



Cancer Assist helps protect employees and their loved ones through diagnosis, treatment and recovery.

This individual voluntary policy provides benefits that can be used for both medical and out-of-pocket, non-medical expenses traditional health insurance may not cover. Cancer Assist can enhance any competitive benefits package without adding costs to a company's bottom line.

Competitive advantages

- Composite rates are available.
- There are four distinct plan levels, each featuring the same benefits with premiums and benefit amounts designed to meet a variety of budgets and coverage needs (benefits overview on reverse).
- Indemnity-based benefits provide exactly what's listed for the selected plan level.
- The plan's family care benefit provides a daily benefit when a covered dependent child receives inpatient or outpatient cancer treatment.
- Employer-optional cancer wellness/health screening benefits are available:
 - Part One covers 24 tests. If selected, the employer chooses one of four benefit amounts for employees: \$25, \$50, \$75 or \$100. This benefit is payable once per covered person per calendar year.
 - Part Two covers an invasive diagnostic test or surgical procedure if an abnormal result from a Part One test requires additional testing. This benefit is payable once per calendar year per covered person and matches the Part One benefit.

Flexible family coverage

- Individual, individual/spouse, one-parent and two-parent family policies
- Family coverage that includes eligible dependent children (to age 26) for the same rate, regardless of the number of children covered

Attractive features

- Available for businesses with 3+ eligible employees
- Broad range of policy issue ages, 17-75
- Full schedule of 30+ benefits and three optional riders (benefit amounts may vary based on plan level selected) with each plan level
- Benefits that don't coordinate with any other coverage from any other insurer
- HSA-compliant
- Guaranteed renewable
- Portable
- Waiver of premium if 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
- Form 1099s may not be issued in most states because all benefits require that a charge is incurred. Discuss details with your benefits representative, or consult your tax adviser if you have questions.

Optional riders

(available at an additional cost/payable once per covered person)

- Initial diagnosis of cancer rider provides a one-time benefit for the initial diagnosis of cancer. A benefit amount in \$1,000 increments from \$1,000-\$10,000 may be chosen. The benefit for covered dependent children is two and a half times (\$2,500-25,000) the chosen benefit amount.
- Initial diagnosis of cancer progressive payment rider provides a \$50 lump-sum payment for each month the rider has been in force, after the waiting period, once cancer is first diagnosed. The issue ages for this rider are 17-64.
- Specified disease hospital confinement rider provides \$300 per day for confinement to a hospital for treatment of one of 34 specified diseases covered under the rider.

Cancer Assist benefits overview

This overview shows benefits available for all four plan levels and the range of benefit amounts payable for most common cancer treatments.

Each benefit is payable for each covered person under the policy. Actual benefits vary based on the plan level selected.

**Talk with your
benefits representative
to learn more.**

THIS POLICY PROVIDES LIMITED BENEFITS.

Each benefit requires that charges are incurred for treatment. All benefits and riders are subject to a 30-day waiting period. Waiting period means the first 30 days following the policy's coverage effective date during which no benefits are payable. States without a waiting period will have a pre-existing condition limitation. Product has exclusions and limitations that may affect benefits payable. Benefits 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). See your Colonial Life benefits representative for complete details.

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Radiation/chemotherapy

- Injected chemotherapy by medical personnel: \$250-\$1,000 once per calendar week
- Radiation delivered by medical personnel: \$250-\$1,000 once per calendar week
- Self-injected chemotherapy: \$150-\$400 once per calendar month
- Topical chemotherapy: \$150-\$400 once per calendar month
- Chemotherapy by pump: \$150-\$400 once per calendar month
- Oral hormonal chemotherapy (1-24 months): \$150-\$400 once per calendar month
- Oral hormonal chemotherapy (25+ months): \$75-\$200 once per calendar month
- Oral non-hormonal chemotherapy: \$150-\$400 once per calendar month

Anti-nausea medication

\$25-\$60 per day, up to \$100-\$240 per calendar month

Medical imaging studies

\$75-\$225 per study, up to \$150-\$450 per calendar year

Outpatient surgical center

\$100-\$400 per day, up to \$300-\$1,200 per calendar year

Skin cancer initial diagnosis

\$300-\$600 payable once per lifetime

Surgical procedures

Inpatient and outpatient surgeries: \$40-\$70 per surgical unit, up to \$2,500-\$6,000 per procedure

Reconstructive surgery

\$40-\$60 per surgical unit, up to \$2,500-\$3,000 per procedure including 25% for general anesthesia

Anesthesia

- General: 25% of surgical procedures benefit
- Local: \$25-\$50 per procedure

Hospital confinement

- 30 days or less: \$100-\$350 per day
- 31 days or more: \$200-\$700 per day

Family care

Inpatient and outpatient treatment for a covered dependent child: \$30-\$60 per day, up to \$1,500-\$3,000 per calendar year

Second medical opinion on surgery or treatment

\$150-\$300 once per lifetime

Home health care services

Examples include physical therapy, speech therapy, occupational therapy, prosthesis and orthopedic appliances, durable medical equipment: \$50-\$150 per day, up to the greater of 30 days per calendar year or twice the number of days hospitalized per calendar year

Hospice care

- Initial: \$1,000 once per lifetime
- Daily: \$50 per day (\$15,000 maximum for initial and daily hospice care per lifetime)

Transportation and lodging

- Transportation for treatment more than 50 miles from covered person's home: \$0.50 per mile, up to \$1,000-\$1,500 per round trip
- Companion transportation (for any companion, not just a family member) for commercial travel when treatment is more than 50 miles from covered person's home: \$0.50 per mile, up to \$1,000-\$1,500 per round trip
- Lodging for the covered person or any one adult companion or family member when treatment is more than 50 miles from the covered person's home: \$50-\$80 per day, up to 70 days per calendar year

Benefits also included in each plan

Air ambulance, ambulance, blood/plasma/platelets/immunoglobulins, bone marrow or peripheral stem cell donation, bone marrow donor screening, bone marrow or peripheral stem cell transplant, cancer vaccine, egg(s) extraction or harvesting/sperm collection and storage (cryopreservation), experimental treatment, hair/external breast/voice box prosthesis, private full-time nursing services, prosthetic device/artificial limb, skilled nursing facility, supportive or protective care drugs and colony stimulating factors

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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 which may affect any benefits payable. 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).

