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: $8,000

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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Colonial Life

Group Critical Illness Insurance*

Exclusions and limitations

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. Insureds must be covered by comprehensive health insurance before applying for insurance.

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. Insureds must be covered by comprehensive health insurance before applying for insurance.

DE: Alcoholism or Drug Addiction Exclusion does not apply.

GA: Insureds must be covered by comprehensive health insurance before applying for insurance.

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.

Premium will vary based on the coverage selected and the age of the named insured. For attained age rates, premiums will increase on the account anniversary date once the named insured reaches the next age band. Premium may increase if coverage is ported.

Waiting Period If included, the Wellbeing Assistance Benefit is subject to a 30-day waiting period. Waiting period means the first 30 days following each covered person's effective date during which no benefits are payable.

Termination of the Named Insured's Coverage The coverage on a named insured under the policy will terminate on the earliest of the following dates:

- the date the policy terminates;
- your policyholder cancels the policy and does not offer replacement coverage;
- the end of the grace period following the premium due date and we do not receive the required premium for the named insured;
- the date the named insured is no longer in an eligible class;
- the date the named insured's class is no longer included for insurance; or
- the date the next premium is due after the named insured asks us to end coverage.

We will provide coverage for a claim for which we are liable under the terms of this certificate if the loss occurs while you are covered.

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. Insureds must be covered by comprehensive health insurance before applying for insurance.

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. Insureds must be covered by comprehensive health insurance before applying for insurance.

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. Insureds must be covered by comprehensive health insurance before applying for insurance.

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.

I**N:** Pre-existing is 6 months/12 months.

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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.

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

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Group Critical Illness Insurance

First Diagnosis Building Benefit Rider

The first diagnosis building benefit rider is payable when you are diagnosed with a covered condition under your plan. It can build over time and provides a lump-sum payment in addition to the plan's base coverage amount. 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**

Plan 1: Rider is payable for diagnosis of covered critical illness conditions only.

Plan 2: Rider is payable for diagnosis of covered critical illness conditions and invasive cancer.

Plans 3 & 4: Rider is payable for diagnosis of invasive cancer only.

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

If payable 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.

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- the date the policy terminates;
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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.....$100

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
- Hemoccult 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

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

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

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.

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.

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

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