

# Cancer Insurance

## Level 1 Benefits

Our 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.



For more information,  
talk with your  
benefits counselor.

BENEFIT DESCRIPTION	BENEFIT AMOUNT
<b>Air Ambulance</b> ..... Transportation to or from a hospital or medical facility <i>[max. of two trips per confinement]</i>	\$2,000 per trip
<b>Ambulance</b> ..... Transportation to or from a hospital or medical facility <i>[max. of two trips per confinement]</i>	\$250 per trip
<b>Anesthesia</b> Administered during a surgical procedure for cancer treatment	
■ General Anesthesia.....	25% of Surgical Procedures Benefit
■ Local Anesthesia.....	\$25 per procedure
<b>Anti-nausea Medication</b> ..... Doctor-prescribed medication for radiation or chemotherapy <i>[\$100 monthly max.]</i>	\$25 per day administered or per prescription filled
<b>Blood/Plasma/Platelets/Immunoglobulins</b> ..... A transfusion required during cancer treatment <i>[\$10,000 calendar year max.]</i>	\$150 per day
<b>Bone Marrow Donor Screening</b> ..... Testing in connection with being a potential donor <i>[once per lifetime]</i>	\$50
<b>Bone Marrow or Peripheral Stem Cell Donation</b> ..... Receiving another person's bone marrow or stem cells for a transplant <i>[once per lifetime]</i>	\$500
<b>Bone Marrow or Peripheral Stem Cell Transplant</b> ..... Transplant you receive in connection with cancer treatment <i>[max. of two bone marrow transplant benefits per lifetime]</i>	\$3,500 per transplant
<b>Cancer Vaccine</b> ..... An FDA-approved vaccine for the prevention of cancer <i>[once per lifetime]</i>	\$50
<b>Companion Transportation</b> ..... Companion travels by plane, train or bus to accompany a covered cancer patient more than 50 miles one way for treatment <i>[up to \$1,000 per round trip]</i>	\$0.50 per mile
<b>Egg(s) Extraction or Harvesting/Sperm Collection and Storage</b> Extracted/harvested or collected before chemotherapy or radiation <i>[once per lifetime]</i>	
■ Egg(s) Extraction or Harvesting/Sperm Collection.....	\$500
■ Egg(s) or Sperm Storage (Cryopreservation).....	\$175
<b>Experimental Treatment</b> ..... Hospital, medical or surgical care for cancer <i>[\$10,000 lifetime max.]</i>	\$200 per day
<b>Family Care</b> ..... Inpatient or outpatient treatment for a covered dependent child <i>[\$1,500 calendar year max.]</i>	\$30 per day
<b>Hair/External Breast/Voice Box Prosthesis</b> ..... Prosthesis needed as a direct result of cancer	\$200 per calendar year
<b>Home Health Care Services</b> ..... Examples include physical therapy, occupational therapy, speech therapy and audiology; prosthesis and orthopedic appliances; rental or purchase of durable medical equipment <i>[up to 100 days per lifetime]</i>	\$50 per day
<b>Hospice (Initial or Daily Care)</b> An initial, one-time benefit and a daily benefit for treatment <i>[\$15,000 lifetime max. for both]</i>	
■ Initial hospice care <i>[once per lifetime]</i> .....	\$1,000
■ Daily hospice care.....	\$50 per day



ColonialLife.com

## BENEFIT DESCRIPTION

## BENEFIT AMOUNT

### Hospital Confinement

Hospital stay (including intensive care) required for cancer treatment

- 30 days or less ..... \$100 per day
- 31 days or more ..... \$200 per day

### Lodging

Hotel/motel expenses when being treated for cancer more than 50 miles from home  
[70-day calendar year max.]

\$50 per day

### Medical Imaging Studies

Specific studies for cancer treatment [ \$150 calendar year max.]

\$75 per study

### Outpatient Surgical Center

Surgery at an outpatient center for cancer treatment [ \$300 calendar year max.]

\$100 per day

### Private Full-time Nursing Services

Services while hospital confined other than those regularly furnished by the hospital

\$50 per day

### Prosthetic Device/Artificial Limb

A surgical implant needed because of cancer surgery [payable one per site, \$2,000 lifetime max.]

\$1,000 per device or limb

### Radiation/Chemotherapy

Weekly Benefit [max. once per week]

- Injected chemotherapy by medical personnel ..... \$250
- Radiation delivered by medical personnel ..... \$250

Monthly Chemotherapy Benefit [max. once per month]

- Self-Injected ..... \$150
- Pump ..... \$150
- Topical ..... \$150
- Oral Hormonal [1-24 months] ..... \$150
- Oral Hormonal [25+ months] ..... \$100
- Oral Non-Hormonal ..... \$150

### Reconstructive Surgery

A surgery to reconstruct anatomic defects that result from cancer treatment [min. benefit amount will not be less than \$100 per procedure; up to \$2,500 per procedure, including 25% for general anesthesia]

\$40 per surgical unit

### Second Medical Opinion

A second physician's opinion on cancer surgery or treatment [once per lifetime]

\$150

### Skilled Nursing Care Facility

Confinement to a covered facility after hospital release  
[max. of 100 days per lifetime]

\$50 per day

### Skin Cancer Initial Diagnosis

A skin cancer diagnosis while the policy is in force [once per lifetime]

\$300

### Supportive or Protective Care Drugs and Colony Stimulating Factors

Doctor-prescribed drugs to enhance or modify radiation/chemotherapy treatments  
[ \$400 calendar year max.]

\$50 per day

### Surgical Procedures

Inpatient or outpatient surgery for cancer treatment [min. benefit amount will not be less than \$100 per procedure; \$2,500 max. per procedure]

\$40 per surgical unit

### Transportation

Travel expenses when being treated for cancer more than 50 miles from home  
[up to \$1,000 per round trip]

\$0.50 per mile

### Waiver of Premium

No premiums due if the named insured is disabled longer than 90 consecutive days

Is available

The policy has limitations and exclusions that may affect benefits payable. Most benefits require that a charge be incurred. Policy may not be available in all states and may vary by state. For cost and complete details, see your benefits counselor.

This chart highlights the benefits of policy forms CanAssist-DE, CanAssist-IL and CanAssist-ME. This chart is not complete without form #101481.