Cancer Insurance

Level 3 Benefits

■ Daily hospice care

BENEFIT DESCRIPTION BI	ENEFIT AMOUNT
Air ambulance Transportation to or from a hospital or medical facility [max. of two trips per confinement]	\$2,000 per trip
Ambulance Transportation to or from a hospital or medical facility [max. of two trips per confinement]	\$250 per trip
Anesthesia Administered during a surgical procedure for cancer treatment General anesthesia.	25% of surgical procedures benefit
■ Local anesthesia.	
Anti-nausea medication Doctor-prescribed medication for radiation or chemotherapy [\$200 monthly max.]	\$50 per day administered or per prescription filled
Blood/plasma/platelets/immunoglobulins	\$175 per day
Bone marrow donor screening	\$50
Bone marrow or peripheral stem cell donation	\$750
Bone marrow or peripheral stem cell transplant Transplant you receive in connection with cancer treatment [max. of two bone marrow transplant benefits per lifetime]	\$7,000 per transplant
Cancer vaccine An FDA-approved vaccine for the prevention of cancer [once per lifetime]	\$50
Companion transportation Companion travels by plane, train or bus to accompany a covered cancer patient more than 50 miles one way for treatment [up to \$1,200 per round trip]	\$0.50 per mile
Egg(s) extraction or harvesting/sperm collection and storage Extracted/harvested or collected before chemotherapy or radiation [once per lifetime]	
■ Egg(s) extraction or harvesting/sperm collection ■ Egg(s) or sperm storage (cryopreservation)	
Experimental treatment Hospital, medical or surgical care for cancer [\$15,000 lifetime max.]	\$300 per day
Family care Inpatient or outpatient treatment for a covered dependent child [\$2,500 calendar year max.]	\$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 [up to 30 days per calendar year or twice the number of days hospital confined, whichever is greater]	\$100 per day
Hospice (initial or daily care) An initial, one-time benefit and a daily benefit for treatment [\$15,000 lifetime max. for both] Initial hospice care [once per lifetime]	\$1,000

..... \$50 per day

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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	\$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	
■ Topical	
■ Oral hormonal [1-24 months]	
■ Oral hormonal [25+ months]	
■ Oral non-hormonal	•
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	\$300
Skilled nursing care facility	\$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	\$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. Coverage may vary by state and may not be available in all states. 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 number 101481.

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