

Group Number: 00527038

Cancer Benefit Summary

About Your Benefits:

Cancer is a terrible disease, but fortunately, more and more people are beating it through earlier diagnosis and the ever improving treatments available. However, treatment can be costly. Did you know an average out-of-pocket cost for cancer care is more than \$1200 per month.¹ That's where Cancer insurance can help. It supplements your medical and disability income insurance and helps protect you and your family from the financial hardship you may face while fighting the disease. Cancer Insurance pays benefits to you based on the treatments you receive related to a covered cancer diagnosis. The benefit payment is paid in addition to your medical insurance plan. Coverage is surprisingly affordable, so enroll today and get covered!

¹Duke University Medical Center, 2011 <http://clearhealthcosts.com/tag/duke-university-medical-center/>

What Your Benefits Cover:

CANCER		
COVERAGE - DETAILS	Option 1	Option 2
INITIAL DIAGNOSIS BENEFIT - Benefit is paid when you are diagnosed with Internal cancer for the first time while insured under this Plan.		
Benefit Amount(s)	Employee \$10,000 Spouse \$10,000 Child \$10,000	Employee \$20,000 Spouse \$20,000 Child \$20,000
Benefit Waiting Period - A specified period of time after your effective date during which the Initial Diagnosis benefits will not be payable.	30 Days	30 Days
CANCER SCREENING		
Benefit Amount	\$150; \$150 for Follow-Up screening	\$150; \$150 for Follow-Up screening
RADIATION THERAPY OR CHEMOTHERAPY		
Benefit	Schedule amounts up to a \$5,000 benefit year maximum.	Schedule amounts up to a \$5,000 benefit year maximum.
Conditional Issue - The "conditional" means the applicant (employee, spouse or child) can qualify for coverage if he/she responds "No" to the conditional medical question on the enrollment form.	You will be required to answer one medical question as a part of your enrollment form.	You will be required to answer one medical question as a part of your enrollment form.
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.	3 month look back period, 12 month exclusion period.	3 month look back period, 12 month exclusion period.
Portability: Allows you to take your Cancer coverage with you if you terminate employment. Ported Cancer plan terminates at age 70.	Included	Included
Child(ren) Age Limits	Children age birth to 26 years	Children age birth to 26 years
FEATURES		
Air Ambulance	\$250/trip, limit 2 trips per hospital confinement	\$250/trip, limit 2 trips per hospital confinement
Ambulance	\$200/trip, limit 2 trips per hospital confinement	\$200/trip, limit 2 trips per hospital confinement
Anesthesia	25% of surgery benefit	25% of surgery benefit
Attending Physician	\$25/day while hospital confined. Limit 75 visits.	\$25/day while hospital confined. Limit 75 visits.

FEATURES (Cont.)	Option 1	Option 2
Blood/Plasma/Platelets	\$50/day up to \$5,000 per year	\$50/day up to \$5,000 per year
Extended Care Facility/Skilled Nursing care	\$100/day up to 90 days per year	\$100/day up to 90 days per year
Hormone Therapy	\$25/treatment up to 12 treatments per year	\$25/treatment up to 12 treatments per year
Hospice	\$50/day up to 100 days/lifetime	\$50/day up to 100 days/lifetime
Hospital Confinement	\$300/day for first 30 days; \$600/day for 31st day thereafter per confinement	\$300/day for first 30 days; \$600/day for 31st day thereafter per confinement
ICU Confinement	\$400/day for first 30 days; \$600/day for 31st day thereafter per confinement	\$400/day for first 30 days; \$600/day for 31st day thereafter per confinement
Immunotherapy	\$500 per month, \$2,500 lifetime max	\$500 per month, \$2,500 lifetime max
Prosthetic	Surgically Implanted: \$2,000/device, \$4,000 lifetime max Non-Surgically: \$200/device, \$400 lifetime max	Surgically Implanted: \$2,000/device, \$4,000 lifetime max Non-Surgically: \$200/device, \$400 lifetime max
Second Surgical Opinion	\$200/surgical procedure	\$200/surgical procedure
Skin Cancer	Biopsy Only: \$100 Reconstructive Surgery: \$250 Excision of a skin cancer: \$375 Excision of a skin cancer with flap or graft: \$600	Biopsy Only: \$100 Reconstructive Surgery: \$250 Excision of a skin cancer: \$375 Excision of a skin cancer with flap or graft: \$600
Surgical Benefit	Schedule amount up to \$2,750	Schedule amount up to \$2,750
Waiver of Premium - If you become disabled due to cancer that is diagnosed after the employee's effective date, and you remain disabled for 90 days, we will waive the premium due after such 90 days for as long as you remain disabled.	Included	Included

Your Semi-monthly premium - Your premium will not increase as you age.

	Issue Age		Issue Age	
You	<30	\$3.62	<30	\$4.67
	30-39	\$4.77	30-39	\$6.97
	40-49	\$6.22	40-49	\$9.87
	50-59	\$8.37	50-59	\$14.17
	60-64	\$9.67	60-64	\$16.77
	65+	\$10.67	65+	\$18.77
	You and Spouse	<30	\$5.72	<30
30-39		\$7.47	30-39	\$10.87
40-49		\$9.70	40-49	\$15.32
50-59		\$13.02	50-59	\$21.97
60-64		\$15.07	60-64	\$26.07
65+		\$16.62	65+	\$29.17
You and Child(ren)		<30	\$4.80	<30
	30-39	\$5.95	30-39	\$8.15
	40-49	\$7.40	40-49	\$11.05
	50-59	\$9.55	50-59	\$15.35
	60-64	\$10.85	60-64	\$17.95
	65+	\$11.85	65+	\$19.95
	You, Spouse and Child(ren)	<30	\$6.90	<30
30-39		\$8.65	30-39	\$12.05
40-49		\$10.87	40-49	\$16.50
50-59		\$14.20	50-59	\$23.15
60-64		\$16.25	60-64	\$27.25
65+		\$17.80	65+	\$30.35

UNDERSTANDING YOUR BENEFITS :

- **Cancer** – Cancer means you have been diagnosed with a disease manifested by the presence of a malignant tumor characterized by the uncontrolled growth and spread of malignant cells in any part of the body. This includes leukemia, Hodgkin's disease, lymphoma, sarcoma, malignant tumors and melanoma. Cancer includes carcinomas in-situ (in the natural or normal place, confined to the site of origin, without having invaded neighboring tissue). Pre-malignant conditions or conditions with malignant potential, such as myelodysplastic and myeloproliferative disorders, carcinoid, leukoplakia, hyperplasia, actinic keratosis, polycythemia, and nonmalignant melanoma, moles or similar diseases or lesions will not be considered cancer.

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.

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: 00527038

LIMITATIONS AND EXCLUSIONS:

A SUMMARY OF CANCER LIMITATIONS AND EXCLUSIONS:

Conditional Issue is one medical question as a part of the enrollment form.

This plan will not pay benefits for: Services or treatment not included in the Features. Services or treatment provided by a family member. Services or treatment rendered for hospital confinement outside the United States. Any cancer diagnosed solely outside of the United States. Services or treatment provided primarily for cosmetic purposes. Services or treatment for premalignant conditions. Services or treatment for conditions with malignant potential. 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.

If Cancer insurance premium is paid for on a pre tax basis, the benefit may be taxable. Please contact your tax or legal advisor regarding the tax treatment of your policy benefits.