



# Cancer Insurance

## Cancer Assist helps protect employees and their loved ones through diagnosis, treatment and recovery

This individual voluntary policy provides benefits that can be used for both medical and out-of-pocket, non-medical expenses traditional health insurance may not cover. Cancer Assist can enhance any competitive benefits package without adding costs to a company's bottom line.

### COMPETITIVE ADVANTAGES

- Composite rates for issue ages 17-75.
- Four plan levels to meet a variety of budgets and coverage needs.
- 30+ indemnity-based benefits provide exactly what's listed for the selected plan level.
- The plan's family care benefit provides a daily benefit when a covered dependent child receives inpatient or outpatient cancer treatment.
- Employer-optional cancer wellness/health screening benefits are available. Employer chooses benefit amount (\$25, \$50, \$75 or \$100), payable once per covered person per calendar year.
  - Part One covers 24 tests.
  - Part Two covers an invasive diagnostic test or surgical procedure if an abnormal result from a Part One test requires additional testing. Matches Part One benefit.

### ATTRACTIVE FEATURES

- Available for businesses with 3+ eligible employees.
- Benefits that don't coordinate with any other coverage from any other insurer.
- HSA-compliant.
- Guaranteed renewable.
- Employees can keep their coverage if they change jobs or retire.
- Waiver of premium available.
- In most states, benefits require incurred charges so we do not file a Form 1099.<sup>1</sup>

### FLEXIBLE FAMILY COVERAGE

- Individual, individual/spouse, one-parent and two-parent family policies
- Family coverage that includes eligible dependent children (to age 26) for the same rate, regardless of the number of children covered

### OPTIONAL RIDERS (available at an additional cost/payable once per covered person)

- Initial diagnosis of cancer rider. One-time benefit, available in \$1,000 increments from \$1,000-\$10,000 chosen by policyholder. The benefit for covered dependent children is two-and-a-half times (\$2,500-25,000) the chosen benefit amount.
- Initial diagnosis of cancer progressive payment rider. Benefit builds by \$50 each month the rider is in force, after the waiting period, until a diagnosis of cancer. The issue ages for this rider are 17-64.
- Specified disease hospital confinement rider. \$300 per day for confinement to a hospital for treatment of one of 34 covered, specified diseases.



Scan the code to see how cancer insurance can help employees and employers, or go to [coloniallife.com/eb-cancer](https://coloniallife.com/eb-cancer).

## Cancer Assist benefits overview



This overview shows benefits available for all four plan levels and the range of benefit amounts payable for most common cancer treatments. Each benefit is payable for each covered person under the policy. Actual benefits vary based on the plan level selected.

### Radiation/chemotherapy

#### Weekly benefit

- Injected chemotherapy by medical personnel: \$250-\$1,000
- Radiation delivered by medical personnel: \$250-\$1,000

#### Monthly chemotherapy benefit

- Self-injected: \$150-\$400
- Pump: \$150-\$400
- Topical: \$150-\$400
- Oral hormonal [1-24 months]: \$150-\$400
- Oral hormonal [25+ months]: \$75-\$200
- Oral non-hormonal: \$150-\$400

### Anti-nausea medication

\$25-\$60 per day, up to \$100-\$240 per calendar month

### Medical imaging studies

\$75-\$225 per study, up to \$150-\$450 per calendar year

### Outpatient surgical center

\$100-\$400 per day, up to \$300-\$1,200 per calendar year

### Skin cancer initial diagnosis

\$300-\$600 payable once per lifetime

### Surgical procedures

Inpatient and outpatient surgeries: \$40-\$70 per surgical unit, up to \$2,500-\$6,000 per procedure

### Reconstructive surgery

\$40-\$60 per surgical unit, up to \$2,500-\$3,000 per procedure including 25% for general anesthesia

### Anesthesia

- General: 25% of surgical procedures benefit
- Local: \$25-\$50 per procedure

### Hospital confinement

- 30 days or less: \$100-\$350 per day
- 31 days or more: \$200-\$700 per day

### Family care

Inpatient and outpatient treatment for a covered dependent child: \$30-\$60 per day, up to \$1,500-\$3,000 per calendar year

### Transportation and lodging

Benefits for treatment more than 50 miles from covered person's home:

