



## Cancer Insurance

### How would cancer impact your way of life?

Hopefully, you and your family will never face cancer. If you do, a financial safety net can help you and your loved ones focus on what matters most — recovery.

If you were diagnosed with cancer, you could have expenses that medical insurance doesn't cover. In addition to your regular, ongoing bills, you could have indirect treatment and recovery costs, such as child care and home health care services.

### Help when you need it most

Cancer coverage from Colonial Life & Accident Insurance Company can help protect the lifestyle you've worked so hard to build. It provides benefits you can use to help cover:

- Loss of income
- Out-of-network treatment
- Lodging and meals
- Deductibles and co-pays

## One Family's Journey

Paul and Kim were preparing for their second child when they learned Paul had cancer. They quickly realized their medical insurance wouldn't cover everything. Thankfully, Kim's job enabled her to have a Colonial Life Cancer Insurance policy on Paul to help them with expenses.



### DOCTOR'S SCREENING

#### Wellness Benefit

Paul's wellness benefit helped pay for the screening that discovered his cancer.



### SECOND OPINION

#### Travel Expenses

When the couple traveled several hundred miles from their home to a top cancer hospital, they used the policy's lodging and transportation benefits to help with expenses.



### SURGERY

#### Out-of-pocket Costs

The policy's benefits helped with deductibles and co-pays related to Paul's surgery and hospital stay.

*For illustrative purposes only.*



### With Colonial Life's Cancer Insurance:

- Coverage options are available for you and your eligible dependents.
- Benefits are paid directly to you, unless you specify otherwise.
- You're paid regardless of any other insurance you may have with other companies.
- You can take coverage with you, even if you change jobs or retire.



**ONLY 5%**  
of ALL  
**CANCERS**  
are hereditary.

Cancer Facts & Figures, American Cancer Society, 2013

Colonial Life's Cancer Insurance provides benefits to help with cancer expenses — from diagnosis to recovery.



## TREATMENT

### Experimental Care

Paul used his plan's benefits to help pay for experimental treatments not covered by his medical insurance.



## RECOVERY

### Follow-up Evaluations

Paul has been cancer-free for more than four years. His Colonial Life cancer policy provides a benefit for periodic scans to help ensure the cancer stays in check.



Colonial Life's Cancer Insurance offers more than 30 benefits that can help you with costs that may not be covered by your medical insurance.

## Treatment Benefits (Inpatient or Outpatient)

- Radiation/Chemotherapy
- Anti-nausea Medication
- Medical Imaging Studies
- Supportive or Protective Care Drugs and Colony Stimulating Factors
- Second Medical Opinion
- Blood/Plasma/Platelets/Immunoglobulins
- Bone Marrow or Peripheral Stem Cell Donation
- Bone Marrow or Peripheral Stem Cell Transplant
- Egg(s) Extraction or Harvesting/Sperm Collection and Storage
- Experimental Treatment
- Hair/External Breast/Voice Box Prosthesis
- Home Health Care Services
- Hospice (Initial or Daily Care)

## Surgery Benefits

- Surgical Procedures
- Anesthesia
- Reconstructive Surgery
- Outpatient Surgical Center
- Prosthetic Device/Artificial Limb

## Travel Benefits

- Transportation
- Companion Transportation
- Lodging

## Inpatient Benefits

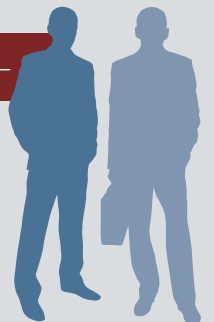
- Hospital Confinement
- Private Full-Time Nursing Services
- Skilled Nursing Care Facility
- Ambulance
- Air Ambulance

## Additional Benefits

- Family Care
- Cancer Vaccine
- Bone Marrow Donor Screening
- Skin Cancer Initial Diagnosis
- Waiver of Premium

## LIFETIME RISK OF DEVELOPING CANCER

MEN  
1 in 2



WOMEN  
1 in 3





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## Optional Riders

For an additional cost, you may have the option of purchasing additional riders for even more financial protection against cancer. Talk with your benefits counselor to find out which of these riders are available for you to purchase.

- **Initial Diagnosis of Cancer Rider** — Pays a one-time, lump-sum benefit for the initial diagnosis of cancer. You may choose a benefit amount in \$1,000 increments between \$1,000 and \$10,000. If your dependent child is diagnosed with cancer, we will pay two and a half times (\$2,500 - \$25,000) the chosen benefit amount.
- **Initial Diagnosis of Cancer Progressive Payment Rider** — Provides a lump-sum payment of \$50 for each month the rider has been in force after the waiting period and before cancer is first diagnosed.
- **Specified Disease Hospital Confinement Rider** — Pays \$300 per day if you or a covered family member is confined to a hospital for treatment for one of the 34 specified diseases covered under the rider.

If cancer impacts your life, you should be able to focus on getting better — not on how you'll pay your bills. Talk with your Colonial Life benefits counselor about how cancer insurance can help provide financial security for you and your family.

### WAITING PERIOD

The policy and its riders may have a waiting period. Waiting period means the first 30 days following the policy's coverage effective date during which no benefits are payable. If your cancer has a date of diagnosis before the end of the waiting period, coverage for that cancer will apply only to losses commencing after the policy has been in force for two years, unless it is excluded by name or specific description in the policy.

### EXCLUSIONS

We will not pay benefits for cancer or skin cancer:

- If the diagnosis or treatment of cancer is received outside of the territorial limits of the United States and its possessions; or
- For other conditions or diseases, except losses due directly from cancer.

The policy and its riders may have additional 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 CanAssist and rider forms R-CanAssistIdx, R-CanAssistProg and R-CanAssistSpDis (including state abbreviations where applicable – for example: CanAssist-TX).

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# Cancer Insurance

## Level 2 Benefits

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



For more information, talk with your benefits counselor.

