

Colonial Life's Cancer Insurance

People First Benefit Plan Code 6600 & 7500

With improved technology, chances of surviving cancer have improved dramatically. However, this new age of technology means higher costs for cancer treatment.

Even the best group health insurance may not cover 100 percent of cancer treatment costs. There are also costs associated with cancer that are rarely, if ever, covered. Colonial Life's cancer insurance plan helps ease the financial burden of cancer treatment and the costs associated with cancer. Colonial Life's cancer plan offers protection for a new age.

Colonial Life's Cancer Plan

- Pays benefits directly to you unless you specify otherwise.
- Pays benefits regardless of any other insurance you may have with other insurance companies.
- Is guaranteed renewable.
- Has few lifetime limits. This is an important feature because cancer treatment is often prolonged.
- **Is portable — You can keep your coverage if you change jobs or retire.**

Colonial Life's Cancer Plan Benefits

The Wellness Benefit

Cancer Screening Test(s): We will pay \$50 per calendar year, per insured, for the test and exam/office visit. We will pay this benefit if you have one or more of the following cancer screening test(s) performed after the 30-day waiting period:

- CA 125 blood test
- CEA blood test
- chest X-ray
- colonoscopy
- flexible sigmoidoscopy
- hemocult stool analysis
- mammography
- Pap smear
- PSA blood test
- thermography

No Lifetime Limit

Cancer Benefits

We will pay these benefits if cancer is first diagnosed after the 30-day waiting period.

Initial Diagnosis

We will pay this benefit when you are diagnosed for the first time as having internal (not skin) cancer. We will pay \$1,000 when the named insured is first diagnosed as having cancer. We will pay \$500 when a covered family member is first diagnosed as having cancer. **We will pay this benefit in addition to all other benefits. Benefit payable only once for each person insured by the policy.**

Dependents

Coverage for dependent children will end when they no longer qualify as a dependent:

- When the child marries.
- Is no longer chiefly dependent on the employee or employee's spouse for support.
- Does not live in a regular parent-child relationship.
- Is older than age 19 (age 23 if attending school full-time).

Coverage will not terminate on a child who reached age 19 (or age 23 if attending school full-time) if that child is and continues to be mentally retarded or physically handicapped and is chiefly dependent on the employee or employee's spouse for support.

Premiums

Cancer Insurance

Type Coverage	Plan	Monthly
Individual	CFL1	\$10.94
Family	CFL2	\$18.18

Cancer Insurance with Intensive Care

Type Coverage	Plan	Monthly
Individual	CFL3	\$13.96
Family	CFL4	\$24.48

Issue Age: 18 through 64. Age for coverage is based on age as of the policy effective date.

