



## Colonial Life Pre-Tax Supplemental Insurance

Protection you can count on

- Accident Insurance
- Cancer Insurance
- Disability Insurance

Speak with your Colonial Life benefits counselor about all of the benefits available to you.



# State of Florida

## Employee Pre-Tax Benefits Booklet

Serving State of Florida Employees for over 65 years.

Visit us at:  
[VisitYouville.com/StateofFL](http://VisitYouville.com/StateofFL)



# Thank You for Choosing Colonial Life Insurance!

Serving State of Florida Employees for over 65 years.

At Colonial Life we're here to help protect your lifestyle when life throws unexpected challenges your way. Offered through your employer, our voluntary benefits help protect your income and provide financial security for you and your family.

## Colonial Life's coverage offers important features:

- Enjoy the convenience of premium payment through payroll deduction.
- Benefits are paid directly to you.
- You are able to continue coverage if you change jobs or retire.
- Most plans pay benefits regardless of any other insurance you may have with other companies.
- Rates will not increase due to age or number of claims
- Most plans offer coverage for your spouse and dependent children.
- You can be covered 24/7 - on and off the job.

## My Colonial Life benefits are:

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### Accident insurance - People First plan code 5002

- \_\_\_ Employee Only \$18 Monthly Rate
- \_\_\_ Employee & Spouse \$24 Monthly Rate
- \_\_\_ Employee & Children \$30 Monthly Rate
- \_\_\_ Employee & Family \$36 Monthly Rate

### Short-term disability -People First Plan Code 5020

- \$\_\_\_\_\_ Monthly Benefit
- \_\_\_\_\_/\_\_\_\_ Elimination Period-Accident/Sickness
- \_\_\_\_\_ Benefit Period (Months)
- \$\_\_\_\_\_ Monthly Rate

### Cancer Insurance - People First Plan Code 6601

- \_\_\_ Employee Only \$12.50 Monthly Rate
- \_\_\_ Employee & Family \$20.90 Monthly Rate  
(with or without dependent children)



Enrolling, changing or canceling your coverage is a TWO step process.

ColonialLife.com

## How to Enroll

- Complete the enrollment process online through People First - <https://peoplefirst.myflorida.com>
- Meet with a Colonial Life Benefits Counselor\*

\*It is in your best interest to meet with a Colonial Life benefits counselor to ensure you understand all relevant factors related to your insurance decisions.

## Please note:

- The People First enrollment website communicates the pre-tax deductions only - please check your paystub <https://apps.fldfs.com/EIC/EmployeeInfoCenter/> before enrolling to see which coverages you already have in place.
- Prior Plan Codes 5000, 5010, 6600 and 7500 can only be stopped in their entirety. Elections for these plan codes cannot be modified, even if a qualifying status change (QSC) event occurs.
- Cancer Plan Changes: if you have been diagnosed with cancer and as a result of your treatment you are already receiving benefits under Plan Code 6600 or 7500, it is in your best interest to keep your current insurance. If you intend to replace or terminate your existing Colonial Life cancer insurance (Plan Code 6600 or 7500), you may wish to secure the advice of a Colonial Life benefits counselor regarding your existing policy.

**IMPORTANT NOTE ABOUT PRETAX BENEFITS:** - You may elect to purchase coverage as part of the State of Florida Cafeteria Plan (aka: Pretax coverage). If so, due to the Section 125 IRS laws you will not be able to make any changes to your Pretax plans until the next Open Enrollment, unless you experience a QSC event (e.g. marriage, divorce, death of spouse or child, birth or adoption of child and termination of employment of spouse). Details on Pretax benefits and QSC events are available online at <https://www.mybenefits.myflorida.com/health>

# Colonial Life's Accident Insurance

Accidents are unexpected. How you care for them shouldn't be.

- 24-hour coverage for accidents that occur on- and off-the-job.
- Benefits pay regardless of workers' compensation or any other insurance you may have with other insurance companies.
- Optional spouse and dependent coverage.
- Portability — you can take your coverage with you if you change jobs or retire.
- Dependent children will be covered until they reach age 26.

Coverage	Monthly Rate*
Employee Only	\$18.00
Employee & Spouse	\$24.00
Employee & Children	\$30.00
Employee & Family	\$36.00

\*Your paycheck deduction amount will depend on your pay frequency.

## Initial Care

When an accident happens, you don't want to worry about how you will pay for the initial care, especially if you have to go to the emergency room or ride in an ambulance.

Ambulance	\$500 per trip
Air Ambulance	\$1500 per trip
Emergency Room Treatment	\$200 per accident
Initial Doctor's Office Visit	\$120 per accident

## Follow-up Care

You may require follow-up care once you are discharged from the emergency room, hospital or doctor's office. You may have to undergo physical therapy, use crutches or a wheelchair or even require the use of an artificial limb.

Accident Follow-Up Treatment	\$120 (Limit of three visits per covered accident, payable after Emergency Treatment or Initial Doctor's Office Visit)
Appliances	\$150 (wheelchair, crutches)
Physical Therapy	\$50 per treatment, up to six treatments
Prosthetic Devices	\$500 to \$1,000

## Accident Hospital Care

Traditional health insurance policies may have per admission deductibles and copayments that must be satisfied prior to covering benefits related to hospital stays. Your Colonial Life policy provides benefits to help with these costs.

Hospital Admission	\$2,000 per admission, per accident
Hospital Confinement	\$300 per day up to 365 days
Hospital Intensive Care	\$600 per day up to 15 days

## Common Accidental Injuries

Fractures and dislocations are frequent injuries common in both adults and children.

Dislocation (Separated Joint)	Closed Reduction (Non-Surgical)	Open Reduction (Surgical)
Hip	\$3,000	\$6,000
Knee	\$1,500	\$3,000
Ankle - Bone or Bones of the Foot	\$1,200	\$2,400
Collarbone (Sternoclavicular)	\$750	\$1,500
Lower Jaw, Shoulder, Elbow, Wrist	\$450	\$900
Bone or Bones of the Hand	\$450	\$900
Collarbone (Acromioclavicular and Separation)	\$150	\$300
One Toe or Finger	\$150	\$300

Fracture (Broken Bone)	Closed Reduction (Non-Surgical)	Open Reduction (Surgical)
Skull, Depressed Skull	\$3,750	\$7,500
Skull, Simple Non-Depressed	\$1,500	\$3,000
Hip, Thigh	\$2,250	\$4,500
Body of Vertebrae, Pelvis, Leg	\$1,200	\$2,400
Bones of Face or Nose	\$525	\$1,050
Upper Jaw, Maxilla	\$525	\$1,050
Upper Arm between Elbow and Shoulder	\$525	\$1,050
Lower Jaw, Mandible, Kneecap, Ankle, Foot	\$450	\$900
Shoulder Blade, Collarbone, Vertebral Processes	\$450	\$900
Forearm, Wrist, Hand	\$450	\$900
Rib	\$375	\$750
Coccyx	\$300	\$600
Finger, Toe	\$75	\$150

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

Burn (based on size and degree)	\$750 to \$10,000
Concussion	\$100
Emergency Dental Work	\$50 to \$150
Eye Injury	\$500
Torn Knee Cartilage	\$100 to \$500
Lacerations (based on size)	\$25 to \$400
Ruptured Disc	\$400
Tendon/Ligament/Rotator Cuff	\$400 to \$600

## Surgical Care

If your covered accidental injury is serious enough to require surgical care or a transfusion, your Colonial Life policy provides you benefits.

Surgery (open abdominal or thoracic)	\$1,500
Exploratory	\$150
Blood/Plasma/Platelets	\$300

## Transportation/Lodging Assistance

If a covered person requires treatment 100 miles away from his home, your Colonial Life policy provides benefits to help with transportation and lodging costs.

Transportation	\$300 per trip, up to 3 trips
Lodging (family member or companion)	\$100 per night, up to 30 days

## Accidental Death and Dismemberment

For injuries received as the result of a covered accident that lead to an accidental death or dismemberment, this plan provides benefits that can help see you and your family through the loss.

Loss of Finger/Toe/Hand/Foot/Sight of Eye \$750 to \$15,000

	Accidental Death	Common Carrier
Named Insured	\$75,000	\$100,000
Spouse	\$75,000	\$100,000
Child(ren)	\$15,000	\$20,000

## Catastrophic Accident


The severity of some accidents can result in life-changing losses. Colonial Life can help with such severe losses by providing a benefit for a catastrophic loss that results from a covered accident. Catastrophic loss is an injury that within 365 days of the covered accident results in the total and irrecoverable:

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

The Catastrophic Accident benefit is payable after a 365 day elimination period. The elimination period refers to the period of 365 days after the date of the covered accident.

