

COLONIAL LIFE & ACCIDENT INSURANCE COMPANY
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A Stock Company

SPECIFIED DISEASE INSURANCE COVERAGE
OUTLINE OF COVERAGE

(Applicable to Policy Form CanAssist,-including state abbreviations where applicable)

THE POLICY PROVIDES LIMITED INDEMNITY BENEFITS
BENEFITS PROVIDED ARE SUPPLEMENTAL AND NOT INTENDED TO COVER
ALL MEDICAL EXPENSES

THE POLICY IS NOT MEDICARE SUPPLEMENT COVERAGE.

If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from the company.

Please Read the Policy Carefully

This outline provides a very brief description of the important features of your policy. 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**.

Renewability

The policy is guaranteed renewable as long as you pay the premiums when they are due or within the grace period. Your premium can be changed only if we change it on all policies of this kind in force in the state where the policy was issued.

Coverage Provided by the Policy

The policy is designed to provide coverage ONLY for losses due to cancer and for specified wellness procedures, subject to any limitations in your policy. The policy does not provide coverage for basic hospital, basic medical-surgical or major medical expenses.

The policy provides benefits for cancer, including skin cancer where applicable, if the date of diagnosis, treatment of cancer or skin cancer, or the performance of wellness procedures occur: after the waiting period has been satisfied; while your policy is in force; and if the cancer or treatment is not excluded by name or specific description in the policy. Drugs received for the treatment of cancer must be approved by the United States Food and Drug Administration (FDA). Any procedures for Wellness Benefits performed before the end of the waiting period will not be covered. If the date of diagnosis of cancer is before the end of the waiting period, coverage for that cancer will apply only to loss commencing after the policy has been in force two years. Cancer must be pathologically or clinically diagnosed. If cancer is not diagnosed until after you die, we will only pay benefits for the treatment of cancer performed during the 45-day period before your death.

BENEFITS FOR CANCER

Air Ambulance

\$2,000 per trip

Benefit payable if a charge is incurred and a licensed professional air ambulance company transports by air any covered person to or from a hospital or between medical facilities while he is confined as an inpatient for the treatment of cancer. No lifetime limit other than two trips each time he is confined as an inpatient for the treatment of cancer.

Ambulance

\$250 per trip

Benefit payable if a charge is incurred and a licensed medical professional ambulance company transports any covered person by ground transportation to or from a hospital or between medical facilities, while he is confined as an inpatient for the treatment for cancer. No lifetime limit other than two trips each time he is confined as an inpatient for the treatment of cancer.

Anesthesia

General Anesthesia

25% of Surgical Procedures Benefit

Local Anesthesia

_____ **per procedure**

Benefit payable if any covered person incurs a charge and receives general anesthesia administered by an anesthesiologist or a Certified Registered Nurse Anesthetist during a surgical procedure that is performed for the treatment of cancer and for which a benefit is payable.

If a covered person incurs a charges and receives local anesthesia during a surgical procedure performed for the treatment of cancer for which a benefit is payable, we will pay the amount indicated above.

If a covered person has more than one surgical procedure performed at the same time, we will pay only one Anesthesia benefit. We will pay the Anesthesia benefit for the surgical procedure performed that has the highest dollar value. The benefit is payable for skin cancer. No lifetime limit.

Anti-Nausea Medication

_____ **per day administered in doctor's office, clinic or hospital or per prescription filled**

Maximum Benefit Amount of _____ per covered person per calendar month

Benefit payable if any covered person incurs a charge for medication for nausea as a result of radiation or chemotherapy treatments prescribed by a doctor during the treatment of cancer. We will only pay one Anti-Nausea Medication benefit per day regardless of the number of anti-nausea medications a covered person receives on the same day. No lifetime limit.

Blood/Plasma/Platelets/Immunoglobulins

_____ **per day**

Maximum Benefit Amount of \$10,000 per covered person per calendar year

Benefit payable if any covered person incurs a charge and receives a transfusion of blood/plasma/platelets/immunoglobulins during the treatment of cancer. No lifetime limit.

Bone Marrow or Peripheral Stem Cell Donation

_____ **per donation**

Maximum of one per covered person per lifetime

Benefit payable if any covered person incurs a charge for receiving another person's bone marrow or stem cells in connection with a covered transplant procedure for the treatment of cancer. We will pay the benefit only once per covered person per lifetime.

Bone Marrow or Peripheral Stem Cell Transplant

Bone Marrow Stem Cell Transplant

_____ **per transplant**

Peripheral Stem Cell Transplant

_____ **per transplant**

Maximum of two transplant benefits per covered person per lifetime.

