

Roman Catholic Diocese of Owensboro

Offers

COLONIAL LIFE & ACCIDENT VOLUNTARY BENEFITS

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Rates illustrated for Monthly pay periods

Full Time Assistance with Claims! Call 866-215-2413 and speak to a real person!!!

Grp ACCIDENT PLAN 4000 Preferred: Guarantee Issue – no health questions!

Provides benefits to help with your out of pocket expenses when faced with medical bills related to covered accidents on and off the job such as cuts, broken bones, dislocations and burns. It is great for kids in sports or adults with active lifestyles. A \$50 annual screening benefit is also paid for tests such as mammograms, pap smears, cholesterol and blood sugar. See brochure for details! brochure 101862=KY -- wellness brochure 101865=KY

Employee	Employee + Spouse	Employee + Children	Family
\$ 14.83	\$ 24.08	\$25.89	\$ 35.14

CANCER ASSIST: Offers protection for your financial security and quality of life if you experience the battle of cancer. This plan provides benefits for expenses not covered by most major medical plans. Experimental treatments, stem cell transplant, transportation expenses, hotel expenses and family care expenses are a few of those not covered by most major medical plans. The plan also provides a \$100 wellness benefit for each covered family member to have one screening per year. The screenings can be either pap smear, psa, mammogram etc. Refer to the brochure for details on eligible screenings.

Base Plan Prices Shown:

	Single	Employee + Spouse	Employee + Children	Family
Level 1 Brochure 101482	\$18.10/month	\$28.60/month	\$18.25/month	\$28.75/month
Level 2 Brochure 101483	\$21.65/month	\$33.85/month	\$21.95/month	\$34.15/month
Level 3 Brochure 101484	\$26.65/month	\$44.40/month	\$27.10/month	\$44.85/month
Level 4 Brochure 101485	\$35.60/month	\$59.40/month	\$36.20/month	\$60.00/month

Optional Riders not included; ask your representative for details. Wellness brochure 101486 - Specified Disease brochure 101547 - \$1,000 Initial Diagnosis brochure 78443 - Progressive Payment brochure 78453

Diocese of Owensboro

Offers

COLONIAL LIFE & ACCIDENT VOLUNTARY BENEFITS

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Group CRITICAL Care 6000 Plan 1 with Progressive Diseases benefit! Guarantee Issue for initial enrollment up to \$35,000— health questions waived!

This plan provides a lump sum, tax-free benefit of up to **\$75,000** for financial peace of mind if you or a covered dependent have a diagnosis of heart attack, stroke, major organ failure, coma, blindness, occupational infectious HIV/Hepatitis B, C, or D, permanent paralysis due to covered accident or end stage renal failure. A **\$50** annual screening benefit is also paid for tests such as mammograms, pap smears, cholesterol and blood sugar along with additional benefits for progressive diseases! See brochure for details! brochure 385403EX --- wellness brochure 387307 --- Progressive Disease option brochure 387594

Note: Spouse and child coverage is 50% of employee coverage.

Non-Tob	\$10,000	Employee	Emp+Spse	Emp+Chldn	Fam		Tobacco	\$10,000	Employee	Emp+Spse	Emp+Chldn	Fam
Issue	17-24	\$4.22	\$6.40	\$4.22	\$6.40		Issue	17-24	\$5.42	\$8.10	\$5.42	\$8.10
Age	25-29	\$4.92	\$7.40	\$4.92	\$7.40		Age	25-29	\$6.72	\$10.00	\$6.72	\$10.00
	30-34	\$6.12	\$9.20	\$6.12	\$9.20			30-34	\$8.92	\$13.20	\$8.92	\$13.20
	35-39	\$8.22	\$12.20	\$8.22	\$12.20			35-39	\$12.52	\$18.70	\$12.52	\$18.70
	40-44	\$10.42	\$15.60	\$10.42	\$15.60			40-44	\$16.52	\$24.70	\$16.52	\$24.70
	45-49	\$13.52	\$20.70	\$13.52	\$20.70			45-49	\$22.22	\$33.90	\$22.22	\$33.90
	50-54	\$17.12	\$26.50	\$17.12	\$26.50			50-54	\$28.62	\$44.30	\$28.62	\$44.30
	55-59	\$20.82	\$32.10	\$20.82	\$32.10			55-59	\$35.22	\$54.50	\$35.22	\$54.50
	60-64	\$26.12	\$40.40	\$26.12	\$40.40			60-64	\$44.92	\$69.30	\$44.92	\$69.30
	65-69	\$28.32	\$43.70	\$28.32	\$43.70			65-69	\$48.72	\$75.20	\$48.72	\$75.20
	70-74	\$33.72	\$52.10	\$33.72	\$52.10			70-74	\$58.52	\$90.40	\$58.52	\$90.40
Non-Tob	\$20,000	Employee	Emp+Spse	Emp+Chldn	Fam		Tobacco	\$20,000	Employee	Emp+Spse	Emp+Chldn	Fam
	17-24	\$6.12	\$9.20	\$6.12	\$9.20			17-24	\$8.52	\$12.60	\$8.52	\$12.60
	25-29	\$7.52	\$11.20	\$7.52	\$11.20			25-29	\$11.12	\$16.40	\$11.12	\$16.40
	30-34	\$9.92	\$14.80	\$9.92	\$14.80			30-34	\$15.52	\$22.80	\$15.52	\$22.80
	35-39	\$14.12	\$20.80	\$14.12	\$20.80			35-39	\$22.72	\$33.80	\$22.72	\$33.80
	40-44	\$18.52	\$27.60	\$18.52	\$27.60			40-44	\$30.72	\$45.80	\$30.72	\$45.80
	45-49	\$24.72	\$37.80	\$24.72	\$37.80			45-49	\$42.12	\$64.20	\$42.12	\$64.20
	50-54	\$31.92	\$49.40	\$31.92	\$49.40			50-54	\$54.92	\$85.00	\$54.92	\$85.00
	55-59	\$39.32	\$60.60	\$39.32	\$60.60			55-59	\$68.12	\$105.40	\$68.12	\$105.40
	60-64	\$49.92	\$77.20	\$49.92	\$77.20			60-64	\$87.52	\$135.00	\$87.52	\$135.00
	65-69	\$54.32	\$83.80	\$54.32	\$83.80			65-69	\$95.12	\$146.80	\$95.12	\$146.80
	70-74	\$65.12	\$100.60	\$65.12	\$100.60			70-74	\$114.72	\$177.20	\$114.72	\$177.20

Cancer Insurance

Level 1 Benefits

Our cancer insurance helps provide financial protection through a variety of benefits. These benefits are not only for you but also for your covered family members.



