



Cancer Insurance

Level 2 Benefits

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
Ambulance Transportation to or from a hospital or medical facility <i>[max. of two trips per confinement]</i>	\$100 per trip
Anesthesia Administered during a surgical procedure for cancer treatment	
■ General anesthesia ■ Local anesthesia.....	25% of surgical procedures benefit \$25 per procedure
Anti-nausea medication Doctor-prescribed medication for radiation or chemotherapy <i>[\$200 max. per calendar year.]</i>	\$50 per day
Blood/plasma/platelets/immunoglobulins A transfusion required during cancer treatment <i>[\$5000 calendar year max.]</i>	\$150 per day
Bone marrow or peripheral stem cell transplant Transplant you receive in connection with cancer treatment <i>[max. of two bone marrow transplant benefits per lifetime]</i>	\$10,000 per lifetime
Companion transportation Companion travels by plane, train or bus to accompany a covered cancer patient more than 50 miles one way for treatment <i>[up to 700 miles per round trip]</i>	\$0.40 per mile
Experimental treatment Hospital, medical or surgical care for cancer <i>[\$10,000 lifetime max.]</i>	\$300 per day
Hair/external breast/voice box prosthesis Prosthesis needed as a direct result of cancer	\$200 per calendar year
Home health care services Examples include physical therapy, occupational therapy, speech therapy and audiology; prosthesis and orthopedic appliances; rental or purchase of durable medical equipment <i>[up to 30 days per calendar year or twice the number of days hospital confined, whichever is greater]</i>	\$300 per day
Hospice (initial or daily care) An initial, one-time benefit and a daily benefit for treatment <i>[\$15,000 lifetime max. for both]</i>	
■ Daily hospice care	\$300 per day
Hospital confinement Hospital stay (including intensive care) required for cancer treatment	
■ 30 days or less ■ 31 days or more	\$100 per day \$200 per day
Lodging Hotel/motel expenses when being treated for cancer more than 50 miles from home <i>[70-day calendar year max.]</i>	\$50 per day
Outpatient surgical center Surgery at an outpatient center for cancer treatment <i>[\$750 per calendar year.]</i>	\$250 per pay
Private full-time nursing services Services while hospital confined other than those regularly furnished by the hospital	\$100 per day
Prosthetic device/artificial limb A surgical implant needed because of cancer surgery <i>[payable one per site, \$4,000 lifetime max.]</i>	\$2,000 per device or limb

BENEFIT DESCRIPTION

BENEFIT AMOUNT

Radiation/chemotherapy	\$150 per day
<i>[max. of \$5,000 per calendar year]</i>	
Reconstructive surgery	\$30 per surgical unit
A surgery to reconstruct anatomic defects that result from cancer treatment <i>[up to \$1500 per procedure, including general anesthesia]</i>	
Second medical opinion	\$300 per malignant condition
A second physician's opinion on cancer surgery or treatment <i>[once per lifetime]</i>	
Skilled nursing care facility	\$300 per day
Confinement to a covered facility after hospital release <i>[up to the number of days paid for hospital confinement]</i>	
Supportive or protective care drugs and colony stimulating factors	\$100 per day
Doctor-prescribed drugs to enhance or modify radiation/chemotherapy treatments <i>[up to \$800 calendar year max.]</i>	
Surgical procedures	\$30 per surgical unit
Inpatient or outpatient surgery for cancer treatment <i>[\$1500 max. per procedure]</i>	
Transportation	\$0.40 per mile
Travel expenses when being treated for cancer more than 50 miles from home <i>[up to 700 miles round trip]</i>	
Waiver of premium	Is available
No premiums due if the named insured is disabled longer than 90 consecutive days	



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THIS POLICY PROVIDES LIMITED BENEFITS.

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

This chart is not complete without form GCAN-C-TX.

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