

Group Critical Illness

Colonial Life's Group Critical Illness insurance helps your employees and their families maintain financial security during the lengthy, expensive recovery period after an illness has been diagnosed. It provides a lump-sum benefit to help with out-of-pocket medical costs or everyday expenses. There are also options to include coverage for cancer treatment, heart procedures, infectious diseases and progressive diseases, such as Alzheimer's disease.

Coverage is available to: Named Insured (Employee); Named Insured and Spouse; Name Insured and Dependent Children (One-Parent Family); and Named Insured, Spouse and Dependent Children (Two-Parent Family).

Features

- Option to combine cancer and critical illness coverage into a single policy
- Benefits are payable in addition to other insurance your employees may have with other insurance companies
- Benefits are payable directly to the employee unless they specify otherwise
- Benefits are payable multiple times for the same or different covered conditions
- Benefits may be used however the covered person chooses. Typical uses include:
 - Out-of-pocket medical costs
 - Home health care
 - Recovery and rehabilitation
 - Daily living expenses
 - Travel expenses to and from treatment centers
- Guaranteed Issue for all employees and their families with participation
- All plans are Health Savings Account (HSA)-compliant
- Rates are guaranteed for one year
- Coverage is portable. Employees can continue their coverage if they change jobs or retire.

Benefits

As the employer, you will make several choices to tailor the plan design for your employees.

Plan Design

You may choose to offer up to two plans for your employees from the four options. The available combinations are:

- Plans 1 and 2
- Plans 1 and 3
- Plans 1 and 4
- Plans 2 and 3

	Plan 1	Plan 2	Plan 3	Plan 4
Critical Illness with Benefit Payable Upon Subsequent Diagnosis of a Critical Illness	•	•		
Cancer with Reoccurrence of Invasive Cancer (Including all Breast Cancer)		•	•	•
Cancer Benefits				•

Proposal applicable to UT

This information is only intended for proposal use with employers.

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Rate Structure

You may choose either an issue or attained age rate structure for Plans 1, 2, and 3 (only one rate structure may be selected). Plan 4 always uses composite rates.

Critical Illness Benefit (Included in Plans 1 and 2)

	Critical Illness	Percentage of Applicable Face Amount
Plans 1 and 2	<ul style="list-style-type: none"> Benign Brain Tumor Coma End Stage Renal (Kidney) Failure Heart Attack (Myocardial Infarction) Loss of Hearing Loss of Sight Loss of Speech Major Organ Failure Requiring Transplant Occupational Infectious HIV or Occupational Infectious Hepatitis B, C, or D Permanent Paralysis due to a Covered Accident Stroke Sudden Cardiac Arrest 	100%
	Coronary Artery Disease	25%
Plans 1 and 2 – One-Parent or Two-Parent Family Coverage	Additional Covered Conditions for Dependent Children: <ul style="list-style-type: none"> Cerebral Palsy Cleft Lip or Palate Cystic Fibrosis Down Syndrome Spina Bifida 	100%

Benefit Payable Upon Subsequent Diagnosis of a Critical Illness - Allows the covered person to use the coverage more than once.

The plan includes coverage for subsequent diagnosis of a different critical illness.

- If the covered person receives a benefit for a critical illness, and is later diagnosed with a *different* critical illness, we may pay 100% of the applicable face amount for the critical illness diagnosed.

The plan includes coverage for subsequent diagnosis of the same critical illness.

- If the covered person receives a benefit for a critical illness and is later diagnosed with the *same* critical illness (except those listed below), we may pay 25% of the applicable face amount. Critical illnesses that do not qualify include:
 - Coronary Artery Disease;
 - Loss of Hearing;
 - Loss of Sight;
 - Loss of Speech; and
 - Occupational Infectious HIV or Occupational Infectious Hepatitis B, C or D.

Dates of diagnoses of covered critical illnesses must be separated by more than 180 days. There is no maximum benefit amount under the Benefit Payable Upon Subsequent Diagnosis of a Critical Illness.

Diagnosis of Cancer Benefits (Included in Plans 2, 3, and 4)

Diagnosis	We may pay:
Invasive Cancer (Including all Breast Cancer)	100% of face amount
Non-Invasive Cancer	25% of face amount
Skin Cancer Initial Diagnosis	\$400 per lifetime

The plan includes Reoccurrence of Invasive Cancer (Including all Breast Cancer)

- If a covered person has been diagnosed with and received a benefit for Invasive Cancer (Including all Breast Cancer) and is diagnosed with a reoccurrence of invasive cancer, we may pay an amount equal to 25% of the initial benefit amount for the invasive cancer diagnosed if the covered person is treatment free for at least 12 months and in complete remission prior to the date of reoccurrence.