Benefit payable if any covered person incurs a charge and receives a bone marrow or peripheral stem cell transplant for the treatment of cancer. We will pay for no more than two transplants per covered person per lifetime.

Companion Transportation

_____ **per mile**

Maximum Benefit Amount of _____ per covered person per round trip

Benefit payable if a charge is incurred for one companion to accompany a covered person to another city (more than 50 miles one way from the city where he lives) where he is receiving treatment for cancer on the advice of a doctor. The benefit is payable when charges are incurred for commercial travel (i.e., plane, train or bus) to and from the covered person's destination. Benefits for air ambulance and ambulance are only available under the Air Ambulance and Ambulance benefits. There is no limit to the number of times a covered person receives benefits for Companion Transportation, subject to the Maximum Benefit Amount shown above.

Egg(s) Extraction or Harvesting/Sperm Collection and Storage (Cryopreservation)

Egg(s) Extraction or Harvesting or Sperm Collection

_____ **maximum of one per covered person per lifetime**

Egg(s) or Sperm Storage

_____ **maximum of one per covered person per lifetime**

Benefit payable if any covered person incurs a charge to have eggs extracted and harvested or sperm collected. An additional benefit is payable if a covered person incurs a charge for the storage of eggs or sperm with a licensed reproductive tissue bank or a similar licensed storage facility. The extraction, harvesting, collection and storage must occur prior to chemotherapy or radiation treatment that has been prescribed by a doctor for the covered person's treatment of cancer. We will pay these benefits only once per covered person per lifetime.

Experimental Treatment _____ per day

Maximum Benefit Amount of _____ per covered person per lifetime

Benefit payable each day any covered person incurs a charge for receiving hospital, medical or surgical care in connection with experimental treatment of cancer. These treatments must be prescribed by a physician and must be received in an experimental cancer treatment program. Payment of the Experimental Treatment benefit is in place of payment of any other benefit for the same covered treatments.

Family Care _____ per day

Maximum Benefit Amount of _____ per covered person per calendar year

Benefit payable each day an insured dependent child incurs charges for receiving treatment for cancer on an inpatient or outpatient basis by a licensed medical practitioner. The Family Care benefit is paid in addition to any other applicable benefits. Self-administered treatment or treatment within the home is excluded. No lifetime limit.

Hair/External Breast/Voice Box Prosthesis _____ per covered person
_____ per calendar year

Benefit payable if any covered person incurs charges and receives a hair prosthesis, external breast prosthesis or voice box prosthesis needed as a direct result of cancer. No lifetime limit.

Home Health Care Services _____ per covered person per day

Benefit payable if any covered person incurs a charge for receiving services provided by a home health agency when required by your doctor instead of confinement in a hospital. We will pay the greater of: 1) 30 days per calendar year; or 2) twice the number of days the covered person was confined to a hospital during a calendar year for the treatment of cancer. We will not pay the benefit for housekeeping services, childcare or food services other than dietary counseling. No lifetime limit.

Hospice

Initial hospice care \$1,000 maximum of one per lifetime

Daily hospice care \$50 per day

Maximum Benefit Amount of \$15,000 for initial and daily hospice care per covered person per lifetime

Benefit payable each day any covered person incurs a charge and receives hospice care, as the result of cancer, consisting of one or more of the following services received by a covered person for whom a doctor determines that cancer treatments are no longer of benefit and that he is expected to live for only six months or less: a visit from a representative of a hospice care team at home; the services of a hospital on an outpatient basis under the direction of a hospice; a visit to a hospice on an outpatient basis for treatment or services; and confinement to a hospice care facility. We will pay the initial hospice care benefit shown above for the first day a covered person receives hospice care. Initial hospice care is payable once per covered person per lifetime regardless of the number of times a covered person receives hospice care. There is no limit to the number of days a covered person receives a benefit for Hospice, subject to the Maximum Benefit Amount shown above.

Hospital Confinement

30 days or less _____ per covered person per day

31 days or more _____ per covered person per day

Benefit payable each day any covered person incurs charges for confinement to a hospital (including intensive care) for the treatment of cancer. If less than 30 days separate a period of confinement, we will treat the confinement as a continuation of the prior confinement. If more than 30 days separate a period of confinement, we will treat the confinement as a new confinement. No lifetime limit.

Lodging _____ per day

Maximum of 70 days per covered person per calendar year

Benefit payable each day any covered person or any one adult companion or family member incurs a charge for lodging required while the covered person is being treated for cancer more than 50 miles from the covered person's residence. No lifetime limit.

Medical Imaging Studies _____ per study

Maximum Benefit Amount of _____ per covered person per calendar year

Benefit payable if any covered person incurs a charge for having a covered medical image study performed that was prescribed by a doctor for the treatment or follow-up evaluation of cancer and performed after the initial diagnosis of cancer. No lifetime limit.

