Colonial Life®

Group Cancer Insurance*

Plan 4 – Level 3

When a cancer diagnosis takes life on an unexpected turn, your focus should be on treatment and recovery — not finances. Colonial Life Group Cancer Insurance can help relieve the stress of financial worry by providing a lump-sum benefit payable directly to you to cover any expenses.

Coverage amount: _____

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.

BENEFITS STORY

Facing challenges together

Tom enjoys the outdoors, including hiking with his family, bike riding and walking his dog. When he was diagnosed with lung cancer, he worried that he'd never do those things again.

How Tom's coverage helped†

With his coverage, he received benefits for:

- Initial lung cancer diagnosis $10,000
- Second opinion $300
- MRI scan $125
- Hospital stay of 3 nights $900

Total amount..... **$11,325**

† For illustrative purposes only. Coverage amounts vary based on benefit level and face amount chosen.

Key benefits

- Available coverage for spouse and eligible dependent children at 50% of your coverage amount
- 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

Level 3 benefits

Here is how cancer benefits can help provide financial protection.

Air ambulance ..... **$2,000 per trip**
Transportation to or from a hospital/medical facility
(max. of two trips per confinement per covered person)

Ambulance ..... **$250 per trip**
Transportation to or from a hospital/medical facility
(max. of two trips per confinement per covered person)

Anesthesia
Administered during a surgical procedure for treatment of invasive cancer

- **General** ..... **25% of surgical procedures benefit**
- **Local** ..... **$50 per procedure**

Anti-nausea medication ..... **$50 per day administered or per prescription filled**
Doctor-prescribed medication as a result of radiation or chemotherapy
(max. benefit amount of $200 per covered person per calendar month)

Blood/plasma/platelets/immunoglobulins[2] ..... **$250 per day**
A transfusion required during the treatment of invasive cancer
(max. benefit amount of $10,000 per covered person per calendar year)

Bone marrow donor screening..... **$50**
Testing in connection with being a potential donor
(max. of one per covered person per lifetime)

Bone marrow or peripheral stem cell donation **$1,000**
Receiving another person's bone marrow or stem cells for a transplant
(max. of one per covered person per lifetime)

Bone marrow or peripheral stem cell transplant ..... **$7,000 per transplant**
Transplant you receive for the treatment of invasive cancer
(max. of two transplant benefits per covered person per lifetime)

Cancer vaccine **$50**
An FDA-approved vaccine for the prevention of invasive cancer
(max. of one per covered person per lifetime)

Companion transportation ..... **$0.50 per mile**
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)

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** **$1,000**
- **Egg(s) or sperm storage** **$300**

Experimental treatment ..... **$300 per day**
Hospital, medical or surgical care for experimental treatment of invasive cancer
(max. benefit amount of $3,000 per covered person per calendar year)

Hair/external breast/voice box prosthesis ..... **$350 per year**
Prosthesis needed as a direct result of invasive cancer
(per covered person per calendar year)

Home health care services[3] . . . . . **$100 per day**
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)

Hospice
(max. benefit amount of $15,000 for initial and daily hospice care per covered person per lifetime)

- **Initial hospice care** **$1,000**
  (max. of one per covered person per lifetime)
- **Daily hospice care** . . . . . **$50 per day**

Hospital confinement
Hospital stay (including intensive care) required for the treatment of invasive cancer (per covered person)

- **30 days or less** . . . . . **$300 per day**
- **31 days or more** . . . . . **$600 per day**

Lodging . . . . . **$75 per day**
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)

Medical imaging studies . . . . . **$125 per study**
Specific studies for cancer treatment (max. benefit amount of $250 per covered person per calendar year)

Outpatient surgical center . . . . . **$500 per day**
Surgery at an outpatient center for the treatment of invasive cancer (max. benefit amount of $1,500 per covered person per calendar year)

Private full-time nursing services . . . . . **$150 per day**
Services while hospital-confined other than those regularly furnished by a hospital (per covered person)

Prosthetic device/artificial limb . . . . . **$3,000 per device or limb**
A surgical implant needed because of invasive cancer surgery (max. benefit amount of $6,000 per covered person per lifetime)

Radiation/chemotherapy or immunotherapy
(max. benefit amount per covered person)

- **Self-administered** . . . . . **$400 per calendar month**
  Self-injected/topical/oral non-hormonal (max. benefit amount of $4,800 per covered person per calendar year)
- **Physician-administered** . . . . . **$700 per calendar month**
  Injected chemotherapy by medical personnel/pump/immunotherapy (max. benefit amount of $8,400 per covered person per calendar year)
- **Hormonal therapy** . . . . . **$150 per calendar month**
  Oral hormonal (max. benefit amount of $1,800 per covered person per calendar year)

Reconstructive surgery . . . . . **$60 per surgical unit**
Surgery to reconstruct anatomical defects resulting from treatment of invasive cancer (max. benefit amount of $3,000 per covered person per procedure, including 25% for general anesthesia; limit two per site)

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 Colonial Life benefits counselor.

Second medical opinion **$300**
A second physician's opinion on surgery or treatment following the positive diagnosis of invasive cancer (max. of one per covered person per lifetime)

Skilled nursing care facility ..... **$150 per day**
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)

Supportive/protective care drugs and colony stimulating factors ..... **$50 per day**
Doctor-prescribed drugs for the treatment of invasive cancer (max. benefit amount of $400 per covered person per calendar year)

Surgical procedures ..... **$60 per surgical unit**
Inpatient or outpatient surgery for the treatment of invasive cancer (max. benefit amount of $4,800 per covered person per procedure)

Transportation ..... **$0.50 per mile**
Travel expenses when being treated for invasive cancer more than 50 miles from home (max. benefit amount of $1,500 per covered person per round trip)

Waiver of premium ..... **Yes**
No premiums due if the named insured is disabled longer than 90 consecutive days (lifetime maximum of 24 months)

1. Please refer to the certificate for complete definitions of covered conditions.
2. In North Carolina, pays actual charges incurred for blood/plasma/platelets/immunoglobulins and their administration, subject to the maximum benefit amount.
3. In Wisconsin, maximum of 40 days per covered person per calendar year.

* The filed product name in PA is Group Critical Illness Specified Disease Insurance. In FL, the filed product name is Group Cancer Limited Benefit Insurance.

THIS INSURANCE PROVIDES LIMITED BENEFITS.

This coverage is a supplement to health insurance. It is not a substitute for essential health benefits or minimum essential coverage as defined in federal law. Insureds in some states must be covered by comprehensive health insurance before applying for this insurance.

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, including skin 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 was treated, had medical testing, received medical advice or had taken medication 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 and certificate form GCI6000-C (including state abbreviations where used, for example: GCI6000-C-TX) and rider form R-GCI6000-CB. For cost and complete details of coverage, call or write your Colonial Life benefits counselor or the company.

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