



# Cancer Insurance

## How would cancer impact your way of life?

Hopefully, you and your family will never face cancer. If you do, a financial safety net can help you and your loved ones focus on what matters most — recovery.

If you were diagnosed with cancer, you could have expenses that medical insurance doesn't cover. In addition to your regular, ongoing bills, you could have indirect treatment and recovery costs, such as child care and home health care services.

## Help when you need it most

Cancer coverage from Colonial Life & Accident Insurance Company can help protect the lifestyle you've worked so hard to build. It provides benefits you can use to help cover:

- Loss of income
- Out-of-network treatment
- Lodging and meals
- Deductibles and co-pays



## One Family's Journey

Paul and Kim were preparing for their second child when they learned Paul had cancer. They quickly realized their medical insurance wouldn't cover everything. Thankfully, Kim's job enabled her to have a Colonial Life Cancer Insurance policy on Paul to help them with expenses.



### DOCTOR'S SCREENING

#### Wellness Benefit

Paul's wellness benefit helped pay for the screening that discovered his cancer.



### SECOND OPINION

#### Travel Expenses

When the couple traveled several hundred miles from their home to a top cancer hospital, they used the policy's lodging and transportation benefits to help with expenses.



### SURGERY

#### Out-of-pocket Costs

The policy's benefits helped with deductibles and co-pays related to Paul's surgery and hospital stay.

*For illustrative purposes only.*

### With Colonial Life's Cancer Insurance:

- Coverage options are available for you and your eligible dependents.
- Benefits are paid directly to you, unless you specify otherwise.
- You're paid regardless of any other insurance you may have with other companies.
- You can take coverage with you, even if you change jobs or retire.



**ONLY 5%**  
of ALL  
**CANCERS**  
are hereditary.

Cancer Facts & Figures, American Cancer Society, 2013

Colonial Life's Cancer Insurance provides benefits to help with cancer expenses — from diagnosis to recovery.



TREATMENT

Experimental Care

Paul used his plan's benefits to help pay for experimental treatments not covered by his medical insurance.



RECOVERY

Follow-up Evaluations

Paul has been cancer-free for more than four years. His Colonial Life cancer policy provides a benefit for periodic scans to help ensure the cancer stays in check.



Colonial Life's Cancer Insurance offers more than 30 benefits that can help you with costs that may not be covered by your medical insurance.

Treatment Benefits  
(Inpatient or Outpatient)

- Radiation/Chemotherapy
- Anti-nausea Medication
- Medical Imaging Studies
- Supportive or Protective Care Drugs and Colony Stimulating Factors
- Second Medical Opinion
- Blood/Plasma/Platelets/Immunoglobulins
- Bone Marrow or Peripheral Stem Cell Donation
- Bone Marrow or Peripheral Stem Cell Transplant
- Egg(s) Extraction or Harvesting/Sperm Collection and Storage
- Experimental Treatment
- Hair/External Breast/Voice Box Prosthesis
- Home Health Care Services
- Hospice (Initial or Daily Care)

Surgery Benefits

- Surgical Procedures
- Anesthesia
- Reconstructive Surgery
- Outpatient Surgical Center
- Prosthetic Device/Artificial Limb

Travel Benefits

- Transportation
- Companion Transportation
- Lodging

Inpatient Benefits

- Hospital Confinement
- Private Full-Time Nursing Services
- Skilled Nursing Care Facility
- Ambulance
- Air Ambulance

Additional Benefits

- Family Care
- Cancer Vaccine
- Bone Marrow Donor Screening
- Skin Cancer Initial Diagnosis
- Waiver of Premium

LIFETIME RISK OF  
DEVELOPING CANCER





ColonialLife.com

## Optional Riders

For an additional cost, you may have the option of purchasing additional riders for even more financial protection against cancer. Talk with your benefits counselor to find out which of these riders are available for you to purchase.