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

**BENEFIT DESCRIPTION**

**BENEFIT AMOUNT**

**Hospital Confinement**

Hospital stay (including intensive care) required for cancer treatment

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

**Lodging** ..... \$50 per day

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

**Medical Imaging Studies** ..... \$125 per study

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

**Outpatient Surgical Center** ..... \$200 per day

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

**Private Full-time Nursing Services** ..... \$75 per day

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

**Prosthetic Device/Artificial Limb** ..... \$1,500 per device or limb

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

**Radiation/Chemotherapy**

Weekly Benefit [max. once per week]

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

Monthly Chemotherapy Benefit [max. once per month]

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

**Reconstructive Surgery** ..... \$40 per surgical unit

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

**Second Medical Opinion** ..... \$200

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

**Skilled Nursing Care Facility** ..... \$100 per day

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

**Skin Cancer Initial Diagnosis** ..... \$300

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

**Supportive or Protective Care Drugs and Colony Stimulating Factors** ..... \$100 per day

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

**Surgical Procedures** ..... \$50 per surgical unit

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

**Transportation** ..... \$0.50 per mile

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

**Waiver of Premium** ..... Is available

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



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To encourage early detection, our cancer insurance offers benefits for wellness and health screening tests.



For more information,  
talk with your  
benefits counselor.

### Part One: Cancer Wellness/ Health Screening

Provided when one of the tests listed below is performed after the waiting period and while the policy is in force. Payable once per calendar year, per covered person.

#### Cancer Wellness Tests

- Bone marrow testing
- 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
- Hemocult stool analysis
- Mammography
- Pap smear
- PSA [blood test for prostate cancer]
- Serum protein electrophoresis [blood test for myeloma]
- Skin biopsy
- Thermography
- ThinPrep pap test
- Virtual colonoscopy

#### Health Screening Tests

- Blood test for triglycerides
- Carotid Doppler
- Echocardiogram [ECHO]
- Electrocardiogram [EKG, ECG]
- Fasting blood glucose test
- Serum cholesterol test for HDL and LDL levels
- Stress test on a bicycle or treadmill

### Part Two: Cancer Wellness — Additional Invasive Diagnostic Test or Surgical Procedure

Provided when a doctor performs a diagnostic test or surgical procedure after the waiting period as the result of an abnormal result from one of the covered cancer wellness tests in Part One. We will pay the benefit regardless of the test results. Payable once per calendar year, per covered person.

Waiting period means the first 30 days following the policy's coverage effective date during which no benefits are payable.

The 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 CanAssist (and state abbreviations where applicable – for example: CanAssist-TX).



In addition to cancer, there are many other diseases that could lead to a costly hospital stay. Fortunately, there's a way to help protect your family's financial future.

At an additional cost, Colonial Life & Accident Insurance Company offers an optional specified disease rider for your cancer insurance. This rider adds valuable coverage for a variety of specified diseases.

### Specified diseases

- Adrenal hypofunction (Addison's disease)
- Botulism
- Bubonic plague
- Cerebral palsy
- Cholera
- Cystic fibrosis
- Diphtheria
- Encephalitis (including encephalitis contracted from West Nile virus)
- Huntington's chorea
- Legionnaires' disease
- Lou Gehrig's disease (amyotrophic lateral sclerosis)
- Lyme disease
- Malaria
- Meningitis (bacterial)
- Multiple sclerosis
- Muscular dystrophy
- Myasthenia gravis
- Necrotizing fasciitis
- Osteomyelitis
- Poliomyelitis
- Rabies
- Reye's syndrome
- Scleroderma
- Scarlet fever
- Sickle cell anemia
- Systemic lupus
- Tetanus
- Toxic epidermal necrolysis
- Toxic shock syndrome
- Tuberculosis (mycobacterial)
- Tularemia
- Typhoid fever
- Variant Creutzfeldt-Jakob disease (mad cow disease)
- Yellow fever

For more information, talk with your Colonial Life benefits counselor.

### Rider benefits

This benefit is payable if after the waiting period\* you incur charges for and are confined to a hospital for treatment of one of the specified diseases listed above.

### Rider features

- Guaranteed renewable as long as your cancer insurance policy is in force.
- Covers the same family members as your cancer insurance policy.
- Provides benefits regardless of any insurance you have with other companies.
- Provides benefits directly to you, unless you specify otherwise.

#### THIS POLICY PROVIDES LIMITED BENEFITS.

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

The rider and policy have exclusions and limitations which may affect any benefits payable. Please refer to the policy for complete definitions of covered conditions. 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 rider form R-CanAssistSpDis (including state abbreviations where used, for example: R-CanAssistSpDis-TX).

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# Colonial Life Wellness Benefit

For wellness claims within the last 36 months from the date of the test:

- Call Colonial Life customer service center at 800.325.4368
- Enter Social Security number when prompted
- Press 0 and # to speak with a customer service representative

You will be asked to provide the following information:

- Date of Examination
- Type of test/examination as listed in your brochure

# 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).*

**Colonial Life**  
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# Gunshot Wound Policy



For more information,  
talk with your  
benefits counselor.

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You can't always prevent injuries from happening, but you can have a financial safety net in place in case they do. A gunshot wound policy from Colonial Life & Accident Insurance Company can provide a benefit to help pay your medical expenses if you receive a non-fatal gunshot wound. This policy pays a lump-sum benefit for an injury regardless of any other insurance you may have.

**Gunshot wound benefit**..... \$ \_\_\_\_\_

- **Guaranteed issue**  
You can get this coverage without answering any health questions.
- **Portability**  
You can keep coverage even if you change jobs or leave your company.
- **Guaranteed renewable**  
You can keep your coverage as long as you pay your premiums when they are due.
- **On/off-job coverage**  
You may receive benefits regardless of whether the injury occurs on or off the job.
- **Direct payment**  
Benefits are paid directly to you unless you specify otherwise. You can use these benefits however you choose.

This policy covers a non-fatal gunshot wound from a conventional firearm that requires treatment by a doctor and overnight hospitalization within 24 hours of the injury. If you are shot more than once in a 24-hour period, we will pay benefits only for the first wound.

