

Group Number: 00441291

Cancer Benefit Summary

A Cancer insurance plan through Guardian provides:

- Lump-sum cash payments for certain procedures, screenings and treatments related to a covered cancer diagnosis, in addition to whatever your medical plan covers
- Payments are made directly to you and can be used for any purpose
- Ability to take the coverage with you if you change jobs or retire
- Affordable group rates

About Your Benefits:

CANCER	
COVERAGE - DETAILS	
Your Semi-monthly premium	\$9.27
You and Spouse	\$18.67
You and Child(ren)	\$10.74
You, Spouse and Child(ren)	\$20.14
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 \$2,500 Spouse \$2,500 Child \$2,500
Benefit Waiting Period - A specified period of time after your effective date during which the Initial Diagnosis benefits will not be payable.	30 Days
CANCER SCREENING	
Benefit Amount	\$50; \$50 for Follow-Up screening
RADIATION THERAPY OR CHEMOTHERAPY	
Benefit	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.
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.	12 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
Child(ren) Age Limits	Children age birth to 26 years
FEATURES	
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 per month
Attending Physician	\$25/day while hospital confined. Limit 75 visits.
Blood/Plasma/Platelets	\$100/day up to \$5,000 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
Experimental Treatment	\$100/day up to \$1,000/month

Benefit information illustrated within this material reflects the plan covered by Guardian as of 09/12/2019

FEATURES (Cont.)

Extended Care Facility/Skilled Nursing care	\$100/day up to 90 days per year
Government or Charity Hospital	\$300 per day in lieu of all other benefits
Home Health Care	\$50/visit up to 30 visits per year
Hormone Therapy	\$25/treatment up to 12 treatments per year
Hospice	\$50/day up to 100 days/lifetime
Hospital 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
Immunotherapy	\$500 per month, \$2500 lifetime max
Inpatient Special Nursing	\$100/day up to 30 days per year
Medical Imaging	\$100/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
Outpatient or Ambulatory Surgical Center	\$250/day, 3 days per procedure
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
Reconstructive Surgery	Breast TRAM Flap \$2,000 Breast reconstruction \$500 Breast Symmetry \$250 Facial reconstruction \$500
Second Surgical Opinion	\$200/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
Surgical Benefit	Schedule amount up to \$4,125
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
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

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. 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.

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: 00441291

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.

Contract # GP-I-CAN-IC-12

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 actual sold plan. The premium amounts reflected in this summary are an approximation; if there is a discrepancy between this amount and the premium actually billed, the latter prevails.

THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA
7 HANOVER SQUARE
NEW YORK, NEW YORK 10004
212-598-8000

SPECIFIED DISEASE COVERAGE
(Hereinafter referred to as Cancer Coverage)
THIS CERTIFICATE PROVIDES LIMITED BENEFITS

BENEFITS PROVIDED ARE A SUPPLEMENT TO HEALTH INSURANCE. IT IS NOT A SUBSTITUTE FOR HOSPITAL OR MEDICAL EXPENSE INSURANCE, A HEALTH MAINTENANCE ORGANIZATION (HMO) CONTRACT, OR MAJOR MEDICAL EXPENSE INSURANCE

Read Your Certificate Carefully. This outline of coverage provides a very brief description of the important features of coverage. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is, therefore, important that you **READ YOUR CERTIFICATE CAREFULLY**.

Cancer coverage is designed to provide, to persons insured, restricted coverage paying benefits **ONLY** when certain losses occur as a result of a diagnosis of Cancer. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

1. BENEFITS

Subject to all of this Certificate's terms, this Certificate will pay the benefits described in the Schedule of Insurance if a Covered Person is diagnosed with Cancer after the date he or she becomes insured by this Certificate and after the end of the Benefit Waiting Period, if applicable This Certificate pays no benefits other than what is specifically listed in the Schedule of Insurance. All services or treatment must be received by the Covered Person while insured by this Certificate.

2. DEFINITIONS

Cancer means a Covered Person 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. Cancer includes Internal Cancer and Specified Skin Cancer. It also includes leukemia, Hodgkin's disease, lymphoma, sarcoma, malignant tumors and melanoma.

3. LIMITATIONS

Benefit Waiting Period: This Certificate may have a Benefit Waiting Period. It is shown in the schedule of insurance. This period starts on the date a Covered Person is first covered by this Plan. We do not pay benefits for Cancer that is Diagnosed during the Benefit Waiting Period.

If this Certificate replaces a similar certificate the Employer had with some other insurer, the Benefit Waiting Period under this Certificate will be waived for any Covered Person who was covered under the Employer's old certificate on the day before this Certificate starts and is covered by this Certificate on the day it starts.

Pre-Existing Conditions: A Pre-Existing Condition is a Cancer, whether Diagnosed or misdiagnosed, for which in the 6 months before a person becomes covered by this Certificate, he or she: (1) received advice or treatment from a Doctor; (2) underwent diagnostic procedures; (3) was prescribed or took prescription drugs; or (4) received other medical care or treatment, including consultation with a Doctor.

This Certificate will not pay benefits for Cancer that is caused by a Pre-Existing Condition if the Cancer is Diagnosed during the first 12 months that the person is covered by this Certificate.

4. EXCLUSIONS

We will not pay benefits for pre-malignant conditions or conditions with malignant potential, such as myelodysplastic and myeloproliferative disorders, carcinoid, leukoplakia, hyperplasia, actinic keratosis, polycythemia, nonmalignant melanoma, or moles.

We also do 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 outside the United States; treatment of any Cancer Diagnosed solely outside of the United States; services or treatment provided primarily for cosmetic purposes; services or treatment for any sickness other than cancer and Cancer arising from war or act of war, even if war is not declared.

The complete list of exclusions appears in the Certificate. Please Read Your Certificate.

Renewability: The policy is guaranteed renewable as long as premiums are paid when they are due or within the grace period. Premium rates can be changed on any policy anniversary on a class basis. Any change in rates will be based on the attained age of each covered person on the policy anniversary date.