

**Jefferson Parish Public  
School System**

**Colonial Life®**



## **2014 Plan Year Benefit Booklet**

# Jefferson Parish Public School System

## 2014 Plan Year Benefit Booklet

### Table of Contents

JPPSS Open Enrollment Letter .....	1
JPPSS Enrollment Schedule .....	2
JPPSS Benefit Booklet .....	4
Colonial Life Contacts .....	6
JPPSS Voluntary Retirement Plans .....	7
Summary of Benefits: HMO .....	8
Summary of Benefits: PPO .....	9
Summary of Benefits: CDHP-HSA .....	10
JPPSS Health Rates 2012.....	12
State Life Insurance .....	13
Louisiana Dental Plan .....	15
Flexible Benefit Plan .....	18
Schedule of Benefits Short Term Disability .....	20
Schedule of Benefits Long Term Disability .....	21
Life Assistance Program .....	23
How to report a Disability claim .....	25
5 Star Term Life .....	27
Accident Insurance .....	31
Cancer Insurance .....	37
Critical Illness Insurance.....	41
Hospital Confinement Indemnity Insurance .....	45
Term Life Insurance.....	49
Universal Life Insurance with Long Term Care Rider .....	53
Whole Life Insurance.....	59
Outlines of Coverage .....	63
Service Information & Forms.....	99



MARY K. GARTON  
Chief Human Capital Officer

## HUMAN CAPITAL JEFFERSON PARISH PUBLIC SCHOOL SYSTEM

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HARVEY, LOUISIANA 70058  
(504) 349-7866  
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[www.jpschools.org](http://www.jpschools.org)

TO: ALL EMPLOYEES

FROM: MARY K. GARTON  
CHIEF HUMAN CAPITAL OFFICER

The Jefferson Parish Public School System knows our employees are our greatest resource in our mission to provide our students with a superior education. One way we show our appreciation for our employees' dedication is by offering several comprehensive and affordable health coverage options that keep the employees and their families healthy and protected. This year we are pleased to announce that free dental, vision, and life insurance coverage is available to all eligible JPPSS employees. **However all eligible employees must enroll during Open Enrollment to receive these free services, including employees who are currently covered by AIG or Jefferson Federation of Teachers Health and Welfare Plan.** During Open Enrollment employees will also receive information on the costs to extend coverage to their family members.

JPPSS' Open and Annual Enrollment periods provide employees the opportunity to make changes to their health and supplemental insurance elections.

**Open Enrollment will occur Monday, September 23<sup>rd</sup> - Wednesday, October 30<sup>th</sup>.** During this time employees can elect or make changes to their supplemental (dental, vision, life, etc) insurance coverage. Additionally if an employee would like to move any of their coverage to pre-tax status, this can be completed during Open Enrollment. **As a reminder, any employee that wishes to elect the free dental, vision, and life coverage is required to attend Open Enrollment.**

**Annual Enrollment will occur Tuesday, October 1<sup>st</sup> – Thursday, October 31<sup>st</sup>.** During Annual Enrollment employees can elect or make changes to their Office of Group Benefits health insurance coverage only. Employees only need to take action during Annual Enrollment if they would desire to make changes to their Office of Group Benefits health insurance coverage.

Open Enrollment (September 23<sup>rd</sup>- October 30<sup>th</sup>) will take place at all JPPSS school sites and the Administration Building. However, employees can attend Open Enrollment at any site and are not restricted to their home location. A full list of locations with the scheduled dates is included in the 2014 Plan Year Benefit Booklet and can be found on the Payroll Services and Human Capital Benefits Department websites.

Employees who need to make changes to their health insurance coverage, should visit the Insurance Department during Annual Enrollment (October 1<sup>st</sup>- 31<sup>st</sup>). Please call 349-8564 in advance to schedule an appointment. All Annual Enrollment appointments will be held at the Administration Building (501 Manhattan Blvd, Harvey, LA).

Photo identification (school ID, drivers' license, etc) is required for Open and Annual Enrollment. Please present your identification to the representative at the time of your enrollment.

**All elections and changes made during Open Enrollment and Annual Enrollment will be effective Wednesday, January 1, 2014.** *Employees' current insurance coverage elections will continue until Tuesday, December 31, 2013.*

If you have any questions regarding Open Enrollment, please email [OpenEnrollment@jppss.k12.la.us](mailto:OpenEnrollment@jppss.k12.la.us). For questions related to Annual Enrollment, please contact the Human Capital Insurance Department by calling 349-8564.

Once again, thank you for your commitment towards providing the students of Jefferson Parish with the highest quality education and preparing them for a brighter future.

Sincerely,

Mary K. Garton

## Jefferson Parish Public School System 2013

<b>Monday Sept 23</b>	<b>Tuesday Sept 24</b>	<b>Wednesday Sept 25</b>	<b>Thursday Sept 26</b>	<b>Friday Sept 27</b>
John Ehret High School/Douglas	John Ehret High School/Douglas	John Ehret High School/Douglas	John Ehret High School/Douglas	
Bonnabel High/Martyn Academy/Bunch	Bonnabel High/Martyn Academy/Bunch	Bonnabel High/ Martyn Academy/Bunch	CT Janet Elem	CT Janet Elem
LW Higgins High	LW Higgins High		Johnson/ Gretna Park	Johnson/ Gretna Park
West Jefferson High	West Jefferson High	Riverdale High	Riverdale High	Audubon Elem
Grace King High	Grace King High	Truman Middle	Truman Middle	Marrero Academy
		Helen Cox High	Helen Cox High	Metairie Academy
		Grace King High	Miller Wall Elem	Airline Park
				Miller Wall Elem
<b>Monday Sept 30</b>	<b>Tuesday Oct 1</b>	<b>Wednesday Oct 2</b>	<b>Thursday Oct 3</b>	<b>Friday Oct 4</b>
Gretna Middle	Gretna Middle	Off	Chateau Elem	Chateau Elem
Ellender Middle	Ellender Middle	Early Dismal	Alexander Elem	Alexander Elem
J Adams Middle	J Adams Middle		Boudreaux Elem	Boudreaux Elem
Meisler Middle	Meisler Middle		Matas Elem	Matas Elem
Harris Middle	Harris Middle		Harahan Elem	Harahan Elem
Woodland West	Woodland West		Worley Middle	Worley Middle
Roosevelt Middle	Roosevelt Middle		Livaudais Middle	Livaudais Middle
<b>Monday Oct 7</b>	<b>Tuesday Oct 8</b>	<b>Wednesday Oct 9</b>	<b>Thursday Oct 10</b>	<b>Friday Oct 11</b>
Ellis Elementary	Ellis Elementary	East Jefferson	East Jefferson	Off
Green Park Elem	Green Park Elem	Strehle Elem	Strehle Elem	
Bissonet Plaza	Bissonet Plaza	Birney Elem	Birney Elem	
Ella Pittman Elem	Ella Pittman Elem	Schneckenburger Elem	Schneckenburger Elem	
Solis Elem	Solis Elem	H Ford Middle	H Ford Middle	
Marrero Middle	Marrero Middle	Keller Elem	Keller Elem	
Greenlawn Elem?	Greenlawn Elem			
		Administration (501 Manhattan)	Administration (501 Manhattan)	

## Jefferson Parish Public School System 2013

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<b>Monday Oct 14</b>  Butler Elem Pitre Elem Terrytown Elem Harahan Elem Riviere Elem	<b>Tuesday Oct 15</b>  Butler Elem Pitre Elem Terrytown Elem Harahan Elem Riviere Elem	<b>Wednesday Oct 16</b>  Myrtle Thibodaux Elem Live Oak Manor Elem Cherbonnier/Rillieux WashingtonMontessorri Fisher Middle	<b>Thursday Oct 17</b>  Off Parent Conferences	<b>Friday Oct 18</b>  T Jefferson High Harris Elem Bridgedale Elem Judge L Collins Ruppel Elem
<b>Monday Oct 21</b>  Lincoln Elem Woods Elem JFT Office/Rivarde Cullier Career Center Taylor Science & Tech	<b>Tuesday Oct 22</b>  Grand Isle  Westbank Community School  John MartynAlternative	<b>Wednesday Oct 23</b>  Riverdale Middle Dolhonde Elem Hazel Park/H Knoff Elem Woodmere Elem Haynes Academy	<b>Thursday Oct 24</b>  Riverdale Middle Dolhonde Elem Hazel Park/H Knoff Elem Woodmere Elem Haynes Academy	<b>Friday Oct 25</b>  Jefferson Elem Leo Kerner Elem McDonogh #26 Gretna Academy Hart Elem
<b>Monday Oct 28</b>  Clancy/Maggiore Elem Hearst Elem G Cox Elem Estelle Elementary  Annex (Riverroad)    501 Manhattan (Administration)	<b>Tuesday Oct 29</b>  Clancy/Maggiore Elem Hearst Elem H Vierung (WestBank) Estelle Elementary  Annex (Riverroad)    501 Manhattan (Administration)	<b>Wednesday 30</b>  4736 W Napoleon Suite 300 Metairie La 7000 (9:00am-4:00pm)  Last Day of Enrollment		

## **JEFFERSON PARISH PUBLIC SCHOOL SYSTEM OPEN ENROLLMENT 2013**

### **Welcome to your Open Enrollment!**

#### **JEFFERSON PARISH PUBLIC SCHOOL SYSTEM BENEFIT PLAN**

Jefferson Parish Public Schools benefit plan allows you to customize your benefits to meet your individual and family needs. The benefits plan let you choose the benefits that are right for you so that you can build your personal benefit program your way—it's your choice!

Not all of us have the same benefit needs. As your family situation and responsibilities change, you will be able to change your benefit elections each year as long as the plan continues.

In a traditional nature each location will be scheduled for one or more days to conduct one on one session for changes to an employee's benefits.

Again this year Colonial Life will be giving away ten \$50.00 gift certificates to those employees that participate in the open enrollment and go onto the Jefferson Parish website to review their first paycheck of the year. Go to payroll. [jppss.k12.la.us](http://jppss.k12.la.us) and scroll down to EPayroll and follow the instructions.

### **Core Insurance Benefits for Jefferson Parish Public School System**

#### **Medical Insurance**

- HMO
- PPO
- CDHP-HSA

#### **Flexible Spending Plan**

#### **Dental Insurance**

- Louisiana Dental Plan

#### **Disability Insurance**

- Long Term Disability
- Short Term Disability

#### **Life Insurance**

- State Life (For Employees and Dependents)
- 5 Star Term Life (For Employees and Dependents)

### **Voluntary Benefits from Colonial Life Accident Insurance Company**

Cancer Insurance

Critical Illness Insurance

Hospital Confinement Indemnity Insurance

Term Life Insurance

Universal Life Insurance

Whole Life Insurance

## Choosing Your Benefits

There are two ways that the money can be taken out: Pre Tax or Post Tax.

Eligible benefits for the **PreTax** are the following:

- Medical
- Dental
- Flexible Spending Plan
- Vision
- Cancer Insurance
- Hospital Confinement Indemnity Insurance
- State Life (*Employee Coverage Only*)

This is a choice that you can make during your one on one session. You may also choose to have these deductions made PostTax.

Eligible benefits for the **PostTax** Only:

<b>Non- Colonial Life</b>	Short Term Disability Long Term Disability 5 Star Term Life	<b>Colonial Life</b>	Term Life Insurance Universal Life Insurance Whole Life Insurance Accident Insurance Critical Illness Insurance
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## Making Changes

Generally, you can only change your benefit choices during the annual benefits enrollment period. However, you can change your applicable benefit plans during the year if you have a family status change. Family status changes include:

- Marriage
- Divorce or legal separation
- Birth, adoption, or placement of adoption of an eligible child
- Death of your covered spouse or child
- Change in your or your spouse's or work status that affects benefits eligibility (for example: starting a new job)
- A significant change in your spouse's health coverage attributable to your spouse's employment
- A change in your child's eligibility for benefits
- Becoming eligible for Medicare or Medicaid

If you have a family status change, you must notify your Payroll Department within 30 days of the change and complete appropriate paperwork. Depending on the type of change, you may need to provide proof of the change (for example: a copy of a marriage license or birth certificate). If you do not notify your Payroll Department within 30 days, you will have to wait until the next annual enrollment period to make benefits changes unless you have another family status change.

Any changes you make to your benefits choices must be directly related to the family status change.  
All Changes made during your Open Enrollment will become effective January 1, 2014.

## **Your Colonial Life Contacts:**

### **Rita White**

Account Coordinator

(504) 457-2010 Ext 22      Office

(504) 457-2017      Fax

rita.white@coloniallife.com

*Servicing Agents for Jefferson Parish School System*

### **For Eastbank Employees please call**

### **Cathy O'Neal**

(504) 457-2010 Ext 38      Office

(504) 457-2017      Fax

catherine.o'neal@coloniallife.com

### **For Westbank Employees please call**

### **Linda Gibbs**

(504) 457-2010 Ext 20      Office

(504) 457-2017      Fax

linda.gibbs@coloniallife.com



# ***Voluntary JPPSS Retirement Plans***

## **457 B Retirement Plan (ING)**

- Sallie O'Quinn  
Client Relations Manager ING  
Financial Adviser 2424 Edenborn  
Ave Suite 680  
Metairie, Louisiana 70001  
504-620-5561                      Office  
Sallie.oquinn@us.ing.com      Email
- Alternate contact  
Tim Roling, Service Consultant  
504-620-5577

Please log onto <http://ipschools.org/departments/payroll> to locate authorized 457 B Representatives.

## **403 B Retirement Plan**

- National Plan Administrators  
800-880-2776                      Office  
TSA@NatlPlan.com              Email

Please log onto <http://ipschools.org/departments/payroll> to locate authorized 403 B Representatives.

## **Resources**

- Office of Group Benefits
- OGB 800-272-8451 (Baton Rouge)
- OGB Metairie Office 504-838-5136

# Summary of Benefits: HMO <http://www.bcbsla.com>

Active Employees & Non-Medicare Retirees



## BlueCross BlueShield of Louisiana

An independent licensee of the Blue Cross and Blue Shield Association.

Effective January 1, 2014

### COVERED BENEFIT: IN-NETWORK

Lifetime Maximum Benefit (all eligible expenses)

Plan Year Deductible

Employees & Dependents

Maximum Out-Pocket Expense In-Network

Hospital Services (inpatient)

Surgeon, Anesthesia, Lab, X-rays & Injections

Hospital Emergency Room (facility only)

Ambulatory Surgical Facilities

Physician Visits

Maternity (physician only)

MRI/CAT Scan

Sonograms

Chemical/Radiation Therapy

Pre-Admission Testing

Dialysis

Cardiac Rehabilitation Therapy

Physical and Occupational Therapy

Speech Therapy

Oral Surgery (*Refer to plan document*)

Routine Pap Test

Routine Mammogram

Routine PSA Screening

Durable Medical Equipment

Home Health Care

Hospice Care

Preventive Care (Wellness)

Annual Eye Exam

Prescription Drug Benefit In-Network (Retail)

Mail Order Prescription Drug Program

MentalHealth/Substance Abuse – Inpatient

Mental Health/Substance Abuse – Outpatient

### COVERED BENEFIT: OUT-OF-NETWORK

Member resides in Louisiana

Member resides outside Louisiana

### HMO Plan (Nationwide)

*Administered by Blue Cross and Blue Shield of La*

Unlimited

None

\$1000 per person; \$3000 per family

\$100 per day

\$300 maximum per admission

\$0 co-payment

\$100 co-payment; waived if admitted

\$100 co-payment

\$15 PCP/\$25 Specialist (no referral required)

\$90 co-payment (no referral required)

\$50 co-payment

\$25 co-payment

\$15 co-payment

\$0 co-payment

\$0 co-payment

\$15/\$25 co-payment

\$15 co-payment

\$15 co-payment

\$25 co-payment

\$0 co-payment

\$0 co-payment

\$0 co-payment

Member pays 20% of contracted rate

\$0 co-payment

Limited to 150 visits per plan year

\$0 co-payment

\$0 co-payment

\$15/\$25 co-payment

Member pays 50%; max \$50 per 31-day fill; after \$1,200 per person per plan year, co-payment \$15 brand, \$0 generic **NOTE: Plan member who chooses brand-name drug for which approved generic version is available pays cost difference between brand-name drug & generic drug, plus 50 percent co-pay for brand-name drug; cost difference does not apply to \$1,200 out-of-pocket max. (Administered by Catamaran)**

Same as Above

\$100 co-payment per day; \$300 max per admit

(Administered by (Catamaran)

\$15 office visit co-payment

(Administered by (Catamaran)

Member pays 30% of fee schedule

Separate \$1,000 deductible

Member pays 30% of fee schedule

Separate \$1,000 deductible



## PPO Administered by Blue Cross/Blue Shield

Active Employees & Non-Medicare Retiree

<http://www.bcbsla.com>

Effective January 1, 2014

### **COVERED BENEFIT: IN-NETWORK**

Lifetime Maximum Benefit (all eligible expenses)

Plan Year Deductible

Employees & Dependents

Maximum Out-Pocket Expense In-Network

Hospital Services (inpatient)

Surgeon, Anesthesia, Lab, X-rays & Injections

Hospital Emergency Room (facility only)

Ambulatory Surgical Facilities

Physician Visits

Maternity (physician only)

MRI/CAT Scan

Sonograms

Chemical/Radiation Therapy

Pre-Admission Testing

Dialysis

Cardiac Rehabilitation Therapy

Physical and Occupational Therapy

Speech Therapy

Oral Surgery (*Refer to plan document*)

Routine Pap Test

Routine Mammogram

Routine PSA Screening

Durable Medical Equipment

Home Health Care

Hospice Care

Preventive Care (Wellness)

(See OGB website for list of preventive care services)

Annual Eye Exam

Prescription Drug Benefit In-Network (Retail)

Mail Order Prescription Drug Program

(Administered by (Cafamaran RX))

Mental Health/Substance Abuse - Inpatient<sup>2</sup>

Mental Health/Substance Abuse - Outpatient

### **COVERED BENEFIT: OUT-OF-NETWORK**

Member resides in Louisiana

Member resides outside Louisiana

### **PPO Plan (Nationwide)**

Unlimited

\$500 active: \$300 retired

Family unit Maximum: 3 Individual deductibles

\$1000 per person

Member pays 10% of contracted rate

Member pays 10% of contracted rate

\$150 separate deductible; waived if admitted

Member pays 10% of contracted rate

Member pays 10% of contracted rate

Member pays 10% of contracted rate

Member pays 10% of contracted rate

Member pays 10% of contracted rate

Member pays 10% of contracted rate

Member pays 10% of contracted rate

Member pays 10% of contracted rate

Member pays 10% of contracted rate

Member pays 10% of contracted rate

Member pays 10% of contracted rate

Member pays 10% of contracted rate

Member pays 0% of contracted rate

Member pays 0% of contracted rate

Member pays 0% of contracted rate

Member pays 0% of contracted rate

Member pays 10% of contracted rate

Case management required

Member pays 30% of negotiated rate

Member pays 20% of negotiated rate

Member pays 0% of contracted rate

**\$500 limit no longer applies**

Not covered

Member pays 50%; max \$50 per 31-day fill; after \$1,200 per person per plan year, co-payment \$15 brand, \$0 generic

**NOTE: Plan member who chooses brand-name drug for which approved generic version is available pays cost difference between brand-name drug & generic drug, plus 50 percent co-pay for brand-name drug; cost difference does not apply to \$1,200 out-of-pocket max.**

(Administered by Cafamaran Rx)

Same as above

Member pays 10% of contracted rate<sup>1</sup>

(Administered by BlueCross/Blue Shield)

Member pays 10% of contracted rate

(Administered by BlueCross/Blue Shield)

Member pays 30% of fee schedule

Member pays 10% of fee schedule



## CDHP-HAS

Administered by Blue Cross/Blue Shield

Active Employees & Non-Medicare Retirees

<http://www.bcbsla.com>

Effective January 1, 2014

### **COVERED BENEFIT: IN-NETWORK**

Lifetime Maximum Benefit (all eligible expenses)

Plan Year Deductible

Employees & Dependents

Maximum Out-Pocket Expense In-Network

Hospital Services (inpatient)

Surgeon, Anesthesia, Lab, X-rays & Injections

Hospital Emergency Room (facility only)

Ambulatory Surgical Facilities

Physician Visits

Maternity (physician only)

MRI/CAT Scan

Sonograms

Chemical/Radiation Therapy

Pre-Admission Testing

Dialysis

Cardiac Rehabilitation Therapy

Physical and Occupational Therapy

Speech Therapy

Oral Surgery (*Refer to plan document*)

Routine Pap Test

Routine Mammogram

Routine PSA Screening

Durable Medical Equipment

Home Health Care

Hospice Care

Preventive Care (Wellness)

Annual Eye Exam

Prescription Drug Benefit In-Network (Retail)

### **CDHPHSA (Nationwide)**

### ***Consumer Driven Health Plan with Health Savings Account\*\****

Unlimited

Must meet deductible before co-insurance applies

Employee - \$1250

Employee plus one (spouse or child) - \$2500

Family - \$3000

Employee \$3250; including deductible

Employee plus one (spouse or child) - \$6500; including deductible

Family - \$9000 for 3 members; 11,000 for 4 members; \$11,900 for 5 or more due to statutory maximum; including deductible.

Member pays 20% of contracted rate.

Member pays 20% of contracted rate

Member pays 20% of contracted rate

Member pays 20% of contracted rate

Member pays 20% of contracted rate

Member pays 20% of contracted rate

Member pays 20% of contracted rate

Member pays 20% of contracted rate

Member pays 20% of contracted rate

Member pays 20% of contracted rate

Member pays 20% of contracted rate

Member pays 20% of contracted rate

Member pays 20% of contracted rate

Member pays 20% of contracted rate

Member pays 20% of contracted rate

Member pays 0% of deductible does not apply

Member pays 0% of deductible does not apply

Member pays 0% of deductible does not apply

Member pays 20% of contracted rate

Member pays 20% of contracted rate

Member pays 20% of contracted rate

Member pays 0% of deductible does not apply

Member pays 0% of deductible does not apply

Level 1 – Generic; 31 –day supply; \$10 co-payment

Level 2 – Preferred brand; 31-day supply; \$25 co-payment

Level 3 – Non-preferred brand; 31-day supply; \$50 co-payment

Level 4 – Specialty; 31-day supply; \$50 co-payment

Maintenance drugs 31-day supply; not subject to deductible; subject to applicable co-payment levels 1 through 4 above

(Administered by Express Scripts)

Mail Order Prescription Drug Program

Level 1 – Generic; 90-day supply; \$10 co-payment  
Level 2 – Preferred Brand; 90-day supply; \$25 co-payment  
Level 3 – Non-preferred Brand; 90-day supply \$50 co-payment  
Level 4 – Specialty; 90-day supply; \$50 co-payment  
Maintenance drugs; 90-day supply, not subject to deductible; subject to applicable co-payment levels 1 through 4 above; (Administered by (Express Scripts)  
Member pays 20% of contracted rate  
(Administered by Blue Cross/Blue Shield)  
Member pays 20 % of contracted rate  
(Administered by Blue Cross/Blue Shield)

Mental Health/Substance Abuse – Inpatient

Mental Health/Substance Abuse – Outpatient

### **COVERED BENEFIT: OUT-OF-NETWORK**

Member resides in Louisiana

Member resides outside Louisiana

Member pays 30% of fee schedule  
Wellness benefits – Member pays 0% of contracted rate; deductible does not apply.  
Member pays 10% of fee schedule  
Wellness benefits – Member pays 0% of contracted rate; deductible does not apply.