- **Initial Diagnosis of Cancer Rider** — Pays a one-time, lump-sum benefit for the initial diagnosis of cancer. You may choose a benefit amount in \$1,000 increments between \$1,000 and \$10,000. If your dependent child is diagnosed with cancer, we will pay two and a half times (\$2,500 - \$25,000) the chosen benefit amount.
- **Initial Diagnosis of Cancer Progressive Payment Rider** — Provides a lump-sum payment of \$50 for each month the rider has been in force after the waiting period and before cancer is first diagnosed.
- **Specified Disease Hospital Confinement Rider** — Pays \$300 per day if you or a covered family member is confined to a hospital for treatment for one of the 34 specified diseases covered under the rider.

If cancer impacts your life, you should be able to focus on getting better — not on how you'll pay your bills. Talk with your Colonial Life benefits counselor about how cancer insurance can help provide financial security for you and your family.

### WAITING PERIOD

The policy and its riders may have a waiting period. Waiting period means the first 30 days following the policy's coverage effective date during which no benefits are payable. 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 two years, unless it is excluded by name or specific description in the policy.

### EXCLUSIONS

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.

The policy and its riders may have additional exclusions and limitations. For cost and complete details of the coverage, see your Colonial Life benefits counselor. Coverage may vary by state and may not be available in all states. Applicable to policy form CanAssist and rider forms R-CanAssistIdx, R-CanAssistProg and R-CanAssistSpDis (including state abbreviations where applicable – for example: CanAssist-TX).

# Cancer Insurance \$ 100.00

## Wellness Benefits

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



For more information,  
talk with your  
benefits counselor.

### 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 tests

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

#### Health screening tests

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

### 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.

Waiting period means the first 30 days following the policy's coverage effective date during which no benefits are payable. The policy has exclusions and limitations. For cost and complete details of the coverage, see your Colonial Life benefits counselor. Coverage may vary by state and may not be available in all states. Applicable to policy form CanAssist (and state abbreviations where applicable, for example: CanAssist-TX).

©2015 Colonial Life & Accident Insurance Company, Columbia, SC | Colonial Life insurance products are underwritten by Colonial Life & Accident Insurance Company, for which Colonial Life is the marketing brand.



# Cancer Insurance

## Level 1 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.



For more information, talk with your benefits counselor.