Accident Occurs: Prior to age 65*	Covered Person	Benefit Amount Per Lifetime
	Named Insured	\$100,000
	Spouse	\$100,000
	Child(ren)	\$50,000

\*Amounts are reduced for insureds who are over the age of 65.



**Every 10 minutes, nearly 847 Americans suffer an injury severe enough to seek medical help.**  
National Safety Council, Injury Facts, 2019

## THIS IS A LIMITED BENEFIT POLICY.

These 2 pages highlight the benefits of policy form ACCPOL-FL. This is not an insurance contract and only the actual policy provisions will control. The policy sets forth in detail the rights and obligations of both you and us. It is, therefore, important that you READ YOUR POLICY CAREFULLY.

This information is not intended to be a complete description of the insurance coverage available. The insurance or its provisions may vary or be unavailable in some states. The insurance has exclusions and limitations which may affect any benefits payable. Applicable to policy form ACCPOL-O-FL. For cost and complete details of coverage, call or write your Colonial Life benefits counselor or the company.

Underwritten by Colonial Life & Accident Insurance Company, Columbia, SC.

# Colonial Life's Short-Term Disability Insurance

You never know when a disability could impact your way of life. Fortunately, there's a way to help protect your income. If a covered accident or sickness prevents you from earning a paycheck, disability insurance can provide a monthly benefit to help you cover your ongoing expenses.

## Benefit Features (On/Off Job Benefits Available):

- ✓ You're guaranteed to be issued coverage not to exceed 66 2/3% of your income, up to a maximum of \$3,480 a month.
- ✓ Monthly benefit amounts available: \$580 - \$3,480 - based upon income.
- ✓ Benefit Periods: 3 months, 6 months or 12 months with choices of elimination periods.

## With Colonial Life's Short-Term Disability Insurance:

- You may choose an amount not to exceed 66 2/3% of your income as your disability benefit.

### For Example

Your Annual Income	Maximum Disability Amount Available
\$0 - \$20,999	\$580/month
\$21,000 - \$31,399	\$1,160/month
\$31,400 - \$41,799	\$1,740/month
\$41,800 - \$52,199	\$2,320/month
\$52,200 - \$62,799	\$2,900/month
\$62,800 and above	\$3,480/month

		Monthly Expenses Worksheet Round to the nearest hundred.
1	Rent or mortgage	\$
2	Transportation	\$
3	Utilities (phone, internet, electricity/gas, water, etc)	\$
4	Food and necessities	\$
5	Other expenses	\$
Total Monthly Expenses (add lines 1-5 together)		\$

Use this chart to help figure out how much income you would need if you were disabled.

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Underwritten by Colonial Life & Accident Insurance Company, Columbia, SC.

# Colonial Life's Short-Term Disability Insurance

## Monthly Rates

Elimination period means the amount of time you have to be out of work before benefits are paid.

Please consider the following:

1. **Benefit Amount:** How much coverage do I need?
2. **Benefit Period:** How long will I receive my benefits?
3. **Elimination Period:** When will the benefits start after I am out of work?

### BENEFIT PERIOD: 3 MONTHS

	Elimination period Accident/Sickness	Monthly Benefit					
		\$580	\$1,160	\$1,740	\$2,320	\$2,900	\$3,480
AGE BAND 17-49	0 days/7 days	\$17.50	\$35.00	\$52.50	\$70.00	\$87.50	\$105.00
	7 days/7 days	\$15.75	\$31.50	\$47.25	\$63.00	\$78.75	\$94.50
	0 days/14 days	\$12.75	\$25.50	\$38.25	\$51.00	\$63.75	\$76.50
	14 days/14 days	\$11.25	\$22.50	\$33.75	\$45.00	\$56.25	\$67.50
AGE BAND 50-69	0 days/7 days	\$20.25	\$40.50	\$60.75	\$81.00	\$101.25	\$121.50
	7 days/7 days	\$19.00	\$38.00	\$57.00	\$76.00	\$95.00	\$114.00
	0 days/14 days	\$15.25	\$30.50	\$45.75	\$61.00	\$76.25	\$91.50
	14 days/14 days	\$13.75	\$27.50	\$41.25	\$55.00	\$68.75	\$82.50

### BENEFIT PERIOD: 6 MONTHS

	Elimination period Accident/Sickness	Monthly Benefit					
		\$580	\$1,160	\$1,740	\$2,320	\$2,900	\$3,480
AGE BAND 17-49	0 days/7 days	\$22.75	\$45.50	\$68.25	\$91.00	\$113.75	\$136.50
	7 days/7 days	\$20.00	\$40.00	\$60.00	\$80.00	\$100.00	\$120.00
	0 days/14 days	\$17.75	\$35.50	\$53.25	\$71.00	\$88.75	\$106.50
	14 days/14 days	\$15.00	\$30.00	\$45.00	\$60.00	\$75.00	\$90.00
	0 days/30 days	\$14.25	\$28.50	\$42.75	\$57.00	\$71.25	\$85.50
	30 days/30 days	\$10.50	\$21.00	\$31.50	\$42.00	\$52.50	\$63.00
AGE BAND 50-69	0 days/7 days	\$28.25	\$56.50	\$84.75	\$113.00	\$141.25	\$169.50
	7 days/7 days	\$26.50	\$53.00	\$79.50	\$106.00	\$132.50	\$159.00
	0 days/14 days	\$22.00	\$44.00	\$66.00	\$88.00	\$110.00	\$132.00
	14 days/14 days	\$19.75	\$39.50	\$59.25	\$79.00	\$98.75	\$118.50
	0 days/30 days	\$18.75	\$37.50	\$56.25	\$75.00	\$93.75	\$112.50
	30 days/30 days	\$14.75	\$29.50	\$44.25	\$59.00	\$73.75	\$88.50

### BENEFIT PERIOD: 12 MONTHS

	Elimination period Accident/Sickness	Monthly Benefit					
		\$580	\$1,160	\$1,740	\$2,320	\$2,900	\$3,480
AGE BAND 17-49	0 days/7 days	\$31.25	\$62.50	\$93.75	\$125.00	\$156.25	\$187.50
	7 days/7 days	\$27.50	\$55.00	\$82.50	\$110.00	\$137.50	\$165.00
	0 days/14 days	\$24.00	\$48.00	\$72.00	\$96.00	\$120.00	\$144.00
	14 days/14 days	\$19.75	\$39.50	\$59.25	\$79.00	\$98.75	\$118.50
	0 days/30 days	\$18.00	\$36.00	\$54.00	\$72.00	\$90.00	\$108.00
	30 days/30 days	\$14.25	\$28.50	\$42.75	\$57.00	\$71.25	\$85.50
AGE BAND 50-69	0 days/7 days	\$37.50	\$75.00	\$112.50	\$150.00	\$187.50	\$225.00
	7 days/7 days	\$34.25	\$68.50	\$102.75	\$137.00	\$171.25	\$205.50
	0 days/14 days	\$29.75	\$59.50	\$89.25	\$119.00	\$148.75	\$178.50
	14 days/14 days	\$25.25	\$50.50	\$75.75	\$101.00	\$126.25	\$151.50
	0 days/30 days	\$22.75	\$45.50	\$68.25	\$91.00	\$113.75	\$136.50
	30 days/30 days	\$19.00	\$38.00	\$57.00	\$76.00	\$95.00	\$114.00

Note: On the job disability income benefits are reduced by 50% and are paid in addition to worker's compensation benefits.

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## No matter where you are in life, a disability could prevent you from earning an income



New Employee starting a full-time job

### ASHLEY

While jogging after work one evening, Ashley injured her leg. Her doctor advised her to stay off of her leg for three weeks. After using paid time off for a week, Ashley stopped receiving a paycheck.

#### How her disability policy helped:

Ashley used her disability benefits to help with her rent and monthly student loan payment.



New parents living paycheck to paycheck

### EMILY & BRIAN

After having a baby, Emily went out on maternity leave. Without her income, the couple was worried about how they'd pay for everyday expenses. Fortunately, Emily purchased a disability policy from her company two years ago.

#### How her disability policy helped:

Emily's benefits helped the couple pay for their growing family's ongoing expenses, and they didn't have to use any of the money they'd been saving for a bigger house.



50-year-old father of the bride

### LEWIS

Lewis suffered a heart attack and had to have surgery. He needed to take an unpaid leave of absence from work to recover. During this time, he received his usual monthly bills.

#### How his disability policy helped:

Lewis' disability benefits helped provide him with the comfort of knowing that his bills wouldn't get in the way of giving his daughter the wedding of her dreams.

