

# Specified Critical Illness Insurance



For more information,  
talk with your  
benefits counselor.

ColonialLife.com

If you're diagnosed with a covered critical illness, specified critical illness insurance from Colonial Life can help with your expenses, so you can concentrate on what's most important – your treatment, care and recovery.

**Face amount:** \$\_\_\_\_\_

## Critical illness benefit

For the diagnosis of this covered critical illness condition: <sup>1</sup>	This percentage of the face amount is payable:
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%
Occupational infectious HIV or occupational infectious hepatitis B, C or D	100%
Coronary artery bypass graft surgery/disease <sup>2</sup>	25%

The maximum benefit amount for this policy is 3x the face amount for the named insured for all covered persons combined. The policy will terminate when the maximum benefit amount for specified critical illness has been paid.

### Subsequent diagnosis of a different critical illness<sup>3</sup>

If you receive a benefit for a specified critical illness, and later you are diagnosed with a different specified critical illness, the original percentage of the face amount is payable for that particular specified critical illness.

### Subsequent diagnosis of the same critical illness<sup>3</sup>

If you receive a benefit for a specified critical illness, and later you are diagnosed with the same specified critical illness, 25% of the original face amount is payable. Critical illness conditions that do not qualify are: coronary artery bypass graft surgery/disease<sup>2</sup> and occupational infectious HIV or occupational infectious hepatitis B, C or D.



ColonialLife.com

- 1 Please refer to the policy for complete definitions of covered conditions.
- 2 Benefit for coronary artery disease applicable in lieu of benefit for coronary artery bypass graft surgery when health savings account (HSA) compliant plan is selected.
- 3 Dates of diagnoses of a covered specified critical illness must be separated by at least 180 days.

THIS POLICY PROVIDES LIMITED BENEFITS.

**EXCLUSIONS AND LIMITATIONS FOR SPECIFIED CRITICAL ILLNESS**

We will not pay benefits for a specified critical illness that occurs as a result of a covered person's: felonies; pre-existing condition; psychiatric or psychological condition; or war or armed conflict.

This is not an insurance contract and only the actual policy provisions will control. Applicable to policy form CI-1.0-PL5-OR, CI-1.0-PL6-OR or CI-1.0-PL9-OR. Please see your Colonial Life benefits counselor for details.

Underwritten by Colonial Life & Accident Insurance Company, Columbia, SC  
©2017 Colonial Life & Accident Insurance Company. All rights reserved. Colonial Life is a registered trademark and marketing brand of Colonial Life & Accident Insurance Company.



## **Critical Illness 1.0**

Colonial Life's individual Specified Critical Illness 1.0 insurance helps your employees and their families maintain financial security during the lengthy, expensive recovery period of a critical illness. It provides a lump sum benefit to help with the out-of-pocket medical and non-medical expenses of employees who suffer a critical illness.

Benefits are paid directly to the covered person unless they specify otherwise.

As the employer, you may choose *one* of the following plan types to offer to your employees.

- Critical Illness with Subsequent Diagnosis
- Critical Illness with Subsequent Diagnosis and Health Screening

An employee can choose to add cancer as a covered condition for additional premium.

Coverage is available to: Employee; Spouse (as the named insured); Employee and Spouse; Employee and Dependent Children; Spouse and Dependent Children; and Employee, Spouse and Dependent Children.

Face amounts for the employee range from \$5,000 - \$100,000 (amounts greater than \$75,000 require underwriting approval), in \$1,000 increments. Spouse coverage (as a named insured) is available in face amounts from \$5,000 to \$40,000. If a spouse is covered under the employee's plan, their face amount is 50% of the employee's coverage. If dependent child(ren) are covered, their face amount is 25% of the named insured's coverage.

## **Benefits**

### **Critical Illness with Subsequent Diagnosis**

**Benefits are paid as a lump-sum payment for the following specified critical illness when the covered person is diagnosed:**

#### **100% of face amount per covered person**

- Heart Attack (Myocardial Infarction)
- Stroke
- Major Organ Failure
- End Stage Renal (Kidney) Failure
- Cancer (if selected by Employee)
- Permanent Paralysis due to a Covered Accident
- Coma
- Blindness

#### **25% of face amount per covered person**

- Coronary Artery Bypass Graft Surgery
- Carcinoma in Situ (if selected by Employee)

