



# 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 <sup>†</sup>	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<sup>†</sup>

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**

<sup>†</sup> 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<sup>2</sup>** ..... \$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<sup>3</sup> . . . . . \$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.**



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**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/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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# 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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# Group Critical Illness Insurance\*

## Infectious Diseases Rider



The sudden onset of an infectious or contagious disease can create unexpected circumstances for you or your family. The infectious diseases rider provides a lump sum which can be used toward health care expenses or meeting day-to-day needs. These benefits are for you as well as your covered family members.

Payable for each covered infectious disease once per covered person per lifetime.

COVERED INFECTIOUS DISEASE <sup>1</sup>	PERCENTAGE OF APPLICABLE COVERAGE AMOUNT
Hospital confinement for seven or more consecutive days for treatment of the disease	
Antibiotic resistant bacteria (including MRSA)	50%
Cerebrospinal meningitis (bacterial)	50%
Diphtheria	50%
Encephalitis	50%
Legionnaires' disease	50%
Lyme disease	50%
Malaria	50%
Necrotizing fasciitis	50%
Osteomyelitis	50%
Poliomyelitis	50%
Rabies	50%
Sepsis	50%
Tetanus	50%
Tuberculosis	50%
Coronavirus disease 2019 (COVID-19)	25%



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

1. Please refer to the certificate for complete definitions of covered diseases.

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**EXCLUSIONS AND LIMITATIONS FOR INFECTIOUS DISEASES RIDER**

We will not pay benefits for a covered infectious 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 infectious disease.

**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.

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# Group Critical Illness Insurance\*

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



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