Outpatient Surgical Center _____ per day
Maximum Benefit Amount of _____ per covered person per calendar year

Benefit payable each day any covered person incurs a charge for having surgery performed at an outpatient surgical center for the treatment of cancer. This does not include surgery received in the emergency room or while confined to the hospital. No lifetime limit.

Private Full-time Nursing Services _____ per covered person per day

Benefit payable each day any covered person incurs a charge for private full-time nursing services (other than those regularly furnished by the hospital), required and authorized by a doctor and performed by a registered, a licensed practical or a licensed vocational nurse while confined to a hospital for the treatment of cancer. No lifetime limit.

Prosthetic Device/Artificial Limb _____ per device or limb

Maximum of _____ per covered person per lifetime

Benefit payable if any covered person incurs a charge and receives a surgically implanted prosthetic device or artificial limb prescribed a doctor as a direct result of cancer surgery. The benefit does not include coverage for tissue expanders or a Breast Transverse Rectus Abdominis Myocutaneous (TRAM) Flap. We will pay for no more than one of the same type of prosthetic device or artificial limb per site.

Radiation/Chemotherapy

Weekly Benefit

Injected chemotherapy by medical personnel _____ maximum of one
per covered person per calendar week

Radiation delivered by medical personnel _____ maximum of one
per covered person per calendar week

Chemotherapy

Monthly Benefit

Self-Injected _____ maximum of one
per covered person per calendar month

Pump _____ maximum of one
per covered person per calendar month

Topical _____ maximum of one
per covered person per calendar month

Oral Hormonal (1-24 months) _____ maximum of one
per covered person per calendar month

Oral Hormonal (25+ months) _____ maximum of one
per covered person per calendar month

Oral Non-Hormonal _____ maximum of one
per covered person per calendar month

Benefit payable if any covered person incurs a charge and receives one or more of the covered treatments listed below during the treatment of cancer.

Covered Treatments consist of the following:

- **Chemotherapy**, consisting of one or more of the following:
 - chemotherapy treatments injected by medical personnel in a doctor's office, clinic or hospital;
 - chemotherapy treatments injected by yourself or anyone other than personnel in a doctor's office, clinic or hospital;
 - a pump for chemotherapy initially filled or refilled;
 - a prescription for topical chemotherapy;
 - a prescription for oral-hormonal chemotherapy; or
 - a prescription for oral-non-hormonal chemotherapy.
- **Radiation**, consisting of radioactive treatments delivered by medical personnel in a doctor's office, clinic, or hospital.

Covered Treatments injected or delivered by medical personnel in a doctor's office, clinic or hospital are payable each week and are limited to the calendar week in which the covered person incurs a charge for the treatment of cancer. Covered Treatments delivered by any other method, as listed above, are payable each month and are limited to the calendar month in which the covered person incurs a charge for the treatment of cancer. Payment of the benefit is not based on the number, duration or frequency of the covered treatment.

If a covered person receives a prescription for chemotherapy that is for more than one month, the benefit is limited to the calendar month in which the charge is incurred. Refills of the same prescription within the same calendar month are not considered a different chemotherapy medicine. Radioactive treatments delivered by medical personnel are not payable each week a radium implant or radioisotope remains in the body. No lifetime limit.

Reconstructive Surgery _____ **per surgical unit**
Maximum Benefit Amount of _____ **per covered person per procedure, including 25% for general anesthesia**

Benefit payable if any covered person incurs a charge for a reconstructive surgery that requires an incision; is performed by a doctor for treatment of cancer; and is due to cancer. We will pay up to 25% of the Reconstructive Surgery benefit if a covered person incurs charges and has general anesthesia administered during reconstructive surgery. We will pay no more than the Maximum Benefit Amount indicated above per procedure. We will pay for no more than two procedures per site. If a covered person has more than one reconstructive surgery performed at the same time and through the same incision, we will consider them to be one procedure and pay the benefit that has the highest dollar value. If a covered person has more than one reconstructive surgery performed at the same time but through different incisions, we will pay for each one. No lifetime limit.

Second Medical Opinion _____ **per lifetime**
Maximum of one per covered person per lifetime

Benefit payable if any covered person incurs a charge for the opinion of a second physician on recommended surgery or treatment following the positive diagnosis of cancer. The benefit is not payable reconstructive surgery. We will pay the benefit only once per covered person per lifetime.

Skilled Nursing Care Facility _____ **per covered person per day up to the number of days for hospital confinement**

Benefit payable each day any covered person incurs a charge for a skilled nursing care facility if confinement begins within 14 days after release from a hospital. We will pay the benefit for no more than the number of days we paid the Hospital Confinement benefit for the most recent confinement. No lifetime limit.

