Guardian

Hospital Indemnity Insurance

In Colorado, hospital indemnity insurance is called accident and sickness indemnity.

Answers to frequently asked questions

The following is provided for informational purposes only and does not serve as a guarantee of payment. Please refer to your contract/certificate booklet for all applicable plan provisions.

How do I become eligible to receive hospital indemnity insurance coverage/benefits?

- You must have selected hospital indemnity insurance from Guardian during your benefit enrollment period.
- A hospital admission or covered treatment/service must occur while you are covered by Guardian's hospital indemnity plan.

When should a claim be submitted?

A hospital indemnity claim should be submitted once the covered individual is admitted to the hospital or has a medical service provided that is included in his/her hospital indemnity plan.

How should a claim be submitted?

You should complete Guardian's group hospital indemnity claim form when you log on to go to to guardianlife.com. Before you begin, please make sure to have the following required information, including your group plan number and member ID, listed below:

Personal

- Group plan number and member ID
- Name and address
- Phone number and email address
- Birth date
- Dependent information, if applicable
- Bank routing and account number for direct deposit

Medical

- Medical bills from the provider(s)
- Medical records including diagnosis, progress notes, test results, admission or discharge summaries, and operative reports
- Emergency room reports
- A statement of transportation & lodging expenses, if applicable

The completed claim form along with supporting documentation may be submitted online, as well as by mail, phone, email, or fax.

Online:

- Go to guardianlife.com and select "Log in" to register or access your account.
- Under My Claims, click "Submit a claim" and select hospital indemnity and review brief coverage description.
- Select type of claim and complete claim information.
- Upload related medical records and itemized bills.
- Review summary of the information entered and confirm accuracy.
- Submit the claim.

Mail:
Guardian Life Insurance
Hospital Indemnity Claims
PO Box 14752
Lexington, KY 40512

Fax: 920-749-6417

Email: Customers can also email their claim forms and supporting documents to hospitalindemnitybenefits@glic.com.

What can I expect after a claim is submitted?

A case manager will review all of the information that is supplied. It's your responsibility to make sure all of the documentation reflecting services incurred is submitted. If no supporting documentation is received or additional information is needed to complete the review of the claim, we will reach out by email if an email address is provided. If we do not have an email address, we will mail an Explanation of Benefits (EOB) statement to the address on file that includes a list of the documentation needed to complete the claim review.

How long does it take to reach a decision on a claim?

Most claim decisions are made within 5 to 7 business days. Assuming the claim is approved, benefit payments can be issued via direct deposit (Guardian's preferred method for distribution of benefits).

If you do not wish to set up direct deposit, a paper check will be issued. Mail delivery could vary depending on where you are located. Please allow 10 business days from the time the claim is processed for mail delivery.

Note: Each claim is evaluated based on its own merits, and as a result, time frames for reaching a decision could vary depending on the quality of the information supplied.

Who receives the benefit payment?

The insured employee receives the paymemt and is the payee, even if the employee is not the patient. Medical providers are not payees, nor do they receive the benefit payment.

Are there any benefit exclusions under this plan?

Yes. These would be specific to the plan in question. Please refer to the complete Employee Certificate Booklet for full details. A copy of the employee certificate booklet may be obtained from the employer or online at Guardian Anytime (accessed via: login.guardianlife.com)

What is a pre-existing condition and how does it affect eligibility for benefits?

Some hospital indemnity plans include a pre-existing condition provision. If applicable, a condition(s) that is treated within a specified time frame prior to an individual hospital indemnity coverage effective date may be considered pre-existing. We may exclude benefits for a hospital indemnity service caused by a pre-existing condition(s) unless the individual has been insured for 12 (typically) consecutive months. Once the individual has been insured for 12 consecutive months, the pre-existing condition exclusion no longer applies. Please refer to the employee certificate booklet for exact time frames.

Can I continue coverage if my current employment ends?

Yes, coverage is fully portable, which means you can take it with you. Election of portability must be made within 31 days from the date coverage would typically end.

How do I contact Guardian with benefit or claim questions?

For benefit or claim questions, or to know the status of a claim, call 800-541-7846 or visit your Guardian Anytime service portal at guardianlife.com.

To submit claim information: fax to 920-749-6417 or submit securely through guardianlife.com.

Our business hours are Monday through Friday, 8 am to 8 pm ET.

When contacting Guardian, be sure to include the insured employee's name, plan number, claim number, and any contact information.

The Guardian Life Insurance Company of America

guardianlife.com

New York, NY

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Guardian's Group Hospital Indemnity 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. 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. Generic Policy Form # GP-1-HI-15. The state approved form is the governing document.

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