The Benefit Payable Upon Reoccurrence of Invasive Cancer (Including all Breast Cancer) is not payable for non-invasive or skin cancer.



Cancer Benefits (always included when plan 4 is offered). The employee selects the level of coverage.

Benefit	Level 1	Level 2	Level 3
Air Ambulance <i>Maximum of two trips per confinement per covered person</i>	\$2,000 per trip	\$2,000 per trip	\$2,000 per trip
Ambulance <i>Maximum of two trips per confinement per covered person</i>	\$250 per trip	\$250 per trip	\$250 per trip
Anesthesia – General	25% of Surgical Procedures Benefit	25% of Surgical Procedures Benefit	25% of Surgical Procedures Benefit
Anesthesia – Local	\$25 per procedure	\$30 per procedure	\$50 per procedure
Anti-Nausea Medication <i>Maximum benefit amount per covered person per calendar month</i>	\$25 per day administered or per prescription filled \$100	\$40 per day administered or per prescription filled \$160	\$50 per day administered or per prescription filled \$200
Blood/Plasma/Platelets/Immunoglobulins <i>Maximum benefit amount of \$10,000 per covered person per calendar year</i>	\$150 per day	\$175 per day	\$250 per day
Bone Marrow Donor Screening <i>Maximum of one per covered person per lifetime</i>	\$50 per lifetime	\$50 per lifetime	\$50 per lifetime
Bone Marrow or Peripheral Stem Cell Donation <i>Maximum of one per covered person per lifetime</i>	\$500 per lifetime	\$750 per lifetime	\$1,000 per lifetime
Bone Marrow or Peripheral Stem Cell Transplant <i>Maximum of two transplant benefits per covered person per lifetime</i>	\$3,500 per transplant	\$4,000 per transplant	\$7,000 per transplant
Cancer Vaccine Benefit (FDA approved) <i>Maximum of one per covered person per lifetime</i>	\$50 per lifetime	\$50 per lifetime	\$50 per lifetime
Companion Transportation <i>Maximum benefit amount of \$1,000 per covered person per round trip</i>	\$.50 per mile	\$.50 per mile	\$.50 per mile

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Benefit	Level 1	Level 2	Level 3
Egg(s) Extraction or Harvesting/Sperm Collection and Storage (Cryopreservation)			
Egg(s) Extraction or Harvesting or Sperm Collection <i>Maximum of one per covered person per lifetime</i>	\$500 per lifetime	\$700 per lifetime	\$1,000 per lifetime
Egg(s) or Sperm Storage <i>Maximum of one per covered person per lifetime</i>	\$150 per lifetime	\$175 per lifetime	\$300 per lifetime
Experimental Treatment <i>Maximum benefit amount per covered person per calendar year</i>	\$200 per day \$2,000	\$250 per day \$2,500	\$300 per day \$3,000
Hair/External Breast/Voice Box Prosthesis <i>Per covered person per calendar year</i>	\$200 per year	\$200 per year	\$350 per year
Home Health Care Services <i>Maximum of 30 days per covered person per calendar year or twice the number of days of hospital confinement per covered person per calendar year</i>	\$50 per day	\$75 per day	\$100 per day
Hospice – Initial Hospice Care <i>Maximum of one per covered person per lifetime</i>	\$1,000 per lifetime	\$1,000 per lifetime	\$1,000 per lifetime
Hospice – Daily Hospice Care <i>Maximum benefit amount of \$15,000 for initial and daily hospice care per covered person per lifetime</i>	\$50 per day	\$50 per day	\$50 per day
Hospital Confinement - 30 days or less <i>Per covered person per day</i>	\$100 per day	\$200 per day	\$300 per day
Hospital Confinement - 31 days or more <i>Per covered person per day</i>	\$200 per day	\$400 per day	\$600 per day

