

Individual Cancer Insurance

Colonial Life's individual cancer insurance product helps to provide valuable financial protection for America's workers and their families in times of need, when medical bills and other expenses related to cancer diagnosis and treatment may limit their ability to focus on what's most important – getting well. Employees can choose from four Benefit Levels. Coverage types available: Insured Only; Insured and Spouse; One-Parent Family and Two-Parent Family plans.

Features

- **Guaranteed Renewability** - Employees can keep the coverage for life as long as they pay premiums.
- **Portability** - Employees can keep the same coverage at the same rates if they change jobs or retire.
- **Waiver of Premium** - Premium payment is waived if the named insured is disabled due to cancer for longer than 90 consecutive days and the date of diagnosis is after the waiting period and while the policy is in force.
- **Composite Premiums** - All eligible applicants in an account have the same premium, regardless of risk class or age
- **Direct Benefit Payment** - Benefits are paid directly to the insured unless they specify otherwise.
- **No Coordination of Benefits** - Benefits are paid in addition to other insurance your employees may have with other insurance companies.
- **Health Savings Account (HSA) Compatibility** - This cancer insurance is HSA-compatible and allows employers to provide coverage that can be used alongside employees' Health Savings Accounts.
- **Indemnity Benefits** – Pays exactly what is listed for selected plan level.

Plan Design

There are a choice of levels (each level has the same benefits) allowing employees to select the benefit amounts that best suit them and their covered family members. The employer may allow his employees to choose from all four benefit levels or may limit the levels offered to his employees.

- Level 1
- Level 2
- Level 3
- Level 4

In addition to the standard plan benefits, three optional riders are available:

- Initial Diagnosis of Cancer Rider
- Initial Diagnosis of Cancer Progressive Payment Rider
- Specified Disease Hospital Confinement Rider

Optional Cancer Wellness/Health Screening benefits are also available.

Benefits for Cancer – Overview

Benefits are payable for each covered person under the policy. Benefits are payable only when charges are incurred.

Benefits	Level 1	Level 2	Level 3	Level 4
Air Ambulance, per trip <i>Maximum trips per confinement</i>	\$2,000 2	\$2,000 2	\$2,000 2	\$2,000 2
Ambulance, per trip <i>Maximum trips per confinement</i>	\$250 2	\$250 2	\$250 2	\$250 2
Anesthesia, General	25% of Surgical Procedures Benefit			
Anesthesia, Local, per procedure	\$25	\$30	\$40	\$50
Anti-Nausea Medication, per day <i>Maximum per month</i>	\$25 \$100	\$40 \$160	\$50 \$200	\$60 \$240
Blood/Plasma/Platelets/Immunoglobulins, per day <i>Maximum per calendar year</i>	\$150 \$10,000	\$150 \$10,000	\$175 \$10,000	\$250 \$10,000
Bone Marrow or Peripheral Stem Cell Donation, per donation, maximum one per lifetime	\$500	\$500	\$750	\$1,000
Bone Marrow Stem Cell Transplant, per transplant	\$3,500	\$4,000	\$7,000	\$10,000
Peripheral Stem Cell Transplant, per transplant <i>Maximum transplants per lifetime</i>	\$3,500 2	\$4,000 2	\$7,000 2	\$10,000 2
Companion Transportation, per mile <i>Maximum per round trip</i>	\$0.50 \$1,000	\$0.50 \$1,000	\$0.50 \$1,200	\$0.50 \$1,500
Egg (s) Extraction or Harvesting or Sperm Collection, one per lifetime	\$500	\$700	\$1,000	\$1,500
Egg (s) or Sperm Storage, one per lifetime	\$175	\$200	\$350	\$500
Experimental Treatment, per day <i>Maximum per lifetime</i>	\$200 \$10,000	\$250 \$12,500	\$300 \$15,000	\$300 \$15,000
Family Care, per day <i>Maximum per calendar year</i>	\$30 \$1,500	\$40 \$2,000	\$50 \$2,500	\$60 \$3,000
Hair/External Breast/Voice Box Prosthesis, per calendar year	\$200	\$200	\$350	\$500
Home Health Care Services, per day <i>Maximum per calendar year</i> <i>Examples include: physical therapy, occupational therapy, speech therapy, and audiology, prosthesis and orthopedic appliances and rental or purchase of medical equipment.</i>	\$50	\$75	\$100	\$150
	30 days			
Hospice, Initial	\$1,000	\$1,000	\$1,000	\$1,000
Hospice, Daily <i>Maximum combined Initial and Daily per lifetime</i>	\$50 \$15,000	\$50 \$15,000	\$50 \$15,000	\$50 \$15,000
Hospital Confinement, 30 days or less, per day	\$100	\$150	\$250	\$350
Hospital Confinement, 31 days or more, per day	\$200	\$300	\$500	\$700

