

Cancer Insurance

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



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.

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 3.¹ 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.¹

The five-year relative survival rate for screening-accessible cancers is about 86 percent.¹ 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.¹ And much of that amount is considered indirect or hidden costs not covered by major medical plans.

Direct Costs Most Major Medical Plans Cover:

38%

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

Indirect Costs You Pay:

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 ²
- 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
- Hemoccult 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

About 1,444,920 new cancer cases are expected to be diagnosed in 2007.¹

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.

¹Cancer Facts & Figures, American Cancer Society, 2007.

²ThinPrep is a registered trademark of Cytoc Corporation.

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
Making benefits count.

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

10/08

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 Level 2 Benefit Chart and 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, and if the cancer or treatment is not excluded by name or specific description in the policy.

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

Cancer Screening Benefits

■ Part I. Cancer Screening/Wellness Benefits per calendar year per insured person		\$75
<ul style="list-style-type: none">• Pap Smear• ThinPrep Pap Test• 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	<ul style="list-style-type: none">• Colonoscopy• Virtual Colonoscopy• Hemoccult Stool Analysis• Flexible Sigmoidoscopy• CEA (Blood test for colon cancer)• Bone Marrow Aspiration/Biopsy• Thermography• Serum Protein Electrophoresis (Blood test for Myeloma)	

To file a claim for a Cancer Screening/Wellness 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.

■ Part II. Additional Invasive Diagnostic Procedure (as a result of an abnormal cancer screening test as shown in Part I) per calendar year per insured person	\$75
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Cancer Benefits

■ Inpatient Benefits	
Hospital Confinement, Days 1-30, per day	\$200
Hospital Confinement, Days 31+, per day	\$400
Hospital Confinement in a US Government Hospital Days 1-30, per day	\$200
Hospital Confinement in a US Government Hospital Days 31+, per day	\$400
Ambulance per trip, limit 2 trips per confinement	\$200
Air Ambulance per trip, limit 2 trips per confinement	\$1,000
Private Full Time Nursing Services per day	\$150

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

THIS IS A CANCER-ONLY POLICY.

■ Treatment Benefits (In- or Outpatient)	
Radiation/Chemotherapy per day for the day administered or for the day prescription filled or pump filled up to monthly maximum shown below. <u>Monthly Maximums:</u> Injected by Medical Personnel: no monthly limit Self Injected: \$1,600 Pump: \$800 Topical: \$800 Oral: \$800 Any Other Method Not Listed: \$800	\$200
Antinausea Medication per day administered or per day prescription filled subject to monthly maximum below – Monthly Maximum: \$160	\$40
Blood/Plasma/Platelets/Immunoglobulins per day – up to \$10,000 per calendar year	\$200
Experimental Treatment per day – up to \$10,000 per lifetime	\$300
Hair/External Breast/Voice Box Prosthesis per calendar year	\$200
Supportive or Protective Care Drugs & Colony Stimulating Factors, per day – up to \$800 calendar year maximum	\$100
Medical Imaging Studies per study – up to \$500 calendar year maximum	\$250
Bone Marrow Stem Cell Transplant per lifetime	\$10,000
Bone Marrow Stem Cell Donation Benefit per lifetime	\$1,000
Peripheral Stem Cell Transplant per lifetime	\$5,000

■ Transportation/Lodging Benefits	
Transportation (\$ per mile) – up to \$1,500 maximum per round trip	0.50
Companion Transportation (\$ per mile) – up to \$1,500 maximum per round trip	0.50
Lodging per day up to 70 days per calendar year	\$75

■ Surgical Procedures Benefits	
Surgical Procedures-Unit Value – up to \$3,000 maximum per procedure	\$50
Anesthesia Benefit for General Anesthesia Anesthesia Benefits for local anesthesia , \$30 per procedure	25% of benefit paid for surgical procedure
Second Medical Opinion (limit once per malignant condition)	\$300
Reconstructive Surgery unit value – up to \$2,500 maximum per procedure for Surgery and Anesthesia, limit 2 per site	\$40
Prosthesis/Artificial Limb per device, limit 1 per site – up to \$6,000 lifetime maximum	\$3,000
Outpatient Surgical Center per day – up to \$600 calendar year maximum	\$200