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Benefit	Level 1	Level 2	Level 3
Lodging <i>Maximum of 90 days per covered person per calendar year</i>	\$50 per day	\$50 per day	\$75 per day
Medical Imaging Studies <i>Maximum benefit amount per covered person per calendar year</i>	\$50 per study \$100	\$75 per study \$150	\$125 per study \$250
Outpatient Surgical Center <i>Maximum benefit amount per covered person per calendar year</i>	\$150 per day \$450	\$250 per day \$750	\$500 per day \$1,500
Private Full-time Nursing Services (while hospitalized)	\$50 per covered person per day	\$100 per covered person per day	\$150 per covered person per day
Prosthetic Device/Artificial Limb <i>Maximum benefit amount per covered person per lifetime</i>	\$1,000 per device or limb \$2,000	\$1,500 per device or limb \$3,000	\$3,000 per device or limb \$6,000
Radiation/Chemotherapy or Immunotherapy Self-Administered Self-Injected Topical Oral Non-Hormonal <i>Maximum benefit amount per covered person per calendar year</i> Physician-Administered Injected chemotherapy by medical personnel Pump Immunotherapy <i>Maximum benefit amount per covered person per calendar year</i> Hormonal Therapy Oral Hormonal <i>Maximum benefit amount per covered person per calendar year</i>	\$100 per calendar month \$1,200 \$250 per calendar month \$3,000 \$50 per calendar month \$600	\$200 per calendar month \$2,400 \$350 per calendar month \$4,200 \$75 per calendar month \$900	\$400 per calendar month \$4,800 \$700 per calendar month \$8,400 \$150 per calendar month \$1,800

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Benefit	Level 1	Level 2	Level 3
Reconstructive Surgery <i>Maximum benefit amount per covered person per procedure, including 25% for general anesthesia; limit two per site</i>	\$30 per surgical unit \$1,500	\$40 per surgical unit \$2,000	\$60 per surgical unit \$3,000
Second Medical Opinion <i>Maximum of one per covered person per lifetime</i>	\$150 per lifetime	\$200 per lifetime	\$300 per lifetime
Skilled Nursing Care Facility <i>Per covered person per day up to the number of days for hospital confinement</i>	\$75	\$100	\$150
Supportive or Protective Care Drugs and Colony Stimulating Factors <i>Maximum benefit amount per covered person per calendar year</i>	\$25 per day \$200	\$40 per day \$320	\$50 per day \$400
Surgical Procedures <i>Maximum benefit amount per covered person per procedure</i>	\$30 per surgical unit \$1,800	\$50 per surgical unit \$3,500	\$60 per surgical unit \$4,800
Transportation <i>Maximum benefit amount per covered person per round trip</i>	\$.50 per mile \$1,000	\$.50 per mile \$1,200	\$.50 per mile \$1,500
Waiver of Premium	Yes	Yes	Yes

Wellbeing Assistance Benefit

You may choose to include this benefit with any plans. If included, you select the benefit amount of \$50, \$75, or \$100.

The covered tests include:

- Blood test for triglycerides
- Bone marrow testing
- BRCA1 or BRCA2 testing
- Breast ultrasound
- Carotid Doppler
- CA 15-3
- CA 125
- CEA
- Chest x-ray
- Colonoscopy
- Electrocardiogram (EKG, ECG)
- Echocardiogram (ECHO)
- Fasting blood glucose
- Flexible sigmoidoscopy
- Hemoccult stool analysis
- Mammography
- Pap smear
- PSA
- Serum protein electrophoresis
- Serum cholesterol test for HDL and LDL
- Skin cancer biopsy
- Stress test on a bicycle or treadmill
- Thermography
- ThinPrep pap test
- Virtual colonoscopy

This benefit is payable once per covered person per calendar year. There is a 30-day waiting period before the benefit is payable. The test must be performed after the waiting period.

Additional Coverage Options

You may choose up to three riders to offer with the selected plans to your employees:

First Diagnosis Building Benefit Rider:

- The rider provides a lump-sum benefit upon diagnosis of a covered critical illness or Invasive Cancer (Including all Breast Cancer), in addition to the covered person's face amount.
- The benefit amount builds for each covered person each year the rider is in force up to a maximum of 10 rider years, as long as the benefit isn't used. The benefit builds by \$1,000 per year for the named insured and \$500 for the spouse and/or dependent children.
- If the covered person is diagnosed before the end of the first rider year, the benefit amount for the named insured will be \$500 and \$250 for the covered spouse or dependent child, if applicable.
- The benefit is payable once for each covered person insured by the rider. The critical illness not covered by the rider is Coronary Artery Disease. Cancer conditions not covered by the rider are non-invasive and skin cancer.

