

IMPORTANT INFORMATION

- Plan available for groups situs in Texas.
- Not available for all industries. Please see limitations & exclusions section.
- Rates shown are valid through January 1, 2019
- SBA Code 0003 (Internal Use Only)

RATES

	Value Plan 1	Value Plan 2
Employee	\$14.70	\$12.13
Employee & Spouse	\$25.56	\$20.34
Employee & Child	\$14.71	\$12.14
Family	\$25.57	\$20.35
Rate Guarantee	3 Years	
Contributory Status	Voluntary	
Minimum Participation	5 enrolled employees, rates are based on 15% participation	
Portability	Included without evidence	
Issue Underwriting	Guarantee Issue at Open Enrollment and for timely new hires	
Child(ren) Age Limits	Birth to 26 yrs (26 if full-time), subject to state limitations	

BENEFITS

	Value Plan 1	Value Plan 2
Initial Diagnosis Benefit Amount	\$1,000 Employee \$1,000 Spouse \$1,000 Child	\$1,000 Employee \$1,000 Spouse \$1,000 Child
Initial Diagnosis Waiting Period	30 days	30 days
Cancer Screening	\$50; \$50 follow-up screening	\$50; \$50 follow-up screening
ICU Rider Benefit	\$500/day up to 45 days for each period of confinement. ICU confinement rider is paid for treatment of any sickness or injury other than internal cancer	Not included
Pre-existing condition limitation	3 month look back period; 12 month exclusion period* for new entrants. Continuity of coverage for those transferring	3 month look back period; 12 month exclusion period* for new entrants. Continuity of coverage for those transferring.
Ambulance	\$100/trip, limit 2 trips per hospital confinement	\$100/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 \$150 per month
Attending Physician	\$50/day while hospital confined. Limit 75 visits	\$50/day while hospital confined. Limit 75 visits
Blood/Plasma/Platelets	Actual cost up to \$5,000 per calendar year	Actual cost up to \$5,000 per calendar 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: \$7,500 Stem Cell: \$1,500 50% benefit for 2 nd transplant \$1,000 benefit if a donor
Experimental Treatment	\$100/day up to \$5,000/year	\$100/day up to \$5,000/year
Extended Care Facility/Skilled Nursing Care	\$100/day up to 90 days per year	\$100/day up to 90 days per year
Government or Charity Hospital	\$100/day in lieu of all other benefits	\$100/day in lieu of all other benefits
Home Health Care	\$100/visit up to 30 visits per yr	\$100/visit up to 30 visits per yr
Hormone Therapy	\$25/Treatment up to 12 treatments per year	\$25/Treatment up to 12 treatments per year

	Value Plan 1	Value Plan 2
Hospice	\$100/day up to 100 days/lifetime	\$100/day up to 100 days/lifetime
Hospital Confinement	\$100/day	\$100/day
ICU Confinement	\$400/day for first 30 days; \$600/day for 31 st day thereafter per confinement	\$400/day for first 30 days; \$600/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	\$100/day up to 30 days per year
Medical Imaging	\$250/image up to 2 per year	\$250/image up to 2 per year
Outpatient or Ambulatory Surgical Center	\$250/day, 3 days per procedure	\$250/day, 3 days per procedure
Outpatient and Family Member Lodging	\$50/day, up to 90 days per year	\$50/day, up to 90 days per year
Physical or Speech Therapy	\$50/visit up to 4 visits per month, \$400 lifetime max	\$50/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	Surgically Implanted: \$2,000/device, \$4,000 lifetime max Non-Surgically; \$200/device, \$400 lifetime max
Radiation Therapy Chemotherapy	Actual cost up to \$5,000 per calendar year	Actual cost up to \$5,000 per calendar year
Reconstructive Surgery	Breast TRAM Flap \$1,000 Breast reconstruction \$250 Breast Symmetry \$125 Facial reconstruction \$250	Breast TRAM Flap \$1,000 Breast reconstruction \$250 Breast Symmetry \$125 Facial reconstruction \$250
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
Transportation/Companion Transportation	\$0.40/mile up to \$1,000 per round trip/equal benefit for companion	\$0.40/mile up to \$1,000 per round trip/equal benefit for companion
Specified Disease	Included	Included
Waiver of Premium	Included	Included

PLAN HIGHLIGHTS

Cancer screening benefit includes coverage for screenings such as biopsy, mammogram, pap smear, PSA for prostate cancer, MRI scans, etc.

Specified Disease: The benefits of this plan will also pay if a covered person is diagnosed with one of the following Specified Diseases while coverage is in force: Addison's Disease, ALS, Brucellosis, Cerebrospinal Meningitis, Cystic Fibrosis, Diphtheria, Encephalitis, Hansen's Disease, Hepatitis (Chronic B or Chronic C with liver failure), Legionnaire's Disease, Lyme Disease, Multiple Sclerosis, Muscular Dystrophy, Myasthenia Gravis, Osteomyelitis, Poliomyelitis, Primary Biliary Cirrhosis, Primary Sclerosing Cholangitis, Rabies, Reye's Syndrome, Rocky Mountain Spotted Fever, Scarlet Fever, Sickle Cell Anemia, Systemic Lupus, Erythematosis, Tetanus, Thalassemia, Tuberculosis, Tularemia, Typhoid Fever. Only one specified disease from this list may be claimed under this plan.

IMPORTANT NOTES

Cancer means an insured has 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.

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.

Blood/Plasma/Platelets – Benefit is paid each day you receive blood, plasma and/or platelets for the treatment of internal cancer.

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.

Outpatient and Family Member Lodging – Benefit is paid if you stay in a hotel while receiving treatment for internal cancer and treatment cannot be obtained locally. A benefit is also payable if a family member stays in a hotel while you are confined in a hospital for internal cancer treatment. Lodging must be more than 50 miles from your home.

Transportation/Companion Transportation – Benefit is paid if you have to travel more than 50 miles one way to receive treatment for internal cancer.

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.

Outpatient and Family Member Lodging - Benefit is paid if you stay in a hotel while receiving treatment for internal cancer and treatment cannot be obtained locally. A benefit is also payable if a family member stays in a hotel while you are confined in a hospital for internal cancer treatment. Lodging must be more than 50 miles from your home.

Unless otherwise noted, the benefits listed are payable if the service or treatment is due to the insured's diagnosis of cancer while covered.

SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS

- Conditional Underwriting is one medical question as a part of the enrollment form.
- Not available for the following SICs: 0811-0851, 1011-1241, 1411-1499, 1611, 1731-1799, 2812-2819, 2879, 2892, 2899-2999, 3292-3299, 4952-4959, 7342, 7389, 9223-9224, 9711-9721, 9999.
- State variations may apply.
- 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. ND & TX pre-existing condition limitations are 3 months prior/6 months treatment free/12 months exclusion. Other 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.

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.

