

Group Critical Care 1.0

Colonial Life's Group Critical Care 1.0 insurance helps your employees and their families maintain financial security during the lengthy, expensive recovery period of a serious medical event such as cancer, heart attack or stroke. It provides a lump sum benefit to help with the out-of-pocket medical and/or non-medical expenses of a critical illness and/or cancer. There are options as well to include ongoing benefits for the extended treatment and care of cancer (internal or invasive) or carcinoma in situ.

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

Face amounts for the employee range from \$5,000 - \$100,000 (amounts greater than \$50,000 require underwriting approval), in \$1,000 increments. If a spouse is covered under the employee's plan, his face amount is 50% of the employee's coverage. If dependent child(ren) are covered, their face amount is also 50% of the employee's coverage.

Features

- Benefits are paid in addition to other insurance your employees may have with other insurance companies.
- Benefits are paid directly to the covered person unless they specify otherwise.
- This product combines cancer and critical illness coverage in a single policy.
- May include an innovative Cancer Treatment and Care Benefit which can assist with the extended costs associated with the treatment and care of cancer (internal or invasive) or carcinoma in situ.
- This product will pay multiple times for the same or different covered conditions.
- Coverage is portable – an employee can continue their coverage if they change jobs or retire.
- Benefits may be used however the covered person chooses. Typical uses include:
 - Out-of-pocket medical and/or non-medical expenses
 - Home health care needs/home modifications
 - Recovery and rehabilitation
 - Child care or caregiver expenses
 - Travel expenses to and from treatment centers.
- Guaranteed Issue for all covered insureds with participation.
- Health Savings Account (HSA)-compliant option available.
- Rates are guaranteed for one year.
- The Face Amount will reduce by 50% on the certificate anniversary date after the named insured's 75th birthday.

Benefits

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

Plan Design

You will choose one plan design for your employees from the five that are available, which offer lump sum benefits for critical illness and/or cancer, plus an optional ongoing benefit for cancer treatment and care.

	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5
Critical Illness Benefit	•	•	•		
Diagnosis of Cancer Benefit	•	•		•	•
Cancer Treatment and Care Benefit	•			•	

Health Savings Account

As the employer, you will decide whether to offer an HSA-compliant plan. A benefit for Coronary Artery Disease is applicable in lieu of the benefit for Coronary Artery Bypass Graft Surgery when the employer selects the HSA-compliant plan.

Critical Illness Benefit (If included in plan selected by the employer)

Included in Plans 1, 2 and 3

As the employer, you will choose one of two coverage options:

- **Full Critical Illness Coverage:** includes all of the conditions in the chart below.
- **Basic Critical Illness Coverage:** includes the conditions with the asterisk, “*”, in the chart below.

For this critical illness:	We will pay this percentage of the face amount:		
Heart Attack (Myocardial Infarction)*	100%	Basic	Full
Stroke*	100%		
Major Organ Failure *	100%		
End Stage Renal (Kidney) Failure *	100%		
Coronary Artery Bypass Graft Surgery (Coronary Artery Disease applicable in lieu of benefit for Coronary Artery Bypass Graft Surgery when the employer selects the HSA-compliant plan.)*	25%		
Permanent Paralysis due to a Covered Accident	100%	Basic	
Coma	100%		
Blindness	100%		
Occupational Infectious HIV or Occupational Infectious Hepatitis B, C or D	100%		

Benefit Payable Upon Subsequent Diagnosis of a Critical Illness –Employees can use this coverage more than once.

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

- If the employee receives a benefit for a critical illness, and is later diagnosed with a *different* critical illness, we will pay the original percentage of the face amount for that particular critical illness.

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

- If the employee receives a benefit for a critical illness and is later diagnosed with the *same* critical illness (except those listed below), we will pay 25% of the original face amount. *Critical Illness conditions that do not qualify are: Coronary Artery Bypass Graft Surgery/ Coronary Artery Disease¹ and Occupational Infectious HIV or Occupational Infectious Hepatitis B, C or D.*

Dates of Diagnoses of a covered Critical Illness must be separated by at least 180 days.

¹ Coronary Artery Disease applicable in lieu of Coronary Artery Bypass Graft Surgery when the employer selects the HSA-compliant plan.

Cancer Benefits

As the employer, you will decide whether to include:

Diagnosis of Cancer Benefit (if included in plan selected by the employer)

All benefits are payable once per covered person per lifetime.

Included in Plans 1, 2, 4 and 5

Benefits are paid as a lump sum when the covered person is diagnosed with one of the following:

Condition	We will pay:
Cancer (internal or invasive)	100% of face amount
Carcinoma in Situ	25% of face amount
Skin Cancer	\$500 flat amount
Cancer Vaccine Benefit	\$50 payable if a covered person incurs a charge for and receives any cancer vaccine approved by the FDA for the prevention of cancer.

Cancer Treatment and Care Benefit (if included in plan selected by the employer)

Included in Plans 1 and 4

Employees will choose monthly benefits of either \$500 or \$1,000 per calendar month and may also choose a 12- or 24-month benefit period .This benefit is payable one time per month up to the maximum number of benefit periods, when a covered person incurs charges for and receives any of the listed treatment or services in a given month:

Benefit Period (months)	Monthly Benefit
12 or 24	\$500 or \$1,000
Covered Cancer Treatments:	Hospice Care
	Confinement
	Chemotherapy
	Radiation
	Surgery

Health Screening Benefit – if included in plan selected by the employer

\$50 or \$100 payable once per year per covered person for 24 health screening tests such as:

- 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)

Optional Rider (if selected by the employee)

An optional rider is available and can be purchased at an additional cost to provide extra coverage and benefit.