Lodging, per day	\$50	\$50	\$75	\$80
<i>Maximum days per calendar year</i>	70	70	70	70
Medical Imaging Studies, per study	\$75	\$125	\$175	\$225
<i>Maximum per calendar year</i>	\$150	\$250	\$350	\$450
Outpatient Surgical Center, per day	\$100	\$200	\$300	\$400
<i>Maximum per calendar year</i>	\$300	\$600	\$900	\$1,200
Private Full-time Nursing Services, per day	\$50	\$75	\$125	\$150
Prosthetic Device/Artificial Limb, per device or limb	\$1,000	\$1,500	\$2,000	\$3,000
<i>Maximum per lifetime</i>	\$2,000	\$3,000	\$4,000	\$6,000
Radiation/Chemotherapy				
Injected chemotherapy by medical personnel, one per week	\$250	\$500	\$750	\$1,000
Radiation delivered by medical personnel, one per week	\$250	\$500	\$750	\$1,000
Self-Injected Chemotherapy, one per month	\$150	\$200	\$300	\$400
Pump Chemotherapy, one per month	\$150	\$200	\$300	\$400
Topical Chemotherapy, one per month	\$150	\$200	\$300	\$400
Oral Hormonal Chemotherapy (1-24 months), one per month	\$150	\$200	\$300	\$400
Oral Hormonal Chemotherapy (25+ months), one per month	\$75	\$100	\$150	\$200
Oral Non-Hormonal Chemotherapy, one per month	\$150	\$200	\$300	\$400
Reconstructive Surgery, per surgical unit	\$40	\$40	\$60	\$60
<i>Maximum per procedure, including 25% for general anesthesia</i>	\$2,500	\$2,500	\$3,000	\$3,000
Second Medical Opinion, one per lifetime	\$150	\$200	\$300	\$300
Skilled Nursing Care Facility, Per day	\$75	\$100	\$100	\$150
<i>Maximum of 30 days per covered person per calendar year</i>				
Skin Cancer Initial Diagnosis one per lifetime	\$300	\$300	\$400	\$600
Supportive/Protective Care Drugs/Colony Stimulating Factors, per day	\$50	\$100	\$150	\$200
<i>Maximum per calendar year</i>	\$400	\$800	\$1,200	\$1,600
Surgical Procedures, per unit	\$40	\$50	\$60	\$70
<i>Maximum per procedure</i>	\$2,500	\$3,000	\$5,000	\$6,000
Transportation, per mile	\$0.50	\$0.50	\$0.50	\$0.50
<i>Maximum per round trip</i>	\$1,000	\$1,000	\$1,200	\$1,500
Additional Benefits	Level 1	Level 2	Level 3	Level 4
Bone Marrow Donor Screening	\$50	\$50	\$50	\$50
<i>Maximum of one per lifetime</i>				
Cancer Vaccine Benefit	\$50	\$50	\$50	\$50
<i>Maximum of one per lifetime</i>				
Waiver of Premium	Yes	Yes	Yes	Yes

Wellness Benefit – Employer Option

Part 1: Cancer Wellness/Health Screening

As the employer you will choose whether to include the Cancer Wellness/Health Screening Benefit. If selected, you will also choose one of four benefit amounts: \$25, \$50, \$75 or \$100. We will pay a benefit if any covered person incurs a charge and has one of the following tests listed below performed after the waiting period and while the policy is in force. This benefit is payable once per covered person per calendar year. The covered tests include:

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 to determine level of HDL and LDL.
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- Stress test on a bicycle or treadmill
- Any FDA approved cervical cancer screening tests
- Human papillomavirus screening test
- Any generally accepted cancer screening test not listed.

Part 2: Cancer Wellness - Additional Invasive Diagnostic Test or Surgical Procedure

We will pay an additional benefit if any covered person incurs a charge for an additional invasive diagnostic test or surgical procedure performed by a physician after the waiting period. This benefit matches the Part 1 benefit amount.

