



Welcome to

Workplace benefits

Everyone deserves a Guardian

Every day, Guardian gives 26 million Americans the security they deserve through our insurance and wealth management products and services.

We've partnered with your organization to offer you a range of employee benefits. Inside this pack, you'll find the plans your employer thinks you might benefit from.

Your coverage options



Critical illness insurance

Taking care of the expenses if you're critically ill



Cancer insurance

Financial support after a cancer diagnosis

Know your benefits

Your benefits support your physical and financial wellbeing, to help keep you and your loved ones protected.

With Guardian, you're in good hands. We've been delivering on our promises for over 150 years, and we're looking forward to doing the same for you too.

1 Read through this information.

2 Find out more about your benefits.

3 Talk to your employer if you need help or have any questions.

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Critical illness insurance

Critical illness insurance may help you cover expenses not covered by your health insurance.

It's a cash payment you receive if you ever experience a serious illness like cancer, a heart attack, or a stroke, giving you the financial support to focus on recovery.

Who is it for?

Critical illness insurance is a supplemental policy for people who already have health insurance. It provides you with an additional payment to cover expenses like deductibles, treatments, and living costs.

What does it cover?

Critical illnesses include strokes, heart attacks, Parkinson's disease and cancer. Our policies can cover over 30 major illnesses, helping you stay financially stable by paying you a lump sum if you're diagnosed with one of them.

Why should I consider it?

Health coverage is becoming more expensive, with higher co-pays, premiums, and deductibles. Critical illness insurance is an affordable way to supplement and pay for additional expenses that your health insurance doesn't cover. Our policies typically provide payments for the first and second time you're diagnosed with a covered illness.

Plus, critical illness insurance is portable and payments are made directly to you.

You will receive these benefits if you meet the conditions listed in the policy.



Critical costs

John is hospitalized after a heart attack, and has to cover the cost of five days as an inpatient.

Average heart attack hospitalization expense: **\$53,000**

Average Major Medical deductible: **\$1,500**

Major Medical covers 80% of the cost after the deductible is met, but John's still responsible for 20%: **\$10,300**.

Total out-of-pocket amount for John (deductible + coinsurance): **\$11,800**.

John has a **\$10,000** Guardian Critical Illness policy, which covers the majority of these out-of-pocket expenses.

This example is for illustrative purposes only. Your plan's coverage may vary. See your plan's information on the following pages for specific amounts and details.



Your critical illness coverage

	Option 1		Option 2	
Benefit Amount(s)	Employee may choose a lump sum benefit of \$5,000 to \$30,000 in \$5,000 increments.		Employee may choose a lump sum benefit of \$5,000 to \$30,000 in \$5,000 increments.	
CONDITIONS				
	1st OCCURRENCE	2nd OCCURRENCE	1st OCCURRENCE	2nd OCCURRENCE
Cancer				
Invasive Cancer	Not Applicable	Not Applicable	100%	100%
Carcinoma In Situ	Not Applicable	Not Applicable	30%	30%
Benign Brain or Spinal Tumor	Not Applicable	Not Applicable	100%	100%
Skin Cancer	Not Applicable	Not Applicable	\$250	\$0
BRCA 1 & BRCA 2	Not Applicable	Not Applicable	30%	Not Covered
Bone Marrow Failure (including Stem Cells)	Not Applicable	Not Applicable	100%	100%
Lung and Vascular Disorder				
Aneurysm	10%	10%	10%	10%
Pulmonary Embolism	30%	30%	30%	30%
Stroke – Moderate	50%	50%	50%	50%
Stroke – Severe	100%	100%	100%	100%
Transient Ischemic Attack (TIA)	10%	10%	10%	10%
Heart Conditions				
Coronary Artery Disease	10%	10%	10%	10%
Coronary Artery Disease – bypass needed	50%	50%	50%	50%
Heart Attack	100%	100%	100%	100%
Heart Failure	100%	100%	100%	100%
Pacemaker	10%	10%	10%	10%
Additional Conditions				
Kidney Failure	100%	100%	100%	100%
Major Organ Failure	100%	100%	100%	100%
	1st OCCURRENCE ONLY		1st OCCURRENCE ONLY	
Addison's Disease		30%		30%
Coma		100%		100%
Loss of Hearing		100%		100%
Loss of Sight		100%		100%
Loss of Speech		100%		100%
Permanent Paralysis		100% for 1 or more limbs		100% for 1 or more limbs
Severe Burns		100%		100%
Chronic Disorders				
Crohn's Disease		30%		30%
Epilepsy		10%		10%
Lupus		30%		30%
Ulcerative Colitis		30%		30%



