

# Cancer Insurance

If diagnosed with cancer,  
how will you pay for what  
your health insurance won't



# Help protect yourself and your family from the high cost of cancer treatment with...

## ...Colonial Life's Cancer Insurance

*The risk of developing cancer, unfortunately, is very real.*

In the U.S., men have a 1 in 2 lifetime risk of developing cancer, and for women the risk is 1 in 3.<sup>1</sup> As serious as the threat of cancer may be, new and improved medical treatments are being introduced, and studies are showing that regular screening tests can detect some cancers in the early stages.<sup>1</sup>

The five-year relative survival rate for screening-accessible cancers is about 86 percent.<sup>1</sup> If all Americans participated in regular cancer screenings, this rate could increase. But with high technology come high costs. The American Cancer Society reports that cancer costs Americans more than \$206 billion annually.<sup>1</sup> And much of that amount is considered indirect or hidden costs not covered by major medical plans.

Colonial Life's cancer coverage offers the protection you need to concentrate on what is most important — your care.

### Features of Colonial Life's Cancer Insurance:

- 1 Pays regardless of any other insurance you have with other insurance companies.
- 2 Provides a cancer screening benefit that you can use even if you are never diagnosed with cancer.
- 3 Guaranteed renewable as long as premiums are paid when due.
- 4 Benefits paid directly to you unless you specify otherwise.
- 5 You can take your coverage with you even if you change jobs or leave your employer.
- 6 Flexible coverage options for employees and their families.

### Indirect Costs You Pay:

#### Direct Costs Most Major Medical Plans Cover:

38%

- Hospital charges
- Surgeon fees
- Physician fees
- Medication and drug costs
- Radiological fees
- Nursing costs

62%

- Loss of wages or salary
- Deductibles or coinsurance
- Travel expenses to and from treatment centers
- Lodging and meals
- Child care

*This brochure highlights the benefits of policy form C1000 (including state abbreviations where used). This is not an insurance contract and only the actual policy provisions will control. The policy sets forth in detail the rights and obligations of both you and us. It is, therefore, important that you **READ YOUR POLICY CAREFULLY.***

*This brochure is not complete without the Outline of Coverage (form number C1000-O and state abbreviations where used).*

*We will pay benefits if certain routine cancer screening tests are performed or if cancer is diagnosed after the waiting period and while your policy is in force.*

## Cancer Screening Benefit Tests\*

- Pap Smear
- ThinPrep Pap Test <sup>2</sup>
- CA125 (Blood test for ovarian cancer)
- Mammography
- Breast Ultrasound
- CA 15-3 (Blood test for breast cancer)
- PSA (Blood test for prostate cancer)
- Chest X-ray
- Biopsy of Skin Lesion
- Colonoscopy
- Virtual Colonoscopy
- Hemocult Stool Analysis
- Flexible Sigmoidoscopy
- CEA (Blood test for colon cancer)
- Bone Marrow Aspiration/Biopsy
- Thermography
- Serum Protein Electrophoresis (Blood test for Myeloma)

\*See the Outline of Coverage for Cancer Screening Benefits payable, as well as exclusions and limitations of this coverage.

To file a claim for a Cancer Screening Benefit test, it is not necessary to complete a claim form. Call our toll-free Customer Service number, 1-800-325-4368, with the medical information.

## Additional Invasive Diagnostic Procedure

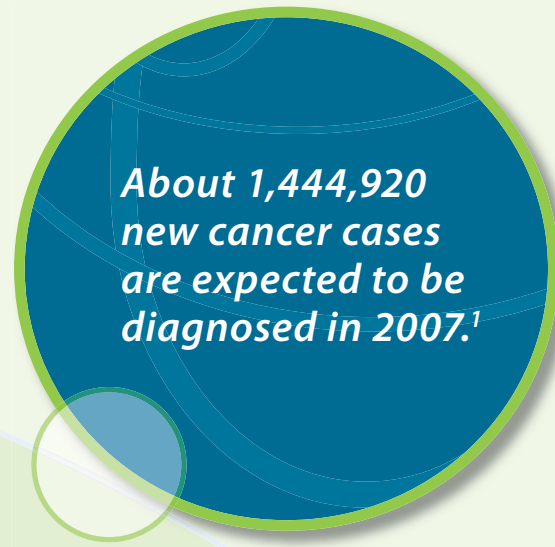
If abnormal results are received from a Cancer Screening Benefit test.

