

# Group Critical Illness Insurance\*

## Plan 1



When life takes an unexpected turn due to a critical illness diagnosis, your focus should be on recovery – not finances. Colonial Life group critical illness insurance helps provide financial support by providing a lump-sum benefit payable directly to you for your greatest needs.

Coverage amount: \_\_\_\_\_

### Critical illness benefit

COVERED CONDITION <sup>1</sup>	PERCENTAGE OF APPLICABLE COVERAGE AMOUNT
Benign brain tumor	100%
Coma	100%
End stage renal (kidney) failure	100%
Heart attack (myocardial infarction)	100%
Loss of hearing	100%
Loss of sight	100%
Loss of speech	100%
Major organ failure requiring transplant	100%
Occupational infectious HIV or occupational infectious hepatitis B, C, or D	100%
Permanent paralysis due to a covered accident <sup>2</sup>	100%
Stroke	100%
Sudden cardiac arrest	100%
Coronary artery disease	25%

### BENEFITS STORY

#### An unexpected moment changes life forever

Chris was mowing the lawn when he suffered a stroke. His recovery will be challenging and he's worried, since his family relies on his income.

#### How Chris's coverage helped

The lump-sum payment from his critical illness insurance helped pay for:



Co-payments and hospital bills not covered by his medical insurance



Physical therapy to get back to doing what he loves



Household expenses while he was unable to work

For illustrative purposes only.

## 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

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.

## Subsequent diagnosis of a different critical illness<sup>3</sup>

If you receive a benefit for a critical illness, and are later diagnosed with a different critical illness, 100% of the coverage amount may be payable for that particular critical illness.

## Subsequent diagnosis of the same critical illness<sup>3</sup>

If you receive a benefit for a critical illness, and are later diagnosed with the same critical illness,<sup>4</sup> 25% of the coverage amount may be payable for that critical illness.

## Additional covered conditions for dependent children

COVERED CONDITION <sup>1</sup>	PERCENTAGE OF APPLICABLE COVERAGE AMOUNT
Cerebral palsy	100%
Cleft lip or palate	100%
Cystic fibrosis	100%
Down syndrome	100%
Spina bifida	100%

1. Please refer to the certificate for complete definitions of covered conditions.
2. In WA, the covered condition is called Permanent Paralysis.
3. Dates of diagnoses of a covered critical illness must be separated by more than 180 days.
4. Critical illnesses that do not qualify include: coronary artery disease, loss of hearing, loss of sight, loss of speech, and occupational infectious HIV or occupational infectious hepatitis B, C, or D.

\*The filed product name in IA is Group Critical Illness Specified Disease Insurance. In FL and VT, the filed product name is Group Critical Illness 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 CRITICAL ILLNESS

We will not pay the Critical Illness Benefit, Benefits Payable Upon Subsequent Diagnosis of a Critical Illness or Additional Critical Illness Benefit for Dependent Children that occurs as a result of a covered person's: alcoholism or drug addiction; felonies or illegal occupations; intoxicants and narcotics; suicide or injuring oneself intentionally, whether sane or not; war or armed conflict; or 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 diagnosed with a critical illness.

### 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). For cost and complete details of coverage, call or write your Colonial Life benefits counselor or the company.

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# Group Critical Illness Insurance\*

## First Diagnosis Building Benefit Rider

The first diagnosis building benefit rider provides a lump-sum payment in addition to the coverage amount when you are diagnosed with a covered critical illness or invasive cancer (including all breast cancer). This benefit is for you and all your covered family members.

### First diagnosis building benefit

Payable once per covered person per lifetime

- **Named insured** ..... Accumulates \$1,000 each year
- **Covered spouse/dependent children** ..... Accumulates \$500 each year

The benefit amount accumulates each year the rider is in force before a diagnosis is made, up to a maximum of 10 years.

If diagnosed with a covered critical illness or invasive cancer (including all breast cancer) before the end of the first rider year, the rider will provide one-half of the annual building benefit amount.

Coronary artery disease is not a covered critical illness. Non-invasive and skin cancer are not covered cancer conditions.

\*Plan 1 includes Critical Illness, Plan 2 includes Critical Illness and Cancer, Plans 3 & 4 only include Cancer.

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Please refer to the certificate for complete definitions of covered conditions.

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# Group Critical Illness Insurance\*

## Progressive Diseases Rider

The debilitating effects of a progressive disease not only impact you physically, but financially as well. Changes in lifestyle may require home modification, additional medical treatment and other expenses. This benefit is for you as well as your covered family members.

Payable for each covered progressive disease if the covered person is unable to perform two or more activities of daily living and the 90-day elimination period has been met.<sup>1</sup> Payable once per covered person per lifetime.

COVERED PROGRESSIVE DISEASE <sup>2</sup>	PERCENTAGE OF APPLICABLE COVERAGE AMOUNT
Amyotrophic Lateral Sclerosis (ALS)	25%
Dementia (including Alzheimer's disease)	25%
Huntington's disease	25%
Lupus	25%
Multiple sclerosis (MS)	25%
Muscular dystrophy	25%
Myasthenia gravis (MG)	25%
Parkinson's disease	25%
Systemic sclerosis (scleroderma)	25%



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1. Activities of daily living include bathing, continence, dressing, eating, toileting and transferring.
2. Please refer to the certificate for complete definitions of covered diseases.

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**EXCLUSIONS AND LIMITATIONS FOR PROGRESSIVE DISEASES RIDER**

We will not pay benefits for a covered progressive disease that occurs as a result of a covered person's: alcoholism or drug addiction; felonies or illegal occupations; intoxicants and narcotics; suicide or injuring oneself intentionally, whether sane or not; war or armed conflict; or 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 diagnosed with a covered progressive disease.

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## 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.....\$\_\_\_\_\_

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
- 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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\*Refer to the base plan brochure for state-specific filed product name.

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