- Transportation for treatment: \$0.50 per mile, up to \$1,000-\$1,500 per round trip
- Companion transportation (for any companion, not just a family member) for commercial travel: \$0.50 per mile, up to \$1,000-\$1,500 per round trip
- Lodging for the covered person or any one adult companion or family member: \$50-\$80 per day, up to 70 days per calendar year

### Benefits also included in each plan

- Air ambulance and ambulance
- Blood/plasma/platelets/immunoglobulins
- Bone marrow or peripheral stem cell donation/transplant
- Bone marrow donor screening
- Cancer vaccine and experimental treatment
- Egg(s) extraction or harvesting/sperm collection and storage (cryopreservation)
- Hair/external breast/voice box prosthesis
- Home health care and private full-time nursing services
- Plus several more

[Talk with your benefits representative to learn more.](#)

1. Not intended to be tax advice. Employees should contact a tax advisor concerning their personal tax situation.

#### THIS POLICY PROVIDES LIMITED BENEFITS

Each benefit requires that charges are incurred for treatment. All benefits and riders are subject to a 30-day waiting period. Waiting period means the first 30 days following the policy's coverage effective date during which no benefits are payable. States without a waiting period will have a pre-existing condition limitation.

Insureds in CA, MA, and VT must be covered by comprehensive health insurance before applying for cancer insurance.

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

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# Cancer Insurance

## Level 3 benefits

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.


BENEFIT DESCRIPTION	BENEFIT AMOUNT	BENEFIT DESCRIPTION	BENEFIT AMOUNT
<b>Air ambulance</b> ..... \$2,000 per trip Transportation to or from a hospital or medical facility [max. of two trips per confinement]	\$2,000 per trip	<b>Companion transportation</b> ..... \$0.50 per mile Companion travels by plane, train or bus to accompany a covered cancer patient more than 50 miles one way for treatment [up to \$1,200 per round trip]	\$0.50 per mile
<b>Ambulance</b> ..... \$250 per trip Transportation to or from a hospital or medical facility [max. of two trips per confinement]	\$250 per trip	<b>Egg(s) extraction or harvesting/sperm collection and storage</b> Extracted/harvested or collected before chemotherapy or radiation [once per lifetime] <ul style="list-style-type: none"> <li>• Egg(s) extraction or harvesting/sperm collection . . . . \$1,000</li> <li>• Egg(s) or sperm storage (cryopreservation) . . . . . \$350</li> </ul>	\$1,000
<b>Anesthesia</b> Administered during a surgical procedure for cancer treatment <ul style="list-style-type: none"> <li>• General anesthesia . . . . <b>25% of surgical procedures benefit</b></li> <li>• Local anesthesia . . . . . \$40 per procedure</li> </ul>	\$40 per procedure	<b>Experimental treatment</b> ..... \$300 per day Hospital, medical or surgical care for cancer [\$15,000 lifetime max.]	\$300 per day
<b>Anti-nausea medication</b> ..... \$50 per day administered or per prescription filled  Doctor-prescribed medication for radiation or chemotherapy [\$200 monthly max.]	\$50 per day administered or per prescription filled	<b>Family care</b> ..... \$50 per day Inpatient or outpatient treatment for a covered dependent child [\$2,500 calendar year max.]	\$50 per day
<b>Blood/plasma/platelets/immunoglobulins</b> . . . . . \$175 per day A transfusion required during cancer treatment [\$10,000 calendar year max.]	\$175 per day	<b>Hair/external breast/voice box prosthesis</b> ..... \$350 per calendar year Prosthesis needed as a direct result of cancer	\$350 per calendar year
<b>Bone marrow donor screening</b> . . . . . \$50 Testing in connection with being a potential donor [once per lifetime]	\$50	<b>Home health care services<sup>1</sup></b> . . . . . \$100 per day Examples include physical therapy, occupational therapy, speech therapy and audiology; prosthesis and orthopedic appliances; rental or purchase of durable medical equipment [up to 30 days per calendar year or twice the number of days hospital confined, whichever is greater]	\$100 per day
<b>Bone marrow or peripheral stem cell donation</b> ..... \$750 Receiving another person's bone marrow or stem cells for a transplant [once per lifetime]	\$750	<b>Hospice (initial or daily care)<sup>2</sup></b> An initial, one-time benefit and a daily benefit for treatment [\$15,000 lifetime max. for both] <ul style="list-style-type: none"> <li>• Initial hospice care [once per lifetime] . . . . . \$1,000</li> <li>• Daily hospice care . . . . . \$50 per day</li> </ul>	\$1,000
<b>Bone marrow or peripheral stem cell transplant</b> ..... \$7,000 per transplant Transplant you receive in connection with cancer treatment [max. of two bone marrow transplant benefits per lifetime]	\$7,000 per transplant		
<b>Cancer vaccine</b> ..... \$50 An FDA-approved vaccine for the prevention of cancer [once per lifetime]	\$50		