### **Subsequent Diagnosis –**

#### **Employees can use this coverage more than once.**

- If a covered person receives a benefit for a Specified Critical Illness and is later diagnosed with:
  - a *different* condition, this product will pay the percentage of the face amount shown in the Benefits Section above up to the Maximum Benefit Amount payable.
  - the *same* condition, this product will pay 25% of the face amount up to the Maximum Benefit Amount payable. (*Critical illnesses that do not qualify are: Cancer, Carcinoma in Situ, and Coronary Artery Bypass Graft surgery.*)
  - Dates of diagnoses of Specified Critical Illnesses must be separated by at least 180 days.
  - The Maximum Benefit Amount for the policy is three times the face amount for the named insured for all covered persons combined. The Face Amount(s) will reduce by 50% on the first Policy Anniversary Date after the named insured attains age 75.

**Mammography Benefit:** \$200 payable when a covered person incurs a charge for and receives a mammogram. We will pay one baseline mammogram between the ages of 35 and 39, one mammogram every two 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 year if age 50 or older.

**Cervical Cancer Screening Test Benefit:** \$70 payable once per covered person per calendar year. This test includes a pap test, a human papillomavirus (HPV) screening test, and any other cervical cancer screening test that is approved by the FDA.

#### **Wellness (Health Screening Benefit) – *if selected by the Employer***

\$50 payable once per year per covered person for 21 health screening tests such as:

- |   |  |
|---|--|
| • Stress test on a bicycle or treadmill                     | • Echocardiogram (ECHO)                |
| • Serum cholesterol test to determine levels of HDL and LDL | • Chest x-ray                          |
| • Carotid doppler   | • Colonoscopy                          |
| • Electrocardiogram (ECG/EKG)                               | • PSA (blood test for prostate cancer) |

#### **Cancer Vaccine Benefit (if Cancer coverage is selected by the Employee)**

- \$50 payable once per covered person per lifetime if a covered person incurs a charge for and receives any cancer vaccine approved by the FDA for the prevention of cancer.

## Features

- This product allows you to provide additional benefits at no direct cost to you to help you attract and keep top talent.
- Coverage is portable – an employee can continue their coverage if they change jobs or retire.
- Benefits are paid in addition to other insurance your employees may have with other insurance companies.
- Benefits may be used however the covered person chooses. Typical uses include:
  - Out-of-pocket medical and non-medical expenses
  - Home health care needs/home modifications
  - Recovery and rehabilitation
  - Child care or caregiver expenses
  - Travel expenses to and from treatment centers

## Eligibility Requirements

- Issue ages 17-64 for both the employee and spouse.
- The employee is actively working at least 20 hours per week.
- The employee must be actively at work at the time of application.
- Dependent children (as defined in the policy).

## Participation Requirements

To offer this plan, we require only three eligible applicants.

**Please see Underwriting section for additional information.**

## Premium Information

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



**Sample Monthly Premiums (Employee only)**  
**\$25,000 face amount with Subsequent Diagnosis**

Critical Illness			Crit III + Hlth Screening		
Issue Age	Non-tobacco	Tobacco	Issue Age	Non-tobacco	Tobacco
17-24	\$10.00	\$12.50	17-24	\$10.65	\$13.15
25-29	\$11.75	\$15.75	25-29	\$12.40	\$16.40
30-34	\$13.75	\$20.00	30-34	\$14.40	\$20.65
35-39	\$19.75	\$28.25	35-39	\$20.40	\$28.90
40-44	\$23.75	\$37.00	40-44	\$24.40	\$37.65
45-49	\$31.25	\$48.00	45-49	\$31.90	\$48.65
50-54	\$40.25	\$60.75	50-54	\$40.90	\$61.40
55-59	\$50.00	\$77.50	55-59	\$50.65	\$78.15
60-64	\$62.25	\$93.50	60-64	\$62.90	\$94.15

Critical Illness + Cancer			Crit III + Hlth Screening + Cancer		
Issue Age	Non-tobacco	Tobacco	Issue Age	Non-tobacco	Tobacco
17-24	\$14.25	\$18.50	17-24	\$14.90	\$19.15
25-29	\$19.25	\$26.75	25-29	\$19.90	\$27.40
30-34	\$24.50	\$37.00	30-34	\$25.15	\$37.65
35-39	\$32.25	\$49.25	35-39	\$32.90	\$49.90
40-44	\$39.00	\$62.00	40-44	\$39.65	\$62.65
45-49	\$51.25	\$80.00	45-49	\$51.90	\$80.65
50-54	\$71.50	\$109.25	50-54	\$72.15	\$109.90
55-59	\$88.25	\$139.25	55-59	\$88.90	\$139.90
60-64	\$117.25	\$178.00	60-64	\$117.90	\$178.65

