



Cancer Insurance

Level 3 benefits

Cancer insurance helps provide financial protection through a variety of benefits. These benefits are not only for you but also for your covered family members.

BENEFIT DESCRIPTION	BENEFIT AMOUNT	BENEFIT DESCRIPTION	BENEFIT AMOUNT
Air ambulance	\$2,000 per trip	Companion transportation	\$0.50 per mile
Transportation to or from a hospital or medical facility [max. of two trips per confinement]		Companion travels by plane, train or bus to accompany a covered cancer patient more than 50 miles one way for treatment [up to \$1,200 per round trip]	
Ambulance	\$250 per trip	Egg(s) extraction or harvesting/sperm collection and storage	
Transportation to or from a hospital or medical facility [max. of two trips per confinement]		Extracted/harvested or collected before chemotherapy or radiation [once per lifetime]	
Anesthesia		• Egg(s) extraction or harvesting/sperm collection	\$1,000
Administered during a surgical procedure for cancer treatment		• Egg(s) or sperm storage (cryopreservation)	\$350
• General anesthesia	25% of surgical procedures benefit	Experimental treatment	\$300 per day
• Local anesthesia	\$40 per procedure	Hospital, medical or surgical care for cancer [\$15,000 lifetime max.]	
Anti-nausea medication	\$50 per day administered or per prescription filled	Family care	\$50 per day
Doctor-prescribed medication for radiation or chemotherapy [\$200 monthly max.]		Inpatient or outpatient treatment for a covered dependent child [\$2,500 calendar year max.]	
Blood/plasma/platelets/immunoglobulins	\$175 per day	Hair/external breast/voice box prosthesis	\$350 per calendar year
A transfusion required during cancer treatment [\$10,000 calendar year max.]		Prosthesis needed as a direct result of cancer	
Bone marrow donor screening	\$50	Home health care services ¹	\$100 per day
Testing in connection with being a potential donor [once per lifetime]		Examples include physical therapy, occupational therapy, speech therapy and audiology; prosthesis and orthopedic appliances; rental or purchase of durable medical equipment [up to 30 days per calendar year or twice the number of days hospital confined, whichever is greater]	
Bone marrow or peripheral stem cell donation	\$750	Hospice (initial or daily care) ²	
Receiving another person's bone marrow or stem cells for a transplant [once per lifetime]		An initial, one-time benefit and a daily benefit for treatment [\$15,000 lifetime max. for both]	
Bone marrow or peripheral stem cell transplant	\$7,000 per transplant	• Initial hospice care [once per lifetime]	\$1,000
Transplant you receive in connection with cancer treatment [max. of two bone marrow transplant benefits per lifetime]		• Daily hospice care	\$50 per day
Cancer vaccine	\$50		
An FDA-approved vaccine for the prevention of cancer [once per lifetime]			

BENEFIT DESCRIPTION	BENEFIT AMOUNT
Hospital confinement Hospital stay (including intensive care) required for cancer treatment	
• 30 days or less	\$250 per day
• 31 days or more	\$500 per day
Lodging	\$75 per day
Hotel/motel expenses when being treated for cancer more than 50 miles from home [70-day calendar year max.]	
Medical imaging studies	\$175 per study
Specific studies for cancer treatment [\$350 calendar year max.]	
Outpatient surgical center	\$300 per day
Surgery at an outpatient center for cancer treatment [\$900 calendar year max.]	
Private full-time nursing services	\$125 per day
Services while hospital confined other than those regularly furnished by the hospital	
Prosthetic device/artificial limb	\$2,000 per device or limb
A surgical implant needed because of cancer surgery [payable one per site, \$4,000 lifetime max.]	
Radiation/chemotherapy Weekly benefit [max. once per week]	
• Injected chemotherapy by medical personnel	\$750
• Radiation delivered by medical personnel	\$750
Monthly chemotherapy benefit [max. once per month]	
• Self-injected	\$300
• Pump	\$300
• Topical	\$300
• Oral hormonal [1-24 months]	\$300
• Oral hormonal [25+ months]	\$150
• Oral non-hormonal	\$300