**BENEFIT DESCRIPTION** **BENEFIT AMOUNT**

<b>Hospital confinement</b>	
Hospital stay (including intensive care) required for cancer treatment	
• 30 days or less	<b>\$250 per day</b>
• 31 days or more	<b>\$500 per day</b>
<b>Lodging</b>	<b>\$75 per day</b>
Hotel/motel expenses when being treated for cancer more than 50 miles from home [70-day calendar year max.]	
<b>Medical imaging studies</b>	<b>\$175 per study</b>
Specific studies for cancer treatment [\$350 calendar year max.]	
<b>Outpatient surgical center</b>	<b>\$300 per day</b>
Surgery at an outpatient center for cancer treatment [\$900 calendar year max.]	
<b>Private full-time nursing services</b>	<b>\$125 per day</b>
Services while hospital confined other than those regularly furnished by the hospital	
<b>Prosthetic device/artificial limb</b>	<b>\$2,000 per device or limb</b>
A surgical implant needed because of cancer surgery [payable one per site, \$4,000 lifetime max.]	
<b>Radiation/chemotherapy</b>	
Weekly benefit [max. once per week]	
• Injected chemotherapy by medical personnel	<b>\$750</b>
• Radiation delivered by medical personnel	<b>\$750</b>
Monthly chemotherapy benefit [max. once per month]	
• Self-injected	<b>\$300</b>
• Pump	<b>\$300</b>
• Topical	<b>\$300</b>
• Oral hormonal [1-24 months]	<b>\$300</b>
• Oral hormonal [25+ months]	<b>\$150</b>
• Oral non-hormonal	<b>\$300</b>

**BENEFIT DESCRIPTION** **BENEFIT AMOUNT**

<b>Reconstructive surgery<sup>3</sup></b>	<b>\$60 per surgical unit</b>
A surgery to reconstruct anatomic defects that result from cancer treatment [up to \$3,000 per procedure, including 25% for general anesthesia]	
<b>Second medical opinion<sup>4</sup></b>	<b>\$300</b>
A second physician's opinion on cancer surgery or treatment [once per lifetime]	
<b>Skilled nursing care facility</b>	<b>\$100 per day</b>
Confinement to a covered facility after hospital release [up to the number of days paid for hospital confinement]	
<b>Skin cancer initial diagnosis</b>	<b>\$400</b>
A skin cancer diagnosis while the policy is in force [once per lifetime]	
<b>Supportive or protective care drugs and colony stimulating factors</b>	<b>\$150 per day</b>
Doctor-prescribed drugs to enhance or modify radiation/chemotherapy treatments [\$1,200 calendar year max.]	
<b>Surgical procedures</b>	<b>\$60 per surgical unit</b>
Inpatient or outpatient surgery for cancer treatment [\$5,000 max. per procedure]	
<b>Transportation</b>	<b>\$0.50 per mile</b>
Travel expenses when being treated for cancer more than 50 miles from home [up to \$1,200 per round trip]	
<b>Waiver of premium</b>	<b>Is available</b>
No premiums due if the named insured is disabled longer than 90 consecutive days	



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

In MD, Tobacco cessation benefit available. \$20 per prescription filled, maximum of two 90-day prescriptions per covered person.

In MT, Mammography benefit available. \$70 for one baseline mammogram for ages 35-39; one mammogram every two years for ages 40-49; one mammogram each year for ages 50+.

