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Group Number: 00572676

# Triangle Tech, Inc

## ALL ELIGIBLE EMPLOYEES

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: 00572676

# Welcome

Dear Triangle Tech, Inc Employee,

We are happy to have been chosen by Triangle Tech, Inc to be the provider of your employee benefits this year. For over 150 years, we have helped millions of people plan, secure and look after their families. We believe that life's unexpected surprises should be met with the support, guidance and understanding of someone who truly cares. And, we understand the power of help. It's why we go above and beyond to do what's right for you.

With Guardian® coverage you get:

- Affordable group rates
- Convenient payroll deduction
- Benefits for your unique needs

Take advantage of the benefits offered to you at work. Feel secure knowing that you have the coverage you need from a trusted provider and that it's there when you need it most.

Guardian

GUARDIAN® is a registered trademark of The Guardian Life Insurance Company of America®. Insurance products are 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.

2018-71635 (12/20)

**Effective:**

**Group Number:** 00572676

## Hospital Indemnity Benefit Summary

**A Hospital Indemnity insurance plan through Guardian provides:**

- A cash benefit when you are admitted to a hospital, whether or not these charges are covered by your medical plan
- Benefit payments sent directly to you and can be used for any purpose – from covering medical copays and deductibles to paying for everyday expenses such as the mortgage, groceries and utilities
- Simple enrollment with no health or medical questions to answer
- Ability to take the coverage with you if you change jobs or retire

**About Your Benefits:**

Hospital Indemnity	
Option 1	
<b>Benefits</b>	
Hospital/ICU Admission	\$500 per admission, limited to 1 admission(s) per insured and 3 admission(s) per covered family per benefit year.
Hospital/ICU Confinement	\$100/\$200 per day, limited to 31 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.	
3 months prior, 12 months after	
<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	
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.

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.

### Manage Your Benefits:

Go to [www.GuardianAnytime.com](http://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](http://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: 00572676

## 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.

GP-I-HI-15

*This document is a summary of the major features of the referenced insurance coverage. It is intended for illustrative purposes only and does not constitute a contract. The insurance plan documents, including the policy and certificate, comprise the contract for coverage. The full plan description, including the benefits and all terms, limitations and exclusions that apply will be contained in your insurance certificate. The plan documents are the final arbiter of coverage. Coverage terms may vary by state and actual sold plan. The premium amounts reflected in this summary are an approximation; if there is a discrepancy between this amount and the premium actually billed, the latter prevails.*

**GUARDIAN LIFE INSURANCE COMPANY  
10 HUDSON YARDS  
NEW YORK, NEW YORK 10001  
212-598-8000  
www.guardianlife.com**

**GROUP HOSPITAL INDEMNITY COVERAGE  
REQUIRED OUTLINE OF COVERAGE**

**Read Your Certificate Carefully.** This outline of coverage provides a very brief description of the important feature of coverage. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and The Guardian Life Insurance Company of America. It is, therefore, important that you **READ YOUR CERTIFICATE CAREFULLY!**

Hospital confinement indemnity coverage is designed to provide, to persons insured, coverage in the form of a fixed daily benefit during periods of hospitalization resulting from a covered accident or sickness, subject to any limitations set forth in the policy.

Coverage is not provided for any benefits others than the fixed daily indemnity for hospital confinement and any additional benefit described below.

**BENEFITS**

Subject to all of the Certificate's terms, We will pay a benefit for each Covered Person as defined in the Covered Benefits section of the Certificate. The service provided in the Covered Benefits section must occur while the Covered Person is insured by this Certificate. All Covered Benefits are listed in the Certificate and all benefit amounts are shown in the Schedule of Benefits.

This following is an **EXAMPLE** of what may be covered under the Certificate. Your Certificate may not include all of the benefits shown in this example:

**Covered Benefits**

**Hospital Admission:** \$500 per day

Limited to 1 day per Benefit Year and 31 days per Covered Family combined with Hospital ICU Admission.

**Hospital Confinement:** \$100 per day

for first 30 days Hospital Confinement combined with Hospital ICU Confinement.

**Hospital ICU Admission:** \$1,000 per day

Limited to 1 day per Benefit Year combined with Hospital Admission.

**Hospital ICU Confinement:**

\$200 per day

for first 31 days Hospital ICU Confinement combined  
with Hospital Confinement.

**LIMITATIONS**

**Age Limitation:** If your Certificate has an age limit, Your coverage and the coverage for Your dependents will end at a specified age. This limitation is shown in the Schedule of Benefits.

**PRE-EXISTING CONDITIONS:**

If your Plan has a Pre-Existing Condition limitation, it will be shown in your certificate.