BENEFIT DESCRIPTION	BENEFIT AMOUNT
Reconstructive surgery³	\$60 per surgical unit
A surgery to reconstruct anatomic defects that result from cancer treatment [up to \$3,000 per procedure, including 25% for general anesthesia]	
Second medical opinion⁴	\$300
A second physician's opinion on cancer surgery or treatment [once per lifetime]	
Skilled nursing care facility	\$100 per day
Confinement to a covered facility after hospital release [up to the number of days paid for hospital confinement]	
Skin cancer initial diagnosis	\$400
A skin cancer diagnosis while the policy is in force [once per lifetime]	
Supportive or protective care drugs and colony stimulating factors	\$150 per day
Doctor-prescribed drugs to enhance or modify radiation/chemotherapy treatments [\$1,200 calendar year max.]	
Surgical procedures	\$60 per surgical unit
Inpatient or outpatient surgery for cancer treatment [\$5,000 max. per procedure]	
Transportation	\$0.50 per mile
Travel expenses when being treated for cancer more than 50 miles from home [up to \$1,200 per round trip]	
Waiver of premium	Is available
No premiums due if the named insured is disabled longer than 90 consecutive days	



For more information, talk with your Colonial Life benefits counselor.

In MD, Tobacco cessation benefit available. \$20 per prescription filled, maximum of two 90-day prescriptions per covered person.

In MT, Mammography benefit available. \$70 for one baseline mammogram for ages 35-39; one mammogram every two years for ages 40-49; one mammogram each year for ages 50+.

1. In CO, Home health care services maximum is up to 60 days per calendar year or twice the number of days hospital confined, whichever is greater. In WI, Home health care services maximum is up to 40 days per calendar year or twice the number of days hospital confined, whichever is greater.
2. In CO, no hospice benefit available.
3. In OK, Reconstructive surgery is \$30 per surgical unit.
4. In MD, Second medical opinion is \$75 maximum of one per covered person per hospital confinement.

THIS POLICY PROVIDES LIMITED BENEFITS.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. Applicable to policy form CanAssist (including state abbreviations where used, for example: CanAssist-TX). This chart is not complete without form number 1170702 (Exclusions & Limitations) in states CO, ID, MD, MN, MO, NC, OK, SC, SD, VT and WA. 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

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FOR EMPLOYEES 7-22 | 101484-4



Cancer Insurance*

Exclusions and limitations

Waiting period

All benefits and riders are subject to a 30-day waiting period. Waiting period means the first 30 days following the policy's coverage effective date during which no benefits are payable.

See the following list for state-specific variations.

ID, MD, MN, MO, OK, SD, VA and WA — No waiting period

Eligibility for cancer benefits

We will pay benefits for the treatment of cancer including skin cancer where applicable if:

- the date of diagnosis is after the waiting period;
- the date of diagnosis is while this policy is in force;
- a covered person receives treatment for cancer or skin cancer while this policy is in force; and
- the cancer or treatment is not excluded by name or specific description in this policy.

If your cancer has a date of diagnosis before the end of the waiting period, coverage for that cancer will apply only to losses commencing after this policy has been in force for two years, unless it is excluded by name or specific descriptions in this policy.

If cancer is not pathologically or clinically diagnosed until after you die, we will only pay benefits for cancer treatment performed during the 45-day period before your death.

See the following list for state-specific variations.

CO — If your cancer has a date of diagnosis before the end of the waiting period, coverage for that cancer will apply only to losses commencing after this policy has been in force for one year, unless it is excluded by name or specific description in this policy.

NC — If your cancer has a date of diagnosis before the end of the waiting period, coverage for that cancer will apply only to losses commencing after the policy has been in force for 12 months, unless it is excluded by name or specific description in the policy.