FOR ILLUSTRATION PURPOSES ONLY

### What is a covered accident or a covered sickness?

A covered accident is an accident. A covered sickness means an illness, infection, disease or any other abnormal physical condition, not caused by an injury.

#### A covered accident or covered sickness:

- Occurs after the effective date of the policy;
- Is of a type listed on the Policy Schedule;
- Occurs while the policy is in force; and
- Is not excluded by name or specific description in the policy.

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## Frequently Asked Questions about Colonial Life's Short-Term Disability Insurance

### What is a pre-existing condition?

A pre-existing condition is when you have a sickness or physical condition that during the 12 months immediately preceding the effective date of the policy had manifested itself in such a manner as would cause an ordinarily prudent person to seek medical advice, diagnosis, care or treatment or for which medical advice, diagnosis, care, or treatment was recommended or received.

If you become disabled because of a pre-existing condition, we will not pay for any disability period if it begins during the first 12 months the policy is in force. Pre-existing conditions have a 12 month exclusion.

Pregnancy is covered under the disability benefit and is treated like any other sickness and is subject to the policy's preexisting condition exclusion. Giving birth within the first nine months after the effective date of the policy as a result of a normal pregnancy, including Cesarean is not covered by the policy. Complications of pregnancy will be covered to the same extent as any other covered sickness.

### Will my disability income payment be reduced if I have other insurance?

You're paid regardless of any other insurance you may have with other insurance companies. Benefits are paid directly to you (unless you specify otherwise). If your plan includes on-job accident/sickness benefits, the benefit is 50% of the off-job amount.

### When am I considered totally disabled?

Totally disabled means you are:

- Unable to perform the material and substantial duties of your regular occupation;
- Under the regular and appropriate care of a doctor.

### What if I want to return to work part-time after I am totally disabled?

You may be able to return to work part-time and still receive benefits. We call this "Partial Disability." Partially disabled means:

- You are unable to perform the material and substantial duties of your regular occupation for 20 hours or more per week;
- You are able to work at your regular occupation or any other job for less than 20 hours per week;
- Your employer will allow you to work for less than 20 hours per week; and
- You are under the regular and appropriate care of a doctor.

The total disability benefit must have been paid for at least one full month immediately prior to your being partially disabled.



More than one in four of today's 20-year-olds can expect to be out of work for at least a year because of a disabling condition before they reach the normal retirement age.<sup>1</sup>

### EXCLUSIONS

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<sup>1</sup> Council for Disability Awareness, The Crisis of Disability Coverage in America, 2018.

# Colonial Life's Cancer Insurance

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.

Coverage	Monthly Rate
Employee Only	\$12.50
Employee & Family (with or without dependent children)	\$20.90

## Cancer Screening Benefit

We will pay a \$50 benefit if any covered person has one of the following cancer screening tests performed while coverage is in force. This benefit is payable once per calendar year for each covered person.

- Bone Marrow Aspiration/Biopsy
- Biopsy of Sking Lesion
- 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 analysisi
- Mammography
- Pap smear
- PSA (blood test for prostate cancer)
- Serum protein electrophoresis (blood test for myeloma)
- Thermography
- ThinPrep pap test
- Virtual colonoscopy

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

# Colonial Life's Cancer Insurance

Benefit description amount	Benefit
<b>Cancer Screening/Wellness Benefit, per calendar year</b>	<b>\$50</b>
<b>Hospital Confinement/Hospital Intensive Care Unit Confinement</b> per day for first 30 days of hospital confinement in a calendar year per day after first 30 days of hospital confinement in a calendar year per day for hospital intensive care unit confinement maximum of 180 days per calendar year for hospital and hospital intensive care unit confinement combined	<b>\$200</b> <b>\$400</b> <b>\$400</b>
<b>Hospital Confinement/Hospital Intensive Care Unit Confinement in a US Government Hospital</b> per day for first 30 days of hospital confinement in a calendar year per day after first 30 days of hospital confinement in a calendar year per day for hospital intensive care unit confinement maximum of 180 days per calendar year for hospital and hospital intensive care unit confinement combined	<b>\$200</b> <b>\$400</b> <b>\$400</b>
<b>Private Full-Time Nursing, per day</b>	<b>\$100</b>
<b>Radiation/Chemotherapy, per day</b> calendar year maximum	<b>\$150</b> <b>\$5,000</b>
<b>Antinausea Medication, per day</b> calendar year maximum	<b>\$50</b> <b>\$200</b>
<b>Blood/Plasma/Platelets/Immunoglobulins, per day</b> calendar year maximum	<b>\$150</b> <b>\$5,000</b>
<b>Supportive or Protective Care Drugs and Colony Stimulating Factors, per day</b> calendar year maximum	<b>\$100</b> <b>\$800</b>
<b>Bone Marrow Stem Cell Transplant, per lifetime</b>	<b>\$10,000</b>
<b>Peripheral Stem Cell Transplant, per lifetime</b>	<b>\$5,000</b>
<b>Transportation (per mile) up to 700 miles per round trip</b>	<b>\$0.40</b>
<b>Transportation for Companion (per mile) up to 700 miles per round trip</b>	<b>\$0.40</b>
<b>Lodging, per day, up to 70 days per calendar year</b>	<b>\$50</b>
<b>Surgical Procedures-Unit Value</b> maximum per procedure	<b>\$60</b> <b>\$3,000</b>
<b>Anesthesia</b> General Anesthesia % of surgical procedure local anesthesia per procedure	<b>25%</b> <b>\$50</b>
<b>Second Medical Opinion, per malignant condition</b>	<b>\$300</b>
<b>Reconstructive Surgery-Unit Value</b> maximum per procedure including anesthesia, limit 2 per site	<b>\$60</b> <b>\$3,000</b>
<b>Outpatient Surgical Center, per day</b> calendar year maximum	<b>\$500</b> <b>\$1,500</b>
<b>Waiver of Premium</b>	<b>Yes</b>
<b>Ambulance, per trip, limit 2 trips per confinement</b>	<b>\$100</b>
<b>Attending Physician, per day, max 180 days per calendar year</b>	<b>\$50</b>
<b>Experimental Treatment, per treatment</b> lifetime maximum	<b>\$300</b> <b>\$10,000</b>
<b>Hair, External Breast, Voice Box Prosthesis, per calendar year</b>	<b>\$200</b>
<b>Prosthesis, Artificial Limb per device, limit 1 per site, \$4,000 lifetime maximum</b>	<b>\$2,000</b>
<b>Skilled Nursing Care Facility, per day up to days confined</b>	<b>\$300</b>
<b>Hospice, per day, no lifetime limit</b>	<b>\$300</b>
<b>Home Health Care Services, per day, up to greater of 30 days/calendar year or 2x days confined</b>	<b>\$300</b>

# Colonial Life's Cancer Insurance

## 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 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.

*For illustrative purposes only*



### 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.

## 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



# Colonial Life's Cancer Insurance

## 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.

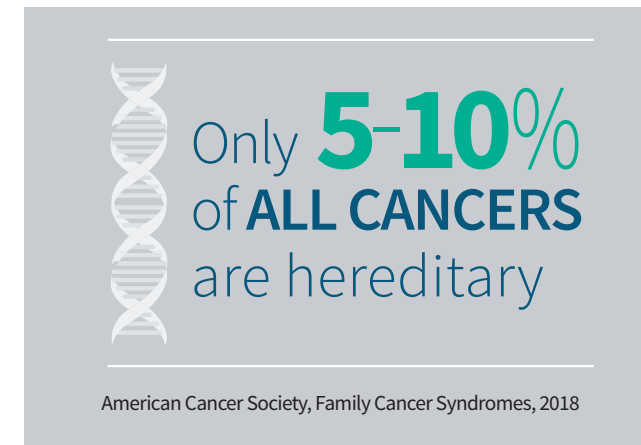
*For illustrative purposes only.*



### RECOVERY

#### Follow-up evaluations

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



## THIS IS A LIMITED BENEFIT POLICY.

Pre-existing Condition means a sickness or physical condition for which any covered person was treated, had medical testing, received medical advice or had taken medication within 6 months before the effective date of coverage shown on the Certificate Schedule and which is not excluded by name or specific description in the policy or this certificate.

To clarify, benefits can be paid after a six month waiting period if a pre-existing condition does apply.

Routine follow-up care during the 6 months immediately preceding the effective date of coverage to determine whether a breast cancer has recurred in a covered person who has been previously determined to be free of breast cancer does not constitute medical advice, diagnosis, care, or treatment for purposes of determining pre-existing conditions, unless evidence of breast cancer is found during or as a result of the follow-up care.