**THIS POLICY PROVIDES LIMITED BENEFITS.**

**EXCLUSIONS AND LIMITATIONS**

We will not pay benefits for an injury which is caused by or occurs as the result of: war, racing, flying (operating, learning to operate, serving as crew member of, jumping or falling from any aircraft), traveling (more than 40 miles outside of the territorial limits of the United States, Canada, Mexico, Puerto Rico, the Bahama Islands, the Virgin Islands, Bermuda or Jamaica), felonies or illegal jobs, suicide or injuries which you intentionally do to yourself, and sickness.

For cost and complete details, see your Colonial Life benefits counselor. Applicable to policy form PYWOL-TX. This brochure applies to TX only. This is not an insurance contract and only the actual policy provisions will control.

# Accident Insurance

## Premier Plan



For more information,  
talk with your  
benefits counselor.

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Accident insurance can help with medical or other costs associated with a covered accident or injury that your health insurance may not cover. Coverage options are available for you, your spouse and eligible dependent children.

*Benefits are per covered person per covered accident unless stated otherwise*

**Accident emergency treatment** ..... \$150  
One visit per covered person per covered accident

**Accident follow-up treatment** (including transportation/telemedicine) ..... \$65  
Up to six benefits per covered person per covered accident and  
up to 12 benefits per covered person per calendar year

Accidental death Per covered person	Accidental death	Accidental death common carrier
■ Named insured .....	\$50,000	\$200,000
■ Spouse .....	\$50,000	\$200,000
■ Dependent child(ren) .....	\$15,000	\$45,000

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

### Accidental dismemberment

#### Loss, loss of use or paralysis

- One hand, arm, foot, leg or sight of an eye ..... \$15,000
- Both hands, arms, feet, legs or the sight of both eyes; or any combination ..... \$30,000

#### Loss or loss of use

- One finger or one toe ..... \$1,200
- Two or more fingers; two or more toes; or any combination ..... \$2,400
- Partial dismemberment of one finger or toe ..... \$600
- Partial dismemberment of two or more fingers or toes; or any combination ..... \$1,200

### Accidental dismemberment due to a catastrophic accident

#### For total and irrecoverable loss, loss of use or paralysis of one of the following:

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

#### Subject to a 180-day elimination period; payable once per lifetime per covered person

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

**Accidental injury due to an automobile accident** ..... \$250

Requires transportation to a hospital or medical facility by ambulance  
Payable once per calendar year for all covered persons combined

**Air ambulance** ..... \$2,000  
Transportation to or from a hospital or medical facility

**Ambulance (ground or water)** ..... \$300  
Transportation to or from a hospital or medical facility

**Blood/plasma/platelets (transfusion)** ..... \$500  
A transfusion required during treatment of a covered accident

# Luke was cleaning out the gutters when he fell.

## EMERGENCY ROOM VISIT

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

## DIAGNOSTIC PROCEDURE

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

## HOSPITAL CONFINEMENT

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

## PHYSICAL THERAPY

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

## DOCTOR'S OFFICE VISIT

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

## LUKE'S OUT-OF-POCKET EXPENSES

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

LUKE'S BENEFITS	
Ambulance	\$300
Emergency room visit	\$150
X-ray	\$40
Hospital admission	\$1,500
Hospital confinement	\$900
Leg fracture (surgical)	\$2,500
Physical therapy	\$320
Medical equipment (crutches)	\$150
Doctor's office visit	\$195
	<b>\$6,055</b>

*For illustrative purposes only.*

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

## Burn

- 2nd-degree burns (covering at least 36% of the body's surface) ..... \$2,000
- 3rd-degree burns (based on size)..... \$3,000 – \$18,000

**Burn – skin graft** ..... 50% of applicable burn benefit  
As a result of 2nd-degree or 3rd-degree burns

**Coma** ..... \$15,000  
Lasting for seven or more consecutive days

**Concussion** ..... \$200

Dislocation (separated joint)	Non-surgical	Surgical
■ Hip .....	\$2,500	\$5,000
■ Knee (except patella) .....	\$1,250	\$2,500
■ Ankle, bone or bones of the foot (other than toes) .....	\$1,250	\$2,500
■ Collarbone (sternoclavicular) .....	\$1,000	\$2,000
■ Collarbone (acromioclavicular and separation) .....	\$600	\$1,200
■ Lower jaw, shoulder, elbow, wrist, bone(s) of the hand .....	\$600	\$1,200
■ Finger, toe .....	\$125	\$250
■ Incomplete dislocation or dislocation reduction without anesthesia .....	25% of the applicable non-surgical amount	

## Emergency dental work

- Dental crown, denture or implant ..... \$600
- Dental extraction ..... \$200

**Eye injury** ..... \$400  
With surgical repair or removal of a foreign object

Fracture (complete)	Non-surgical	Surgical
■ Skull, depressed fracture (except face/nose) .....	\$3,750	\$7,500
■ Skull, simple non-depressed fracture (except face/nose) .....	\$1,500	\$3,000
■ Hip, thigh (femur) .....	\$3,000	\$6,000
■ Body of vertebrae (excluding vertebral processes), pelvis, leg .....	\$1,250	\$2,500
■ Bones of the face or nose (except mandible or maxilla) .....	\$750	\$1,500
■ Upper jaw, maxilla, upper arm between elbow and shoulder .....	\$500	\$1,000
■ Lower jaw, mandible .....	\$425	\$850
■ Kneecap, ankle, foot or heel .....	\$425	\$850
■ Shoulder blade .....	\$425	\$850
■ Collarbone, vertebral processes .....	\$750	\$1,500
■ Forearm, hand, wrist .....	\$425	\$850
■ Rib .....	\$750	\$1,500
■ Coccyx .....	\$275	\$550
■ Finger, toe .....	\$375	\$750
■ Chip fracture .....	25% of the applicable non-surgical amount	

**Hearing-loss injuries** ..... \$120  
Maximum of one benefit for each injured ear per covered person per lifetime

**Hospital admission** ..... \$1,500  
Per covered person per covered accident

**Hospital confinement** ..... \$300 per day  
Up to 365 days per covered person per covered accident

**Hospital sub-acute intensive care unit confinement** ..... \$400 per day  
Up to 30 days per covered person per covered accident