| BENEFIT DESCRIPTION                                                                                                                                                                                                                                                                                                                 | BENEFIT AMOUNT                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|
| <b>Air ambulance</b> .....<br>Transportation to or from a hospital or medical facility <i>[max. of two trips per confinement]</i>                                                                                                                                                                                                   | \$2,000 per trip                                     |
| <b>Ambulance</b> .....<br>Transportation to or from a hospital or medical facility <i>[max. of two trips per confinement]</i>                                                                                                                                                                                                       | \$250 per trip                                       |
| <b>Anesthesia</b> .....<br>Administered during a surgical procedure for cancer treatment                                                                                                                                                                                                                                            |                                                      |
| ■ General anesthesia .....                                                                                                                                                                                                                                                                                                          | 25% of surgical procedures benefit                   |
| ■ Local anesthesia .....                                                                                                                                                                                                                                                                                                            | \$25 per procedure                                   |
| <b>Anti-nausea medication</b> .....<br>Doctor-prescribed medication for radiation or chemotherapy <i>[\$100 monthly max.]</i>                                                                                                                                                                                                       | \$25 per day administered or per prescription filled |
| <b>Blood/plasma/platelets/immunoglobulins</b> .....<br>A transfusion required during cancer treatment <i>[\$10,000 calendar year max.]</i>                                                                                                                                                                                          | \$150 per day                                        |
| <b>Bone marrow donor screening</b> .....<br>Testing in connection with being a potential donor <i>[once per lifetime]</i>                                                                                                                                                                                                           | \$50                                                 |
| <b>Bone marrow or peripheral stem cell donation</b> .....<br>Receiving another person's bone marrow or stem cells for a transplant <i>[once per lifetime]</i>                                                                                                                                                                       | \$500                                                |
| <b>Bone marrow or peripheral stem cell transplant</b> .....<br>Transplant you receive in connection with cancer treatment <i>[max. of two bone marrow transplant benefits per lifetime]</i>                                                                                                                                         | \$3,500 per transplant                               |
| <b>Cancer vaccine</b> .....<br>An FDA-approved vaccine for the prevention of cancer <i>[once per lifetime]</i>                                                                                                                                                                                                                      | \$50                                                 |
| <b>Companion transportation</b> .....<br>Companion travels by plane, train or bus to accompany a covered cancer patient more than 50 miles one way for treatment <i>[up to \$1,000 per round trip]</i>                                                                                                                              | \$0.50 per mile                                      |
| <b>Egg(s) extraction or harvesting/sperm collection and storage</b> .....<br>Extracted/harvested or collected before chemotherapy or radiation <i>[once per lifetime]</i>                                                                                                                                                           |                                                      |
| ■ Egg(s) extraction or harvesting/sperm collection .....                                                                                                                                                                                                                                                                            | \$500                                                |
| ■ Egg(s) or sperm storage (cryopreservation) .....                                                                                                                                                                                                                                                                                  | \$175                                                |
| <b>Experimental treatment</b> .....<br>Hospital, medical or surgical care for cancer <i>[\$10,000 lifetime max.]</i>                                                                                                                                                                                                                | \$200 per day                                        |
| <b>Family care</b> .....<br>Inpatient or outpatient treatment for a covered dependent child <i>[\$1,500 calendar year max.]</i>                                                                                                                                                                                                     | \$30 per day                                         |
| <b>Hair/external breast/voice box prosthesis</b> .....<br>Prosthesis needed as a direct result of cancer                                                                                                                                                                                                                            | \$200 per calendar year                              |
| <b>Home health care services</b> .....<br>Examples include physical therapy, occupational therapy, speech therapy and audiology; prosthesis and orthopedic appliances; rental or purchase of durable medical equipment <i>[up to 30 days per calendar year or twice the number of days hospital confined, whichever is greater]</i> | \$50 per day                                         |
| <b>Hospice (initial or daily care)</b> .....<br>An initial, one-time benefit and a daily benefit for treatment <i>[\$15,000 lifetime max. for both]</i>                                                                                                                                                                             |                                                      |
| ■ Initial hospice care <i>[once per lifetime]</i> .....                                                                                                                                                                                                                                                                             | \$1,000                                              |
| ■ Daily hospice care .....                                                                                                                                                                                                                                                                                                          | \$50 per day                                         |



ColonialLife.com

## BENEFIT DESCRIPTION

## BENEFIT AMOUNT

### Hospital confinement

Hospital stay (including intensive care) required for cancer treatment

|                         |               |
|-------------------------|---------------|
| ■ 30 days or less ..... | \$100 per day |
| ■ 31 days or more ..... | \$200 per day |

**Lodging** ..... \$50 per day

Hotel/motel expenses when being treated for cancer more than 50 miles from home

[70-day calendar year max.]

**Medical imaging studies** ..... \$75 per study

Specific studies for cancer treatment [ \$150 calendar year max.]

**Outpatient surgical center** ..... \$100 per day

Surgery at an outpatient center for cancer treatment [ \$300 calendar year max.]

**Private full-time nursing services** ..... \$50 per day

Services while hospital confined other than those regularly furnished by the hospital

**Prosthetic device/artificial limb** ..... \$1,000 per device or limb

A surgical implant needed because of cancer surgery [payable one per site, \$2,000 lifetime max.]

