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Watch our video
How cancer insurance can ease the financial burden of a cancer diagnosis.

Cancer insurance

If you're diagnosed with cancer, the last thing you need to think about is the cost. Cancer insurance eases the financial burden.

Every year, more and more people are diagnosed with cancer. Unfortunately, in addition to bearing the physical and emotional toll of this disease, patients are often saddled with financial burdens when medical insurance falls short or income is compromised.

Who is it for?

Cancer insurance is for people who want added financial protection, in addition to their regular health insurance. It comes into play if they're diagnosed with cancer and if medical insurance alone isn't enough to cover the expenses.

What does it cover?

Cancer insurance benefits can help you handle medical plan deductibles, co-pays and other out-of-pocket costs by providing benefits when you receive radiation or chemotherapy treatment, or are hospitalized for surgery to treat cancer. These benefits can be used for non-medical expenses such as transportation to treatment facilities, and even everyday living expenses like groceries, rent, and mortgage payments.

Why should I consider it?

Health coverage is becoming more expensive, with higher co-pays, premiums, and deductibles. The unexpected out-of-pocket expenses of cancer recovery, including transportation, co-pays, and deductibles, can add up fast. What's more, two-thirds of the costs you may incur during recovery are non-medical, such as covering a mortgage, childcare, and household expenses. Cancer insurance can help you pay for all of them.

Plus, cancer insurance is portable and payments are made directly to you.

You will receive these benefits if you meet the conditions listed in the policy.



Extra support

Sarah's diagnosed with kidney cancer after a screening test and decides to undergo kidney removal surgery.

Average surgical expense: **$25,000**

Average Major Medical deductible: **$1,500**

Major Medical covers 80% of the surgical cost after the deductible is met, but Sarah's still responsible for 20%: **$4,700**

Total out-of-pocket amount for Sarah (deductible + coinsurance): **$6,200**

Sarah has Guardian's Cancer Advantage policy, which pays her **$2,500** as an initial diagnosis benefit and **$2,100** for a 7-day hospital stay.

This gives her a total of **$4,600** to help cover a portion of her out-of-pocket amount.

This example is for illustrative purposes only. Your plan's coverage may vary. See your plan's information on the following pages for specific amounts and details.

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Your cancer coverage

	CANCER
COVERAGE - DETAILS	
INITIAL DIAGNOSIS BENEFIT - Benefit is paid when you are diagnosed with Internal cancer for the first time while insured under this	
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 $10,000 benefit year maximum.
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
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

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Your cancer coverage

FEATURES (Cont.)	
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

Your Bi-weekly premium - Your premium will not increase as you age.

	Issue Age	
You	<30	$2.45
	30-39	$4.63
	40-49	$9.45
	50-59	$17.35
	60-64	$26.20
	65+	$35.32
	Issue Age	
You and Spouse	<30	$5.34
	30-39	$10.14
	40-49	$20.05
	50-59	$34.81
	60-64	$50.91
	65+	$67.46
	Issue Age	
You and Child(ren)	<30	$3.89
	30-39	$6.07
	40-49	$10.89
	50-59	$18.79
	60-64	$27.64
	65+	$36.76

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Your cancer coverage

Your Bi-weekly premium (Cont.) - Your premium will not increase as you age.

	Issue Age	
You, Spouse and Child(ren)	<30	$6.78
	30-39	$11.57
	40-49	$21.49
	50-59	$36.25
	60-64	$52.35
	65+	$68.90

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 myelodyplastic 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.

LIMITATIONS AND EXCLUSIONS:

A SUMMARY OF CANCER LIMITATIONS AND EXCLUSIONS:

Conditional Issue underwriting is required on those enrolling outside of the initial enrollment period.

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-1-CAN-IC-12

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.
Policy Form # GP-1-CAN-IC-12, et al, GP-1-LAH-12R