



## PROPOSAL FOR

## LANG MASONRY CONTRACTORS INC.

### RATES SHOWN ARE VALID TO:

July 1, 2025

SIC Code: 1741 State & Zip: OH 45786

## PLAN DESIGN

We offer a comprehensive portfolio of employee benefit plans with many varied design options to meet the needs of employers and their employees. To help you evaluate the plans, we have provided detailed benefits summaries within this package.

## RATES

Rates and premiums presented are based on the employee data submitted in your request for a proposal. Final rates and premiums are based on the plans selected and the information provided on the enrollment forms.

## BROAD RANGE OF PRODUCTS

We offer a variety of flexible, cost-effective employee benefits plans that can help employers meet the needs of employees and their families, and manage costs at the same time. Our benefits plans include Dental, Disability, Absence, Life, Vision, Critical Illness, and many more.

## WHY GUARDIAN?

- **Enrollment Support** – Dedicated professionals help ensure smooth plan implementation
- **Multi-Product Discounts** – Combine plans to meet customer needs and help save money
- **Convenient Access to Service** – One phone number and one secure website
- **Streamlined Billing** – All plans billed on one invoice
- **Experience & Knowledge** – Over 50 years group benefits experience with exemplary credit ratings

***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.***

## Cancer

## MONTHLY RATES

Employee	\$10.40
Employee & Spouse	\$22.54
Employee & Child	\$12.82
Full Family	\$24.96
Census	539
Rate Guarantee	3 Years
Issue Underwriting	Underwriting required on late entrants only

## BENEFITS

	All Eligible Employees
Schedule	Advantage
Contribution/Participation	Voluntary / 15%
Initial Diagnosis Benefit Amount	Employee: \$2,500 Spouse: \$2,500 Child: \$2,500
Initial Diagnosis Waiting Period	30 days
Cancer Screening	\$50; \$50 for follow-up screening
Portability	Included without Evidence
Radiation Therapy Chemotherapy	Schedule amounts up to a \$10,000 benefit year maximum
Radiation Therapy Chemotherapy Schedules	Injected Cytotoxic Meds: \$800 Per Week; Pump Dispensed Cytotoxic Meds: \$800 Per Week Refills; Oral Cytotoxic Meds: \$400 Per Prescription, \$1,200 Per Month; Cytotoxic Meds Administration by Other Method: \$800 Per Week; External Radiation Therapy: \$650 Per Week; Insertion of Interstitial/Intracavity Admin of Radioisotopes/Radium: \$800 Per Week; Oral or IV Radiation: \$650 Per Week
Child(ren) Age Limits	Birth to 26 years (26 if full time student), subject to state limitations
Pre-Existing Condition Limitation	12 month look back period, 12 month exclusion period, Continuity of Coverage
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 2 <sup>nd</sup> 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/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

(continued)

# Cancer

## BENEFITS (continued)

	All Eligible Employees
<b>Immunotherapy</b>	\$500 per month \$2500 lifetime max
<b>Inpatient Special Nursing</b>	\$100/day up to 30 days per year
<b>Medical Imaging</b>	\$100/image up to 2 per year
<b>Outpatient or Ambulatory Surgical Center</b>	\$250/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>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 \$1,000 per round trip/equal benefit for companion
<b>Waiver of Premium</b>	Included

## PLAN HIGHLIGHTS

- **Guardian's Financial Strength:** Guardian has a long history of earning exemplary ratings from independent rating services which provide essential measures of a company's value as well as common ground for valid comparison. For additional details, visit our web site: <http://www.guardianlife.com/AboutGuardian/FinancialHighlights/Ratings/index.htm>
- 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 is 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.

**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

- 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.
- State variations may apply.
- 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 (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.
- An applicant must enroll within 31 days of the coverage effective date. Late entrants must answer health questions.
- 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.