For more information,
talk with your
benefits counselor.

BENEFIT DESCRIPTION	BENEFIT AMOUNT
Air Ambulance	\$2,000 per trip
Transportation to or from a hospital or medical facility <i>[max. of two trips per confinement]</i>	
Ambulance	\$250 per trip
Transportation to or from a hospital or medical facility <i>[max. of two trips per confinement]</i>	
Anesthesia	
Administered during a surgical procedure for cancer treatment	
■ General Anesthesia.....	25% of Surgical Procedures Benefit
■ Local Anesthesia.....	\$25 per procedure
Anti-nausea Medication	\$25 per day administered or
Doctor-prescribed medication for radiation or chemotherapy <i>[\$100 monthly max.]</i>	
per prescription filled	
Blood/Plasma/Platelets/Immunoglobulins	\$150 per day
A transfusion required during cancer treatment <i>[\$10,000 calendar year max.]</i>	
Bone Marrow Donor Screening	\$50
Testing in connection with being a potential donor <i>[once per lifetime]</i>	
Bone Marrow or Peripheral Stem Cell Donation	\$500
Receiving another person's bone marrow or stem cells for a transplant <i>[once per lifetime]</i>	
Bone Marrow or Peripheral Stem Cell Transplant	\$3,500 per transplant
Transplant you receive in connection with cancer treatment <i>[max. of two bone marrow transplant benefits per lifetime]</i>	
Cancer Vaccine	\$50
An FDA-approved vaccine for the prevention of cancer <i>[once per lifetime]</i>	
Companion Transportation	\$0.50 per mile
Companion travels by plane, train or bus to accompany a covered cancer patient more than 50 miles one way for treatment <i>[up to \$1,000 per round trip]</i>	
Egg(s) Extraction or Harvesting/Sperm Collection and Storage	
Extracted/harvested or collected before chemotherapy or radiation <i>[once per lifetime]</i>	
■ Egg(s) Extraction or Harvesting/Sperm Collection.....	\$500
■ Egg(s) or Sperm Storage (Cryopreservation).....	\$175
Experimental Treatment	\$200 per day
Hospital, medical or surgical care for cancer <i>[\$10,000 lifetime max.]</i>	
Family Care	\$30 per day
Inpatient or outpatient treatment for a covered dependent child <i>[\$1,500 calendar year max.]</i>	
Hair/External Breast/Voice Box Prosthesis	\$200 per calendar year
Prosthesis needed as a direct result of cancer	
Home Health Care Services	\$50 per day
Examples include physical therapy, occupational therapy, speech therapy and audiology; prosthesis and orthopedic appliances; rental or purchase of durable medical equipment <i>[up to 30 days per calendar year or twice the number of days hospital confined, whichever is greater]</i>	
Hospice (Initial or Daily Care)	
An initial, one-time benefit and a daily benefit for treatment <i>[\$15,000 lifetime max. for both]</i>	
■ Initial hospice care <i>[once per lifetime]</i>	\$1,000
■ Daily hospice care.....	\$50 per day



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BENEFIT DESCRIPTION

BENEFIT AMOUNT

Hospital Confinement

Hospital stay (including intensive care) required for cancer treatment

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

Lodging

Hotel/motel expenses when being treated for cancer more than 50 miles from home
[70-day calendar year max.]

\$50 per day

Medical Imaging Studies

Specific studies for cancer treatment [\$150 calendar year max.]

\$75 per study

Outpatient Surgical Center

Surgery at an outpatient center for cancer treatment [\$300 calendar year max.]

\$100 per day

Private Full-time Nursing Services

Services while hospital confined other than those regularly furnished by the hospital

\$50 per day

Prosthetic Device/Artificial Limb

A surgical implant needed because of cancer surgery [payable one per site, \$2,000 lifetime max.]

\$1,000 per device or limb

Radiation/Chemotherapy

Weekly Benefit [max. once per week]

- Injected chemotherapy by medical personnel \$250
- Radiation delivered by medical personnel \$250

Monthly Chemotherapy Benefit [max. once per month]

- Self-Injected \$150
- Pump \$150
- Topical \$150
- Oral Hormonal [1-24 months] \$150
- Oral Hormonal [25+ months] \$75
- Oral Non-Hormonal \$150

Reconstructive Surgery

A surgery to reconstruct anatomic defects that result from cancer treatment
[up to \$2,500 per procedure, including 25% for general anesthesia]

\$40 per surgical unit

Second Medical Opinion

A second physician's opinion on cancer surgery or treatment [once per lifetime]

\$150

Skilled Nursing Care Facility

Confinement to a covered facility after hospital release [up to the number of days paid for hospital confinement]

\$75 per day

Skin Cancer Initial Diagnosis

A skin cancer diagnosis while the policy is in force [once per lifetime]

\$300

Supportive or Protective Care Drugs and Colony Stimulating Factors

Doctor-prescribed drugs to enhance or modify radiation/chemotherapy treatments
[\$400 calendar year max.]

\$50 per day

Surgical Procedures

Inpatient or outpatient surgery for cancer treatment [\$2,500 max. per procedure]

\$40 per surgical unit

Transportation

Travel expenses when being treated for cancer more than 50 miles from home
[up to \$1,000 per round trip]

\$0.50 per mile

Waiver of Premium

No premiums due if the named insured is disabled longer than 90 consecutive days

Is available

The policy has limitations and exclusions that may affect benefits payable. Most benefits require that a charge be incurred. Policy may not be available in all states and may vary by state. For cost and complete details, see your benefits counselor.