■ Extended Care Benefits	
Skilled Nursing Care Facility per day up to days confined in hospital	\$100
Family Care per day	\$60
Hospice per day, no lifetime limit	\$70
Home Health Care Services per day up to greater of 30 days/per calendar year or 2 times number of days confined in hospital	\$75
Waiver of Premium	Yes

■ Initial Diagnosis of Skin Cancer (Once per Lifetime)	\$300
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COLONIAL LIFE & ACCIDENT INSURANCE COMPANY

P.O. Box 1365, Columbia, South Carolina 29202
1-800-325-4368

SPECIFIED DISEASE COVERAGE

OUTLINE OF COVERAGE (Applicable to Policy Form C1000, including
state abbreviations where applicable)

THIS POLICY IS NOT A MEDICARE SUPPLEMENT POLICY.

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

Read your 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. Your policy is guaranteed renewable. Your premium can be changed only if we change it on all policies of this kind in force in the state where your policy was issued.

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

This policy provides benefits if the first date of diagnosis of cancer or the performance of a cancer screening test occurs: while your policy is in force; after the waiting period has been satisfied; 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 and treatment for cancer must be received within the United States. If the first date of diagnosis of your cancer is before the end of the waiting period, coverage for that cancer will apply only to loss commencing after this policy has been in force two years. Any cancer screening test performed before the end of the waiting period will not be covered. 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.

CANCER SCREENING BENEFITS

Cancer Screening/ Wellness Benefit - Part I \$75/year

We will pay this benefit once per calendar year for each insured that has a covered cancer screening test performed. We will pay this benefit regardless of the results of the test. No lifetime limit.

Cancer Screening/ Wellness Benefit - Part II \$75/year

We will pay this benefit for each insured that incurs charges for and has an additional invasive diagnostic procedure performed as the result of an abnormal cancer screening test as shown in Part I. Invasive diagnostic means a diagnostic test which requires an incision or an insertion of an instrument into the body. We will pay this benefit regardless of the outcome of tests in Part II. No lifetime limit.

CANCER BENEFITS

AIR AMBULANCE \$1,000/trip

We will pay this benefit if you incur charges for a professional air ambulance to transport you on the advice of a doctor to or from a hospital where you are confined as an inpatient for the treatment of cancer. No lifetime limit other than two trips each time you are confined as an inpatient for the treatment of cancer.

AMBULANCE **\$200/trip**

We will pay this benefit if you incur charges for and are transported by a professional ambulance service to or from a hospital where you are confined as an inpatient for the treatment of cancer. No lifetime limit other than two trips each time you are confined as an inpatient for the treatment of cancer.

ANESTHESIA **25% of the amount of the Surgery benefit paid;**
Local anesthesia: \$30/procedure

We will pay 25% of the amount of the surgery benefit paid if you incur charges for and receive general anesthesia administered by an anesthesiologist or Certified Registered Nurse Anesthetist during a surgical procedure performed for the treatment of cancer. If you receive and incur charges for local anesthesia during a surgical procedure performed for the treatment of cancer, we will pay the amount indicated above. If you have more than one surgical procedure performed at the same time, we will pay the benefit for the procedure performed which has the highest dollar value. No lifetime limit.

ANTINAUSEA MEDICATION **See below**

\$40/day up to **\$160/month** for medication administered in a doctor's office, clinic or hospital;

\$40/day up to **\$160/month** for each day you have a prescription filled

We will pay this benefit if you incur charges for medication that is prescribed by your doctor for nausea as a result of radiation and/or chemotherapy treatments. We will only pay one antinausea medication benefit per day, regardless of the number of medications you receive in the same day. No lifetime limit.

**BLOOD/PLASMA/
PLATELETS/
IMMUNOGLOBULINS** **\$200/day, up to \$10,000/calendar year**

We will pay this benefit for each day you incur charges for and receive a transfusion of blood/plasma/platelets/immunoglobulins during the treatment of cancer. No lifetime limit.