Your critical illness coverage

	Option 1	Option 2
Neurological Disorders		
Alzheimer's Disease – Early	50%	50%
Alzheimer's Disease – Advanced	100%	100%
ALS (Lou Gehrig's Disease)	100%	100%
Dementia – other causes	100%	100%
Huntington's Disease	30%	30%
Multiple Sclerosis – Early	50%	50%
Multiple Sclerosis – Advanced	100%	100%
Myasthenia Gravis	30%	30%
Parkinson's Disease – Early	50%	50%
Parkinson's Disease – Advanced	100%	100%
Childhood Illnesses and Disorders		
Autism Spectrum Disorder	100%	100%
Cerebral Palsy	100%	100%
Cleft Lip/Cleft Palate	100%	100%
Club Foot	100%	100%
Congenital Heart Defect	100%	100%
Cystic Fibrosis	100%	100%
Diabetes – Type I	100%	100%
Down Syndrome	100%	100%
Hemophilia	100%	100%
Multisystem Inflammatory Disease (MLS)	100%	100%
Muscular Dystrophy	100%	100%
Spina Bifida	100%	100%
Spouse Benefit	May choose a lump sum benefit of \$2,500 to \$15,000 in \$2,500 increments up to 50% of the employee's lump sum benefit.	May choose a lump sum benefit of \$2,500 to \$15,000 in \$2,500 increments up to 50% of the employee's lump sum benefit.
Child Benefit- children age Birth to 26 years	50% of employee's lump sum benefit	50% of employee's lump sum benefit
Guarantee Issue: The 'guarantee' means you are not required to answer health questions to qualify for coverage up to and including the specified amount, when you sign up for coverage during the initial enrollment period or the annual open enrollment period.	<p>We Guarantee Issue up to: \$30,000</p> <p>For a spouse: \$15,000</p> <p>For a child: All Amounts</p> <p>Health questions are required if the elected amount exceeds the Guarantee Issue.</p>	<p>We Guarantee Issue up to: \$30,000</p> <p>For a spouse: \$15,000</p> <p>For a child: All Amounts</p> <p>Health questions are required if the elected amount exceeds the Guarantee Issue.</p>



Your critical illness coverage

	Option 1	Option 2
Pre-Existing Condition 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.	Not Applicable	Not Applicable
Waiver of Premium: If you become disabled due to a covered critical illness 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
Health Screening Benefit	\$75 Employee, \$75 Spouse, \$75 Child per year limit.	\$75 Employee, \$75 Spouse, \$75 Child per year limit.