### Radiation/chemotherapy

Weekly benefit [max. once per week]

|                                                    |       |
|----------------------------------------------------|-------|
| ■ Injected chemotherapy by medical personnel ..... | \$250 |
| ■ Radiation delivered by medical personnel .....   | \$250 |

Monthly chemotherapy benefit [max. once per month]

|                                     |       |
|-------------------------------------|-------|
| ■ Self-injected .....               | \$150 |
| ■ Pump .....                        | \$150 |
| ■ Topical .....                     | \$150 |
| ■ Oral hormonal [1-24 months] ..... | \$150 |
| ■ Oral hormonal [25+ months] .....  | \$75  |
| ■ Oral non-hormonal .....           | \$150 |

**Reconstructive surgery** ..... \$40 per surgical unit

A surgery to reconstruct anatomic defects that result from cancer treatment

[up to \$2,500 per procedure, including 25% for general anesthesia]

**Second medical opinion** ..... \$150

A second physician's opinion on cancer surgery or treatment [once per lifetime]

**Skilled nursing care facility** ..... \$75 per day

Confinement to a covered facility after hospital release [up to the number of days paid for hospital confinement]

**Skin cancer initial diagnosis** ..... \$300

A skin cancer diagnosis while the policy is in force [once per lifetime]

**Supportive or protective care drugs and colony stimulating factors** ..... \$50 per day

Doctor-prescribed drugs to enhance or modify radiation/chemotherapy treatments

[ \$400 calendar year max.]

**Surgical procedures** ..... \$40 per surgical unit

Inpatient or outpatient surgery for cancer treatment [ \$2,500 max. per procedure]

**Transportation** ..... \$0.50 per mile

Travel expenses when being treated for cancer more than 50 miles from home

[up to \$1,000 per round trip]

**Waiver of premium** ..... Is available

No premiums due if the named insured is disabled longer than 90 consecutive days

THIS POLICY PROVIDES LIMITED BENEFITS.

The policy has limitations and exclusions that may affect benefits payable. Most benefits require that a charge be incurred. Coverage may vary by state and may not be available in all states. For cost and complete details, see your benefits counselor.

This chart highlights the benefits of policy form CanAssist (including state abbreviations where used – for example: CanAssist-TX). This chart is not complete without form number 101481.

Underwritten by Colonial Life & Accident Insurance Company, Columbia, SC  
©2019 Colonial Life & Accident Insurance Company. All rights reserved. Colonial Life is a registered trademark and marketing brand of Colonial Life & Accident Insurance Company.

# Cancer Insurance

## Level 2 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.



For more information,  
talk with your  
benefits counselor.

