

**COLONIAL LIFE & ACCIDENT INSURANCE COMPANY**  
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A Stock Company

**LIMITED BENEFIT HEALTH COVERAGE FOR SPECIFIED CRITICAL ILLNESS**

**OUTLINE OF COVERAGE (Applicable to Policy Form CI-1.0-CA)**

**PRE-EXISTING CONDITIONS - PLEASE READ CAREFULLY**

**THIS IS A SUPPLEMENT TO HEALTH INSURANCE. IT IS NOT A SUBSTITUTE FOR HOSPITAL OR MEDICAL EXPENSE INSURANCE, A HEALTH MAINTENANCE ORGANIZATION (HMO) CONTRACT, OR MAJOR MEDICAL EXPENSE INSURANCE. CERTAIN SPECIFIED CRITICAL ILLNESSES HAVE A REDUCED BENEFIT PAYMENT. REFER TO THE BENEFITS PROVISION FOR DETAILS.**

**THIS POLICY PROVIDES BENEFITS FOR CANCER AND HEALTH SCREENING PROCEDURES. IN THE POLICY, CANCER MEANS A DISEASE THAT IS IDENTIFIED BY THE PRESENCE OF MALIGNANT CELLS OR A MALIGNANT TUMOR CHARACTERIZED BY THE UNCONTROLLED AND ABNORMAL GROWTH AND SPREAD OF INVASIVE MALIGNANT CELLS.**

**THE FOLLOWING ARE NOT TO BE CONSTRUED AS CANCER FOR PURPOSES OF THE POLICY:**

- **PRE-MALIGNANT CONDITIONS OR CONDITIONS WITH MALIGNANT POTENTIAL;**
- **BASAL CELL CARCINOMA AND SQUAMOUS CELL CARCINOMA OF THE SKIN; AND**
- **MELANOMA THAT IS DIAGNOSED AS CLARK'S LEVEL I OR II OR BRESLOW LESS THAN .75MM; AND**
- **CARCINOMA IN SITU.**

**CARCINOMA IN SITU MEANS CANCER THAT IS IN THE NATURAL OR NORMAL PLACE, CONFINED TO THE SITE OF ORIGIN WITHOUT HAVING INVADDED NEIGHBORING TISSUE.**

**THE POLICY PROVIDES A LOWER BENEFIT FOR CARCINOMA IN SITU THAN FOR CANCER.**

If you were diagnosed, received treatment or took medication for a sickness or physical condition within 12 months before the effective date of this policy, we will not pay a benefit for a Specified Critical Illness that occurs as a result of that sickness or physical condition if the Specified Critical Illness has a Date of Diagnosis within the first 12 months after the effective date of the policy.

**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.**

**Guaranteed Renewable Subject to Payment of the Maximum Benefit Amount for Specified Critical Illness.** The policy is guaranteed renewable as long as you pay the premiums when they are due or within the grace period, up to the date of payment of the Maximum Benefit Amount for Specified Critical Illness as shown on the Policy Schedule. Your 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.

**Coverage Provided by The Policy.** The policy is designed to provide coverage ONLY for Specified Critical Illnesses and for certain health screening tests, subject to any limitations or exclusions in your policy. It does not provide coverage for basic hospital, basic medical-surgical or major medical expenses.

The policy provides benefits only if the Date of Diagnosis of Specified Critical Illness or the performance of a health screening test or Cancer Vaccine is while your policy is in force. Any health screening test or Cancer Vaccine performed before the Policy Coverage Effective Date will not be covered.

Premiums vary depending on the amount of coverage you chose at time of application.  
The amount of coverage you chose is shown on the Policy Schedule.

**BENEFITS**

**Specified Critical Illness Benefit**

|   |                                      |
|---|--------------------------------------|
| Face Amount for Named Insured                   | \$ _____                             |
| Face Amount for Spouse (if covered)             | 50% of face amount for Named Insured |
| Face Amount for Dependent Children (if covered) | 25% of face amount for Named Insured |

**The Face Amount(s) will reduce by 50% on the first Policy Anniversary Date after the named insured attains age 75.**

We will pay this benefit if a covered person is diagnosed with one of the Specified Critical Illnesses shown below if: the Date of Diagnosis is while coverage under the policy is in force; and the Specified Critical Illness is not excluded by name or specific description in the policy.

|   |      |
|---|------|
| Cancer  | 100% |
| Heart Attack (Myocardial Infarction)          | 100% |
| Stroke  | 100% |
| End Stage Renal (Kidney) Failure              | 100% |
| Major Organ Failure                           | 100% |
| Permanent Paralysis due to a Covered Accident | 100% |
| Coma  | 100% |
| Blindness                                     | 100% |
| Coronary Artery Bypass Graft Surgery          | 25%  |
| Carcinoma in Situ                             | 25%  |

Maximum Benefit Amount for Specified Critical Illness: 100% of the Face Amount for each covered person.