1. In CO, Home health care services maximum is up to 60 days per calendar year or twice the number of days hospital confined, whichever is greater. In WI, Home health care services maximum is up to 40 days per calendar year or twice the number of days hospital confined, whichever is greater.
2. In CO, no hospice benefit available.
3. In OK, Reconstructive surgery is \$30 per surgical unit.
4. In MD, Second medical opinion is \$75 maximum of one per covered person per hospital confinement.

**THIS POLICY PROVIDES LIMITED BENEFITS.**

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. Applicable to policy form CanAssist (including state abbreviations where used, for example: CanAssist-TX). This chart is not complete without form number 1170702 (Exclusions & Limitations) in states CO, ID, MD, MN, MO, NC, OK, SC, SD, VT and WA. For cost and complete details of coverage, call or write your Colonial Life benefits counselor or the company.

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FOR EMPLOYEES 7-22 | 101484-4



# Cancer Insurance\*

## Level 4 benefits


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.

BENEFIT DESCRIPTION	BENEFIT AMOUNT
<b>Air ambulance</b> . . . . .	<b>\$2,000 per trip</b>
Transportation to or from a hospital or medical facility [max. of two trips per confinement for the treatment of cancer]	
<b>Ambulance</b> . . . . .	<b>\$250 per trip</b>
Transportation to or from a hospital or medical facility [max. of two trips per confinement for the treatment of cancer]	
<b>Anesthesia<sup>1</sup></b>	
Administered during a surgical procedure for cancer treatment	
• General anesthesia . . . . .	<b>25% of surgical procedures benefit</b>
• Local anesthesia . . . . .	<b>\$50 per procedure</b>
<b>Anti-nausea medication</b> . . . . .	<b>\$.60 per day administered or per prescription filled</b>
Doctor-prescribed medication for radiation or chemotherapy [\$240 monthly max.]	
<b>Blood/plasma/platelets/immunoglobulins</b> . . . . .	<b>\$250 per day</b>
A transfusion required during cancer treatment [\$10,000 calendar year max.]	
<b>Bone marrow donor screening</b> . . . . .	<b>\$.50</b>
Testing in connection with being a potential donor [once per lifetime]	
<b>Bone marrow or peripheral stem cell donation</b> . . . . .	<b>\$1,000</b>
Receiving another person's bone marrow or stem cells for a transplant [once per lifetime]	
<b>Bone marrow or peripheral stem cell transplant</b> . . . . .	<b>\$10,000 per transplant</b>
Transplant you receive in connection with cancer treatment [max. of two bone marrow transplant benefits per lifetime]	
<b>Cancer vaccine</b> . . . . .	<b>\$.50</b>
An FDA-approved vaccine for the prevention of cancer [once per lifetime]	

BENEFIT DESCRIPTION	BENEFIT AMOUNT
<b>Companion transportation</b> . . . . .	<b>\$.50 per mile</b>
Companion travels by plane, train or bus to accompany a covered cancer patient more than 50 miles one way for treatment [up to \$1,500 per round trip]	
<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 . . . . .	<b>\$1,500</b>
• Egg(s) or sperm storage (cryopreservation) . . . . .	<b>\$500</b>
<b>Experimental treatment</b> . . . . .	<b>\$300 per day</b>
Hospital, medical or surgical care for cancer [\$15,000 lifetime max.]	
<b>Family care</b> . . . . .	<b>\$60 per day</b>
Inpatient or outpatient treatment for a covered dependent child [\$3,000 calendar year max.]	
<b>Hair/external breast/voice box prosthesis</b> . . . . .	<b>\$500 per calendar year</b>
Prosthesis needed as a direct result of cancer	
<b>Home health care services<sup>2</sup></b> . . . . .	<b>\$.150 per day</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]	
<b>Hospice (initial or daily care)<sup>3</sup></b>	
An initial, one-time benefit and a daily benefit for treatment [\$15,000 lifetime max. for both]	
• Initial hospice care [once per lifetime] . . . . .	<b>\$1,000</b>
• Daily hospice care . . . . .	<b>\$50 per day</b>

