



Summary of Benefits

Cancer Benefit Summary

Group ID:	00579636	Member Coverage Type:	Voluntary
Group Name:	STANADYNE OPERATING COMPANY LLC	Dependent Coverage Type:	
Waiting Period:	None	Class:	0002 ALL OTHER EMPLOYEES
		As of Date:	08/12/2025

Coverage Information

Schedule	Cancer - Advantage Plan This coverage includes benefits for treatments or procedures due to Cancer. These include chemotherapy, radiation, surgery, experimental treatment, and much more. Please see your certificate booklet for specific benefits.
Initial Diagnosis Benefit	Employee: \$2,500 Spouse: \$2,500 Child(ren): \$2,500
Is there a waiting period for my initial diagnosis benefits?	Your plan has a 30 day waiting period for this benefit.
How are cancer screenings covered?	Your plan provides a \$50 per year benefit for completing certain cancer screenings or procedures such as biopsy, mammogram, pap smear, PSA for prostate cancer, MRI scans, etc.

Plan Information

When is my policy effective?	Coverage is effective after you satisfy any waiting period required by your employer. Coverage will not begin until Guardian has approved any amount subject to medical underwriting.
Do I have to answer medical questions as part of purchasing insurance?	No, unless you enroll outside of the open enrollment period.
Can I take the policy with me if I leave the company?	Yes, you can port this coverage.

Cancer General Limitations and Exclusions

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

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 sickness.
- 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 services in the armed forces or any auxiliary unit of the armed forces of any country.



Restrictions apply and may be subject to medical necessity.

This Benefit Summary is for illustrative purposes. Your benefits booklet will show exactly what is covered and/or excluded under your plan. If there is a discrepancy between this Benefit Summary and your benefit booklet, the benefit booklet prevails.

Definitions shown on this site are in summary form and are for general informational purposes. The terms of the insurance contract prevails.