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Individual Cancer Insurance Description of Benefits

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. Coverage is dependent on answers to health questions. Applicable to policy forms CanAssist-IL and CanAssist-SC, and rider forms R-CanAssistIdx-IL, R-CanAssistProg-IL, R-CanAssistSpDis-IL, R-CanAssistIdx-SC, R-CanAssistProg-SC and R-CanAssistSpDis-SC.

Cancer Insurance 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 year</i>	\$150 \$10,000	\$150 \$10,000	\$175 \$10,000	\$250 \$10,000
Bone Marrow or Peripheral Stem Cell Donation, per lifetime	\$500	\$500	\$750	\$1,000
Bone Marrow or 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, per lifetime	\$500	\$700	\$1,000	\$1,500
Egg(s) or Sperm Storage, 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 year</i>	\$30 \$1,500	\$40 \$2,000	\$50 \$2,500	\$60 \$3,000
Hair/External Breast/Voice Box Prosthesis, per year	\$200	\$200	\$350	\$500
Home Health Care Services, per day <i>Maximum per year</i>	\$50	\$75	\$100	\$150
Hospice, Initial, per lifetime	30 days or twice the days confined			
Hospice, Daily <i>Maximum combined Initial and Daily per lifetime</i>	\$1,000 \$15,000	\$1,000 \$15,000	\$1,000 \$15,000	\$1,000 \$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 <i>Maximum days per year</i>	\$50 70	\$50 70	\$75 70	\$80 70
Medical Imaging Studies, per study <i>Maximum per year</i>	\$75 \$150	\$125 \$250	\$175 \$350	\$225 \$450
Outpatient Surgical Center, per day <i>Maximum per year</i>	\$100 \$300	\$200 \$600	\$300 \$900	\$400 \$1,200
Private Full-time Nursing Services, per day	\$50	\$75	\$125	\$150
Prosthetic Device/Artificial Limb, per device or limb <i>Maximum per lifetime</i>	\$1,000 \$2,000	\$1,500 \$3,000	\$2,000 \$4,000	\$3,000 \$6,000

Individual Cancer Insurance Description of Benefits

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. Coverage is dependent on answers to health questions. Applicable to policy forms CanAssist-IL and CanAssist-SC, and rider forms R-CanAssistIdx-IL, R-CanAssistProg-IL, R-CanAssistSpDis-IL, R-CanAssistIdx-SC, R-CanAssistProg-SC and R-CanAssistSpDis-SC.

Cancer Insurance Benefits	Level 1	Level 2	Level 3	Level 4
Radiation/Chemotherapy				
Injected chemotherapy by medical personnel, per week	\$250	\$500	\$750	\$1,000
Radiation delivered by medical personnel, per week	\$250	\$500	\$750	\$1,000
Self-Injected Chemotherapy, per month	\$150	\$200	\$300	\$400
Pump Chemotherapy, per month	\$150	\$200	\$300	\$400
Topical Chemotherapy, per month	\$150	\$200	\$300	\$400
Oral Hormonal Chemotherapy (1-24 months), per month	\$150	\$200	\$300	\$400
Oral Hormonal Chemotherapy (25+ months), per month	\$75	\$100	\$150	\$200
Oral Non-Hormonal Chemotherapy, per month	\$150	\$200	\$300	\$400
Reconstructive Surgery, per surgical unit				
<i>Maximum per procedure, including 25% for general</i>	\$40	\$40	\$60	\$60
	\$2,500	\$2,500	\$3,000	\$3,000
Second Medical Opinion, per lifetime	\$150	\$200	\$300	\$300
Skilled Nursing Care Facility, per day, up to days confined	\$75	\$100	\$100	\$150
Skin Cancer Initial Diagnosis, per lifetime	\$300	\$300	\$400	\$600
Supportive/Protective Care Drugs/Colony Stimulating Factors, per				
<i>Maximum per year</i>	\$50	\$100	\$150	\$200
	\$400	\$800	\$1,200	\$1,600
Surgical Procedures, per surgical unit				
<i>Maximum per procedure</i>	\$40	\$50	\$60	\$70
	\$2,500	\$3,000	\$5,000	\$6,000
Transportation, per mile				
<i>Maximum per round trip</i>	\$0.50	\$0.50	\$0.50	\$0.50
	\$1,000	\$1,000	\$1,200	\$1,500
Waiver of Premium	Yes	Yes	Yes	Yes
Policy-Wellness Benefits				
Bone Marrow Donor Screening, per lifetime	\$50	\$50	\$50	\$50
Cancer Vaccine, per lifetime	\$50	\$50	\$50	\$50
Part 1: Cancer Wellness/Health Screening, per year	One amount per account: \$0, \$25, \$50, \$75 or \$100			
Part 2: Cancer Wellness/Health Screening, per year	Same as Part 1			

Additional Riders may be available at an additional cost

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 aggravated by cancer or resulting from cancer or treatment of cancer.

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