

# 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.*

<b>CANCER SCREENINGS (\$75/yr)</b>	\$75	<b>7 DOCTORS VISITS (\$50/day)</b>	\$350
<b>FOLLOW UP SCREENING (\$75/yr)</b>	\$75	<b>2 MRI VISITS (\$300 each)</b>	\$600
<b>SECOND SURGICAL OPINION</b>	\$200	<b>4 WEEKS OF CHEMOTHERAPY</b>	\$15,000
<b>RADICAL PROSTATECTOMY</b>	\$1,155	<b>4 WEEKS OF RADIATION</b>	\$5,000
<b>HOSPITAL CONFINEMENT (7 days)</b>	\$2,100	<b>10 HOME HEALTH CARE VISITS (\$75 each)</b>	\$750

**TOTAL CASH BENEFIT PAID FOR COVERED SERVICES: \$23,305**

### 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](http://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 year<sup>1</sup>

This year, 1 in 49 men will be diagnosed with colon cancer and 1 in 37 women will find out they have breast cancer<sup>2</sup>

The average out-of-pocket costs for cancer treatments can add up to \$15,192 per year<sup>3</sup>

## GUARDIAN CANCER INSURANCE

Benefits	Employee Coverage*
<b>Type of Plan</b>	<b>ADVANTAGE PLAN 2</b>
<b>Pre-existing condition limitation</b>	12 month look back period; 12 month exclusion period, continuity of coverage
<b>Air Ambulance</b>	\$2,000/trip, limit 2 trips per hospital confinement
<b>Ambulance</b>	\$200/trip, limit 2 trips per hospital confinement
<b>Anesthesia</b>	25% of surgery benefit
<b>Anti-Nausea</b>	\$50/day up to \$150 per month
<b>Attending Physician</b>	\$50/day while hospital confined. Limit 75 visits
<b>Blood/Plasma/Platelets</b>	\$200/day up to \$5,000 per year
<b>Bone Marrow/Stem Cell</b>	Bone Marrow: \$7,500 Stem Cell: \$1,500 50% benefit for 2 <sup>nd</sup> transplant, \$1,000 benefit if a donor
<b>Cancer Screening</b>	\$75; \$75 follow-up screening
<b>Experimental Treatment</b>	\$200/day up to \$1,000/month
<b>Extended Care Facility/Skilled Nursing Care</b>	\$100/day up to 90 days per year
<b>Government or Charity Hospital</b>	\$300/day in lieu of all other benefits
<b>Home Health Care</b>	\$75/visit up to 30 visits per year
<b>Hormone Therapy</b>	\$50/Treatment up to 12 treatments per year
<b>Hospice</b>	\$100/day up to 180 days/lifetime
<b>Hospital Confinement</b>	\$300/day for first 30 days; \$600/day for 31 <sup>st</sup> day thereafter per confinement
<b>ICU Confinement</b>	\$400/day for first 30 days; \$600/day for 31 <sup>st</sup> day thereafter per confinement
<b>Inpatient Special Nursing</b>	\$150/day up to 30 days per year
<b>Medical Imaging</b>	\$300/image up to 2 per year
<b>Outpatient or Ambulatory Surgical Center</b>	\$600/day, 3 days per procedure
<b>Outpatient and Family Member Lodging</b>	\$75/day, up to 90 days per year
<b>Physical or Speech Therapy</b>	\$25/visit up to 4 visits per month, \$400 lifetime max
<b>Prosthetic</b>	Surgically Implanted: \$2,000/device, \$4,000 lifetime max Non-Surgically; \$200/device, \$400 lifetime max
<b>Radiation Therapy Chemotherapy and Immunotherapy</b>	Actual Cost up to a \$20,000 benefit year maximum
<b>Reconstructive Surgery</b>	Breast TRAM Flap \$2,000, Breast reconstruction \$500, Breast Symmetry \$250, Facial reconstruction \$500
<b>Second Surgical Opinion</b>	\$200/surgical procedure
<b>Skin Cancer</b>	Biopsy Only: \$100, Reconstructive Surgery: \$250, Excision of a skin cancer: \$375, Excision of a skin cancer with flap or graft: \$600
<b>Surgical Benefit</b>	Schedule amount up to \$4,125
<b>Transportation/Companion Transportation</b>	\$0.50/mile up to \$1,500 per round trip/equal benefit for companion
<b>Waiver of Premium</b>	Included

Cancer Insurance Monthly Rates				
Issue Age	Employee	Employee & Spouse	Employee & Child	Family
<40	\$21.00	\$40.79	\$21.01	\$40.80
41-50	\$30.80	\$59.49	\$30.81	\$59.50
51-60	\$42.40	\$82.29	\$42.41	\$82.30
61+	\$57.30	\$111.29	\$57.31	\$111.30

\*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