

# COLONIAL LIFE & ACCIDENT INSURANCE COMPANY

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## GROUP CANCER INSURANCE

### Outline of Coverage

(Applicable to certificate form GCAN-C-GA)

**THIS IS LIMITED BENEFIT GROUP CANCER COVERAGE. THE POLICY PROVIDES LIMITED BENEFITS FOR CANCER AND CANCER SCREENING PROCEDURES. BENEFITS PROVIDED ARE SUPPLEMENTAL AND NOT INTENDED TO COVER ALL MEDICAL EXPENSES. THIS IS NOT A SUBSTITUTE FOR COMPREHENSIVE HEALTH INSURANCE.**

#### **THIS 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.**

**Read your certificate carefully.** This outline provides a very brief description of the important features of the Group Specified Disease Insurance certificate. 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 the policyholder, you and us. The certificate is a summary of the policy and is a written statement, including the certificate schedule, prepared by us to set forth a summary of benefits to which the covered person is entitled, to whom the benefits are payable, and limitations or requirements that may apply and amendments, riders and supplements, if any. It is, therefore, important that you **READ YOUR CERTIFICATE CAREFULLY.**

The certificate provides benefits if the first date of diagnosis of cancer or the performance of a cancer screening test occurs: while the certificate is in force; and if the cancer or treatment is not excluded by name or specific description in the policy or certificate. Cancer must be pathologically or clinically diagnosed. If cancer is not diagnosed until after the covered person dies, we will only pay benefits for the treatment of cancer performed during the 45 day period before the covered person's death.

#### **Benefits**

##### **\$75 Cancer Screening/Wellness Benefit**

We will pay this benefit if any covered person has one of the following cancer screening tests performed while his coverage is in force. This benefit is payable once per calendar year for each covered person.

*Cancer screening test* is defined as:

<ul style="list-style-type: none"><li>• Biopsy of skin lesion;</li><li>• Bone marrow aspiration/biopsy;</li><li>• Breast ultrasound;</li><li>• CA 15-3 (blood test for breast cancer);</li><li>• CA125 (blood test for ovarian cancer);</li><li>• CEA (blood test for colon cancer);</li><li>• Chest X-ray;</li><li>• Colonoscopy;</li></ul>	<ul style="list-style-type: none"><li>• Flexible sigmoidoscopy;</li><li>• Hemoccult stool analysis;</li><li>• Mammography;</li><li>• Pap smear;</li><li>• PSA (blood test for prostate cancer);</li><li>• Serum Protein Electrophoresis (blood test for myeloma);</li><li>• Thermography;</li><li>• ThinPrep Pap test;</li><li>• Virtual Colonoscopy.</li></ul>
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**Hospital Confinement/Hospital** \$200 per day for first 30 days of hospital confinement in a calendar year

**Intensive Care Unit Confinement** \$400 per day for hospital confinement after the first 30 days of hospital confinement in a calendar year

**\$400 per day for hospital intensive care unit confinement**  
**Maximum benefit of 180 days per calendar year for hospital confinement and hospital intensive care unit confinement combined.**

We will pay the applicable benefit shown above for each day any covered person incurs charges for hospital confinement or hospital intensive care unit confinement for the treatment of cancer up to the 180-day maximum per calendar year.

**Hospital Confinement/Hospital Intensive Care Unit Confinement in a U.S. Government Hospital**      **\$200 per day for first 30 days of hospital confinement in a calendar year**  
**\$400 per day for hospital confinement after the first 30 days of hospital confinement in a calendar year**  
**\$400 per day for hospital intensive care unit confinement**  
**Maximum benefit of 180 days per calendar year for hospital confinement and hospital intensive care unit confinement combined.**

We will pay the applicable benefit shown above for each day any covered person is confined in a U. S. Government hospital or a U. S. Government hospital intensive care unit for the treatment of cancer up to the 180-day maximum per calendar year.

**Ambulance**      **\$100 per trip**

We will pay this benefit for each trip any covered person makes if a professional ambulance service transports him to or from a hospital where he is confined as an inpatient for the treatment of cancer. He must incur charges for a professional ambulance service to receive this benefit. We will pay for no more than two one-way trips each time he is confined as an inpatient for the treatment of cancer.

**Private Full-Time Nursing**      **\$200 per day**

We will pay this benefit for each day any covered person incurs charges for and uses private full-time nursing services required and authorized by his doctor while he is confined to a hospital for the treatment of cancer. Private full-time nursing must be performed by a registered, a licensed practical or a licensed vocational nurse.

**Attending Physician**      **\$50 per day up to a maximum of 180 days per calendar year**

We will pay this benefit if any covered person incurs charges for and uses the services of an attending physician while confined to a hospital for the treatment of cancer. An *attending physician* is a doctor, other than the covered person's surgeon, who performs services for him while confined to a hospital.