**Definition**

**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.

**What is Not Covered**

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

- Felonies or Illegal Occupations
- Intoxicants or Narcotics
- Pre-existing Conditions -We will not pay a benefit for a pre-existing condition that occurs during the 12 month period after the Coverage Effective Date for this policy.
- Psychiatric or Psychological Conditions
- Suicide or Self-Inflicted Injuries
- War or Armed Conflict

The above list does not include a complete description of each limitation and exclusion. To obtain a complete description, please refer to an outline of coverage, sample policy, or see your Colonial Life benefits counselor.

Proposal applicable to CA

*This information is only intended for proposal use with employers.*

*Colonial Life products are underwritten by Colonial Life & Accident Insurance Company, for which Colonial Life is the marketing brand.*

11/13 Colonial Life & Accident Insurance Company 1200 Colonial Life Boulevard, Columbia, South Carolina 29210 PS01360

## Critical Illness 1.0 for CA

Applicable to policy form CI-1.0

- with Subsequent Diagnosis Coverage, Health Screening Benefit, Cancer Benefit

### Non-Tobacco Rates

	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
\$5,000	17-24	\$3.36	\$5.10	\$3.76	\$5.53
	25-29	\$3.86	\$5.88	\$4.26	\$6.30
	30-34	\$4.38	\$6.68	\$4.78	\$7.10
	35-39	\$5.16	\$7.88	\$5.56	\$8.30
	40-44	\$5.83	\$8.90	\$6.23	\$9.33
	45-49	\$7.06	\$10.83	\$7.48	\$11.23
	50-54	\$9.08	\$13.93	\$9.48	\$14.33
	55-59	\$10.76	\$16.50	\$11.18	\$16.93
	60-64	\$13.66	\$20.95	\$14.08	\$21.38
\$10,000	17-24	\$4.38	\$6.65	\$5.18	\$7.50
	25-29	\$5.38	\$8.20	\$6.18	\$9.05
	30-34	\$6.43	\$9.80	\$7.23	\$10.65
	35-39	\$7.98	\$12.20	\$8.78	\$13.05
	40-44	\$9.33	\$14.25	\$10.13	\$15.10
	45-49	\$11.78	\$18.10	\$12.63	\$18.90
	50-54	\$15.83	\$24.30	\$16.63	\$25.10
	55-59	\$19.18	\$29.45	\$20.03	\$30.30
	60-64	\$24.98	\$38.35	\$25.83	\$39.20
\$20,000	17-24	\$6.43	\$9.75	\$8.03	\$11.45
	25-29	\$8.43	\$12.85	\$10.03	\$14.55
	30-34	\$10.53	\$16.05	\$12.13	\$17.75
	35-39	\$13.63	\$20.85	\$15.23	\$22.55
	40-44	\$16.33	\$24.95	\$17.93	\$26.65
	45-49	\$21.23	\$32.65	\$22.93	\$34.25
	50-54	\$29.33	\$45.05	\$30.93	\$46.65
	55-59	\$36.03	\$55.35	\$37.73	\$57.05
	60-64	\$47.63	\$73.15	\$49.33	\$74.85
\$30,000	17-24	\$8.48	\$12.85	\$10.88	\$15.40
	25-29	\$11.48	\$17.50	\$13.88	\$20.05
	30-34	\$14.63	\$22.30	\$17.03	\$24.85
	35-39	\$19.28	\$29.50	\$21.68	\$32.05
	40-44	\$23.33	\$35.65	\$25.73	\$38.20
	45-49	\$30.68	\$47.20	\$33.23	\$49.60
	50-54	\$42.83	\$65.80	\$45.23	\$68.20
	55-59	\$52.88	\$81.25	\$55.43	\$83.80
	60-64	\$70.28	\$107.95	\$72.83	\$110.50

(Continued...)