**HEALTH SAVINGS ACCOUNT (HSA):** State contributes \$200 to each plan member's qualified HSA & matches up to \$575 per plan year in additional contributions. **Refer to plan document for details.**

**\* Employee-plus-one unit or family unit must satisfy total deductible before co-insurance applies**

**\*\* Only active employees are eligible**

**JEFFERSON PARISH PUBLIC SCHOOL SYSTEM**  
**HEALTH PREMIUM ANALYSIS**  
09/01/2013

**PPO PLAN**

	<b>TEACHER BASED</b>		<b>SUPPORT PERSONNEL</b>		<b>ACTIVE RETIREE</b>	
	24	20	24	20	24	20
	<b>PAYS</b>	<b>PAYS</b>	<b>PAYS</b>	<b>PAYS</b>	<b>PAYS</b>	<b>PAYS</b>
SINGLE	47.29	56.74	47.29	56.74	70.71	84.85
<b>WITH SPOUSE</b>	206.27	247.52	206.27	247.52	229.69	275.63
<b>WITH CHILDREN</b>	78.35	94.02	78.35	94.02	101.77	122.13
<b>FAMILY</b>	222.69	267.22	222.69	267.22	231.19	277.43

**HMO PLAN**

	<b>TEACHER BASED</b>		<b>SUPPORT PERSONNEL</b>		<b>ACTIVE RETIREE</b>	
	24	20	24	20	24	20
	<b>PAYS</b>	<b>PAYS</b>	<b>PAYS</b>	<b>PAYS</b>	<b>PAYS</b>	<b>PAYS</b>
SINGLE	43.39	52.07	43.39	52.07	66.81	80.18
WITH SPOUSE	193.55	232.26	193.55	232.26	216.97	260.37
WITH CHILDREN	72.72	87.27	72.72	87.27	96.14	115.38
FAMILY	209.05	250.85	209.05	250.85	219.11	262.94

**HIGH DEDUCTIBLE PLAN**

	<b>TEACHER BASED</b>		<b>SUPPORT PERSONNEL</b>		<b>ACTIVE RETIREE</b>	
	24	20	24	20	24	20
	<b>PAYS</b>	<b>PAYS</b>	<b>PAYS</b>	<b>PAYS</b>	<b>PAYS</b>	<b>PAYS</b>
SINGLE	31.47	37.76	31.47	37.76	N/A	N/A
WITH SPOUSE	154.87	185.84	154.87	185.84	N/A	N/A
WITH CHILDREN	55.63	66.76	55.63	66.76	N/A	N/A
FAMILY	167.60	201.12	167.60	201.12	N/A	N/A

**\*All plans are administered by Blue Cross and Blue Shield of Louisiana**

**PLEASE NOTE: INSURANCE DEDUCTIONS WILL BE DEDUCTED FROM EACH PAYCHECK**

# Life Insurance

OGB offers fully-insured life insurance coverage. The state pays half of the life insurance premium for the covered employee and/or retiree.

The two plans of life insurance available, along with the corresponding amounts of dependent life insurance offer under each plan, are noted below.

## Basic Plan

### Option I

Employee: \$5,000  
Spouse: \$1,000  
Each Child: \$500  
Dependent Life: Employee pays \$0.88 per month

### Option II

Employee: \$5,000  
Spouse: \$2,000  
Each Child: \$1,000  
Dependent Life: Employee pays \$1.76 per month

## Basic Plus Supplemental Plan

### Option I

Employee: Schedule to maximum of \$50,000  
*Amount based on employee's annual salary*  
Spouse: \$2,000  
Each Child: \$1,000  
Dependent Life: Employee pays \$1.76 per month

### Option II

Employee: Schedule to maximum of \$50,000  
*Amount based on employee's annual salary*  
Spouse: \$4,000  
Each Child: \$2,000  
Dependent Life: Employee pays \$3.52 per month

## Important Notes

Newly hired employees who enroll within 30 days of employment are eligible for life insurance without proving evidence of insurability.

Those enrolling in the life insurance plan after 30 days will be required to supply evidence of insurability to the insurer.

Plan members currently enrolled who wish to add dependent life on a spouse can do so by proving evidence of insurability. Eligible dependent children may be added without providing **evidence of insurability** to the insurer.

*Employee pays 100% of dependent life premium.*

***It is important to keep your address current. Please complete an address change document at your agency benefits office any time your residence changes.***

# Life Insurance

## Accidental Death And Dismemberment

### Table Of Losses

Accidental Loss	Benefit	Accidental Loss	Benefit
Life	100%	Both hands or both feet	100%
One hand/one foot	100%	Sight in both eyes	100%
One hand/ sight in one eye	100%	One foot/ sight in one eye	100%
Speech/hearing in both ears	100%	Quadriplegia	100%
Paraplegia	75%	One hand	50%
One foot	50%	Sight in one eye	50%
Hemiplegia	50%	Speech	50%
Hearing in both ears	50%	Thumb & index finger/same hand	50%

## Who Is Eligible?

### Basic and Basic Plus Supplemental Plans

- Full-Time Employees
- Eligible Retirees

### Dependent Life

- Covered employee's legal spouse.
- Never-married children, under 21 years of age.
- Never-married children, 21 years of age to 24 years of age, who are enrolled and attending classes as full-time students and are dependent on the employee for support.

### Continued Coverage for Dependent Children

OGB will continue coverage beyond the termination age for dependent children who are not capable of self-support due to physical handicap or mental retardation. Coverage for such dependent children continues while they remain incapacitated and your coverage stays in force.

### Plan Changes at Age 65 and Age 70

Members enrolled for life insurance coverage will automatically have 25% reduced coverage on July 1 following their 65th birthday. Another automatic 25% reduction in coverage will take effect on July 1 following their 70th birthday. Premium rates will be reduced accordingly.

*A certified copy of the Death Certificate is required before life insurance benefits can be paid.*

### Portability

Terminated employees may take advantage of the portability provision and continue coverage at group rates. Such coverage will be at a higher rate, and the state will not contribute any portion of the premium. The insurer will determine premium rates. You do not need to submit an evidence of insurability form to continue coverage. Apply for portability through the plan member's agency. The insurer must receive the application no later than 31 days from the date employment terminates.

You may be eligible for preferred group rates. You must complete an Evidence of Insurability form and submit it to the insurer to find out if you are eligible for preferred rates.

### Accidental Death and Dismemberment Benefits

If retired, coverage for accidental death and dismemberment automatically terminates on July 1 following the covered person's 70th birthday. If the plan member is still actively employed at age 70, coverage terminates at midnight on the last day of the month in which retirement occurs.

### Death Notification

Please notify the human resources office at the plan member's agency (or former agency, if retired) when a plan member or covered dependent dies. A certified copy of the death certificate must be provided to the plan member's agency.



# About Louisiana Dental Plan

Louisiana Dental Plan is a reduced fee Dental Preferred Provider Network (DPPN). Unlike traditional dental insurance, our program has no waiting periods, no claim forms and no annual or lifetime maximums. Orthodontics and pre-existing conditions are included, and we require no pre-authorization for treatment. LDP is the hassle free solution for your dental benefit needs!

Louisiana Dental Plan is a very affordable plan. Monthly dues are \$2.50 per month for JPPSS Employees. We offer coverage to Individuals, Families, and Groups. In addition to Dental Benefits you will also receive Vision, Hearing, Massage Therapy, Cosmetic Surgery, and Prescription Drug Benefits. Please visit the [FAQ's](#) section of this website for more information. We deliver unsurpassed quality and value!

Louisiana Dental Plan is the oldest and largest dental plan in Louisiana. There are more than 1.35 million members now using the plan throughout Louisiana. Some of these members include:



Louisiana Dental Plan relies on dedicated people, innovative products, advanced technology, and superior quality-control systems. Whether talking with customers on the phone, processing transactions, building new networks, or developing innovative technology, our team is focused on your satisfaction. That's our commitment to you! That's LDP!

Louisiana Dental Plan is synonymous with exceptional service and innovative solutions. We offer a quick, courteous and accurate response to our customers through knowledgeable customer service representatives. We leverage technology to enhance our servicing capabilities and to provide "real-time" solutions to our customers. We are committed to expanding our membership base by providing greater flexibility and superior service!

Louisiana Dental Plan is dedicated to enriching our community by providing employee opportunities and offering support to local events and charities. We have implemented the Education Initiative Program and Hero Program which benefits our teachers and the people who serve and protect us. We are an industry leader who leads off the field as well!

Our mission is to make dental care more affordable so that everyone in Louisiana can enjoy a beautiful smile!



## FREQUENTLY ASKED QUESTIONS

**Q: What is Louisiana Dental Plan?**

**A:** *Louisiana Dental Plan* is a Preferred Provider Network (PPN). We arrange for our members to have access to dental, vision, hearing, massage therapy, and cosmetic surgery providers who have agreed to offer their services at negotiated fees.

**Q: How much will my monthly payments be to join Louisiana Dental Plan?**

For Jefferson Parish School Board Employees cost is:

**A:** 1.25 per 24 pay  
1.50 per 20 pay.

**Q: Are pre-existing conditions covered?**

**A:** Yes, all pre-existing conditions are covered.

**Q: What is the waiting period, deductible, etc.?**

**A:** There is no waiting period before you can start using the plan! And, there are no deductibles, no claim forms to fill out, and no limits on visits to your dentist!

**Q: How much do members save on dental fees?**

**A:** Members can save 15% - 70% on dental fees when performed by a general dentist. Specialist fees are discounted 15-20% off U&C pricing.

**Q: How much more do the Vision, Hearing, Massage Therapy, and Cosmetic Surgery plans cost?**

**A:** Nothing, the Vision, Hearing, Massage Therapy, and Cosmetic Surgery benefits are absolutely FREE with the Dental Plan Membership!

**Q: How do I find a list of participating Providers?**

**A:** All Provider lists are available 24 hours a day on our website. You can view them from the top of our Home Page or you can click on the following links: [DENTAL LIST](#), [VISION LIST](#), [HEARING LIST](#), [MASSAGE THERAPY LIST](#), [COSMETIC SURGERY LIST](#)

**Q: How do I know which Preferred Provider to select?**

**A:** You may go to any provider listed on the *Louisiana Dental Plan* Preferred Provider Network. You can do a background check on Dental Providers at the Louisiana State Board of Dentistry web site [WWW.LSBD.ORG](http://WWW.LSBD.ORG).

**Q: How do I use my Louisiana Dental Plan membership?**

**A:** Present your Membership ID card to any Preferred Provider, tell the Provider you have Louisiana Dental Plan/United Networks of America, and pay your adjusted bill at the time services are rendered.

**Q:** **Can I use Louisiana Dental Plan if I have other dental insurance coverage?**

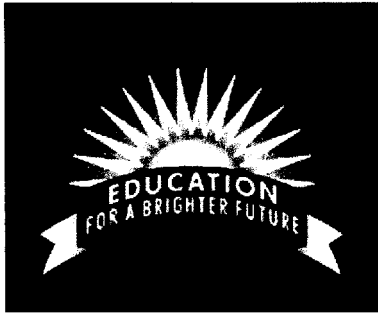
Louisiana Dental Plan (LDP) can be used with other dental insurance/indemnity plans. If there is a Co-pay on the procedure you are having, then we recommend you use LDP plan to lower your out of pocket expenses. To use LDP and your insurance/indemnity plan together, you must go to a Louisiana Dental Plan Preferred Provider which can be found at

**A:** [WWW.LOUISIANADENTALPLAN.COM](http://WWW.LOUISIANADENTALPLAN.COM).

Simply pay the reduced bill in full at the time services are rendered and then submit the claim to your dental insurance/indemnity carrier. You must send the claim into your insurance/indemnity carrier as the provider's office is not required to do this for you. LDP can't be combined with any other discount or capitated plan.

If we did not answer your questions here or if you have additional questions, please email us at [RESPONSE@LOUISIANADENTALPLAN.COM](mailto:RESPONSE@LOUISIANADENTALPLAN.COM).

Customer Service 800-256-1948



# FLEXIBLE BENEFIT PLAN

A Flexible Spending Account (FSA) allows you to use pre-tax dollars to pay for eligible medical expenses and dependent care expenses. This means that any money deposited into an FSA will not be subject to federal and state income taxes. Jefferson Parish Public Schools offers enrollment for two types of Flexible Spending Accounts: Medical Flexible Spending Account and Dependent Care Flexible Spending Account.

The FSA Plan Year is January 1, 2014 to December 31, 2014.

Under an IRC Sec. 125 Flexible Benefit plan, expenses may be paid with "before-tax" dollars under a Medical or Dependent Care Flexible Spending Account (FSA). When you have a program that offers these tax advantages, there are some rules that the plan must follow:

- You cannot make any changes in the benefits selected during the plan year. The only exception to this is if there is a family status change. (For example marriage, divorce, birth, death etc.)
- All dollars set aside in a FSA plan must be used during the plan year. Any dollars not spent by the end of the plan year must be forfeited.
- Only charges for services provided or expenses incurred during the designated plan year are eligible for reimbursement.
- Amounts paid under the plan are not eligible as tax deductions on your Federal Income Tax Return.
- Eligible Expenses:
  - Expenses for you, your spouse and any taxable dependents are eligible for reimbursement under the Medical FSA.
  - The Dependent Care FSA allows expenses for:
    - (a) your dependent under age 13 for whom you may claim an exemption deduction, or (b) your dependent who is physically or mentally not able to care for himself or herself and who relies on you for the majority of his or her support, or (c) your spouse who is physically or mentally not able to care for himself or herself.
- Maximum Contribution:
  - The maximum allocation to your Medical Reimbursement account is \$2,500 per plan year.
  - The maximum dependent care expense allowed is \$5,000 per calendar year per household (\$2,500 in the case of a separate return filed by a married person).

- Examples of Eligible Expenses:
  - Medical expenses not paid by your health insurance including, but not limited to:
    - Chiropractor/Acupuncture
    - Coinsurance (co-pays and deductibles for health, dental and vision)
    - Corrective eye surgery
    - Medicines (prescriptions)
    - Orthodontic fees
    - Prescription eyeglasses, sunglasses, contact lenses and solutions associated with their care
    - Prescribed weight-loss program/drugs
- Dependent Care expenses must be incurred to allow you and your spouse (if you are married) to work or look for work.

Under the IRC Sec. 125 Flexible Benefit plan, you designate the amount of dollars that you plan to use at the beginning of the plan year. These dollars are applied to the appropriate account (Medical or Dependent Care) each month. You may submit claims for payment (subject to a minimum reimbursement of \$50). You may submit with each claim as many bills or receipts as you have accumulated. You are encouraged to retain a copy of all your receipts should you need them for future verification to the Internal Revenue Service. Qualifying medical expenses will be reimbursed up to your annual election upon receipt of proper documentation, regardless of your account balance. Dependent Care expenses will be reimbursed after the dates on which services have been performed. Therefore, claims may be submitted and reimbursed. Your reimbursement may not exceed your account balance.

Below is an example of how the Flexible Spending Account can save you money.

	With an FSA	Without an FSA
Gross Pay	\$40,000	\$40,000
Out-of-pocket Medical Expenses/FSA	\$2,200	-
Taxable Income	\$37,800	\$40,000
15% Estimated Payroll Taxes	\$5,670	\$6,000
Income after Estimated Payroll Taxes	\$32,130	\$34,000
Out-of-pocket Expenses Paid after Payroll Taxes	-	\$2,200
Income after Payroll Taxes and Out-of-Pocket Expenses Paid	\$32,130	\$31,800
Total Estimated Savings	\$330	\$0

## EMPLOYEE BENEFIT WORKSHEET

Planning to save is easy! The key is to be conservative with your estimate while maximizing your savings. After reviewing the rules and covered items, use this worksheet to help estimate your expenses.

### Estimated Dependent Care Expenses:

Dependent care required for you and your spouse to continue workin

Total Estimated Dependent Care Expenses for this plan year: \$\_\_\_\_\_

Estimated Out of Pocket Medical Expenses (for you, your spouse, and any tax dependents):

Medical Insurance Premiums of any kind are not covered

Medical Co-pays: \$\_\_\_\_\_

Coinsurance \$\_\_\_\_\_

Prescription Drugs \$\_\_\_\_\_

Dental \$\_\_\_\_\_

Coinsurance \$\_\_\_\_\_

Orthodontia \$\_\_\_\_\_

Non-covered(major services) \$\_\_\_\_\_

Hearing

Coinsurance/Exams \$\_\_\_\_\_

Hearing Aid \$\_\_\_\_\_

Vision

Coinsurance /Exams \$\_\_\_\_\_

Glasses \$\_\_\_\_\_

Contact Lenses \$\_\_\_\_\_

Corrective Eye Surgery \$\_\_\_\_\_

Total Estimated Medical Expenses for this plan year: \$\_\_\_\_\_



## SCHEDULE OF BENEFITS



### ***Short Term Disability***

**Policy Effective Date:** January 1, 2007

**Policy Anniversary Date:** January 1

**Policy Number:** VDT-960103

**Eligible Class Definition:**

All active, Full-time Employees of the Employer regularly working a minimum of 720 hours per year

**Eligibility Waiting Period**

If you were hired on or before the Policy Effective Date: January 1st following the date of hire.

If you were hired after the Policy Effective Date: January 1st following the date of hire.

If you terminate employment and are rehired within 12 months of that date, the time previously employed will apply toward satisfying the Eligibility Waiting Period.

**Elimination Period**

For Accident: 7 days

For Sickness: 7 days

**Gross Disability Benefit**

The lesser of 60% of your weekly Covered Earnings rounded to the nearest dollar or your Maximum Disability Benefit.

**Maximum Disability Benefit** \$1,000 per week

**Minimum Disability Benefit** \$25 per week

**Disability Benefit Calculation**

The Weekly Benefit payable to you for any week you are Disabled is the Gross Disability Benefit minus Other Income Benefits and the Calculation for Optimum Ability.

The Calculation for Optimum Ability is the earnings you could earn if working at Optimum Ability, minus Disability Earnings.

"Other Income Benefits" means any benefits listed in the Other Income Benefits provision that you receive on your own behalf or for your dependents, or which your dependents receive because of your entitlement to Other Income Benefits.

**Return to Work Incentive**

You may work for wage or profit while Disabled. In any week in which you work and a Disability Benefit is payable, the Return to Work Incentive Benefit Calculation applies.

During any week you have Disability Earnings, your benefits will be calculated as follows:

1. Add your Gross Disability Benefit and Disability Earnings.
2. Compare the sum from 1. to your Covered Earnings.
3. If the sum from 1. exceeds 100% of your Covered Earnings, then subtract the Covered Earnings from the sum in 1.
4. Your Gross Disability Benefit will be reduced by the difference from 3., as well as by Other Income Benefits and the calculation for Optimum Ability.
5. If the sum from 1. does not exceed 100% of your Covered Earnings, your Gross Disability Benefit will be reduced by Other Income Benefits and the calculation for Optimum Ability.

No Disability Benefits will be paid, and insurance will end if we determine you are able to work under a modified work arrangement and you refuse to do so without Good Cause.

**Calculation for Optimum Ability**

The calculation for Optimum Ability is the earnings you could earn if working at Optimum Ability, minus Disability Earnings.

**Maximum Benefit Period**

For Accident: The date the 12th Disability Benefit is payable.

For Sickness: The date the 12th Disability Benefit is payable.

## SCHEDULE OF BENEFITS



### Long Term Disability

**Policy Effective Date:** January 1, 2007

**Policy Anniversary Date:** January 1

**Policy Number:** VDT-960104

**Eligible Class Definition:**

All active, Full-time Employees of the Employer regularly working a minimum of 720 hours per year.

**Eligibility Waiting Period**

If you were hired on or before the Policy Effective Date: January 1st following the date of hire.

If you were hired after the Policy Effective Date: January 1st following the date of hire.

If you terminate employment and are rehired within 12 months of that date, the time previously employed will apply toward satisfying the Eligibility Waiting Period.

**Elimination Period** 90 days

**Gross Disability Benefit** The lesser of 60% of your monthly Covered Earnings rounded to the nearest dollar or your Maximum Disability Benefit.

**Maximum Disability Benefit** \$5,000 per month.

**Minimum Disability Benefit** 25% of your monthly Covered Earnings prior to any reductions for Other Income Benefits.

**Disability Benefit Calculation**

The Disability Benefit payable to you is figured using the Gross Disability Benefit, Other Income Benefits, calculation of Optimum Ability and the Return to Work Incentive. Monthly Benefits are based on a 30-day month. The Disability Benefit will be prorated if payable for any period less than a month. During any month you have no Disability Earnings, the monthly benefit payable is the Gross Disability Benefit less Other Income Benefits, and less the calculation for Optimum Ability. During any month you have Disability Earnings, benefits are determined under the Return to Work Incentive. Benefits will not be less than the minimum benefit shown in the Schedule of Benefits except as provided under the section Minimum Benefit.

"Other Income Benefits" means any benefits listed in the Other Income Benefits provision that you receive on your own behalf.

***Return to Work Incentive***

During any month you have Disability Earnings, your benefits will be calculated as follows. Your monthly benefit payable will be calculated as follows during the first 24 months disability benefits are payable and you have Disability Earnings:

1. Add your Gross Disability Benefit and Disability Earnings.
2. Compare the sum from 1. to your Indexed Earnings.
3. If the sum from 1. exceeds 100% of your Indexed Earnings, then subtract the Indexed Earnings from the sum in 1.

4. Your Gross Disability Benefit will be reduced by the difference from 3., as well as by Other Income Benefits and the calculation for Optimum Ability.

5. If the sum from 1. does not exceed 100% of your Indexed Earnings, your Gross Disability Benefit will be reduced by Other Income Benefits and the calculation for

Optimum Ability.

After disability benefits are payable for 24 months, the monthly benefit payable is the Gross Disability Benefit reduced by Other Income Benefits, the calculation for Optimum Ability and 50% of Disability Earnings.

No Disability Benefits will be paid, and insurance will end if we determine you are able to work under a modified work arrangement and you refuse to do so without Good Cause.

#### *Calculation for Optimum Ability*

The calculation for Optimum Ability is the earnings you could earn if working at Optimum Ability, minus Disability Earnings.

#### **Maximum Benefit Period**

Age When Disability Begins Maximum Benefit Period

Age 62 or under Your 65th birthday or the date the 42nd Monthly Benefit is payable, if later.

Age 63 The date the 36th Monthly Benefit is payable.

Age 64 The date the 30th Monthly Benefit is payable.

Age 65 The date the 24th Monthly Benefit is payable.

Age 66 The date the 21st Monthly Benefit is payable.

Age 67 The date the 18th Monthly Benefit is payable.

Age 68 The date the 15th Monthly Benefit is payable.

Age 69 or older The date the 12th Monthly Benefit is payable.