| BENEFIT DESCRIPTION                                                                                                                                                                                                                                                                                                                 | BENEFIT AMOUNT                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| <b>Air ambulance</b> .....<br>Transportation to or from a hospital or medical facility <i>[max. of two trips per confinement]</i>                                                                                                                                                                                                   | <b>\$2,000 per trip</b>                                     |
| <b>Ambulance</b> .....<br>Transportation to or from a hospital or medical facility <i>[max. of two trips per confinement]</i>                                                                                                                                                                                                       | <b>\$250 per trip</b>                                       |
| <b>Anesthesia</b> .....<br>Administered during a surgical procedure for cancer treatment                                                                                                                                                                                                                                            |                                                             |
| ■ General anesthesia .....                                                                                                                                                                                                                                                                                                          | <b>25% of surgical procedures benefit</b>                   |
| ■ Local anesthesia .....                                                                                                                                                                                                                                                                                                            | <b>\$30 per procedure</b>                                   |
| <b>Anti-nausea medication</b> .....<br>Doctor-prescribed medication for radiation or chemotherapy <i>[\$160 monthly max.]</i>                                                                                                                                                                                                       | <b>\$40 per day administered or per prescription filled</b> |
| <b>Blood/plasma/platelets/immunoglobulins</b> .....<br>A transfusion required during cancer treatment <i>[\$10,000 calendar year max.]</i>                                                                                                                                                                                          | <b>\$150 per day</b>                                        |
| <b>Bone marrow donor screening</b> .....<br>Testing in connection with being a potential donor <i>[once per lifetime]</i>                                                                                                                                                                                                           | <b>\$50</b>                                                 |
| <b>Bone marrow or peripheral stem cell donation</b> .....<br>Receiving another person's bone marrow or stem cells for a transplant <i>[once per lifetime]</i>                                                                                                                                                                       | <b>\$500</b>                                                |
| <b>Bone marrow or peripheral stem cell transplant</b> .....<br>Transplant you receive in connection with cancer treatment<br><i>[max. of two bone marrow transplant benefits per lifetime]</i>                                                                                                                                      | <b>\$4,000 per transplant</b>                               |
| <b>Cancer vaccine</b> .....<br>An FDA-approved vaccine for the prevention of cancer <i>[once per lifetime]</i>                                                                                                                                                                                                                      | <b>\$50</b>                                                 |
| <b>Companion transportation</b> .....<br>Companion travels by plane, train or bus to accompany a covered cancer patient more than 50 miles one way for treatment <i>[up to \$1,000 per round trip]</i>                                                                                                                              | <b>\$0.50 per mile</b>                                      |
| <b>Egg(s) extraction or harvesting/sperm collection and storage</b> .....<br>Extracted/harvested or collected before chemotherapy or radiation <i>[once per lifetime]</i>                                                                                                                                                           |                                                             |
| ■ Egg(s) extraction or harvesting/sperm collection .....                                                                                                                                                                                                                                                                            | <b>\$700</b>                                                |
| ■ Egg(s) or sperm storage (cryopreservation) .....                                                                                                                                                                                                                                                                                  | <b>\$200</b>                                                |
| <b>Experimental treatment</b> .....<br>Hospital, medical or surgical care for cancer <i>[\$12,500 lifetime max.]</i>                                                                                                                                                                                                                | <b>\$250 per day</b>                                        |
| <b>Family care</b> .....<br>Inpatient or outpatient treatment for a covered dependent child<br><i>[\$2,000 calendar year max.]</i>                                                                                                                                                                                                  | <b>\$40 per day</b>                                         |
| <b>Hair/external breast/voice box prosthesis</b> .....<br>Prosthesis needed as a direct result of cancer                                                                                                                                                                                                                            | <b>\$200 per calendar year</b>                              |
| <b>Home health care services</b> .....<br>Examples include physical therapy, occupational therapy, speech therapy and audiology; prosthesis and orthopedic appliances; rental or purchase of durable medical equipment <i>[up to 30 days per calendar year or twice the number of days hospital confined, whichever is greater]</i> | <b>\$75 per day</b>                                         |
| <b>Hospice (initial or daily care)</b> .....<br>An initial, one-time benefit and a daily benefit for treatment <i>[\$15,000 lifetime max. for both]</i>                                                                                                                                                                             |                                                             |
| ■ Initial hospice care <i>[once per lifetime]</i> .....                                                                                                                                                                                                                                                                             | <b>\$1,000</b>                                              |
| ■ Daily hospice care .....                                                                                                                                                                                                                                                                                                          | <b>\$50 per day</b>                                         |





ColonialLife.com

## BENEFIT DESCRIPTION

## BENEFIT AMOUNT

### Hospital confinement

Hospital stay (including intensive care) required for cancer treatment

- 30 days or less ..... \$150 per day
- 31 days or more ..... \$300 per day

### Lodging ..... \$50 per day

Hotel/motel expenses when being treated for cancer more than 50 miles from home

[70-day calendar year max.]

### Medical imaging studies ..... \$125 per study

Specific studies for cancer treatment [ \$250 calendar year max.]

### Outpatient surgical center ..... \$200 per day

Surgery at an outpatient center for cancer treatment [ \$600 calendar year max.]

### Private full-time nursing services ..... \$75 per day

Services while hospital confined other than those regularly furnished by the hospital

### Prosthetic device/artificial limb ..... \$1,500 per device or limb

A surgical implant needed because of cancer surgery [payable one per site, \$3,000 lifetime max.]