**Intensive care unit admission** ..... \$2,500  
Per covered person per covered accident

**Intensive care unit confinement** ..... \$500 per day  
Up to 15 days per covered person per covered accident

<b>Knee cartilage (torn)</b> .....	\$750
<b>Laceration (no repair, without stitches)</b> .....	\$30
<b>Laceration (repaired by stitches)</b>	
■ Total of all lacerations is less than two inches long .....	\$100
■ Total of all lacerations is at least two but less than six inches long .....	\$300
■ Total of all lacerations is six inches or longer .....	\$600
<b>Lodging (companion)</b> .....	\$150 per day
Up to 30 days per covered person per covered accident	
<b>Medical equipment</b>	
■ <b>Tier 1</b> .....	\$30
Arm sling, cane, medical ring cushion, neck brace or wrist/ankle splint	
■ <b>Tier 2</b> .....	\$150
Bedside commode, cold therapy system (cryotherapy), crutches, leg brace, shower chair, walker or walking boot	
■ <b>Tier 3</b> .....	\$300
Back brace, body jacket, Continuous Passive Movement (CPM), halo, electric scooter, hospital bed (including rental), knee scooter, stair lift chair, wheelchair	
<b>Medical imaging study (CT, CAT scan, EEG, EMG, MR or MRI)</b> .....	\$250
One benefit per covered person per covered accident per calendar year	
<b>Observation room</b> .....	\$150 per day
Up to two days per covered person per calendar year	
<b>Pain management for epidural anesthesia (non-surgical)</b> .....	\$150
<b>Post-Traumatic Stress Disorder (PTSD)</b> .....	\$200
Diagnosed from a covered accident with one benefit per covered person per calendar year	
<b>Prosthetic device/artificial limb</b>	
■ One .....	\$1,000
■ More than one .....	\$2,000
<b>Repair or replacement</b>	
■ Repair .....	\$500
■ Replacement .....	\$1,000
One repair or replacement per prosthetic device/artificial limb per covered person per lifetime	
<b>Rehabilitation unit confinement</b> .....	\$200 per day
Immediately after a period of hospital confinement due to a covered accident; up to 15 days per covered person per covered accident, not to exceed 30 days per covered person per calendar year	
<b>Ruptured disc with surgical repair</b> .....	\$1,250
<b>Surgery</b>	
■ Cranial, open abdominal and thoracic .....	\$1,500
■ Hernia with surgical repair .....	\$250
<b>Surgery (exploratory and arthroscopic)</b> .....	\$300
<b>Tendon/ligament/rotator cuff</b>	
■ One with surgical repair .....	\$750
■ Two or more with surgical repair .....	\$1,500
<b>Therapy (occupational, physical or speech)</b> .....	\$40 per day
Up to 10 days per covered person per covered accident	
<b>Transportation for hospital confinement</b> .....	\$700 per round trip
Up to 3 round trips for more than 50 miles from home per covered person per covered accident	
<b>X-ray</b> .....	\$40



For more information,  
talk with your  
benefits counselor.



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#### HEALTH SAVINGS ACCOUNT (HSA) COMPATIBLE

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

THIS POLICY PROVIDES LIMITED BENEFITS.

#### EXCLUSIONS

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

This information is not intended to be a complete description of the insurance coverage available. This coverage has exclusions and limitations that may affect benefits payable. For cost and complete details, see your Colonial Life benefits counselor. This brochure is applicable to policy form IAC4000 (plus state abbreviations where applicable, such as IAC4000-TX). Coverage may vary by state and may not be available in all states. Premium at the effective date will vary according to the family coverage type.

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# Accident Insurance

## Specified Critical Illness Rider



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This benefit can help pay for expenses related to a covered critical illness, including child care, home health care, travel to and from treatment centers, and other related expenses. Coverage options are available for you, your spouse and eligible dependent children.

**Specified critical illness** ..... \$\_\_\_\_\_ per diagnosis

Payable once per covered person per diagnosis

**Covered illnesses include:**

- End-stage renal (kidney) failure
- Heart attack (myocardial infarction)
- Stroke

You may also be able to receive benefits if you are diagnosed with another covered illness, or if your first illness returns.<sup>1</sup>

**Additional specified critical illnesses for dependent children**

Payable once per covered dependent child per lifetime

- Cerebral palsy
- Down syndrome
- Cleft lip or cleft palate
- Spina bifida
- Cystic fibrosis

No subsequent diagnosis benefits apply to these illnesses.

The specified critical illness benefit amount will reduce by 50% after the insured person turns 75. This takes effect on the anniversary date of the policy. Please refer to the rider for complete definitions of covered conditions.

**HEALTH SAVINGS ACCOUNT (HSA) COMPATIBLE**

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

**1 Subsequent diagnosis for a different specified critical illness:** If a covered person receives a benefit for a specified critical illness, and later is diagnosed with a different specified critical illness, we provide an additional 100% of the specified critical illness benefit. The dates of diagnoses must be separated by at least 180 days.

**Subsequent diagnosis of the same specified critical illness:** If a covered person receives a benefit for a specified critical illness, and later is diagnosed with the same specified critical illness, we provide an additional 25% of the specified critical illness benefit. The dates of diagnoses must be separated by at least 180 days.



For more information, talk with your benefits counselor.

THIS POLICY PROVIDES LIMITED BENEFITS.

#### **EXCLUSIONS AND LIMITATIONS**

We will not pay benefits for losses that are caused by, contributed to by or occur as the result of felonies or illegal occupations, intoxicants and narcotics, psychiatric or psychological conditions, suicide or injuries which you intentionally do to yourself, war or armed conflict.

#### **PRE-EXISTING CONDITION LIMITATION**

Pre-existing condition means a sickness or physical condition, whether diagnosed or not, for which a covered person was treated, had medical testing, received medical advice, or had taken medication within 12 months before the rider coverage effective date shown on the rider schedule. After this rider has been in force for 12 months from the rider coverage effective date (six (6) months if you are age 65 or older on the rider coverage effective date) shown on the rider schedule, we will pay benefits as stated in the rider for any loss as the result of a pre-existing condition not excluded by name or specific description if the covered loss began at least 12 months after the rider coverage effective date (six (6) months if you are age 65 or older on the rider coverage effective date).