This chart highlights the benefits of policy form CanAssist (including state abbreviations where used – for example: CanAssist-TX). This chart is not complete without form #101481.

Cancer Insurance

Level 2 Benefits

Our cancer insurance helps provide financial protection through a variety of benefits. These benefits are not only for you but also for your covered family members.



For more information,
talk with your
benefits counselor.

BENEFIT DESCRIPTION	BENEFIT AMOUNT
Air Ambulance	\$2,000 per trip
Transportation to or from a hospital or medical facility <i>[max. of two trips per confinement]</i>	
Ambulance	\$250 per trip
Transportation to or from a hospital or medical facility <i>[max. of two trips per confinement]</i>	
Anesthesia	
Administered during a surgical procedure for cancer treatment	
■ General Anesthesia.....	25% of Surgical Procedures Benefit
■ Local Anesthesia.....	\$30 per procedure
Anti-nausea Medication	\$40 per day administered or
Doctor-prescribed medication for radiation or chemotherapy <i>[\$160 monthly max.]</i>	
per prescription filled	
Blood/Plasma/Platelets/Immunoglobulins	\$150 per day
A transfusion required during cancer treatment <i>[\$10,000 calendar year max.]</i>	
Bone Marrow Donor Screening	\$50
Testing in connection with being a potential donor <i>[once per lifetime]</i>	
Bone Marrow or Peripheral Stem Cell Donation	\$500
Receiving another person's bone marrow or stem cells for a transplant <i>[once per lifetime]</i>	
Bone Marrow or Peripheral Stem Cell Transplant	\$4,000 per transplant
Transplant you receive in connection with cancer treatment	
<i>[max. of two bone marrow transplant benefits per lifetime]</i>	
Cancer Vaccine	\$50
An FDA-approved vaccine for the prevention of cancer <i>[once per lifetime]</i>	
Companion Transportation	\$0.50 per mile
Companion travels by plane, train or bus to accompany a covered cancer patient more than 50 miles one way for treatment <i>[up to \$1,000 per round trip]</i>	
Egg(s) Extraction or Harvesting/Sperm Collection and Storage	
Extracted/harvested or collected before chemotherapy or radiation <i>[once per lifetime]</i>	
■ Egg(s) Extraction or Harvesting/Sperm Collection.....	\$700
■ Egg(s) or Sperm Storage (Cryopreservation).....	\$200
Experimental Treatment	\$250 per day
Hospital, medical or surgical care for cancer <i>[\$12,500 lifetime max.]</i>	
Family Care	\$40 per day
Inpatient or outpatient treatment for a covered dependent child	
<i>[\$2,000 calendar year max.]</i>	
Hair/External Breast/Voice Box Prosthesis	\$200 per calendar year
Prosthesis needed as a direct result of cancer	
Home Health Care Services	\$75 per day
Examples include physical therapy, occupational therapy, speech therapy and audiology; prosthesis and orthopedic appliances; rental or purchase of durable medical equipment <i>[up to 30 days per calendar year or twice the number of days hospital confined, whichever is greater]</i>	
Hospice (Initial or Daily Care)	
An initial, one-time benefit and a daily benefit for treatment <i>[\$15,000 lifetime max. for both]</i>	
■ Initial hospice care <i>[once per lifetime]</i>	\$1,000
■ Daily hospice care.....	\$50 per day



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BENEFIT DESCRIPTION

BENEFIT AMOUNT

Hospital Confinement

Hospital stay (including intensive care) required for cancer treatment

- 30 days or less \$150 per day
- 31 days or more \$300 per day

Lodging

Hotel/motel expenses when being treated for cancer more than 50 miles from home
[70-day calendar year max.]

\$50 per day

Medical Imaging Studies

Specific studies for cancer treatment [250 calendar year max.]

\$125 per study

Outpatient Surgical Center

Surgery at an outpatient center for cancer treatment [600 calendar year max.]

\$200 per day

Private Full-time Nursing Services

Services while hospital confined other than those regularly furnished by the hospital

\$75 per day

Prosthetic Device/Artificial Limb

A surgical implant needed because of cancer surgery [payable one per site, \$3,000 lifetime max.]

\$1,500 per device or limb

Radiation/Chemotherapy

Weekly Benefit [max. once per week]

- Injected chemotherapy by medical personnel \$500
- Radiation delivered by medical personnel \$500

Monthly Chemotherapy Benefit [max. once per month]

- Self-Injected \$200
- Pump \$200
- Topical \$200
- Oral Hormonal [1-24 months] \$200
- Oral Hormonal [25+ months] \$100
- Oral Non-Hormonal \$200

Reconstructive Surgery

A surgery to reconstruct anatomic defects that result from cancer treatment
[up to \$2,500 per procedure, including 25% for general anesthesia]

\$40 per surgical unit

Second Medical Opinion

A second physician's opinion on cancer surgery or treatment [once per lifetime]

\$200

Skilled Nursing Care Facility

Confinement to a covered facility after hospital release [up to the number of days paid for hospital confinement]

\$100 per day

Skin Cancer Initial Diagnosis

A skin cancer diagnosis while the policy is in force [once per lifetime]

\$300

Supportive or Protective Care Drugs and Colony Stimulating Factors

Doctor-prescribed drugs to enhance or modify radiation/chemotherapy treatments
[800 calendar year max.]

\$100 per day

Surgical Procedures

Inpatient or outpatient surgery for cancer treatment [3,000 max. per procedure]

\$50 per surgical unit

Transportation

Travel expenses when being treated for cancer more than 50 miles from home
[up to \$1,000 per round trip]

\$0.50 per mile

Waiver of Premium

No premiums due if the named insured is disabled longer than 90 consecutive days

Is available

The policy has limitations and exclusions that may affect benefits payable. Most benefits require that a charge be incurred. Policy may not be available in all states and may vary by state. For cost and complete details, see your benefits counselor.

