

Guardian Cancer Insurance

Benefit	Low Plan Advantage	High Plan Premier
Initial Diagnosis Benefit Amount	\$2,500	\$5,000
Initial Diagnosis Waiting Period	0 days	0 days
Health/Cancer Screening	\$100 initial/routine screening \$100 follow-up screening	\$100 initial/routine screening \$100 follow-up screening
Pre-existing condition limitation	3 month look back, 6 months treatment free/12 month exclusion period. Continuity of Coverage	3 month look back, 6 months treatment free/12 month exclusion period. Continuity of Coverage
Air Ambulance	\$1,500/trip, limit 2 trips per hospital confinement	\$2,000/trip, limit 2 trips per hospital confinement
Alternative Care	No benefit	\$50/visit up to 20 visits
Ambulance	\$200/trip, limit 2 trips per hospital confinement	\$250/trip, limit 2 trips per hospital confinement
Anesthesia	25% of surgery benefit	25% of surgery benefit
Anti-Nausea Drugs & Medication	\$50/day up to \$150 per month	\$50/day up to \$250 per month
Attending Physician	\$25/day while hospital confined. Limit 75 visits	\$25/day while hospital confined. Limit 75 visits
Blood/Plasma/Platelets	\$100/day up to \$5,000 per year	\$200/day up to \$10,000 per year
Bone Marrow/Stem Cell	Bone Marrow: \$7,500 Stem Cell: \$1,500 50% benefit for 2 nd transplant \$1,000 benefit if a donor	Bone Marrow: \$10,000 Stem Cell: \$2,500 50% benefit for 2 nd transplant \$1,500 benefit if a donor
Experimental Treatment	\$100/day up to \$1,000/month	\$200/day up to \$2,400/month
Extended Care Facility/Skilled Nursing care	\$100/day up to 90 days per year	\$150/day up to 90 days per year
Government or Charity Hospital	\$300/day in lieu of all other benefits	\$400/day in lieu of all other benefits
Home Health Care	\$50/visit up to 30 visits per year	\$100/visit up to 30 visits per year
Hormone Therapy	\$25/treatment up to 12 treatments per year	\$50/treatment up to 12 treatments per year
Hospice	\$50/day up to 100 days/lifetime	\$100/day up to 100 days/lifetime
Hospital Confinement	\$300/day for first 30 days; \$600/day for 31 st day thereafter per confinement	\$400/day for first 30 days; \$800/day for 31 st day thereafter per confinement
ICU Confinement	\$400/day for first 30 days; \$600/day for 31 st day thereafter per confinement	\$600/day for first 30 days; \$800/day for 31 st day thereafter per confinement
Immunotherapy	\$500 per month \$2,500 lifetime max	\$500 per month \$2,500 lifetime max
Inpatient Special Nursing	\$100/day up to 30 days per year	\$150/day up to 30 days per year
Medical Imaging	\$100/image up to 2 per year	\$200/image up to 2 per year
Outpatient or Ambulatory Surgical Center	\$250/day, 3 days per procedure	\$350/day, 3 days per procedure
Outpatient and Family Member Lodging	\$75/day, up to 90 days per year	\$100/day, up to 90 days per year
Physical or Speech Therapy	\$25/visit up to 4 visits per month; \$400 lifetime max	\$50/visit up to 4 visits per month; \$1,000 lifetime max
Prosthetics	Surgically Implanted: \$2,000/device, \$4,000 lifetime max Non-Surgically: \$200/device, \$400 lifetime max	Surgically Implanted: \$3,000/device, \$6,000 lifetime max Non-Surgically: \$300/device, \$600 lifetime max

*The services, exclusions, and limitations listed above do not constitute a contract and are a summary only. The Guardian plan documents are the final arbiter of coverage. 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 employer-sponsored plan. The premium amounts reflected in this summary are an approximation; if there is a discrepancy between this amount and the premium deducted from your paycheck, the latter prevails.

SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS • Conditional Underwriting is one medical question as a part of the enrollment form. • A pre-existing condition includes any condition for which an employee, in the specified time period 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. State variations may apply. • This plan will not pay benefits for: o Services or treatment not included in the Schedule of Insurance o Services or treatment provided by a family member o Services or treatment rendered for hospital confinement outside the United States o Any cancer diagnosed solely outside of the United States o Services or treatment provided primarily for cosmetic purposes o Services or treatment for premalignant conditions o Services or treatment for conditions with malignant potential o Services or treatment for non-cancer sicknesses • Cancer caused by, contributed to by, or resulting from: participating in a felony, riot or insurrection; intentionally causing a self-inflicted injury; committing or attempting to commit suicide while sane or insane; a covered person's mental or emotional disorder, alcoholism or drug addiction; engaging in any illegal activity; or serving in the armed forces or any auxiliary unit of the armed forces of any country • Cancer arising from war or act of war, even if war is not declared • GP-1-CAN-IC-12



Guardian Cancer Insurance

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Portability	Included without Evidence of Insurability (EOI)	Included without Evidence of Insurability (EOI)
Radiation Therapy Chemotherapy	Up to a \$10,000 benefit year maximum (see schedule below)	Up to a \$10,000 benefit year maximum (see schedule below)
Radiation Therapy Chemotherapy	Injected Cytotoxic Meds: \$800/week Pump Dispensed Cytotoxic Meds: \$800/week refills Oral Cytotoxic Meds: \$400/prescription, \$1,200/month Cytotoxic Meds Admin. by Other Method: \$800/week External Radiation Therapy: \$650/week Insertion of Interstitial/Intracavity Admin. Of Radioisotopes/Radium: \$800/week Oral or IV Radiation: \$650/week	Injected Cytotoxic Meds: \$800/week Pump Dispensed Cytotoxic Meds: \$800/week refills Oral Cytotoxic Meds: \$400/prescription, \$1,200/month Cytotoxic Meds Admin. by Other Method: \$800/week External Radiation Therapy: \$650/week Insertion of Interstitial/Intracavity Admin. Of Radioisotopes/Radium: \$800/week Oral or IV Radiation: \$650/week
Reconstructive Surgery	Breast TRAM Flap: \$2,000 Breast Reconstruction: \$500 Breast Symmetry: \$250 Facial Reconstruction: \$500	Breast TRAM Flap: \$3,000 Breast Reconstruction: \$700 Breast Symmetry: \$350 Facial Reconstruction: \$700
Reproductive Benefit	No benefit	\$1,500 egg harvesting, \$500 egg or sperm storage, \$2,000 lifetime max
Second Surgical Opinion	\$200/surgical procedure	\$300/surgical procedure
Skin Cancer	Biopsy Only: \$100 Reconstructive Surgery: \$250 Excision of Skin Cancer: \$375 Excision of Skin Cancer with Flap or Graft: \$600	Biopsy Only: \$100 Reconstructive Surgery: \$250 Excision of Skin Cancer: \$375 Excision of Skin Cancer with Flap or Graft: \$600
Surgical Benefit	Schedule amount up to \$4,125	Schedule amount up to \$5,500
Transportation (Non-Local) Patient & Companion	\$0.50/mile up to \$1,000 per round trip	\$0.50/mile up to \$1,500 per round trip
Waiver of Premium	Included	Included

	Monthly Premiums	
	Low Plan Advantage	High Plan Premier
EMP ONLY	\$15.39	\$25.66
EMP/SP	\$30.95	\$51.56
EMP/CH	\$24.02	\$37.50
EMP/FAM	\$39.58	\$63.40

The Guardian Life Insurance Company of America

Website: www.GuardianAnytime.com

Employee Benefits Hotline: 888-600-1600

Customer Response Unit: 800-627-4200

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