## Critical Illness 1.0 for CA

Applicable to policy form CI-1.0

- with Subsequent Diagnosis Coverage, Health Screening Benefit, Cancer Benefit

### Tobacco Rates

	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
\$5,000	17-24	\$3.78	\$5.78	\$4.21	\$6.20
	25-29	\$4.61	\$7.05	\$5.03	\$7.45
	30-34	\$5.63	\$8.63	\$6.06	\$9.05
	35-39	\$6.86	\$10.50	\$7.28	\$10.93
	40-44	\$8.13	\$12.48	\$8.56	\$12.90
	45-49	\$9.93	\$15.25	\$10.36	\$15.65
	50-54	\$12.86	\$19.73	\$13.28	\$20.15
	55-59	\$15.86	\$24.33	\$16.26	\$24.73
	60-64	\$19.73	\$30.28	\$20.16	\$30.70
\$10,000	17-24	\$5.23	\$8.00	\$6.08	\$8.85
	25-29	\$6.88	\$10.55	\$7.73	\$11.35
	30-34	\$8.93	\$13.70	\$9.78	\$14.55
	35-39	\$11.38	\$17.45	\$12.23	\$18.30
	40-44	\$13.93	\$21.40	\$14.78	\$22.25
	45-49	\$17.53	\$26.95	\$18.38	\$27.75
	50-54	\$23.38	\$35.90	\$24.23	\$36.75
	55-59	\$29.38	\$45.10	\$30.18	\$45.90
	60-64	\$37.13	\$57.00	\$37.98	\$57.85
\$20,000	17-24	\$8.13	\$12.45	\$9.83	\$14.15
	25-29	\$11.43	\$17.55	\$13.13	\$19.15
	30-34	\$15.53	\$23.85	\$17.23	\$25.55
	35-39	\$20.43	\$31.35	\$22.13	\$33.05
	40-44	\$25.53	\$39.25	\$27.23	\$40.95
	45-49	\$32.73	\$50.35	\$34.43	\$51.95
	50-54	\$44.43	\$68.25	\$46.13	\$69.95
	55-59	\$56.43	\$86.65	\$58.03	\$88.25
	60-64	\$71.93	\$110.45	\$73.63	\$112.15
\$30,000	17-24	\$11.03	\$16.90	\$13.58	\$19.45
	25-29	\$15.98	\$24.55	\$18.53	\$26.95
	30-34	\$22.13	\$34.00	\$24.68	\$36.55
	35-39	\$29.48	\$45.25	\$32.03	\$47.80
	40-44	\$37.13	\$57.10	\$39.68	\$59.65
	45-49	\$47.93	\$73.75	\$50.48	\$76.15
	50-54	\$65.48	\$100.60	\$68.03	\$103.15
	55-59	\$83.48	\$128.20	\$85.88	\$130.60
	60-64	\$106.73	\$163.90	\$109.28	\$166.45



(Continued...)

## Critical Illness 1.0 for CA

Applicable to policy form CI-1.0

- with Subsequent Diagnosis Coverage, Health Screening Benefit

### Non-Tobacco Rates

	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
\$5,000	17-24	\$2.93	\$4.45	\$2.93	\$4.45
	25-29	\$3.11	\$4.75	\$3.11	\$4.75
	30-34	\$3.31	\$5.08	\$3.31	\$5.08
	35-39	\$3.91	\$5.98	\$3.91	\$5.98
	40-44	\$4.31	\$6.58	\$4.31	\$6.58
	45-49	\$5.06	\$7.73	\$5.06	\$7.73
	50-54	\$5.96	\$9.13	\$5.96	\$9.13
	55-59	\$6.93	\$10.60	\$6.93	\$10.60
	60-64	\$8.16	\$12.50	\$8.16	\$12.50
\$10,000	17-24	\$3.53	\$5.35	\$3.53	\$5.35
	25-29	\$3.88	\$5.95	\$3.88	\$5.95
	30-34	\$4.28	\$6.60	\$4.28	\$6.60
	35-39	\$5.48	\$8.40	\$5.48	\$8.40
	40-44	\$6.28	\$9.60	\$6.28	\$9.60
	45-49	\$7.78	\$11.90	\$7.78	\$11.90
	50-54	\$9.58	\$14.70	\$9.58	\$14.70
	55-59	\$11.53	\$17.65	\$11.53	\$17.65
	60-64	\$13.98	\$21.45	\$13.98	\$21.45
\$20,000	17-24	\$4.73	\$7.15	\$4.73	\$7.15
	25-29	\$5.43	\$8.35	\$5.43	\$8.35
	30-34	\$6.23	\$9.65	\$6.23	\$9.65
	35-39	\$8.63	\$13.25	\$8.63	\$13.25
	40-44	\$10.23	\$15.65	\$10.23	\$15.65
	45-49	\$13.23	\$20.25	\$13.23	\$20.25
	50-54	\$16.83	\$25.85	\$16.83	\$25.85
	55-59	\$20.73	\$31.75	\$20.73	\$31.75
	60-64	\$25.63	\$39.35	\$25.63	\$39.35
\$30,000	17-24	\$5.93	\$8.95	\$5.93	\$8.95
	25-29	\$6.98	\$10.75	\$6.98	\$10.75
	30-34	\$8.18	\$12.70	\$8.18	\$12.70
	35-39	\$11.78	\$18.10	\$11.78	\$18.10
	40-44	\$14.18	\$21.70	\$14.18	\$21.70
	45-49	\$18.68	\$28.60	\$18.68	\$28.60
	50-54	\$24.08	\$37.00	\$24.08	\$37.00
	55-59	\$29.93	\$45.85	\$29.93	\$45.85
	60-64	\$37.28	\$57.25	\$37.28	\$57.25