Condition Definitions

- **BRCA1 or BRCA2 Mutation:** occurs the date you're scheduled to undergo a mastectomy, or ovary or fallopian tube removal prior to a breast or ovarian cancer diagnosis as a preventive measure.
- **Stroke - Moderate:** requires clinical evidence of infarction of brain tissue, or intracranial or subarachnoid hemorrhage.
- **Stroke - Severe:** a permanent neurological deficit which persists at least 30 days after the event.
- **Coronary Artery Disease:** requires a diagnosis and severity level that requires one or more of the following procedures: atherectomy (rotation or laser), balloon angioplasty, laser angioplasty, stent implantation, thrombectomy (angiojet).
- **Coronary Artery Disease - requiring a bypass:** requires a diagnosis to be of such a severity that it requires one or more coronary artery bypass grafts.
- **Heart Failure:** requires a heart valve replacement or acceptance into the heart transplant waiting list.
- **Kidney Failure:** occurs on the earlier date of when renal or peritoneal dialysis begins, or the date you're accepted onto the kidney transplant waiting list of a recognized kidney transplant program in the United States.
- **Major Organ Failure:** occurs on the date you're accepted onto the liver, pancreas or lung transplant waiting list of a recognized transplant program in the United States.
- **Crohn's Disease:** benefit is available for the initial diagnosis of the disease, not the periodic flare-ups that may occur after the initial diagnosis.
- **Epilepsy:** requires initial diagnosis after at least two seizures, which are 24 hours apart and have no known trigger.
- **Lupus:** requires at least four symptoms be present at time of diagnosis. The benefit is available for initial diagnosis of the disease, not for periodic flare-ups that may occur after the initial diagnosis.
- **Ulcerative Colitis:** benefit is available for the initial diagnosis based on the results of a colonoscopy, not for periodic flare-ups that may occur after the initial diagnosis.
- **Early-Stage Alzheimer's Disease:** occurs on the date a physician diagnoses the progression which causes a loss of cognitive ability and functioning.
- **Advanced Alzheimer's Disease:** occurs on the date a physician diagnoses the cognitive decline to have progressed to the point that there's permanent inability to perform 2 or more Activities of Daily Living.
- **Early-Stage Multiple Sclerosis (MS):** must be diagnosed by a physician and confirmed by neurological exams, imaging studies, and analysis of cerebrospinal fluid.
- **Advanced Stage Multiple Sclerosis (MS):** requires neurological deficits for at least six months and confirmed by neurological exams, imaging studies, and analysis of cerebrospinal fluid.
- **Early-Stage Parkinson's Disease:** occurs on the date diagnosed by a physician with at least 1 symptom(s) affecting movement and the central nervous system.



Your critical illness coverage

- Advanced Parkinson's Disease: occurs on the date diagnosed by a physician and requires at least 3 or more symptom(s) affecting movement and the central nervous system.

Critical Illness Cost Illustration

To determine the most appropriate level of coverage, you should consider your current basic monthly expenses and expected financial needs during a Critical Illness.

Your premium will not increase as you age.

Spouse coverage premium is based on Employee age

Child cost is included with employee election.