This information is not intended to be a complete description of the insurance coverage available. The insurance or its provisions may vary or be unavailable in some states. The insurance has exclusions and limitations which may affect any benefits payable. Applicable to policy form GCAN-C-O-FL and certificate form GCAN-C-FL. For cost and complete details of coverage, call or write your Colonial Life benefits counselor or the company.

Underwritten by Colonial Life Insurance Company, Columbia, SC.

### 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](http://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.

## Policyholder Service Guide

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

### Consider your options

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

NEED	ColonialLife.com	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
  - Disability
  - Cancer
- 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.

### 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 36 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 36 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 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. 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.

### 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 Voice Telephone Interpretation Services at **844-495-6105** to reach us.





# How to File a Claim

## There are two ways to submit a claim:

**Electronic filing (eClaims)** The easiest way to manage your business with us is through the My Colonial Life policyholder section of ColonialLife.com.

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, cancer, and disability.
- 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.

### Sign up on our website:

1. Visit [ColonialLife.com](http://ColonialLife.com).
2. Click Register at the top right.
3. On the sign-up page, click Join the Policyholder Website. Obtain a claim form

*or*

### Obtain a claim form

- Visit [www.VisitYouville.com/StateofFL](http://www.VisitYouville.com/StateofFL). Click on the "Resource" section to locate and download a claim form.
- Please include your social security number on each page of the claim form.
- Please be sure the claim form is completed in full and that supporting documentation, such as an itemized bill, is attached before you send in the claim form to Colonial Life.
- Please sign and date the HIPAA form in case we need to obtain any information from your doctor.
- Be sure to initial any specific services that you want to authorize, such as sending payments by overnight delivery, or discussing your claim with your local sales representative, etc.
- Fax or mail the completed claim form:
  - Fax to 800-880-9325; or
  - Mail to Colonial Life, P.O. Box 100195, Columbia, SC 29202

You will receive a telephone call within two to three days after your claim is received. If you select the electronic messaging option, you will also receive a telephone call when the claim is paid.

#### How to file a wellness claim (benefit is payable once per calendar year per covered person)

To file a claim for a covered wellness screening benefit or a wellness rider:

- Call 800-325-4368; or
- Log onto ColonialLife.com for electronic submission or to obtain a wellness claim form

## Looking for a claim's status? Visit [ColonialLife.com](http://ColonialLife.com) or call 1-800-325-4368.

- An automated service is available 24 hours per day, 7 days per week.
- Customer Service representatives are available from 8:00 a.m. until 8:00 p.m., ET. Feel free to contact us if we can be of assistance.

## Outlines of Coverage

P.O. Box 1365, Columbia, South Carolina 29202  
(800) 325 – 4368

**ACCIDENT ONLY INSURANCE COVERAGE**

**OUTLINE OF COVERAGE (Applicable to Policy Form ACCPOL-FL.)**

THE POLICY IS NOT A MEDICARE SUPPLEMENT POLICY. If you are eligible for Medicare, review the [Guide to Health Insurance for People with Medicare](#) available from the Company.

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

**Renewability.** The policy is guaranteed renewable for life as long as premiums are paid when they are due or within the grace period. The premium can be changed only if we change it on all policies of this kind in force in the state where the policy was issued. If your premium is changed, you will be given 45 days notice.

**Coverage Provided by The Policy.** The policy is designed to provide to covered persons coverage for losses resulting from injuries received from a covered accident only, subject to any limitations or exclusions. It does not provide coverage for basic hospital, basic medical-surgical or major medical expenses.

**BENEFITS - All benefits are payable once per covered accident unless specified otherwise**

**We will pay these benefits for any covered person who receives injuries as the result of a covered accident:**

**Accidental Death**      **Named Insured \$75,000**      **Spouse \$75,000**      **Children \$15,000**

Benefit payable if a covered person is injured in a covered accident and the injury causes the insured to die within 90 days after the accident. If we pay this benefit, we will not pay the Accidental Death-Common Carrier benefit

**Accidental Death – Common Carrier**      **Named Insured \$100,000**      **Spouse \$100,000**      **Children \$20,000**

Benefit payable if a covered person is injured while a fare-paying passenger on a common carrier and the injury causes the insured to die within 90 days after the accident. Common Carrier means: commercial airplanes, trains, buses, trolleys, subways, ferries and boats that operate on a regularly scheduled basis between predetermined points or cities. Taxis and privately chartered vehicles are not common carriers. If we pay this benefit, we will not pay the Accidental Death benefit.

**Accident Follow-Up Treatment - \$120**

Benefit payable for follow-up treatment due to a covered accident recommended or advised by a doctor. Follow-up treatment must occur after initial treatment in a doctor's office or emergency room and occur within 90 days of the covered accident. Benefits payable for three visits per covered accident.

**Air Ambulance - \$1500**

Benefit payable if a licensed professional air ambulance company transports by air any covered person to or from a hospital or between medical facilities; transportation must occur within 48 hours after the covered accident

**Ambulance - \$500**

Benefit payable if a licensed professional ambulance company transports any covered person by ground transportation to or from a hospital or between medical facilities; transportation must occur within 90 days after the covered accident

**Appliance - \$150**

Prescribed by a doctor to aid in personal locomotion or mobility; use must begin within 90 days after covered accident

**Blood/Plasma/Platelets - \$300**

Must require the transfusion, administration, cross matching, typing and processing of blood/plasma/platelets and be administered within 90 days after the covered accident

**Burn - Must be treated by a doctor within 72 hours after the accident**

**\$ 750 – Second degree burns which cover at least 36% of the body surface**

**\$1,500 – Third degree burns which cover at least 9 square inches but less than 35 square inches of body surface**

**\$10,000 – Third degree burns which cover 35 or more square inches of the body surface**

**Catastrophic Accident - payable once per lifetime per covered person**

Accident Occurs	Covered Person	Benefit Amount	Accident Occurs	Covered Person	Benefit Amount
Prior to age 65	Named Insured	\$100,000	Age 65-69	Named Insured	\$ 50,000
	Spouse	\$ 100,000		Spouse	\$ 50,000
	Child(ren)	\$ 50,000		Child(ren)	\$ 25,000
After Age 70	Named Insured	\$ 25,000			
	Spouse	\$ 25,000			
	Child(ren)	\$ 12,500			

Benefit payable if any covered person sustains a catastrophic loss and is under the care of a doctor during the elimination period and remains alive at the end of the elimination period. Injury must occur within 365 days of the covered accident  
Catastrophic Loss means an injury that within 365 days of the covered accident results in total and irrecoverable:

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

The loss of use of an arm means the loss of function of the entire arm from the shoulder to the hand. The loss of use of a leg means the loss of function of the entire leg from the hip to the foot. The loss of sight means both eyes are totally blind and that no sight can be restored. The loss of hearing means deafness in both ears, such that it cannot be corrected to any functional degree by any procedure, aid or device. The loss of the ability to speak means loss of audible communication, such that it cannot be corrected to any functional degree by any procedure, aid or device.

*Elimination period* means the period of 365 days after the date of a covered accident.

**Concussion - \$100**

Benefit payable if any covered person sustains a concussion as the result of a covered accident; must be diagnosed by a doctor using X-ray, CAT scan or MRI within 72 hours from date of covered accident

**Dislocation (Separated Joint)**

	Closed Reduction	Open Reduction
Hip	\$3,000	\$6,000
Knee (except Patella)	1,500	3,000
Ankle – Bone or bones of the Foot (other than Toes)	1,200	2,400
Collarbone (Sternoclavicular)	750	1,500
Lower Jaw, Shoulder (Glenohumeral), Elbow, Wrist	450	900
Bone or Bones of the Hand (other than Fingers)	450	900
Collarbone (Acromioclavicular and separation), One Toe or Finger	150	300

Must be diagnosed by a doctor as a dislocation within 90 days after the accident; reduction must require correction with anesthesia by a doctor; reduction without anesthesia will pay 25 percent of amount shown above for closed reduction.

Benefit payable for more than one dislocation (requiring open or closed reduction) is no more than two times the amount for the joint involved which has the highest benefit amount. Benefit payable for incomplete dislocation is 25 percent of amount shown for closed reduction. Benefit payable for a fracture and a dislocation in the same accident is no more than two times the amount for the bone or joint involved which has the highest benefit amount. Benefit payable only for the first dislocation of a joint after the effective date. Subsequent dislocations of the same joint after the effective date will not be covered. Benefit payable for a fracture or a dislocation and a tear, rupture or sever of a tendon/ligament/rotator cuff in the same covered accident is no more than the larger of either the Tendon/Ligament/Rotator Cuff benefit, the Fracture benefit or the Dislocation benefit.