### Radiation/chemotherapy

Weekly benefit [max. once per week]

- Injected chemotherapy by medical personnel ..... \$500
- Radiation delivered by medical personnel ..... \$500

Monthly chemotherapy benefit [max. once per month]

- Self-injected ..... \$200
- Pump ..... \$200
- Topical ..... \$200
- Oral hormonal [1-24 months] ..... \$200
- Oral hormonal [25+ months] ..... \$100
- Oral non-hormonal ..... \$200

### Reconstructive surgery ..... \$40 per surgical unit

A surgery to reconstruct anatomic defects that result from cancer treatment

[up to \$2,500 per procedure, including 25% for general anesthesia]

### Second medical opinion ..... \$200

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 ..... \$300

A skin cancer diagnosis while the policy is in force [once per lifetime]

### Supportive or protective care drugs and colony stimulating factors ..... \$100 per day

Doctor-prescribed drugs to enhance or modify radiation/chemotherapy treatments

[ \$800 calendar year max.]

### Surgical procedures ..... \$50 per surgical unit

Inpatient or outpatient surgery for cancer treatment [ \$3,000 max. per procedure]

### Transportation ..... \$0.50 per mile

Travel expenses when being treated for cancer more than 50 miles from home

[up to \$1,000 per round trip]

### Waiver of premium ..... Is available

No premiums due if the named insured is disabled longer than 90 consecutive days

The policy has limitations and exclusions that may affect benefits payable. Most benefits require that a charge be incurred. Coverage may vary by state and may not be available in all states. For cost and complete details, see your benefits counselor.

This chart highlights the benefits of policy form CanAssist (including state abbreviations where used, for example: CanAssist-TX). This chart is not complete without form number 101481.

# 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.



For more information,  
talk with your  
benefits counselor.

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



ColonialLife.com

## 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

Hotel/motel expenses when being treated for cancer more than 50 miles from home  
[70-day calendar year max.]

\$75 per day

### Medical imaging studies

Specific studies for cancer treatment [ \$350 calendar year max.]

\$175 per study

### Outpatient surgical center

Surgery at an outpatient center for cancer treatment [ \$900 calendar year max.]

\$300 per day

### Private full-time nursing services

Services while hospital confined other than those regularly furnished by the hospital

\$125 per day

### Prosthetic device/artificial limb

A surgical implant needed because of cancer surgery [payable one per site, \$4,000 lifetime max.]

\$2,000 per device or limb

### 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

### Reconstructive surgery

A surgery to reconstruct anatomic defects that result from cancer treatment  
[up to \$3,000 per procedure, including 25% for general anesthesia]

\$60 per surgical unit

### Second medical opinion

A second physician's opinion on cancer surgery or treatment [once per lifetime]

\$300

### Skilled nursing care facility

Confinement to a covered facility after hospital release [up to the number of days paid for hospital confinement]

\$100 per day

### Skin cancer initial diagnosis

A skin cancer diagnosis while the policy is in force [once per lifetime]

\$400

### Supportive or protective care drugs and colony stimulating factors

Doctor-prescribed drugs to enhance or modify radiation/chemotherapy treatments  
[ \$1,200 calendar year max.]

\$150 per day

### Surgical procedures

Inpatient or outpatient surgery for cancer treatment [ \$5,000 max. per procedure]

\$60 per surgical unit

### Transportation

Travel expenses when being treated for cancer more than 50 miles from home  
[up to \$1,200 per round trip]

\$0.50 per mile

### Waiver of premium

No premiums due if the named insured is disabled longer than 90 consecutive days

Is available

The policy has limitations and exclusions that may affect benefits payable. Most benefits require that a charge be incurred. Coverage may vary by state and may not be available in all states. For cost and complete details, see your benefits counselor.

This chart highlights the benefits of policy form CanAssist (including state abbreviations where used, for example: CanAssist-TX). This chart is not complete without form number 101481.



# Cancer Insurance

## Level 4 Benefits

Our 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.