We will pay this benefit only after an abnormal result from one of the covered Cancer Wellness tests in Part 1 has determined that an additional invasive diagnostic test or surgical procedure is necessary. We will pay a Part 2 benefit regardless of the results of the test(s). This benefit is payable once per covered person per calendar year.

Available Riders – Employee Options

Initial Diagnosis of Cancer Rider

If an insured or a covered family member is diagnosed with cancer after the waiting period, he/she will receive the initial diagnosis benefit purchased.

- Amount available: \$1,000 - \$10,000 in \$1,000 increments
- If family coverage, benefit for dependent children will be 2.5 times the amount for named insured
- We will pay this benefit once per lifetime for each covered person insured by the rider
- This benefit will be payable for skin cancer, if the skin cancer leads to internal cancer and is initially diagnosed as internal cancer while the rider is in force.

Initial Diagnosis of Cancer Progressive Payment Rider

This rider provides a benefit when any covered person incurs a charge and receives an initial diagnosis of cancer. The Initial Diagnosis of Cancer Progressive Payment benefit will be paid for each month the rider has been in force after the waiting period and before the diagnosis of cancer is made.

- Builds \$50 per month while it is in force after the waiting period
- Colonial Life will pay this benefit only once for each person insured by the rider
- This benefit will be payable for skin cancer, if the skin cancer leads to internal cancer and is initially diagnosed as internal cancer while the rider is in force.

Specified Disease Hospital Confinement Rider

- Colonial Life will pay \$300 each day a covered person incurs a charge and is confined to a hospital for treatment of a specified disease diagnosed after the waiting period.
- We will pay up to a maximum of \$150,000 during each covered person's lifetime for hospital confinements related to the treatment of the covered specified diseases.
- A covered specified disease, for purposes of the rider, means one of the following:

▪ Adrenal Hypofunction (Addison's Disease)	▪ Necrotizing Fasciitis
▪ Botulism	▪ Osteomyelitis
▪ Bubonic Plague	▪ Poliomyelitis
▪ Cerebral Palsy	▪ Rabies
▪ Cholera	▪ Reye's Syndrome
▪ Cystic Fibrosis	▪ Scleroderma
▪ Diphtheria	▪ Scarlet Fever
▪ Encephalitis (including Encephalitis contracted from West Nile Virus)	▪ Sickle Cell Anemia
▪ Huntington's Chorea	▪ Systemic Lupus
▪ Legionnaires' Disease	▪ Tetanus
▪ Lou Gehrig's Disease (Amyotrophic Lateral Sclerosis)	▪ Toxic Epidermal Necrolysis
▪ Lyme Disease	▪ Toxic Shock Syndrome
▪ Malaria	▪ Tuberculosis (Mycobacterial)
	▪ Tularemia
	▪ Typhoid Fever

- Meningitis (bacterial)
- Multiple Sclerosis
- Muscular Dystrophy
- Myasthenia Gravis
- Variant Creutzfeldt-Jakob Disease (Mad Cow Disease)
- Yellow Fever

Underwriting

- Fully underwritten for all prospective insureds
- Internal cancer health question
- AIDS/HIV health question

Eligibility Requirements

- Full-time, permanent employees working a minimum of 17.5 hours per week
- Employees and spouses issue age of 17 through 75. The Initial Diagnosis of Cancer Progressive Payment Rider issue ages are 17-64
- Actively at work and not disabled at the time of application
- Dependent Child(ren) - (As defined in the policy)

If employees apply for insured and spouse or two-parent family coverage and are not eligible because of health reasons, but a spouse is eligible, we can issue coverage to the eligible spouse through the employee's payroll deduction plan. The spouse becomes the named insured.

Participation Requirements

To offer this plan, we require only 3 enrolled employees.

Premium Information

Premiums are composite, which means that only one set of rates applies, regardless of age or risk.

Definitions

Waiting Period: Waiting Period means the first 30 days following the policy effective date during which no benefits are payable. The waiting period applies to all benefits and all riders. If cancer or a specified disease is diagnosed before the end of the waiting period, that cancer or specified disease will not be covered until the policy has been in force for two years, unless the cancer or specified disease is excluded by name or specific description in the policy.

What is Not Covered

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.