**Doctor's Office - \$120**

Initial treatment and/or advice must be in a doctor's office and must occur within 60 days of the covered accident

**Emergency Dental Work - \$200** - Broken teeth repaired with crown(s)      **\$100** - Broken teeth resulting in extraction(s)

**Emergency Room Treatment - \$200**

Requires examination and treatment by a doctor in a hospital emergency room within 72 hours after covered accident

**Eye Injury - \$500**

Must require surgery or the removal of a foreign object by a doctor within 90 days after the covered accident. An examination with anesthesia will not be considered surgery.

**Fracture (Broken Bone)**

	Closed Reduction	Open Reduction
Skull (except bones of face or nose) depressed skull fracture	\$3,750	\$7,500
Skull (except bones of Face or nose) simple non-depressed skull fracture	1,500	3,000
Hip, Thigh (Femur)	2,250	4,500
Vertebrae, Body of (excluding Vertebral Processes), Pelvis (except Coccyx), Leg	1,200	2,400
Bones of Face or Nose (except Mandible or Maxilla)	525	1,050
Upper Jaw, Maxilla (except Alveolar Process), Upper Arm between Elbow and Shoulder	525	1,050
Lower Jaw, Mandible (except Alveolar Process), Kneecap, Foot (except Toes), Ankle	450	900
Shoulder Blade, Collarbone, Vertebral Processes, Forearm, Hand, Wrist (except Fingers)	450	900
Rib	375	750
Coccyx	300	600
Finger, Toe	75	150

Must be diagnosed by a doctor within 90 days after the accident. Benefit payable for more than one fracture (open or closed reduction) is no more than two times the amount for the bone involved which has the highest benefit amount. Benefit payable for a chip fracture is 25 percent of the amount shown for closed reduction for the bone involved. Benefit payable for a fracture and a dislocation in the same covered accident is no more than two times the amount for the bone or joint involved which has the highest benefit amount. Benefit payable for a fracture or a dislocation and a tear, rupture or sever of a tendon/ligament/rotator cuff in the same covered accident is no more than the larger of either the Tendon/Ligament/Rotator Cuff benefit, the Fracture benefit or the Dislocation benefit.

**Hospital Admission – \$2000 per admission** - Must be confined in a hospital within six months after the accident; payable once per covered accident.

**Hospital Confinement – \$300/day up to 365 days per covered accident**

Must be confined in a hospital or a hospital sub-acute intensive care unit within six months after the covered accident. If the covered person is confined in a hospital and is confined again within 90 days for the same accident or related condition, we will treat this confinement as a continuation of the prior confinement. If more than 90 days have passed between the periods of hospital confinement, we will treat this confinement as a new confinement. If the covered person is confined in a hospital intensive care unit for more than 15 days, the Hospital Confinement benefit will begin on the 16th day.

**Hospital Intensive Care Unit Confinement – \$600/day up to 15 days per covered accident**

Must be confined to a hospital intensive care unit within 30 days after the accident. If the covered person is confined in a hospital intensive care unit, and is confined to a hospital intensive care unit again within 90 days for the same accident or related condition, we will treat this confinement as a continuation of the prior confinement. If more than 90 days have passed between the periods of confinement in a hospital intensive care unit, we will treat this confinement as a new confinement. We will not pay the Hospital Intensive Care Unit Confinement benefit and the Hospital Confinement benefit concurrently.

**Knee Cartilage Torn - \$500**

Must be treated by a doctor within 60 days after the covered accident and repaired through surgery within six months after the covered accident. If exploratory arthroscopic surgery is performed and no repair is done, or if the cartilage is shaved (debridement), we will only pay **\$100**

**Laceration**

**\$ 50** - Total of all lacerations is less than two inches long (less than 5.08 centimeters) and repaired by stitches

**\$200** - Total of all lacerations is two to six inches long (5.08 to 15.24 centimeters) and repaired by stitches

**\$400** - Total of all lacerations is over six inches long (over 15.24 centimeters) and repaired by stitches

**\$ 25** - Laceration(s) are treated without stitches

Must be repaired by a doctor within 72 hours after the covered accident. If benefits are payable for a laceration on a finger, toe, hand, foot or eye and the insured later loses that finger, toe, hand, foot, or eye as the result of the same covered accident, the amount we paid under the Laceration benefit will be subtracted from the Loss of a Finger, Toe, Hand, Foot or Sight of an Eye benefit.

**Lodging - \$100/night up to 30 days per covered accident**

Payable for a companion's motel/hotel stays during the period of time the covered person is confined to the hospital. Hospital must be more than 100 miles from the residence of the covered person

**Loss of a Finger, Toe, Hand, Foot or Sight of an Eye**

**\$15,000** Payable for loss of: both hands, or both feet, or the sight of both eyes, or a hand and a foot, or a hand and the sight of one eye, or a foot and the sight of an eye.

**\$ 7,500** Payable for loss of: one hand, or one foot, or sight of one eye.

**\$1,500** Payable for loss of: two or more fingers, or two or more toes' or one finger and one toe.

**\$ 750** Payable for loss of: one finger or one toe.

Benefit payable if the insured loses a finger, toe, hand, foot or sight of an eye within 90 days after the covered accident. If the covered person loses a finger or toe and later loses a hand or foot on the same side of the body as a result of the same covered accident, the amount paid for the loss of a finger or toe benefit will be subtracted from the amount paid for the loss of a hand or foot.

Loss of a hand means that the hand is cut off through or above the wrist joint or the use of the hand is permanently lost.

Loss of a foot means that the foot is cut off through or above the ankle joint or the use of the foot is permanently lost.

Loss of a finger means that the finger is cut off at the joint proximate to the first interphalangeal joint where it is attached to the hand. Loss of a toe means that the toe is cut off at the joint proximate to the first interphalangeal joint where it is attached to the foot. Loss of sight of an eye means that at least 80 percent of vision is permanently lost.

**Physical Therapy - \$50/treatment up to six treatments per accident**

Must begin within 60 days after the covered accident and be completed within six months after the covered accident. Must be prescribed by a doctor and rendered by a licensed physical therapist and performed in an office or in a hospital

**Prosthetic Device/Artificial Limb**

**\$ 500** - One prosthetic device or artificial limb      **\$1,000** - More than one device or artificial limb

Must be prescribed by a doctor for functional use when a covered person loses a hand, foot, or sight of an eye. Must be received within one year of the covered accident. This benefit is not payable for hearing aids, dental aids, including false teeth, eye glasses or for cosmetic prosthesis such as hair wigs. We will not pay for joint replacement such as an artificial hip or knee.

**Ruptured Disc - \$400**

Must be treated by a doctor within 60 days after the covered accident and repaired through surgery within one year after the accident

**Skin Grafts – 25% of Applicable Burn benefit**

Payable only for a skin graft for a burn for which a burn benefit was received under the policy

**Surgery - \$1,500**

Payable if any covered person undergoes open abdominal or thoracic surgery within 72 hours of covered accident.

Surgery must be for repair of internal injuries; For exploratory or other surgery without repair we will pay **\$150**

Hernia repair will not be covered under this benefit.

**Tendon/Ligament/Rotator Cuff**

**\$400** - Repair of one tendon, ligament or rotator cuff      **\$600** - Repair of more than one of the above

Must be torn, ruptured or severed and be repaired through surgery within 90 days after the covered accident. If the covered person is in an accident and receives a fracture or a dislocation and tears, ruptures or severs a tendon/ligament/rotator cuff, benefits are only payable for the larger benefit. If exploratory arthroscopic surgery is performed and no repair is done, we will pay **\$100**

**Transportation - \$300/trip up to 3 trips per covered accident**

Travel must be more than 100 miles for special treatment and confinement in a hospital. Treatment must be prescribed by a doctor and not available locally. This benefit is not payable for transportation by ambulance or air ambulance.

**Important Words in the Policy**

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

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

A **covered accident** is an accident which: occurs after the effective date of the policy; occurs while the policy is in force; is of a type of accident listed on the Policy Schedule page; and is not excluded by name or specific description in the policy.

A **doctor** means a person, other than you or a family member, who: is licensed by the state to practice a healing art; and performs services for you which are allowed by his license.

An **emergency room** is a specified area within a hospital that is designated for the emergency care of accidental injuries. This area must: be staffed and equipped to handle trauma; be supervised and provide treatment by doctors; and provide care seven days per week, 24 hours per day.

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

A hospital is not: a nursing home; an extended care facility; a skilled nursing facility; a rest home or home for the aged; a rehabilitation center that is not accredited by the Joint Commission on the Accreditation of Hospitals, American Osteopathic Association or the Commission on the Accreditation of Rehabilitation Facilities; or a place for alcoholics or drug addicts.