This chart highlights the benefits of policy form CanAssist (including state abbreviations where used – for example: CanAssist-TX). This chart is not complete without form #101481.

Cancer Insurance

Level 3 Benefits

Our cancer insurance helps provide financial protection through a variety of benefits. These benefits are not only for you but also for your covered family members.



For more information,
talk with your
benefits counselor.

BENEFIT DESCRIPTION	BENEFIT AMOUNT
Air Ambulance Transportation to or from a hospital or medical facility <i>[max. of two trips per confinement]</i>	\$2,000 per trip
Ambulance Transportation to or from a hospital or medical facility <i>[max. of two trips per confinement]</i>	\$250 per trip
Anesthesia Administered during a surgical procedure for cancer treatment	
■ General Anesthesia.....	25% of Surgical Procedures Benefit
■ Local Anesthesia.....	\$40 per procedure
Anti-nausea Medication Doctor-prescribed medication for radiation or chemotherapy <i>[\$200 monthly max.]</i>	\$50 per day administered or per prescription filled
Blood/Plasma/Platelets/Immunoglobulins A transfusion required during cancer treatment <i>[\$10,000 calendar year max.]</i>	\$175 per day
Bone Marrow Donor Screening Testing in connection with being a potential donor <i>[once per lifetime]</i>	\$50
Bone Marrow or Peripheral Stem Cell Donation Receiving another person's bone marrow or stem cells for a transplant <i>[once per lifetime]</i>	\$750
Bone Marrow or Peripheral Stem Cell Transplant Transplant you receive in connection with cancer treatment <i>[max. of two bone marrow transplant benefits per lifetime]</i>	\$7,000 per transplant
Cancer Vaccine An FDA-approved vaccine for the prevention of cancer <i>[once per lifetime]</i>	\$50
Companion Transportation Companion travels by plane, train or bus to accompany a covered cancer patient more than 50 miles one way for treatment <i>[up to \$1,200 per round trip]</i>	\$0.50 per mile
Egg(s) Extraction or Harvesting/Sperm Collection and Storage Extracted/harvested or collected before chemotherapy or radiation <i>[once per lifetime]</i>	
■ Egg(s) Extraction or Harvesting/Sperm Collection.....	\$1,000
■ Egg(s) or Sperm Storage (Cryopreservation).....	\$350
Experimental Treatment Hospital, medical or surgical care for cancer <i>[\$15,000 lifetime max.]</i>	\$300 per day
Family Care Inpatient or outpatient treatment for a covered dependent child <i>[\$2,500 calendar year max.]</i>	\$50 per day
Hair/External Breast/Voice Box Prosthesis Prosthesis needed as a direct result of cancer	\$350 per calendar year
Home Health Care Services Examples include physical therapy, occupational therapy, speech therapy and audiology; prosthesis and orthopedic appliances; rental or purchase of durable medical equipment <i>[up to 30 days per calendar year or twice the number of days hospital confined, whichever is greater]</i>	\$100 per day
Hospice (Initial or Daily Care) An initial, one-time benefit and a daily benefit for treatment <i>[\$15,000 lifetime max. for both]</i>	
■ Initial hospice care <i>[once per lifetime]</i>	\$1,000
■ Daily hospice care.....	\$50 per day



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BENEFIT DESCRIPTION

BENEFIT AMOUNT

Hospital Confinement

Hospital stay (including intensive care) required for cancer treatment

- 30 days or less \$250 per day
- 31 days or more \$500 per day

Lodging

Hotel/motel expenses when being treated for cancer more than 50 miles from home
[70-day calendar year max.]

\$75 per day

Medical Imaging Studies

Specific studies for cancer treatment [350 calendar year max.]

\$175 per study

Outpatient Surgical Center

Surgery at an outpatient center for cancer treatment [900 calendar year max.]

\$300 per day

Private Full-time Nursing Services

Services while hospital confined other than those regularly furnished by the hospital

\$125 per day

Prosthetic Device/Artificial Limb

A surgical implant needed because of cancer surgery [payable one per site, \$4,000 lifetime max.]

\$2,000 per device or limb

Radiation/Chemotherapy

Weekly Benefit [max. once per week]

- Injected chemotherapy by medical personnel \$750
- Radiation delivered by medical personnel \$750

Monthly Chemotherapy Benefit [max. once per month]

- Self-Injected \$300
- Pump \$300
- Topical \$300
- Oral Hormonal [1-24 months] \$300
- Oral Hormonal [25+ months] \$150
- Oral Non-Hormonal \$300

Reconstructive Surgery

A surgery to reconstruct anatomic defects that result from cancer treatment
[up to \$3,000 per procedure, including 25% for general anesthesia]

\$60 per surgical unit

Second Medical Opinion

A second physician's opinion on cancer surgery or treatment [once per lifetime]

\$300

Skilled Nursing Care Facility

Confinement to a covered facility after hospital release [up to the number of days paid for hospital confinement]

\$100 per day

Skin Cancer Initial Diagnosis

A skin cancer diagnosis while the policy is in force [once per lifetime]

\$400

Supportive or Protective Care Drugs and Colony Stimulating Factors

Doctor-prescribed drugs to enhance or modify radiation/chemotherapy treatments
[1,200 calendar year max.]

\$150 per day

Surgical Procedures

Inpatient or outpatient surgery for cancer treatment [5,000 max. per procedure]

\$60 per surgical unit

Transportation

Travel expenses when being treated for cancer more than 50 miles from home
[up to \$1,200 per round trip]

\$0.50 per mile

Waiver of Premium

No premiums due if the named insured is disabled longer than 90 consecutive days

Is available

The policy has limitations and exclusions that may affect benefits payable. Most benefits require that a charge be incurred. Policy may not be available in all states and may vary by state. For cost and complete details, see your benefits counselor.

This chart highlights the benefits of policy form CanAssist (including state abbreviations where used – for example: CanAssist-TX). This chart is not complete without form #101481.

Cancer Insurance

Level 4 Benefits

Our cancer insurance helps provide financial protection through a variety of benefits. These benefits are not only for you but also for your covered family members.



