



Cancer Insurance

Level 3 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.

BENEFIT DESCRIPTION	BENEFIT AMOUNT
Air ambulance	\$2,000 per trip
Transportation to or from a hospital or medical facility [max. of two trips per confinement]	
Ambulance	\$250 per trip
Transportation to or from a hospital or medical facility [max. of two trips per confinement]	
Anesthesia	
Administered during a surgical procedure for cancer treatment	
• General anesthesia	25% of surgical procedures benefit
• Local anesthesia	\$40 per procedure
Anti-nausea medication	\$.50 per day administered or per prescription filled
Doctor-prescribed medication for radiation or chemotherapy [\$200 monthly max.]	
Blood/plasma/platelets/immunoglobulins	\$.175 per day
A transfusion required during cancer treatment [\$10,000 calendar year max.]	
Bone marrow donor screening	\$.50
Testing in connection with being a potential donor [once per lifetime]	
Bone marrow or peripheral stem cell donation	\$750
Receiving another person's bone marrow or stem cells for a transplant [once per lifetime]	
Bone marrow or peripheral stem cell transplant	\$7,000 per transplant
Transplant you receive in connection with cancer treatment [max. of two bone marrow transplant benefits per lifetime]	
Cancer vaccine	\$.50
An FDA-approved vaccine for the prevention of cancer [once per lifetime]	

BENEFIT DESCRIPTION	BENEFIT AMOUNT
Companion transportation	\$.050 per mile
Companion travels by plane, train or bus to accompany a covered cancer patient more than 50 miles one way for treatment [up to \$1,200 per round trip]	
Egg(s) extraction or harvesting/sperm collection and storage	
Extracted/harvested or collected before chemotherapy or radiation [once per lifetime]	
• Egg(s) extraction or harvesting/sperm collection	\$1,000
• Egg(s) or sperm storage (cryopreservation)	\$.350
Experimental treatment	\$.300 per day
Hospital, medical or surgical care for cancer [\$15,000 lifetime max.]	
Family care	\$.50 per day
Inpatient or outpatient treatment for a covered dependent child [\$2,500 calendar year max.]	
Hair/external breast/voice box prosthesis	\$.350 per calendar year
Prosthesis needed as a direct result of cancer	
Home health care services ¹	\$.100 per day
Examples include physical therapy, occupational therapy, speech therapy and audiology; prosthesis and orthopedic appliances; rental or purchase of durable medical equipment [up to 30 days per calendar year or twice the number of days hospital confined, whichever is greater]	
Hospice (initial or daily care) ²	
An initial, one-time benefit and a daily benefit for treatment [\$15,000 lifetime max. for both]	
• Initial hospice care [once per lifetime]	\$1,000
• Daily hospice care	\$.50 per day

BENEFIT DESCRIPTION	BENEFIT AMOUNT
Hospital confinement Hospital stay (including intensive care) required for cancer treatment	
• 30 days or less	\$250 per day
• 31 days or more	\$500 per day
Lodging	\$75 per day
Hotel/motel expenses when being treated for cancer more than 50 miles from home [70-day calendar year max.]	
Medical imaging studies	\$175 per study
Specific studies for cancer treatment [\$350 calendar year max.]	
Outpatient surgical center	\$300 per day
Surgery at an outpatient center for cancer treatment [\$900 calendar year max.]	
Private full-time nursing services	\$125 per day
Services while hospital confined other than those regularly furnished by the hospital	
Prosthetic device/artificial limb	\$2,000 per device or limb
A surgical implant needed because of cancer surgery [payable one per site, \$4,000 lifetime max.]	
Radiation/chemotherapy Weekly benefit [max. once per week]	
• Injected chemotherapy by medical personnel	\$750
• Radiation delivered by medical personnel	\$750
Monthly chemotherapy benefit [max. once per month]	
• Self-injected	\$300
• Pump	\$300
• Topical	\$300
• Oral hormonal [1-24 months]	\$300
• Oral hormonal [25+ months]	\$150
• Oral non-hormonal	\$300

BENEFIT DESCRIPTION	BENEFIT AMOUNT
Reconstructive surgery³	\$60 per surgical unit
A surgery to reconstruct anatomic defects that result from cancer treatment [up to \$3,000 per procedure, including 25% for general anesthesia]	
Second medical opinion⁴	\$300
A second physician's opinion on cancer surgery or treatment [once per lifetime]	
Skilled nursing care facility	\$100 per day
Confinement to a covered facility after hospital release [up to the number of days paid for hospital confinement]	
Skin cancer initial diagnosis	\$400
A skin cancer diagnosis while the policy is in force [once per lifetime]	
Supportive or protective care drugs and colony stimulating factors	\$150 per day
Doctor-prescribed drugs to enhance or modify radiation/chemotherapy treatments [\$1,200 calendar year max.]	
Surgical procedures	\$60 per surgical unit
Inpatient or outpatient surgery for cancer treatment [\$5,000 max. per procedure]	
Transportation	\$0.50 per mile
Travel expenses when being treated for cancer more than 50 miles from home [up to \$1,200 per round trip]	
Waiver of premium	Is available
No premiums due if the named insured is disabled longer than 90 consecutive days	



For more information, talk with your Colonial Life benefits counselor.

In MD, Tobacco cessation benefit available. \$20 per prescription filled, maximum of two 90-day prescriptions per covered person.

In MT, Mammography benefit available. \$70 for one baseline mammogram for ages 35-39; one mammogram every two years for ages 40-49; one mammogram each year for ages 50+.

1. In CO, Home health care services maximum is up to 60 days per calendar year or twice the number of days hospital confined, whichever is greater. In WI, Home health care services maximum is up to 40 days per calendar year or twice the number of days hospital confined, whichever is greater.
2. In CO, no hospice benefit available.
3. In OK, Reconstructive surgery is \$30 per surgical unit.
4. In MD, Second medical opinion is \$75 maximum of one per covered person per hospital confinement.

THIS POLICY PROVIDES LIMITED BENEFITS.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. Applicable to policy form CanAssist (including state abbreviations where used, for example: CanAssist-TX). This chart is not complete without form number 1170702 (Exclusions & Limitations) in states CO, ID, MD, MN, MO, NC, OK, SC, SD, VT and WA. 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

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