A **hospital intensive care unit** means a place which: is a specifically designated area of the hospital called an intensive care unit that provides the highest level of medical care and is restricted to patients who are critically ill or injured and who require intensive comprehensive observation and care; is separate and apart from the surgical recovery room and from rooms, beds and wards customarily used for patient confinement; is permanently equipped with special lifesaving equipment for the care of the critically ill or injured; is under constant and continuous observation by a specially trained nursing staff assigned exclusively to the intensive care unit on a 24 hour basis; and has a doctor assigned to the intensive care unit on a full-time basis.

An hospital intensive care unit is not any of the following step down units: a progressive care unit; an intermediate care unit; a private monitored room; sub-acute intensive care unit; an observation unit; or any facility not meeting the definition of a hospital intensive care unit as defined in this policy.

A **hospital sub-acute intensive care unit** means a place which: is a specifically designated area of the hospital that provides a level of medical care below intensive care, but above a regular private or semi-private room or ward; is separate and apart from the surgical recovery room and from rooms, beds and wards customarily used for patient confinement; is permanently equipped with special lifesaving equipment for the care of the critically ill or injured; and is under constant and continuous observation by a specially trained nursing staff.

A hospital sub-acute intensive care unit may be referred to by other names such as progressive care, intermediate care, or a step-down unit, but it is not a regular private or semi-private room, or a ward with or without monitoring equipment.

An **injury** means a condition sustained by the covered person which is the direct result of an accident, independent of disease or bodily infirmity or any other cause and occurs while this policy is in force.

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

An **off-job accident** means an accident that occurs while a covered person is not working at any job for pay or benefits.

An **on-job accident** means an accident that occurs while a covered person is working at any job for pay or benefits.

A **physical therapist** is a person, other than you or a family member, who: is licensed by the state to practice physical therapy; performs services which are allowed by his license; performs services for which benefits are provided by this policy; and practices according to the Code of Ethics of the American Physical Therapy Association.

#### WHAT IS NOT COVERED BY THIS POLICY

We will not pay benefits for losses that are caused by or are the result of any covered person's:

- operating, learning to operate, serving as a crew member of or jumping, parachuting, or falling from any aircraft or hot air balloon, including those which are not motor-driven.
- engaging in hang-gliding, bungee jumping, parachuting, sailgliding, parasailing, or parakiting.
- participating or attempting to participate in an illegal activity and/or being incarcerated in a penal institution.
- riding in or driving any motor-driven vehicle in a race, stunt show or speed test.
- practicing for or participating in any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received.
- having any sickness or declining process caused by a sickness, including physical or mental infirmity. We also will not pay benefits to diagnose or treat the sickness. Sickness means any illness, infection, disease or any other abnormal physical condition which is not caused by an injury.
- committing or trying to commit suicide or his injuring himself intentionally, whether he is sane or not.
- being exposed to war or any act of war, declared or undeclared, or serving in the armed forces of any country or authority. Losses as a result of acts of terrorism committed by individuals or groups will not be excluded from coverage unless the covered person who suffered the loss committed the act of terrorism.

In addition to the exclusions listed above, we also will not pay the Catastrophic Accident benefit for injuries that are caused by or are the result of:

- injuries to a dependent child received during his birth.
- any covered person's being intoxicated or under the influence of any narcotics unless administered on the advice of his doctor.

**TO OBTAIN INFORMATION OR MAKE A COMPLAINT, YOU MAY CALL OUR  
TOLL FREE NUMBER: 1-800-325-4368.**

## COLONIAL LIFE & ACCIDENT INSURANCE COMPANY

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

(800) 325-4368

DISABILITY INCOME COVERAGE

OUTLINE OF COVERAGE

(Applicable to Policy Form DIS 1000-FL)

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

**Renewability.** Your policy is guaranteed renewable to the policy anniversary date on or next following your 70th birthday. Your premium can be changed only if we change it on all policies of this kind in force in the state where your policy was issued. *Policy anniversary date* occurs annually on the same date and in the same month as the date for which we first received premium.

**Disability Income Coverage.** Your policy is designed to provide coverage for disabilities that result from covered accidents or covered sicknesses subject to any limitations or exclusions. It does not provide coverage for basic hospital, basic medical-surgical or major medical expenses.

**Coverage Provided by the Policy.** We will pay the total disability benefit shown in the Policy Schedule if you become totally disabled and are totally disabled longer than the elimination period as the result of a covered accident or covered sickness while the policy is in force.

If benefits are payable for less than a full month, we will pay the appropriate benefits on a daily basis. A month is 30 days. The daily amount is 1/30th of the monthly amount.

If you do not have a job when you become totally disabled, we will pay the total disability benefit only as long as you are kept at home and cannot perform two of six Activities of Daily Living and you are under the regular and appropriate care of a doctor.

If you become partially disabled as a result of a covered accident or a covered sickness, we will pay up to the benefit period and in the amount shown for a partial disability in the Policy Schedule, except as described in the Geographical Limitations provision, for as long as this coverage is in force and you remain partially disabled, subject to the following conditions:

- the total disability benefit must have been paid for at least one full month immediately prior to your being partially disabled; and
- for a given period of disability, you may receive either a partial disability benefit or a total disability benefit, but not both.

If you become disabled because of a pre-existing condition, we will not pay for any disability period if it begins during the first 12 months the policy is in force. If you are totally disabled and you become totally disabled again for the same or related condition within six months after you return to work, we will treat this disability as the same disability. This means that the length of time shown for the benefit period and elimination period for Total or Partial Disability in the Policy Schedule will not start over as it will for disabilities caused by different covered accidents or sicknesses. If more than six months separates periods of disability, the elimination period shown in the Policy Schedule would again have to be satisfied. At the point, the Total or Partial Disability benefit shown in the Policy Schedule would again be available to you.

If you become disabled because of a pre-existing condition, we will not pay for any disability period if it begins during the first 12 months the policy is in force.

**Concurrent or Subsequent Disability:** During any period in which you are disabled due to more than one condition, whether the conditions are related or unrelated, benefits will be paid as if you are disabled due to only one condition. In no event will your being disabled due to more than one condition extend the benefit period beyond the benefit period shown in the Policy Schedule. Separate periods of disability resulting from unrelated conditions are considered a continuation of the previous disability, not a new disability, unless:

- they are separated by a minimum of 10 calendar days;
- during such time you returned to work performing the material and substantial duties of your job; and
- during such time you are no longer qualified to receive total or partial disability benefits.

This coverage will end on the policy anniversary date on or next following your 70th birthday. Coverage ending at age 70 will not affect any disability that began while the policy was in force. The disability benefit will be limited to the payment of the applicable monthly benefit amount for the length of the applicable benefit period shown on the Policy Schedule.

#### Time Limits

No claim for loss incurred or disability starting after 12 months from the effective date of the policy will be reduced or denied because a sickness or physical condition not excluded by name or specific description before the date of loss, had existed before the effective date of the policy.

#### Geographical Limitations

If you become totally disabled as the result of a covered accident or a covered sickness while you are outside the covered geographical areas and you are totally disabled longer than the elimination period shown in the Policy Schedule, your maximum benefit period for total disability and partial disability combined while outside the covered geographical areas will be limited to 60 days. Covered geographical areas are less than 40 miles outside the territorial limits of the United States, Canada, Mexico, Puerto Rico, the Bahama Islands, the Virgin Islands, Bermuda or Jamaica.

After the 60-day period, benefits will not be paid until you return to the covered geographical areas.

If you are still totally or partially disabled as defined in the policy when you return from outside the covered geographical areas, we will determine your remaining applicable benefit period by subtracting the time period for which we have already paid you benefits from the benefit period shown in the Policy Schedule. We will pay the monthly benefit amount shown in the Policy Schedule for up to the remaining applicable benefit period.

#### Waiver of Premium Benefit

After you have been totally disabled or qualify for partial disability benefits as the result of a covered accident or a covered sickness for more than 90 consecutive days while the policy is in effect, or after the elimination period shown in the Policy Schedule, whichever is greater, we will waive the premium for the policy and any attached rider(s) for as long as you remain disabled, up to the benefit period shown in the Policy Schedule. You must pay all premiums to keep the policy and any attached rider(s) in force until you have been totally disabled or qualify for partial disability benefits for 90 consecutive days while the policy is in effect, or for the elimination period shown in the Policy Schedule, whichever is greater.

You must send us written notice as soon as you are no longer disabled. We will assume you are no longer disabled if:

- You do not send us satisfactory proof of loss when we request it; or
- You notify us that you are no longer disabled.

You must pay all premiums to keep the policy and any attached rider(s) in force beginning with the first premium due after you are no longer disabled.