TL-004774 (960104)

## **Disability Continuation Provision for STD and LTD**

#### **Personal or Family Medical Leave Approved by the Employer**

Insurance coverage will continue for an Employee for up to 12 weeks.

#### **Leave of Absence Approved by the Employer**

Insurance coverage will continue for an Employee for up to 3 months

#### **Sabbatical Leave or Utilization of accumulated Sick Leave, Extended Sick Leave or Additional Extended Sick Leave Approved by the Employer**

Insurance coverage will continue for an Employee for up to 12 Months following the date the leave begins.

#### **Layoff**

Insurance coverage will continue for an Employee until the end of the month following the month in which the layoff begins.



# *CIGNA's Life* *Assistance<sup>SM</sup> Program*

## **You Can Do It**

You've got goals, plans and dreams. But you can't always stay focused when life gets challenging. Changes – good and bad – offer opportunities for us to assist you. Our job is to help you balance your work and life so you can take the best care of yourself and the ones you love.

## **We Can Help**

At CIGNA, we want to help employees lead healthier, happier lives. So, we've created **CIGNA's Life Assistance<sup>SM</sup>** program that offers answers, information and support for many of the questions and issues you face in your day-to-day life. With just one phone call – or click of a mouse – you can start to gain perspective, peace of mind, and a renewed sense of possibility and purpose.

## **Timely Care When You Need It**

The Life Assistance Services staff can provide you and your family with extra support to help you with a variety of issues. We'll take the time to educate you so that you are aware of the free resources available to you.

**CIGNA's Life Assistance<sup>SM</sup>** program offers services designed to help employees reduce stress, balance their work and family responsibilities and improve the quality of their lives. The program consists of resources and referral services, counseling and support services, online information and interactive tools. All services are free, confidential, accessible 24 hours a day, 365 days a year, and available to you and all members of your household.

Should you require services beyond the scope of the program, the Life Assistance staff coordinates referrals to appropriate resources as needed.

Call CIGNA's Life Assistance program @ **800-538-3543**

# *CIGNA's Life*

## *Assistance<sub>SM</sub> Program*

### **Life Events Information, Research and Referral Topics**

*Unlimited access to online resources; up to 3 qualified referrals per call provided within 12 business hours, or within 6 hours for emergencies*

#### **Prenatal Care**

- Birthing methods
- Nutrition, exercise, and diet
- Child care pre-planning
- Breastfeeding & formula feeding

#### **Adoption**

*Includes online resources*

State Adoption Specialist  
Adoption Support groups  
Private adoption  
National adoption organizations

#### **Pet Care**

*Includes online resources*

#### **Parenting**

*Includes online resources*

- Child development
- Sibling rivalry
- Separation anxiety
- Sleep and bedtime routines
- Toilet training
- Child safety
- Discipline
- Raising adolescents

#### **Summer Care**

Residential camps  
Day Camps  
Traditional camp programs  
Specialized camp programs

#### **Legal Services**

Referrals to local providers for most legal issues  
30-minute free consultation, plus 25% discount on usual fees

#### **Education**

*Includes online resources*

- Kindergarten programs
- Before- & afterschool programs
- Public schools
- Undergraduate & graduate programs

#### **Special Needs**

Common Childhood illnesses  
Children with multiple disabilities  
Developmental delays  
Mentally challenged/mentally ill

#### **Financial Information**

Spending habits  
Budgeting strategies  
Managing credit  
Debt management  
Debt consolidation  
Financial planning information

#### **Child Care**

*Includes online resources*

- Child care centers
- Family child care homes
- In-home care
- Baby-sitting agencies and options
- Nanny agencies and options
- Au pair agencies and options
- Preschools/nursery schools
- Before- & afterschool programs

#### **Senior Care**

*Includes online resources*

Home health agencies  
Nursing homes  
Assisted living facilities  
Continuing care retirement communities  
Social & recreational programs  
Long distance care-giving  
Backup care  
Respite care

# How To Report A Disability Claim

## Under Your Company's Group Disability Insurance Plan

### *It's easy!...*

Just call CIGNA's toll-free number to speak with one of our knowledgeable Customer Intake Representatives who will walk you through the process. We will take all the information over the phone. Just dial:

**1-800-36-CIGNA or 1-800-362-4462**

Or, if you prefer, you can access the on-line claim form through CIGNA's website. The direct link is <https://dmswebintake.group.cigna.com> or you can reach the form through [www.CIGNA.com](http://www.CIGNA.com). To submit a disability claim through CIGNA.com, click on "Life, Accident & Disability," and then select "Submit A Disability Claim" from the Popular Links menu.

### When Do I Report a Claim?

- ◆ Call the CIGNA hotline listed above or log onto CIGNA.com as soon as you know you will be out of work because of an illness or injury for more than 7 days in a row. Please contact us no later than your 7th day out of work, so we can begin evaluating your claim.
- ◆ Remember even though you contact CIGNA, you must still call your employer on or before your first day out of work to report how long you expect to be absent.
- ◆ Of course, always seek appropriate medical attention immediately. Your health and safety always come first.

### What Information Will CIGNA Need?

You should be prepared to provide information on the following:

- ◆ Your name, address, phone number, birth date, Social Security number, and e-mail address, if applicable.
- ◆ The reason you are filing this claim – illness or injury.
- ◆ A description of your illness, symptoms, and/or diagnosis, including the date the symptoms first appeared, and whether or not you had this illness or symptoms before. We will also need to know if you have filed, or have plans to file, a worker's compensation claim.
- ◆ Information regarding any visits you have made to a doctor, hospital or clinic for this claim. We will need, among other things, the names, addresses, zip codes, phone and fax numbers, along with information about your healthcare provider.
- ◆ Employment information, including items such as your date hired, job title and job description, and information on benefits you are receiving from Social Security, Unemployment, State Disability, etc.

Once you have provided all required information, you will receive an acknowledgment package by mail. This package will contain important information and forms related to your claim.

### What Happens Next?

- ◆ After you report your claim to us, you will need to complete a Disclosure Authorization Form. You will receive this form in the mail from CIGNA. This form gives your Doctor permission to release your medical information to us.
- ◆ A CIGNA Case Manager may contact you to answer your questions and discuss the claim process, or to obtain any additional information that is required. This person will be responsible for managing your claim and will be your main contact for any questions you may have.
- ◆ The CIGNA Case Manager will contact your employer for a description of your job requirements and will also contact your doctor for medical reports. This information will help us determine how long you may be out of work and the benefits you may be eligible to receive.

### What Happens If My Claim Is Approved?

- ◆ If your claim is approved, you will receive an approval letter that shows the date you are expected to return to work and provides a telephone number to call if you have questions about your coverage.
- ◆ CIGNA will coordinate payment of your benefits as soon as possible.
- ◆ CIGNA will also tell your employer of your claim approval and your anticipated return-to-work date.

*✂ Clip here and carry with you for easy reference.*

#### ***How To Report A Disability Claim***

- ◆ *Seek appropriate medical attention immediately.*
- ◆ *Advise your manager as soon as possible, preferably on or before your first absence.*
- ◆ *Call the CIGNA hotline below, as soon as possible.*

***1-800-36-CIGNA or 1-800-362-4462***

***– or –***

***Access our website at:  
<https://dmswebintake.group.cigna.com>***

## What If My Claim Is Denied?

- ◆ If your claim is denied, you will receive a letter providing specific reasons for the denial and an explanation of how to appeal the denial. Upon receipt of the letter, you should contact your employer to schedule your return to work.
- ◆ CIGNA will notify your employer that your claim has been denied. Therefore, even if you plan to appeal the decision, you should contact your employer.

## What Can I Expect While I'm Out On Disability?

Our goal is to help you get well and return to work as quickly and as safely as possible. During your disability, CIGNA will call you periodically to discuss your progress and may work with you, your physician and your employer to explore transitional work arrangements that could help speed your return. This could include job modifications or work schedule changes. Your employer may also contact you regularly to check on your progress and to offer support.

## What If I Can't Return To Work When My Disability Benefits End?

- ◆ Call your CIGNA Case Manager to discuss the situation. Your Case Manager will help you better understand your options.
- ◆ Also, call your employer to keep them informed of your progress at all times.

## What Should I Do When I'm Ready To Return To Work?

When you are ready to return to work, call your employer to let them know the date you will be returning. Also, please call your CIGNA Case Manager to let him or her know when you expect to be back at work.

## Have A Question About Your Claim?

Call 1-800-36-CIGNA(24462). This number is operational between 7:00 a.m. and 7:00 p.m. Central Time. If you call outside this time frame, please leave a voicemail message and a representative will respond the next business day.

 *Clip here and carry with you for easy reference.*

### *Please provide the following information when calling to file a disability claim:*

- ◆ Your name, address, phone number, birth date, date of hire, Social Security Number and employer's name, address and phone number.
- ◆ The date and cause of your disability, as well as your anticipated return-to-work date. If your disability is due to pregnancy, provide the actual or expected date of delivery.
- ◆ The name, address and phone number of each doctor you are seeing or have seen for the disability causing your illness or injury.

*This program is underwritten by Life Insurance Company of North America, a CIGNA company.*

Insurance products and services are provided by the CIGNA underwriting subsidiary(ies) shown below, and not by CIGNA Corporation itself. "CIGNA" is used to refer to these subsidiaries and is a registered service mark.

*This insurance is underwritten by  
Life Insurance Company of North America,  
a CIGNA company.*



**CIGNA Group Insurance**  
Life • Accident • Disability

PM-619222a  
STD-Only Intake



## Individual Policy Holders

If you would like to purchase Life or Critical Illness Insurance for you or your family, or if you want information about 5Star Life Insurance products, first ask about it at work. Your human resources manager or payroll office can obtain information about how your employer can make **5Star Life Insurance** plans available.

### **Contact us**

To contact us regarding questions about your current policies with 5Star Life Insurance please call our **Customer Service Department** at **866-863-9753**, or email [PolicyOwners@5starima.com](mailto:PolicyOwners@5starima.com). Our **Administrative Office street address is: 777 Research Drive, Lincoln, NE 68501**

Please click and print one of the forms below to make changes to your existing policy:

[Change of Beneficiary Form](#)

[Life Insurance Claim Form](#)

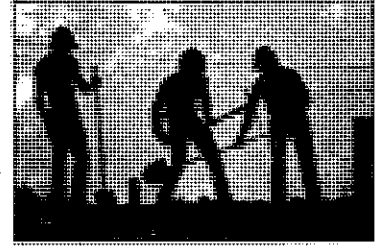
[Critical Illness Claim Form](#)

[Multi-use Change form/ Address/Owner/Payor/Coverage amount/Cancellation Form](#)

[Bank Draft Payment Authorization Form](#)

[Voluntary Group Life Portability Request Form](#)

[Notice of our Privacy Policy](#)



## The Family Protection Plan

This insurance is a voluntary benefit that is being provided through your employer to complement your overall benefit package. Most people are not prepared for the financial devastation that frequently accompanies death or the survival of a critical illness. The Family Protection Plan was developed to provide term life insurance protection and an instant emergency fund if an unexpected critical illness occurs, **to age 100\***.

## *The Benefits of Critical Illness Coverage*

More people are suffering from a critical illness than ever before. Chances are you have seen first hand the financial hardship that either a relative, close friend, or co-worker has had to endure during the recovery process of a critical illness. Most employee benefits plans are designed to cover specific expenses. But, **The Family Protection Plan pays a one-time lump sum of 30% (25% in Michigan) of the policy benefit in cash directly to the owner**—in addition to any other insurance plan the insured may have! There are no restrictions on how this benefit is used.

## The Family Protection Plan Covered Critical Illnesses

- ♥ Heart Attack
- ♥ Stroke
- ♥ Heart Transplant Surgery
- ♥ Life-Threatening Cancer
- ♥ Cardiac Bypass Surgery

This benefit is also paid for terminal conditions.

\*age 95 in Maryland



# The Family Protection Plan *Highlights*

**Term Insurance to Age 100.** Offers a **guaranteed** level premium to **age 100** and a guaranteed level death benefit for the first 10 years. After 10 years the death benefit is projected to remain level to age 100 and we do not anticipate a reduction in the future. The coverage amount cannot be individually decreased on a particular insured due to a change in age, health, or employment status.

**Critical Illness Benefit** pays the insured 30% of the policy coverage amount in a lump sum **upon the occurrence of heart attack, life threatening cancer, stroke, cardiac bypass or heart transplant surgery or a terminal condition.** The policy coverage amount will be reduced by the benefit paid. Premiums will be waived on the remaining coverage amount for 12 months after a Critical Illness Benefit claim has been paid.

**Affordability.** You choose the level of benefits that best meet the needs of your family.

**Portability.** You and your family continue coverage with no loss of benefits or increase of cost should you terminate employment after the first premium is paid, in which case the insurance company will simply bill you directly. Coverage can never be canceled by the insurance company or your employer unless you stop paying premiums.

**Family Protection.** Individual policies can be purchased on the employee, their spouse and children and grandchildren.

**Children and Grandchildren Plan.** Policies can also be purchased for children and grandchildren ages newborn to 23 for \$1/week for a \$10,000 policy or \$2/week for a \$20,000 policy.

**Convenience.** Premiums are taken care of simply and easily through payroll deductions.

**Easy Application Process.** This insurance does not require a medical exam or blood profile. Eligibility for coverage is based on a few simple health questions on the application. Please provide the Social Security Number for all proposed insureds if possible.

**Emergency Burial Benefit.** Within 24 hours after receiving notice of an insured's death, an emergency burial benefit of the lesser of 50% of the coverage amount, or \$15,000 will be paid to the insured's beneficiary, unless the death is within the two-year contestability period and/or under investigation.





# Accident Insurance

Accidents happen in places where you and your family spend the most time – at work, in the home and on the playground – and they're unexpected. How you care for them shouldn't be.

**In your lifetime, which of these accidental injuries have happened to you or someone you know?**

- Sports-related accidental injury
- Broken bone
- Burn
- Concussion
- Laceration
- Back or knee injuries
- Car accidents
- Falls & spills
- Dislocation
- Accidental injuries that send you to the Emergency Room, Urgent Care or doctor's office

Colonial Life's Accident Insurance is designed to help you fill some of the gaps caused by increasing deductibles, co-payments and out-of-pocket costs related to an accidental injury. The benefit to you is that you may not need to use your savings or secure a loan to pay expenses. Plus you'll feel better knowing you can have greater financial security.

## What additional features are included?

- Worldwide coverage
- Portable
- Compliant with Healthcare Spending Account (HSA) guidelines

## Will my accident claim payment be reduced if I have other insurance?

You're paid regardless of any other insurance you may have with other insurance companies, and the benefits are paid directly to you (unless you specify otherwise).

## What if I change employers?

If you change jobs or leave your employer, you can take your coverage with you at no additional cost. Your coverage is guaranteed renewable as long as you pay your premiums when they are due or within the grace period.

## Can my premium change?

Colonial Life can change your premium only if we change it on all policies of this kind in the state where your policy was issued.

## How do I file a claim?

Visit [coloniallife.com](http://coloniallife.com) or call our Customer Service Department at 1.800.325.4368 for additional information.

Benefits listed are for each covered person per covered accident unless otherwise specified.

## Initial Care

- Accident Emergency Treatment..... \$125
- X-ray Benefit.....\$30
- Ambulance .....\$200
- Air Ambulance..... \$2,000

## Common Accidental Injuries

Dislocations (Separated Joint)	Non-Surgical	Surgical
Hip	\$2,200	\$4,400
Knee (except patella)	\$1,100	\$2,200
Ankle – Bone or Bones of the Foot (other than Toes)	\$880	\$1,760
Collarbone (Sternoclavicular)	\$550	\$1,100
Lower Jaw, Shoulder, Elbow, Wrist	\$330	\$660
Bone or Bones of the Hand	\$330	\$660
Collarbone (Acromioclavicular and Separation)	\$110	\$220
One Toe or Finger	\$110	\$220

Fractures	Non-Surgical	Surgical
Depressed Skull	\$2,750	\$5,500
Non-Depressed Skull	\$1,100	\$2,200
Hip, Thigh	\$1,650	\$3,300
Body of Vertebrae, Pelvis, Leg	\$825	\$1,650
Bones of Face or Nose (except mandible or maxilla)	\$385	\$770
Upper Jaw, Maxilla	\$385	\$770
Upper Arm between Elbow and Shoulder	\$385	\$770
Lower Jaw, Mandible, Kneecap, Ankle, Foot	\$330	\$660
Shoulder Blade, Collarbone, Vertebral Process	\$330	\$660
Forearm, Wrist, Hand	\$330	\$660
Rib	\$275	\$550
Coccyx	\$220	\$440
Finger, Toe	\$110	\$220

Your Colonial Life policy also provides benefits for the following injuries received as a result of a covered accident.

- Burn (based on size and degree) ..... \$1,000 to \$12,000
- Coma.....\$10,000
- Concussion .....\$60
- Emergency Dental Work .....\$75 Extraction, \$300 Crown, Implant, or Denture
- Lacerations (based on size)..... \$30 to \$500

## Requires Surgery

- Eye Injury .....\$300
- Tendon/Ligament/Rotator Cuff.....\$500 - one, \$1,000 - two or more
- Ruptured Disc .....\$500
- Torn Knee Cartilage .....\$500

## Surgical Care

- Surgery (cranial, open abdominal or thoracic) ..... \$1,500
- Surgery (hernia) .....\$150
- Surgery (arthroscopic or exploratory) .....\$200
- Blood/Plasma/Platelets .....\$300

## Transportation/Lodging Assistance

If injured, covered person must travel more than 50 miles from residence to receive special treatment and confinement in a hospital.

- Transportation.....\$500 per round trip up to 3 round trips
- Lodging (family member or companion).....\$125 per night up to 30 days for a hotel/motel lodging costs

## Accident Hospital Care

- Hospital Admission\*.....\$1,000 per accident
- Hospital ICU Admission\*.....\$2,000 per accident

\* We will pay either the Hospital Admission or Hospital Intensive Care Unit (ICU) Admission, but not both.

- Hospital Confinement .....\$225 per day up to 365 days per accident
- Hospital ICU Confinement .....\$450 per day up to 15 days per accident

## Accident Follow-Up Care

- Accident Follow-Up Doctor Visit.....\$50 (up to 3 visits per accident)
- Medical Imaging Study .....\$150 per accident  
(limit 1 per covered accident and 1 per calendar year)
- Occupational or Physical Therapy .....\$25 per treatment up to 10 days
- Appliances .....\$100 (such as wheelchair, crutches)
- Prosthetic Devices/Artificial Limb .....\$500 - one, \$1,000 - more than 1
- Rehabilitation Unit.....\$100 per day up to 15 days per covered accident,  
and 30 days per calendar year.  
Maximum of 30 days per calendar year

## Accidental Dismemberment

- Loss of Finger/Toe .....\$750 – one, \$1,500 – two or more
- Loss or Loss of Use of Hand/Foot/Sight of Eye .....\$7,500 – one, \$15,000 – two or more

## Catastrophic Accident

For severe injuries that result in the total and irrecoverable:

- Loss of one hand and one foot
- Loss of both hands or both feet
- Loss or loss of use of one arm and one leg or
- Loss or loss of use of both arms or both legs
- Loss of the sight of both eyes
- Loss of the hearing of both ears
- Loss of the ability to speak

Named Insured ..... \$25,000      Spouse .....\$25,000      Child(ren).....\$12,500

365-day elimination period. Amounts reduced for covered persons age 65 and over.

Payable once per lifetime for each covered person.

## Accidental Death

	Accidental Death	Common Carrier
● Named Insured	\$25,000	\$100,000
● Spouse	\$25,000	\$100,000
● Child(ren)	\$5,000	\$20,000

## Health Screening Benefit

- \$50 per covered person per calendar year

Provides a benefit if the covered person has one of the health screening tests performed.  
This benefit is payable once per calendar year per person and is subject to a 30-day waiting period.

### Tests include:

- Blood test for triglycerides
- Bone marrow testing
- Breast ultrasound
- CA 15-3 (blood test for breast cancer)
- CA125 (blood test for ovarian cancer)
- Carotid doppler
- CEA (blood test for colon cancer)
- Chest x-ray
- Colonoscopy
- Echocardiogram (ECHO)
- Electrocardiogram (EKG, ECG)
- Fasting blood glucose test
- Flexible sigmoidoscopy
- Hemocult stool analysis
- Mammography
- Pap smear
- PSA (blood test for prostate cancer)
- Serum cholesterol test to determine level of HDL and LDL
- Serum protein electrophoresis (blood test for myeloma)
- Stress test on a bicycle or treadmill
- Skin cancer biopsy
- Thermography
- ThinPrep pap test
- Virtual colonoscopy

## My Coverage Worksheet (For use with your Colonial Life benefits counselor)

### Who will be covered? (check one)

- ☐ Employee Only      ☐ Spouse Only      ☐ One Child Only      ☐ Employee & Spouse
- ☐ One-Parent Family, with Employee      ☐ One-Parent Family, with Spouse      ☐ Two-Parent Family

### When are covered accident benefits available? (check one)

- ☐ On and Off -Job Benefits      ☐ Off -Job Only Benefits

## EXCLUSIONS

We will not pay benefits for losses that are caused by or are the result of: hazardous avocations; felonies or illegal occupations; racing; semi-professional or professional sports; sickness; suicide or self-inflicted injuries; war or armed conflict; in addition to the exclusions listed above, we also will not pay the Catastrophic Accident benefit for injuries that are caused by or are the result of: birth; intoxication.

For cost and complete details, see your Colonial Life benefits counselor. Applicable to policy form Accident 1.0-HS (including state abbreviations where used.) This is not an insurance contract and only the actual policy provisions will control.

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# Cancer Insurance

Please refer to the Outline of Coverage section of this book for complete details concerning this policy.

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

### The risk of developing cancer, unfortunately, is very real.

Nearly everyone has experienced or knows somebody who has experienced a cancer diagnosis in their family. The good news is that cancer screenings and cancer-fighting technologies have gotten a lot better in recent years. However, with advanced technology come high costs. Major medical health insurance is a great start, but even with this essential safety net, cancer sufferers can still be hit with unexpected medical and non-medical expenses.

### Cancer coverage from Colonial Life offers the protection you need to concentrate on what is most important — your care.

#### Features of Colonial Life's Cancer Insurance:

1. Pays benefits to help with the cost of cancer screening and cancer treatment.
2. Provides benefits to help pay for the indirect costs associated with cancer, such as:
  - Loss of wages or salary
  - Deductibles and coinsurance
  - Travel expenses to and from treatment centers
  - Lodging and meals
  - Child care
3. Pays regardless of any other insurance you have with other insurance companies.
4. Provides a cancer screening benefit that you can use even if you are never diagnosed with cancer.
5. Guaranteed renewable as long as premiums are paid when due.
6. Benefits paid directly to you unless you specify otherwise.
7. You can take your coverage with you even if you change jobs or leave your employer.
8. Flexible coverage options for employees and their families.