Option 1

Benefit Amount	Issue Age	Monthly Premiums Displayed Election Cost Per Age Bracket										
		< 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
Employee												
\$5,000	Non-tobacco	\$2.30	\$2.40	\$2.60	\$2.90	\$3.30	\$3.95	\$4.75	\$6.20	\$8.15	\$11.30	\$15.15
	Tobacco	\$2.40	\$2.55	\$3.00	\$3.65	\$4.40	\$5.85	\$7.40	\$9.95	\$13.30	\$17.95	\$23.30
\$10,000	Non-tobacco	\$4.60	\$4.80	\$5.20	\$5.80	\$6.60	\$7.90	\$9.50	\$12.40	\$16.30	\$22.60	\$30.30
	Tobacco	\$4.80	\$5.10	\$6.00	\$7.30	\$8.80	\$11.70	\$14.80	\$19.90	\$26.60	\$35.90	\$46.60
\$15,000	Non-tobacco	\$6.90	\$7.20	\$7.80	\$8.70	\$9.90	\$11.85	\$14.25	\$18.60	\$24.45	\$33.90	\$45.45
	Tobacco	\$7.20	\$7.65	\$9.00	\$10.95	\$13.20	\$17.55	\$22.20	\$29.85	\$39.90	\$53.85	\$69.90
\$20,000	Non-tobacco	\$9.20	\$9.60	\$10.40	\$11.60	\$13.20	\$15.80	\$19.00	\$24.80	\$32.60	\$45.20	\$60.60
	Tobacco	\$9.60	\$10.20	\$12.00	\$14.60	\$17.60	\$23.40	\$29.60	\$39.80	\$53.20	\$71.80	\$93.20
\$25,000	Non-tobacco	\$11.50	\$12.00	\$13.00	\$14.50	\$16.50	\$19.75	\$23.75	\$31.00	\$40.75	\$56.50	\$75.75
	Tobacco	\$12.00	\$12.75	\$15.00	\$18.25	\$22.00	\$29.25	\$37.00	\$49.75	\$66.50	\$89.75	\$116.50
\$30,000	Non-tobacco	\$13.80	\$14.40	\$15.60	\$17.40	\$19.80	\$23.70	\$28.50	\$37.20	\$48.90	\$67.80	\$90.90
	Tobacco	\$14.40	\$15.30	\$18.00	\$21.90	\$26.40	\$35.10	\$44.40	\$59.70	\$79.80	\$107.70	\$139.80
Benefit Amount Up To 50% of Employee Amount to a Maximum of \$15,000												
Spouse												
\$2,500	Non-tobacco	\$1.15	\$1.20	\$1.30	\$1.45	\$1.65	\$1.98	\$2.38	\$3.10	\$4.07	\$5.65	\$7.57
	Tobacco	\$1.20	\$1.27	\$1.50	\$1.83	\$2.20	\$2.93	\$3.70	\$4.97	\$6.65	\$8.98	\$11.65
\$5,000	Non-tobacco	\$2.30	\$2.40	\$2.60	\$2.90	\$3.30	\$3.95	\$4.75	\$6.20	\$8.15	\$11.30	\$15.15
	Tobacco	\$2.40	\$2.55	\$3.00	\$3.65	\$4.40	\$5.85	\$7.40	\$9.95	\$13.30	\$17.95	\$23.30
\$7,500	Non-tobacco	\$3.45	\$3.60	\$3.90	\$4.35	\$4.95	\$5.93	\$7.13	\$9.30	\$12.23	\$16.95	\$22.73
	Tobacco	\$3.60	\$3.83	\$4.50	\$5.48	\$6.60	\$8.78	\$11.10	\$14.93	\$19.95	\$26.93	\$34.95
\$10,000	Non-tobacco	\$4.60	\$4.80	\$5.20	\$5.80	\$6.60	\$7.90	\$9.50	\$12.40	\$16.30	\$22.60	\$30.30
	Tobacco	\$4.80	\$5.10	\$6.00	\$7.30	\$8.80	\$11.70	\$14.80	\$19.90	\$26.60	\$35.90	\$46.60
\$12,500	Non-tobacco	\$5.75	\$6.00	\$6.50	\$7.25	\$8.25	\$9.88	\$11.88	\$15.50	\$20.38	\$28.25	\$37.88
	Tobacco	\$6.00	\$6.38	\$7.50	\$9.13	\$11.00	\$14.63	\$18.50	\$24.88	\$33.25	\$44.88	\$58.25
\$15,000	Non-tobacco	\$6.90	\$7.20	\$7.80	\$8.70	\$9.90	\$11.85	\$14.25	\$18.60	\$24.45	\$33.90	\$45.45
	Tobacco	\$7.20	\$7.65	\$9.00	\$10.95	\$13.20	\$17.55	\$22.20	\$29.85	\$39.90	\$53.85	\$69.90

Option 2

Benefit Amount	Issue Age	Monthly Premiums Displayed Election Cost Per Age Bracket										
		< 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
Employee												
\$5,000	Non-tobacco	\$2.70	\$3.10	\$3.75	\$4.60	\$5.70	\$7.20	\$9.05	\$11.60	\$14.95	\$19.85	\$25.00
	Tobacco	\$2.95	\$3.55	\$4.80	\$6.70	\$8.90	\$12.30	\$15.85	\$20.45	\$25.90	\$32.80	\$39.35
\$10,000	Non-tobacco	\$5.40	\$6.20	\$7.50	\$9.20	\$11.40	\$14.40	\$18.10	\$23.20	\$29.90	\$39.70	\$50.00
	Tobacco	\$5.90	\$7.10	\$9.60	\$13.40	\$17.80	\$24.60	\$31.70	\$40.90	\$51.80	\$65.60	\$78.70