This information is not intended to be a complete description of the insurance coverage available. This coverage has exclusions and limitations that may affect benefits payable. For cost and complete details, see your Colonial Life benefits counselor. This brochure is applicable to rider form R-CI4000-TX. Premium will vary according to issue age, family coverage type and benefit amount selected.

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# Accident Insurance

## Sickness Hospital Confinement Rider



When you have a hospital stay for a covered sickness, this benefit can help with associated medical costs that your health insurance may not cover. Coverage options are available for you, your spouse and eligible dependent children.

**Daily sickness hospital confinement** ..... **\$100 per day**

Up to 30 days per covered person per confinement for a covered sickness

Re-confinement for the same or related condition within 90 days of discharge is considered a continuation of a previous confinement

For more information,  
talk with your  
benefits counselor.

### HEALTH SAVINGS ACCOUNT (HSA) COMPATIBLE

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

THIS POLICY PROVIDES LIMITED BENEFITS.

### EXCLUSIONS AND LIMITATIONS

We will not pay benefits for losses that are caused by, contributed to by or occur as the result of accidental injuries, dental procedures, elective procedures and cosmetic surgery, felonies or illegal occupations, psychiatric or psychological conditions, suicide or injuries which you intentionally do to yourself, war or armed conflict, or well-baby care. We will not pay for losses due to you giving birth within the first nine months after the coverage effective date of the rider. We will not pay for loss when the disability is a pre-existing condition as described in the rider.

### PRE-EXISTING CONDITION LIMITATION

Pre-existing condition means a sickness or physical condition, whether diagnosed or not, for which a covered person was treated, had medical testing, received medical advice, or had taken medication within 12 months before the rider coverage effective date shown on the rider schedule. After this rider has been in force for 12 months from the rider coverage effective date (six (6) months if you are age 65 or older on the rider coverage effective date) shown on the rider schedule, we will pay benefits as stated in the rider for any loss as the result of a pre-existing condition not excluded by name or specific description if the covered loss began at least 12 months after the rider coverage effective date (six (6) months if you are age 65 or older on the rider coverage effective date).

This information is not intended to be a complete description of the insurance coverage available. This coverage has exclusions and limitations that may affect benefits payable. For cost and complete details, see your Colonial Life benefits counselor. This brochure is applicable to rider form R-SHC4000-TX. Premium will vary according to family coverage type.

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# Accident Insurance

## Wellbeing Assistance Standard Benefit



This benefit can help pay for routine preventive tests and services.

**Wellbeing assistance standard** ..... \$ \_\_\_\_\_

Payable once per covered person per calendar year;

Subject to a 30-day waiting period \_\_\_\_\_

- Blood test for triglycerides
- Bone marrow testing
- Breast ultrasound
- CA 15-3 (blood test for breast cancer)
- CA 125 (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
- Hemoccult stool analysis
- Mammography
- Pap smear
- PSA (blood test for prostate cancer)
- Serum cholesterol test for HDL and LDL levels
- Serum protein electrophoresis (blood test for myeloma)
- Skin cancer biopsy
- Stress test on a bicycle or treadmill
- Thermography
- ThinPrep pap test
- Virtual colonoscopy

For more information,  
talk with your  
benefits counselor.



#### HEALTH SAVINGS ACCOUNT (HSA) COMPATIBLE

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

THIS POLICY PROVIDES LIMITED BENEFITS.

#### EXCLUSIONS

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

#### STATE VARIATIONS FOR EXCLUSIONS AND LIMITATIONS

IL: Not applicable to "hazardous avocations, racing, semi-professional or professional sports."

KS: Not applicable to "for injuries a child sustains during birth."

MI: Not applicable to "suicide or injuries which any covered person intentionally does to himself," "or for injuries that are the result of intoxication or use of narcotics."

MT: Not applicable to "suicide or injuries which any covered person intentionally does to himself," "for injuries a child sustains during birth."

NV: Not applicable to "or for injuries that are the result of intoxication or use of narcotics."

OH: This is a rider form R-WBB4000.

OK: Not applicable to "hazardous avocations, racing, semi-professional or professional sports," "In addition, we will not pay Accidental Dismemberment Due to Catastrophic Accident benefits for injuries a child sustains during birth, or for injuries that are the result of intoxication or use of narcotics." Also applicable to "In addition, we will not pay Accidental Dismemberment Due to Catastrophic Accident benefits for alcoholism or drug addiction, or narcotics."

OR: Not applicable to "or illegal occupations."

PA: Not applicable to "In addition, we will not pay Accidental Dismemberment Due to Catastrophic Accident benefits for injuries a child sustains during birth, or for injuries that are the result of intoxication or use of narcotics."

SC: Not applicable to "hazardous avocations, racing, semi-professional or professional sports."

SD: Not applicable to "or for injuries that are the result of intoxication or use of narcotics."

UT: Not applicable to "hazardous avocations, racing, semi-professional or professional sports." Also applicable to "aviation."

This information is not intended to be a complete description of the insurance coverage available. This coverage has exclusions and limitations that may affect benefits payable. For cost and complete details, see your Colonial Life benefits counselor. This brochure is applicable to policy form IAC4000 (plus state abbreviations where applicable, such as IAC4000-TX). Coverage may vary by state and may not be available in all states. Premium will vary according to family coverage type and benefit amount selected.

# Hospital Confinement Indemnity Insurance

## Health Screening



For more information,  
talk with your  
benefits counselor.

ColonialLife.com

Individual Medical Bridge<sup>SM</sup> insurance's health screening benefit can help pay for health and wellness tests you have each year.