Benefits Even If You Are Not Confined to a Hospital

- **Surgical Procedures:** the amount you are charged, up to \$2,800 per surgical procedure performed by a doctor. If you have more than one surgical procedure performed at the same time and through the same incision, we will pay the benefit for the procedure that has the highest dollar value, up to \$2,800. If you have more than one surgical procedure performed at the same time, but through different incisions, we will pay for each one, but not more than \$2,800 for all procedures performed at the same time. These procedures may be performed in a hospital, doctor's office or clinic. No Lifetime Limit.
- **Surgical Procedures for Treatment of Skin Cancer:** the amount you are charged, up to \$200 for each surgical procedure performed for the treatment of skin cancer. However, we will pay this benefit only once for all skin samples examined as the result of one operative session. No Lifetime Limit.
- **Anesthesia:** the amount you are charged, up to \$800 per single surgical procedure for anesthesia administered by an anesthesiologist or an anesthetist. If you have more than one surgical procedure performed at the same time and through the same incision, we will pay the benefit for the procedure performed with the highest dollar value, up to \$800. If you have more than one surgical procedure performed at the same time but through different incisions, we will pay for each one, but not more than \$800 for all procedures performed at the same time. No Lifetime Limit.
- **Radiation/Chemotherapy:** the amount you are charged, up to \$5,000 per calendar year for radioactive or chemical treatments prescribed by a doctor, for the destruction of abnormal tissue. No Lifetime Limit.
- **Experimental Treatment:** the amount you are charged, up to \$5,000 per calendar year for all the hospital, medical and surgical care you receive in connection with experimental treatment of internal (not skin) cancer. You must receive treatment in an experimental cancer treatment program in the continental United States. We will pay this benefit in place of all other benefits. We will not pay this benefit for experimental treatment received at no charge. No Lifetime Limit.
- **Blood/Plasma:** the amount you are charged for each unit of blood/plasma received, which includes the amount charged for the transfusion, administration, cross-matching, typing and processing of blood/plasma. No Lifetime Limit.
- **Prosthesis:** the amount you are charged, up to \$2,500 per surgically implanted prosthetic device or artificial limb prescribed as a direct result of cancer surgery. No Lifetime Limit except for no more than two of the same type of device.
- **Ambulance:** the amount you are charged for transportation by a professional ambulance service to or from a hospital where you are admitted for treatment for cancer as an in-patient (two trips per confinement limit). No limit except for two trips per confinement.
- **Home Recovery:** \$200 per week if your Home Recovery period begins immediately after you are released from a hospital. We will pay this benefit for no more than the same number of days we provided the Hospital Confinement benefit. No Lifetime Limit.
- **Hospice Care:** the amount you are charged, up to \$100 per day, for a visit from a representative of a hospice or for the services of a hospice. We will pay this benefit if a doctor determines that cancer treatments are no longer of benefit and that life expectancy is only six months or less. We will not pay this benefit while you are confined to a hospital or to a U.S. Government Hospital. Up to 120 Days Lifetime Limit.



Benefits Even if You Are Not Confined to a Hospital (cont.)

- **Waiver of Premium Benefit:** You will not be required to pay premiums to keep your policy in force if you become disabled because of cancer for longer than 90 continuous days. This benefit does not apply if your spouse or your children become disabled. No Lifetime Limit.
- **Transportation:** the amount you are charged for coach rate for a plane, train or bus ticket. If you or your spouse choose to take a personal car, and your destination is more than 50 miles one way from the city where you live, we will pay 28 cents each mile for travel by you or your spouse. We will pay this benefit if you travel to another city on the advice of a doctor for diagnosis or treatment of cancer because similar services are not available in the city where you live. No Lifetime Limit.

Benefits While You Are Confined to a Hospital

- **Hospital Confinement:** \$180 per day for the first 10 days and \$220 per day for the next 60 continuous days. We will pay the amount you are charged for room and board beginning with the 71st continuous day. No Lifetime Limit.
(We will not pay this benefit if you are confined to a U.S. Government Hospital.)
- **Confinement in a U.S. Government Hospital:** the amount you are charged, up to \$250 per day. We will pay this benefit in place of all other benefits except the Waiver of Premium benefit. No Lifetime Limit.
- **Attending Physician:** the amount you are charged, up to \$30/day for a visit by a doctor, other than your surgeon, while you are confined to a hospital. No Lifetime Limit.
- **Private Nurse:** the amount you are charged, up to \$130/day for full-time nursing services (at least 8 hours during any 24-hour period) performed by a registered, a licensed practical or a licensed vocational nurse. No Lifetime Limit.

ADDITIONAL INTENSIVE CARE INSURANCE

Confinement in a Hospital Intensive Care Unit Due to an Accident or Sickness

We will pay **\$350 per day** for each day you are confined to a Hospital Intensive Care Unit as the result of any accident or sickness other than an accident involving an automobile, bus, truck, farm tractor, motorcycle, train or airplane. We will pay **\$700 per day** for each day you are confined to a Hospital Intensive Care Unit as the result of an accident involving an automobile, bus, truck, farm tractor, motorcycle, train or airplane. We will pay this benefit if you are admitted to a Hospital Intensive Care Unit within 48 hours after the accident. We will pay this benefit for **up to 45 days for each confinement**. We will not pay benefits for an injury or sickness that is caused by or occurs as the result of your committing or trying to commit suicide and your injuring yourself intentionally, whether you are sane or not.

Please refer to the Outline of Coverage (DACIC-FL) on page 16 for complete details.
Refer to page 8 for the Benefits Worksheet.