

Guardian Cancer Insurance: Premier Plan



Guardian Group
Plan ID# 551891

Ease the financial burden while healing

Fortunately, we can help with unexpected expenses

Every year, more and more people are being diagnosed with cancer.¹ Treatment of cancer can lead to unexpected expenses that create an additional financial burden. Cancer insurance helps fill in the gaps that medical insurance doesn't cover. Benefits are paid directly to the employee and may be used for any purpose - such as travel to treatment centers, medical co-pays, deductibles and experimental treatment, as well as everyday expenses like groceries, rent and ongoing household bills.

See next page for a schedule of paid benefits and monthly rates.

Enroll today

During this enrollment, you can elect coverage for you and your family:

- Convenient payroll deductions
- Portable
- Guarantee Issue: no health question asked at enrollment
- Pre-existing Condition Limitation - 3 month look back period, 12 month exclusion period for new enrollees (Does not apply for those transferring coverage)
- Waiver of Premium – if you become disabled due to cancer for 90 days, premiums will be waived thereafter so long as you continue to be disabled

Benefits Claim Example

Kidney Cancer Diagnosis and Treatment	
COVERED EVENTS	Benefit Paid
Cancer Screening Benefit	\$100
Cancer Screening Follow Up	\$150
Cancer Initial Diagnosis	\$5,000
Second Surgical Opinion	\$300
Hospital Confinement (3 days)	\$600
Kidney Removal Surgery	\$3,000
Medical Imaging	\$1,000
Anesthesia	\$750
Radiation Therapy (30 treatments)	\$12,000
2 Months of Anti-Nausea Medication	\$500
Home Health Care (20 visits)	\$2,000
Transportation for two travelers: 120 miles round-trip (12 trips at \$0.50/mile)	\$720
Attending Doctor (3 days)	\$120
TOTAL BENEFIT PAID UNDER POLICY	\$26,240

DID YOU KNOW?

2/3 of the cost of cancer is non-medical¹

\$1,266 is the monthly average out-of-pocket cost for cancer²

5% increase in cancer costs every year³

62% of bankruptcies are the result of medical causes despite 76% of those claiming bankruptcy had medical insurance⁴

Annual Cancer Screening For Covered Employees and Family Members

This plan pays you \$100 once per calendar year per covered individual. See schedule for a list of covered procedures.

COVERED EVENTS		PREMIER PLAN
Prevention & Non-Invasive Cancer Related Events		
Cancer Screening Benefit	\$100 per insured per year Includes a \$150 cancer screening follow up benefit	
Initial Diagnosis of Cancer	\$5,000 Employee \$5,000 Spouse \$7,500 Child	
Treatment Benefits		
Radiation/Chemotherapy	Actual Costs up to \$400 per day	
Blood, Plasma, Platelets	Actual Costs up to \$400 per day	
Experimental Treatment	\$200 per day, up to \$2,400 per month	
Surgical Benefit	Schedule amount up to \$5,500	
Second Surgical Opinion	\$300 per surgical procedure	
Anesthesia	25% of surgery benefit	
Bone Marrow/Stem Cell	Bone Marrow: \$15,000 Stem Cell: \$15,000 50% for second transplant \$1,500 for donor	
Immunotherapy	\$500 per month; \$2,500 lifetime	
Hormone Therapy	\$50 per treatment up to 12 treatments per year	
Outpatient Surgical Center	\$350 per day, 3 days per procedure	
Hospital Confinement Benefits		
Hospital Confinement	\$200 per day first 30 days	
Extended Hospital Confinement	\$400 per day for 31 st day thereafter	
Hospital Intensive Care	\$600/day first 30 days, \$800/day for 31 st day thereafter	
Government or Charity Hospital	\$400 per day in lieu of all other benefits	
Inpatient Special Nursing	\$150/day, up to 30 days per year	
Attending Physician	\$40 per day while hospital confined; up to 75 visits	
Extended Care Facility	\$150 per day; up to 90 days per year	
Home Health Care	\$100 per day; up to 30 visits	
Lodging and Transportation Benefits		
Ambulance/Air Ambulance	\$500 per trip; limit 2 trips per confinement \$2,000 per trip, limit 2 trips per hospital confinement	
Transportation/Companion Transportation	\$0.50 per mile up to \$1,500 per round trip/equal benefit for companion	
Outpatient and Family Member Lodging	\$100/day, up to 90 days per year	
Miscellaneous Benefits		
Hospice	\$100 per day; up 100 days lifetime max	
Physical or Speech Therapy	\$50 per visit, up to 4 visits per month, \$1,000 lifetime	
Prosthesis	Surgically Implanted: \$3,000/device; \$6,000 lifetime Non-Surgical: \$300/device; \$600 lifetime	
Skin Cancer	Biopsy Only: \$100 Reconstructive Surgery: \$250 Excision of a skin cancer: \$375 With flap or graft: \$600	
Medical Imaging	\$500 per image up to 2 per year	
Anti-Nausea Medication	\$50 per day up to \$250 per month	
Reproductive Benefit	\$1500 egg harvesting; \$500 egg or sperm storage \$2,000 lifetime	
Reconstructive Surgery	Breast TRAM: \$3,000, Breast reconstruction: \$700, Breast Symmetry: \$350, Facial reconstruction: \$700	
ICU Rider	\$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	
Waiver of Premium	Included	

TIER	MONTHLY RATES
Employee	\$24.36
Employee & Spouse	\$39.10
Employee & Child(ren)	\$27.54
Family	\$42.28

INITIAL DIAGNOSIS BENEFIT

This one-time benefit pays \$5,000 for the first time diagnosis of internal cancer, other than carcinoma-in-situ, while covered under this plan.

SPECIFIED DISEASE BENEFIT

For Employees & Covered Family Members

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 Erythematosus, Tetanus, Thalassemia, Tuberculosis, Tularemia, Typhoid Fever

Only one specified disease from this list may be claimed under this plan.