What is not covered by this policy

We will not pay benefits for cancer or skin cancer:

- if the diagnosis or treatment of cancer is received outside of the territorial limits of the United States and its possessions; or
- for other conditions or diseases, except losses due directly from cancer.

See the following list for state-specific variations for cancer coverage.

ID — Pre-existing condition limitation. We will not pay benefits if the diagnosis or treatment of cancer is a pre-existing condition, unless the covered person has satisfied the six-month pre-existing condition limitation period shown on the Policy Schedule on the date the covered person is initially diagnosed as having cancer or skin cancer. Pre-existing condition means having 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 policy coverage effective date of this policy.

MD — Pre-existing condition limitation. We will not pay benefits if the diagnosis or treatment of cancer is a pre-existing condition, unless the covered person has satisfied the six-month pre-existing condition limitation period under your policy on the date the covered person is diagnosed as having cancer or skin cancer. Pre-existing condition means having 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 your policy effective date.

We will not pay benefits for cancer or skin cancer:

- Unless the diagnosis and treatment is confirmed and received within the territorial limits of the United States and its possession; or
- For any other conditions or diseases, unless the losses due are directly from cancer.

MN — Pre-existing condition limitation. We will not pay benefits if the diagnosis or treatment of cancer is a pre-existing condition, unless the covered person has satisfied the six-month pre-existing condition limitation period shown on the Policy Schedule on the date the covered person is initially diagnosed as having cancer or skin cancer. Pre-existing condition means having 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 policy coverage effective date of this policy.

MO — Pre-existing condition limitation. We will not pay benefits if the diagnosis or treatment of cancer is a pre-existing condition, unless the covered person has satisfied the six-month pre-existing condition limitation period shown on the Policy Schedule on the date the covered person is initially diagnosed as having cancer or skin cancer. Pre-existing condition means having 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 policy coverage effective date of this policy.

OK — Pre-existing condition limitation. We will not pay benefits if the diagnosis or treatment for cancer, skin cancer or a specified disease is a pre-existing condition, unless the covered person has satisfied the six-month pre-existing condition limitation period under the policy on the date the covered person is initially diagnosed as having cancer, skin cancer or a specified disease. Pre-existing condition means a condition for which the covered person received medical advice, was given treatment, or treatment was recommended by or received from a doctor within six months immediately preceding the effective date of the policy, and which is not excluded by name or specific description in this policy.

SC — We will not pay benefits for cancer or skin cancer:

- If the diagnosis or treatment of cancer is received outside of the territorial limits of the United States and its possessions; or
- For other conditions or diseases, except losses due directly from cancer, aggravated by cancer or resulting from cancer or treatment of cancer.

SD — Pre-existing condition limitation. We will not pay benefits if the diagnosis or treatment for cancer, skin cancer or a specified disease is a pre-existing condition, unless the covered person has satisfied the six-month pre-existing condition limitation period under your policy on the date the covered person is diagnosed as having cancer, skin cancer or a specified disease. Pre-existing condition means having 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 your policy effective date.

VA — Pre-existing condition limitation. We will not pay benefits for the diagnosis of internal cancer or skin cancer that is a pre-existing condition, nor will we pay benefits for the treatment of internal cancer or skin cancer that is a pre-existing condition unless the covered person has satisfied the six-month pre-existing condition limitation period on the policy. Pre-existing condition means a condition for which a covered person was diagnosed prior to the effective date of the policy, and for which medical advice or treatment was recommended by or received from a doctor within six months immediately preceding the effective date of the policy.

VT — We will not pay benefits for cancer or skin cancer:

- If the diagnosis or treatment of cancer is received outside of the territorial limits of the United States and its possessions; unless the diagnosis is confirmed within the territorial limits of the United States or its possessions by a licensed physician; or
- For other conditions or diseases, except losses due directly from cancer.

