Colonial Life

Group Critical Illness (Cancer)

You can't predict an illness, but you can be prepared

No matter where you are in life, you never know when you or a loved one could have a sudden illness. Fortunately, medical advancements and early detection are helping many people survive critical illnesses.

These technologies and tests can lead to increased medical expenses. With health insurance only covering some of these costs, an unexpected illness could make it difficult for you to pay your regular monthly bills, such as housing, utilities and child care.

Critical illness insurance from Colonial Life helps supplement your major medical coverage by providing a lump-sum benefit you can use to pay the direct and indirect costs related to a covered critical illness.

Key benefits

- Available coverage for spouse and eligible dependent children
- Cover your eligible dependent children at no additional cost
- Receive coverage regardless of medical history, within specified limits
- Works alongside your health savings account (HSA)
- Benefits payable regardless of other insurance

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Group Critical Illness Insurance (Cancer)

A cancer diagnosis takes life on an unexpected turn. Treatment decisions should not put your finances at risk. Colonial Life's group critical illness insurance helps by providing a lump-sum benefit payable directly to you to cover any expenses.

Coverage amount: **$5,000.00**

Cancer benefits

COVERED CONDITION[1]	PERCENTAGE OF APPLICABLE COVERAGE AMOUNT
Invasive cancer (including all breast cancer)	100%
Non-invasive cancer	25%
Skin cancer initial diagnosis	$400 per lifetime

Reoccurrence of invasive cancer (including all breast cancer)

If you receive a benefit for invasive cancer and are later diagnosed with a reoccurrence of invasive cancer, 25% of the coverage amount is payable if treatment-free for at least 12 months and in complete remission prior to the date of reoccurrence; excludes non-invasive or skin cancer.

Caring for the caregiver

Kathy is a 45-year-old devoted mother who coaches her son's soccer team and cares for her father, who recently moved in with them. When she was diagnosed with breast cancer, she worried about taking care of everyone.

HOW KATHY'S COVERAGE HELPED

Using the lump-sum amount from her cancer benefit, she was able to pay for:

- Expenses related to her ongoing treatments
- Childcare and an aid to assist with her father
- Meals and household expenses
- Prescriptions to help with the side effects of her treatments

For illustrative purposes only.

1. Refer to the certificate for complete definitions of covered conditions.

	Level 2	Level 3
Air ambulance Transportation to or from a hospital or medical facility (max. of two trips per confinement per covered person)	$2,000 per trip	$2,000 per trip
Ambulance Transportation to or from a hospital or medical facility (max. of two trips per confinement per covered person)	$250 per trip	$250 per trip
Anesthesia Administered during a surgical procedure for treatment of invasive cancer		
■ General	25% of surgical procedures benefit	25% of surgical procedures benefit
■ Local	$30 per procedure	$50 per procedure
Anti-nausea medication Doctor-prescribed medication as a result of radiation or chemotherapy (max. benefit amount of $100 (Level 1), $160 (Level 2) or $200 (Level 3) per covered person per calendar month)	$40 per day administered or per prescription filled	$50 per day administered or per prescription filled
Blood/plasma/platelets/immunoglobulins A transfusion required during the treatment of invasive cancer (max. benefit amount of $10,000 per covered person per calendar year)	$175 per day	$250 per day
Bone marrow donor screening Testing in connection with being a potential donor (max. of one per covered person per lifetime)	$50	$50
Bone marrow or peripheral stem cell donation Receiving another person's bone marrow or stem cells for a transplant (max. of one per covered person per lifetime)	$750	$1,000
Bone marrow or peripheral stem cell transplant Transplant you receive for the treatment of invasive cancer (max. of two transplant benefits per covered person per lifetime)	$4,000 per transplant	$7,000 per transplant
Cancer vaccine An FDA-approved vaccine for the prevention of invasive cancer (max. of one per covered person per lifetime)	$50	$50
Companion transportation Companion travels by plane, train or bus to accompany a covered cancer patient more than 50 miles one way for treatment (max. benefit amount of $1,000 per covered person per round trip)	$.50 per mile	$.50 per mile
Egg(s) extraction or harvesting/sperm collection and storage (cryopreservation) Extracted/harvested or collected before chemotherapy, radiation or immunotherapy (max. of one per covered person per lifetime)		
■ Egg(s) extraction or harvesting or sperm collection	$700	$1,000
■ Egg(s) or sperm storage	$175	$300
Experimental treatment Hospital, medical or surgical care for experimental treatment of invasive cancer (max. benefit amount of $2,000 (Level 1), $2,500 (Level 2) or $3,000 (Level 3) per covered person per calendar year)	$250 per day	$300 per day
Hair/external breast/voice box prosthesis Prosthesis needed as a direct result of invasive cancer (per covered person per calendar year)	$200	$250
Home health care services Examples include physical therapy, occupational therapy, speech therapy and audiology; prosthesis and orthopedic appliances; rental or purchase of durable medical equipment (max. of 30 days per covered person per calendar year or twice the number of days of hospital confinement per covered person per calendar year)	$75 per day	$100 per day
Hospice (max. benefit amount of $15,000 for initial and daily hospice care per covered person per lifetime)		
■ Initial hospice care (max. of one per covered person per lifetime)	$1,000	$1,000
■ Daily hospice care	$50 per day	$50 per day