A pre-existing condition is a Covered Sickness or Injury for which in the 3 months before a person becomes covered by this Plan he or she: (1) receives advice or treatment from a Doctor; (2) undergoes diagnostic procedures, other than routine screening in the absence of symptoms or suspicion of disease process by a Doctor; (3) are prescribed or take prescription drugs; or (4) receives other medical care or treatment, including consultation with a Doctor. This Plan will not pay benefits for a condition that is caused by, or results from, a Pre-Existing Condition if the condition occurs during the first 12 months the person is covered by this Plan.

**EXCLUSIONS**

We will not pay benefits for any sickness or injury that occurs as a result of the following:

- Suicide or any intentionally self-inflicted Injury;
- Participation in a riot or insurrection;
- Declared or undeclared war, or act of war;
- Commission of, or attempt to commit, a felony, or participating in an illegal occupation;
- Commission of, or attempt to commit, an act of terrorism;
- Treatment of an Injury;
- Elective Surgery;
- Maternity/Pregnancy (except for Complications of Pregnancy);
- 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;
- Services, treatment or supplies rendered outside the United States or Canada;
- Hospital Confinement and/or Hospital Admission and Inpatient Surgery due to any Covered Person's giving birth within the first 9 months after the Covered Person's effective date under this Plan as a result of a normal pregnancy, including cesarean section. Complications of Pregnancy will be covered to the same extent as any other Covered Sickness;
- Treatment of a Covered Dependent Child's child(ren);

- 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 or who is a Covered Person's Spouse, parent, brother, sister, child, Domestic Partner, or partner in a civil union;
- 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;
- Surgery and treatment, procedures, products or services that are Experimental or Investigative. "Experimental or Investigative" means a drug, device or medical treatment or procedure that:
  - (a) Cannot lawfully be marketed without approval of the United States Food and Drug Administration and approval for marketing has not been given at the time of being furnished;
  - (b) Has Reliable Evidence indicating it is the subject of ongoing clinical trials or is under study to determine its maximum tolerated dose, toxicity, safety, efficacy, or its efficacy as compared with the standard means of treatments or Diagnosis; or
  - (c) Has Reliable Evidence indicating that the consensus of opinion among experts is that further studies or clinical trials are necessary to determine its maximum tolerated dose, toxicity, efficacy, or its efficacy as compared with the standard means of treatment or Diagnosis.

"Reliable Evidence" means (i) published reports and articles in authoritative medical and scientific literature; (ii) the written protocol(s) of the treating facility or the protocols of another facility studying substantially the same drug, device, medical treatment or procedure; or (iii) the written informed consent used by the treating facility or by another facility studying substantially the same drug, device, or medical treatment or procedure.

## RENEWABILITY

The Policy is guaranteed renewable as long as you pay the premium when due or within the grace period. We can change our premium rates on any policy anniversary on a class basis. Any change in rates will be based on the attained or issue age of each Covered Person on the policy anniversary date.

Welcome to the College Tuition Benefits Rewards program! Your Plan Sponsor has worked with Guardian to make College Tuition Benefit services available to eligible participants enrolling in the following coverage/option(s):

Coverage	Option
Accident	Option I: Bronze
Cancer	Option I: Advantage Plan
Hospital Indemnity	Option I

### Register Today!

You can now create your Rewards account and start accumulating your Tuition Rewards that can be used to pay up to one year's tuition at over 380 private colleges and universities across the nation. In 2016, over \$60 million in College Tuition Benefit Rewards were submitted by high school seniors. **Here is how it works:**

- Annual enrollment in this plan earns you 2,000 Tuition Rewards (1 Reward = \$1 in tuition reduction at a network of Private Colleges and Universities) for each line of Guardian coverage (up to four lines).
- Guardian Dental participants receive a bonus after year four.
- These rewards are yours for your lifetime and can be given to children, grandchildren, nieces, nephews and godchildren.

The Tuition Rewards program is provided by College Tuition Benefit. The Guardian Life Insurance Company of America (Guardian) does not provide any services related to this program. College Tuition Benefit is not a subsidiary or an affiliate of Guardian.

#### Print and cut out ID Card

College Tuition Benefits Rewards- ID Card	
Register@ <b>www.Guardian.CollegeTuitionBenefit.com</b>  <b>User ID:</b> Is Your Guardian Group Plan Number that can be found on your benefit booklet <b>Password:</b> Guardian	<b>The College Tuition Benefit</b> 435 Devon Park Drive Building 400, Suite 410 Wayne, PA 19087 Phone: (215) 839-0119 Fax: (215) 392-3255