

Cancer – KBS (Kansas Board Solutions)

MONTHLY RATES

	Value Plan	Advantage Plan	Premier Plan
Employee	\$21.00	\$35.00	\$41.00
Employee & Spouse	\$44.00	\$56.00	\$65.00
Employee & Child	\$22.00	\$36.00	\$42.00
Family	\$45.00	\$57.00	\$66.00
Rate Guarantee	2 Years		
Contributory Status	Voluntary		
Minimum Participation	5 enrolled employees		
Portability	Included without evidence		
Issue Underwriting	Annual Open Enrollment		
Child(ren) Age Limits	Birth to 26 yrs (26 if full-time), subject to state limitations		
Rate Basis	Premiums listed are for Issue Age and will not increase due to an insured's age.		

BENEFITS

	Value Plan	Advantage Plan	Premier Plan
	12 month look back period; 12 month exclusion period, Continuity of Coverage		
Pre-existing condition limitation			
Initial Diagnosis Benefit Amount	Employee: \$1,500 Spouse: \$1,500 Child: \$1,500	Employee: \$1,500 Spouse: \$1,500 Child: \$1,500	Employee: \$1,500 Spouse: \$1,500 Child: \$1,500
Initial Diagnosis Waiting Period	30 days	30 days	30 days
Cancer Screening	\$50; \$50 follow-up screening	\$75; \$75 follow-up screening	\$100; \$100 follow-up screening
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
Blood/Plasma/Platelets	Actual Costs up to \$15,000 per 12 month period	Actual Costs up to \$20,000 per 12 month period	Actual Costs up to \$25,000 per 12 month period
	No Benefit	Bone Marrow: \$7,500 Stem Cell: \$1,500 50% benefit for 2 nd transplant \$1,000 benefit if a donor	Bone Marrow: \$10,000 Stem Cell: \$2,500 50% benefit for 2 nd transplant \$1,500 benefit if a donor
Bone Marrow/Stem Cell			
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/day in lieu of all other benefits	\$400/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

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BENEFITS (continued)

	Value Plan	Advantage Plan	Premier Plan
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 31 st day thereafter per confinement	\$300/day for first 30 days; \$600/day for 31 st day thereafter per confinement	\$400/day for first 30 days; \$800/day for 31 st day thereafter per confinement
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	\$600/day for first 30 days; \$800/day for 31 st day thereafter per confinement
Immunotherapy	\$500 per month \$2500 lifetime max	\$500 per month \$2500 lifetime max	\$500 per month \$2500 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 or Ambulatory Surgical Center	No Benefit	\$250/day, 3 days per procedure	\$350/day, 3 days per procedure
Outpatient and Family Member Lodging	No Benefit	\$75/day, up to 90 days per year	\$100/day, up to 90 days per year
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
Radiation Therapy Chemotherapy and Immunotherapy	Actual Costs up to a \$15,000 benefit year maximum	Actual Costs up to a \$20,000 benefit year maximum	Actual Costs up to a \$25,000 benefit year maximum
Reconstructive Surgery	No Benefit	Breast TRAM Flap \$2,000 Breast reconstruction \$500 Breast Symmetry \$250 Facial reconstruction \$500	Breast TRAM Flap \$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/surgical procedure	\$300/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	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 \$4,125	Schedule amount up to \$5,500
Transportation/Companion Transportation	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

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PLAN HIGHLIGHTS

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

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.
- **Portability** – Portability allows the employee to take the coverage with them if employment has ended. Portability terms at age 70. An insured must port Cancer coverage prior to age 70.
- **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.
- Any commercial insurance group policy underwritten and issued by The Guardian Life Insurance Company of America, a New York Domiciled mutual company, is a participating policy. It is not expected, however, that a dividend will be paid on any such group policies. All coverage will be provided as set forth in the policies.
- **Producer Compensation Disclosure:** As is common with Group Insurance, your coverage(s) might involve one or more licensed producers who will receive compensation from Guardian for soliciting, negotiating, securing and/or administering the insurance coverage(s) you have purchased. Compensation to these producers may be paid in the form of base commissions, administrative service commissions and, in some instances, supplemental compensation (e.g. an annual performance bonus). For more detailed information regarding producer compensation relative to your Guardian coverage(s), please contact your local sales consultant or account manager. If commissions are paid based on a percentage, the percentage is calculated monthly on enrolled lives, not eligible lives. Graded commission scales are calculated as a percentage of annual premium and are on a sliding scale.
- **Public Entity Groups:** Released quote is contingent on notification being made to Guardian regarding any political contribution requirements and/ or disclosure requests prior to contract signing.

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

- Not available for the following SICs: 1011-1241, 1411-1499, 2812-2819, 2879-2892, 2899-2999, 3292, 3312-3399, 3482-3489, 4311, 4952-4959, 7299, 7342, 7360-7363, 7389, 8610-8699, 8811-8999, 9110-9211, 9223-9224, 9311-9999.
- In order to be eligible for coverage: Employees must be legally working: (a) in the United States or (b) outside the United States, for a US based employer, in a country or region approved by Guardian.
- Subject to state specific variations.
- 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. Other state variations may apply.

SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS (continued)

- This plan will not pay benefits for (state variations may apply):
 - 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.
 - Conditional Underwriting is one medical question as a part of the enrollment form.

Guardian Cancer Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Not all policies are available in all states and the coverage, terms and conditions for any policy may vary from state to state. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Coverage will not be effective until approved by a Guardian underwriter. This proposal is subject to satisfactory financial evaluation.

Please refer to certificate of coverage for full plan description. This proposal is not a contract, and merely describes certain features of the products discussed herein. In the event of a conflict between this proposal and any policy or certificate issued by Guardian, those documents and not this proposal control. This policy provides limited benefits health insurance only. It does NOT provide basic hospital, basic medical or major medical insurance Generic Policy Form #GP-1-CAN-IC-12, et al; GP-1-LAH-12R. The state approved form is the governing document.