**Health screening** ..... \$ \_\_\_\_\_

Maximum of one health screening benefit per covered person per calendar year;  
subject to a 30-day waiting period

- Blood test for triglycerides
- Bone marrow testing
- Breast ultrasound
- CA 15-3 (blood test for breast cancer)
- CA 125 (blood test for ovarian cancer)
- CEA (blood test for colon cancer)
- Carotid Doppler
- 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 for HDL and LDL levels
- Serum protein electrophoresis (blood test for myeloma)
- Skin cancer biopsy
- Stress test on a bicycle or treadmill
- Thermography
- ThinPrep pap test
- Virtual colonoscopy

Waiting period means the first 30 days following any covered person's policy coverage effective date, during which no benefits are payable. For cost and complete details, see your Colonial Life benefits counselor. Applicable to policy number IMB7000 (including state abbreviations where used, for example: IMB7000-TX). Coverage may vary by state and may not be available in all states. This is not an insurance contract and only the actual policy provisions will control.

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# Hospital Confinement Indemnity Insurance

## Plan 2



Our Individual Medical Bridge<sup>SM</sup> insurance can help with medical costs that your health insurance may not cover. These benefits are available for you, your spouse and eligible dependent children.

**Hospital confinement** ..... \$ \_\_\_\_\_  
Maximum of one benefit per covered person per calendar year

**Observation room** ..... \$100 per visit  
Maximum of two visits per covered person per calendar year

**Rehabilitation unit confinement** ..... \$100 per day  
Maximum of 15 days per confinement with a 30-day maximum per covered person per calendar year

**Waiver of premium**  
Available after 30 continuous days of a covered hospital confinement of the named insured

**Outpatient surgical procedure**

- **Tier 1** ..... \$ \_\_\_\_\_
- **Tier 2** ..... \$ \_\_\_\_\_

Maximum of \$ \_\_\_\_\_ per covered person per calendar year for all covered outpatient surgical procedures combined

The surgeries listed below 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 policy.

### Tier 1 outpatient surgical procedures

- **Breast**
  - Axillary node dissection
  - Breast capsulotomy
  - Lumpectomy
- **Cardiac**
  - Pacemaker insertion
- **Digestive**
  - Colonoscopy
  - Fistulotomy
  - Hemorrhoidectomy
  - Lysis of adhesions
- **Skin**
  - Laparoscopic hernia repair
  - Skin grafting
- **Ear, nose, throat, mouth**
  - Adenoidectomy
  - Removal of oral lesions
  - Myringotomy
  - Tonsillectomy
  - Tracheostomy
  - Tympanotomy
- **Gynecological**
  - Dilation and curettage (D&C)
  - Endometrial ablation
  - Lysis of adhesions
- **Liver**
  - Paracentesis
- **Musculoskeletal system**
  - Carpal/cubital repair or release
  - Foot surgery (bunionectomy, exostectomy, arthroplasty, hammertoe repair)
  - Removal of orthopedic hardware
  - Removal of tendon lesion

For more information,  
talk with your  
benefits counselor.

## Tier 2 outpatient surgical procedures

- **Breast**
  - Breast reconstruction
  - Breast reduction
- **Cardiac**
  - Angioplasty
  - Cardiac catheterization
- **Digestive**
  - Exploratory laparoscopy
  - Laparoscopic appendectomy
  - Laparoscopic cholecystectomy
- **Ear, nose, throat, mouth**
  - Ethmoidectomy
  - Mastoidectomy
  - Septoplasty
  - Stapedectomy
  - Tympanoplasty
- **Eye**
  - Cataract surgery
  - Corneal surgery (penetrating keratoplasty)
  - Glaucoma surgery (trabeculectomy)
  - Vitrectomy
- **Gynecological**
  - Hysterectomy
  - Myomectomy
- **Musculoskeletal system**
  - Arthroscopic knee surgery with meniscectomy (knee cartilage repair)
  - Arthroscopic shoulder surgery
  - Clavicle resection
  - Dislocations (open reduction with internal fixation)
  - Fracture (open reduction with internal fixation)
  - Removal or implantation of cartilage
  - Tendon/ligament repair
- **Thyroid**
  - Excision of a mass
- **Urologic**
  - Lithotripsy



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### THIS POLICY PROVIDES LIMITED BENEFITS.

#### EXCLUSIONS

We will not pay benefits for losses which are caused by: dental procedures, elective procedures and cosmetic surgery, felonies or illegal occupations, intoxicants or narcotics, pregnancy of a dependent child, psychiatric or psychological conditions, suicide or injuries which any covered person intentionally does to himself or herself, war, or giving birth within the first nine months after the effective date of the policy. 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. A pre-existing condition is 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 effective date of the policy.

For cost and complete details, see your Colonial Life benefits counselor. Applicable to policy number IMB7000-AK and IMB7000-TX. This is not an insurance contract and only the actual policy provisions will control.





# Policyholder Service Guide

At Colonial Life, our goal is to give you an excellent customer experience that is simple, modern and personal.

## Getting started

The easiest way to manage your business with us is through the [My Colonial Life policyholder section of ColonialLife.com](#).

### To sign up for the website:

1. Visit [ColonialLife.com](#).
2. Click [Register](#) at the top right.
3. On the sign-up page, click [Join the Policyholder Website](#).

After providing some basic information, you'll be ready to go.



## Consider your options

Whether online or by phone, we'll provide the service you need.

Need	<a href="#">ColonialLife.com</a>	800-325-4368
Submit your claim using our eClaims system	✓	
File health screening/wellness and doctor's office visit claims (up to 18 months)	✓	✓
Check the status of your claim	✓	✓
Review, print or download a copy of your policy/certificate	✓	
Access claim and service forms	✓	✓
Update your contact information	✓	✓
Access your claim correspondence	✓	
Complete a notification for a life claim	✓	✓

## Filing claims

### eClaims

With the eClaims feature on [ColonialLife.com](#), you can file claims online by simply answering a few questions and uploading your supporting documentation. You're able to spend less time on paperwork, and we're able to process your claim faster.

- With eClaims, you can file most claims online, including:
  - Accident
  - Hospital confinement indemnity
  - Disability
  - Critical illness
  - Cancer
  - Vision\*
- You can access eClaims through your computer or mobile device and upload any required supporting documentation.
- Once you're logged in to ColonialLife.com, visit the [Claims Center](#) and select [File an Online Claim](#) to get started.

## Contact us

### Online

[ColonialLife.com](http://ColonialLife.com)

Log in and click on [Contact Us](#) to email us.