Heart Benefits Rider:

- The rider provides a benefit for a covered heart procedure if it is the result of one of the following: Acute Coronary Syndrome, Atherosclerosis, Coronary Artery Disease, Cardiomyopathy, or Valvular Heart Disease.
- The benefit is payable for each heart procedure once per covered person per calendar year. If two or more heart procedures occur on the same day, we may pay only one heart benefit. We may pay the larger of the two heart benefits.

Covered Heart Procedures	Percentage of Applicable Face Amount
<ul style="list-style-type: none"> • Abdominal Aortic Aneurysm Surgery • Aortic Valve Replacement or Repair • Mitral Valve Replacement or Repair 	100%
Coronary Artery Bypass Graft Surgery	75%
<ul style="list-style-type: none"> • Atherectomy • Automatic Implantable (or internal) Cardioverter Defibrillator (AICD) • Balloon Angioplasty • Heart Catheterization • Laser Angioplasty • Pacemaker Placement • Stent Implantation • Thrombectomy (clot removal) using catheters such as AngioJet 	10%

Infectious Diseases Rider:

- The benefit is payable at 25% of the face amount for Coronavirus (COVID-19) if the covered person is confined to a hospital for seven or more consecutive days for treatment of the disease.
- The benefit is payable at 50% of the face amount for a covered infectious disease, except Coronavirus (COVID-19), if the covered person is confined to a hospital for seven or more consecutive days for treatment of the disease.
- The benefit is payable for each covered infectious disease once per covered person per lifetime.

A covered infectious disease means one of the following:		
Antibiotic resistant bacteria (Including MRSA)	Legionnaires' Disease	Poliomyelitis
Cerebrospinal Meningitis (Bacterial)	Lyme Disease	Rabies
Coronavirus (COVID-19)	Malaria	Sepsis
Diphtheria	Necrotizing Fasciitis	Tetanus
Encephalitis	Osteomyelitis	Tuberculosis

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Progressive Diseases Rider:

- The benefit is payable at 25% of the face amount for any of the covered progressive diseases if the covered person is unable to perform two or more activities of daily living and the 90-day elimination period has been met.
- The benefit is payable for each progressive disease once per covered person per lifetime.

A covered progressive disease means one of the following:

Amyotrophic Lateral Sclerosis (ALS)	Muscular Dystrophy
Dementia (Including Alzheimer's Disease)	Myasthenia Gravis
Huntington's Disease	Parkinson's Disease
Lupus	Systemic Sclerosis (Scleroderma)
Multiple Sclerosis (MS)	

Once you have selected the plan options, your employee will make the following selections:

Choice	Options
Face Amount	<p>Employees choose their face amount based on plan design offered:</p> <ul style="list-style-type: none"> • Plan 1: \$5,000-\$75,000 • Plan 2: \$5,000-\$50,000 • Plan 3: \$5,000-\$50,000 • Plan 4: \$1,000-\$10,000

Choice	Options
Coverage Type	<p>Employees choose coverage for:</p> <ul style="list-style-type: none"> • Named Insured (Employee) • Named Insured and Spouse • Named Insured and Dependent Children (One-Parent Family) • Named Insured, Spouse and Dependent Children (Two-Parent Family) <p>If coverage is chosen for spouse and/or eligible dependent children, the face amount will be 50% of the employee's face amount for Plans 1, 2 or 3. For Plan 4, the face amount for spouse will be 100% and for eligible dependent children, coverage is 200% of the employee's face amount.</p>
Additional Coverage Options	<ul style="list-style-type: none"> • Employees choose whether to purchase riders you selected • When Plan 4 is offered, employees choose from Levels 1, 2 or 3 for Cancer Benefits

Eligibility Requirements

- Account:
 - Minimum of 5 enrolled lives for Plans 1-3 and 10 enrolled lives for Plan 4
 - Must meet participation requirements
 - Payroll deduction only
- Employee:
 - Actively at work and not disabled at the time of application
 - Full time, permanent employee working at least 20 hours per week
 - Employed for 90 days
 - No seasonal or temporary employees will be covered
 - Issue ages: 17 – 74
- Spouse:
 - Must be the spouse of an eligible employee
 - Employee must purchase coverage for spouse to be eligible
 - Issue ages: 17 – 74
- Dependent Children:
 - Under age 26
 - Dependent on employee or spouse for financial support
 - Employee must purchase coverage for dependent children to be eligible
 - May not be insured as both a child and a named insured
 - May not be insured by more than one named insured

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Premium Information

Premiums are based on plan type chosen, rate structure, age, and tobacco status.