	Issue Age	< 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$15,000	Non-tobacco	\$8.10	\$9.30	\$11.25	\$13.80	\$17.10	\$21.60	\$27.15	\$34.80	\$44.85	\$59.55	\$75.00
	Tobacco	\$8.85	\$10.65	\$14.40	\$20.10	\$26.70	\$36.90	\$47.55	\$61.35	\$77.70	\$98.40	\$118.05
\$20,000	Non-tobacco	\$10.80	\$12.40	\$15.00	\$18.40	\$22.80	\$28.80	\$36.20	\$46.40	\$59.80	\$79.40	\$100.00
	Tobacco	\$11.80	\$14.20	\$19.20	\$26.80	\$35.60	\$49.20	\$63.40	\$81.80	\$103.60	\$131.20	\$157.40
\$25,000	Non-tobacco	\$13.50	\$15.50	\$18.75	\$23.00	\$28.50	\$36.00	\$45.25	\$58.00	\$74.75	\$99.25	\$125.00
	Tobacco	\$14.75	\$17.75	\$24.00	\$33.50	\$44.50	\$61.50	\$79.25	\$102.25	\$129.50	\$164.00	\$196.75
\$30,000	Non-tobacco	\$16.20	\$18.60	\$22.50	\$27.60	\$34.20	\$43.20	\$54.30	\$69.60	\$89.70	\$119.10	\$150.00
	Tobacco	\$17.70	\$21.30	\$28.80	\$40.20	\$53.40	\$73.80	\$95.10	\$122.70	\$155.40	\$196.80	\$236.10

Benefit Amount Up To 50% of Employee Amount to a Maximum of \$15,000

Spouse												
\$2,500	Non-tobacco	\$1.35	\$1.55	\$1.88	\$2.30	\$2.85	\$3.60	\$4.53	\$5.80	\$7.48	\$9.93	\$12.50
	Tobacco	\$1.48	\$1.78	\$2.40	\$3.35	\$4.45	\$6.15	\$7.93	\$10.23	\$12.95	\$16.40	\$19.68
\$5,000	Non-tobacco	\$2.70	\$3.10	\$3.75	\$4.60	\$5.70	\$7.20	\$9.05	\$11.60	\$14.95	\$19.85	\$25.00
	Tobacco	\$2.95	\$3.55	\$4.80	\$6.70	\$8.90	\$12.30	\$15.85	\$20.45	\$25.90	\$32.80	\$39.35
\$7,500	Non-tobacco	\$4.05	\$4.65	\$5.63	\$6.90	\$8.55	\$10.80	\$13.58	\$17.40	\$22.43	\$29.78	\$37.50
	Tobacco	\$4.43	\$5.33	\$7.20	\$10.05	\$13.35	\$18.45	\$23.78	\$30.68	\$38.85	\$49.20	\$59.03
\$10,000	Non-tobacco	\$5.40	\$6.20	\$7.50	\$9.20	\$11.40	\$14.40	\$18.10	\$23.20	\$29.90	\$39.70	\$50.00
	Tobacco	\$5.90	\$7.10	\$9.60	\$13.40	\$17.80	\$24.60	\$31.70	\$40.90	\$51.80	\$65.60	\$78.70
\$12,500	Non-tobacco	\$6.75	\$7.75	\$9.38	\$11.50	\$14.25	\$18.00	\$22.63	\$29.00	\$37.38	\$49.63	\$62.50
	Tobacco	\$7.38	\$8.88	\$12.00	\$16.75	\$22.25	\$30.75	\$39.63	\$51.13	\$64.75	\$82.00	\$98.38
\$15,000	Non-tobacco	\$8.10	\$9.30	\$11.25	\$13.80	\$17.10	\$21.60	\$27.15	\$34.80	\$44.85	\$59.55	\$75.00
	Tobacco	\$8.85	\$10.65	\$14.40	\$20.10	\$26.70	\$36.90	\$47.55	\$61.35	\$77.70	\$98.40	\$118.05

EXCLUSIONS AND LIMITATIONS

A SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS FOR CRITICAL ILLNESS:

We will not pay benefits for a Second occurrence (recurrence) of a Critical Illness unless the Covered Person has not exhibited symptoms or received care or treatment for that Critical Illness for at least 6 months in a row prior to the recurrence. For purposes of this exclusion, care or treatment does not include: (1) preventive medications in the absence of disease; and (2) routine scheduled follow-up visits to a doctor. If one illness causes or contributes to another illness, we'll pay benefits for only one of these illnesses. We'll pay for the illness that has the larger benefit. If the benefit amounts for the illness are the same, we'll let you choose which one we pay.

