



GUARDIAN®

Group Number: 00480205

Greene County Public Schools

EMPLOYEE PAID HOSPITAL INDEMNITY

Here you'll find information about your following employee benefit(s). Be sure to review the enclosed - it provides everything you need to sign up for your Guardian benefits.

PLAN HIGHLIGHTS

- Hospital Indemnity

Questions? Concerns?

Helpline (888) 600-1600

Call weekdays, 7:00 AM to 8:30 PM, EST.

And refer to your plan number: 00480205



Welcome

Dear Greene County Public Schools Employee,

We're pleased to tell you that Guardian will be our coverage provider this year. We have chosen Guardian because of its competitive rates, excellent service reputation, and extensive plan designs.

We have worked hard to negotiate group rates that will be affordable for all employees. All coverage is paid through payroll deduction.

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Hospital Indemnity Benefit Summary

About Your Benefits:

Focus on recovery during a hospital stay – not your out-of-pocket costs. A hospital confinement due to an illness or injury can happen to anyone. Chances are when it occurs you will have unplanned expenses to pay. Will you be prepared? Hospital Indemnity insurance benefit payments are made directly to you, no matter what other coverage you may have, and can be used however you choose. These benefit payments can help pay for out-of-pocket healthcare costs or other household expenses which can pile up during a hospital stay. Hospital Indemnity insurance helps provide financial peace of mind – please enroll today!

What Your Benefits Cover:

		Hospital Indemnity
		Option 1
Benefits		
Hospital/ICU Admission		\$1,000 per admission, limited to 1 admission(s) per insured and 3 day(s) per covered family per benefit year.
Diagnostic Tests		\$500 per day, limited to 1 day(s) per insured per benefit year.
Doctor's Office Visit		\$25 per day, limited to 3 day(s) per insured and 5 day(s) per covered family per benefit year.
Emergency Room/Urgent Care Facility		\$150/\$150 per day, limited to 1 day(s) per insured per benefit year.
Outpatient Surgery		
Category 1		Category 1 \$750
Category 2		Category 2 \$1,500
		limited to 1 days of surgery per insured per benefit year
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
Coverage Details		
Your premium Your premium will not increase as you age.		
You	<50	\$39.71
	50-59	\$46.03
	60-64	\$58.99
	65-69	\$73.92
You and spouse	<50	\$71.28
	50-59	\$92.29
	60-64	\$121.57
	65-69	\$148.91

Coverage Details (Cont.)

You and Child(ren)	<50	\$64.66
	50-59	\$70.99
	60-64	\$83.94
	65-69	\$98.88
You, spouse and Child(ren)	<50	\$96.24
	50-59	\$117.24
	60-64	\$146.52
	65-69	\$173.87

Applicants over the age of 69 are not eligible to enroll in the Hospital Indemnity coverage.

Spouse rate is based on employee's age bracket.

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.

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

Category 2 outpatient surgeries are paid at a higher benefit than category 1 outpatient surgeries based on the severity of the surgical procedure. For procedures not specifically listed in your certificate booklet, we will use the Current Procedural Terminology (CPT) Code provided by the Covered Person's Doctor and a current relative value scale to determine the category in which the procedure belongs.

Manage Your Benefits:

Go to www.GuardianAnytime.com to access secure information about your Guardian benefits. Your on-line account will be set up within 30 days after your plan effective date.

www.guardiananytime.com.

Need Assistance?

Call the Guardian Helpline (888) 600-1600, weekdays, 8:00 AM to 8:30 PM, EST. Refer to your member ID (social security number) and your plan number: 00480205

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 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;

Services, treatment or supplies rendered outside the United States or Canada;

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.