For more information,  
talk with your  
benefits counselor.

| BENEFIT DESCRIPTION                                                                                                                                                                                                                                                                                 | BENEFIT AMOUNT                                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| <b>Air Ambulance</b> .....                                                                                                                                                                                                                                                                          | \$2,000 per trip                                        |
| Transportation to or from a hospital or medical facility <i>[max. of two trips per confinement]</i>                                                                                                                                                                                                 |                                                         |
| <b>Ambulance</b> .....                                                                                                                                                                                                                                                                              | \$250 per trip                                          |
| Transportation to or from a hospital or medical facility <i>[max. of two trips per confinement]</i>                                                                                                                                                                                                 |                                                         |
| <b>Anesthesia</b>                                                                                                                                                                                                                                                                                   |                                                         |
| Administered during a surgical procedure for cancer treatment                                                                                                                                                                                                                                       |                                                         |
| ■ General Anesthesia.....                                                                                                                                                                                                                                                                           | 25% of Surgical Procedures Benefit                      |
| ■ Local Anesthesia.....                                                                                                                                                                                                                                                                             | \$50 per procedure                                      |
| <b>Anti-nausea Medication</b> .....                                                                                                                                                                                                                                                                 | \$60 per day administered or<br>per prescription filled |
| Doctor-prescribed medication for radiation or chemotherapy <i>[\$240 monthly max.]</i>                                                                                                                                                                                                              |                                                         |
| <b>Blood/Plasma/Platelets/Immunoglobulins</b> .....                                                                                                                                                                                                                                                 | \$250 per day                                           |
| A transfusion required during cancer treatment <i>[\$10,000 calendar year max.]</i>                                                                                                                                                                                                                 |                                                         |
| <b>Bone Marrow Donor Screening</b> .....                                                                                                                                                                                                                                                            | \$50                                                    |
| Testing in connection with being a potential donor <i>[once per lifetime]</i>                                                                                                                                                                                                                       |                                                         |
| <b>Bone Marrow or Peripheral Stem Cell Donation</b> .....                                                                                                                                                                                                                                           | \$1,000                                                 |
| Receiving another person's bone marrow or stem cells for a transplant <i>[once per lifetime]</i>                                                                                                                                                                                                    |                                                         |
| <b>Bone Marrow or Peripheral Stem Cell Transplant</b> .....                                                                                                                                                                                                                                         | \$10,000 per transplant                                 |
| Transplant you receive in connection with cancer treatment<br><i>[max. of two bone marrow transplant benefits per lifetime]</i>                                                                                                                                                                     |                                                         |
| <b>Cancer Vaccine</b> .....                                                                                                                                                                                                                                                                         | \$50                                                    |
| An FDA-approved vaccine for the prevention of cancer <i>[once per lifetime]</i>                                                                                                                                                                                                                     |                                                         |
| <b>Companion Transportation</b> .....                                                                                                                                                                                                                                                               | \$0.50 per mile                                         |
| Companion travels by plane, train or bus to accompany a covered cancer patient more<br>than 50 miles one way for treatment <i>[up to \$1,500 per round trip]</i>                                                                                                                                    |                                                         |
| <b>Egg(s) Extraction or Harvesting/Sperm Collection and Storage</b>                                                                                                                                                                                                                                 |                                                         |
| Extracted/harvested or collected before chemotherapy or radiation <i>[once per lifetime]</i>                                                                                                                                                                                                        |                                                         |
| ■ Egg(s) Extraction or Harvesting/Sperm Collection.....                                                                                                                                                                                                                                             | \$1,500                                                 |
| ■ Egg(s) or Sperm Storage (Cryopreservation).....                                                                                                                                                                                                                                                   | \$500                                                   |
| <b>Experimental Treatment</b> .....                                                                                                                                                                                                                                                                 | \$300 per day                                           |
| Hospital, medical or surgical care for cancer <i>[\$15,000 lifetime max.]</i>                                                                                                                                                                                                                       |                                                         |
| <b>Family Care</b> .....                                                                                                                                                                                                                                                                            | \$60 per day                                            |
| Inpatient or outpatient treatment for a covered dependent child<br><i>[\$3,000 calendar year max.]</i>                                                                                                                                                                                              |                                                         |
| <b>Hair/External Breast/Voice Box Prosthesis</b> .....                                                                                                                                                                                                                                              | \$500 per calendar year                                 |
| Prosthesis needed as a direct result of cancer                                                                                                                                                                                                                                                      |                                                         |
| <b>Home Health Care Services</b> .....                                                                                                                                                                                                                                                              | \$150 per day                                           |
| Examples include physical therapy, occupational therapy, speech therapy and<br>audiology; prosthesis and orthopedic appliances; rental or purchase of durable<br>medical equipment <i>[up to 30 days per calendar year or twice the number of days<br/>hospital confined, whichever is greater]</i> |                                                         |
| <b>Hospice (Initial or Daily Care)</b>                                                                                                                                                                                                                                                              |                                                         |
| An initial, one-time benefit and a daily benefit for treatment <i>[\$15,000 lifetime max. for both]</i>                                                                                                                                                                                             |                                                         |
| ■ Initial hospice care <i>[once per lifetime]</i> .....                                                                                                                                                                                                                                             | \$1,000                                                 |
| ■ Daily hospice care.....                                                                                                                                                                                                                                                                           | \$50 per day                                            |