We do not pay benefits for claims relating to a covered person: taking part in any war or act of war (including service in the armed forces) committing a felony or taking part in any riot or other civil disorder or intentionally injuring themselves or attempting suicide while sane or insane.

Employees must be legally working in the United States in order to be eligible for coverage. Underwriting must approve coverage for employees on temporary assignment: (a) exceeding 1 year; or (b) in an area under travel warning by the US Department of State, subject to state specific variations.

Guardian's Critical Illness plan does not provide comprehensive medical coverage. It is a basic or limited benefit and is not intended to cover all medical expenses. It does not provide "basic hospital," "basic medical," or "medical" insurance as defined by the New York State Insurance Department.

Health questions are required on late enrollees. This coverage will not be effective until approved by a Guardian underwriter.

This policy will not pay for a diagnosis of a listed critical illness that is made before the insured's Critical Illness effective date with Guardian.

The policy has exclusions and limitations that may impact the eligibility for or entitlement to benefits under each covered condition. See your certificate booklet for a full listing of exclusions & limitations.

If Critical Illness 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.

Contract # CI - 23 - P

Guardian's Critical Illness 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-1-LAH-12R; CI - 23 - P

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Watch our video
How cancer insurance can ease the financial burden of a cancer diagnosis.

Cancer insurance

If you're diagnosed with cancer, the last thing you need to think about is the cost. Cancer insurance helps ease the financial burden.

Every year, more and more people are diagnosed with cancer. Unfortunately, in addition to bearing the physical and emotional toll of this disease, patients are often saddled with added financial expenses.

Who is it for?

Cancer insurance is for people who want added financial protection, in addition to their regular health insurance. It comes into play if you are diagnosed with cancer—providing additional financial support to help keep the focus on your cancer treatment and recovery.

What does it cover?

Cancer insurance benefits can help you handle medical plan deductibles, co-pays and other out-of-pocket costs by providing benefits when you receive radiation or chemotherapy treatment, or are hospitalized for surgery to treat cancer. These benefits can be used for non-medical expenses such as transportation to treatment facilities, and even everyday living expenses like groceries, rent, and mortgage payments.

Why should I consider it?

Health coverage may become more expensive, with higher co-pays, premiums, and deductibles. The unexpected out-of-pocket expenses of cancer recovery, including transportation, co-pays, and deductibles, can add up fast. What's more, some of the costs you may incur during recovery are non-medical, such as covering a mortgage, childcare, and household expenses. Cancer insurance can help you pay for all of them.

Plus, cancer insurance is portable and payments are made directly to you.

You will receive these benefits if you meet the conditions listed in the policy.



Extra support

Sarah's diagnosed with kidney cancer after a screening test and decides to undergo kidney removal surgery.

Average surgical expense: **\$25,000**

Average Major Medical deductible: **\$1,500**

Major Medical covers 80% of the surgical cost after the deductible is met, but Sarah's still responsible for 20%: **\$4,700**

Total out-of-pocket amount for Sarah (deductible + coinsurance): **\$6,200**

Sarah has Guardian's Cancer Advantage policy, which pays her **\$2,500** as an initial diagnosis benefit and **\$2,100** for a 7-day hospital stay.

This gives her a total of **\$4,600** to help cover a portion of her out-of-pocket amount.

This example is for illustrative purposes only. Your plan's coverage may vary. See your plan's information on the following pages for specific amounts and details.