### Telephone

1-800-325-4368

Contact Center representatives are available Monday through Friday, 8 a.m. to 8 p.m. ET.

Information is available 24/7 through our automated phone system.

Please have your Social Security or policy number ready when you call.

### Hearing-impaired customers

Customers with a Telecommunications Device for the Deaf (TDD) should call **803-798-4040**.

If you do not have a TDD, call Voiance Telephone Interpretation Services at **844-495-6105** to reach us.



[ColonialLife.com](http://ColonialLife.com)

## Health screening/wellness claims

- The quickest way to receive the applicable benefits for your health screening/wellness services is to file online.
- For health screening/wellness claims within 18 months of the date you are filing the claim, click on [File a Wellness Claim Online](#) on the Claims Center page. If you do not want to file online, you can use the automated customer service center at **1-800-325-4368**.
- For health screening/wellness claims over 18 months, you'll be directed to print out a paper claim form under the claims and service forms section on the [Claims Center](#) page.

## Paper claims

- If you don't want to file online, download the form you need by visiting the Claims Center page on [ColonialLife.com](http://ColonialLife.com) and clicking on [claims and service forms](#).
- For instructions on how to correctly complete your claim form, [view the claims videos](#) on the Claims Center page.
- Be sure that you complete all sections of the claim form. Also, include a diagnosis from your doctor, along with copies of any appropriate bills, if required.
- Keep a copy of your claim information for your records.
- When we receive information regarding your claim, you'll be notified by telephone or email. If you select the electronic messaging option, you'll receive a call when the claim is processed.

## Claim tips and information

- When submitting your claim, make sure to include all required supporting documentation, as this will allow us to process your claim quicker.
- To view correspondence pertaining to your claim, visit [ColonialLife.com](http://ColonialLife.com). Once you log in to your secure account, select [My Correspondence](#) from the home page.
- Whether you submit your claims online or by paper form, you can select optional services that authorize us to:
  - Communicate claims information via electronic messaging to your phone number.
  - Send claim benefits overnight by deducting a fee from your claim payment.
  - Release information to your benefits representative, plan administrator or family member.

**You can always check the status of your claim on the My Colonial Life site at [ColonialLife.com](http://ColonialLife.com).**

\*Applicable to vision rider on the individual dental plan

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# Voluntary Short-Term Disability Insurance Extender



## Disabilities can strike suddenly and without warning. Protect your income with Short-Term Disability Insurance.

Few people work solely because they want to. If you're like most people, you're in the work force because you or your family depends on your paycheck. Have you considered what would happen if your income suddenly stopped because of a disability? How would you pay for housing, food, transportation and other necessities?

### Protect your way of life.

A disability doesn't have to create a financial crisis for you and your family. With voluntary group short-term disability insurance from Colonial Life & Accident Insurance Company, coverage is available to help you with the cost of day-to-day living. With this coverage, you can concentrate on getting better, not on how you're going to make ends meet.

### What will be your benefit amount?

Your Weekly Benefit will be a maximum weekly benefit amount of \$250.00.

The **Elimination Period** is the number of consecutive days you must be totally disabled before benefits begin. It is reflected as a specified number of days for a disability due to injury and a specified number of days for a disability due to sickness.

#### Elimination Period

Injury: 90 days  
Sickness: 90 days

### How long will you receive benefits?

The maximum benefit period is 36 weeks.

If you receive benefits for a disability and return to work on a part-time basis, you may qualify for partial disability benefits. See the explanation of partial disability on the back of this brochure.

Some disabilities may not be covered. Please see the definition of "disability" and the "What Disabilities Are Not Covered" section on the back of this brochure.

### Plan Choice:

Non-Occupational Coverage

### Waiver of Premium

We will waive your premium payments when you begin receiving benefits.

### How much premium will you pay?

Your premium is based on your current age and the amount of coverage you are eligible to buy.

16 – 49	\$7.75/month	\$1.79/week
50+	\$17.25/month	\$3.98/week

# Frequently asked questions about Colonial Life's disability insurance:

## When will you be considered disabled?

You will be considered totally disabled when we determine that due to your sickness or injury:

- 1 You are unable to perform the material and substantial duties of your regular occupation; and
- 1 You are not working in any occupation.

At the time of claim, we will require proof that you personally visit a doctor as frequently as medically required and are receiving the most appropriate treatment and care.

## What if you're partially disabled?

Colonial Life will pay partial disability benefits if:

- 1 You have received total disability benefits under the certificate for at least 4 consecutive weeks;
- 1 You have begun performing at least one of the material and substantial duties of your regular occupation; and
- 1 You have a 20% or more loss in weekly earnings due to the same sickness or injury.

## What happens if you return to work full time and your disability occurs again?

If your current disability is related to or due to the same cause(s) as your prior disability, we will treat your current disability as part of your prior claim and you will not have to complete another elimination period if you have returned to work for the policyholder on a full-time basis for 14 consecutive days or less.

## What is a pre-existing condition?

You have a pre-existing condition if:

- 1 You received medical treatment, consultation, care or services including diagnostic measures, or took prescribed drugs or medicines in the 12 months just prior to your effective date of coverage; and
- 1 The disability begins in the first 12 months after your effective date of coverage.

## Can your premium change?

Your premium will change as you age, as your earnings change and if the rates we offer your employer change.

## What if you change employers?

This coverage is only available through your current employer and will end if you change employers.

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

(Applicable to Certificate Form VSTDC, including state variations where used, including, DC, MO, MT, OR and TX).

## What disabilities are not covered?

Your certificate does not cover any disabilities caused by, contributed to by, or resulting from your:

- 1 Intentionally self-inflicted injuries;
- 1 Active participation in a riot;
- 1 Loss of professional license, occupational license or certification;
- 1 Commission of a crime under state or federal law;
- 1 Pre-existing condition.

"Non-occupational Coverage" plans do not cover any disabilities caused by, contributed to by, or resulting from your occupational sickness or injury.

We will not cover a disability due to war, declared or undeclared, or any act of war.

We will not pay for any period of disability during which you are incarcerated.