**BONE MARROW STEM
CELL TRANSPLANT** **See below**

\$10,000/lifetime if you incur charges for and receive a bone marrow stem cell transplant for the treatment of cancer

\$ 1,000/lifetime if you incur charges for bone marrow stem cell donation in connection with the transplant procedure

We will pay these benefits only once per lifetime for each insured. Benefits for a peripheral stem cell transplant are only available under the Peripheral Stem Cell Transplant benefit.

COMPANION TRANSPORTATION **\$0.50/mile up to \$1,500 per round trip**

We will pay this benefit for one companion to accompany you to another city (more than 50 miles one way from the city where you live) where you are receiving treatment for internal cancer on the advice of a doctor. We will pay this benefit if your companion incurs charges for commercial travel (train, plane, or bus) to and from this destination or for non-commercial travel (use of personal car). If the Air Ambulance or Transportation benefit is paid, the Companion Transportation benefit will not exceed the greater of the other two benefits paid. If you and your companion travel together in a personal car, we will only pay the Transportation benefit or the Companion Transportation benefit, but not both. No lifetime limit.

EXPERIMENTAL TREATMENT **\$300/day; up to lifetime maximum of \$10,000**

We will pay this benefit if you incur charges for receiving hospital, medical or surgical care in connection with experimental treatment of internal (not skin) cancer prescribed by a physician. Treatment must be received in an experimental cancer treatment program within the United States. Payment of this benefit is in place of payment of any other benefit for the same covered treatments.

FAMILY CARE **\$60/day**

We will pay this benefit for each day your insured child incurs charges for receiving treatment for internal (not skin) cancer on an inpatient or outpatient basis from a licensed medical practitioner. This 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** **\$200/calendar year**

We will pay this benefit if you incur charges for receiving a Hair, External Breast, or Voice box Prosthesis needed as a direct result of cancer. No lifetime limit.

HOME HEALTH CARE SERVICES \$75/day

We will pay this benefit if you incur charges for and receive covered 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 you were confined to a hospital during a calendar year for the treatment of cancer. We will not pay this benefit for housekeeping services, childcare or food services other than dietary counseling. No lifetime limit.

HOSPICE \$70/day

We will pay this benefit for each day you incur charges for and receive covered care provided by a hospice as the result of cancer. We will pay this benefit if a doctor determines that cancer treatments are no longer of benefit to you, and you are expected to live for 6 months or less. We will not pay this benefit if you are confined to a hospital, to a U.S. Government Hospital or to a skilled nursing care facility. No lifetime limit.

HOSPITAL CONFINEMENT \$200/day for first 30 days; \$400/day for 31st day thereafter

We will pay this benefit if you incur charges for confinement to a hospital (including intensive care) for the treatment of cancer. If less than 30 days separates periods of confinement, we will consider second and subsequent periods to be continuations of the prior period. We will not pay this benefit if you are confined to a U.S. Government Hospital. No lifetime limit.

HOSPITAL CONFINEMENT IN A U.S. GOVERNMENT HOSPITAL \$200/day for first 30 days; \$400/day for 31st day thereafter

We will pay this benefit if you are confined to a U. S. Government Hospital (including intensive care) for the treatment of cancer. This benefit is payable in place of all other benefits except: Cancer Screening, Air Ambulance, Ambulance, Companion Transportation, Family Care, Hair Prosthesis/External Breast Prosthesis/Voice Box Prosthesis, Lodging, Skilled Nursing Care Facility, Skin Cancer Initial Diagnosis, Transportation, and Waiver of Premium. If less than 30 days separates periods of confinement, we will consider second and subsequent periods to be continuations of the prior period. No lifetime limit.

LODGING \$75/day up to 70 days per calendar year

We will pay this benefit for each day that you or your adult companion incurs charges for lodging while you are being treated for cancer more than 50 miles from your residence. No lifetime limit.