	Level 2	Level 3
Hospital confinement Hospital stay (including intensive care) required for the treatment of invasive cancer (per covered person)		
■ 30 days or less	$200 per day	$300 per day
■ 31 days or more	$400 per day	$600 per day
Lodging Hotel/motel expenses while being treated for invasive cancer more than 50 miles from home (max. of 90 days per covered person per calendar year)	$50 per day	$75 per day
Medical imaging studies Specific studies for cancer treatment (max. benefit amount of $100 (Level 1), $150 (Level 2) or $250 (Level 3) per covered person per calendar year)	$75 per study	$125 per study
Outpatient surgical center Surgery at an outpatient center for the treatment of invasive cancer (max. benefit amount of $450 (Level 1), $750 (Level 2) or $1,500 (Level 3) per covered person per calendar year)	$250 per day	$500 per day
Private full-time nursing services Services while hospital confined other than those regularly furnished by the hospital (per covered person)	$100 per day	$150 per day
Prosthetic device/artificial limb A surgical implant needed because of invasive cancer surgery per device or limb (max. benefit amount of $2,000 (Level 1), $3,000 (Level 2) or $6,000 (Level 3) per covered person per lifetime)	$1,500 per device or limb	$3,000 per device or limb
Radiation/chemotherapy or immunotherapy (max. benefit amount per covered person)		
■ **Self-administered** Self-injected/topical/oral non-hormonal month (max. benefit amount of $1,200 (Level 1), $2,400 (Level 2) or $4,800 (Level 3) per covered person per calendar year)	$200 per calendar month	$400 per calendar month
■ **Physician-administered** Injected chemotherapy by medical personnel/pump/immunotherapy month (max. benefit amount of $3,000 (Level 1), $4,200 (Level 2) or $8,400 (Level 3) per covered person per calendar year)	$350 per calendar month	$700 per calendar month
■ **Hormonal therapy** Oral hormonal month (max. benefit amount of $600 (Level 1), $900 (Level 2) or $1,800 (Level 3) per covered person per calendar year)	$75 per calendar month	$150 per calendar month
Reconstructive surgery Surgery to reconstruct anatomical defects resulting from treatment of invasive cancer (max. benefit amount of $1,500 (Level 1), $2,000 (Level 2) or $3,000 (Level 3) per covered person per procedure, including 25% for general anesthesia; limit two per site)	$40 per surgical unit	$60 per surgical unit
Second medical opinion A second physician's opinion on surgery or treatment following the positive diagnosis of invasive cancer (max. of one per covered person per lifetime)	$200	$300
Skilled nursing care facility Confinement to a covered facility after hospital release during the treatment of invasive cancer (per covered person per day up to the number of days for hospital confinement)	$100 per day	$150 per day
Supportive/protective care drugs and colony stimulating factors Doctor-prescribed drugs for the treatment of invasive cancer (max. benefit amount of $200 (Level 1), $320 (Level 2) or $400 (Level 3) per covered person per calendar year)	$40 per day	$50 per day
Surgical procedures Inpatient or outpatient surgery for the treatment of invasive cancer (max. benefit amount of $1,800 (Level 1), $3,500 (Level 2) or $4,800 (Level 3) per covered person per procedure)	$50 per surgical unit	$60 per surgical unit
Transportation Travel expenses when being treated for invasive cancer more than 50 miles from home (max. benefit amount of $1,000 (Level 1), $1,200 (Level 2) or $1,500 (Level 3) per covered person per round trip)	$.50 per mile	$.50 per mile
Waiver of premium No premiums due if the named insured is disabled longer than 90 consecutive days (lifetime maximum of 24 months)	Yes	Yes