Underwriting

Guaranteed Issue (GI)

- We will issue employee and family coverage on a GI basis during the initial enrollment if participation is met and for new hires during the new hire eligibility period.
- First Diagnosis Building Benefit and Infectious Diseases riders, if selected
- Cancer Benefits with Plan 4
- Pre-existing Condition Limitation applies
- No health questions are required to be completed up to the face amounts shown. If the face amount applied for exceeds the guaranteed issue amount or if the Heart Benefits or Progressive Diseases riders are added, underwriting with Evidence of Insurability (EOI) will be required.

Guaranteed Issue with Participation					
Plans 1 - 3			Plan 4		
Eligible Employees	Maximum Face Amount	Participation	Eligible Employees	Maximum Face Amount	Participation
5+	\$30,000	10%	10-99	\$10,000	50%
			100-499	\$10,000	25%
			500+	\$10,000	25%

Simplified Issue (SI)

- Late entrants require a minimum of Simplified Issue underwriting
- Employee face amounts for Plans 1, 2 and 3:
 - Accounts with 5+ eligible employees: \$31,000-\$40,000
- The Progressive Diseases Rider requires two additional health questions, if selected.

Simplified Issue Level 1 (SI1)

- Employee face amounts-all accounts:
 - Plan 1: \$41,000-\$75,000
 - Plans 2 or 3: \$41,000-\$50,000
 - Plan 4 does not use SI1 underwriting
- Heart Benefits Rider, if selected

Exclusions and Limitations

Pre-existing Condition Limitation – We will not pay a benefit for a pre-existing condition that occurs during the six-month period after the coverage effective date.

Pre-existing Condition means a sickness or physical condition for which a covered person was treated, had medical testing, received medical advice or had taken medication within six months before the coverage effective date.

Exclusions and Limitations for Critical Illness - We will not pay benefits for a critical illness that occurs as a result of a covered person's: alcoholism; felonies or illegal occupations; intoxicants and narcotics; suicide; war or armed conflict; pre-existing condition, unless the covered person has satisfied the pre-existing condition limitation period on the date diagnosed with a critical illness.

Exclusions and Limitations for Cancer - We will not pay the Invasive Cancer (Including all Breast Cancer) Benefit, Non-Invasive Cancer Benefit, Benefit Payable Upon Reoccurrence of Invasive Cancer (Including all Breast Cancer) or Skin Cancer Initial Diagnosis Benefit for a covered person's invasive cancer or non-invasive cancer that: is diagnosed or treated outside the territorial limits of the United States, its possessions or the countries of Canada and Mexico; is a pre-existing condition, unless the covered person has satisfied the pre-existing condition limitation period on the date the covered person is initially diagnosed as having invasive or non-invasive cancer. No Pre-existing Condition Limitation will be applied for dependent children who are born or adopted while the named insured is covered under the certificate, and who are continuously covered from the date of birth or adoption.

Exclusions and Limitations for Cancer Benefits Rider - We will not pay Cancer Benefits for treatment of invasive cancer, including skin cancer where applicable, that:

- is a pre-existing condition, unless the covered person has satisfied the pre-existing condition limitation period on the date the covered person receives treatment for invasive cancer, including skin cancer where applicable; or
- is diagnosed or treated outside the territorial limits of the United States, its possessions or the countries of Canada and Mexico.

Exclusions and Limitations for First Diagnosis Building Benefit Rider – All terms, conditions, exclusions, and limitations stated in the certificate for critical illness and cancer also apply to the rider unless otherwise stated in the rider.

Exclusions and Limitations for Heart Benefits, Infectious and Progressive Diseases Riders - We will not pay benefits that occur as a result of a covered person's: alcoholism; felonies or illegal occupations; intoxicants and narcotics; suicide; war or armed conflict; or pre-existing condition, unless the covered person has satisfied the pre-existing condition limitation period on the date the covered person undergoes a covered heart procedure or is diagnosed with a covered infectious or progressive disease.