MEDICAL IMAGING STUDIES \$250/study up to \$500 per calendar year

We will pay this benefit if you incur charges for having a covered medical image study performed that was prescribed by your doctor for the treatment of internal (not skin) cancer and performed after the initial diagnosis of cancer. No lifetime limit.

OUTPATIENT SURGICAL CENTER \$200/day up to \$600 per calendar year

We will pay this benefit if you incur charges for having surgery performed at an outpatient surgical center for the treatment of internal (not skin) cancer. This does not include surgery in the emergency room or while confined to the hospital. No lifetime limit.

PERIPHERAL STEM CELL TRANSPLANT \$5,000/lifetime

We will pay this benefit if you incur charges for receiving a peripheral stem cell transplant for the treatment of cancer. We will pay this benefit only once per lifetime for each person insured under the policy.

PRIVATE FULL-TIME NURSING SERVICES \$150/day

We will pay this benefit if you use and incur charges for full-time nursing services (at least 8 hours during any 24-hour period), required and authorized by your doctor and performed by a registered, a licensed practical or a licensed vocational nurse while you are confined to a hospital for the treatment of cancer. No lifetime limit.

PROSTHESIS/ARTIFICIAL LIMBS \$3,000/device or limb, up to \$6,000/lifetime

We will pay this benefit if you incur charges for a surgically implanted prosthetic device or artificial limb received as a direct result of cancer surgery. We will pay for no more than one of the same type of prosthetic device or artificial limb per site.

RADIATION/CHEMOTHERAPY See below

We will pay the amount indicated below if you incur charges for and receive covered radioactive or chemical treatments which are approved for destruction of malignant cells during the treatment of internal (not skin) cancer by the United States Food and Drug Administration and are prescribed by your doctor for the treatment of cancer. No lifetime limit.

Chemotherapy:

- **\$200/day** for each day you receive chemotherapy treatments injected by medical personnel in a doctor's office, clinic or hospital.
- **\$200/day** for each day you have a prescription filled for oral chemotherapy up to a monthly maximum of **\$800**.
- **\$200/day** for each day you have a prescription filled for topical chemotherapy up to a monthly maximum of **\$800**.
- **\$200/day** for each day you have a pump for chemotherapy initially filled and any day the pump is refilled up to a monthly maximum of **\$800**.
- **\$200/day** for each day you have chemotherapy injected by yourself or someone other than personnel in a doctor's office, clinic or hospital, up to a monthly maximum of **\$1,600**.
- **\$200/day** for each day you receive chemotherapy by a delivery method other than the ones mentioned above up to a monthly maximum of **\$800**.

Radiation:

- **\$200/day** for each day you receive radioactive treatments delivered by medical personnel in a doctor's office, clinic or hospital.
- **\$200/day** for each day you receive radioactive treatments by a delivery method other than the one mentioned above up to a monthly maximum of **\$800**.

We will only pay one radiation or chemotherapy benefit per day regardless of the number of radioactive or chemotherapy treatments you receive on the same day.

RECONSTRUCTIVE SURGERY \$40/surgical unit up to a maximum of \$2,500 per procedure including general anesthesia

We will pay this benefit if you incur charges for a reconstructive surgical procedure that requires an incision, is performed by a doctor for the treatment of cancer and is due to internal (not skin) cancer. We will pay up to 25% of the Reconstructive Surgery benefit if you have general anesthesia administered during a reconstructive surgical procedure. We will pay no more than the maximum amount indicated above per procedure. We will pay for no more than two procedures per site. No lifetime limit.

SECOND MEDICAL OPINION \$300/malignant condition

We will pay this benefit if you choose to obtain and incur charges for the opinion of a second physician on recommended cancer surgery or treatment following the positive diagnosis of internal (not skin) cancer. We will pay this benefit only once for each cancerous condition. This benefit is not payable for skin cancer treatment or reconstructive surgery.

**SKILLED NURSING CARE \$100/day
FACILITY**

We will pay this benefit for each day you are confined and incur charges for a skilled nursing care facility if your confinement begins within 14 days after you are released from a hospital. We will pay this benefit for no more than the number of days we paid you the Hospital Confinement or Hospital Confinement in a U.S. Government Hospital benefit for your most recent confinement. No lifetime limit.