Your cancer coverage

CANCER

COVERAGE - DETAILS	Option 1: Advantage Plan	Option 2: Premier Plan
INITIAL DIAGNOSIS BENEFIT - Paid when you are diagnosed with internal invasive cancer for the first time while insured under this Plan.		
Benefit Amount(s)	Employee \$2,500 Spouse \$2,500 Child \$2,500	Employee \$5,000 Spouse \$5,000 Child \$5,000
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	\$50; \$50 for Follow-Up screening	\$75; \$75 for Follow-Up screening
RADIATION THERAPY OR CHEMOTHERAPY		
Benefit	Schedule amounts up to a \$10,000 benefit year maximum.	Schedule amounts up to a \$15,000 benefit year maximum.
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.	Included	Included
Child(ren) Age Limits	Children age birth to 26 years	Children age birth to 26 years
FEATURES		
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	\$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 2nd transplant. \$1,000 benefit if a donor	Bone Marrow: \$10,000 Stem Cell: \$2,500 50% benefit for 2nd 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 per day in lieu of all other benefits	\$400 per 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



Your cancer coverage

FEATURES (Cont.)	Option 1: Advantage Plan	Option 2: Premier Plan
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 31st day thereafter per confinement	\$400/day for first 30 days; \$800/day for 31st day thereafter per confinement
ICU Confinement	\$400/day for first 30 days; \$600/day for 31st day thereafter per confinement	\$600/day for first 30 days; \$800/day for 31st 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 and family member lodging - Lodging must be more than 50 miles from your home.	\$75/day, up to 90 days per year	\$100/day, up to 90 days per year
Outpatient or Ambulatory Surgical Center	\$250/day, 3 days per procedure	\$350/day, 3 days per procedure
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
Prosthetic	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
Reconstructive Surgery	Breast TRAM Flap \$2,000 Breast reconstruction \$500 Breast Symmetry \$250 Facial reconstruction \$500	Breast TRAM \$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/surgery procedure	\$300/surgery 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 \$4,125	Schedule amount up to \$5,500
Transportation/Companion Transportation - Benefit is paid if you have to travel more than 50 miles one way to receive treatment for internal cancer.	\$0.50/mile up to \$1,000 per round trip/equal benefit for companion	\$0.50/mile up to \$1,500 per round trip/equal benefit for companion
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 cancer coverage

UNDERSTANDING YOUR BENEFITS :

- **Alternative Care** – Benefit is paid for palliative care (bio-feedback or hypnosis) or lifestyle benefits such as visits to an accredited practitioner for smoking cessation, yoga, meditation, relaxation techniques and nutritional counseling.
- **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. Cancer must be diagnosed while insured under the Guardian cancer plan.
- **Experimental Treatment** – Benefits will be paid for experimental treatment prescribed by a doctor for the purpose of destroying or changing abnormal tissue. All treatment must be NCI listed as viable experimental treatment for Internal Cancer.

LIMITATIONS AND EXCLUSIONS:

A SUMMARY OF CANCER LIMITATIONS AND EXCLUSIONS:

Conditional Issue underwriting is required on those enrolling outside of the initial enrollment period or annual open enrollment period.

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.

Contract # GP-1-CAN-IC-12

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-1-CAN-IC-12, et al, GP-1-LAH-12R



Our commitment to you

Please read the documentation referenced below carefully. The notices are intended to provide you important information about our insurance offerings and to protect your interests. Certain ones are required by law.

Important information



Notice Informing Individuals about Nondiscrimination and Accessibility Requirements

Guardian notice stating that it complies with applicable Federal civil rights laws and does not discriminate based on race, color, national origin, age, disability, sex, or actual or perceived gender identity. The notice provides contact information for filing a nondiscrimination grievance. It also provides contact information for access to free aids and services by disabled people to assist in communications with Guardian.

Visit <https://www.guardiananytime.com/notice48> to read more.

No Cost Language Services

Guardian provides language assistance in multiple languages for members who have limited English proficiency.

Visit <https://www.guardiananytime.com/notice46> to read more.