We will pay the percentage of the Face Amount shown on the Policy Schedule for the Specified Critical Illness diagnosed, up to the Maximum Benefit Amount for Specified Critical Illness shown on the Policy Schedule.

We will pay the benefit for Coronary Artery Bypass Graft Surgery only once per lifetime per covered person. If a covered person receives a benefit for Coronary Artery Bypass Graft Surgery and is later diagnosed with a different Specified Critical Illness, we will pay the Face Amount less the amount you received for Coronary Artery Bypass Graft Surgery.

If, on the same day, a covered person undergoes a transplant of two or more major organs listed in the definition of Major Organ Failure (example: heart and lungs), a single benefit will be paid.

Benefits for Cancer and Carcinoma in Situ, as defined in this Specified Critical Illness policy, are based on diagnosis and not treatment. Cancer will be covered at 100% of the Face Amount and Carcinoma in Situ will be covered at 25% of the Face Amount, subject to the terms of coverage. The extent of treatment recommended, including but not limited to surgery, chemotherapy and/or radiation, will not affect the benefit amount.

The Specified Critical Illness Benefit amount is reduced by 50% on the first Policy Anniversary Date after the named insured attains age 75.

Examples

A 40 year old has a \$50,000 Face Amount. At age 49, she discovers a lump in her breast. Benefits are calculated as follows:

- If the lump is malignant and meets the definition of Cancer:  $\$50,000 \text{ Face Amount} \times 100\% = \$50,000$ .
- If the lump is malignant and meets the definition of Carcinoma in Situ:  $\$50,000 \text{ Face Amount} \times 25\% = \$12,500$ .
- If the lump is benign, it will not meet the definition of Cancer or Carcinoma in Situ and no benefits will be provided.

We will pay the benefit for Carcinoma in Situ only once per lifetime per covered person. If a covered person receives a benefit for Carcinoma in Situ and is later diagnosed with a different Specified Critical Illness, including but not limited to Cancer, we will pay the Face Amount less the amount received for Carcinoma in Situ.

We will pay the benefit for Cancer only once per lifetime per covered person.

If the Date of Diagnosis of two or more Specified Critical Illnesses is the same day, we will pay only one Specified Critical Illness benefit. We will pay the larger of the Specified Critical Illness benefits.

**No benefits are payable for conditions other than the Specified Critical Illnesses defined in the policy.**

We will not pay more than the Maximum Benefit Amount for Specified Critical Illness as shown on the Policy Schedule.

This policy will terminate when the Maximum Benefit Amount for Specified Critical Illness as shown on the Policy Schedule has been paid.

### **Benefit Reduction**

The Face Amount(s) will reduce by 50% on the first Policy Anniversary Date after the named insured attains age 75. All Specified Critical Illness benefits payable after that date will be based on the reduced Face Amount.

### **Cancer Vaccine Benefit**

#### **Amount: \$50**

We will pay this benefit if a covered person incurs a charge for and receives any cancer vaccine that is FDA approved for the prevention of Cancer. The vaccine must be administered by licensed medical personnel while coverage under the policy is in force. Payment of this benefit will not reduce the Maximum Benefit Amount for Specified Critical Illness. This benefit is limited to one payment per covered person, per lifetime.

### **Health Screening Benefit**

#### **Amount: \$50/Year**

We will pay this benefit if any covered person incurs a charge for and has one of the following screening tests performed while coverage under the policy is in force. We will pay the amount shown for one of the following screening tests. Payment of this benefit will not reduce the Maximum Benefit Amount for Specified Critical Illness. This benefit is payable once per calendar year for each covered person.

Health screening test is defined as: stress test on a bicycle or treadmill, fasting blood glucose test, blood test for triglycerides, serum cholesterol test to determine level of HDL and LDL, bone marrow testing, carotid doppler, electrocardiogram (EKG, ECG), echocardiogram (ECHO), skin cancer 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, PSA (blood test for prostate cancer), serum protein electrophoresis (blood test for myeloma), thermography, and virtual colonoscopy.

### **Mammography Benefit**

#### **Amount: \$200/Year**

We will pay this benefit if any covered person incurs a charge for and receives a mammogram. The test must be performed while the coverage is in force. We will pay for one baseline mammogram if a covered person is between the ages of 35 and 39, one mammogram every two calendar years if the covered person is 40 to 49 years of age, or more frequently if recommended by the covered person's physician, and one mammogram each calendar year if the covered person is 50 years of age or older.