**SKIN CANCER INITIAL \$300/lifetime
DIAGNOSIS**

We will pay this benefit when you are diagnosed for the first time as having skin cancer. We will pay this benefit only once per lifetime for each person insured by this policy.

**SUPPORTIVE OR PROTECTIVE \$100/day up to \$800 calendar year maximum
CARE DRUGS AND COLONY
STIMULATING FACTORS**

We will pay this benefit if you incur charges for and receive supportive or protective care drugs and/or colony stimulating factors prescribed by your doctor for the treatment of cancer. No lifetime limit.

SURGICAL PROCEDURES \$50/unit up to \$3,000/procedure

We will pay this benefit if you incur charges for and receive surgical procedures performed for treatment of cancer. If you have 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 you have more than one surgical procedure performed at the same time but through different incisions, we will pay each one. No lifetime limit.

TRANSPORTATION**\$0.50/mile, up to \$1,500 per round trip**

We will pay this benefit if you incur charges for travel to another city (more than 50 miles one way from the city where you live) to receive treatment for cancer on the advice of your doctor. We will pay this for travel to and from your destination for commercial travel (train, plane or bus); or for noncommercial travel (use of personal car). No lifetime limit.

WAIVER OF PREMIUM

If the named insured becomes disabled because of cancer for longer than 3 continuous months (90 days), and the first date of diagnosis is after the waiting period and while this policy is in force, you will not be required to pay premiums to keep your policy in force as long as you are disabled. A month is 30 days. Disabled means you are unable to work at any job for which you are qualified by reason of education, training or experience and you are under the 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 care of a doctor. No lifetime limit.

DEFINITIONS

Bone Marrow Stem Cell Transplant: means the harvesting, storage, and reinfusion of bone marrow stem cells from a matched donor or yourself, performed under general anesthesia or intravenous (IV) sedation.

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 to be construed as cancer for the purposes of this policy.

Cancer Screening Test: means a biopsy of skin lesion, bone marrow aspiration/biopsy, 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), thermography, ThinPrep Pap test, or virtual colonoscopy.

Confined or Confinement: means the assignment to a bed as a resident inpatient in a hospital on the advice of a physician or confinement in an observation unit within a hospital for a period of no less than 20 continuous hours on the advice of a physician.

Date of Diagnosis: is the day the tissue specimen, blood sample(s), and/or titer(s) are taken upon which the first diagnosis of cancer is based.

Dependents: means your natural children, step-children, legally adopted children or children placed into your custody for adoption who are: unmarried; chiefly dependent on you or your spouse for support; living with you in a regular parent-child relationship; and younger than age 25.

Doctor or Physician: means a person, other than yourself or a family member, who is licensed by the state to practice a healing art, performs services for you which are allowed by his/her license and performs services for which benefits are provided by this policy.

Experimental treatment: means drugs or chemical substances that are pending approval by the United States Food and Drug Administration for use in the treatment of cancer and surgery or therapy endorsed by either the National Cancer Institute or the American Cancer Society for experimental studies.

Family Member: means your spouse, son, daughter, mother, father, sister or brother.

Hospice: means an organization that provides care for the terminally ill that is: licensed by a governmental agency; accredited by the Joint Commission on Accreditation of Hospitals; or qualified to receive benefit payments from Medicare or Medicaid. The organization must have on its staff at least one doctor and one registered nurse and must keep complete medical records for each patient.

Hospital: means a place that is run according to law on a full-time basis; provides overnight care of injured and sick people; is supervised by a doctor; has full-time nurses supervised by a registered nurse; and has at its locations or uses on a pre-arranged basis X-ray equipment, a laboratory, and an operating room where surgical operations take place. A hospital does not include a nursing home, an extended care facility, a skilled nursing care facility; a rest home, a home for the aged, an assisted living center, a hospice care facility, a rehabilitation center, or a place for alcoholics or drug addicts.

Oral Chemotherapy: means chemotherapy taken by mouth.

