
Group Number: 00572676

Triangle Tech, Inc

ALL ELIGIBLE EMPLOYEES

Here you'll find information about your following employee benefit(s). Be sure to review the enclosed - it provides everything you need to sign up for your Guardian benefits.

PLAN HIGHLIGHTS

- Cancer

Questions? Concerns?

Helpline (888) 600-1600

Call weekdays, 7:00 AM to 8:30 PM, EST.

And refer to your plan number: 00572676

Welcome

Dear Triangle Tech, Inc Employee,

We are happy to have been chosen by Triangle Tech, Inc to be the provider of your employee benefits this year. For over 150 years, we have helped millions of people plan, secure and look after their families. We believe that life's unexpected surprises should be met with the support, guidance and understanding of someone who truly cares. And, we understand the power of help. It's why we go above and beyond to do what's right for you.

With Guardian® coverage you get:

- Affordable group rates
- Convenient payroll deduction
- Benefits for your unique needs

Take advantage of the benefits offered to you at work. Feel secure knowing that you have the coverage you need from a trusted provider and that it's there when you need it most.

Guardian

GUARDIAN® is a registered trademark of The Guardian Life Insurance Company of America®. Insurance products are 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.

2018-71635 (12/20)

Group Number: 00572676
Cancer Benefit Summary
A Cancer insurance plan through Guardian provides:

- Lump-sum cash payments for certain procedures, screenings and treatments related to a covered cancer diagnosis, in addition to whatever your medical plan covers
- Payments are made directly to you and can be used for any purpose
- Ability to take the coverage with you if you change jobs or retire
- Affordable group rates

About Your Benefits:

CANCER	
COVERAGE - DETAILS	
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.
Conditional Issue - The "conditional" 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.
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.	3 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

Benefit information illustrated within this material reflects the plan covered by Guardian as of 01/30/2020

ALL ELIGIBLE EMPLOYEES Benefit Summary

The Guardian Life Insurance Company of America, New York, NY

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

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 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.

Manage Your Benefits:

Go to www.GuardianAnytime.com to access secure information about your Guardian benefits. Your on-line account will be set up within 30 days after your plan effective date.

Need Assistance?

Call the Guardian Helpline (888) 600-1600, weekdays, 8:00 AM to 8:30 PM, EST. Refer to your member ID (social security number) and your plan number: 00572676

LIMITATIONS AND EXCLUSIONS:

A SUMMARY OF CANCER LIMITATIONS AND EXCLUSIONS:

Conditional Issue is one medical question as a part of the enrollment form.

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-I-CAN-IC-12

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 actual sold plan. The premium amounts reflected in this summary are an approximation; if there is a discrepancy between this amount and the premium actually billed, the latter prevails.

GUARDIAN LIFE INSURANCE COMPANY OF AMERICA
10 HUDSON YARDS
NEW YORK, NEW YORK 10001
212-598-8000
www.guardianlife.com

CANCER/DREAD DISEASE COVERAGE ONLY
REQUIRED OUTLINE OF COVERAGE

Read Your Policy Carefully—This outline provides a very brief description of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is, therefore, important that you **READ YOUR POLICY CAREFULLY!**

Cancer/Dread disease coverage is designed to provide, to persons insured, restricted coverage paying benefit **ONLY** when certain losses occur as a result of Your diagnosis of cancer/dread disease. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

Benefits—Subject to all of the Certificate's terms, this plan will pay a benefit based on the benefit amount for which a person is insured. The cancer must occur while the person is insured by this plan. The benefit levels are shown in the Schedule of Benefits.

This following is an **EXAMPLE** of what the plan may pay:

Benefits

Air Ambulance:	\$250 per trip. Limited to 2 one-way trips per Hospital Confinement.
Ambulance:	\$200 per trip. Limited to 2 one-way trips per Hospital Confinement.
Anesthesia:	25% of surgery benefit.
Attending Doctor:	\$25 per day. Limited to 75 visits per Hospital Confinement.
Blood, Plasma and Platelets:	\$50 per day. Limited to \$5000 in 12 months.
Extended Care Facility/Skilled Nursing Care:	\$100 per day. Limited to 90 days per Benefit Year.
Hospital Confinement:	\$300 for first 31 days per Period of Hospital Confinement. \$600 for 32 nd day and thereafter per Period of Hospital Confinement.