WA — Pre-existing condition limitation. We will not pay benefits if the diagnosis or treatment for cancer, skin cancer or a specified disease is a pre-existing condition, unless the covered person has satisfied the six-month pre-existing condition limitation period under the policy on the date the covered person is initially diagnosed as having cancer, skin cancer or a specified disease. Pre-existing condition means having 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 policy effective date.

Eligibility for specified disease hospital confinement rider

We will pay this benefit each day a covered person incurs a charge and is confined to a hospital for treatment of a specified disease if:

- the date of diagnosis of the specified disease is after the waiting period;
- the date of diagnosis of the specified disease is while the rider is in force;
- a covered person is confined to a hospital for treatment of a specified disease while this rider is in force; and
- the specified disease is not excluded by name or specific description in this rider.

If your specified disease has a date of diagnosis before the end of the waiting period, coverage for that specified disease will apply only to hospital confinements commencing after this rider has been in force for two years, unless the specified disease is excluded by name or specific description in this rider.

See the following list for state-specific variations for this rider.

MA — If your specified disease has a date of diagnosis during the waiting period, coverage for that specified disease will apply only to hospital confinements commencing after this rider has been in force for six months, unless the specified disease is excluded by name or specific description in this rider. If your specified disease has a date of diagnosis during the waiting period, you may choose to cancel your policy and receive a refund of all premiums paid or select a six-month delay in the payment of benefits for the specified disease which was diagnosed during the waiting period.

CO — If your specified disease has a date of diagnosis before the end of the waiting period, coverage for that specified disease will apply only to hospital confinements commencing after this rider has been in force for one year, unless the specified disease is excluded by name or specific description in this rider.

NC — If your specified disease has a date of diagnosis before the end of the waiting period, coverage for that specified disease will apply only to hospital confinements commencing after this rider has been in force for 12 months, unless the specified disease is excluded by name or specific description in this rider.

NH — If your specified disease has a date of diagnosis before the end of the waiting period, coverage for that specified disease will apply only to hospital confinements commencing after this rider has been in force for six months, unless the specified disease is excluded by name or specific description in this rider.

ID, MD, MN, MO, OK, SD, and VA — Pre-existing condition limitation. If a covered person's specified disease is a pre-existing condition, coverage for that specified disease will only apply to hospital confinements commencing after this rider has been in force for six months unless the specified disease is excluded by name or specific description in this rider.

Guaranteed renewable

The policy is guaranteed renewable as long as you pay the premiums when they are due or within the grace period. Your premium can be changed only if we change it on all policies of this kind in force in the state where the policy was issued.

*The filed product name in most states is Specified Disease Insurance. In FL and VT, the filed product name is Limited Benefit Insurance.

THIS POLICY 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.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. Applicable to policy form CanAssist and rider forms R-CanAssistIdx, R-CanAssistProg and R-CanAssistSpDis (including state abbreviations where applicable, for example: CanAssist-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 101478, 101481, 101482, 101483, 101484, 101485, 101486 or 101547.



Cancer Insurance

Wellness Benefits¹

Part one: Cancer wellness/health screening

Provided when one of the tests listed below is performed after the waiting period and while the policy is in force. Payable once per calendar year, per covered person.

CANCER WELLNESS TESTS²

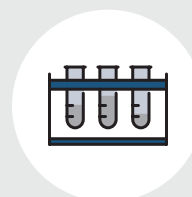
- | | |
|--|--|
| • Bone marrow testing | • Hemoccult stool analysis |
| • Breast ultrasound | • Mammography ³ |
| • CA 15-3 (blood test for breast cancer) | • Pap smear |
| • CA 125 (blood test for ovarian cancer) | • PSA (blood test for prostate cancer) |
| • CEA (blood test for colon cancer) | • Serum protein electrophoresis (blood test for myeloma) |
| • Chest X-ray | • Skin biopsy |
| • Colonoscopy | • Thermography |
| • Flexible sigmoidoscopy | • ThinPrep [®] Pap test ⁴ |
| | • Virtual colonoscopy |