Outpatient Surgical Center: means a place that is equipped to perform outpatient surgical procedures performed by qualified physicians; provides anesthesia, other than local, by a licensed anesthesiologist or Certified Registered Nurse Anesthetist; and has written agreements with local hospitals to accept patients immediately who develop complications.

Pathologist: means a doctor, other than yourself or family member, who is licensed to practice medicine and who is also licensed to practice pathologic anatomy by the American Board of Pathology. A pathologist also means an osteopathic pathologist who is certified by the Osteopathic Board of Pathology.

Peripheral Stem Cell Transplant: means the harvesting, storage, and reinfusion of peripheral stem cells taken from yourself or a matched donor.

Reconstructive Surgery: means surgery for the purpose of reconstruction of anatomic defects that result from treatment of internal (not skin) cancer.

Skilled Nursing Care Facility: means a place where you go to recover from an illness and that: is a legally operated facility that can be a wing or part of a hospital; operates 24 hours a day and will accept inpatients on an overnight basis; is supervised by a doctor; has a 24-hour a day nursing staff which is supervised by a registered nurse; and keeps written daily records for each patient. Notwithstanding the above, a skilled nursing care facility is not a: rest home or home for the aged; place that provides mostly custodial care; or place for alcoholics or drug addicts.

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.

Supportive or Protective Care Drugs and Colony Stimulating Factors: means bone marrow growth factors, radiation and chemotherapy protectants, and medications that promote bone growth.

Topical Chemotherapy: means a chemotherapy drug placed directly onto the skin.

U.S. Government Hospital: means a hospital that is funded by the U.S. Government primarily for military enlisted personnel and their families and military veterans.

Waiting Period: means the first 30 days following each insured person's coverage effective date during which no benefits are payable.

Cancer Insurance— Initial Diagnosis of Cancer Rider



The diagnosis of internal cancer can be an upsetting time. You do not need to add financial worry to what is already a very difficult situation. When you add an Initial Diagnosis of Cancer rider to your Colonial Life cancer insurance policy, you add a little more financial protection at the point you or an insured family member is diagnosed with internal cancer—a time before many medical costs are incurred.

Rider Benefits

This rider pays a lump sum benefit for the initial (first) diagnosis of internal (not skin) cancer that occurs after the waiting period. Use the benefit to help pay for deductibles and coinsurance on your major medical insurance or settle any outstanding debts.

Rider Features

- Guaranteed renewable as long as your cancer insurance policy is in force and you pay your premiums for your rider.
- Covers the same family members as your cancer insurance policy.
- Pays benefits regardless of any other insurance you have with other insurance companies.
- Pays benefits directly to you, unless you specify otherwise.

This flier is not complete without the C1000 (including state abbreviations where applicable) brochure.

Premium Per Pay Period _____ Monthly Premium _____

Benefit Amount Selected _____

COLONIAL LIFE & ACCIDENT INSURANCE COMPANY
P.O. Box 1365, Columbia, South Carolina 29202
SPECIFIED DISEASE COVERAGE

INITIAL DIAGNOSIS OF CANCER RIDER
OUTLINE OF COVERAGE

(Applicable to Rider Form R-C1000-Indx, including state abbreviations where applicable)

THIS RIDER IS NOT ATTACHED TO A MEDICARE SUPPLEMENT POLICY.
If you are eligible for Medicare, review the Guide to Health Insurance for
People with Medicare available from the Company.

Read your rider carefully. This outline provides a very brief description of the important features of your rider. This is not an insurance contract and only the actual policy and rider provisions will control. The policy and rider set forth in detail the rights and obligations of both you and us. It is, therefore, important that you **READ YOUR POLICY AND RIDER CAREFULLY.**

Renewability. Your rider is guaranteed renewable for as long as the policy to which it is attached is in force. Your premium can be changed only if we change it on all riders of this kind in force in the state where your rider was issued.

Cancer. Your rider is designed to provide coverage **ONLY** for cancer, subject to any limitations in your rider. The rider does not provide coverage for basic hospital, basic medical-surgical or major medical expenses.