For more information,
talk with your
benefits counselor.

BENEFIT DESCRIPTION	BENEFIT AMOUNT
Air Ambulance	\$2,000 per trip
Transportation to or from a hospital or medical facility <i>[max. of two trips per confinement]</i>	
Ambulance	\$250 per trip
Transportation to or from a hospital or medical facility <i>[max. of two trips per confinement]</i>	
Anesthesia	
Administered during a surgical procedure for cancer treatment	
■ General Anesthesia.....	25% of Surgical Procedures Benefit
■ Local Anesthesia.....	\$50 per procedure
Anti-nausea Medication	\$60 per day administered or
Doctor-prescribed medication for radiation or chemotherapy <i>[\$240 monthly max.]</i>	
per prescription filled	
Blood/Plasma/Platelets/Immunoglobulins	\$250 per day
A transfusion required during cancer treatment <i>[\$10,000 calendar year max.]</i>	
Bone Marrow Donor Screening	\$50
Testing in connection with being a potential donor <i>[once per lifetime]</i>	
Bone Marrow or Peripheral Stem Cell Donation	\$1,000
Receiving another person's bone marrow or stem cells for a transplant <i>[once per lifetime]</i>	
Bone Marrow or Peripheral Stem Cell Transplant	\$10,000 per transplant
Transplant you receive in connection with cancer treatment	
<i>[max. of two bone marrow transplant benefits per lifetime]</i>	
Cancer Vaccine	\$50
An FDA-approved vaccine for the prevention of cancer <i>[once per lifetime]</i>	
Companion Transportation	\$0.50 per mile
Companion travels by plane, train or bus to accompany a covered cancer patient more than 50 miles one way for treatment <i>[up to \$1,500 per round trip]</i>	
Egg(s) Extraction or Harvesting/Sperm Collection and Storage	
Extracted/harvested or collected before chemotherapy or radiation <i>[once per lifetime]</i>	
■ Egg(s) Extraction or Harvesting/Sperm Collection.....	\$1,500
■ Egg(s) or Sperm Storage (Cryopreservation).....	\$500
Experimental Treatment	\$300 per day
Hospital, medical or surgical care for cancer <i>[\$15,000 lifetime max.]</i>	
Family Care	\$60 per day
Inpatient or outpatient treatment for a covered dependent child	
<i>[\$3,000 calendar year max.]</i>	
Hair/External Breast/Voice Box Prosthesis	\$500 per calendar year
Prosthesis needed as a direct result of cancer	
Home Health Care Services	\$150 per day
Examples include physical therapy, occupational therapy, speech therapy and audiology; prosthesis and orthopedic appliances; rental or purchase of durable medical equipment <i>[up to 30 days per calendar year or twice the number of days hospital confined, whichever is greater]</i>	
Hospice (Initial or Daily Care)	
An initial, one-time benefit and a daily benefit for treatment <i>[\$15,000 lifetime max. for both]</i>	
■ Initial hospice care <i>[once per lifetime]</i>	\$1,000
■ Daily hospice care.....	\$50 per day



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BENEFIT DESCRIPTION

BENEFIT AMOUNT

Hospital Confinement

Hospital stay (including intensive care) required for cancer treatment

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

Lodging \$80 per day

Hotel/motel expenses when being treated for cancer more than 50 miles from home
[70-day calendar year max.]

Medical Imaging Studies \$225 per study

Specific studies for cancer treatment [\$450 calendar year max.]

Outpatient Surgical Center \$400 per day

Surgery at an outpatient center for cancer treatment [\$1,200 calendar year max.]

Private Full-time Nursing Services \$150 per day

Services while hospital confined other than those regularly furnished by the hospital

Prosthetic Device/Artificial Limb \$3,000 per device or limb

A surgical implant needed because of cancer surgery [payable one per site, \$6,000 lifetime max.]

Radiation/Chemotherapy

Weekly Benefit [max. once per week]

- Injected chemotherapy by medical personnel \$1,000
- Radiation delivered by medical personnel \$1,000

Monthly Chemotherapy Benefit [max. once per month]

- Self-Injected \$400
- Pump \$400
- Topical \$400
- Oral Hormonal [1-24 months] \$400
- Oral Hormonal [25+ months] \$200
- Oral Non-Hormonal \$400

Reconstructive Surgery \$60 per surgical unit

A surgery to reconstruct anatomic defects that result from cancer treatment
[up to \$3,000 per procedure, including 25% for general anesthesia]

Second Medical Opinion \$300

A second physician's opinion on cancer surgery or treatment [once per lifetime]

Skilled Nursing Care Facility \$150 per day

Confinement to a covered facility after hospital release [up to the number of days paid for hospital confinement]

Skin Cancer Initial Diagnosis \$600

A skin cancer diagnosis while the policy is in force [once per lifetime]

Supportive or Protective Care Drugs and Colony Stimulating Factors \$200 per day

Doctor-prescribed drugs to enhance or modify radiation/chemotherapy treatments
[\$1,600 calendar year max.]

Surgical Procedures \$70 per surgical unit

Inpatient or outpatient surgery for cancer treatment [\$6,000 max. per procedure]

Transportation \$0.50 per mile

Travel expenses when being treated for cancer more than 50 miles from home
[up to \$1,500 per round trip]

Waiver of Premium Is available

No premiums due if the named insured is disabled longer than 90 consecutive days

The policy has limitations and exclusions that may affect benefits payable. Most benefits require that a charge be incurred. Policy may not be available in all states and may vary by state. For cost and complete details, see your benefits counselor.

This chart highlights the benefits of policy form CanAssist (including state abbreviations where used – for example: CanAssist-TX). This chart is not complete without form #101481.

Group Accident Insurance

Preferred Plan



For more information,
talk with your
benefits counselor.

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Group accident insurance can help with medical or other costs associated with a covered accident or injury that your health insurance may not cover. With this coverage, you may not need to use your savings or secure a loan to help pay those unexpected out-of-pocket expenses. Coverage options are available for you, your spouse and eligible dependent children.