*This is a brief description of some available benefits.*

*We will pay benefits if certain routine cancer screening tests are performed or if cancer is diagnosed after the waiting period and while your policy is in force.*

### Cancer Screening Benefit Tests

- Pap Smear
- ThinPrep Pap Test <sup>1</sup>
- CA125 (Blood test for ovarian cancer)
- Mammography
- Breast Ultrasound
- CA 15-3 (Blood test for breast cancer)
- PSA (Blood test for prostate cancer)
- Chest X-ray
- Biopsy of Skin Lesion
- Colonoscopy
- Virtual Colonoscopy
- Hemoccult Stool Analysis
- Flexible Sigmoidoscopy
- CEA (Blood test for colon cancer)
- Bone Marrow Aspiration/Biopsy
- Thermography
- Serum Protein Electrophoresis (Blood test for Myeloma)

To file a claim for a Cancer Screening Benefit test, it is not necessary to complete a claim form. Call our toll-free Customer Service number, 1-800-325-4368, with the medical information.

### Additional Invasive Diagnostic Procedure

If abnormal results are received from a Cancer Screening Benefit test.

### Inpatient Benefits

- Hospital Confinement
- Ambulance
- Air Ambulance
- Private Full-Time Nursing Service

### Treatment Benefits (In-or Outpatient)

- Radiation/Chemotherapy
- Antinausea Medication
- Blood/Plasma/Platelets/Immunoglobulins
- Experimental Treatment
- Hair Prosthesis/External Breast/Voice Box Prosthesis
- Supportive/Protective Care Drugs and Colony Stimulating Factors
- Medical Imaging Studies
- Bone Marrow Stem Cell Transplant
- Peripheral Stem Cell Transplant

### Transportation/Lodging Benefits

- Transportation
- Companion Transportation
- Lodging

### Surgical Procedures Benefits

- Surgical Procedures (including skin cancer)
- Anesthesia (including skin cancer)
- Second Medical Opinion
- Reconstructive Surgery
- Prosthesis/Artificial Limb
- Outpatient Surgical Center

### Extended Care Benefits

- Family Care
- Hospice
- Home Health Care Service
- Waiver of Premium

### Initial Diagnosis of Skin Cancer

We will pay this benefit for the first diagnosis of skin cancer.

*THIS IS A CANCER ONLY POLICY.*

*This policy has exclusions and limitations. For cost and complete details of the coverage, see your Colonial Life benefits counselor. Coverage may vary by state and may not be available in all states. Applicable to policy form C1000 (and state abbreviations where applicable - for example: C1000-TX).*

<sup>1</sup>ThinPrep is a registered trademark of Cytyc Corporation.

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# Critical Illness Insurance

Please refer to the Outline of Coverage section of this book for complete details concerning this policy.

# Specified Critical Illness Insurance



## How will you pay for what your health insurance won't?

Even those of us who plan for the unexpected with life, disability and health insurance may discover that some expenses can still remain unpaid. Without adequate protection, sufferers of critical illnesses might have to pull from their savings or rely on other financial sources in their time of need.

## Specified Disease Insurance helps fill the gaps in your health insurance.

With Colonial Life's Specified Critical Illness Insurance, you're paid a benefit that can help you cover:

- Deductibles, co-pays and co-insurance of your health insurance
- Home health care needs and household modifications
- Travel expenses to and from treatment centers
- Lost income
- Rehabilitation
- Child care expenses
- Everyday living expenses

## You're free to use the benefit however you choose.

And coverage is available for you and your eligible family members.

### Covered Specified Critical Illnesses

For this illness...	We will pay this percentage of the face amount:
Heart Attack (Myocardial Infarction)	100%
Stroke	100%
Major Organ Failure	100%
End Stage Renal (Kidney) Failure	100%
Permanent Paralysis due to a Covered Accident	100%
Coma	100%
Blindness	100%
Occupational Infectious HIV or Occupational Infectious Hepatitis B, C or D	100%
Coronary Artery Bypass Graft Surgery	25%
The Maximum Benefit Amount for this policy is 3x the face amount for the Named Insured for all covered persons combined. The policy will terminate when the Maximum Benefit Amount for Specified Critical Illness has been paid.	

## You can use this coverage more than once

### Subsequent Diagnosis... of a different Specified Critical Illness

If you receive a benefit for a Specified Critical Illness, and later you are diagnosed with a *different* Specified Critical Illness, we will pay the percentage of the original face amount.

### Subsequent Diagnosis... of the same Specified Critical Illness

If you receive a benefit for a Specified Critical Illness, and later you are diagnosed with the *same* Specified Critical Illness (except those listed below), we will pay 25% of the original face amount. *(Critical illnesses that do not qualify are: Coronary Artery Bypass Graft Surgery and Occupational Infectious HIV or Occupational Infectious Hepatitis B, C or D.)*

Dates of Diagnoses of Specified Critical Illnesses must be separated by at least 180 days.

## Health Screening Benefit

New technology can help improve your chances of surviving a serious illness through early detection and treatment. We will pay this benefit if any covered person incurs a charge for and has any of the following screening tests performed while your policy is in force.

- Stress test on a bicycle or treadmill
- Serum cholesterol test to determine levels of HDL and LDL
- Carotid doppler
- Electrocardiogram (ECG/EKG)
- Echocardiogram (ECHO)
- Chest x-ray
- Colonoscopy
- Mammography
- Pap smear
- PSA (blood test for prostate cancer)

*24 tests included – No Lifetime Limit*

*This policy has exclusions and limitations. Premium will vary based on plan chosen. This is not an insurance contract and only the actual policy provisions will control. For cost and complete details of the coverage, see your Colonial Life benefits counselor. Applicable to policy form CI-1.0 or CI-1.0-PL6 (including state abbreviations where used, such as CI-1.0-TX).*

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# **Hospital Confinement Indemnity Insurance**

# Group Hospital Confinement Indemnity Insurance



## If you got sick or hurt, could you cover all of your medical expenses?

Even if you have coverage that helps with most of the expenses, you may still have to deal with deductibles, co-payments and co-insurance. Not to mention all the other bills you're already paying each month—mortgage, groceries, electricity and gasoline. That money has to come from somewhere, too.

Colonial Life's Hospital Confinement Indemnity Insurance plan offers added financial protection for those out-of-pocket costs related to a covered accident or a covered sickness.

## What benefits are included?

A \$\_\_\_\_\_ **Hospital Confinement Benefit** can help pay for the costs associated with a hospital stay.

**Maximum of 1 benefit per calendar year per covered person.**

An **Outpatient Surgical Procedure Benefit** can help cover the costs associated with a covered surgical procedure.

**Maximum of \$\_\_\_\_\_ per covered person per calendar year for Tiers 1 and 2 combined.**

**Tier 1 Outpatient Surgical Procedure Benefit \$ \_\_\_\_\_**

### Breast

Axillary node dissection  
Breast capsulotomy  
Breast reconstruction  
Lumpectomy

### Cardiac

Pacemaker insertion

### Digestive

Colonoscopy  
Fistulotomy  
Hemorrhoidectomy (external)  
Lysis of adhesions

### Skin

Laparoscopic hernia repair  
Skin grafting

### Ear/Nose/Throat/Mouth

Adenoidectomy  
Removal of oral lesions  
Myringotomy  
Tonsillectomy  
Tracheostomy

### Gynecological

Dilation & Curettage (D&C)  
Endometrial ablation  
Lysis of adhesions

### Liver

Paracentesis

### Musculoskeletal System

Carpal/cubital repair or release  
Dislocation (closed reduction treatment) other than a finger or toe  
Foot surgery (bunionectomy, exostectomy, arthroplasty, hammertoe repair)  
Fracture (closed reduction treatment) other than a rib, finger or toe  
Removal of orthopedic hardware  
Removal of tendon lesion



Tier 2 Outpatient Surgical Procedure Benefit \$ \_\_\_\_\_

<b>Breast</b> Breast reduction  <b>Cardiac</b> Angioplasty Cardiac catheterization  <b>Digestive</b> Exploratory laparoscopy Laparoscopic appendectomy Laparoscopic cholecystectomy  <b>Ear/Nose/Throat/Mouth</b> Ethmoidectomy Mastoidectomy	<b>Ear/Nose/Throat/Mouth, cont.</b> Septoplasty Stapedectomy Tympanoplasty Tympanotomy  <b>Eye</b> Cataract surgery Corneal surgery (penetrating keratoplasty) Glaucoma surgery (trabeculectomy) Vitrectomy  <b>Gynecological</b> Myomectomy	<b>Musculoskeletal System</b> Arthroscopic knee surgery w/ meniscectomy (knee cartilage repair) Arthroscopic shoulder surgery Clavicle resection Dislocations (ORIF - open reduction with internal fixation) Fracture (ORIF - open reduction with internal fixation) Removal or implantation of cartilage Tendon/ligament repair  <b>Thyroid</b> Excision of a mass
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The surgeries listed above are only a sampling of the surgeries that may be covered. Surgeries must be performed by a doctor in a hospital or ambulatory surgical center. For complete details and definitions, please refer to your certificate.

How are benefits paid?

- Benefits are paid directly to you, unless you specify otherwise.
- Your benefits are paid regardless of any other coverage you may have.

Think about it. One plan could offer you even more financial protection. That’s Colonial Life, *making benefits count*.

EXCLUSIONS

We will not pay benefits for losses which are caused by: alcoholism, drug addiction, dental procedures, elective procedures, cosmetic surgery, felonies or illegal occupations, pregnancy of a dependent child, psychiatric or psychological conditions, suicide, intentional injuries, war, armed forces service or giving birth within the first 9 months after the certificate effective date. We will not pay benefits for hospital confinement of a newborn who is neither injured nor sick. We will not pay benefits for loss during the first 12 months after the effective date due to a pre-existing condition which means a sickness or physical condition for which a covered person was treated, had medical testing, received medical advice or had taken medication within the 12 months before the certificate effective date.

For cost and complete details, see your Colonial Life benefits counselor. Applicable to certificate number GMB1.0- C (including state abbreviations where used.) Coverage may vary by state and may not be available in all states. This is not an insurance contract and only the actual certificate provisions will control.

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# **Term Life Insurance**

## How secure is your family's future without you?

The last thing you or your family should have to worry about is the financial cost of losing a loved one. Funeral expenses, medical bills and taxes are just the tip of the iceberg. How would they cover ongoing living expenses such as the mortgage, healthcare and utilities?

Plan for the future with Colonial Life's Term Life insurance.

## What are the advantages of Term Life Insurance?

- Offers level death benefit.
- Offers a lower cost option compared with cash value insurance.
- Provides coverage for specified periods of time, which can be during high-need years.
- Benefit is typically paid tax-free to your beneficiaries.

## What benefits and features are included?

- Guaranteed premiums that do not increase during the term unless you receive an accelerated death benefit.
- Guaranteed renewable to age 95 as long as premiums are paid when due.
- Convertible to cash value insurance.
- Portability allows you to take it with you if you change jobs or retire.
- Includes an Accelerated Death Benefit.

## My Coverage Worksheet (For use with your Colonial Life Benefits Counselor)

How much coverage do you need?	
<input type="radio"/> You	<input type="radio"/> Spouse
\$_____ face amount	\$_____ face amount
<b>Select the term period:</b>	<b>Select the term period:</b>
<input type="radio"/> 10-year term period	<input type="radio"/> 10-year term period
<input type="radio"/> 20-year term period	<input type="radio"/> 20-year term period
<input type="radio"/> 30-year term period	<input type="radio"/> 30-year term period
<b>Select any optional riders:</b>	
<input type="radio"/> Spouse Term Life Rider	\$_____ face amount for _____ year term period
<input type="radio"/> Children(s) Term Life Rider	\$_____ face amount for _____ year term period
<input type="radio"/> Waiver of Premium Benefit Rider	
<input type="radio"/> Accidental Death Benefit Rider	

## How much will it cost?

Your cost will vary based on the level of coverage you select.

# Frequently asked questions about Colonial Life's Term Life Insurance

## When can I convert to a cash value policy?

You can convert your policy to a Colonial Life cash-value life insurance policy any time through age 75 (unless you have used the Accelerated Death Benefit or Waiver of Premium Benefit Rider) with no evidence of insurability. Premiums will be based on your age at the time you convert your policy.

## What is the Accelerated Death Benefit?

If you are diagnosed with a terminal illness, you can request up to 75% of the policy's death benefit, not to exceed \$150,000. We deduct a fee only if you use the benefit, and your death benefit will then be reduced by the amount you receive. In addition, there may be tax consequences for receiving the accelerated benefit; ask your tax advisor for advice. Please refer to your policy for details.

## What spouse coverage options are available?

Two options are available for spouse coverage at an additional cost:

1. **Spouse Term Life Policy:** Offers guaranteed premiums and level death benefits equivalent to those available to you – whether or not you buy a policy for yourself.
2. **Spouse Term Life Rider:** Add a term rider for your spouse to your policy, up to a maximum death benefit of \$50,000; 10-year and 20-year are available (20-year rider only available with a 20- or 30-year term policy.)

## What dependent coverage is available?

You may add a Children's Term Life Rider to cover all of your eligible dependent children with up to \$10,000 in coverage each for one premium. The Children's Term Life Rider may be added to either the primary or spouse policy, not both.

## What is the Waiver of Premium Benefit Rider?

This rider waives all premiums (for the policy and any riders) if you become totally and permanently disabled before the age of 65. To be considered permanent, your total disability must continue with no interruptions for at least six consecutive months. Premiums waived by this rider do not have to be repaid. This rider is available for the spouse policy as well, subject to home office approval.

## What is the Accidental Death Benefit Rider?

This rider provides an additional benefit to the beneficiary if the insured dies as a result of an accident before age 70. The benefit doubles if the injury resulting in death occurs while insured is a fare-paying passenger on a public conveyance such as a commercial aircraft or taxicab. An additional seatbelt benefit is also payable.

## Exclusions and Limitations

If the insured commits suicide within two years (one year in CO and ND) from the coverage effective date, whether he is sane or insane (not applicable in AZ), we will not pay the death benefit. We will terminate this policy and return the premiums paid, without interest. In MO, should death occur as a result of suicide, our company is responsible only for the return of premiums paid when application is made with intent to commit suicide.

You will receive a policy summary or illustration (whichever is applicable to your state) when your policy is issued if this policy has exclusions, limitations or reductions of benefits. For costs and complete details, call or write your Colonial Life benefits counselor or the company. This brochure is applicable to policy forms TERM1000, R-TERM1000-ADB, R-TERM1000-CTR, R-TERM1000-STR, R-TERM1000-WAIVER and applicable state variations.

See your Colonial Life benefits counselor for additional information specific for your state. This coverage contains limitations and exclusions that may affect benefits payable. Product may vary by state.

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# Universal Life Insurance

## Are you prepared for all the changes life has in store?

With Colonial Life's Universal Life insurance, you have the flexibility you need to protect the life you're building – when your needs change, when you set or attain new goals, even when unexpected challenges arise.

### What are the advantages of Universal Life Insurance?

- Offers flexible premiums and death benefit amounts.
- Builds cash value at current credited interest rates.
- Provides access to the policy's cash value when needed.
- Provides a death benefit (to age 100) that can be paid to beneficiaries tax-free.

### What benefits and features are included?

- Offers two plan design options: level death benefit (Option A) or increasing death benefit (Option B).
- Includes an Accelerated Death Benefit.
- Allows you to borrow against your policy's cash value or take cash withdrawals from cash value if needed.

## My Coverage Worksheet (For use with your Colonial Life Benefits Counselor)

How much coverage do you need?		
<input type="radio"/> You	<input type="radio"/> Spouse	<input type="radio"/> Juvenile
\$_____ face amount	\$_____ face amount	\$_____ face amount
<input type="radio"/> Option A	<input type="radio"/> Option A	<input type="radio"/> Option A
<input type="radio"/> Option B	<input type="radio"/> Option B	<input type="radio"/> Option B
Select any optional riders:		
<input type="radio"/> Accidental Death Benefit Rider		
<input type="radio"/> Additional Coverage Term Rider		
<input type="radio"/> Guaranteed Purchase Option Rider		
<input type="radio"/> Waiver of Monthly Deductions Rider		

### How much will it cost?

Your cost will vary based on the level of coverage you select.



# Frequently asked questions about Colonial Life's Universal Life Insurance

## What's the difference between Option A and Option B?

- Option A offers a level death benefit and builds cash value at current credited interest rates.
- Option B offers a death benefit that increases as the policy's cash value increases.

## What is the Accelerated Death Benefit?

If you are diagnosed with a terminal illness, you can request up to 75% of the policy's death benefit, not to exceed \$150,000. We deduct a fee only if you use the benefit, and your death benefit will then be reduced by the amount you receive. In addition, there may be tax consequences for receiving the accelerated benefit; ask your tax advisor for advice.

## What spouse coverage options are available?

Two options are available for spouse coverage at an additional cost:

1. **Spouse Universal Life Policy:** Offers the same flexible features available to you—whether or not you buy a policy on yourself.
2. **Spouse Term Life Rider:** Add a term rider for your spouse to your policy, up to a maximum death benefit of \$50,000. Choose to convert the term rider later to a cash value policy—without providing proof of good health—if the rider terminates before the spouse's 70<sup>th</sup> birthday.

## What dependent coverage is available?

Two options are available for dependent coverage at an additional cost:

1. **Universal Life Policy for each eligible child:** Purchase a policy while children are young and premiums are lower whether or not you buy a policy on yourself. You may also increase the coverage when the child is 18, 21 and 24 without providing proof of good health.
2. **Children's Term Life Rider:** Add a Children's Term Life Rider to cover all of your eligible dependent children with up to \$10,000 in coverage each for one premium. You may choose to convert this rider later to a cash value life insurance policy – without providing proof of the child's good health – upon your 70<sup>th</sup> birthday or the child's 25<sup>th</sup> birthday, whichever comes first.

## What is the Waiver of Monthly Deductions Rider?

This rider waives all premiums on the universal life policy and any riders attached to it if you become totally disabled before your 65<sup>th</sup> birthday and you satisfy the six-month (180 days in MO) elimination period. Your cash value will remain intact and continue to earn interest. Also, any premiums waived by this rider do not have to be repaid.

## What is the Accidental Death Benefit Rider?

This rider pays an additional benefit if you die as a result of an accidental bodily injury before age 70. The benefit doubles if the accidental bodily injury occurs while you are a fare-paying passenger within a public conveyance such as a subway or city bus. An additional 25% of the accidental death benefit will be paid should the insured die due to an accidental bodily injury sustained while driving or riding in a private passenger vehicle and wearing a seat belt.

## What is the Additional Coverage Term Rider?

This rider adds a 20-year level term coverage of up to 100 percent of your policy's death benefit. You may choose to convert the additional coverage term rider to any new or existing cash value life insurance plan – without providing proof of good health – if the universal life policy terminates or the additional coverage term rider terminates. The premiums remain level for the duration of the rider.

## What is the Guaranteed Purchase Option Rider?

This rider allows you to increase your universal life coverage without providing proof of good health at the 2<sup>nd</sup>, 5<sup>th</sup> and 8<sup>th</sup> policy years or when specified life events occur. The premium is determined by your age at the time of the increase and amount of insurance you choose.

**Exclusions and Limitations** -If the insured commits suicide within two years (one year in MO and ND) from the coverage effective date or the date of reinstatement (not applicable in LA), whether he is sane or insane (not applicable in AZ), we will not pay the death benefit. We will terminate this policy and return the premiums paid minus any loans, loan interest and withdrawals to you. We will not pay any increases in death benefits if the insured commits suicide, whether he is sane or insane (not applicable in AZ), within two years (one year in AZ, MO, and ND) from the coverage effective date of the increase. Our only obligation will be to refund the premiums paid for the increase in the event of suicide. You will receive a policy summary or illustration (whichever is applicable in your state) when your policy is issued. This policy has exclusions, limitations or reductions of benefits. Product may vary by state. For costs and complete details of the coverage, call or write your Colonial Life benefits counselor or the company.

This brochure is applicable to policy forms ICC07-UL1000 / UL1000 and rider forms ICC07-R-UL-ACDTH / R-UL-ACDTH, ICC07-R-UL-ACR / R-UL-ACR, ICC07-R-UL-CTR / R-UL-CTR, ICC08-R-UL-GPO / R-UL-GPO, ICC07-R-UL-STR / R-UL-STR, ICC07-R-UL-WOMD / R-ULWOMD and applicable state variations.

# Universal Life Long-Term Care and Restoration of Benefits Riders



## How will you cover the cost of long-term care?

Long-term care costs are rising quickly. Purchasing coverage while you're in good health gives you access to benefits if you need them later on. Help preserve your independence and assets with Colonial Life's Long-Term Care and Restoration of Benefits Riders.

## How do they work?

Colonial Life's Long-Term Care Benefit Rider advances a portion of your universal life policy's death benefit to provide monthly payments for qualified long-term care services needed because of a chronic illness, serious accident, sudden illness or cognitive impairment. Then the Restoration of Benefits Rider automatically restores your death benefit to its original amount on a monthly basis as the long-term care benefit is paid out.

## How much will my benefit pay?

The benefit pays a percentage of your Universal Life death benefit amount. The amount of the monthly death benefit advance is also based on the care setting.

Care Setting	Monthly Benefit*
LTC Facility, such as a nursing home	6% of Death Benefit
Assisted Living Facility	6% of Death Benefit
Home Health Care Agency or Licensed Home Health Care Professional	4% of Death Benefit
Adult Day Care	4% of Death Benefit

*\*Monthly benefit for each benefit period, less any policy loans, as of the end of the 90-day elimination period. Amount of monthly benefit may vary by state and may not be available in all states. See the Outline of Coverage for complete details.*

**Example of how the Universal Life Policy death benefit is affected when receiving the monthly long-term care facility benefits and the restoration benefits under these riders:**

	Month 1	Month 2	Month 3	Month 4
<b>Death Benefit Before LTC Benefit</b>	\$100,000	\$100,000	\$100,000	\$100,000
<b>6% Monthly LTC Facility Benefit</b>	-\$6,000	-\$6,000	-\$6,000	-\$6,000
<b>Remaining Death Benefit without Restoration</b>	\$94,000	\$88,000	\$82,000	\$76,000
<b>Restoration Benefit</b>	+\$6,000	+\$6,000	+\$6,000	+\$6,000
<b>Death Benefit After Restoration Benefit</b>	\$100,000	\$100,000	\$100,000	\$100,000

# Frequently asked questions about Colonial Life's Long-Term Care and Restoration of Benefits Riders

## When will benefits be paid?

Benefits are paid once the insured is unable to perform at least two of the six Activities of Daily Living (ADLs) or requires substantial supervision due to severe cognitive impairment.

## What can I use the long-term care benefits to pay for?

With these benefits, you can help preserve your savings and assets and have more choice in where you receive your qualified long-term care services. It provides coverage for various care settings – including the home.

**Note:** In addition to reducing the death benefit, long-term care benefits under this rider will also proportionally reduce the policy's fund value, indebtedness, amount available for loans and withdrawals, surrender charges, and amount available for advance of the death benefit under any provision of the policy or any rider other than this rider.

## Will I still have to pay premiums on my Universal Life Policy while the long-term care benefits are being paid?

No, you will not. There is a built-in Waiver of Monthly Deductions benefit that waives all monthly deductions made on the universal life policy while long-term care benefits are being paid under the rider.

## Is there a maximum restoration amount?

Yes. The maximum restoration amount is equal to your policy's death benefit, so the rider will fully restore the death benefit one time.