## When will your benefits end?

- 1 After 4 consecutive weeks of total disability payments, when you are able to return to work in your regular occupation on a part-time basis but you choose not to:
  - 1 The end of the maximum period of payment;
  - 1 The date you are no longer disabled under the terms of the policy;
  - 1 The date you fail to submit proof of continuing disability;
  - 1 The date your partial disability earnings exceed the amount allowable under the policy; or
  - 1 The date you die.

## When will your insurance end?

Your coverage under the policy ends on the earliest of the following dates:

- 1 The date the policy is cancelled;
- 1 The date you are no longer in an eligible class; the date the eligible class is no longer covered;
- 1 Or the later of:
  - o The last day of the period for which you made any required contributions; or
  - o The last day you are in active employment, except as described in the certificate of coverage.

## Participation requirements

A specified number of your group's employees must maintain coverage in this plan to keep it in force.



## 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 they need?

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 peace of mind with whole life insurance from Colonial Life.



In the U.S., medical spending in the **last 12 months** of life is nearly \$80,000 per person.

HealthAffairs.org, End-Of-Life Medical Spending In Last Twelve Months Of Life Is Lower Than Previously Reported, July 2017.



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

Talk with your benefits counselor for information about what level of coverage would work best for you.

### Advantages of whole life insurance

- Permanent coverage that stays the same throughout the life of the policy
- Guaranteed level premiums that do not increase because of changes in health or age
- Access to the policy's cash value through a policy loan for emergencies<sup>1</sup>
- Benefit for the beneficiary that is typically tax-free

### Benefits and features

- Two plan options to choose what age your premium payments will end – Paid-Up at Age 70 or Paid-Up at Age 100
- Stand-alone spouse policy available whether or not you buy a policy for yourself
- Flexibility to keep the policy if you change jobs or retire
- Built-in terminal illness accelerated death benefit that provides up to 75% of the policy's death benefit (up to \$150,000) if you're diagnosed with a terminal illness<sup>2</sup>
- Immediate \$3,000 claim payment that can help your designated beneficiary pay for funeral costs or other expenses
- Pays cash surrender value at age 100 (when the policy ends)

# Benefits worksheet

For use with your  
benefits counselor

## HOW MUCH COVERAGE DO YOU NEED?

**YOU** \$ \_\_\_\_\_

Select the option:

- Paid-Up at Age 70
- Paid-Up at Age 100

**SPOUSE** \$ \_\_\_\_\_

Select the option:

- Paid-Up at Age 70
- Paid-Up at Age 100

**DEPENDENT STUDENT** \$ \_\_\_\_\_

- Paid-Up at Age 70
- Paid-Up at Age 100

### Select any optional riders:

- Spouse term life rider  
\$ \_\_\_\_\_ face amount  
for \_\_\_\_\_-year term period
- Children's term life rider  
\$ \_\_\_\_\_ face amount
- Accidental death benefit rider
- Chronic care accelerated death benefit rider
- Critical illness accelerated death benefit rider
- Guaranteed purchase option rider
- Waiver of premium benefit rider

To learn more, talk with your  
benefits counselor.

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## Additional coverage options

### Spouse term life rider

Cover your spouse up to a maximum death benefit of \$50,000; 10-year and 20-year spouse term riders are available.

### Juvenile whole life policy

You can purchase a policy while children are young and premiums are low – 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. The plan is paid-up at age 70.

### Children's term life rider

You may purchase up to \$20,000 in term life coverage for all of your eligible dependent children and pay one premium. The children's term life rider may be added to either your policy or your spouse's policy – not both.

### Accidental death benefit rider

The beneficiary may receive an additional benefit if the covered person dies as a result of an accident before age 70. The benefit doubles if the accidental bodily injury occurs while riding as a fare-paying passenger using public transportation, such as ride-sharing services. An additional 25% will be payable if the injury is sustained while driving or riding in a private passenger vehicle and wearing a seatbelt.

### Chronic care accelerated death benefit rider

If a licensed health care practitioner certifies that you have a chronic illness, you may receive an advance on all or a portion of the death benefit, available in a one-time lump sum or monthly payments.<sup>2</sup> A chronic illness means you require substantial supervision due to a severe cognitive impairment or you may be unable to perform at least two of the six Activities of Daily Living (bathing, continence, dressing, eating, toileting and transferring). Premiums are waived during the benefit period.

### Critical illness accelerated death benefit rider

If you suffer a heart attack (myocardial infarction), stroke or end-stage renal (kidney) failure, a \$5,000 benefit is payable.<sup>2</sup> A subsequent diagnosis benefit is included.

### Guaranteed purchase option rider

If you are age 50 or younger when you purchase the policy, you can add the rider, which allows you 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.

### Waiver of premium benefit rider

Premiums are waived (for the policy and riders) if you become totally disabled before the policy anniversary following your 65th birthday and you satisfy the six-month elimination period. Once you are no longer disabled, premium payments will resume.

<sup>1</sup> Loan should be repaid to protect the policy's value.

<sup>2</sup> Any payout would reduce the death benefit. Benefits may be taxable as income. Individuals should consult with their legal or tax counsel when deciding to apply for accelerated benefits.

## EXCLUSIONS AND LIMITATIONS

If the insured dies by suicide, whether sane or insane, within two years (one year in ND) from the coverage effective date or the date of reinstatement, we will not pay the death benefit. We will terminate this policy and return the premiums paid without interest, 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 brochure is applicable to policy forms ICC19-IWL5000-70/IWL5000-70, ICC19-IWL5000-100/IWL5000-100, ICC19-IWL5000J/IWL5000J and rider forms ICC19-R-IWL5000-STR/R-IWL5000-STR, ICC19-R-IWL5000-CTR/R-IWL5000-CTR, ICC19-R-IWL5000-WP/R-IWL5000-WP, ICC19-R-IWL5000-ACCD/R-IWL5000-ACCD, ICC19-R-IWL5000-CI/R-IWL5000-CI, ICC19-R-IWL5000-CC/R-IWL5000-CC, ICC19-R-IWL5000-GPO/R-IWL5000-GPO and applicable state variations.