

FOCUS ON RECOVERY, NOT YOUR FINANCES

Financial Confidence for When You Need It Most

When you hear that you have cancer, you think about a lot of things. The one thing you don't want to think about is how to pay for all the expenses that come from your medical care and recovery. Medical insurance plans may cover many of the expenses associated with a cancer diagnosis. However, there are many non-medical costs associated with your recovery such as transportation to treatment, child care and lost wages due to your inability to work. If you were diagnosed with cancer, are you confident that you have enough savings to cover all the expenses?

HELPS PROTECT YOUR SAVINGS FROM THE HIGH COST OF CANCER TREATMENT

- Guardian Cancer Insurance pays you in addition to your medical insurance, no matter what type of plan you have
- The plan pays you cash benefits based on diagnosis, certain procedures, screenings and treatments
- The cash benefits are paid directly to you — you decide how to use them

HERE IS HOW GUARDIAN CANCER INSURANCE WORKS*

After receiving a cancer screening test, Bob was diagnosed with kidney cancer. Through his Cancer Insurance plan, Bob received payments for his diagnosis, treatment, transportation to the hospital, medication and follow up screenings. Bob was able to get the financial support he needed during his recovery.

CANCER SCREENINGS	\$100	7 DOCTORS VISITS	\$175
FOLLOW UP SCREENING	\$100	MRI	\$100
SECOND SURGICAL OPINION	\$200	4 WEEKS OF CHEMOTHERAPY	\$3,200
KIDNEY NEPHRECTOMY	\$1,730	4 WEEKS OF RADIATION	\$2,400
HOSPITAL CONFINEMENT(4 days)	\$1,200	INITIAL DIAGNOSIS	\$5,000

TOTAL CASH BENEFIT PAID FOR COVERED SERVICES: \$14,205

CANCER INSURANCE GIVES YOU THE SUPPORT YOU NEED WHEN YOU NEED IT MOST

- No health questions to answer and convenient payroll deduction
- Take the coverage with you if you change jobs or retire

LEARN MORE ABOUT CANCER INSURANCE AT WWW.GUARDIANANYTIME.COM



UNFORTUNATELY, A CANCER DIAGNOSIS COULD HAPPEN TO YOU. ARE YOU FINANCIALLY PREPARED?

14.5 million people are living with cancer, and 1.6 million new cases were diagnosed last year¹

This year, 1 in 49 men will be diagnosed with colon cancer and 1 in 37 women will find out they have breast cancer²

The average out-of-pocket costs for cancer treatments can add up to \$15,192 per year³

RATES

EMPLOYEE	\$22.40
EMPLOYEE & SPOUSE	\$38.09
EMPLOYEE & CHILD	\$24.31
FAMILY	\$40.00



The Guardian Life Insurance Company of America®(Guardian)
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*For illustrative purposes only. See your plan for specific coverage amounts and details. 1. National Cancer Institute, 2015, <http://seer.cancer.gov/statfacts/html/all.html>. 2. American Cancer Society, cancer.org, 2015. 3. Duke University Medical Center, 2014 <http://clearhealthcosts.com/tag/duke-university-medical-center>. Guardian's Cancer 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. Plan documents are the final arbiter of coverage. This policy provides limited benefits health insurance only. It does not provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services. Policy Form #GP-I-CAN-IC-12 et al. GP-I-CAN-BEN-12 et al. GP-I-CAN-15-NM. GP-I-LAH-12R-OR. GC-CAN-12-OR. GP-I-CAN-IC-12.

CANCER INSURANCE

BENEFIT	EMPLOYEE COVERAGE*
Initial Diagnosis Benefit Amount	\$5,000 Per Covered Person
Initial Diagnosis Waiting Period	30 days
Cancer Screening	\$100 + \$100 for follow up screening
Pre-existing condition limitation	12/12 in most states; 6/6 (UT); 3/12 (PA); 3/6/12 (TX)
Air Ambulance	\$1,500/trip, limit 2 trips per hospital confinement
Ambulance	\$200/trip, limit 2 trips per hospital confinement
Anesthesia	25% of surgery benefit
Anti-Nausea	\$50/day, up to \$150/month
Attending Physician	\$25/day while hospital confined. Limit 75 visits
Blood/Plasma/Platelets	Actual cost up to \$7,500/year
Bone Marrow/Stem Cell	Bone Marrow: \$7,500; Stem cell: \$1,500
Experimental Treatment	\$100/day up to \$1,000/month
Government or Charity Hospital	\$300/day in lieu of all other benefits
Home Health Care	\$50/visit up to 30 visits per year (not applicable in CA)
Hormone Therapy	\$25/treatment up to 12 treatments per year
Hospice	\$50/day up to 100 days/lifetime (not applicable in CA)
Hospital Confinement	\$300/day for first 30 days; \$600/day thereafter per confinement
ICU Confinement	\$400/day for first 30 days; \$600/day thereafter per confinement
Immunotherapy	\$500/month; \$2,500 lifetime max
Inpatient Special Nursing	\$100/day up to 30 days per year
Medical Imaging	\$100/image up to 2 per year
Outpatient or Ambulatory Surgical Center	\$250/day, up to 3 days per procedure
Outpatient and Family Member Lodging	\$75/day, up to 90 days per year
Physical or Speech Therapy	\$25/visit up to 4 visits per month, \$400 lifetime max
Prosthetic	Surgically Implanted: \$2,000/device, \$4,000 lifetime max Non-surgically: \$200/device, \$400 lifetime max
Radiation Therapy Chemotherapy	Actual cost up to \$7,500/year
Reconstructive Surgery	Schedule from \$250 to \$2,000 based on procedure
Second Surgical Opinion	\$200 per surgical procedure
Skin Cancer	Up to \$600
Surgical Benefit	Schedule amount up to \$4,125
Transportation/Companion Transportation	\$0.50 per mile up to \$1,000 per round trip/equal benefit for companion
Waiver of Premium	Included

*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: ○ Services or treatment not included in the Schedule of Insurance ○ 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 • Cancer arising from war or act of war, even if war is not declared • GP-I-CAN-IC-12