ColonialLife.com

## BENEFIT DESCRIPTION

## BENEFIT AMOUNT

### Hospital Confinement

Hospital stay (including intensive care) required for cancer treatment

- 30 days or less ..... \$350 per day
- 31 days or more ..... \$700 per day

### Lodging

Hotel/motel expenses when being treated for cancer more than 50 miles from home  
[70-day calendar year max.]

\$80 per day

### Medical Imaging Studies

Specific studies for cancer treatment [ \$450 calendar year max.]

\$225 per study

### Outpatient Surgical Center

Surgery at an outpatient center for cancer treatment [ \$1,200 calendar year max.]

\$400 per day

### Private Full-time Nursing Services

Services while hospital confined other than those regularly furnished by the hospital

\$150 per day

### Prosthetic Device/Artificial Limb

A surgical implant needed because of cancer surgery [payable one per site, \$6,000 lifetime max.]

\$3,000 per device or limb

### Radiation/Chemotherapy

Weekly Benefit [max. once per week]

- Injected chemotherapy by medical personnel ..... \$1,000
- Radiation delivered by medical personnel ..... \$1,000

Monthly Chemotherapy Benefit [max. once per month]

- Self-Injected ..... \$400
- Pump ..... \$400
- Topical ..... \$400
- Oral Hormonal [1-24 months] ..... \$400
- Oral Hormonal [25+ months] ..... \$200
- Oral Non-Hormonal ..... \$400

### Reconstructive Surgery

A surgery to reconstruct anatomic defects that result from cancer treatment  
[up to \$3,000 per procedure, including 25% for general anesthesia]

\$60 per surgical unit

### Second Medical Opinion

A second physician's opinion on cancer surgery or treatment [once per lifetime]

\$300

### Skilled Nursing Care Facility

Confinement to a covered facility after hospital release [up to the number of days paid for hospital confinement]

\$150 per day

### Skin Cancer Initial Diagnosis

A skin cancer diagnosis while the policy is in force [once per lifetime]

\$600

### Supportive or Protective Care Drugs and Colony Stimulating Factors

Doctor-prescribed drugs to enhance or modify radiation/chemotherapy treatments  
[ \$1,600 calendar year max.]

\$200 per day

### Surgical Procedures

Inpatient or outpatient surgery for cancer treatment [ \$6,000 max. per procedure]

\$70 per surgical unit

### Transportation

Travel expenses when being treated for cancer more than 50 miles from home  
[up to \$1,500 per round trip]

\$0.50 per mile

### Waiver of Premium

No premiums due if the named insured is disabled longer than 90 consecutive days

Is available

The policy has limitations and exclusions that may affect benefits payable. Most benefits require that a charge be incurred. Policy may not be available in all states and may vary by state. For cost and complete details, see your benefits counselor.

This chart highlights the benefits of policy form CanAssist (including state abbreviations where used – for example: CanAssist-TX). This chart is not complete without form #101481.