The Waiver of Premium Benefit does not apply to any period that you are totally or partially disabled due to an accident or condition which is excluded by specific name or specific description in the policy.

There is no limit to the number of times you can receive the Waiver of Premium benefit.

#### Important Words in the Policy

*Activities of Daily Living* mean the following:

1. Dressing – the ability to put on and take off all garments and medically necessary braces or artificial limbs usually worn
2. Transferring – the ability to move in or out of a chair or bed
3. Eating – the ability to get nourishment into the body once it has been prepared
4. Preparing meals
5. Toileting – the ability to get on and off the toilet, to maintain a reasonable level of personal hygiene and to care for clothing
6. Continence – the ability to maintain control of bowel and bladder function, or the ability to perform associated personal hygiene, including caring for catheter or colostomy bag

A *covered accident* is an accident which:

- occurs after the effective date of the policy;
- is of a type listed on the Policy Schedule;
- occurs while the policy is in force; and
- is not excluded by name or specific description in the policy.

A *covered sickness* means an illness, infection, disease or any other abnormal physical condition, not caused by an injury, which:

- occurs after the effective date of the policy;
- is of a type listed on the Policy Schedule;
- occurs while the policy is in force; and
- is not excluded by specific name or specific description in the policy.

A *doctor* means a person, other than you or a family member, who is licensed by the state to practice a healing art, and performs services for you which are allowed by his license. For the purposes of this definition, *family member* means your spouse, son, daughter, mother, father, sister or brother.

*Elimination period* means the period of time during which no benefits are payable, as shown in the Policy Schedule.

*Material and substantial duties of your job* are defined as those job duties which:

- are normally required to perform your regular job; and
  - cannot be reasonably modified or omitted.
- Performing your job at a particular work site or in a particular building is not a material and substantial duty of your job, provided that your employer will allow you to perform your job at a different work site or in a different building.

*Off-job accident* means an accident that occurs while you are not working at any job for pay or benefits.

*Off-job sickness* means a sickness that was not caused by or contributed to by your working at any job for pay or benefits.

*On-job accident* means an accident that occurs while you are working at any job for pay or benefits.

*On-job sickness* means a sickness that was caused by or contributed to by your working at any job for pay or benefits.

*Partially disabled* means:

- you are unable to perform the material and substantial duties of your regular occupation for 20 hours or more per week;
- you are able to work at your regular occupation or any other job for less than 20 hours per week;
- your employer will allow you to work for less than 20 hours per week; and
- you are under the regular and appropriate care of a doctor.

*Pre-existing condition* means your having a sickness or physical condition that during the 12 months immediately preceding the effective date of the policy had manifested itself in such a manner as would cause an ordinarily prudent person to seek medical advice, diagnosis, care or treatment or for which medical advice, diagnosis, care, or treatment was recommended or received.

*Totally disabled* means you are:

- unable to perform the material and substantial duties of your regular occupation; and
- under the regular and appropriate care of a doctor.

*Under the regular and appropriate care of a doctor* means you are being cared for on a regular basis by a doctor and the care you are receiving is appropriate for the condition(s) which disable(s) you.

**What Is Not Covered by the Policy**

We will not pay benefits for losses that are caused by or are the result of your:

- addiction to alcohol or drugs, except for drugs taken as prescribed by your doctor;
- operating, learning to operate, or serving as a crew member of or jumping or falling from any aircraft or hot air balloon, including those which are not motor-driven. This does not include flying as a fare paying passenger.
- giving birth within the first nine months after the effective date of the policy as the result of a normal pregnancy, including Cesarean. Complications of pregnancy will be covered to the same extent as any other covered sickness;
- engaging in hang gliding, bungee jumping, parachuting, sailgliding, parasailing or parakiting;
- participating or attempting to participate in an illegal activity and/or being incarcerated in a penal institution;
- having a pre-existing condition as described and limited by the policy;
- having a neurosis, psychoneurosis, psychopathy, psychosis, or mental or emotional disease or disorder of any kind. However, Alzheimer's Disease and other organic senile dementias are covered under the policy;
- riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- practicing for or participating in any semi-professional or professional competitive athletic contest for which you receive any type of compensation or remuneration;
- committing or trying to commit suicide or your injuring yourself intentionally, whether you are sane or not; or
- being exposed to war or any act of war, declared or undeclared, or serving in the armed forces of any country or authority. Losses as a result of terrorism committed by individuals or groups will not be excluded from coverage unless the covered person who suffered the loss committed the act of terrorism.

**TO OBTAIN INFORMATION OR MAKE A COMPLAINT, YOU MAY  
CALL OUR TOLL-FREE NUMBER  
1-800-325-4368**

**COLONIAL LIFE & ACCIDENT INSURANCE COMPANY**

1200 Colonial Life Boulevard, P. O. Box 1365  
Columbia, South Carolina 29202  
(800) 325-4368

**LIMITED BENEFIT INSURANCE**

Outline of Coverage  
(Applicable to certificate form GCAN-C-FL)

**THIS IS LIMITED BENEFIT GROUP SPECIFIED DISEASE COVERAGE. THE POLICY PROVIDES LIMITED BENEFITS FOR CANCER AND CANCER SCREENING PROCEDURES. BENEFITS PROVIDED ARE SUPPLEMENTAL AND NOT INTENDED TO COVER ALL MEDICAL EXPENSES. THIS IS NOT A SUBSTITUTE FOR COMPREHENSIVE HEALTH INSURANCE.**

**THIS IS NOT MEDICARE SUPPLEMENT COVERAGE.**

**If you are eligible for Medicare, review the Guide To Health Insurance for People with Medicare available from the company.**

**Read your certificate carefully.** This outline provides a very brief description of the important features of the Group Specified Disease Insurance certificate. This is not an insurance contract and only the actual policy provisions will control. The policy sets forth in detail the rights and obligations of the policyholder, you and us. The certificate is a summary of the policy and is a written statement, including the certificate schedule, prepared by us to set forth a summary of benefits to which the covered person is entitled, to whom the benefits are payable, and limitations or requirements that may apply and amendments, riders and supplements, if any. It is, therefore, important that you **READ YOUR CERTIFICATE CAREFULLY.**

The certificate provides benefits if the first date of diagnosis of cancer or the performance of a cancer screening test occurs: while the certificate is in force; and if the cancer or treatment is not excluded by name or specific description in the policy or certificate. Cancer must be pathologically or clinically diagnosed. If cancer is not diagnosed until after the covered person dies, we will only pay benefits for the treatment of cancer performed from the date of tentative diagnosis before the covered person's death.

**Benefits**

**\$50 Cancer Screening/Wellness Benefit**

We will pay this benefit if any covered person has one of the following cancer screening tests performed while his coverage is in force. This benefit is payable once per calendar year for each covered person.

*Cancer screening test* is defined as:

Biopsy of skin lesion; Bone marrow aspiration/biopsy; Breast ultrasound; CA 15-3 (blood test for breast cancer); CA125 (blood test for ovarian cancer); CEA (blood test for colon cancer); Chest X-ray; Colonoscopy;	Flexible sigmoidoscopy; Hemoccult stool analysis; Mammography; Pap smear; PSA (blood test for prostate cancer); Serum Protein Electrophoresis (blood test for myeloma); Thermography; ThinPrep Pap test; Virtual Colonoscopy.
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<b>Hospital Confinement/Hospital Intensive Care Unit Confinement</b>	<b>\$200 per day for first 30 days of hospital confinement in a calendar year</b> <b>\$400 per day for hospital confinement after the first 30 days of hospital confinement in a calendar year</b> <b>\$400 per day for hospital intensive care unit confinement</b> <b>Maximum benefit of 180 days per calendar year for hospital confinement and hospital intensive care unit confinement combined.</b>
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We will pay the applicable benefit shown above for each day any covered person incurs charges for hospital confinement or hospital intensive care unit confinement for the treatment of cancer up to the 180-day maximum per calendar year.

<b>Hospital Confinement/Hospital Intensive Care Unit Confinement in a U.S. Government Hospital</b>	<b>\$200 per day for first 30 days of hospital confinement in a calendar year</b> <b>\$400 per day for hospital confinement after the first 30 days of hospital confinement in a calendar year</b> <b>\$400 per day for hospital intensive care unit confinement</b> <b>Maximum benefit of 180 days per calendar year for hospital confinement and hospital intensive care unit confinement combined.</b>
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We will pay the applicable benefit shown above for each day any covered person is confined in a U. S. Government hospital or a U. S. Government hospital intensive care unit for the treatment of cancer up to the 180-day maximum per calendar year.

