Guardian

# Benefit Summary - Hospital Indemnity

| Group name | Group ID | Class | Contribution type | Waiting period | Coverage as of |
|---|---|---|---|---|---|
| NEW HORIZONS BAKING COMPANY | 00505854 | 0001 MANAGEMENT AND OFFICE STAFF | Voluntary | 1st of the month following 1 day(s) | 12/05/2025 |

## Coverage Information

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| **Hospital Admission** | $1,000 per admission to a max of 1 admission(s) per year, per insured, max of 99 admission(s) per year, per covered family |
| **Dependent Age Limits** | Child birth to 26 years (26 if full time student) |
| **Treatments Covered** | Injury |

## Hospital Indemnity General 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. See the certificate of coverage or contact your sales representative for full details.

• A pre-existing condition includes any condition for which an employee, in the specified period of time prior to coverage in this plan, consults with a physician, receives treatment, or takes prescribed drugs. Please refer to the plan documents for specific time periods.
• If the plan is new (not transferred): During the exclusion period, this critical illness plan does not pay charges relating to a pre-existing condition. If this plan is transferred from another insurance carrier, the time an insured is covered under that plan will count toward satisfying Guardian's pre-existing condition limitation period. Please refer to the plan details for specific time periods. State variations may apply.
• 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.

And 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;
• Elective surgery;
• Surgery to correct vision or hearing, unless a result of a covered Injury;
• Dental care, dental x-rays, or dental treatment;
• Weight loss or modification and complications arising there from, including surgery and any other form of treatment for the purpose of weight reduction. This exclusion does not apply to completion of a weight reduction program that may be payable under Covered Benefits;
• Rest cures or custodial care, or treatment of sleep disorders;
• Services, treatment or supplies rendered outside the United States or Canada;
• Treatment of a Covered Dependent Child's Children;
• 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;
- 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 member of a Covered Person's Immediate Family;
- Treatment received while on active duty in the armed forces of any country. This does not include Reserve or National Guard duty for training.
- Surgery and treatment, procedures, products or services that are experimental or Investigative.

This 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; plan documents are the final arbiter of coverage.

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Restrictions apply and may be subject to medical necessity.

This Benefit Summary is for illustrative purposes. Your benefits booklet will show exactly what is covered and/or excluded under your plan. If there is a discrepancy between this Benefit Summary and your benefit booklet, the benefit booklet prevails.

Definitions shown on this site are in summary form and are for general informational purposes. The terms of the insurance contract prevails.