Benefits are per covered person per covered accident unless stated otherwise

Accident emergency treatment \$150

One visit per covered person per covered accident and
Up to four visits per covered person per calendar year

Accident follow-up doctor visit \$50

Up to four visits per covered person per covered accident and
Up to 16 visits per covered person per calendar year

Accidental death

Per covered person

	Accidental death	Accidental death common carrier
■ Named insured	\$50,000	\$200,000
■ Spouse	\$50,000	\$200,000
■ Dependent child(ren)	\$10,000	\$40,000

Examples of common carriers are mass transit trains, buses and planes

Accidental dismemberment

Loss or loss of use

■ One hand, arm, foot, leg or sight of an eye	\$9,000
■ Both hands, arms, feet, legs or the sight of both eyes; or any combination	\$18,000
■ One finger or one toe	\$1,050
■ Two or more fingers; two or more toes; or any combination	\$2,100

Air ambulance \$1,500

Transportation to or from a hospital or medical facility

Ambulance (ground) \$300

Transportation to or from a hospital or medical facility

Appliance aid in personal locomotion or mobility \$100

Walking boot, neck brace, back brace, leg brace, cane, crutches, walker and wheelchair

Blood/plasma/platelets \$400

Required during treatment of a covered accident

Burn

■ 2nd-degree burns (covering at least 36% of the body's surface)	\$1,000
■ 3rd-degree burns (based on size)	\$2,000 – \$15,000

Burn-skin graft 50% of applicable burn benefit

As a result of 2nd-degree or 3rd-degree burns

Alex was cleaning out the gutters when he fell.



EMERGENCY ROOM VISIT

Alex was taken by ambulance to the nearest emergency room and received immediate care.



DIAGNOSTIC PROCEDURE

The doctor ordered an X-ray and discovered Alex had fractured his leg.



HOSPITAL CONFINEMENT

Alex was admitted to the hospital for surgery on his leg. He was confined for three days.



APPLIANCE FOR MOBILITY

Alex used crutches.



PHYSICAL THERAPY

Alex had eight sessions of PT to help him regain the strength in his leg.



DOCTOR'S OFFICE VISIT

Over the next several weeks, he had three follow-up appointments with his doctor.

ALEX'S OUT-OF-POCKET EXPENSES

When Alex totaled up the bills, he had to pay his annual deductible, as well as co-payments for the ambulance, emergency room, hospital, surgery, physical therapy and follow-up visits. Luckily, Alex had accident coverage to help with these expenses.

ALEX'S BENEFITS	
Ambulance	\$300
Emergency room visit	\$150
X-ray	\$60
Hospital admission	\$1,000
Hospital confinement	\$750
Leg fracture (surgical)	\$3,600
Physical therapy	\$360
Appliance (crutches)	\$100
Doctor's follow-up office visit	\$150
	\$6,470

Catastrophic accident

Total and irrecoverable loss or loss of use

- Both hands, arms, feet, legs or the sight of both eyes; or any combination; or
- Loss of hearing in both ears or loss of ability to speak

Subject to a 365-day elimination period; payable once per lifetime per covered person

- Named insured\$50,000
- Spouse\$50,000
- Dependent child(ren).....\$25,000

Coma\$10,000

Lasting for 14 or more consecutive days

Concussion\$375

Dislocation (separated joint)	Non-surgical	Surgical
■ Hip	\$3,000	\$6,000
■ Knee (except patella)	\$1,500	\$3,000
■ Ankle, bone or bones of the foot (other than toes)	\$1,200	\$2,400
■ Collarbone (sternoclavicular)	\$800	\$1,600
■ Collarbone (acromioclavicular and separation)	\$200	\$400
■ Lower jaw	\$720	\$1,440
■ Shoulder (glenohumeral)	\$1,200	\$2,400
■ Elbow	\$450	\$900
■ Wrist	\$600	\$1,200
■ Bone(s) of the hand, (other than fingers)	\$810	\$1,620
■ Finger, toe	\$200	\$400
■ Incomplete dislocation or dislocation reduction without anesthesia	25% of the applicable non-surgical amount	

Emergency dental work

- Dental crown or denture\$300
- Dental extraction\$100

Eye injury\$300

With surgical repair or removal of a foreign object

Fracture (broken bone)	Non-surgical	Surgical
■ Skull, depressed fracture (except face/nose)	\$3,750	\$7,500
■ Skull, simple non-depressed fracture (except face/nose)	\$1,800	\$3,600
■ Hip, thigh (femur)	\$3,150	\$6,300
■ Body of vertebrae (excluding vertebral processes)	\$2,700	\$5,400
■ Pelvis	\$2,400	\$4,800
■ Leg (tibia and/or fibula)	\$1,800	\$3,600
■ Bones of the face or nose (except mandible or maxilla)	\$910	\$1,820
■ Upper jaw, maxilla, upper arm between elbow and shoulder	\$1,050	\$2,100
■ Lower jaw, mandible	\$1,200	\$2,400
■ Kneecap, ankle, foot	\$1,200	\$2,400
■ Shoulder blade, collarbone	\$1,200	\$2,400
■ Vertebral processes	\$630	\$1,260
■ Forearm, hand, wrist	\$1,200	\$2,400
■ Rib	\$375	\$750
■ Coccyx	\$320	\$640
■ Finger, toe	\$200	\$400
■ Chip fracture	25% of the applicable non-surgical amount	

For illustrative purposes only.

Benefit amounts may vary and may not cover all expenses. The certificate has exclusions and limitations.