## Inpatient Benefits

- Hospital Confinement
- Hospital Confinement in a U.S. Government Hospital
- Ambulance
- Air Ambulance
- Private Full-Time Nursing Services

## Treatment Benefits (In-or Outpatient)

- Radiation/Chemotherapy
- Antinausea Medication
- Blood/Plasma/Platelets/Immunoglobulins
- Experimental Treatment
- Hair Prosthesis/External Breast/Voice Box Prosthesis
- Supportive/Protective Care Drugs and Colony Stimulating Factors
- Medical Imaging Studies
- Bone Marrow Stem Cell Transplant
- Peripheral Stem Cell Transplant



## Transportation/Lodging Benefits

- Transportation
- Companion Transportation
- Lodging

## Surgical Procedures Benefits

- Surgical Procedures (including skin cancer)
- Anesthesia (including skin cancer)
- Second Medical Opinion
- Reconstructive Surgery
- Prosthesis/Artificial Limb
- Outpatient Surgical Center

## Extended Care Benefits

- Skilled Nursing Care Facility
- Family Care
- Hospice
- Home Health Care Service
- Waiver of Premium

## Initial Diagnosis of Skin Cancer

We will pay this benefit for the first diagnosis of skin cancer.

<sup>1</sup>Cancer Facts & Figures, American Cancer Society, 2007.

<sup>2</sup>ThinPrep is a registered trademark of Cytyc Corporation.

*This policy has limitations that may affect benefits payable. Most benefits require that a charge be incurred. See the Outline of Coverage for complete details of benefits, exclusions and limitations. Policy may not be available and may vary by state.*

## Benefit Worksheet

For use by Colonial Life Benefits Representative

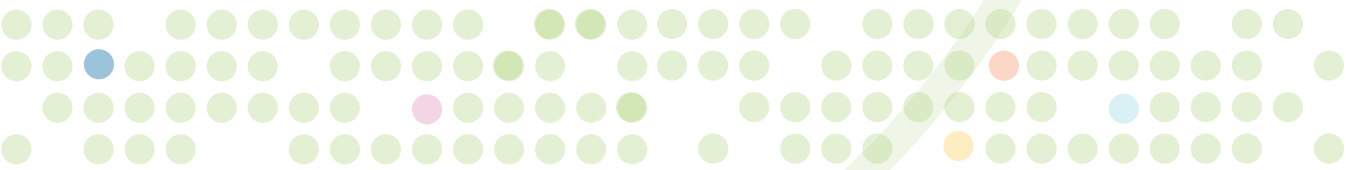
Flexible Benefit

### Coverage: (check one)

- Employee (Individual)
- Employee, Spouse and Dependent Children (Two-Parent Family)
- Employee and Dependent Children (One-Parent Family)

**Premium per Pay Period \$** \_\_\_\_\_ **Monthly Premium for Policy \$** \_\_\_\_\_

The premium will vary based on level of coverage and benefits selected.



**Colonial Life**<sup>SM</sup>  
Making benefits count.

**Colonial Life**  
1200 Colonial Life Boulevard  
Columbia, South Carolina 29210  
coloniallife.com

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Colonial Life products are underwritten by Colonial Life & Accident Insurance Company, for which Colonial Life is the marketing brand.

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## Cancer 1000

Colonial's Cancer 1000 insurance helps employees and their families maintain financial security in the event of a cancer diagnosis. Employees can choose from four levels of coverage amounts. Employee; Employee and Dependent Children; and Employee, Spouse, and Dependent Children plans are available.