**Radiation/Chemotherapy**      **\$225 a day up to a maximum of \$7,500 per calendar year**

We will pay this benefit for each day any covered person incurs charges for and receives one or more of the following treatments for the purpose of the destruction of malignant cells during the treatment of internal (not skin) cancer up to the calendar year maximum: teloradiotherapy, using either natural or artificially propagated radiation; interstitial or intracavitary application of radium or radioisotopes in sealed or non-sealed sources; or chemical substances that have a cancericidal effect (chemotherapy). Radiation and chemotherapy treatments must be approved for the treatment of cancer by the United States Food and Drug Administration. We will not pay for office visits, laboratory tests, diagnostic X-rays, treatment planning, simulation, treatment devices, dosimetry, radiation physics, teletherapy or other procedures related to these treatments.

**Antinausea Medication**      **\$50 a day up to a maximum of \$200 per calendar year**

We will pay this benefit for each day any covered person incurs charges for and receives antinausea medication administered in a doctor's office, clinic or hospital or has a prescription filled for antinausea medication as a result of radiation or chemotherapy treatments, up to the calendar year maximum. We will pay only one Antinausea Medication benefit per day regardless of the number of antinausea medications the covered person receives on the same day.

**Blood, Plasma, Platelets and Immunoglobulins**      **\$225 per day, up to a maximum of \$7,500 per calendar year**

We will pay this benefit for each day any covered person incurs charges for and receives a transfusion of blood/plasma/platelets/immunoglobulins during the treatment of cancer, up to the calendar year maximum.

**Experimental Treatment**      **\$300 per day up to \$10,000 lifetime maximum**

We will pay this benefit for each day that any covered person incurs charges for and receives hospital, medical or surgical care in connection with experimental treatment of internal (not skin) cancer. These treatments must be prescribed by a physician and must be received in an experimental cancer treatment program. Treatment must be received in the United States. Payment of this benefit is in place of payment of any other benefit for the same covered treatments.

**Hair/External Breast/Voice Box Prosthesis**      **\$200 per calendar year**

We will pay this benefit if any covered person incurs charges for and receives a hair prosthesis, external breast prosthesis or voice box prosthesis needed as a direct result of cancer.

**Supportive or Protective Care Drugs and Colony Stimulating Factors**      **\$150 per day up to \$1,200 calendar year maximum**

We will pay this benefit for each day that any covered person incurs charges for and receives supportive or protective care drugs and/or colony stimulating factors for the treatment of cancer, up to the calendar year maximum.

**Bone Marrow Stem Cell Transplant**      **\$10,000 per lifetime**

We will pay this benefit if any covered person incurs charges for and receives a bone marrow stem cell transplant for the treatment of cancer. We will pay this benefit only once per lifetime for each covered person.

**Peripheral Stem Cell Transplant**                    **\$5,000 per lifetime**

We will pay this benefit if any covered person incurs charges for and receives a peripheral stem cell transplant for the treatment of cancer. We will pay this benefit only once per lifetime for each covered person.

**Transportation**                                    **\$0.40 per mile up to 700 miles per round trip**

We will pay this benefit if: any covered person travels on his doctor's advice to another city for diagnosis or treatment of his cancer; the destination is more than 50 miles one way from the city where he lives; and he is receiving treatment for internal (not skin) cancer. We will pay this benefit when charges are incurred for travel to and from his destination for either: commercial travel (plane, train or bus); or non-commercial travel (use of a personal car).

**Transportation for Companion**                    **\$0.40 per mile up to 700 miles per round trip**

We will pay this benefit for one companion to accompany any covered person to another city where he is receiving treatment for cancer if: his doctor advises treatment or diagnosis of his cancer in another city; the destination is more than 50 miles one way from the city where he lives; and he is receiving treatment for internal (not skin) cancer.

We will pay this benefit when charges are incurred for travel to and from any covered person's destination for either: commercial travel (plane, train or bus); or non-commercial travel (use of personal car).

**Lodging**    **\$50 per day up to 70 days maximum per calendar year**

We will pay this benefit for each day any covered person or any adult companion incurs charges for lodging required while the covered person is being treated for cancer more than 50 miles from his residence. We will pay for up to 70 days per calendar year.

**Surgery**    **\$60 per surgical unit up to \$3,000 per procedure**

We will pay this benefit if any covered person incurs charges for and has a surgical procedure performed by a doctor for treatment of cancer up to the maximum benefit amount.

**Anesthesia**                                        **25% of the amount of the Surgery benefit paid**

We will pay this benefit if any covered person incurs charges for 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.

**\$50 per procedure** – We will pay this benefit if any covered person incurs charges for and receives local anesthesia during a surgical procedure performed for the treatment of cancer and for which a benefit is payable under this certificate.

**Second Medical Opinion**                    **\$300 per malignant condition**

We will pay this benefit if any covered person incurs charges for and obtains a second medical opinion from another doctor on recommended surgery or treatment following the positive diagnosis of internal (not skin) cancer. We will pay this benefit only once for each cancerous condition.

**Reconstructive Surgery**                    **\$60 per surgical unit up to a maximum of \$3,000 per procedure, including general anesthesia**

We will pay this benefit if a covered person incurs charges for a reconstructive surgery that: requires an incision; is performed by a doctor for treatment of cancer; and is due to internal (not skin) cancer. We will pay for no more than two surgeries per site.