Skin Cancer Initial Diagnosis _____ **per lifetime**
Maximum of one per covered person per lifetime

Benefit payable if any covered person incurs a charge and is diagnosed with skin cancer if the date of diagnosis is while the policy is in force, the skin cancer is diagnosed after the waiting period and the skin cancer is not excluded by name or specific description in the policy. We will pay the benefit only once per covered person per lifetime.

Supportive or Protective Care Drugs and Colony Stimulating Factors _____ **per day**
Maximum Benefit Amount of _____ **per covered person per calendar year**

Benefit payable each day any covered person incurs a charge and receives supportive or protective care drugs and/or colony stimulating factors for the treatment of cancer. Benefits for supportive or protective care drugs and/or colony stimulating factors will only be payable for the day a covered person has the prescription filled. We will only pay one benefit per day regardless of the number of supportive or protective care drugs and/or colony stimulating factors a covered person receives on the same day. If a covered person receives a prescription for supportive or protective care drugs and/or colony stimulating factors that is for more than one month, this benefit is limited to the calendar month in which the charge is incurred. Refills of the same prescription within the same calendar month are not considered a different supportive or protective care drug and/or colony stimulating factor medicine. No lifetime limit.

Surgical Procedures _____ **per surgical unit**
Maximum Benefit Amount of _____ **per covered person per procedure**

Benefit payable if any covered person incurs a charge for a surgical procedure performed by a doctor for the treatment of cancer. If a covered person has more than one surgical procedure performed at the same time and through the same incision, we will consider them to be one procedure and pay the benefit that has the highest dollar value. If a covered person has more than one surgical procedure performed at the same time but through different incisions, we will pay for each one. Surgery performed laparoscopically with more than one incision will be considered one surgical procedure regardless of the number of incisions. We will pay the benefit that has the highest dollar value. The benefit is payable for skin cancer. No lifetime limit.

Transportation**\$.50 per mile****Maximum Benefit Amount of _____ per covered person per round trip**

Benefit payable if any covered person receiving treatment incurs a charge and must travel from their residence to another city (more than 50 miles one way from the city where he lives) to receive a diagnosis or treatment of cancer on the advice of a doctor and not available locally. We will pay the benefit for travel to and from your destination for commercial travel (*i.e.*, plane, train or bus); or non-commercial travel (*i.e.*, use of a personal car). No lifetime limit.

Waiver of Premium

If the named insured becomes disabled because of cancer for longer than 90 consecutive days, and the date of diagnosis is after the waiting period and while the policy is in force, you will not be required to pay premiums to keep your policy in force as long as you are disabled. *Disabled* means you are unable to perform the material and substantial duties of your job; not, in fact, working at any job for pay or benefits; and are under the regular and appropriate care of a doctor for the treatment of cancer. If you do not have a job, we will not require you to pay premiums only as long as you are kept at home because of your cancer and are under the regular and appropriate care of a doctor. If you do have a job, we will require an employer's statement of your inability to perform the material and substantial duties of your job. No lifetime limit.

WELLNESS BENEFITS**Bone Marrow Donor Screening****\$50 per lifetime****Maximum of one per covered person per lifetime**

Benefit payable if any covered person provides documentation of participation in a screening test as a potential bone marrow donor. Participation must occur after the waiting period and while the policy is in force. We will pay the benefit only once per covered person per lifetime.

Cancer Vaccine**\$50 per lifetime****Maximum of one per covered person per lifetime**

Benefit payable if any covered person incurs a charge and receives any cancer vaccine that is FDA approved for the prevention of cancer after the waiting period and while the policy is in force. The vaccine must be administered by licensed medical personnel while the policy is in force. We will pay the benefit only once per covered person per lifetime.

Part 1: Cancer Wellness/ Health Screening _____ per calendar year**Maximum of one per covered person per calendar year**

Benefit payable once per calendar year 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. We will pay the benefit regardless of the results of the test. No lifetime limit. 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
- Hemoccult 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
- Stress test on a bicycle or treadmill

Part 2: Cancer Wellness – Additional Invasive Diagnostic Test or Surgical Procedure _____ per calendar year

Maximum of one per covered person per calendar year

Benefit payable if any covered person incurs a charge for an additional invasive diagnostic test or surgical procedure performed by a physician as the result of an abnormal result from one of the covered Cancer Wellness tests shown in Part 1. We will pay the benefit regardless of the outcome of test(s) in Part 2. No lifetime limit.

WHAT IS NOT COVERED BY THE POLICY

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.