The rider provides benefits only if the date of diagnosis of cancer is while your rider is in force and after the waiting period has been satisfied. We will not pay this benefit if the first date of diagnosis of your cancer is before the end of the waiting period.

Initial Diagnosis of Cancer

We will pay this benefit when you are diagnosed for the first time as having internal (not skin) cancer.

This benefit is payable once per person insured under the policy and identified on the Schedule Page.

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 to be construed as Cancer for the purposes of this rider.

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 first 30 days following each insured person's coverage effective date during which time no benefits are payable.

R-C1000-Indx-O

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60318-2

Cancer Insurance— Progressive payment Rider



A diagnosis of cancer is not only emotionally draining, it can be financially draining as well. To help ease your financial worries during a difficult period, the progressive payment rider is payable when internal (not skin) cancer is first diagnosed. You get to choose how to use the money, whether it's to pay for outstanding debts or to help protect your quality of life.

Rider Benefits

When internal cancer is first diagnosed, we will pay a progressive payment of \$50 for each month your rider has been in force before internal (not skin) cancer is first diagnosed.

Rider Features

- Guaranteed renewable as long as your cancer insurance policy is in force and you pay your premiums for your rider.
- Covers the same family members as your cancer insurance policy.
- Pays benefits regardless of any other insurance you have with other insurance companies.
- Pays benefits directly to you, unless you specify otherwise.

This flier is not complete without the C1000 (including state abbreviations where applicable) brochure.

Premium Per Pay Period _____ Monthly Premium _____

COLONIAL LIFE & ACCIDENT INSURANCE COMPANY
P.O. Box 1365, Columbia, South Carolina 29202
SPECIFIED DISEASE COVERAGE

INITIAL DIAGNOSIS OF CANCER PROGRESSIVE PAYMENT RIDER
OUTLINE OF COVERAGE

(Applicable to Rider Form R-C1000-Prog, including state abbreviations where applicable)

THIS RIDER IS NOT ATTACHED TO A MEDICARE SUPPLEMENT POLICY.
If you are eligible for Medicare, review the Guide to Health Insurance for
People with Medicare available from the Company.

Read your rider carefully. This outline provides a very brief description of the important features of your rider. This is not an insurance contract and only the actual policy and rider provisions will control. The policy and rider set forth in detail the rights and obligations of both you and us. It is, therefore, important that you **READ YOUR POLICY AND RIDER CAREFULLY.**

Renewability. Your rider is guaranteed renewable for as long as the policy to which it is attached is in force. Your premium can be changed only if we change it on all riders of this kind in force in the state where your rider was issued.

Cancer. Your rider is designed to provide coverage **ONLY** for cancer, subject to any limitations in your rider. The rider does not provide coverage for basic hospital, basic medical-surgical or major medical expenses.

The rider provides benefits only if the date of diagnosis of cancer is while your rider is in force and after the waiting period has been satisfied. We will not pay this benefit if the first date of diagnosis of your cancer is before the end of the waiting period.

Initial Diagnosis of Cancer Progressive Payment Rider
Amount: \$50 for each month in force after the waiting period

We will pay a progressive payment in the amount indicated above for each month the rider has been in force after the waiting period and before internal (not skin) cancer is first diagnosed. A month is 30 days. We will not pay this benefit for skin cancer.

The Progressive Payment stops adding up for any person insured by the policy on the policy anniversary after his 65th birthday. We will pay this benefit only once for each person insured by this rider.

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 to be construed as Cancer for the purposes of this rider.

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 first 30 days following each insured person's coverage effective date during which time no benefits are payable.

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60320-1

Cancer Insurance— Specified Disease Rider

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There are many types of diseases besides cancer that require hospital confinement for treatment. When you add this rider to your Colonial Life cancer insurance policy, you add valuable coverage related to the following specified diseases.

Specified Diseases

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

Rider Benefits

If you incur charges for and are confined to a hospital for treatment of one of the specified diseases listed above, we will pay a benefit of \$300 per day.