## What happens if I use all of the death benefit on long-term care benefits?

Purchasing the Restoration of Benefits Rider allows you to use your long-term care benefits if you need them and helps you protect your beneficiaries. Even if you use 100% of your death benefit for qualified long-term care services, your universal life death benefit will not be affected if you have the Restoration of Benefits Rider.

This coverage has exclusions and limitations that may affect benefits payable. Benefits vary by state and may not be available in all states. See your Colonial Life benefits counselor for complete details.

Applicable to rider forms R-UL-LTC and R-UL-RB. This brochure is not complete without the corresponding Outlines of Coverage forms R-UL-LTC-O and R-UL-RB-O, including state variations where applicable; for example, R-UL-LTC-O-TX and R-UL-RB-O-TX.



# Whole Life Insurance

## You can't predict your family's future, but you can be prepared for it.

You like to think that you'll be there for your family in the years to come. But if something happened to you, would your family have the income it needs?

Without you, would your family be able to afford everyday living expenses? Could they cover immediate expenses, such as funeral costs?

It's not easy to think about such serious circumstances, but it's important to make sure your family is financially protected.

You can gain more peace of mind now with Colonial Life's Whole Life Insurance.

### What is whole life insurance?

Whole life insurance can help provide protection for you and those who depend on you. You won't have to worry about becoming uninsurable later in life, and your premiums won't increase as you get older.

With whole life insurance, you receive a guaranteed death benefit, which can help with funeral costs and other immediate expenses. Also, throughout the life of the policy, you can access its cash value through a policy loan, and use the money for emergencies.

### What are the advantages of Colonial Life's Whole Life Insurance?

1. Your premiums will never increase because of changes in your health or age.
2. You can take the policy with you even if you change jobs or retire, with no increase in premium.
3. A guaranteed purchase option means you can purchase additional whole life coverage – without having to answer health questions – at three different points in the future.
4. With the accelerated death benefit, you can request 75 percent of your policy's death benefit if you are diagnosed with a terminal illness.
5. An immediate \$3,000 claim payment can help your designated beneficiary pay for funeral costs or other expenses.

34 percent of households admit they would immediately have trouble meeting everyday living expenses if a primary wage earner died.<sup>1</sup>



### How much will it cost?

Your cost will vary based on the level of coverage you select. Talk with your Colonial Life benefits counselor for more information about what level of coverage would work best for you.

<sup>1</sup> Retzloff, Cheryl, "Trillion Dollar Baby – Growing Up: The Sales Potential of the U.S. Underinsured Life Insurance Market," LIMRA, 2011.

## Product Options

### Paid-Up at Age 65 or Paid-Up at Age 95

These two plan design options allow you to select when your policy will be paid up, which is when you will have no more premiums to pay. You can choose to have your policy paid up when you reach age 65 or 95.

### Accelerated Death Benefit

If you are diagnosed with a terminal illness, you can request up to 75 percent of the policy's death benefit, up to \$150,000.

### Guaranteed Purchase Option

If you are age 55 or younger when you purchase the policy, you have the option to purchase additional whole life coverage – without having to answer health questions – at three different points in the future. You may purchase up to your initial face amount, not to exceed a total combined maximum of \$100,000 for all options.

### \$3,000 Immediate Claim Payment

This payment can help meet immediate needs, such as funeral costs, by providing an initial death benefit payment of \$3,000 to the designated beneficiary.

**Talk with your Colonial Life benefits counselor to learn more about how you can help protect your family's future with whole life insurance.**

## Additional Coverage Options

### Spouse Whole Life Policy

This policy offers a guaranteed death benefit, guaranteed level premiums and guaranteed cash value accumulation – whether or not you buy a policy on yourself.

### Spouse Term Life Rider

You can purchase term life coverage for your spouse, with a maximum death benefit of up to \$50,000. 10-year and 20-year coverage periods are available, based on the policy you select. You can choose to convert this coverage to a cash value policy within certain time periods later on – without having to answer health questions.

### Dependent Coverage

You may purchase up to \$10,000 in term life coverage for each of your eligible dependent children, and pay one premium. You can later convert this coverage to a cash value life insurance policy – without having to answer health questions – upon your 70th birthday or the child's 25th birthday, whichever comes first. You can add this additional coverage to either the primary or the spouse policy, but not both.

### Waiver of Premium Benefit Rider

Your premiums on the whole life policy and any riders attached to it will be waived if you become totally disabled before the policy anniversary following your 65th birthday and you satisfy the six-month elimination period (the amount of time until benefits are payable).

### Benefits Worksheet (For use with your Colonial Life benefits counselor)

#### How much coverage do you need?

You      \$  face amount

#### Select the option:

☐ Paid-Up at Age 65      ☐ Paid-Up at Age 95

Spouse      \$  face amount

#### Select the option:

☐ Paid-Up at Age 65      ☐ Paid-Up at Age 95

#### Select any optional riders:

☐ Spouse Term Life Rider      \$  face amount for -year term period

☐ Children(s) Term Life Rider      \$  face amount for -year term period

☐ Waiver of Premium Benefit Rider

## EXCLUSIONS AND LIMITATIONS

If the insured commits suicide within two years (one year in ND) from the coverage effective date or the date of reinstatement (not applicable in AR), whether he is sane or insane (not applicable in AZ), we will not pay the death benefit. We will terminate this policy and return the premiums paid, minus any loans and loan interest to you. Product may vary by state. For costs and complete details of the coverage, call or write your Colonial Life benefits counselor or the company.

This product is underwritten by Colonial Life & Accident Insurance Company. This brochure is applicable to policy forms ICC07-WL-NGPO-65 / WL-NGPO-65, ICC07-WL-NGPO-95 / WL-NGPO-95, ICC08-WL-GPO-65 / WL-GPO-65, ICC08-WL-GPO-95 / WL-GPO-95 and rider forms ICC07-R-WL-CTR / R-WL-CTR, ICC07-R-WL-STR-10 / R-WL-STR-10, ICC07-R-WL-STR-20 / R-WL-STR-20, ICC07-R-WL-WOP / R-WL-WOP and applicable state variations.

### Colonial Life

1200 Colonial Life Boulevard  
Columbia, South Carolina 29210  
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# Outlines of Coverage

# Cancer 1000 Level 3 Benefit Chart and Outline of Coverage

(Form Number C1000-O and State Abbreviations where used)

*We will pay benefits if certain routine cancer screening tests are performed or if cancer is diagnosed after the waiting period and while your policy is in force, and if the cancer or treatment is not excluded by name or specific description in the policy.*

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

## Cancer Screening Benefits

■ Part I. Cancer Screening/Wellness Benefits per calendar year per insured person		\$100
<ul style="list-style-type: none"> <li>• Pap Smear</li> <li>• ThinPrep Pap Test</li> <li>• CA125 (Blood test for ovarian cancer)</li> <li>• Mammography</li> <li>• Breast Ultrasound</li> <li>• CA 15-3 (Blood test for breast cancer)</li> <li>• PSA (Blood test for prostate cancer)</li> <li>• Chest X-ray</li> <li>• Biopsy of Skin Lesion</li> </ul>	<ul style="list-style-type: none"> <li>• Colonoscopy</li> <li>• Virtual Colonoscopy</li> <li>• Hemoccult Stool Analysis</li> <li>• Flexible Sigmoidoscopy</li> <li>• CEA (Blood test for colon cancer)</li> <li>• Bone Marrow Aspiration/Biopsy</li> <li>• Thermography</li> <li>• Serum Protein Electrophoresis (Blood test for Myeloma)</li> </ul>	

To file a claim for a Cancer Screening/Wellness Benefit test, it is not necessary to complete a claim form.  
Call our toll-free Customer Service number, 1-800-325-4368, with the medical information.

■ Part II. Additional Invasive Diagnostic Procedure (as a result of an abnormal cancer screening test as shown in Part I) per calendar year per insured person	\$100
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## Cancer Benefits

■ Inpatient Benefits	
Hospital Confinement, Days 1-30, per day	\$300
Hospital Confinement, Days 31+, per day	\$600
Hospital Confinement in a US Government Hospital Days 1-30, per day	\$300
Hospital Confinement in a US Government Hospital Days 31+, per day	\$600
Ambulance per trip, limit 2 trips per confinement	\$200
Air Ambulance per trip, limit 2 trips per confinement	\$1,000
Private Full Time Nursing Services per day	\$150

This chart highlights the benefits of policy form C1000 (including state abbreviations where used). This is not an insurance contract and only the actual policy provisions will control. The policy sets forth in detail the rights and obligations of both you and us. It is, therefore, important that you READ YOUR POLICY CAREFULLY. This chart is not complete without the attached Outline of Coverage (form number C1000-O and state abbreviations where used).

THIS IS A CANCER-ONLY POLICY.

### ■ Treatment Benefits (In- or Outpatient)

Radiation/Chemotherapy per day for the day administered or for the day prescription filled or pump filled up to monthly maximum shown below. <u>Monthly Maximums:</u> Injected by Medical Personnel: no monthly limit Self Injected: \$2,400 Pump: \$1,200 Topical: \$1,200 Oral: \$1,200 Any Other Method Not Listed: \$1,200	\$300
Antinausea Medication per day administered or per day prescription filled subject to monthly maximum below – Monthly Maximum: \$200	\$50
Blood/Plasma/Platelets/Immunoglobulins per day – up to \$10,000 per calendar year	\$200
Experimental Treatment per day – up to \$10,000 per lifetime	\$300
Hair/External Breast/Voice Box Prosthesis per calendar year	\$200
Supportive or Protective Care Drugs & Colony Stimulating Factors, per day – up to \$1,200 calendar year maximum	\$150
Medical Imaging Studies per study – up to \$500 calendar year maximum	\$250
Bone Marrow Stem Cell Transplant per lifetime	\$10,000
Bone Marrow Stem Cell Donation Benefit per lifetime	\$1,000
Peripheral Stem Cell Transplant per lifetime	\$5,000

### ■ Transportation/Lodging Benefits

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

### ■ Surgical Procedures Benefits

Surgical Procedures-Unit Value – up to \$5,000 maximum per procedure	\$60
Anesthesia Benefit for General Anesthesia  Anesthesia Benefits for local anesthesia , \$40 per procedure	25% of benefit paid for surgical procedure
Second Medical Opinion (limit once per malignant condition)	\$300
Reconstructive Surgery unit value – up to \$3,000 maximum per procedure for Surgery and Anesthesia, limit 2 per site	\$60
Prosthesis/Artificial Limb per device, limit 1 per site – up to \$6,000 lifetime maximum	\$3,000
Outpatient Surgical Center per day – up to \$900 calendar year maximum	\$300

### ■ Extended Care Benefits

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

### ■ Initial Diagnosis of Skin Cancer (Once per Lifetime)

	\$300
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# COLONIAL LIFE & ACCIDENT INSURANCE COMPANY

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

1-800-325-4368

## SPECIFIED DISEASE COVERAGE

OUTLINE OF COVERAGE (Applicable to Policy Form C1000-LA)

### THIS POLICY IS NOT A MEDICARE SUPPLEMENT POLICY.

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

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

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

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

This policy provides benefits if the first date of diagnosis of cancer or the performance of a cancer screening test occurs: while your policy is in force; after the waiting period has been satisfied; and if the cancer or treatment is not excluded by name or specific description in the policy. Drugs received for the treatment of cancer must be approved by the United States Food and Drug Administration and treatment for cancer must be received within the United States. If the first date of diagnosis of your cancer is before the end of the waiting period, coverage for that cancer will apply only to loss commencing after this policy has been in force two years. Any cancer screening test performed before the end of the waiting period will not be covered. Cancer must be pathologically or clinically diagnosed. If cancer is not diagnosed until after you die, we will only pay benefits for the treatment of cancer performed during the 45 day period before your death.

### CANCER SCREENING BENEFITS

**Cancer Screening/  
Wellness Benefit - Part I** **\$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. Payment of this benefit is in place of payment of any other benefit for the same covered treatments.

**FAMILY CARE****\$60/day**

We will pay this benefit for each day your insured child incurs charges for receiving treatment for internal (not skin) cancer on an inpatient or outpatient basis from a licensed medical practitioner. This benefit is paid in addition to any other applicable benefits. Self-administered treatment or treatment within the home is excluded. No lifetime limit.

**HAIR/EXTERNAL BREAST/****\$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, to a U.S. Government 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. We will not pay this benefit if you are confined to a U.S. Government Hospital. No lifetime limit.

**HOSPITAL CONFINEMENT IN A  
U.S. GOVERNMENT HOSPITAL****\$300/day for first 30 days; \$600/day for 31st day thereafter**

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

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

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

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

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

**OUTPATIENT SURGICAL CENTER****\$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 FACILITY** **\$100/day**

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

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

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 CARE DRUGS AND COLONY STIMULATING FACTORS** **\$150/day up to \$1,200 calendar year maximum**

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** **\$60/unit up to \$5,000/procedure**

We will pay this benefit if you incur charges for and receive surgical procedures performed for treatment of cancer. If you have more than one surgical procedure performed at the same time and through the same incision, we will consider them to be one procedure and pay the benefit that has the highest dollar value. If you have more than one surgical procedure performed at the same time but through different incisions, we will pay each one. No lifetime limit.

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

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

## WAIVER OF PREMIUM

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

## DEFINITIONS

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

**Cancer:** means a disease which is identified by the presence of malignant cells or a malignant tumor characterized by the uncontrolled and abnormal growth and spread of invasive malignant cells. Pre-malignant conditions or conditions with malignant potential are not to be construed as cancer for the purposes of this policy.

**Cancer Screening Test:** means a biopsy of skin lesion, bone marrow aspiration/biopsy, breast ultrasound, CA 15-3 (blood test for breast cancer), CA-125 (blood test for ovarian cancer), CEA (blood test for colon cancer), chest x-ray, colonoscopy, flexible sigmoidoscopy, hemoccult stool analysis, mammography, Pap smear, PSA (blood test for prostate cancer), serum protein electrophoresis (blood test for myeloma), thermography, ThinPrep Pap test, or virtual colonoscopy.

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

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

**Dependents:** means the named insured's natural children, step-children, adopted children, children placed into his custody for adoption or grandchildren in his legal custody and residing with him who are unmarried and younger than age 25.

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

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

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

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

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

**Oral Chemotherapy:** means chemotherapy taken by mouth.

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



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

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

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

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

**Skin Cancer:** means melanoma of Clark's level I or II (Breslow less than .75mm); basal cell carcinoma; or squamous cell carcinoma of the skin.

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

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

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

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

# Cancer 1000 Level 4 Benefit Chart and Outline of Coverage

(Form Number C1000-O and State Abbreviations where used)

*We will pay benefits if certain routine cancer screening tests are performed or if cancer is diagnosed after the waiting period and while your policy is in force, and if the cancer or treatment is not excluded by name or specific description in the policy.*

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

## Cancer Screening Benefits

■ Part I. Cancer Screening/Wellness Benefits per calendar year per insured person		\$125
<ul style="list-style-type: none"> <li>• Pap Smear</li> <li>• ThinPrep Pap Test</li> <li>• CA125 (Blood test for ovarian cancer)</li> <li>• Mammography</li> <li>• Breast Ultrasound</li> <li>• CA 15-3 (Blood test for breast cancer)</li> <li>• PSA (Blood test for prostate cancer)</li> <li>• Chest X-ray</li> <li>• Biopsy of Skin Lesion</li> </ul>	<ul style="list-style-type: none"> <li>• Colonoscopy</li> <li>• Virtual Colonoscopy</li> <li>• Hemoccult Stool Analysis</li> <li>• Flexible Sigmoidoscopy</li> <li>• CEA (Blood test for colon cancer)</li> <li>• Bone Marrow Aspiration/Biopsy</li> <li>• Thermography</li> <li>• Serum Protein Electrophoresis (Blood test for Myeloma)</li> </ul>	

To file a claim for a Cancer Screening/Wellness Benefit test, it is not necessary to complete a claim form.  
Call our toll-free Customer Service number, 1-800-325-4368, with the medical information.

■ Part II. Additional Invasive Diagnostic Procedure (as a result of an abnormal cancer screening test as shown in Part I) per calendar year per insured person	\$125
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## Cancer Benefits

■ Inpatient Benefits	
Hospital Confinement, Days 1-30, per day	\$400
Hospital Confinement, Days 31+, per day	\$800
Hospital Confinement in a US Government Hospital Days 1-30, per day	\$400
Hospital Confinement in a US Government Hospital Days 31+, per day	\$800
Ambulance per trip, limit 2 trips per confinement	\$200
Air Ambulance per trip, limit 2 trips per confinement	\$1,000
Private Full Time Nursing Services per day	\$150

This chart highlights the benefits of policy form C1000 (including state abbreviations where used). This is not an insurance contract and only the actual policy provisions will control. The policy sets forth in detail the rights and obligations of both you and us. It is, therefore, important that you READ YOUR POLICY CAREFULLY. **This chart is not complete without the attached Outline of Coverage (form number C1000-O and state abbreviations where used).**

**THIS IS A CANCER-ONLY POLICY.**

■ <b>Treatment Benefits (In- or Outpatient)</b>	
Radiation/Chemotherapy per day for the day administered or for the day prescription filled or pump filled up to monthly maximum shown below. <u>Monthly Maximums:</u> Injected by Medical Personnel: no monthly limit Self Injected: \$2,400 Pump: \$1,200 Topical: \$1,200 Oral: \$1,200 Any Other Method Not Listed: \$1,200	\$300
Antinausea Medication per day administered or per day prescription filled subject to monthly maximum below – Monthly Maximum: \$240	\$60
Blood/Plasma/Platelets/Immunoglobulins per day – up to \$10,000 per calendar year	\$200
Experimental Treatment per day – up to \$10,000 per lifetime	\$300
Hair/External Breast/Voice Box Prosthesis per calendar year	\$200
Supportive or Protective Care Drugs & Colony Stimulating Factors, per day – up to \$1,600 calendar year maximum	\$200
Medical Imaging Studies per study – up to \$500 calendar year maximum	\$250
Bone Marrow Stem Cell Transplant per lifetime	\$10,000
Bone Marrow Stem Cell Donation Benefit per lifetime	\$1,000
Peripheral Stem Cell Transplant per lifetime	\$5,000

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

■ <b>Surgical Procedures Benefits</b>	
Surgical Procedures-Unit Value – up to \$6,000 maximum per procedure	\$70
Anesthesia Benefit for General Anesthesia  Anesthesia Benefits for local anesthesia , \$50 per procedure	25% of benefit paid for surgical procedure
Second Medical Opinion (limit once per malignant condition)	\$300
Reconstructive Surgery unit value – up to \$3,000 maximum per procedure for Surgery and Anesthesia, limit 2 per site	\$60
Prosthesis/Artificial Limb per device, limit 1 per site – up to \$6,000 lifetime maximum	\$3,000
Outpatient Surgical Center per day – up to \$1,200 calendar year maximum	\$400

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

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

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

## SPECIFIED DISEASE COVERAGE

OUTLINE OF COVERAGE (Applicable to Policy Form C1000-LA)

### THIS POLICY IS NOT A MEDICARE SUPPLEMENT POLICY.

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

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

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

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

This policy provides benefits if the first date of diagnosis of cancer or the performance of a cancer screening test occurs: while your policy is in force; after the waiting period has been satisfied; and if the cancer or treatment is not excluded by name or specific description in the policy. Drugs received for the treatment of cancer must be approved by the United States Food and Drug Administration and treatment for cancer must be received within the United States. If the first date of diagnosis of your cancer is before the end of the waiting period, coverage for that cancer will apply only to loss commencing after this policy has been in force two years. Any cancer screening test performed before the end of the waiting period will not be covered. Cancer must be pathologically or clinically diagnosed. If cancer is not diagnosed until after you die, we will only pay benefits for the treatment of cancer performed during the 45 day period before your death.

### CANCER SCREENING BENEFITS

#### **Cancer Screening/ Wellness Benefit - Part I** **\$125/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** **\$125/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: \$50/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**

**\$60/day** up to **\$240/month** for medication administered in a doctor's office, clinic or hospital;

**\$60/day** up to **\$240/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. Payment of this benefit is in place of payment of any other benefit for the same covered treatments.

**FAMILY CARE**

**\$60/day**

We will pay this benefit for each day your insured child incurs charges for receiving treatment for internal (not skin) cancer on an inpatient or outpatient basis from a licensed medical practitioner. This benefit is paid in addition to any other applicable benefits. Self-administered treatment or treatment within the home is excluded. No lifetime limit.

**HAIR/EXTERNAL BREAST/**

**\$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, to a U.S. Government Hospital or to a skilled nursing care facility. No lifetime limit.

**HOSPITAL CONFINEMENT****\$400/day for first 30 days; \$800/day for 31st day thereafter**

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

**HOSPITAL CONFINEMENT IN A  
U.S. GOVERNMENT HOSPITAL****\$400/day for first 30 days; \$800/day for 31st day thereafter**

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

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

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

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

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

**OUTPATIENT SURGICAL CENTER****\$400/day up to \$1,200 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 FACILITY** **\$100/day**

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

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

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 CARE DRUGS AND COLONY STIMULATING FACTORS** **\$200/day up to \$1,600 calendar year maximum**

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** **\$70/unit up to \$6,000/procedure**

We will pay this benefit if you incur charges for and receive surgical procedures performed for treatment of cancer. If you have more than one surgical procedure performed at the same time and through the same incision, we will consider them to be one procedure and pay the benefit that has the highest dollar value. If you have more than one surgical procedure performed at the same time but through different incisions, we will pay each one. No lifetime limit.

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

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

## WAIVER OF PREMIUM

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

## DEFINITIONS

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

**Cancer:** means a disease which is identified by the presence of malignant cells or a malignant tumor characterized by the uncontrolled and abnormal growth and spread of invasive malignant cells. Pre-malignant conditions or conditions with malignant potential are not to be construed as cancer for the purposes of this policy.

**Cancer Screening Test:** means a biopsy of skin lesion, bone marrow aspiration/biopsy, breast ultrasound, CA 15-3 (blood test for breast cancer), CA-125 (blood test for ovarian cancer), CEA (blood test for colon cancer), chest x-ray, colonoscopy, flexible sigmoidoscopy, hemoccult stool analysis, mammography, Pap smear, PSA (blood test for prostate cancer), serum protein electrophoresis (blood test for myeloma), thermography, ThinPrep Pap test, or virtual colonoscopy.

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

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

**Dependents:** means the named insured's natural children, step-children, adopted children, children placed into his custody for adoption or grandchildren in his legal custody and residing with him who are unmarried and younger than age 25.

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

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

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

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

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

**Oral Chemotherapy:** means chemotherapy taken by mouth.

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



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

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

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

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

**Skin Cancer:** means melanoma of Clark's level I or II (Breslow less than .75mm); basal cell carcinoma; or squamous cell carcinoma of the skin.

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

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

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

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

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**LIMITED BENEFIT HEALTH COVERAGE FOR SPECIFIED CRITICAL ILLNESS**

**OUTLINE OF COVERAGE (Applicable to Policy Form CI-1.0-LA)**

**PRE-EXISTING CONDITIONS - PLEASE READ CAREFULLY**

If you received treatment, testing or medical advice or took medication for a sickness or physical condition within 12 months before the effective date of this policy, we will not pay a benefit for a Specified Critical Illness that occurs as a result of that sickness or physical condition if the Specified Critical Illness has a Date of Diagnosis within the first 12 months after the effective date of the policy.