HEALTH SCREENING TESTS

- | | |
|--------------------------------|---|
| • Blood test for triglycerides | • Fasting blood glucose test |
| • Carotid Doppler | • Serum cholesterol test for HDL and LDL levels |
| • Echocardiogram (ECHO) | • Stress test on a bicycle or treadmill |
| • Electrocardiogram (EKG, ECG) | |

Part two: Cancer wellness – additional invasive diagnostic test or surgical procedure

Provided when a doctor performs a diagnostic test or surgical procedure after the waiting period as the result of an abnormal result from one of the covered cancer wellness tests in part one. We will pay the benefit regardless of the test results. Payable once per calendar year, per covered person.



To encourage early detection, our cancer insurance offers benefits for wellness and health screening tests.



For more information, talk with your Colonial Life benefits counselor.

1. In MA, Wellness Benefits are called Additional Benefits.
2. In WV, Human papillomavirus test is an additional covered test.
3. In MT, Mammography is a benefit on the base plan only.
4. Hologic and ThinPrep are registered trademarks of Hologic, Inc.

THIS POLICY PROVIDES LIMITED BENEFITS.

Insureds in MA and VT must be covered by comprehensive health insurance before applying for cancer insurance.

Waiting period means the first 30 days following the policy's coverage effective date during which no benefits are payable. No waiting period in ID, MD, MN, MO, NJ, OK, SD, VA, and WA.

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

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COLONIAL LIFE & ACCIDENT INSURANCE COMPANY
1200 Colonial Life Boulevard, P. O. Box 1365, Columbia, South Carolina 29202
1.800.325.4368 coloniallife.com
A Stock Company

INITIAL DIAGNOSIS OF CANCER RIDER
OUTLINE OF COVERAGE
(Applicable to Rider Form R-CanAssistIdx-OK)

THE RIDER IS NOT ATTACHED TO A MEDICARE SUPPLEMENT POLICY.
If you are eligible for Medicare, review the Guide to Health Insurance for
People with Medicare available from the Company.

Please Read the Rider Carefully

This outline provides a very brief description of the important features of your rider. This is not an insurance contract and only the actual policy and rider provisions will control. The policy and rider set forth in detail the rights and obligations of both you and us. It is, therefore, important that you **READ YOUR RIDER CAREFULLY**.

Renewability

Your rider is guaranteed renewable for as long as the policy to which it is attached is in force. Your premium can be changed only if we change it on all riders of this kind in force in the state where your rider was issued.

Coverage Provided by The Rider

Your rider is designed to provide coverage ONLY for losses due to cancer, subject to any limitations in your rider. The rider does not provide coverage for basic hospital, basic medical-surgical or major medical expenses.

Initial Diagnosis of Cancer

Amount for Named Insured: \$5,000

Amount for Spouse: *

Amount for Dependent Children: **

We will pay the Initial Diagnosis of Cancer benefit when a covered person incurs a charge for and receives an initial diagnosis of cancer if:

- the date of diagnosis is while the rider is in force; and
- the cancer is not excluded by name or specific description in the rider.

We will pay the benefit only once for each covered person insured by the rider.

We will not pay the benefit for skin cancer as defined in the Policy to which the rider is attached, or any cancer that is a pre-existing condition.

Cancer must be diagnosed by either pathological diagnosis or clinical diagnosis. In addition to the required pathological or clinical diagnosis, we may require additional information from the attending doctor and hospital.

What Is Not Covered By The Rider

Pre-Existing Condition Limitation

We will not pay benefits for cancer that is a pre-existing condition.

Reinstatement

If you do not pay your premium for the rider and the policy to which it is attached by the end of the grace period, the rider will lapse on the same day as the policy. If you reinstate the policy, the rider will also be reinstated. In case of reinstatement, the reinstated rider will cover the initial diagnosis of cancer, only if the diagnosis occurs more than 10 days after the reinstatement date.