**Ambulance \$100 per trip**

We will pay this benefit for each trip any covered person makes if a professional ambulance service transports him to or from a hospital where he is confined as an inpatient for the treatment of cancer. He must incur charges for a professional ambulance service to receive this benefit. We will pay for no more than two one-way trips each time he is confined as an inpatient for the treatment of cancer.

**Private Full-Time Nursing \$100 per day**

We will pay this benefit for each day any covered person incurs charges for and uses private full-time nursing services required and authorized by his doctor while he is confined to a hospital for the treatment of cancer. Private full-time nursing must be performed by a registered, a licensed practical or a licensed vocational nurse.

**Attending Physician \$50 per day up to a maximum of 180 days per calendar year**

We will pay this benefit if any covered person incurs charges for and uses the services of an attending physician while confined to a hospital for the treatment of cancer. An *attending physician* is a doctor, other than the covered person's surgeon, who performs services for him while confined to a hospital.

**Radiation/Chemotherapy \$150 a day up to a maximum of \$5,000 per calendar year**

We will pay this benefit for each day any covered person incurs charges for and receives one or more of the following treatments for the purpose of the destruction of malignant cells during the treatment of internal (not skin) cancer up to the calendar year maximum: teloradiotherapy, using either natural or artificially propagated radiation; interstitial or intracavitary application of radium or radioisotopes in sealed or non-sealed sources; or chemical substances that have a cancericidal effect (chemotherapy). Radiation and chemotherapy treatments must be approved for the treatment of cancer by the United States Food and Drug Administration. **We will not pay for office visits, laboratory tests, diagnostic X-rays, treatment planning, simulation, treatment devices, dosimetry, radiation physics, teletherapy or other procedures related to these treatments.**

**Antinausea Medication \$50 a day up to a maximum of \$200 per calendar year**

We will pay this benefit for each day any covered person incurs charges for and receives antinausea medication administered in a doctor's office, clinic or hospital or has a prescription filled for antinausea medication as a result of radiation or chemotherapy treatments, up to the calendar year maximum. We will pay only one Antinausea Medication benefit per day regardless of the number of antinausea medications the covered person receives on the same day.

**Blood, Plasma, Platelets and Immunoglobulins \$150 per day, up to a maximum of \$5,000 per calendar year**

We will pay this benefit for each day any covered person incurs charges for and receives a transfusion of blood/ plasma/platelets/immunoglobulins during the treatment of cancer, up to the calendar year maximum.

**Experimental Treatment \$300 per day up to \$10,000 lifetime maximum**

We will pay this benefit for each day that any covered person incurs charges for and receives hospital, medical or surgical care in connection with experimental treatment of internal (not skin) cancer. These treatments must be prescribed by a physician and must be received in an experimental cancer treatment program. Treatment must be received in the United States. Payment of this benefit is in place of payment of any other benefit for the same covered treatments.

**Hair/External Breast/Voice Box Prosthesis \$200 per calendar year**

We will pay this benefit if any covered person incurs charges for and receives a hair prosthesis, external breast prosthesis or voice box prosthesis needed as a direct result of cancer.

**Supportive or Protective Care Drugs and Colony Stimulating Factors \$100 per day up to \$800 calendar year maximum**

We will pay this benefit for each day that any covered person incurs charges for and receives supportive or protective care drugs and/or colony stimulating factors for the treatment of cancer, up to the calendar year maximum.

**Bone Marrow Stem Cell Transplant \$10,000 per lifetime**

We will pay this benefit if any covered person incurs charges for and receives a bone marrow stem cell transplant for the treatment of cancer. We will pay this benefit only once per lifetime for each covered person.

**Peripheral Stem Cell Transplant \$5,000 per lifetime**

We will pay this benefit if any covered person incurs charges for and receives a peripheral stem cell transplant for the treatment of cancer. We will pay this benefit only once per lifetime for each covered person.

**Transportation \$0.40 per mile up to 700 miles per round trip**

We will pay this benefit if: any covered person travels on his doctor's advice to another city for diagnosis or treatment of his cancer; the destination is more than 50 miles one way from the city where he lives; and he is receiving treatment for internal (not skin) cancer. We will pay this benefit when charges are incurred for travel to and from his destination for either: commercial travel (plane, train or bus); or non-commercial travel (use of a personal car).

**Transportation for Companion \$0.40 per mile up to 700 miles per round trip**

We will pay this benefit for one companion to accompany any covered person to another city where he is receiving treatment for cancer if: his doctor advises treatment or diagnosis of his cancer in another city; the destination is more than 50 miles one way from the city where he lives; and he is receiving treatment for internal (not skin) cancer. We will pay this benefit when charges are incurred for travel to and from any covered person's destination for either: commercial travel (plane, train or bus); or non-commercial travel (use of personal car).

**Lodging \$50 per day up to 70 days maximum per calendar year**

We will pay this benefit for each day any covered person or any adult companion incurs charges for lodging required while the covered person is being treated for cancer more than 50 miles from his residence. We will pay for up to 70 days per calendar year.

**Surgery \$60 per surgical unit up to \$3,000 per procedure**

We will pay this benefit if any covered person incurs charges for and has a surgical procedure performed by a doctor for treatment of cancer up to the maximum benefit amount.

**Anesthesia 25% of the amount of the Surgery benefit paid**

We will pay this benefit if any covered person incurs charges for and receives general anesthesia administered by an anesthesiologist or a Certified Registered Nurse Anesthetist during a surgical procedure that is performed for the treatment of cancer.

**\$50 per procedure** – We will pay this benefit if any covered person incurs charges for and receives local anesthesia during a surgical procedure performed for the treatment of cancer and for which a benefit is payable under this certificate.

**Second Medical Opinion \$300 per malignant condition**

We will pay this benefit if any covered person incurs charges for and obtains a second medical opinion from another doctor on recommended surgery or treatment following the positive diagnosis of internal (not skin) cancer. We will pay this benefit only once for each cancerous condition.

**Reconstructive Surgery \$60 per surgical unit up to a maximum of \$3,000 per procedure, including general anesthesia**

We will pay this benefit if a covered person incurs charges for a reconstructive surgery that: requires an incision; is performed by a doctor for treatment of cancer; and is due to internal (not skin) cancer. We will pay for no more than two surgeries per site.

If the Reconstructive Surgery benefit is less than the maximum benefit amount allowed for this benefit, then we will also pay up to 25% of the Reconstructive Surgery benefit amount if a covered person incurs charges for and has general anesthesia administered during surgery. For the purposes of this provision, reconstructive surgery includes, but is not limited to, surgical procedures performed following a mastectomy on one breast or both breasts to reestablish symmetry between the two breasts, augmentation mammoplasty, reduction mammoplasty and mastopexy.

**Prosthesis/Artificial Limb \$2,000 per device or artificial limb up to a \$4,000 lifetime maximum**

We will pay this benefit if any covered person incurs charges for a surgically implanted prosthetic device or artificial limb needed as a direct result of cancer surgery, up to the lifetime maximum. We will pay for no more than one of the same type of device per site.

**Outpatient Surgical Center \$500 a day up to a maximum of \$1,500 per calendar year**

We will pay this benefit for each day any covered person incurs charges for and has surgery at an outpatient surgical center for internal (not skin) cancer, up to the calendar year maximum.

**Skilled Nursing Care Facility \$300 per day**

We will pay this benefit for each day any covered person incurs charges for and is confined to a skilled nursing care facility during the treatment of cancer. Confinement must begin within 14 days after the covered person is released from a hospital. We will pay this benefit for no more than the number of days for which we paid the Hospital Confinement/Hospital Intensive Care Unit Confinement benefit or the Hospital Confinement/ Hospital Intensive Care Unit Confinement in a U. S. Government Hospital benefit for his most recent confinement.

**Hospice \$300 per day**

We will pay this benefit for each day any covered person incurs charges for and: receives a visit from a representative of a hospice at home; uses the services of a hospital or a U.S. Government Hospital on an outpatient basis under the direction of a hospice; visits a hospice on an outpatient basis for treatment or services as the result of cancer; or is confined to a hospice facility.

# Thank you for choosing Colonial Life.

For additional information on your State of Florida voluntary insurance benefit offerings, go to [VisitYouville.com/StateofFL](http://VisitYouville.com/StateofFL). On the website you will find the information contained in this booklet, answers to frequently asked questions and other helpful information.

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386-252-9806 or 888-756-6701

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to learn more about the following  
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available through your agency:

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- Critical Illness Insurance
- Life Insurance

The logo for Colonial Life, featuring the words "Colonial Life" in a white serif font. Above the word "Colonial" are five small white circles of varying sizes, arranged in a slight arc, resembling a stylized sun or a cluster of stars.

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

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