Wellbeing Assistance Benefit

The wellbeing assistance benefit can help reduce the risk of serious illness through early detection of disease or risk factors.

Wellbeing assistance benefit **$100**

Maximum of one test per covered person per calendar year; subject to a 30-day waiting period before the benefit is payable. The test must be performed after the waiting period.

- Blood test for triglycerides
- Bone marrow testing
- BRCA1 or BRCA2 testing (genetic test for breast cancer)
- Breast ultrasound
- CA 15-3 (blood test for breast cancer)
- CA 125 (blood test for ovarian cancer)
- Carotid Doppler
- CEA (blood test for colon cancer)
- Chest x-ray
- Colonoscopy
- Echocardiogram (ECHO)
- Electrocardiogram (EKG, ECG)
- Fasting blood glucose test
- Flexible sigmoidoscopy
- Hemoccult stool analysis
- Mammography
- Pap smear
- PSA (blood test for prostate cancer)
- Serum cholesterol test for HDL and LDL levels
- Serum protein electrophoresis (blood test for myeloma)
- Skin cancer biopsy
- Stress test on a bicycle or treadmill
- Thermography
- ThinPrep pap test
- Virtual colonoscopy

Group Critical Illness Insurance

Preparing for the unexpected is simpler than you think. With Colonial Life, you'll have the support you need to face life's toughest challenges.

For more information, talk with your benefits counselor.

ColonialLife.com

THIS INSURANCE PROVIDES LIMITED BENEFITS

EXCLUSIONS AND LIMITATIONS FOR CANCER

We will not pay the Invasive Cancer (including all Breast Cancer) Benefit, Non-Invasive Cancer Benefit, Benefit Payable Upon Reoccurrence of Invasive Cancer (including all Breast Cancer) or Skin Cancer Initial Diagnosis Benefit for a covered person's invasive cancer or non-invasive cancer that: is diagnosed or treated outside the territorial limits of the United States, its possessions, or the countries of Canada and Mexico; is a pre-existing condition, unless the covered person has satisfied the pre-existing condition limitation period shown on the Certificate Schedule on the date the covered person is initially diagnosed as having invasive or non-invasive cancer. No pre-existing condition limitation will be applied for dependent children who are born or adopted while the named insured is covered under the certificate, and who are continuously covered from the date of birth or adoption.

EXCLUSIONS AND LIMITATIONS FOR CANCER BENEFITS RIDER

We will not pay Cancer Benefits for treatment of invasive cancer, including skin cancer where applicable, that is a pre-existing condition, unless the covered person has satisfied the pre-existing condition limitation period on the date the covered person receives treatment for invasive cancer, includingskin cancer where applicable, or is diagnosed or treated outside the territorial limits of the United States, its possessions, or the countries of Canada and Mexico.

PRE-EXISTING CONDITION LIMITATION

We will not pay a benefit for a pre-existing condition that occurs during the 12-month period after the coverage effective date. Pre-existing Condition means a sickness or physical condition for which a covered person received medical advice or treatment within 12 months before the coverage effective date.

This information is not intended to be a complete description of the insurance coverage available. The insurance or its provisions may vary or be unavailable in some states. The insurance has exclusions and limitations which may affect any benefits payable. Applicable to policy form GCI6000-P-EE-TX and certificate form GCI6000-C-EE-TX and rider R-GCI6000-CB-EE-TX. For cost and complete details of coverage, call or write your Colonial Life benefits counselor or the company.

Underwritten by Colonial Life & Accident Insurance Company, Columbia, SC