### Benefits

Base	Level 1	Level 2	Level 3	Level 4
<b>Cancer Screening Benefits</b>				
Part I. Cancer Screening/Wellness Benefit per calendar year	\$25	\$75	\$100	\$125
Part II. Additional Invasive Diagnostic Test or Surgical Benefit per calendar year	\$25	\$75	\$100	\$125
<b>Cancer Benefits</b>				
Air Ambulance per trip limit 2 trips per confinement	\$1,000	\$1,000	\$1,000	\$1,000
Ambulance per trip limit 2 trips per confinement	\$200	\$200	\$200	\$200
Anesthesia-Benefit for General is 25% of Surgical Procedures Per procedure for local anesthesia	\$25	\$30	\$40	\$50
Antinausea Medication per day administered or per prescription filled Maximum per month	\$20 \$80	\$40 \$160	\$50 \$200	\$60 \$240
Blood/Plasma/Platelets/Immunoglobulins per day up to \$10,000 per cal year	\$200	\$200	\$200	\$200
Bone Marrow Stem Cell Transplant per lifetime Bone Marrow Stem Cell Donation Benefit per lifetime	\$10,000 \$1,000	\$10,000 \$1,000	\$10,000 \$1,000	\$10,000 \$1,000
Companion Transportation (\$ per mile) up to \$1,500 per round trip	0.50	0.50	0.50	0.50
Experimental Treatment per day up to \$10,000 per lifetime	\$300	\$300	\$300	\$300
Family Care per day	\$60	\$60	\$60	\$60
Hair/External Breast/Voice Box Prosthesis per calendar year	\$200	\$200	\$200	\$200
Home Health Care Services per day up to greater of 30 days/calendar year or 2 times the days confined to hospital	\$75	\$75	\$75	\$75
Hospice per day, no lifetime limit	\$70	\$70	\$70	\$70
Hospital Confinement, Days 1-30, benefit per day	\$100	\$200	\$300	\$400
Hospital Confinement, Days 31+, benefit per day	\$200	\$400	\$600	\$800

#### Cancer 1000 Available in GA

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Making benefits count.

Hospital Confinement in a US Government Hospital Days 1-30, benefit per day	\$100	\$200	\$300	\$400
Hospital Confinement in a US Government Hospital Days 31+, benefit per day	\$200	\$400	\$600	\$800
Lodging per day up to 70 days per calendar year	\$75	\$75	\$75	\$75
Medical Imaging Studies per study, \$500 calendar year max	\$250	\$250	\$250	\$250
Outpatient Surgical Center per day	\$200	\$200	\$300	\$400
Calendar year maximum	\$600	\$600	\$900	\$1,200
Peripheral Stem Cell Transplant lifetime maximum	\$5,000	\$5,000	\$5,000	\$5,000
Private Full Time Nursing Services per day	\$150	\$150	\$150	\$150
Prosthesis/Artificial Limb per device, limit 1 per site, \$6,000 lifetime	\$3,000	\$3,000	\$3,000	\$3,000
Radiation/Chemotherapy per day (no monthly limit for chemotherapy injected or radiation delivered by medical personnel)	\$100	\$200	\$300	\$300
<u>Monthly Maximum</u>				
Self Injected	\$800	\$1,600	\$2,400	\$2,400
Pump	\$400	\$800	\$1,200	\$1,200
Topical	\$400	\$800	\$1,200	\$1,200
Oral	\$400	\$800	\$1,200	\$1,200
Any Other Method Not Listed	\$400	\$800	\$1,200	\$1,200
Reconstructive Surgery per unit value	\$40	\$40	\$60	\$60
Maximum per procedure for Surgery and Anesthesia, limit 2 per site	\$2,500	\$2,500	\$3,000	\$3,000
Second Medical Opinion limit once per malignant condition	\$300	\$300	\$300	\$300
Skilled Nursing Care Facility per day up to days confined in hospital	\$100	\$100	\$100	\$100
Skin Cancer Initial Diagnosis once per lifetime	\$300	\$300	\$300	\$300
Supportive or Protective Care Drugs & Colony Stimulating Factors				
per day	\$50	\$100	\$150	\$200
calendar year maximum	\$400	\$800	\$1,200	\$1,600
Surgical Procedures-Unit Value	\$40	\$50	\$60	\$70
maximum per procedure	\$2,500	\$3,000	\$5,000	\$6,000
Transportation (per mile) up to \$1,500 per trip	0.50	0.50	0.50	0.50
Waiver of Premium	Yes	Yes	Yes	Yes

**Cancer 1000 Available in GA**

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## Optional Riders

A choice of optional riders is available and can be purchased at an additional cost to provide extra coverage and benefits.