BENEFIT DESCRIPTION	BENEFIT AMOUNT
<b>Hospital confinement</b> Hospital stay (including intensive care) required for cancer treatment	
• 30 days or less	<b>\$350 per day</b>
• 31 days or more	<b>\$700 per day</b>
<b>Lodging</b>	<b>\$80 per day</b>
Hotel/motel expenses when being treated for cancer more than 50 miles from home [70-day calendar year max.]	
<b>Medical imaging studies</b>	<b>\$225 per study</b>
Specific studies for cancer treatment [\$450 calendar year max.]	
<b>Outpatient surgical center</b>	<b>\$400 per day</b>
Surgery at an outpatient center for cancer treatment [\$1,200 calendar year max.]	
<b>Private full-time nursing services</b>	<b>\$150 per day</b>
Services while hospital confined other than those regularly furnished by the hospital	
<b>Prosthetic device/artificial limb</b>	<b>\$3,000 per device or limb</b>
A surgical implant needed because of cancer surgery [payable one per site, \$6,000 lifetime max.]	
<b>Radiation/chemotherapy</b> Weekly benefit [max. once per week]	
• Injected chemotherapy by medical personnel	<b>\$1,000</b>
• Radiation delivered by medical personnel	<b>\$1,000</b>
Monthly chemotherapy benefit [max. once per month]	
• Self-injected	<b>\$400</b>
• Pump	<b>\$400</b>
• Topical	<b>\$400</b>
• Oral hormonal [1-24 months]	<b>\$400</b>
• Oral hormonal [25+ months]	<b>\$200</b>
• Oral non-hormonal	<b>\$400</b>

BENEFIT DESCRIPTION	BENEFIT AMOUNT
<b>Reconstructive surgery<sup>4</sup></b>	<b>\$60 per surgical unit</b>
A surgery to reconstruct anatomic defects that result from cancer treatment [up to \$3,000 per procedure, including 25% for general anesthesia]	
<b>Second medical opinion<sup>5</sup></b>	<b>\$300</b>
A second physician's opinion on cancer surgery or treatment [once per lifetime]	
<b>Skilled nursing care facility</b>	<b>\$150 per day</b>
Confinement to a covered facility after hospital release [up to the number of days paid for hospital confinement]	
<b>Skin cancer initial diagnosis</b>	<b>\$600</b>
A skin cancer diagnosis while the policy is in force [once per lifetime]	
<b>Supportive or protective care drugs and colony stimulating factors</b>	<b>\$200 per day</b>
Doctor-prescribed drugs to enhance or modify radiation/chemotherapy treatments [\$1,600 calendar year max.]	
<b>Surgical procedures</b>	<b>\$70 per surgical unit</b>
Inpatient or outpatient surgery for cancer treatment [\$6,000 max. per procedure]	
<b>Transportation</b>	<b>\$0.50 per mile</b>
Travel expenses when being treated for cancer more than 50 miles from home [up to \$1,500 per round trip]	
<b>Waiver of premium</b>	<b>Is available</b>
No premiums due if the named insured is disabled longer than 90 consecutive days	



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

\*The filed product name is Specified Disease Insurance in most states. In FL and VT, the filed product name is Limited Benefit Insurance. Please refer to the policy for complete definitions of covered conditions.

In MD, Tobacco cessation benefit available. \$20 per prescription filled, maximum of two 90-day prescriptions per covered person.

In MT, Mammography benefit available. \$70 for one baseline mammogram for ages 35-39; one mammogram every two years for ages 40-49; one mammogram each year for ages 50+.

1. If a covered person has more than one surgical procedure performed at the same time, we will pay the anesthesia benefit that has the highest dollar value.
2. In CO, Home health care services maximum is up to 60 days per calendar year or twice the number of days hospital confined, whichever is greater. In WI, Home health care services maximum is up to 40 days per calendar year or twice the number of days hospital confined, whichever is greater.
3. In CO, no hospice benefit available.
4. In OK, Reconstructive surgery is \$30 per surgical unit.
5. In MD, Second medical opinion is \$100 maximum of one per covered person per hospital confinement.

**THIS POLICY PROVIDES LIMITED BENEFITS.**

This coverage is a supplement to health insurance. It is not a substitute for essential health benefits or minimum essential coverage as defined in federal law. Insureds in some states must be covered by comprehensive health insurance before applying for cancer insurance.

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Applicable to policy form CanAssist (including state abbreviations where used, for example: CanAssist-TX). This chart is not complete without form number 1170702 (Exclusions & Limitations) in applicable states. For cost and complete details of coverage, call or write your Colonial Life benefits counselor or the company.

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