First Diagnosis Building Benefit Rider

- This rider pays a lump sum benefit upon diagnosis of a covered critical illness or cancer (internal or invasive), in addition to the covered person's face amount.
- The benefit amount builds for each covered person each rider year the rider is in force up to a maximum of 10 rider years, as long as the benefit isn't used. The rider builds by \$1,000 for the named insured; \$500 for the spouse; and, \$500 for each covered dependent child.
- If the employee is diagnosed with a covered critical illness or cancer (internal or invasive) before the end of the first rider year, the rider will pay one-half of the annual building benefit amount.
- The benefit is paid only once per lifetime per covered person. Critical Illness conditions that do not apply to the rider include Coronary Artery Bypass Graft Surgery and Coronary Artery Disease. Cancer conditions that do not apply to the rider include skin cancer and carcinoma in situ.

Eligibility Requirements

- Issue ages are 16-74 for both the employee and spouse.
- The employee is actively working at least 15 hours per week.
- The employee must be actively at work at the time of application.
- Dependent children (as defined in the certificate).

Participation Requirements)

To offer this plan, we require a minimum of 10 applications.

Premium Information

Premiums are based on plan type chosen, 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 who apply within 31 days after satisfying their eligibility period.
- Participation requirements for GI are shown below and vary based on account size.

Number of Eligible Lives	Participation Requirement	Maximum Face Amount*	Cancer Treatment and Care Benefit
25-199	Greater of 25 lives or 15%	\$10,000	\$500 for 12 months
200-499	15%	\$15,000	\$500 for 12 months
500+	15%	\$20,000	\$500 for 12 months

- No health questions are required to be completed up to the face amounts shown above. If the face amount applied for exceeds the guaranteed issue amount, underwriting with Evidence of Insurability (EOI) will be required.

Post Enrollment Guaranteed Issue (PEGI)

- We will issue employee and family coverage on a PEGI basis according to the criteria listed below. If participation is met, policies will be issued regardless of answers to the health questions up to the face amount listed. If participation is not met, policies will be issued or declined based on answers to the health questions. The questions referenced below under Simplified Issue will be asked of each applicant.
- Participation requirements for PEGI are shown below and vary based on account size.

Number of Eligible Lives	Participation Requirement	Maximum Face Amount*	Cancer Treatment and Care Benefit
25-199	Greater of 25 lives or 15%	\$10,000	\$500 for 12 months
200-499	15%	\$15,000	\$500 for 12 months
500+	15%	\$20,000	\$500 for 12 months

- If the face amount applied for exceeds the PEGI amount, underwriting with EOI will be required.

Simplified Issue (SI)

- Applicable to face amounts of \$5,000-\$30,000.
- Cancer Treatment and Care Benefit of \$500 for 12 months or 24 months; or, \$1,000 for 12 months if the employer chooses a plan that includes this benefit.
- The First Diagnosis Building Benefit Rider is always underwritten at the SI level regardless of the face amount applied for.
- Depending on the plan design chosen, answers to two to four health questions are required. If one of the SI health questions is answered “yes” by the proposed insured, spouse, or dependent, they are not eligible for coverage. In addition, a tobacco usage question must be answered to determine types of rates (tobacco or non-tobacco). The tobacco usage question does not affect eligibility.

Proposal applicable to WA

This information is only intended for proposal use with employers.

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Simplified Issue Level 1

- Applicable to face amounts of \$31,000-\$100,000.
- Cancer Treatment and Care Benefit of \$1,000 for 24 months if the employer chooses a plan that includes this benefit.
- Depending on the plan design chosen, answers to three to seven health questions are required. The information will be evaluated to determine eligibility for coverage. In addition, a tobacco usage question must be answered to determine types of rates (tobacco or non-tobacco). The tobacco usage question does not affect eligibility.

Pre-existing Condition Limitation

We will not pay a benefit for a pre-existing condition that occurs during the 12 month period after the Coverage Effective Date.

Pre-existing Condition means having a sickness or physical condition for which a covered person was treated, had medical testing, received medical advice or had taken medication within 12 months before the Coverage Effective Date.

What is Not Covered

Exclusions And Limitations For Critical Illness - We will not pay the Critical Illness Benefit or Benefit Payable Upon Subsequent Diagnosis of a Critical Illness that occurs as a result of a covered person's: alcoholism or drug addiction; felonies or illegal occupations; psychiatric or psychological conditions; suicide or injuries which any covered person intentionally does to himself; war or armed conflict; or pre-existing condition, unless the covered person has satisfied the pre-existing condition limitation period shown on the Certificate Schedule on the date the covered person is diagnosed with a critical illness.

Exclusions And Limitations For Cancer - We will not pay the Diagnosis of Cancer Benefit, Diagnosis of Carcinoma in Situ Benefit, the Cancer Treatment and Care Benefit or the Skin Cancer Benefit for a covered person's cancer (internal or invasive), carcinoma in situ or skin 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 shown on the Certificate Schedule on the date the covered person is initially diagnosed as having cancer (internal or invasive), carcinoma in situ or skin 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 policy, and who are continuously covered from the date of birth or adoption.

The above list includes all the exclusions and limitations, but it does not include the definition of these exclusions and limitations. Please see your Colonial Life benefits counselor for additional information.