### Specified Disease

- Paid for hospital confinement for covered specified diseases.
- \$300 per day when hospitalized
- \$125,000 lifetime maximum

The specified diseases covered under this rider are:

Adrenal Hypofunction (Addison's Disease)	Lyme Disease	Tetanus
Botulism	Malaria	Toxic Epidermal Necrolysis
Bubonic Plague	Meningitis (bacterial)	Toxic Shock Syndrome
Cerebral Palsy	Multiple Sclerosis	Tuberculosis (Mycobacterial)
Cholera	Muscular Dystrophy	Tularemia
Cystic Fibrosis	Myasthenia Gravis	Typhoid Fever
Diphtheria	Necrotizing Fasciitis	Variant Creutzfeldt- Jakob Disease (Mad Cow)
Encephalitis, including Encephalitis contracted from West Nile Virus.	Osteomyelitis	Yellow Fever
Huntington's Chorea	Poliomyelitis	
Legionnaires Disease	Rabies	
Lou Gehrig's Disease (Amyotrophic Lateral Sclerosis)	Reye's Syndrome Scleroderma	
	Scarlet Fever	
	Sickle Cell Anemia Systemic	
	Lupus	

### First Diagnosis

- Paid for the first diagnosis of internal (not skin) cancer.
- Available in \$1,000 units from \$1,000 - \$5,000
- Pays 1.5 times amount for children on family coverage.

### Progressive Payment

- Paid for the first diagnosis of internal (not skin) cancer. The progressive payment accumulates \$50 per month for each month the policy has been in force after the first 30 days.
- Issue age for Progressive Payment rider is 17-64.

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## Features

- Benefits are paid directly to the insured unless they specify otherwise.
- Benefits are paid in addition to other insurance your employees may have with other insurance companies.
- The policy is guaranteed renewable.
- Coverage is portable. An employee can take this coverage with him if he changes jobs or leaves your company.
- The spouse may be listed as the primary insured on a Cancer policy if the employee is not eligible for coverage
- Cancer 1000 coverage offers innovative benefits to help address current treatment costs for the care of cancer
- All eligible applicants in an account have the same premium, regardless of risk class or age

## Eligibility Requirements

- Issue ages 17-69 for both the employee and spouse.
- The employee must be permanent and full time working 20 hours per week.
- The employee must be actively at work at the time of application.
- Dependent children (as defined in the policy).

## Participation Requirements

To offer this plan, we require only 3 eligible participants apply.

## Premium Information

- Premiums are based on level of coverage chosen.
- Premium levels are available for Employee; Employee and Dependent Children; and Employee, Spouse and Dependent Children plans.
- Premiums are not age banded.
- Premiums are not based on occupational risk

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## Sample Monthly Premiums

Coverage Description	Level	Monthly Premium
Employee coverage without Optional riders	1	\$11.50
Employee and Dependent Children coverage with Progressive Payment Rider	3	\$34.00
Employee, Spouse and Dependent Children coverage with \$5,000 First Diagnosis Rider	3	\$55.00

## Definitions

**Cancer:** means a disease which is identified by the presence of malignant cells or a malignant tumor characterized by the uncontrolled and abnormal growth and spread of invasive malignant cells. Pre-malignant conditions or conditions with malignant potential are not defined as cancer.

**Skin Cancer:** means melanoma of Clark's level I or II (Breslow less than .75mm); basal cell carcinoma; or squamous cell carcinoma of the skin.

**Waiting Period:** means the 30-day period during which no benefits are payable.

## What is Not Covered

- If cancer is not pathologically or clinically diagnosed until after death, we will pay benefits for the treatment of cancer or specified disease (if applicable) performed during the forty-five day period before death.
- We will not pay the Reconstructive Surgery Benefit for melanoma diagnosed as Clarks Level I or II or Breslow less than .75 mm.
- Cancer screening tests performed during the waiting period will not be covered.
- Cancer diagnosed during the waiting period will not be covered.

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