



Group Critical Illness 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’s group critical illness insurance helps 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.

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.



Level 3 benefits

Cancer benefits can help provide financial protection through a variety of benefits.

Air ambulance	\$2,000 per trip
<i>Transportation to or from a hospital/medical facility (max. of two trips per confinement per covered person)</i>	
Ambulance	\$250 per trip
<i>Transportation to or from a hospital/medical facility (max. of two trips per confinement per covered person)</i>	
Anesthesia	
<i>Administered during a surgical procedure for treatment of invasive cancer</i>	
■ General	25% of surgical procedures benefit
■ Local	\$50 per procedure
Anti-nausea medication	\$50 per
<i>Doctor-prescribed medication as a result of radiation or chemotherapy (max. benefit amount of \$200 per covered person per calendar month)</i>	
<i>day administered or per prescription filled</i>	
Blood/plasma/platelets/immunoglobulins²	\$250 per day
<i>A transfusion required during the treatment of invasive cancer (max. benefit amount of \$10,000 per covered person per calendar year)</i>	
Bone marrow donor screening	\$50
<i>Testing in connection with being a potential donor (max. of one per covered person per lifetime)</i>	
Bone marrow or peripheral stem cell donation	\$1,000
<i>Receiving another person's bone marrow or stem cells for a transplant (max. of one per covered person per lifetime)</i>	
Bone marrow or peripheral stem cell transplant	\$7,000 per transplant
<i>Transplant you receive for the treatment of invasive cancer (max. of two transplant benefits per covered person per lifetime)</i>	
Cancer vaccine	\$50
<i>An FDA-approved vaccine for the prevention of invasive cancer (max. of one per covered person per lifetime)</i>	
Companion transportation	\$.50 per mile
<i>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)</i>	
Egg(s) extraction or harvesting/sperm collection and storage (cryopreservation)	
<i>Extracted/harvested or collected before chemotherapy, radiation or immunotherapy (max. of one per covered person per lifetime)</i>	
■ Egg(s) extraction or harvesting or sperm collection	\$1,000
■ Egg(s) or sperm storage	\$300
Experimental treatment	\$300 per day
<i>Hospital, medical or surgical care for experimental treatment of invasive cancer (max. benefit amount of \$3,000 per covered person per calendar year)</i>	
Hair/external breast/voice box prosthesis	\$350 per year
<i>Prosthesis needed as a direct result of invasive cancer (per covered person per calendar year)</i>	
Home health care services	\$100 per day
<i>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)</i>	
Hospice	
<i>(max. benefit amount of \$15,000 for initial and daily hospice care per covered person per lifetime)</i>	
■ Initial hospice care	\$1,000
<i>(max. of one per covered person per lifetime)</i>	
■ Daily hospice care	\$50 per day

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

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

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)

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 \$.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)



For more information,
talk with your
benefits counselor.



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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.

1. 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.

THIS INSURANCE PROVIDES LIMITED BENEFITS.

Insureds in MA must be covered by comprehensive health insurance before applying for this coverage.

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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STATE-SPECIFIC EXCLUSIONS

AK: Alcoholism or Drug Addiction Exclusion does not apply

CA: Alcoholism or Drug Addiction Exclusion does not apply; Intoxicants and Narcotics replaced with Intoxicants or Controlled Substances.

CO: Suicide exclusion: whether sane or not replaced with while sane

CT: Alcoholism or Drug Addiction Exclusion replaced with Intoxication or Drug Addiction; Felonies or Illegal Occupations Exclusion replaced with Felonies; Intoxicants and Narcotics Exclusion does not apply

DC: Alcoholism or Drug Addiction Exclusion does not apply

DE: Alcoholism or Drug Addiction Exclusion does not apply

IA: Exclusions and Limitations headers renamed to Exclusions and Limitations for Critical Illness Covered Conditions and Critical Illness Cancer Covered Conditions

ID: War or Armed Conflict Exclusion replaced with War; Felonies and Illegal Occupations Exclusion replaced with Felonies; Intoxicants and Narcotics Exclusion does not apply; Domestic Partner added to Spouse

IL: Alcoholism or Drug Addiction Exclusion replaced with Alcoholism or Substance Abuse Disorder

KS: Alcoholism or Drug Addiction Exclusion does not apply

KY: Alcoholism or Drug Addiction Exclusion does not apply; Intoxicants and Narcotics Exclusion replaced with Intoxicants, Narcotics and Hallucinogenics.