Hospital admission	\$1,000
Per covered person per covered accident	
Hospital confinement	\$250 per day
Up to 365 days per covered person per covered accident	
Hospital intensive care unit admission	\$1,750
Per covered person per covered accident	
Hospital intensive care unit confinement	\$400 per day
Up to 15 days per covered person per covered accident	
Knee cartilage (torn)	\$750
Laceration (no repair, without stitches)	\$50
Laceration (repaired by stitches)	
■ Total of all lacerations is less than two inches long	\$150
■ Total of all lacerations is at least two but less than six inches long	\$300
■ Total of all lacerations is six inches or longer	\$600
Lodging (companion)	\$200 per day
Up to 30 days per covered person per covered accident	
Medical imaging study (CT, CAT scan, EEG, MR or MRI)	\$200
One benefit per covered person per covered accident per calendar year	
Occupational or physical therapy	\$45 per day
Up to 10 days per covered person per covered accident	
Pain management for epidural anesthesia	\$150
Prosthetic device/artificial limb	
One benefit per covered person per covered accident	
■ One	\$1,250
■ More than one	\$2,500
Rehabilitation unit confinement	\$150 per day
Immediately after a period of hospital confinement due to a covered accident; up to 15 days per covered person per covered accident, not to exceed 30 days per covered person per calendar year	
Ruptured disc with surgical repair	\$900
Surgery	
■ Cranial, open abdominal and thoracic	\$1,500
■ Hernia with surgical repair	\$300
Surgery (exploratory and arthroscopic)	\$225
Tendon/ligament/rotator cuff	
■ One with surgical repair	\$900
■ Two or more with surgical repair	\$1,800
Transportation for hospital confinement	\$600 per round trip
Up to three round trips for more than 50 miles from home per covered person per covered accident	
X-ray	\$60



For more information,
talk with your
benefits counselor.



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HEALTH SAVINGS ACCOUNT (HSA) COMPATIBLE

This plan is compatible with HSA guidelines and any other HSA plan in which a covered family member may participate. It may also be offered to employees who do not have HSAs.

THIS CERTIFICATE PROVIDES LIMITED BENEFITS.

EXCLUSIONS

We will not pay benefits for losses that are caused by, contributed to by or occur as the result of a covered person's felonies or illegal occupations, hazardous avocations, racing, semi-professional or professional sports, sickness, suicide or injuries which any covered person intentionally does to himself, war or armed conflict. In addition, we will not pay Catastrophic Accident benefits for injuries a child received during birth, or for injuries that are the result of being intoxicated or under the influence of any narcotics.

This information is not intended to be a complete description of the insurance coverage available. This coverage has exclusions and limitations that may affect benefits payable. For cost and complete details, see your Colonial Life benefits counselor. This brochure is applicable to policy form GACC-P-KY and certificate form GACC-C-KY. Coverage may vary by state and may not be available in all states. Premium at the effective date will vary according to the family coverage type.



Group Critical Illness Insurance

Plan 1

When life takes an unexpected turn due to a critical illness diagnosis, your focus should be on recovery — not finances. Colonial Life’s group critical illness insurance helps provide financial support by providing a lump-sum benefit payable directly to you for your greatest needs.

Coverage amount: _____

An unexpected moment changes life forever

Chris was mowing the lawn when he suffered a stroke. His recovery will be challenging and he's worried, since his family relies on his income.

HOW CHRIS’S COVERAGE HELPED

The lump-sum payment from his critical illness insurance helped pay for:



Co-payments and hospital bills not covered by his medical insurance



Physical therapy to get back to doing what he loves



Household expenses while he was unable to work

For illustrative purposes only.

Critical illness benefit

COVERED CONDITION ¹	PERCENTAGE OF APPLICABLE COVERAGE AMOUNT
Benign brain tumor	100%
Coma	100%
End stage renal (kidney) failure	100%
Heart attack (myocardial infarction)	100%
Loss of hearing	100%
Loss of sight	100%
Loss of speech	100%
Major organ failure requiring transplant	100%
Occupational infectious HIV or occupational infectious hepatitis B, C, or D	100%
Permanent paralysis due to a covered accident	100%
Stroke	100%
Sudden cardiac arrest	100%
Coronary artery disease	25%

KEY BENEFITS

- Available coverage for spouse and eligible dependent children at 50% of your coverage amount
- Cover your eligible dependent children at no additional cost
- Receive coverage regardless of medical history, within specified limits
- Works alongside your health savings account (HSA)
- Benefits payable regardless of other insurance

For more information,
talk with your
benefits counselor.



Subsequent diagnosis of a different critical illness²

If you receive a benefit for a critical illness, and are later diagnosed with a different critical illness, 100% of the coverage amount may be payable for that particular critical illness.

Subsequent diagnosis of the same critical illness²

If you receive a benefit for a critical illness, and are later diagnosed with the same critical illness,³ 25% of the coverage amount may be payable for that critical illness.

Additional covered conditions for dependent children

COVERED CONDITION ¹	PERCENTAGE OF APPLICABLE COVERAGE AMOUNT
Cerebral palsy	100%
Cleft lip or palate	100%
Cystic fibrosis	100%
Down syndrome	100%
Spina bifida	100%

Preparing for the unexpected is simpler than you think.
With Colonial Life, you'll have the support you need to face
life's toughest challenges.

1. Refer to the certificate for complete definitions of covered conditions.
2. Dates of diagnoses of a covered critical illness must be separated by more than 180 days.
3. Critical illnesses that do not qualify include: coronary artery disease, loss of hearing, loss of sight, loss of speech, and occupational infectious HIV or occupational infectious hepatitis B,C, or D.

THIS INSURANCE PROVIDES LIMITED BENEFITS

Insureds in MA must be covered by comprehensive health insurance before applying for this coverage.

EXCLUSIONS AND LIMITATIONS FOR CRITICAL ILLNESS

We will not pay the Critical Illness Benefit, Benefits Payable Upon Subsequent Diagnosis of a Critical Illness or Additional Critical Illness Benefit for Dependent Children that occurs as a result of a covered person's: alcoholism or drug addiction; felonies or illegal occupations; intoxicants and narcotics; suicide or injuring oneself intentionally, whether sane or not; war or armed conflict; or pre-existing condition, unless the covered person has satisfied the pre-existing condition limitation period shown on the Certificate Schedule on the date the covered person is diagnosed with a critical illness.

