



Focus on recovery, not your finances

Financial confidence 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, Mary was diagnosed with kidney cancer. Through her Cancer Insurance plan, Mary received payments for her diagnosis, treatment, transportation to the hospital, medication and follow up screenings. Mary was able to get the financial support she needed during her recovery.

Cancer Screening	\$50	7 Doctor Visits	\$175
Follow up Screening	\$50	MRI	\$100
Second Surgical Opinion	\$200	4 Weeks of Chemotherapy	\$1,200
Kidney Nephrectomy	\$2,970	4 Weeks of Radiation	\$1,600
Hospital Confinement	\$2,100	Transportation to Hospitals	\$1,000

Total cash benefit paid on covered services: \$9,445



Cancer Insurance is a smart choice for:

- Those seeking additional financial support during diagnosis and recovery
- Supplementing a traditional or HDHP medical plan
- Anyone with a family history of cancer

COVERAGE DETAILS	VALUE PLAN	ADVANTAGE PLAN	PREMIER PLAN
Your Monthly Premium	\$11.58	\$20.19	\$32.15
You and Spouse	\$22.33	\$38.05	\$60.60
You and Child(ren)	\$13.91	\$23.94	\$37.78
You, Spouse and Child(ren)	\$24.66	\$41.80	\$66.23

The Guardian Life Insurance Company of America
New York, NY

guardianlife.com

*For illustrative purposes only. See your plan for specific coverage amounts and details. 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. GUARDIAN® is a registered service mark of The Guardian Life Insurance Company of America®. ©Copyright 2020 The Guardian Life Insurance Company of America. Policy Form No. GP-1-CAN-IC-12 et al. GP-1-CAN-BEN-12 et al. GP-1-CAN-15-NM. GP-1-LAH-12R-OR. GC-CAN-12-OR. GP-1-CAN-IC-12.

	Option 1: Value Plan	Option 2: Advantage Plan	Option 3: Premier Plan
INITIAL DIAGNOSIS BENEFIT: Benefit is paid when you are diagnosed with Internal cancer for the first time while insured under this Plan.			
Benefits	Employee: \$1,500 Spouse: \$1,500 Child(ren): \$1,500	Employee: \$2,500 Spouse: \$2,500 Child(ren): \$2,500	Employee: \$5,000 Spouse: \$5,000 Child(ren): \$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	30 Days
CANCER SCREENING			
Benefit Amount	\$50; \$50 Follow-Up	\$75; \$75 Follow-Up	\$100; \$100 Follow-Up
RADIATION THERAPY OR CHEMOTHERAPY			
Benefit Amount	Up to \$5,000/year	Up to \$10,000/year	Up to \$15,000/year
Conditional Issue - 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.	You will be required to answer one medical question as a part of your enrollment form.	You will be required to answer one medical question as a part of your enrollment form.
Portability: Allows you to take your Cancer coverage with you if you terminate employment. Ported Cancer plan terminates at age 70.	Included	Included	Included
Child(ren) Age Limits	Children age birth to 26	Children age birth to 26	Children age birth to 26
FEATURES			
Air Ambulance	\$250/trip, limit 2 trips per hospital confinement	\$1,500/trip, limit 2 trips per hospital confinement	\$2,000/trip, limit 2 trips per hospital confinement
Alternative Care	No Benefit	No Benefit	\$50/visit up to 20 visits
Ambulance	\$200/trip, limit 2 trips per hospital confinement	\$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	25% of surgery benefit
Anti-Nausea	No Benefit	\$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.	\$25/day while hospital confined. Limit 75 visits.

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FEATURES			
Blood/Plasma/Platelets	\$50/day up to \$5,000 per year	\$100/day up to \$5,000 per year	\$200/day up to \$10,000 per year
Bone Marrow/Stem Cell	No Benefit	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	No Benefit	\$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	\$100/day up to 90 days per year	\$150/day up to 90 days per year
Government or Charity Hospital	No Benefit	\$300 per day in lieu of all other benefits	\$400 per day in lieu of all other benefits
Home Health Care	No Benefit	\$50/visit up to 30 visits per year	\$100/visit up to 30 visits per year
Hormone Therapy	\$25/treatment up to 12 treatments per year	\$25/treatment up to 12 treatments per year	\$50/treatment up to 12 treatments per year
Hospice	\$50/day up to 100 days/lifetime	\$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	\$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	\$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	\$500 per month, \$2,500 lifetime max
Inpatient Special Nursing	No Benefit	\$100/day up to 30 days per year	\$150/day up to 30 days per year
Medical Imaging	No Benefit	\$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.	No Benefit	\$75/day, up to 90 days per year	\$100/day, up to 90 days per year
Outpatient or Ambulatory Surgical Center	No Benefit	\$250/day, 3 days per procedure	\$350/day, 3 days per procedure
Physical or Speech Therapy	No Benefit	\$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: \$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

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FEATURES			
Reconstructive Surgery	No Benefit	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	No Benefit	\$1,500 egg harvesting, \$500 egg or sperm storage, \$2,000 lifetime max
Second Surgical Opinion	\$200/surgical procedure	\$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	Biopsy Only: \$100 Reconstructive Surgery: \$250 Excision of a skin cancer: \$375 Excision of a skin cancer with flap or graft: \$600
Surgical Benefit	up to \$2,750	up to \$4,125	up to \$5,500
Transportation/Companion Transportation -if you have to travel more than 50 miles one way to receive treatment for internal cancer.	No Benefit	\$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	Included	Included	Included

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.

*The content and plan information contained in this document is provided to you by your Plan Sponsor, and Hays Consolidated Independent School District and is for illustration purposes only. If you have questions about the actual terms of coverage including any applicable limits and exclusions, please contact your plan administrator for a copy of Certificate of Coverage issued by Guardian, or the Summary Plan Description. The Policy of Group Insurance and the Certificate of Coverage provide the terms of your coverage, and control in the event of any conflict with any other documents.

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.