### **Cervical Cancer Screening Test Benefit**

#### **Amount: \$70/Year**

We will pay this benefit if any covered person receives a Cervical Cancer Screening Test approved by the federal Food and Drug Administration. The test must be done while this policy is in force. We will pay the amount shown on the Policy Schedule. This benefit is payable once per calendar year per covered person.

## **DEFINITIONS**

**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.

**Blindness** means clinically proven irreversible reduction of sight in both eyes that has persisted for a period of at least 180 consecutive days. Sight must be reduced to a corrected visual acuity of less than 6/60 (Metric Acuity) or 20/200 (Snellen or E-Chart Acuity), or visual field restriction to 20° or less in both eyes. The following are not to be construed as blindness for purposes of the policy: if in general medical opinion any procedure, device, or implant could result in the partial or total restoration of sight; if the covered person has not attained age three or above on the Date of Diagnosis, and if the covered person's reduction of sight as defined above occurs prior to the Policy Coverage Effective Date of the covered person's coverage under this policy.

**Calendar Year** means the period beginning on the Policy Coverage Effective Date of coverage shown on the Policy Schedule and ending on December 31 of the same year. Thereafter, it is the period beginning on January 1 and ending on December 31 of each following year.

**Cancer** means a disease that is identified by the presence of malignant cells or a malignant tumor characterized by the uncontrolled and abnormal growth and spread of invasive malignant cells. The following are not to be construed as Cancer for purposes of this

policy: pre-malignant conditions or conditions with malignant potential; Carcinoma in Situ; basal cell carcinoma and squamous cell carcinoma of the skin; and melanoma that is diagnosed as Clark's Level I or II or Breslow less than .75mm.

**Carcinoma in Situ** means Cancer that is in the natural or normal place, confined to the site of origin without having invaded neighboring tissue.

Cancer and/or Carcinoma in Situ must be diagnosed in one of two ways:

A Pathological Diagnosis of Cancer or Carcinoma in Situ is based on a microscopic study of fixed tissue or preparations from the hemic (blood) system. This type of diagnosis must be done by a qualified Physician, whose positive diagnosis of malignancy is consistent with the professional medical standards of care for Cancer or Carcinoma in Situ.

A Clinical Diagnosis of Cancer or Carcinoma in Situ is based on the study of symptoms. We will pay benefits for a clinical diagnosis only if:

- there is medical evidence to support a positive diagnosis of Cancer or Carcinoma in Situ; and
- the diagnosis is made by a qualified Physician by use of clinical means that are consistent with professional medical standards of care for Cancer and/or Carcinoma in Situ.

**Cardiologist** means a Doctor who is licensed to practice medicine and who is also licensed to practice by the American Board of Internal Medicine in the subspecialty of cardiovascular disease.

**Coma** means a continuous state of profound unconsciousness resulting from a Covered Accident or a Covered Sickness, characterized by the absence of: eye opening, motor response, and verbal response. The condition must require intubation for respiratory assistance. The term "Coma" does not include any medically induced coma.

A **Covered Accident** is an accident that occurs on or after the Policy Coverage Effective Date of the policy; occurs while the policy is in force; and, is not excluded by specific description in the policy.

A **Covered Sickness** means an illness, infection, disease or any other abnormal physical condition, not caused by an accident, that occurs on or after the Policy Coverage Effective Date of the policy; occurs while the policy is in force; and is not excluded by specific name or specific description in the policy.

**Coronary Artery Bypass Graft Surgery** means undergoing open heart surgery to correct narrowing or blockage of one or more coronary arteries utilizing venous or arterial grafts, excluding procedures such as, but not limited to, balloon angioplasty, valve replacement surgery, laser relief, stents or other non-surgical procedures.