Intensive Care Unit Confinement: \$300 for first 31 days per Confinement.
\$600 for 32nd day and thereafter Confinement.

Radiation Therapy and Chemotherapy:	\$4000 per Benefit Year.
Injected cytotoxic meds	\$300 per week.
Pump dispensed cytotoxic meds (first prescription then per week for refills)	\$300 per week.
Oral cytotoxic meds \$150 per prescription up to	\$300 per week.
Cytotoxic meds administration by any other method	\$300 per week.
External radiation therapy	\$400 per week.
Insertion of interstitial or intracavity admin of radioisotopes or radium	\$450 per week.
Oral of I.V. radiation	\$400 per week.

Skin Cancer:

Biopsy only	\$100.
Reconstructive surgery following excision of a skin cancer	\$250.
Excision of a skin cancer with no flap or graft	\$375.
Excision of a skin cancer with flap or graft	\$600.

The complete list of Benefits that applies to your Plan appears in your Certificate. Please Read your Certificate.

Limitations

Benefit Waiting Period: If Your Plan has a Benefit Waiting Period, it will be shown in the schedule of insurance attached to Your certificate. The Benefit Waiting Period starts on the date a Covered Person is first covered by this Plan. We do not pay benefits for Cancer that is Diagnosed during the Benefit Waiting Period.

Pre-Existing Conditions: If Your Plan has a Pre-Existing Condition limitation, it will be shown in Your certificate.

A Pre-Existing Condition is a Cancer for which in the 3 months before a person becomes covered by this Plan, he or she: (1) received advice or treatment from a Doctor; (2) underwent diagnostic procedures; (3) was prescribed or took prescription drugs; or (4) received other medical care or treatment, including consultation with a Doctor.

This Plan will not pay benefits for Cancer that is caused by, or results from, a Pre-Existing Condition if the Cancer occurs during the first 12 months that the person is covered by this Plan.

Proof of Insurability: If Your Plan has a Proof Of Insurability requirement, it will be shown in the schedule of insurance attached to Your certificate. The Covered Person's coverage may not become effective until he or she submits Proof Of Insurability to Us.

Exclusions

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 outside the United States or Canada.
- Treatment of any Cancer Diagnosed solely outside of the United States or Canada.
- 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: (1) participating in a felony, riot or insurrection; (2) intentionally causing a self-inflicted injury; (3) committing or attempting to commit suicide; (4) Your mental or emotional disorder, alcoholism or drug addiction; or (5) 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.

Renewability

The Policy is guaranteed renewable as long as You pay the premium when due or within the grace period. We can change our premium rates on any policy anniversary on a class basis. Any change in rates will be based on the attained or issue age of each Covered Person on the policy anniversary date.

Welcome to the College Tuition Benefits Rewards program! Your Plan Sponsor has worked with Guardian to make College Tuition Benefit services available to eligible participants enrolling in the following coverage/option(s):

Coverage	Option
Accident	Option I: Bronze
Cancer	Option I: Advantage Plan
Hospital Indemnity	Option I

Register Today!

You can now create your Rewards account and start accumulating your Tuition Rewards that can be used to pay up to one year's tuition at over 380 private colleges and universities across the nation. In 2016, over \$60 million in College Tuition Benefit Rewards were submitted by high school seniors. **Here is how it works:**

- Annual enrollment in this plan earns you 2,000 Tuition Rewards (1 Reward = \$1 in tuition reduction at a network of Private Colleges and Universities) for each line of Guardian coverage (up to four lines).
- Guardian Dental participants receive a bonus after year four.
- These rewards are yours for your lifetime and can be given to children, grandchildren, nieces, nephews and godchildren.

The Tuition Rewards program is provided by College Tuition Benefit. The Guardian Life Insurance Company of America (Guardian) does not provide any services related to this program. College Tuition Benefit is not a subsidiary or an affiliate of Guardian.

Print and cut out ID Card

College Tuition Benefits Rewards- ID Card	
Register@ www.Guardian.CollegeTuitionBenefit.com User ID: Is Your Guardian Group Plan Number that can be found on your benefit booklet Password: Guardian	The College Tuition Benefit 435 Devon Park Drive Building 400, Suite 410 Wayne, PA 19087 Phone: (215) 839-0119 Fax: (215) 392-3255