**THE 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.

**Please Read The Policy Carefully.** This outline provides a very brief description of the important features of the 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 to **READ THE POLICY CAREFULLY.**

**Guaranteed Renewable Subject to Payment of the Maximum Benefit Amount for Specified Critical Illness.** The policy is guaranteed renewable as long as you pay the premiums when they are due or within the grace period, up to the date of payment of the Maximum Benefit Amount for Specified Critical Illness as shown on the Policy Schedule. Your premium can be changed only if we change it on all policies of this kind in force in the state where the policy was issued.

**Coverage Provided by The Policy.** The policy is designed to provide coverage ONLY for Specified Critical Illnesses and for certain health screening tests, subject to any limitations or exclusions in your policy. It does not provide coverage for basic hospital, basic medical-surgical or major medical expenses.

The policy provides benefits only if the Date of Diagnosis of Specified Critical Illness or the performance of a health screening test is while your policy is in force. Any health screening test performed before the Policy Coverage Effective Date will not be covered.

**Premiums vary depending on the amount of coverage you chose at time of application.**  
**The amount of coverage you chose is shown on the Policy Schedule.**

**BENEFITS**

**Specified Critical Illness Benefit**

Face Amount for Named Insured	\$ _____
Face Amount for Spouse (if covered)	50% of face amount for Named Insured
Face Amount for Dependent Children (if covered)	25% of face amount for Named Insured

**The Face Amount(s) and the Maximum Benefit Amount for Specified Critical Illness will reduce by 50% on the first Policy Anniversary Date after the named insured attains age 75.**

We will pay this benefit if a covered person is diagnosed with one of the Specified Critical Illnesses shown below if: the Date of Diagnosis is while coverage under the policy is in force; and the Specified Critical Illness is not excluded by name or specific description in the policy.

Heart Attack (Myocardial Infarction)	100%
Stroke	100%
End Stage Renal (Kidney) Failure	100%
Major Organ Failure	100%
Permanent Paralysis due to a Covered Accident	100%
Coma	100%
Blindness	100%
Occupational Infectious HIV or Occupational Infectious Hepatitis B, C or D	100%
Coronary Artery Bypass Graft Surgery	25%

Maximum Benefit Amount for Specified Critical Illness: \$\_\_\_\_\_

We will pay the percentage of the Face Amount shown on the Policy Schedule for the Specified Critical Illness diagnosed, up to the Maximum Benefit Amount for Specified Critical Illness shown on the Policy Schedule.

We will pay the benefit for Coronary Artery Bypass Graft Surgery only once per lifetime per covered person.

If, on the same day, a covered person is placed on the UNOS list for a transplant of two or more major organs listed in the definition of Major Organ Failure (example: heart and lungs), a single benefit will be paid.

We will pay the benefit for Occupational Infectious HIV or Occupational Infectious Hepatitis B, C or D only once per lifetime per covered person.

If the Date of Diagnosis of two or more Specified Critical Illnesses is the same day, we will pay only one Specified Critical Illness benefit. We will pay the larger of the Specified Critical Illness benefits.

**No benefits are payable for conditions other than the Specified Critical Illnesses defined in the policy.**

#### **Benefits Payable Upon Subsequent Diagnosis.**

If a covered person has been diagnosed with and received a benefit for a Specified Critical Illness and is subsequently diagnosed with a different Specified Critical Illness, we will pay the Specified Critical Illness benefit as shown on the Policy Schedule, up to the Maximum Benefit Amount for Specified Critical Illness, if: the Date of Diagnosis of the subsequent Specified Critical Illness is more than 180 days after any previous Date of Diagnosis for a Specified Critical Illness; and the subsequent Date of Diagnosis is while coverage under this policy is in force; and the Specified Critical Illness is not excluded by name or specific description in this policy.

If a covered person has been diagnosed with and received a benefit for a Specified Critical Illness and is subsequently diagnosed with the same Specified Critical Illness (other than Coronary Artery Bypass Graft Surgery and Occupational Infectious HIV or Occupational Infectious Hepatitis B, C or D), we will pay an amount equal to 25% of the Face Amount for the covered person as shown on the Policy Schedule, up to the Maximum Benefit Amount for Specified Critical Illness, if: the Date of Diagnosis of the subsequent Specified Critical Illness is more than 180 days after any previous Date of Diagnosis for the same Specified Critical Illness; and the covered person has not received treatment during the 180 days between the Dates of Diagnosis for the same Specified Critical Illness. For purposes of the preceding sentence, treatment does not include medications and follow-up visits to the covered person's Doctor; the subsequent Date of Diagnosis is while coverage under this policy is in force; and the Specified Critical Illness is not excluded by name or specific description in this policy.

We will not pay more than the Maximum Benefit Amount for Specified Critical Illness as shown on the Policy Schedule.

This policy will terminate when the Maximum Benefit Amount for Specified Critical Illness as shown on the Policy Schedule has been paid.

#### **Benefit Reduction**

The Face Amount(s) and the Maximum Benefit Amount for Specified Critical Illness will reduce by 50% on the first Policy Anniversary Date after the named insured attains age 75. All Specified Critical Illness benefits payable after that date will be based on the reduced Face Amount and the reduced Maximum Benefit Amount.

## Health Screening Benefit

### Amount: \$50/Year

We will pay this benefit if any covered person incurs a charge for and has one of the following screening tests performed while coverage under the policy is in force. We will pay the amount shown for one of the following screening tests. Payment of this benefit will not reduce the Maximum Benefit Amount for Specified Critical Illness. This benefit is payable once per calendar year for each covered person.

Health screening test is defined as: stress test on a bicycle or treadmill, fasting blood glucose test, blood test for triglycerides, serum cholesterol test to determine level of HDL and LDL, bone marrow testing, carotid doppler, electrocardiogram (EKG, ECG), echocardiogram (ECHO), skin cancer biopsy, breast ultrasound, CA 15-3 (blood test for breast cancer), CA125 (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, and virtual colonoscopy.

## DEFINITIONS

**Accident** means an unintended or unforeseen bodily injury sustained by a covered person, wholly independent of disease, bodily infirmity, illness, infection, or any other abnormal physical condition.

**Blindness** means clinically proven irreversible reduction of sight in both eyes that has persisted for a period of at least 180 consecutive days. Sight must be reduced to a corrected visual acuity of less than 6/60 (Metric Acuity) or 20/200 (Snellen or E-Chart Acuity), or visual field restriction to 20° or less in both eyes. The following are not to be construed as blindness for purposes of the policy: if in general medical opinion any procedure, device, or implant could result in the partial or total restoration of sight; if the covered person has not attained age three or above on the Date of Diagnosis, and if the covered person's reduction of sight as defined above occurs prior to the Policy Coverage Effective Date of the covered person's coverage under this policy.

**Calendar Year** means the period beginning on the Policy Coverage Effective Date of coverage shown on the Policy Schedule and ending on December 31 of the same year. Thereafter, it is the period beginning on January 1 and ending on December 31 of each following year.

**Cardiologist** means a Doctor who is licensed to practice medicine and who is also licensed to practice by the American Board of Internal Medicine in the subspecialty of cardiovascular disease.

**Coma** means a continuous state of profound unconsciousness resulting from a Covered Accident or a Covered Sickness, characterized by the absence of: eye opening, motor response, and verbal response. The condition must require intubation for respiratory assistance. The term "Coma" does not include any medically induced coma.

A **Covered Accident** is an accident that occurs on or after the Policy Coverage Effective Date of the policy; occurs while the policy is in force; and, is not excluded by name or specific description in the policy.

A **Covered Sickness** means an illness, infection, disease or any other abnormal physical condition, not caused by an accident, that occurs on or after the Policy Coverage Effective Date of the policy; occurs while the policy is in force; and is not excluded by specific name or specific description in the policy.

**Coronary Artery Bypass Graft Surgery** means undergoing open heart surgery to correct narrowing or blockage of one or more coronary arteries utilizing venous or arterial grafts, excluding procedures such as, but not limited to, balloon angioplasty, valve replacement surgery, laser relief, stents or other non-surgical procedures.

## Date of Diagnosis

- for Heart Attack (Myocardial Infarction), the date that the ischemic death of a portion of the heart muscle occurred based on the applicable criteria listed under the Heart Attack (Myocardial Infarction) definition;
- for Stroke, the date a Stroke occurred based on neuroimaging or other neurodiagnostic study consistent with an acute or subacute infarction, hemorrhage, embolism, thrombosis and presence of neurological deficits persisting for a period of 30 days or greater;
- for End Stage Renal (Kidney) Failure, the date that regular hemodialysis or peritoneal dialysis begins;
- for Major Organ Failure, the date that the covered person is placed on the UNOS list for transplantation;
- for Permanent Paralysis due to a Covered Accident, the date the Doctor confirms the Permanent Paralysis due to a Covered Accident has continued for a period of 180 consecutive days;
- for Coma, the date a Doctor confirms a coma resulting from a Covered Accident or a Covered Sickness has lasted seven or more consecutive days;

- for Blindness, the date the Doctor confirms the irreversible reduction of sight has continued for a period of 180 consecutive days;
- for Occupational Infectious HIV or Occupational Infectious Hepatitis B, C or D, the date of a positive antibody test for HIV or Hepatitis B, C or D subsequent to a prior negative test for the same condition with a lapse of between 90 and 180 days between the two tests; and
- for Coronary Artery Bypass Graft Surgery, the date the covered person undergoes the open heart surgery.

**Dependent Children** means any natural children, step-children, adopted children, foster children or children placed into your custody for adoption or grandchildren in your legal custody and residing with you who are unmarried; and younger than age 26.

A **Doctor or Physician** means a person who: is licensed by the state to practice a healing art; and performs services for a covered person that are allowed by his license. For purposes of this definition, Doctor or Physician does not include any covered person or anyone related to any covered person by blood or marriage, a business or professional partner of any covered person, or any person who has a financial affiliation or a business interest with any covered person.

**End Stage Renal (Kidney) Failure** means chronic irreversible failure of the function of both kidneys such that the covered person must undergo at least weekly hemodialysis or peritoneal dialysis.

**Heart Attack (Myocardial Infarction)** means the ischemic death of a portion of heart muscle as a result of obstruction of one or more of the coronary arteries. A positive diagnosis must be supported by three or more of the following: atypical chest pain; electrocardiographic (EKG) changes indicative of myocardial infarction; elevation of biochemical markers of myocardial necrosis; and confirmatory imaging studies. In the event of death, an autopsy, medical examiner's confirmation or death certificate identifying Heart Attack (Myocardial Infarction) as the cause of death will be accepted.

A Heart Attack (Myocardial Infarction) is not congestive heart failure, atherosclerotic heart disease, angina, coronary artery disease, cardiac arrest, or any other dysfunction of the cardiovascular system.

**Occupational Infectious HIV or Occupational Infectious Hepatitis B, C or D** means diagnosis of Human Immunodeficiency Virus (HIV) infection or Hepatitis B, C or D resulting from exposure to HIV-contaminated or Hepatitis B-, C- or D-contaminated body fluids as the result of a Covered Accident during the normal course of performing an occupation for which remuneration is earned.

We will pay this benefit if: within five days of the Covered Accident, it is reported and recorded by the appropriate person according to the legislation, regulations, standards or guidelines that apply to the covered person's occupation or profession; the Covered Accident is investigated and a written investigation report is provided to us by the covered person's employer; a confirmatory antibody HIV or Hepatitis B, C or D test is taken within five days of the Covered Accident and HIV or Hepatitis B, C or D is not present; all HIV or Hepatitis B, C or D tests are performed by a state certified and licensed laboratory; and a follow-up confirmatory antibody HIV or Hepatitis B, C or D test is taken between 90 days and 180 days after the Covered Accident, and the result is positive.

Occupational HIV or Hepatitis B, C or D excludes: HIV or Hepatitis B, C or D infection as the result of IV drug use; HIV or Hepatitis B, C or D infection as the result of sexual transmission; and HIV or Hepatitis B, C or D infection determined not to have been the result of a Covered Accident.

**Major Organ Failure** means diagnosis of major organ failure of the heart, kidney, liver, lung, or pancreas resulting in the covered person being placed on the UNOS (United Network for Organ Sharing) list for a transplant.

A **Pathologist** means a Doctor 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.

**Permanent Paralysis due to a Covered Accident** means the complete and permanent loss of the use of two or more limbs through paralysis as the result of a Covered Accident as defined in the policy for a continuous period of 180 days, as confirmed by a Doctor. Loss of use of two or more limbs through paralysis as the result of a Stroke will not be construed as Permanent Paralysis due to a Covered Accident for purposes of the policy.

**Policy Anniversary Date** occurs annually on the same date and in the same month as the date for which we first received premium.

**Pre-existing Condition** means having 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 Policy Coverage Effective Date of this policy.

**Specified Critical Illness** means one of the Specified Critical Illnesses shown on the Policy Schedule.

**Stroke** means an acute or subacute cerebrovascular incident, including infarction of brain tissue, cerebral and subarachnoid hemorrhage, cerebral embolism and cerebral thrombosis.

The diagnosis must be supported by: evidence of persistent neurological deficits confirmed by a neurologist at least 30 days after the event; and confirmatory neuroimaging studies consistent with the diagnosis of a new Stroke.

The following are not to be construed as a Stroke for purposes of the policy: transient ischemic attack; brain injury related to trauma or infection; brain injury associated with hypoxia/anoxia or hypotension; vascular disease affecting the eye or optic nerve; and ischemic disorders of the vestibular system. In the event of death, an autopsy confirmation identifying Stroke as the cause of death will be accepted.

#### **WHAT IS NOT COVERED BY THE POLICY**

We will not pay benefits for a Specified Critical Illness that occurs as a result of a covered person's:

1. Addiction to alcohol or drugs, except for drugs administered on the advice of his Doctor.
2. Committing or attempting to commit a felony or engaging in an illegal occupation.
3. Being intoxicated or under the influence of any narcotic unless administered on the advice of his Doctor.
4. Having a pre-existing condition as defined in the policy and limited by the Time Limits on Certain Defenses provision of the policy.
5. Having a psychiatric or psychological condition including, but not limited to affective disorders, neuroses, anxiety, stress and adjustment reactions. However, Alzheimer's disease and other organic senile dementias are covered under the policy.
6. Committing or trying to commit suicide, or his injuring himself intentionally, while he is sane or insane.
7. Being exposed to war or any act of war, declared or undeclared, or serving in the armed forces of any country or authority. Losses as a result of acts of terrorism or nuclear release committed by individuals or groups will not be excluded from coverage unless the covered person who suffered the loss committed the act of terrorism or nuclear release.

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**LIMITED BENEFIT HOSPITAL CONFINEMENT INDEMNITY INSURANCE**

**OUTLINE OF COVERAGE (Applicable to Policy form MB3000-LA)**

**BENEFITS PROVIDED ARE SUPPLEMENTAL AND NOT INTENDED TO COVER ALL MEDICAL EXPENSES. 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. Premiums vary depending on your level of coverage.**

**Read your policy carefully.** Your 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 as long as you pay the premiums when they are due or within the grace period. The premium can be changed only if we change it on all policies of this kind in force in the state where the policy was issued.

**Limited Benefit Coverage.** Your policy does not provide coverage for basic hospital, basic medical-surgical or major medical expenses.

**Benefits**

**Hospital Confinement Benefit Amount: \$\_\_\_\_\_ per confinement**

We will pay this benefit if any covered person incurs charges for and is confined due to a covered accident or covered sickness. The confinement to a hospital must begin while the policy is in force.

We will pay this benefit once per confinement. If a covered person is confined and is discharged and confined again for the same or related condition within 90 days of discharge, we will treat this later confinement as a continuation of the previous confinement. If more than 90 days have passed between the periods of hospital confinement, we will treat this later confinement as a new and separate confinement.

**Outpatient Surgical Procedure Benefit**

**Tier 1 Surgical Procedures \$\_\_\_\_\_ per covered procedure**

**Tier 2 Surgical Procedures \$\_\_\_\_\_ per covered procedure**

**Calendar Year Maximum \$\_\_\_\_\_ per covered person for all covered surgical procedures combined**

We will pay this benefit if any covered person incurs charges for and requires a surgical procedure due to a covered accident or covered sickness, and he is not confined in a hospital at the time of the procedure. The procedure must be performed by a doctor in a hospital or ambulatory surgical center. We will pay this benefit once per covered outpatient surgical procedure. We will pay this benefit for only one outpatient surgical procedure performed at the same time even if caused by more than one accident or sickness. In that event, we will pay the benefit that has the highest dollar value. The surgical procedure must occur while the policy is in force.

*Ambulatory Surgical Center* means a place which:

- is equipped for surgical procedures performed by qualified physicians;
- provides anesthesia administered by a licensed anesthesiologist or licensed nurse anesthetist; and
- has written agreements with local hospitals to immediately accept patients who develop complications.

*Surgical Procedure* means the cutting into the skin or other organ to accomplish any of the following goals:

- |   |   |   |
|---|---|---|
| • further explore the condition for the purpose of diagnosis; | • remove an obstruction;                          | • implant mechanical or electronic devices;   |
| • take a biopsy of a suspicious lump;                         | • reposition structures to their normal position; | • repair an area that has been injured or affected by trauma, overuse, or disease; or |
| • remove diseased tissues or organs;                          | • redirect channels;                              | • restore proper function.  |
| • transplant tissue or whole organs;                          |   |   |

The following will not be considered a surgical procedure for the purposes of the policy:

- |                                 |                                |                                      |
|---------------------------------|--------------------------------|--------------------------------------|
| • Venipuncture (drawing blood); | • Epidural steroid injections; | • Foreign body removal from the eye. |
| • Lumbar puncture;              | • Removal of skin tags; or     |                                      |

To determine the amount payable for a surgical procedure, locate the procedure in one of the tiers shown in the Surgical Schedule below and refer to the benefit amount on the Policy Schedule for the tier in which the procedure appears.

If the specific procedure is not listed in the Surgical Schedule, we will use the Current Procedural Terminology (CPT) Code provided by the covered person's doctor and a current relative value scale to determine the tier of the procedure.

We will pay for only one surgical procedure for the same covered accident or covered sickness in a 90-day time period. If a covered person receives a subsequent surgical procedure for the same covered accident or same covered sickness, we will pay an additional benefit only if the subsequent procedure was performed more than 90 days after the last covered procedure was performed.

We will pay no more than the Calendar Year Maximum for the Outpatient Surgical Procedure Benefit shown.

If any covered person has an outpatient surgical procedure and is confined as a result of complications from the surgery within 90 days following the surgery, we will pay only the Hospital Confinement Benefit and not pay the Outpatient Surgical Procedure Benefit.

If we have already paid the Outpatient Surgical Procedure Benefit, we will deduct the Outpatient Surgical Procedure Benefit amount paid from any Hospital Confinement Benefit that is payable.

#### **Tier 1 Surgical Procedures**

<b>Breast</b> Axillary node dissection Breast capsulotomy Breast reconstruction Lumpectomy	<b>Ear/Nose/Throat/Mouth</b> Adenoidectomy Removal of oral lesions Myringotomy Tonsillectomy Tracheostomy	<b>Musculoskeletal System</b> Carpal/cubital repair or release Dislocation (closed reduction treatment) Foot surgery (bunionectomy, exostectomy, arthroplasty, hammertoe repair) Fracture (closed reduction treatment) Removal of orthopedic hardware Removal of tendon lesion
<b>Cardiac</b> Pacemaker insertion	<b>Gynecological</b> Dilation & Curettage (D&C) Endometrial ablation Lysis of adhesions	<b>Skin</b> Laparoscopic hernia repair Skin grafting
<b>Digestive</b> Colonoscopy Fistulotomy Hemorrhoidectomy (external) Lysis of adhesions	<b>Liver</b> Paracentesis	

#### **Tier 2 Surgical Procedures**

<b>Breast</b> Breast reduction	<b>Ear/Nose/Throat/Mouth cont.</b> Septoplasty Stapedectomy Tympanoplasty Tympanotomy	<b>Musculoskeletal System</b> Arthroscopic knee surgery w/menisectomy (knee cartilage repair) Arthroscopic shoulder surgery Clavicle resection Dislocations (ORIF - open reduction with internal fixation) Fracture (ORIF - open reduction with internal fixation) Removal or implantation of cartilage Tendon/ligament repair
<b>Cardiac</b> Angioplasty Cardiac catheterization	<b>Eye</b> Cataract surgery Corneal surgery (penetrating keratoplasty) Glaucoma surgery (trabeculectomy) Vitrectomy	<b>Thyroid</b> Excision of a mass
<b>Digestive</b> Exploratory laparoscopy Laparoscopic appendectomy Laparoscopic cholecystectomy	<b>Gynecological</b> Myomectomy	
<b>Ear/Nose/Throat/Mouth</b> Ethmoidectomy Mastoidectomy		

**Diagnostic Procedure Benefit Amount: \$\_\_\_\_\_ one diagnostic procedure per covered person per calendar year**

We will pay this benefit when any covered person incurs charges for and has one of the following diagnostic procedures while the policy is in force. The procedure must be required due to a covered accident or covered sickness.

<b>Breast</b> Biopsy (incisional, needle, sterotactic)	<b>Gynecological cont.</b> Endometrial biopsy Hysteroscopy Loop Electrosurgical Excisional Procedure (LEEP)	<b>Miscellaneous</b> Bone marrow aspiration/biopsy
<b>Cardiac</b> Angiogram Arteriogram Thallium Stress Test Transesophageal Echocardiogram (TEE)	<b>Liver</b> Biopsy	<b>Renal</b> Biopsy
<b>Digestive</b> Barium Enema/Lower GI series Barium Swallow/Upper GI series Esophagogastroduodenoscopy (EGD)	<b>Lymphatic</b> Biopsy	<b>Respiratory</b> Biopsy Bronchoscopy Pulmonary Function Test (PFT)
<b>Ear/Nose/Throat/Mouth</b> Laryngoscopy	<b>Diagnostic Radiology</b> Computerized Tomography Scan(CT Scan) Electroencephalogram (EEG) Magnetic Resonance Imaging (MRI) Myelogram Nuclear medicine test Positron Emission Tomography Scan (PET Scan)	<b>Skin</b> Biopsy Excision of lesion
<b>Gynecological</b> Cervical biopsy Cone biopsy		<b>Thyroid</b> Biopsy
		<b>Urinary</b> Cystoscopy

We will pay the amount shown. This benefit is payable for one procedure per calendar year per covered person.

If you have one of the covered Diagnostic Procedures which would be payable under the Outpatient Surgical Procedure Benefit, we will only pay the Diagnostic Procedure Benefit.

**Emergency Room Visit Benefit Amount: \$150 maximum one visit per covered person per calendar year**

We will pay this benefit when any covered person incurs charges for and requires examination and treatment by a doctor in an emergency room due to a covered accident or covered sickness. Treatment due to a covered accident must be received within 72 hours



following the accident and while the policy is in force. We will pay the amount shown. We will pay a maximum of one Emergency Room Visit Benefit per calendar year per covered person.