Rider Features

- Guaranteed renewable as long as your cancer insurance policy is in force and you pay your premiums for your rider.
- Covers the same family members as your cancer insurance policy.
- Pays benefits regardless of any other insurance you have with other insurance companies.
- Pays benefits directly to you, unless you specify otherwise.

This flier is not complete without the C1000 (including state abbreviations where applicable) brochure.

Premium Per Pay Period _____ Monthly Premium _____

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60319-1

COLONIAL LIFE & ACCIDENT INSURANCE COMPANY

P.O. Box 1365, Columbia, South Carolina 29202

SPECIFIED DISEASE COVERAGE

SPECIFIED DISEASE HOSPITAL CONFINEMENT RIDER

OUTLINE OF COVERAGE

(Applicable to Rider Form R-CI000-SpDis, including state abbreviations where applicable)

THIS RIDER IS NOT ATTACHED TO A MEDICARE SUPPLEMENT POLICY.

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

Read your rider carefully. This outline provides a very brief description of the important features of your rider. This is not an insurance contract and only the actual policy and rider provisions will control. The policy and rider set forth in detail the rights and obligations of both you and us. It is, therefore, important that you READ YOUR POLICY AND RIDER CAREFULLY.

Renewability. Your rider is guaranteed renewable for as long as the policy to which it is attached is in force. Your premium can be changed only if we change it on all riders of this kind in force in the state where your rider was issued.

Specified Disease. Your rider is designed to provide coverage ONLY for specified disease, subject to any limitations in your rider. The rider does not provide coverage for basic hospital, basic medical-surgical or major medical expenses.

The rider provides benefits only if the date of diagnosis of specified disease is while your rider is in force and after the waiting period has been satisfied. We will not pay this benefit if the first date of diagnosis of your specified disease is before the end of the waiting period.

SPECIFIED DISEASE HOSPITAL CONFINEMENT

\$300/day

We will pay this benefit for hospital confinement if you incur charges for and are confined to a hospital for the treatment of a specified disease listed below if:

- the first date of diagnosis of the specified disease is after the waiting period;
- the first date of diagnosis of the specified disease is while this rider is in force;
- you are confined to a hospital for treatment of a specified disease beginning while this rider is in force; and
- the specified disease is not excluded by name or specific description in this rider.

Covered Specified Diseases:

Adrenal Hypofunction (Addison's Disease)
Botulism
Bubonic Plague
Cerebral Palsy
Cholera
Cystic Fibrosis
Diphtheria
Encephalitis, (including Encephalitis contracted from West Nile virus)
Huntington's Chorea
Legionnaires' Disease
Lou Gehrig's Disease (Amyotrophic Lateral Sclerosis)
Lyme Disease
Malaria
Meningitis (bacterial)
Multiple Sclerosis
Muscular Dystrophy
Myasthenia Gravis

Necrotizing Fasciitis
Osteomyelitis
Poliomyelitis
Rabies
Reye's Syndrome
Scleroderma
Scarlet Fever
Sickle Cell Anemia
Systemic Lupus
Tetanus
Toxic Epidermal Necrolysis
Toxic Shock Syndrome
Tuberculosis (Mycobacterial)
Tularemia
Typhoid Fever
Variant Creutzfeldt-Jakob Disease (Mad Cow Disease)
Yellow Fever

We will pay up to a maximum of \$125,000 during your lifetime for hospital confinements related to the treatment of the specified diseases listed above.

DEFINITIONS

Confinement: means the assignment to a bed as a resident inpatient in a hospital on the advice of a physician or confinement in an observation unit within a hospital for a period of no less than 20 continuous hours on the advice of a physician.

Hospital: means a place that is run according to law on a full-time basis; provides overnight care of injured and sick people; is supervised by a doctor; has full-time nurses supervised by a registered nurse; and has at its locations or uses on a pre-arranged basis X-ray equipment, a laboratory, and an operating room where surgical operations take place. A hospital does not include a nursing home, an extended care facility, a rest home, a home for the aged, a skilled nursing facility, a rehabilitation center, or a place for alcoholics or drug addicts.

Waiting Period: means the first 30 days following each insured person's coverage effective date during which time no benefits are payable.