PRE-EXISTING CONDITION LIMITATION

We will not pay a benefit for a pre-existing condition that occurs during the 12-month period after the coverage effective date. Pre-existing condition means a sickness or physical condition for which a covered person was treated, had medical testing, received medical advice or had taken medication within 12 months before the coverage effective date.

This information is not intended to be a complete description of the insurance coverage available. The insurance or its provisions may vary or be unavailable in some states. The insurance has exclusions and limitations which may affect any benefits payable. Applicable to policy form GCI6000-P and certificate form GCI6000-C (including state abbreviations where used, for example: GCI6000-C-TX). For cost and complete details of coverage, call or write your Colonial Life benefits counselor or the company.



STATE-SPECIFIC EXCLUSIONS

AK: Alcoholism or Drug Addiction Exclusion does not apply

CO: Suicide exclusion: whether sane or not replaced with while sane

CT: Alcoholism or Drug Addiction Exclusion replaced with Intoxication or Drug Addiction; Felonies or Illegal Occupations Exclusion replaced with Felonies; Intoxicants and Narcotics Exclusion does not apply

DE: Alcoholism or Drug Addiction Exclusion does not apply

IA: Exclusions and Limitations headers renamed to Exclusions and Limitations for Critical Illness Covered Conditions and Critical Illness Cancer Covered Conditions

ID: War or Armed Conflict Exclusion replaced with War; Felonies and Illegal Occupations Exclusion replaced with Felonies; Intoxicants and Narcotics Exclusion does not apply; Domestic Partner added to Spouse

KS: Alcoholism or Drug Addiction Exclusion does not apply

KY: Alcoholism or Drug Addiction Exclusion does not apply; Intoxicants and Narcotics Exclusion replaced with Intoxicants, Narcotics and Hallucinogenics.

LA: Alcoholism or Drug Addiction Exclusion does not apply; Domestic Partner added to Spouse

MA: Exclusions and Limitations headers renamed to Limitations and Exclusions for critical illness and cancer

MI: Intoxicants and Narcotics Exclusion does not apply; Suicide Exclusion does not apply

MN: Alcoholism or Drug Addiction Exclusion does not apply; Suicide Exclusion does not apply; Felonies and Illegal Occupations Exclusion replaced with Felonies or Illegal Jobs; Intoxicants and Narcotics Exclusion replaced with Narcotic Addiction

MS: Alcoholism or Drug Addiction Exclusion does not apply

ND: Alcoholism or Drug Addiction Exclusion does not apply

NV: Intoxicants and Narcotics Exclusion does not apply; Domestic Partner added to Spouse

PA: Alcoholism or Drug Addiction Exclusion does not apply; Suicide Exclusion: whether sane or not removed

SD: Alcoholism or Drug Addiction Exclusion does not apply; Intoxicants and Narcotics Exclusion does not apply

TX: Alcoholism or Drug Addiction Exclusion does not apply; Doctor or Physician Relationship added as an additional exclusion

VT: Alcoholism or Drug Addiction Exclusion does not apply; Intoxicants and Narcotics Exclusion does not apply; Suicide Exclusion: whether sane or not removed

STATE-SPECIFIC PRE-EXISTING CONDITION LIMITATIONS

FL: Pre-existing is 6/12; Pre-existing Condition means a sickness or physical condition for which a covered person was treated, had medical testing, received medical advice or had taken medication within six months before the coverage effective date shown on the Certificate Schedule. Genetic information is not a pre-existing condition in the absence of a diagnosis of the condition related to such information.

GA: Pre-existing Condition means the existence of symptoms which would cause an ordinarily prudent person to seek diagnosis, care, or treatment, or a condition for which medical advice or treatment was recommended by or received within 12 months preceding the coverage effective date.

ID: Pre-existing is 6 months/12 months; Pre-existing Condition means a sickness or physical condition which caused a covered person to seek medical advice, diagnosis, care or treatment during the six months immediately preceding the coverage effective date shown on the Certificate Schedule.

IN: Pre-existing is 6 months/12 months

MA: Pre-existing is 6 months/12 months; Pre-existing Condition means a sickness or physical condition for which a covered person was treated, had medical testing, or received medical advice within six months before the coverage effective date shown on the Certificate Schedule.

ME: Pre-existing is 6 months/6 months; Pre-existing Condition means a sickness or physical condition for which a covered person was treated, had medical testing, or received medical advice within six months before the coverage effective date shown on the Certificate Schedule.

MI: Pre-existing is 6 months/6 months

NC: Pre-existing Condition means those conditions for which medical advice, diagnosis, care, or treatment was received or recommended within the one-year period immediately preceding the effective date of a covered person. If a covered person is 65 or older when this certificate is issued, pre-existing conditions for that covered person will include only conditions specifically eliminated.

NV: Pre-existing is 6 months/12 months; Pre-existing Condition means a sickness or physical condition for which a covered person was treated, had medical testing, received medical advice or had taken medication within six months before the coverage effective date. Pre-existing Condition does not include genetic information in the absence of a diagnosis of the condition related to such information.

PA: Pre-existing is 90 days/12 months; Pre-existing Condition means a disease or physical condition for which you received medical advice or treatment within 90 days before the coverage effective date shown on the Certificate Schedule.

SD: Pre-existing is 6 months/12 months

TX: Pre-existing condition means a sickness or physical condition for which a covered person received medical advice or treatment within 12 months before the coverage effective date shown on the Certificate Schedule.

UT: Pre-existing is 6 months/12 months

This information is not intended to be a complete description of the insurance coverage available. The insurance or its provisions may vary or be unavailable in some states. The insurance has exclusions and limitations which may affect any benefits payable. Applicable to policy form GCI6000-P and certificate form GCI6000-C (including state abbreviations where used, for example: GCI6000-C-TX). For cost and complete details of coverage, call or write your Colonial Life benefits counselor or the company. This form is not complete without base form 385403, 387100, 387169, 402383, 402558 or 387238, and rider form 387307, 387381, 387452, 387523, 387594, 387665, 402605 or 402671.

Underwritten by Colonial Life & Accident Insurance Company, Columbia, SC.

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