**Wellness Benefit Amount: \$50 per test, one test per calendar year if named insured coverage; two tests per calendar year if named insured and spouse coverage, one-parent family coverage or two-parent family coverage**

We will pay this benefit if any covered person incurs charges for and has one of the wellness tests listed below performed while the policy is in force. We will pay the amount shown for one of the following wellness tests:

- |  |                                      |  |
|--|--------------------------------------|--|
| • Blood test for triglycerides           | • Colonoscopy or Virtual Colonoscopy | • PSA (blood test for prostate cancer)                   |
| • Breast ultrasound                      | • Fasting blood glucose              | • Serum protein electrophoresis (blood test for myeloma) |
| • CA 15-3 (blood test for breast cancer) | • Flexible sigmoidoscopy             | • Serum cholesterol test for HDL and LDL                 |
| • CA 125 (blood test for ovarian cancer) | • Hemocult stool analysis            | • Stress test on a bicycle or treadmill                  |
| • CEA (blood test for colon cancer)      | • Mammography                        | • Thermography   |
| • Chest x-ray                            | • Pap smear or Thin Prep Pap         |  |

We will pay up to the maximum number of tests shown.

**Rehabilitation Unit Benefit Amount: \$100 per day up to 15 days per confinement with a 30 day maximum per covered person per calendar year**

We will pay this benefit if any covered person incurs charges for and is transferred to a rehabilitation unit immediately after a period of hospital confinement due to a covered accident or covered sickness. We will pay the amount shown for each day of confinement in a rehabilitation unit, up to the maximum number of days shown.

Confinement to a rehabilitation unit must begin while the policy is in force.

**Waiver of Premium Benefit** After you have been confined to a hospital due to a covered accident or covered sickness for more than 30 continuous days while the policy is in force, we will waive the premium for the policy and any attached riders for as long as you remain confined to a hospital or rehabilitation unit.

You must pay all premiums to keep the policy and any attached rider(s) in force until you have been confined to a hospital for more than 30 continuous days and the waiver becomes effective.

You must send us written notice as soon as you are no longer confined to a hospital or rehabilitation unit. We will assume you are no longer confined to a hospital or rehabilitation unit if:

- You do not send us satisfactory proof of loss when we request it; or
- You notify us that you are no longer confined to a hospital or rehabilitation unit.

You must pay all premiums to keep the policy in force beginning with the first premium due after you are no longer confined to a hospital or rehabilitation unit.

The Waiver of Premium Benefit does not apply to any period that you are confined to a hospital or rehabilitation unit due to an accident, sickness or condition which is excluded by name or specific description.

This benefit does not apply to your spouse or to your children. We will waive premiums only if you, the named insured, are confined to a hospital for more than 30 continuous days. However, if this is a named insured and spouse, one-parent family policy or a two-parent family policy, we will waive premiums on all family members insured by the policy.

### **Definitions**

**Accident** means an unintended or unforeseen bodily injury sustained by a covered person, wholly independent of disease, bodily infirmity, illness, infection, or any other abnormal physical condition.

**Calendar Year** means the period beginning on the effective date of coverage shown on the Policy Schedule and ending on December 31 of the same year. Thereafter, it is the period beginning on January 1 and ending on December 31 of each following year.

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

**Covered Accident** means an accident which occurs on or after the effective date of the policy, occurs while the policy is in force, and is not excluded by name or specific description in the policy.

**Covered Sickness** means an illness, infection, disease or any other abnormal physical condition, not caused by an accident, which occurs on or after the effective date of the policy, occurs while the policy is in force, and is not excluded by name or specific description in the policy.

**Dependent children** means your natural children, step-children, adopted children or children placed into your custody for adoption or grandchildren in your legal custody and residing with you who are unmarried and younger than age 26.

**Doctor or Physician** means a person who is licensed by the state to practice a healing art and performs services for a covered person which are allowed by his license.

For purposes of this definition, *Doctor or Physician* does not include any covered person or anyone related to any covered person by blood or marriage, a business or professional partner of any covered person, or any person who has a financial affiliation or a business interest with any covered person.

**Emergency Room** means a specified area within a hospital which is designated for the emergency care of accidental injuries or sicknesses. This area must be staffed and equipped to handle trauma, be supervised and provide treatment by physicians and provide care seven days per week, 24 hours per day.

**Hospital** means a place that is run according to law on a full-time basis, provides overnight care of injured and sick people, is supervised by a doctor, has full-time nurses supervised by a registered nurse, and has at its locations or uses on a pre-arranged basis: X-ray equipment, a laboratory and an operating room where surgical operations take place.

A hospital is not a nursing home, an extended care facility, a skilled nursing facility, a rest home or home for the aged, a rehabilitation unit, a place for alcoholics or drug addicts or an assisted living facility.

**Observation Unit** means a specified area within a hospital, apart from the emergency room, where a patient can be monitored following outpatient surgery or treatment in the emergency room by a physician and which is under the direct supervision of a physician or registered nurse, is staffed by nurses assigned specifically to that unit and provides care seven days per week, 24 hours per day.

**Pre-existing Condition** means any covered person having a sickness or physical condition for which he was treated, had medical testing, received medical advice or had taken medication within 12 months before the effective date of the policy.

**Rehabilitation Unit** means an appropriately licensed facility that provides rehabilitation care services on an inpatient basis.

Rehabilitation care services consist of the combined use of medical, social, educational, and vocational services to enable patients disabled by sickness or accidental injury to achieve the highest possible functional ability. Services are provided by or under the supervision of an organized staff of physicians. The rehabilitation unit may be part of a hospital or a freestanding facility.

A rehabilitation unit is not a nursing home, an extended care facility, a skilled nursing facility, a rest home or home for the aged, a hospice care facility, a place for alcoholics or drug addicts, or an assisted living facility.

#### **What is Not Covered**

We will not pay benefits for injuries received in accidents or for sicknesses which are caused by:

- Any covered person's addiction to alcohol or drugs, except for drugs taken as prescribed by his doctor.
- Any covered person's treatment for dental care or dental procedures, unless treatment is the result of a covered accident.
- Any covered person undergoing elective procedures or cosmetic surgery. This includes procedures for complications arising from elective or cosmetic surgery. This does not include congenital birth defects or anomalies of a child or reconstructive surgery related to a covered sickness or injuries received in a covered accident.
- Any covered person participating or attempting to participate in an illegal activity.
- Any pregnancy of a dependent child, including services rendered to her child after birth.
- Any covered person having a psychiatric or psychological condition including but not limited to, affective disorders, neuroses, anxiety, stress and adjustment reactions. However, Alzheimer's Disease and other organic senile dementias are covered under the policy.
- Any covered person committing or trying to commit suicide or injuring himself intentionally, whether he is sane or not.
- Any covered person's involvement in any period of armed conflict, even if it is not declared.

#### **Well Baby Care Limitation**

We will not pay benefits for hospital confinement of a newborn child following his birth unless he is injured or sick.

#### **Pre-existing Condition Limitation**

We will not pay benefits for Hospital Confinement, Rehabilitation Unit Confinement, Outpatient Surgical Procedure or Diagnostic Procedures for any covered person when such loss results from a pre-existing condition, unless the covered person has satisfied the pre-existing condition limitation period shown on the Policy Schedule.

# COLONIAL LIFE & ACCIDENT INSURANCE COMPANY

1200 Colonial Life Boulevard, P.O. Box 1365, Columbia, South Carolina 29202

1-800-325-4368 www.coloniallife.com

A Stock Company

## LONG-TERM CARE BENEFIT RIDER

### OUTLINE OF COVERAGE

(Applicable to Rider form, R-UL-LTC-LA)

**Caution:** The issuance of the Long-Term Care Benefit Rider is based upon your responses to the questions on your application. A copy of your application is enclosed. If your answers are incorrect or untrue, we have the right to deny benefits or rescind your policy. The best time to clear up any question is now, before a claim arises! If for any reason, any of your answers are incorrect, contact us at this address: Colonial Life & Accident Insurance Company, P.O. Box 1365, Columbia, South Carolina 29202.

**NOTICE TO BUYER:** The rider may not cover all the expenses associated with your Qualified Long-Term Care Services needs. You are advised to carefully review all rider limitations.

**STATEMENT OF INSURANCE:** The rider is attached to an individual policy of insurance.

### PURPOSE OF OUTLINE OF COVERAGE

This outline of coverage provides a very brief description of the important features of the rider. You should compare this outline of coverage to outlines of coverage for other riders available to you. This is not an insurance contract, but only a summary of coverage. Only the individual rider contains governing contractual provisions. This means that the rider sets forth in detail the rights and obligations of both you and the insurance company. Therefore, if you purchase this coverage, or any other coverage, it is important that you **READ YOUR RIDER CAREFULLY!**

### FEDERAL TAX CONSEQUENCES

**THE RIDER IS INTENDED TO BE A FEDERALLY QUALIFIED LONG-TERM INSURANCE CONTRACT UNDER SECTION 7702B(b) and (e)(1) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED.**

The benefit amount paid may be taxable. If so, you or your beneficiary may incur a tax obligation. As with all tax matters, you should consult your personal tax advisor to assess the impact of this benefit.

### TERMS UNDER WHICH THE RIDER MAY BE CONTINUED IN FORCE OR DISCONTINUED

**RENEWABILITY: THE RIDER IS GUARANTEED RENEWABLE** This means you have the right, subject to the terms of your rider, to continue the rider as long as you pay your Premiums on time. Colonial Life & Accident Insurance Company cannot change any of the terms of the rider on its own, except that, in the future, **IT MAY INCREASE THE PREMIUM YOU PAY.**

### TERMS UNDER WHICH COMPANY MAY CHANGE PREMIUMS

We reserve the right to change Premiums for the rider. The Premium can be changed only if we change it on all riders of this kind in force in the state where the rider was issued. Premiums cannot be increased because of a change in the age or health of the Insured.

### TERMS UNDER WHICH THE RIDER MAY BE RETURNED AND PREMIUM REFUNDED

#### Your Right to Return The Rider

If, for any reason, you are not satisfied with the rider, you can return it to us at our home office within 31 days after you receive it. At that time, you should ask us in writing to cancel it. We will consider the rider as if it never existed. Any Premium paid will be refunded.

**Refund of Premium Due to Termination**

If the rider is terminated, we will refund the Premium paid for any period beyond the date of termination. The refund will be made within 30 days of the effective date of such termination. Such payments will be made to you, unless you specify otherwise.

The rider does not contain provisions providing for a refund or partial refund of Premium upon the death of an Insured.

**THIS IS NOT MEDICARE SUPPLEMENT COVERAGE; IT IS NOT DESIGNED TO FILL THE GAPS OF MEDICARE.** If you are eligible for Medicare, review the [Guide To Health Insurance for People with Medicare](#) available from the company. Neither Colonial Life & Accident Insurance Company nor its agents represent Medicare, the federal government or any state government.

**LONG-TERM CARE COVERAGE.** Riders of this category are designed to provide coverage for one or more necessary or medically necessary diagnostic, preventive, therapeutic, rehabilitative, maintenance, or personal care services, provided in a setting other than an acute care unit of a hospital, such as in a nursing home, in the community or in the home. The rider may not cover all the expenses associated with your Long-Term Care needs.

The rider provides coverage in the form of a fixed dollar indemnity benefit for covered Long-Term Care expenses, subject to policy limitations.

**BENEFITS PROVIDED BY THE RIDER.** When we receive satisfactory proof that the Insured receives care, services or confinement while the rider and the policy to which it is attached are in force, we will pay to the Insured the benefits according to the terms and conditions of the rider.

The rider provides benefits for Long-Term Care Confinement, Assisted Living Confinement, Home Health Care and Adult Day Care services for the Insured. We have issued the rider as a part of the policy to which it is attached. It is issued in consideration of the application and the payment of the additional Premium shown on the Rider Schedule. All terms of the policy apply to the rider except as provided herein.

**BENEFITS****Long-Term Care Facility Benefit**

We will pay the monthly Long-Term Care Facility Benefit if:

- we receive a Licensed Health Care Practitioner Certification dated within the last 12 months;
- the Insured has satisfied the Elimination Period; and
- the Insured receives Long-Term Care Confinement.

The Monthly Long-Term Care Facility Benefit amount is 6% of the Death Benefit in effect under the policy on the date the Elimination Period ends less any outstanding Policy Loans.

**Assisted Living Facility Benefit**

We will pay the monthly Assisted Living Facility Benefit if:

- we receive a Licensed Health Care Practitioner Certification dated within the last 12 months;
- the Insured has satisfied the Elimination Period; and
- the Insured receives Assisted Living Confinement.

The monthly Assisted Living Facility Benefit amount is 6% of the Death Benefit in effect under the policy on the date the Elimination Period ends less any outstanding Policy Loans.

**Home Health Care Benefit**

We will pay the monthly Home Health Care Benefit if:

- we receive a licensed Health Care Practitioner Certification dated within the last 12 months;
- the Insured has satisfied the Elimination Period; and
- the Insured receives Home Health Care.

The monthly Home Health Care Benefit amount is 4% of the Death Benefit in effect under the policy on the date the Elimination Period ends less any outstanding Policy Loans.

**Adult Day Care Benefit**

We will pay the monthly Adult Day Care Benefit if:

- we receive a Licensed Health Care Practitioner Certification dated within the last 12 months;
- the Insured has satisfied the Elimination Period; and
- the Insured receives Adult Day Care.

The monthly Adult Day Care Benefit amount is 4% of the Death Benefit in effect under the policy on the date the Elimination Period ends less any outstanding Policy Loans.

**Payment of Monthly Benefit Amounts**

For a partial month of Qualified Long-Term Care Services, benefits are payable on a prorated basis. 1/30<sup>th</sup> of the monthly benefit amount will be paid for each 24-hour day of Qualified Long-Term Care Services. We will also prorate for any change during the month from a LTC Facility Benefit Amount (6%) or an Assisted Living Facility Benefit Amount (6%), to the Home Health Care Benefit Amount (4%), or the Adult Day Care Benefit Amount (4%), as well as if the situation were reversed.

If a new term of Qualified Long-Term Care Services occurs within the same Benefit Period as a previous term, benefits are resumed at the appropriate monthly benefit amount. Such benefits are subject to the Benefit Period Maximum.

If more than one Chronic Illness contributes to the Long-Term Care, the monthly benefit amount payable remains the same as for a single cause.

**Prior Rider Benefits Paid**

In determining the monthly benefit amount payable, the Death Benefit at the end of the Elimination Period is reduced by the total amount of Qualified Long-Term Care Services benefits paid during all previous Benefit Periods.

**Change in Benefit Amount**

During a Benefit Period the monthly benefit amount will be unaffected by changes in the Death Benefit, except that if a Cash Withdrawal, a decrease in Specified Amount, or a Policy Loan occurs during a Benefit Period at your request, the monthly benefit amount will be re-determined. The revised benefit, and future payments in this Benefit Period, will be based on the Death Benefit as it exists immediately following the Cash Withdrawal, decrease in Specified Amount or Policy Loan. The monthly benefit payable during a Benefit Period will not change on account of any increase in the Death Benefit of the policy.

**Extension of Benefits**

Termination of the rider will not affect payment of any benefits payable for Long-Term Care Confinement or Assisted Living Facility Confinement if such confinement began while the rider was in force and continues without interruption after termination. Such extension of benefits beyond the period the rider was in force is subject to the Benefit Period Maximum and may be subject to any Elimination Period, and all other applicable provisions of the rider.

**Effects of Long-Term Care Benefit Payments on the Policy**

Each monthly or partial payment under the rider will reduce the following items under the policy, as applicable:

- Specified Amount;
- Death Benefit;
- Fund Value;
- Any indebtedness;
- Amount available for Policy Loans and Cash Withdrawals;
- Surrender Charges; and
- Amount available for advance of any part of the Death Benefit under any provision of the policy or any rider other than the rider.

Each monthly benefit payment will reduce each of the items listed above by a proportional amount. This proportion will equal the monthly benefit payment divided by the Death Benefit at that time. A prorata reduction will be made for a partial month of payment.

During the Benefit Period you may not exercise increases, Death Benefit Option changes or rider additions under the policy.

## **DEFINITIONS**

**Activities of Daily Living (ADLs)** means the following activities:

- *Bathing* means washing oneself by sponge bath; or in either a tub or shower, including the task of getting into or out of the tub or shower.
- *Continence* means the ability to maintain control of bowel and bladder function; or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for catheter or colostomy bag).
- *Dressing* means putting on and taking off all items of clothing and any necessary braces, fasteners or artificial limbs.
- *Eating* means feeding oneself by getting food into the body from a receptacle (such as a plate, cup or table) or by a feeding tube or intravenously.
- *Toileting* means getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene.
- *Transferring* means the ability to move in or out of a chair, bed or wheelchair.

The Insured will not be considered unable to perform the ADL if he can perform the ADL using equipment or adaptive devices and does not require substantial assistance in order to do so.

**Adult Day Care** means a program for six or more individuals of social and health related services provided during the day in a group setting. Its purpose is to support frail, impaired elderly or other disabled adults who can benefit from care in a group setting outside the home in an Adult Day Care Facility.

**Adult Day Care Facility** means a facility that provides Adult Day Care and meets all of the following requirements:

- operates under state licensing laws and any other laws that apply;
- operates at least five days per week for at least six hours per day and is not an overnight facility;
- maintains a written record for each client which includes a Plan of Care and a record of services provided;
- has a staff that includes a full-time director and at least one registered nurse (RN) who is there during operating hours for at least four hours per day;
- maintains a full-time staff to client ratio of at least one to eight respectively;
- has established procedures for obtaining appropriate aid in the event of a medical emergency; and
- provides a range of physical and social support services to adults including formal arrangements to provide the services of a physician, dietician, licensed physical therapist, licensed speech therapist, and licensed occupational therapist.

**Assisted Living Facility** means a facility that is licensed by the appropriate federal or state agency to engage primarily in providing care and services sufficient to support the needs of the Insured resulting from a Chronic Illness.

An Assisted Living Facility must also:

- provide care 24 hours per day;
- provide Qualified Long-Term Care Services for a charge, including room and board; and
- have formal arrangements for services of a physician or nurse in the event of a medical emergency.

**Assisted Living Confinement** means the Insured's confinement in an Assisted Living Facility due to Chronic Illness.

**Benefit Period** means continuous or successive periods of Long-Term Care Confinement, Assisted Living Confinement, Home Health Care, and Adult Day Care services that:

- are due to the same or related condition;
- are not separated by more than six months; and
- occur while the rider is in force.

A benefit period may include, in any sequence, any or all of the following: Long-Term Care Confinement, Assisted Living Confinement, Home Health Care, and Adult Day Care. If separated by more than six months, a new Benefit Period begins, subject to a new Elimination Period.

**Benefit Period Maximum** means the maximum amount of benefits that may be paid during a Benefit Period. This amount equals 100% of the Death Benefit of the policy, less any indebtedness, at the end of the Elimination Period of each Benefit Period. No benefits will be paid under the rider once the Benefit Period Maximum has been reached.

A payment or advance of any part of the Death Benefit under any provision of the policy, or any rider other than the rider, will reduce the amount payable under the rider by the requested amount of such payment or advance. The Benefit Period Maximum will be

reduced by any Policy Loan made after benefits have begun. In no event will the benefits paid under any provision of the policy, or any rider attached thereto providing a payment or advance of any part of the Death Benefit, ever exceed the Death Benefit, except as otherwise explicitly stated.

**Chronic Illness or Chronically Ill** means the Insured has been certified within the last 12 months by a Licensed Health Care Practitioner as:

- being unable to perform, without Substantial Assistance from another individual, at least two Activities Of Daily Living for a period of at least 90 days due to a loss of functional capacity; or
- requiring Substantial Supervision to protect the individual from threats to health and safety due to Severe Cognitive Impairment.

**Doctor or Physician** means a person, other than the named Insured or a family member, who:

- is licensed by the state to practice a healing art; and
- performs services for an Insured which are allowed by his license and the services are appropriate to the care of the Insured's Chronic Illness.

**Elimination Period** means the first 90 days of the Benefit Period. No benefits are payable for care or service received during this time.

**Family Member** means you, your spouse, the Insured or Insured's spouse; and any persons related to the aforementioned, including children, parents, grandparents, grandchildren, brothers, sisters, in-law and step relatives and their respective spouses.

**Home Health Care** means Qualified Long-Term Care Services provided to the Insured for at least one hour or more per day by/through a Licensed Home Health Care Agency or by a Licensed Home Health Care Professional.

**Home Health Care Agency** means:

- An organization that is either:
  - a) licensed or certified by the appropriate licensing agency of the state where Qualified Long-Term Care Services will be provided; or
  - b) certified as a Home Health Care organization as defined under Medicare; or
- Any organization that meets all of the following tests:
  - a) primarily provides nursing care and other therapeutic services;
  - b) has standards, policies and rules established by a professional group which is associated with the organization;
  - c) includes at least one physician or one registered nurse on staff; and
  - d) requires a Plan Of Care and a written record of care or services provided to be maintained for each person served by the organization.

**Insured** means the person named as the Insured on the Policy Schedule. It does not include other persons who may be covered by riders under the policy.

**Licensed Health Care Practitioner** means a Physician, a registered professional nurse, licensed social worker or other individual who meets requirements prescribed by the Secretary of the Treasury. We will consider a person to be a Licensed Health Care Practitioner only when that person is performing tasks that are within the limits of their license, and such tasks are appropriate to the care of the Insured's Chronic Illness. We will not recognize a Family member as a Licensed Health Care Practitioner under the rider.

**Licensed Health Care Practitioner's Certification** means a written certification provided by a licensed Health Care Practitioner that the Insured:

- is unable to perform(without Substantial Assistance) at least two ADLs for a period of at least 90 days; or
- requires Substantial Supervision due to Severe Cognitive Impairment.

**Licensed Home Health Care Professional** means a licensed therapist, practical nurse or vocational nurse or a registered nurse, or a certified hospice caregiver operating within the scope of their license and/or certification. A Licensed Home Health Care Professional must provide services pursuant to a Plan of Care and maintain patient records. We will not recognize a Family member as a Licensed Home Health Care Professional under the rider.

**Long-Term Care (LTC) Facility** means a facility (including nursing, hospice, rehabilitation, Alzheimer's or residential care facilities) that is licensed by the appropriate federal or state agency to engage primarily in providing care and services sufficient to support the needs of the Insured resulting from a Chronic Illness.

A LTC Facility must also:

- provide care 24 hours per day;
- provide three meals per day, including special dietary requirements;
- have at least one employee on duty at all times who is awake, trained and ready to provide care;
- have formal arrangements for services of a Physician or nurse in the event of a medical emergency;
- be authorized to administer medication to patients on the order of a Physician;
- have accommodations for at least three inpatients in one location; or be a facility that provides a formal program of care for terminally ill patients whose life expectancy is less than six months, provided on an inpatient basis and directed by a Physician, such as a hospice facility; and
- be Medicare certified, or be a similar facility approved by us.

NOTE: If a facility has multiple licenses or purposes, a portion, ward, wing or unit thereof will qualify as a LTC facility only if it:

- meets all the above criteria;
- is authorized by its license, to the extent that licensing is required by law to provide such care to inpatients; and
- is primarily engaged in providing not only room and board, but also care and services, which meet all of the above criteria.