#### **Date of Diagnosis**

- for Heart Attack (Myocardial Infarction), the date that the ischemic death of a portion of the heart muscle occurred based on the applicable criteria listed under the Heart Attack (Myocardial Infarction) definition;
- for Stroke, the date a Stroke occurred based on neuroimaging or other neurodiagnostic study consistent with an acute or subacute infarction, hemorrhage, embolism, thrombosis and presence of neurological deficits persisting for a period of 30 days or greater;
- for End Stage Renal (Kidney) Failure, the date that regular hemodialysis or peritoneal dialysis begins;
- for Major Organ Failure, the date that the covered person undergoes surgery to receive a transplant of a human heart, kidney, liver, lung, or pancreas;
- for Permanent Paralysis due to a Covered Accident, the date the Doctor confirms the Permanent Paralysis due to a Covered Accident has continued for a period of 180 consecutive days;
- for Coma, the date a Doctor confirms a coma resulting from a Covered Accident or a Covered Sickness has lasted seven or more consecutive days;
- for Blindness, the date the Doctor confirms the irreversible reduction of sight has continued for a period of 180 consecutive days;
- for Coronary Artery Bypass Graft Surgery, the date the covered person undergoes the open heart surgery; and
- for Cancer or Carcinoma in Situ, the date the tissue specimen, blood samples or titer(s) are taken upon which the first diagnosis of Cancer or Carcinoma in Situ is based.

**Dependent Children** means any natural children, children of your registered domestic partner, step-children, legally adopted children, foster children or children placed into your custody for adoption who are unmarried; chiefly dependent on you or your spouse for support; and younger than age 26.

A **Doctor or Physician** means a person who: is licensed by the state to practice a healing art; and performs services for a covered person that are allowed by his license. For purposes of this definition, Doctor or Physician does not include any covered person or

anyone related to any covered person by blood or marriage, a business or professional partner of any covered person, or any person who has a financial affiliation or a business interest with any covered person.

**End Stage Renal (Kidney) Failure** means chronic irreversible failure of the function of both kidneys such that the covered person must undergo at least weekly hemodialysis or peritoneal dialysis.

**Heart Attack (Myocardial Infarction)** means the ischemic death of a portion of heart muscle as a result of obstruction of one or more of the coronary arteries. A positive diagnosis must be supported by three or more of the following: atypical chest pain; electrocardiographic (EKG) changes indicative of myocardial infarction; elevation of biochemical markers of myocardial necrosis; and confirmatory imaging studies. In the event of death, an autopsy, medical examiner's confirmation or death certificate identifying Heart Attack (Myocardial Infarction) as the cause of death will be accepted.

A Heart Attack (Myocardial Infarction) is not congestive heart failure, atherosclerotic heart disease, angina, or coronary artery disease.

**Major Organ Failure** means diagnosis of major organ failure of the heart, kidney, liver, lung, or pancreas resulting in the covered person undergoing surgery to receive a transplant of a human heart, kidney, liver, lung, or pancreas.

**Permanent Paralysis due to a Covered Accident** means the complete and permanent loss of the use of two or more limbs through paralysis as the result of a Covered Accident as defined in the policy for a continuous period of 180 days, as confirmed by a Doctor. Loss of use of two or more limbs through paralysis as the result of a Stroke will not be construed as Permanent Paralysis due to a Covered Accident for purposes of the policy.

**Policy Anniversary Date** occurs annually on the same date and in the same month as the date for which we first received premium.

**Pre-existing Condition** means having a sickness or physical condition for which any covered person was diagnosed, treated, or had taken medication within 12 months before the Policy Coverage Effective Date of this policy.

**Specified Critical Illness** means one of the Specified Critical Illnesses shown on the Policy Schedule.

**Stroke** means an acute or subacute cerebrovascular incident, including infarction of brain tissue, cerebral and subarachnoid hemorrhage, cerebral embolism and cerebral thrombosis.

The diagnosis must be supported by: evidence of persistent neurological deficits confirmed by a neurologist at least 30 days after the event; and confirmatory neuroimaging studies consistent with the diagnosis of a new Stroke.

The following are not to be construed as a Stroke for purposes of the policy: transient ischemic attack; brain injury related to trauma or infection; brain injury associated with hypoxia/anoxia or hypotension; vascular disease affecting the eye or optic nerve; and ischemic disorders of the vestibular system. In the event of death, an autopsy confirmation identifying Stroke as the cause of death will be accepted.

## WHAT IS NOT COVERED BY THE POLICY

We will not pay benefits for a Specified Critical Illness that occurs as a result of a covered person's:

1. Committing or attempting to commit a felony or engaging in an illegal occupation.
2. Being intoxicated or under the influence of any narcotic unless administered on the advice of his Doctor.
3. Having a pre-existing condition as defined in the policy and limited by the Time Limits on Certain Defenses provision of the policy.
4. Having a psychiatric or psychological condition including, but not limited to affective disorders, neuroses, anxiety, stress and adjustment reactions. However, Alzheimer's disease and other organic senile dementias are covered under the policy.
5. Committing or trying to commit suicide, or his injuring himself intentionally, while he is sane or insane.
6. 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 or nuclear release committed by individuals or groups will not be excluded from coverage unless the covered person who suffered the loss committed the act of terrorism or nuclear release.