

# 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-PA-R)

### 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 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. Cancer must be pathologically or clinically diagnosed.

### CANCER SCREENING BENEFITS

#### **Cancer Screening/ Wellness Benefit - Part I** **\$100/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** **\$100/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: \$40/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****\$50/day** up to **\$200/month** for medication administered in a doctor's office, clinic or hospital;**\$50/day** up to **\$200/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/****\$200/day, up to \$10,000/calendar year****PLATELETS/****IMMUNOGLOBULINS**

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****See below****CELL TRANSPLANT****\$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.

**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/****\$200/calendar year****VOICE BOX PROSTHESIS**

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 or to a skilled nursing care facility. No lifetime limit.

**HOSPITAL CONFINEMENT** **\$300/day for first 30 days; \$600/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. 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** **\$300/day up to \$900 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:**

- **\$300/day** for each day you receive chemotherapy treatments injected by medical personnel in a doctor's office, clinic or hospital.
- **\$300/day** for each day you have a prescription filled for oral chemotherapy up to a monthly maximum of **\$1,200**.
- **\$300/day** for each day you have a prescription filled for topical chemotherapy up to a monthly maximum of **\$1,200**.
- **\$300/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 **\$1,200**.
- **\$300/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 **\$2,400**.
- **\$300/day** for each day you receive chemotherapy by a delivery method other than the ones mentioned above up to a monthly maximum of **\$1,200**.

**Radiation:**

- **\$300/day** for each day you receive radioactive treatments delivered by medical personnel in a doctor's office, clinic or hospital.
- **\$300/day** for each day you receive radioactive treatments by a delivery method other than the one mentioned above up to a monthly maximum of **\$1,200**.

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                      \$60/surgical unit up to a maximum of \$3,000 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 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                      \$150/day up to \$1,200 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                      The amount charged for the covered surgical procedure up to lifetime  
maximum of \$4,000**

We will pay the amount you were charged up to the maximum amount indicated above for a covered surgical procedure performed by a doctor for treatment of cancer. If you have more than one covered 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 up to the lifetime maximum above. If you have more than one covered surgical procedure performed at the same time but through different incisions, we will pay each one up to the lifetime maximum above.

**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 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 perform all the substantial and material duties of your regular occupation and you are under the regular care and attendance of a doctor. If you do not have a job, we will not require you to pay premiums only as long as you are unable to perform all of the substantial and material duties of any occupation for which you are reasonably suited by reason of education, training, or experience; and not, in fact, engaged in any occupation for wage or profit.

## 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, grandchildren, 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 which is licensed or approved as a hospital by the responsible state agency; is primarily engaged in providing medical care and treatment of sick or injured persons on an inpatient basis for which a charge is made; and provides 24-hour nursing service by or under supervision of a registered graduate professional nurse.

Notwithstanding the above, a hospital is not: any military or veterans' hospital or soldiers' home or any hospital contracted for or operated by any national government or agency thereof for the treatment of members or ex-members of the armed forces; a convalescent home or a convalescent, rest, or nursing facility; a facility primarily for the aged or drug or alcoholic rehabilitation; or a facility primarily affording custodial or educational care.

**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 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.