details	
Your Monthly premium	\$17.69
You and Spouse/Domestic Partner	\$39.61
You and Child(ren)	\$30.92
You, Spouse/Domestic Partner and Child(ren)	\$52.85
Benefits	
Hospital/ICU Admission	\$3,000 per admission, limited to 2 admission(s) per insured.
Hospital/ICU Confinement	\$500/\$500 per day, limited to 30 day(s) per insured per benefit year.
Hospital Short Stay	\$300 per day, limited to 1 day(s) per insured and 2 day(s) per covered family 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	\$300 per day, limited to 1 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	\$75 per day, limited to 1 day(s) per insured per benefit year.
Treatments Covered	Sickness and Injury
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.

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

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.



Your hospital indemnity coverage

UNDERSTANDING YOUR BENEFITS – HOSPITAL INDEMNITY (Cont.)

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) Varicocelelectomy; 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.

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 as determined by the U.S. Food and Drug Administration.

HI-25-P



Your hospital indemnity coverage

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

Caregiving support services

Comprehensive support for every stage of life

Employees like you juggle complex responsibilities both at work and at home. The caregiving support offered through Guardian + Wellthy is tailored to your individual needs. From navigating parenthood to arranging in-home care for a loved one, you're covered with this service that's integrated directly into your Guardian hospital indemnity insurance.

Access support that is truly personalized to assist you in your caregiving journey, including if you need:



Help managing a health condition



Support with childcare and teen support



Assistance with caring for an aging loved one



Support for mental health and well-being



Guidance through end of life and loss



Help navigating financial hardships

With the help of Guardian + Wellthy caregiving support services, you can plan for future care responsibilities, get guidance for your current needs, or connect with others who are navigating care for similar situations. You will have access to self-serve tools, resources, and dedicated support.



How to access

Visit

guardianwell.com

Look for the Guardian + Wellthy page to learn how to access your caregiving benefits.

Note: First-time GuardianWell™ users will need to register.

This service is only available if you have qualifying lines of coverage. See your plan administrator for more details.

Individual outcomes may vary due to the unique aspects of each caregiving scenario. Guardian Hospital Indemnity Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. This advertising content is not currently intended for anyone in the state of New Mexico. In the state of Colorado, coverage is called Hospital Indemnity with 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. This is a limited plan of supplemental health insurance that provides the specified financial support, as a lump sum or indemnity payment, following a covered hospitalization. This is not minimum essential coverage as defined by federal law. This coverage will not reimburse for hospital or medical expenses. It does not provide basic medical or major medical insurance as defined by the New York State Department of Financial Services. In Washington, the Certificate Form is the state approved form governing document. Generic Policy Form #HI-25-P. The state approved form is the governing document. Wellthy, Inc. ("Wellthy") is a vendor to The Guardian Life Insurance Company of America ("Guardian"). Wellthy and Guardian are not affiliated entities. Wellthy provides a care coordinator to integrate separately retained caregiver resources (e.g., senior care, childcare, etc.) for the benefit of a member or their permitted dependents ("Services"). Guardian does not control or provide any part of the Services and does not bear any liability for their provision. This informational resource is not a contract and is for illustrative purposes only. Only the policy contains applicable terms. Guardian and Wellthy reserve the right to discontinue Services at any time without notice. Services may not be available in all states. GuardianWell is a d/b/a of Guardian Membership LLC, a subsidiary of The Guardian Life Insurance Company of America ("GLIC"). GuardianWell is neither an insurance company nor is it licensed to sell insurance products. GuardianWell is a trademark of GLIC.

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Fertility health and family-building support

Personalized guidance and comprehensive educational resources

Navigating fertility, family-building, or hormonal health can feel overwhelming. Through your Guardian Hospital Indemnity Insurance, you have access to educational resources including 'live' expert sessions to keep you informed along your journey.

Access support and education

- schedule up to three educational sessions, per plan year, with experts across a wide range of specialties - including emotional support, nutrition, pelvic health, lactation, and more
- attend unlimited online group sessions based on relevant topics
- unlimited virtual access to educational resources such as articles, videos, and a vetted provider finder

You can get support through a variety of health journeys, including:



Family building



Fertility



Urology



Maternity



Parenting support



Menopause and low testosterone



Postpartum support



And more

This service is only available if you have qualifying lines of coverage. See your plan administrator for more details. Carrot provides educational resources only and is not a provider of health services.

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How to access

Visit

guardianwell.com

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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.