If the Reconstructive Surgery benefit is less than the maximum benefit amount allowed for this benefit, then we will also pay up to 25% of the Reconstructive Surgery benefit amount if a covered person incurs charges for and has general anesthesia administered during surgery. For the purposes of this provision, reconstructive surgery includes, but is not limited to, surgical procedures performed following a mastectomy on one breast or both breasts to reestablish symmetry between the two breasts, augmentation mammoplasty, reduction mammoplasty and mastopexy.

**Prosthesis/Artificial Limb**                    **\$2,000 per device or artificial limb up to a \$4,000 lifetime maximum**

We will pay this benefit if any covered person incurs charges for a surgically implanted prosthetic device or artificial limb needed as a direct result of cancer surgery, up to the lifetime maximum. We will pay for no more than one of the same type of device per site.

**Outpatient Surgical Center**                    **\$500 a day up to a maximum of \$1,500 per calendar year**

We will pay this benefit for each day any covered person incurs charges for and has surgery at an outpatient surgical center for internal (not skin) cancer, up to the calendar year maximum.

**Skilled Nursing Care Facility**                    **\$300 per day**

We will pay this benefit for each day any covered person incurs charges for and is confined to a skilled nursing care facility during the treatment of cancer. Confinement must begin within 14 days after the covered person is released from a hospital. We will pay this benefit for no more than the number of days for which we paid the Hospital Confinement/Hospital Intensive Care Unit Confinement benefit or the Hospital Confinement/ Hospital Intensive Care Unit Confinement in a U. S. Government Hospital benefit for his most recent confinement.

**Hospice**    **\$300 per day**

We will pay this benefit for each day any covered person incurs charges for and: receives a visit from a representative of a hospice at home; uses the services of a hospital or a U.S. Government Hospital on an outpatient basis under the direction of a hospice; visits a hospice on an outpatient basis for treatment or services as the result of cancer; or is confined to a hospice facility.

**Home Health Care Services** **\$300 per day**

We will pay this benefit for up to the greater of: 30 days per calendar year; or twice the number of days any covered person incurs charges for and was confined to a hospital during a calendar year for the treatment of cancer.

**Waiver of Premium**

You, the named insured, will not be required to continue to pay premiums to keep your coverage in force if: the first date of diagnosis is while your coverage is in force; and you become disabled, as defined in the certificate, because of cancer after the effective date of your coverage and remain disabled for longer than three continuous months (90 days).

**Termination**

The policy can be cancelled by the policyholder or us. Your coverage will terminate if the policy terminates, if your premium is not paid, if you are no longer eligible for the coverage or if you ask us to end your coverage. If this is family coverage, coverage on your spouse and dependent children will terminate if the policy terminates, if premium for family coverage is not paid, if your coverage terminates, if you ask us to end their coverage or if you die. In addition, coverage on your spouse will terminate if you divorce your spouse or your marriage is annulled, and coverage on any dependent child will terminate when he no longer qualifies as a dependent child.

**Conversion Privilege**

If one of the following events occurs:

- your coverage terminates because you are no longer in an eligible class or your class is no longer eligible for coverage, or
- coverage of your spouse under the certificate terminates due to divorce, annulment or your death, or
- coverage of a covered dependent child terminates due to the child becoming married or reaching age 26, or
- coverage of a covered person who has received benefits for the treatment of cancer under the certificate terminates for any reason,

then such covered person may be eligible to obtain an individual policy of insurance (called the converted policy), without evidence of insurability. Obtaining that policy is subject to certain conditions, including but not limited to:

- Such covered person's coverage under the certificate must have been in effect for 12 months unless such covered person has received benefits for the treatment of cancer under the certificate.
- Application for the converted policy must be made to us within 31 days after the coverage terminates.
- The converted policy may have different benefits, limitations and exclusions and premium rates.
- If you are eligible for a converted policy, any spouse or dependent children covered under the certificate may also be covered under the converted policy. If a spouse is eligible for a converted policy due to divorce or annulment, any dependent children covered under the certificate may also be covered under the converted policy or they may remain covered under the certificate as you and your former spouse may elect. They may not be covered under both the certificate and the converted policy. If a spouse is eligible for a converted policy due to your death, any dependent children covered under the certificate may also be covered under the converted policy.

**Definitions**

**Cancer**

*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 purposes of the certificate. Cancer must be diagnosed by a pathological diagnosis or a clinical diagnosis.

**Dependent children**

*Dependent children* means any 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; and younger than age 26.

**Pre-existing Condition**

*Pre-existing Condition* means a sickness or physical condition for which any covered person was treated, had medical testing, received medical advice or had taken medication within 12 months before the effective date of the coverage and which is not excluded by name or specific description in the certificate.

**Skin 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.

**Pre-Existing Condition Limitation:** We will not cover cancer that meets the requirements of the Eligibility for Cancer Benefits provision in the certificate but is a preexisting condition as defined in the certificate, unless the covered person has satisfied the pre-existing condition limitation period shown on the Certificate Schedule. No benefits will be payable for any cancer for which the requirements of the Eligibility for Cancer Benefits provision are not met.