LA: Alcoholism or Drug Addiction Exclusion does not apply; Domestic Partner added to Spouse

MA: Exclusions and Limitations headers renamed to Limitations and Exclusions for critical illness and cancer

MD: Alcoholism or Drug Addiction Exclusion does not apply; Felonies or Illegal Occupations Exclusion does not apply; Intoxicants and Narcotics Exclusion does not apply; Prohibited Practitioner Referral added as an additional exclusion for cancer

MI: Intoxicants and Narcotics Exclusion does not apply; Suicide Exclusion does not apply

MN: Alcoholism or Drug Addiction Exclusion does not apply; Suicide Exclusion does not apply; Felonies and Illegal Occupations Exclusion replaced with Felonies or Illegal Jobs; Intoxicants and Narcotics Exclusion replaced with Narcotic Addiction

MO: Alcoholism or Drug Addiction Exclusion replaced with Drug Addiction; Felonies or Illegal Occupations Exclusion replaced with Illegal Activities

MS: Alcoholism or Drug Addiction Exclusion does not apply

ND: Alcoholism or Drug Addiction Exclusion does not apply

NV: Intoxicants and Narcotics Exclusion does not apply; Domestic Partner added to Spouse

PA: Alcoholism or Drug Addiction Exclusion does not apply; Suicide Exclusion: whether sane or not removed

SD: Alcoholism or Drug Addiction Exclusion does not apply; Intoxicants and Narcotics Exclusion does not apply

TX: Alcoholism or Drug Addiction Exclusion does not apply; Doctor or Physician Relationship added as an additional exclusion

UT: Alcoholism or Drug Addiction Exclusion replaced with Alcoholism

VT: Alcoholism or Drug Addiction Exclusion does not apply; Intoxicants and Narcotics Exclusion does not apply; Suicide Exclusion: whether sane or not removed

WY: Exclusions and Limitations header for Cancer renamed to Limitations for Specified Disease

STATE-SPECIFIC PRE-EXISTING CONDITION LIMITATIONS

CA: Pre-existing Condition means a sickness or physical condition for which a covered person was diagnosed or treated within 12 months before the coverage effective date shown on the Certificate Schedule.

FL: Pre-existing is 6/12; 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 six months before the coverage effective date shown on the Certificate Schedule. Genetic information is not a pre-existing condition in the absence of a diagnosis of the condition related to such information.

GA: Pre-existing Condition means the existence of symptoms which would cause an ordinarily prudent person to seek diagnosis, care, or treatment, or a condition for which medical advice or treatment was recommended by or received within 12 months preceding the coverage effective date.

ID: Pre-existing is 6 months/12 months; Pre-existing Condition means a sickness or physical condition which caused a covered person to seek medical advice, diagnosis, care or treatment during the six months immediately preceding the coverage effective date shown on the Certificate Schedule.

IL: Pre-existing Condition means a sickness or physical condition for which a covered person was diagnosed, treated, had medical testing by a legally qualified physician, received medical advice, produced symptoms or had taken medication within 12 months before the coverage effective date shown on the Schedule of Benefits.

IN: Pre-existing is 6 months/12 months

MA: Pre-existing is 6 months/12 months; Pre-existing Condition means a sickness or physical condition for which a covered person was treated, had medical testing, or received medical advice within six months before the coverage effective date shown on the Certificate Schedule.

MD: 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 shown on the Certificate Schedule. Pre-existing condition does not include a condition revealed on the application unless excluded by a signed waiver rider.

ME: Pre-existing is 6 months/6 months; Pre-existing Condition means a sickness or physical condition for which a covered person was treated, had medical testing, or received medical advice within six months before the coverage effective date shown on the Certificate Schedule.

MI: Pre-existing is 6 months/6 months

NC: Pre-existing Condition means those conditions for which medical advice, diagnosis, care, or treatment was received or recommended within the one-year period immediately preceding the effective date of a covered person. If a covered person is 65 or older when this certificate is issued, pre-existing conditions for that covered person will include only conditions specifically eliminated.

NV: Pre-existing is 6 months/12 months; 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 six months before the coverage effective date. Pre-existing Condition does not include genetic information in the absence of a diagnosis of the condition related to such information.

PA: Pre-existing is 90 days/12 months; Pre-existing Condition means a disease or physical condition for which you received medical advice or treatment within 90 days before the coverage effective date shown on the Certificate Schedule.

SD: Pre-existing is 6 months/12 months

TX: 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 shown on the Certificate Schedule.

UT: Pre-existing is 6 months/6 months

WY: Pre-existing is 6 months/12 months

This information is not intended to be a complete description of the insurance coverage available. The insurance, its name 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). For cost and complete details of coverage, call or write your Colonial Life benefits counselor or the company. This form is not complete without base form 385403, 387100, 387169, 402383, 402558 or 387238, and rider form 387307, 387381, 387452, 387523, 387594, 387665, 402605 or 402671. Underwritten by Colonial Life & Accident Insurance Company, Columbia, SC.

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Group Critical Illness Insurance

Wellbeing Assistance Benefit



For more information,
talk with your
benefits counselor.

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

Wellbeing assistance benefit \$ _____

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 ovarian cancer)
- CA 125 (blood test for breast cancer)
- Carotid Doppler
- CEA (blood test for colon cancer)
- Chest x-ray
- Colonoscopy
- Echocardiogram (ECHO)
- Electrocardiogram (EKG, ECG)
- Fasting blood glucose test
- Flexible sigmoidoscopy
- Hemocult 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

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