(Continued...)

## Critical Illness 1.0 for CA

Applicable to policy form CI-1.0

- with Subsequent Diagnosis Coverage, Health Screening Benefit

### Tobacco Rates

	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
\$5,000	17-24	\$3.18	\$4.85	\$3.18	\$4.85
	25-29	\$3.51	\$5.35	\$3.51	\$5.35
	30-34	\$3.93	\$6.03	\$3.93	\$6.03
	35-39	\$4.76	\$7.28	\$4.76	\$7.28
	40-44	\$5.63	\$8.63	\$5.63	\$8.63
	45-49	\$6.73	\$10.30	\$6.73	\$10.30
	50-54	\$8.01	\$12.25	\$8.01	\$12.25
	55-59	\$9.68	\$14.85	\$9.68	\$14.85
	60-64	\$11.28	\$17.30	\$11.28	\$17.30
\$10,000	17-24	\$4.03	\$6.15	\$4.03	\$6.15
	25-29	\$4.68	\$7.15	\$4.68	\$7.15
	30-34	\$5.53	\$8.50	\$5.53	\$8.50
	35-39	\$7.18	\$11.00	\$7.18	\$11.00
	40-44	\$8.93	\$13.70	\$8.93	\$13.70
	45-49	\$11.13	\$17.05	\$11.13	\$17.05
	50-54	\$13.68	\$20.95	\$13.68	\$20.95
	55-59	\$17.03	\$26.15	\$17.03	\$26.15
	60-64	\$20.23	\$31.05	\$20.23	\$31.05
\$20,000	17-24	\$5.73	\$8.75	\$5.73	\$8.75
	25-29	\$7.03	\$10.75	\$7.03	\$10.75
	30-34	\$8.73	\$13.45	\$8.73	\$13.45
	35-39	\$12.03	\$18.45	\$12.03	\$18.45
	40-44	\$15.53	\$23.85	\$15.53	\$23.85
	45-49	\$19.93	\$30.55	\$19.93	\$30.55
	50-54	\$25.03	\$38.35	\$25.03	\$38.35
	55-59	\$31.73	\$48.75	\$31.73	\$48.75
	60-64	\$38.13	\$58.55	\$38.13	\$58.55
\$30,000	17-24	\$7.43	\$11.35	\$7.43	\$11.35
	25-29	\$9.38	\$14.35	\$9.38	\$14.35
	30-34	\$11.93	\$18.40	\$11.93	\$18.40
	35-39	\$16.88	\$25.90	\$16.88	\$25.90
	40-44	\$22.13	\$34.00	\$22.13	\$34.00
	45-49	\$28.73	\$44.05	\$28.73	\$44.05
	50-54	\$36.38	\$55.75	\$36.38	\$55.75
	55-59	\$46.43	\$71.35	\$46.43	\$71.35
	60-64	\$56.03	\$86.05	\$56.03	\$86.05

#### Important Notice

Insurance coverage has exclusions and limitations that may affect benefits payable. For a complete description of benefits, limitations and exclusions, please refer to an outline of coverage, sample policy/certificate, proposal description or see your Colonial Life benefits counselor. Coverage type, benefits and rates vary by state. Coverage may not be available in all states. Rates provided are illustrative and your actual premium may be different depending on your particular situation and plan choices.

Colonial Life products are underwritten by Colonial Life & Accident Insurance Company, for which Colonial Life is the marketing brand.



---

(Continued...)

---

© 2020 Colonial Life & Accident Insurance Company

"Colonial Life," and the Colonial Life logo, separately and in combination, are service marks of Colonial Life & Accident Insurance Company. All rights reserved.

---