A Long-Term Care Facility is not:

- a hospital or clinic;
- a sub-acute hospital or unit;
- a place which operates primarily for the treatment of alcoholism or drug addiction;
- the Insured's primary place of residence in an area used principally for independent residential living (including, but not limited to, boarding homes and adult foster care facilities); or
- a substantially similar establishment.

**Long-Term Care Confinement** means the Insured's confinement in a LTC Facility due to Chronic Illness.

**Medicaid** means the reimbursement system under Title XIX of the Federal Social Security Act, as amended.

**Medicare** means the reimbursement system under Title XVIII of the Federal Social Security Act, as amended.

**Plan of Care** means a written plan prescribed by a Licensed Health Care Practitioner, based upon an evaluation of the Insured's level of functional capacity. The Plan of Care must describe the necessary services to be performed, the frequency, the type of care, and the most appropriate providers for such care. The care described must be in accordance with acceptable medical and nursing standards of practice and must be appropriate for the Chronic Illness of the Insured.

**Preexisting Condition** means a condition for which medical advice or treatment was recommended by, or received from a provider of health care services, within the six months preceding the effective date of the rider.

**Qualified Long-Term Care Services** means necessary diagnostic, preventive, therapeutic, curative, treatment, mitigation and rehabilitative services, and maintenance or personal care services which are required by a Chronically Ill individual, and are provided pursuant to a Plan Of Care prescribed by a Licensed Health Care Practitioner.

Qualified Long-Term Care Services do not include any of the following: durable medical equipment; hospital and laboratory charges; medical supplies; Physician charges; prescription or non-prescription medication; transportation and items or services furnished for the beautification, comfort, convenience, or entertainment of the Insured.

**Severe Cognitive Impairment** means severe deterioration or loss in:

- short or long-term memory;
- orientation as to person, place, or time; or
- deductive or abstract reasoning or judgment as it relates to safety awareness.

**Specified Amount** means the Specified Amount shown on the Policy Schedule.

**Substantial Assistance** means stand-by or hands-on assistance without which the Insured would not be able to safely and completely perform the ADLs. Stand-by assistance means the presence of another person within arm's reach of the Insured while the ADLs are performed. Hands-on assistance means physical assistance from another person (minimal, moderate, or maximal) without which the Insured would not be able to perform the ADL.



**Substantial Supervision** means constant direction and management (which may include cueing by verbal prompting, gestures or other demonstrations) by another person for the purpose of protecting the Insured from threats to his health or safety.

## **LIMITATIONS AND EXCLUSIONS**

### **Pre-existing Condition Limitations**

No benefits will be paid for any benefit period that results from a Pre-Existing Condition and that starts during the first six months after the effective date of the rider.

### **Other Limitations or Conditions on Eligibility for Benefits**

We will not pay benefits for confinement or services:

- for the treatment of mental or nervous disorder; however, Alzheimer's Disease and related degenerative and dementing illnesses are covered;
- for the treatment of alcoholism, alcohol abuse, drug addiction or drug abuse;
- for which there is no charge in the absence of insurance;
- provided by a Family Member;
- received while residing or confined outside the United States and Canada; and
- due to Chronic Illnesses resulting from;
  - war or any act of war, whether declared or undeclared, or service in any armed forces or auxiliary units thereto;
  - intentionally self-inflicted injuries or suicide;
  - participation in a felony, riot or insurrections; and
  - aviation (if a non-fare paying passenger).

### **Non-Duplication of Benefits**

Qualified Long-Term Care Services do not include services for which charges are covered under any of the following:

- Medicare (including amounts that would be reimbursable but for the application of a deductible or coinsurance amounts);
- any other government program or facility (except Medicaid); and
- any state or federal worker's compensation, employer's liability or occupational disease law, or under any motor vehicle no-fault law.

## **THE RIDER MAY NOT COVER ALL OF THE EXPENSES ASSOCIATED WITH YOUR QUALIFIED LONG-TERM CARE SERVICES NEEDS.**

### **RELATIONSHIP OF COST OF CARE AND BENEFITS**

Because the cost of Long-Term Care Facility, Assisted Living Facility, Home Health Care and Adult Day Care services will likely increase over time, you should consider whether and how the benefits of the plan may be adjusted.

The level of benefits under the rider is directly related to the Death Benefit under the policy, excluding any term rider. Under policy Death Benefit Option A, the Death Benefit is generally related to the Specified Amount of the policy and, therefore, would remain level. Whereas, under policy Death Benefit Option B, the Death Benefit normally increases over time as it includes the Fund Value. The level of benefit may be increased by increasing the Death Benefit of the policy to which the rider is attached, but only before benefits begin. Any increase in the policy Death Benefit is subject to the terms of the policy. The cost for any additional benefit added as described above will be calculated on the same basis as the level of benefits prior to the increase.

### **ALZHEIMER'S DISEASE AND OTHER ORGANIC BRAIN DISORDERS**

Loss due to Alzheimer's disease and related degenerative and dementing illnesses will be covered by the rider.

### **PREMIUM**

The monthly Premium for the rider is on the Rider Schedule.

Multiply the monthly premium by 12 to determine the annual premium.

### **ADDITIONAL FEATURES**

Issue of the rider is subject to the Insured furnishing evidence of insurability satisfactory to us.

**CONTACT THE STATE SENIOR HEALTH INSURANCE ASSISTANCE PROGRAM IF YOU HAVE GENERAL QUESTIONS REGARDING LONG-TERM CARE INSURANCE. CONTACT THE INSURANCE COMPANY IF YOU HAVE SPECIFIC QUESTIONS REGARDING YOUR LONG-TERM CARE INSURANCE RIDER.**

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A Stock Company

**RESTORATION OF BENEFITS RIDER**

**OUTLINE OF COVERAGE**

(Applicable to Rider form, R-UL-RB, including state abbreviations where used.)

**Your Right to Return The Rider**

If, for any reason, you are not satisfied with the rider, you can return it to us at our home office within 31 days after you receive it. At that time, you should ask us in writing to cancel it. We will consider the rider as if it never existed. Any Premium paid will be refunded.

**About The Rider**

The rider restores the policy values on a monthly basis as benefits are paid under the Long-Term Care Benefit Rider. We have issued the rider as a part of the policy to which it is attached. It is issued in consideration of the application and the payment of the additional Premium shown on the Rider Schedule. All terms of the policy apply to the rider except as provided herein.

**Coverage Provided by The Rider**

The following values in the policy to which the rider is attached will be restored 100% under the rider:

- Specified Amount;
- Fund Value; and
- Death Benefit.

In addition, any applicable policy Surrender Charges will be restored. The terms, conditions, exclusions and limitations of the Long-Term Care Benefit Rider govern the payment of restored benefits under the rider.

Restoration Benefits begin with the first full month for which benefits are paid under the Long-Term Care Benefit Rider. Subsequent restorations shall be made on a monthly basis coinciding with the payment of benefits under the Long-Term Care Benefit Rider.

Benefits continue until the first of the following occurs:

- the restored policy values equal 100% of the amount of the policy values which were reduced when the benefits were paid under the Long-Term Care Benefit rider;
- the Insured no longer meets the conditions for payment of benefits under the Long-Term Care Benefit Rider; or
- the sum of all Restoration Benefits equals 100% of the Specified Amount.

**Rider Effective Date**

The effective date of the rider is the same as that of the policy to which it is attached unless otherwise indicated on the Rider Schedule.

**Incontestability**

The coverage provided by the rider may only be Contested on the same basis as the Long-Term Care Benefit Rider.

**Monthly Rider Premium**

The Monthly Rider Premium for the rider is shown on the Rider Schedule. We reserve the right to change Premiums for the rider.

The Premium can be changed only if we change it on all policies of the kind in force in the state where the rider was issued.

Premiums cannot be increased because of a change in the age or health of the Insured. We will send you written notice of any change in Premiums at least 60 days in advance.

**Termination**

The rider will terminate on the first date that any of the following occurs:

- the date the Long-Term Care Rider terminates;
- the date all benefits in the rider are exhausted;
- the date the policy to which the rider is attached terminates; or
- the date we receive your written request to terminate the rider.

**Grace Period**

The Grace Period provision of the policy also applies to the rider.

**Reinstatement**

If the policy and the Long-Term Care Benefit Rider are put back in force, you may have the right to put the rider back in force, if you meet certain requirements:

- you must furnish us with proof that the Insured is insurable. We may require a physical examination; and
- you must pay enough Premiums to keep the policy and the rider in force for two months, plus the Minimum Monthly Premium for the two months of coverage provided in the Grace Period provision in the policy.

When these conditions are met, we will reinstate the rider as of the policy's reinstatement date.

In the event of lapse we will reinstate the coverage, if we are provided proof that the Insured was Severely Cognitively Impaired or had a loss of functional capacity before the Grace Period contained in the policy expired. This option will be available to you if reinstatement is requested within five months after termination and will allow for the collection of past due Premium, where appropriate.



# **Service Information & Forms**

# Service Guide for Policyholders

**Colonial Life®**  
*Making benefits count.*



## The Policyholder Website: My Colonial Life

Go to **coloniallife.com**, click on **Sign Up** and complete a short registration.  
As a member of My Colonial Life, you can:

- File a wellness claim.
- Check on the status of your claim.
- Check your policy information.
- Download claims and service forms.
- Keep your contact information updated.



## Claims Information

### How to File a Wellness Claim

- For wellness screenings within 12 months of the date you are filing the claim, go to **coloniallife.com**, log in to the policyholder website and click on **File a Wellness Claim Online**. Or you may use the automated customer service center at **1.800.325.4368**.
- For wellness screenings over 12 months from the date you are filing the claim, go to **coloniallife.com**, click on **File a Claim**, followed by **Health/Wellness Claim (over a year old)**. Complete and submit the claim as the form instructs. Be sure to review and sign all pages where indicated.

### How to File Disability Claims

- Where indicated on the form, be sure to:
  - Have the doctor verify the dates of disability and furnish dates of treatment on the form where indicated.
  - Have the employer confirm the dates missed from work.
- Read and sign the claims authorization page. We cannot obtain additional information for your doctor without proper consent.
- Submit your claim:
  - **Fax the completed form to 1.800.880.9325**. Include your name and Social Security number on each page of your fax as indicated. If you fax the claim, you do not need to mail the original document to us; keep it for your records.
  - OR**
  - Mail the completed forms to Colonial Life (see contact us section of this document).

### How to File Other Claims

- All claims:
  - Visit **coloniallife.com**, click on **File a Claim**.
  - Complete the sections of the claim form that apply to your specific claim. Be sure the information includes a diagnosis from your doctor, along with copies of any appropriate medical bills. Make sure you sign and date the certification and the authorization portion of the claim form.



## Optional Services

The first page of Colonial Life's claim forms explains optional services that may be utilized by initializing on the blanks provided.

### The options include:

- Authorizing Colonial Life to release information to your benefits counselor, plan administrator or family member.
- Authorizing Colonial Life to communicate claims information via electronic messaging to your home phone number.
- Send any applicable claim benefits by overnight delivery and deduct the fee from your claim payment.

## Resolving Your Claim

- When we receive information regarding your claim, you will be notified by telephone or email.
- If you selected the electronic messaging option, you will receive a call once the claim is processed.
- We will notify you by letter if we need any additional information from your doctor or any other source(s). We welcome your assistance in encouraging your doctor to provide the needed information as quickly as possible.

## Important Reminders

- When mailing the claim form or other information, please keep a copy of your information for your records.
- If you want us to send any applicable claim benefits by overnight delivery and deduct the fee from your claim payment, check the overnight line in the "Optional Service" section of the claim form.

## Ongoing Claims

Total disability benefits provided by your coverage are based on disability information submitted on your claim form.

Because Colonial Life cannot pay benefits for time you have not yet missed from work, you may be asked to provide verification of your ongoing disability and the dates you are unable to work. All disability dates must be confirmed by your doctor and your employer. Please include medical treatment dates on your claim form.

## Contact Us

### Online

**coloniallife.com**

Log in to the policyholder website to send us an Email.

### Telephone

**800.325.4368.** Call Center representatives are available Monday through Friday, 8 a.m. – 8 p.m. Eastern Standard Time. Automated service information is available 24/7, 365.

Please have your Social Security or your policy number ready when you call.

Hearing-impaired customers who have TDD (Telecommunications Device for the Deaf), please call 1.803.798.4040.

### Mailing Address

**Colonial Life Service Center**

P.O. Box 100195

Columbia, SC 29202-3195



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

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# Colonial Life & Accident Insurance Company

## REQUEST FOR SERVICE: What type of service are you requesting? Please check only the boxes that apply.

### 1 GENERAL INFORMATION

Insured's name as currently listed on the policy:	Social Security Number (SSN):	Date of Birth(mm/dd/yyyy):
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List all policy numbers related to this request (required to process):

Employer Name:

### 2 NAME CHANGE Please attach a copy of legal evidence.

Previous Name:	Current Name:	Reason: <input type="checkbox"/> Correction <input type="checkbox"/> Marriage/Divorce <input type="checkbox"/> Other
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### 3 ADDRESS CHANGE

Address:	Apt. #:	City:	State:	ZIP:
Telephone: ( )	Mobile: ( )	Email:		

### 4 REQUEST FOR CHANGE OF BENEFICIARY FORM

☐ Please visit us at our website, coloniallife.com, or contact us at 1.800.325.4368 to request a copy of the Change of Beneficiary form.

### 5 PREMIUM PAYMENT METHOD CHANGE Please select one of three easy payment methods.

<input type="checkbox"/> <b>1. Please deduct monthly premiums from my banking account.</b> <b>RANGE:</b> A). 1st-5th B). 6th-10th C). 11th-15th D). 16th-20th E). 21st-26th. Your draft will occur on one of the dates within the range you have selected. <i>Please attach a voided check, and circle one range of days you would like your checking account to be drafted.</i> Signature of checking account owner:	OR	<input type="checkbox"/> <b>2. Please bill me directly.</b> <i>Choose one of the following:</i> <input type="checkbox"/> <b>Quarterly</b> (Submit a payment 3 times your monthly premium.) <input type="checkbox"/> <b>Semi-annually</b> (Submit a payment 6 times your monthly premium.) <input type="checkbox"/> <b>Annually</b> (Submit a payment 12 times your monthly premium.)	OR	<input type="checkbox"/> <b>3. Change to Payroll Deductions.</b> Employer Name: _____ Billing Control Number or Account Number: _____ <i>Please contact your Plan Administrator to start payroll deduction.</i>
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### 6 CANCELLATION, SURRENDER OR POLICY CHANGE You must also complete Sections 9 and 12 on the reverse side.

☐ **Cancel/surrender the policy/policies** (This option will cancel or cash surrender your policy/policies.)

**Cancel the following riders on the policy/policies:** ☐ Spouse Rider ☐ Dependent Rider (This will cancel coverage for ALL dependents.)  
 (This option will cancel policy riders only.) ☐ Other (name rider) \_\_\_\_\_

☐ Change Two-Parent to Individual ☐ Change Two-Parent to One-Parent ☐ Change One-Parent to Individual

Please provide name, birthdate, and social security number for spouse/dependent(s) continuation:	Name:	Date of Birth:	SSN:
	Name:	Date of Birth:	SSN:

### 7 POLICY LOAN You must complete Sections 9 and 12 on the reverse side. Select either Section 7 or 8 per policy number, not both.

<b>Please select ONE option per policy number.</b>	<input type="checkbox"/> I am requesting a policy loan for the following amount: \$ _____	If the amount requested is more than the available cash value, we will process this request for the maximum amount available.
	<input type="checkbox"/> I am requesting a policy loan for the maximum amount available.	

☐ **Check this box also if you are requesting information regarding repayment of your loan on your Universal Life policy.**

**By signing on the reverse side, I hereby assign the policy to the insurer as collateral.**

*Policy loans are available on select life policies only. Minimum loan amounts may apply as stated in your policy contract. You will receive annual loan and interest notices until the loan is fully repaid. For information regarding repayment of your loan, please contact us at 1.800.325.4368.*

**Continued on Reverse Side ➡**



<b>8</b>	<b>WITHDRAWAL/PARTIAL SURRENDER</b> (Universal Life Policy) Complete <b>Sections 9 &amp; 12</b> . Select either Section <b>7</b> or <b>8</b> per policy number, <b>not both</b> .		
Please select <b>ONE</b> option per policy number.	<input type="checkbox"/> I am requesting a policy withdrawal/partial surrender for the following amount: \$ _____ <input type="checkbox"/> I am requesting a policy withdrawal/partial surrender for the maximum amount available.		If the amount requested is more than the available cash value, we will process this request for the maximum amount available.
<p>Only one policy withdrawal/partial surrender is allowed per policy year. Minimum withdrawal amounts apply as stated in your policy contract. There will be a processing fee as stated in your policy contract. Policy withdrawals/partial surrenders are available on universal life policies only. If your policy is not a universal life policy and you request a withdrawal, we will process the request as a policy loan.</p>			
<b>9</b>	<b>TAX WITHHOLDING OPTIONS</b> Please read and complete this section if you are requesting a surrender or withdrawal.		
<p>Election of a tax withholding option is not available for tax-qualified products. The insurer is required to withhold 20% of any recognized gain for tax-qualified products unless proceeds are rolled directly into an IRA or other qualified retirement plan.</p> <p>Under certain criteria established by the Treasury Department, a gain may be reportable by the insurer at the time of surrender, partial surrender or withdrawal of this policy, creating a taxable situation. However, any gain is taxable income for the current tax year.</p> <p>If a gain is reportable, an IRS Form 1099R will be sent to you at the beginning of the next calendar year reporting the recognized gain, and a copy of Form 1099R will be sent to the IRS. If a gain is not reportable when the surrender, partial surrender or withdrawal is processed, an IRS Form 1099R will not be sent. In addition, if a gain is reportable, the insurer is required to withhold 10% of any recognized gain, unless the policy owner elects not to have the tax withheld. You may be subject to penalties under the estimated tax payment rules if you elect not to have tax withheld and payments of estimated tax and other withholding are not adequate to satisfy tax liability.</p> <p><b>Choose one of the following options. If an option is not selected, a withholding will automatically be made.</b></p> <p><input type="checkbox"/> I <b>DO NOT</b> want to have Federal Income Tax withheld in conjunction with this surrender/partial surrender/withdrawal.</p> <p><input type="checkbox"/> I <b>DO</b> want to have Federal Income Tax withheld from the surrender/partial surrender/withdrawal proceeds.</p>			
<b>10</b>	<b>SPECIAL NOTICE FOR RESIDENTS OF A COMMUNITY PROPERTY STATE</b>		
<p>A spouse or former spouse may have an interest in life insurance proceeds or any accumulated cash value if the policy premiums were paid with community funds. It is your responsibility to consult your legal advisor to 1) ensure that any required consent from a spouse or former spouse has been received and 2) ensure that your spouse or former spouse will not be able to make a claim against any policy values and/or the proceeds in the event any policy benefits become payable.</p>			
<b>11</b>	<b>OTHER REQUESTS OR REMARKS</b> Includes illustration changes, policy face value decrease, age discrepancies, or premium increase, etc.		
<b>12</b>	<b>SIGNATURES REQUIRED</b> You must fill out this section <b>COMPLETELY</b> in order for us to process your request.		
➔ <b>BE SURE TO LIST A SOCIAL SECURITY NUMBER AND DATE OF BIRTH BELOW. FAILURE TO PROVIDE THIS INFORMATION MAY DELAY PROCESSING.</b>			
<p>I have carefully read this request and agree that it is properly and fully completed. I understand that this request is subject to the provisions and conditions of the policy and that the company may require additional information or requirements. I certify that the policy is not pledged or assigned to any other person or corporation, except where stated in the request, and that no proceedings or bankruptcy or insolvency have been filed or are now pending.</p> <p><i>I certify the <b>Social Security Number</b> and <b>Date of Birth</b> indicated are correct, and I hereby authorize Colonial Life to execute this request.</i></p>			
Print Policy Owner's Name: _____		Policy Owner's Social Security Number: _____	
Policy Owner's address: _____		<b>AND</b> Policy Owner's Date of Birth: _____	
Policy Owner's Email Address: _____		Daytime Telephone: _____	
Policy Owner's Signature: _____		Date: (MM/DD/YYYY) _____	
Assignee's signature (if any): _____		Date: (MM/DD/YYYY) _____	
<b>MAIL TO: Colonial Life &amp; Accident Insurance Company, P.O. Box 1365, Columbia, SC 29202-1365</b> <b>Phone: 1.800.325.4368 / To fax requests: 1.800.561.3082    coloniallife.com</b>			

## Authorization for Colonial Life & Accident Insurance Company

For the purpose of evaluating my application(s) for insurance submitted during the current enrollment and eligibility for benefits under any insurance issued including checking for and resolving any issues that may arise regarding incomplete or incorrect information on my application(s), I hereby authorize the disclosure of the following information about me and, if applicable, my dependents, from the sources listed below to Colonial Life & Accident Insurance Company (Colonial) and its duly authorized representatives.

Health information may be disclosed by any health care provider or institution, health plan or health care clearinghouse that has any records or knowledge about me including prescription drug database or pharmacy benefit manager, or ambulance or other medical transport service. Health information may also be disclosed by any insurance company, Medicare or Medicaid agencies or the Medical Information Bureau (MIB). Health information includes my entire medical record, but does not include psychotherapy notes. Non-health information including earnings or employment history deemed appropriate by Colonial to evaluate my application may be disclosed by any person or organization that has these records about me, including my employer, employer representative and compensation sources, insurance company, financial institution or governmental entities including departments of public safety and motor vehicle departments.

Any information Colonial obtains pursuant to this authorization will be used for the purpose of evaluating my application(s) for insurance or eligibility for benefits. Some information obtained may not be protected by certain federal regulations governing the privacy of health information, but the information is protected by state privacy laws and other applicable laws. Colonial will not re-disclose the information unless permitted or required by those laws. Re-disclosed information may no longer be protected by federal privacy laws.

This authorization is valid for two (2) years from its execution and a copy is as valid as the original. A copy will be included with my contract(s) and I or my authorized representative may request access to this information. This authorization may be revoked by me or my authorized representative at any time except to the extent Colonial has relied on the authorization prior to notice of revocation or has a legal right to contest coverage under the contract(s) or the contract itself. If revoked, Colonial may not be able to evaluate my application(s) for insurance or eligibility for benefits as necessary to issue my contract(s). I may revoke this authorization by sending written notice to: Colonial Life & Accident Insurance Company, Underwriting Department, P. O. Box 1365, Columbia, SC 29202.

You may refuse to sign this form; however, Colonial may not be able to issue your coverage. I am the individual to whom this authorization applies or that person's legal Guardian, Power of Attorney Designee, or Conservator.

\_\_\_\_\_  
(Printed name of individual  
subject to this disclosure)

\_\_\_\_\_  
(Social Security  
Number)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date Signed)

If applicable, I signed on behalf of the proposed insured as \_\_\_\_\_ (indicate relationship). If legal Guardian, Power of Attorney Designee, or Conservator.

\_\_\_\_\_  
(Printed name of legal representative)

\_\_\_\_\_  
(Signature of legal representative)

\_\_\_\_\_  
(Date Signed)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

