

COLONIAL LIFE & ACCIDENT INSURANCE COMPANY
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CRITICAL ILLNESS GROUP SPECIFIED DISEASE INSURANCE CERTIFICATE

**THE CERTIFICATE PROVIDES LIMITED BENEFITS
BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL
EXPENSES**

**Outline of Coverage
(Applicable to policy form GCC1.0-P-AL and certificate form GCC1.0-C-AL)**

**THIS IS NOT MEDICARE SUPPLEMENT COVERAGE. If you are eligible for Medicare, review the Guide to
Health Insurance for People with Medicare available from the company.**

Please Read Your Certificate Carefully. This outline provides a very brief description of the important features of the Group 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 the policyholder, you and us. The certificate describes the features of the coverage, lists any limitations or exclusions on coverage and explains how to file a claim against the coverage. It is, therefore, important that you **READ YOUR CERTIFICATE CAREFULLY.**

Coverage Provided by The Certificate. The certificate is designed to provide coverage ONLY for specified diseases and for certain health screening tests, subject to any limitations or exclusions in your certificate. It does not provide coverage for basic hospital, basic medical-surgical or major medical expenses.

BENEFITS

Face Amount for Named Insured	\$10,000 or \$30,000
Face Amount for Spouse (if covered)	50% of face amount for Named Insured
Face Amount for Dependent Children (if covered)	50% 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.

BENEFIT FOR CRITICAL ILLNESS

We will pay this benefit if a covered person is diagnosed with a critical illness, as shown below and: the date of diagnosis is while the certificate is in force; and the critical illness is not excluded by name or specific description in the certificate.

Critical Illness Benefit	Percentage of Face Amount
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	25%

We will pay the percentage of the covered person's face amount shown above for the critical illness diagnosed.

We will pay the benefit for Coronary Artery Bypass Graft Surgery only once per lifetime per covered person.

If, on the same day, a covered person is placed on the UNOS list for a transplant of two or more major organs listed above in the definition of major organ failure (example: heart and lungs), a single benefit will be paid.

We will pay the benefit for Occupational Infectious HIV or Occupational Infectious Hepatitis B, C or D only once per lifetime per covered person.

If the date of diagnosis of two or more critical illnesses is the same day, we will pay only one critical illness benefit. We will pay the larger of the critical illness benefits.

The Critical Illness Benefit is not payable for conditions other than the specified illnesses listed in the Critical Illness Benefit section of the Certificate Schedule.

Benefit Payable Upon Subsequent Diagnosis of a Critical Illness

If a covered person has been diagnosed with and received a benefit for a critical illness and is subsequently diagnosed with a **different** critical illness, we will pay the percentage of the covered person’s face amount as shown above for the critical illness diagnosed, if:

- the date of diagnosis of the subsequent critical illness is more than 180 days after any previous date of diagnosis for a critical illness;
- the subsequent date of diagnosis is while coverage under the certificate is in force; and
- the critical illness is not excluded by name or specific description in the certificate.

If a covered person has been diagnosed with and received a benefit for a critical illness and is subsequently diagnosed with the **same** critical illness (other than Coronary Artery Bypass Graft Surgery and Occupational Infectious HIV or Occupational Infectious Hepatitis B, C or D), we will pay an amount equal to 25 percent of the Face Amount for the covered person, if:

- the date of diagnosis of the subsequent critical illness is more than 180 days after any previous date of diagnosis for the same critical illness;
- the covered person has not received treatment during the 180 days between the dates of diagnosis for the same critical illness;
- the subsequent date of diagnosis is while coverage under the certificate is in force; and
- the critical illness is not excluded by name or specific description in the certificate.

Benefit Reduction

The Face Amount(s) will reduce by 50 percent on the first policy anniversary date after the named insured attains age 75. All critical illness benefits payable after that date will be based on the reduced Face Amount.

Health Screening Benefit \$50 **per covered person, per calendar year**

We will pay this benefit if any covered person incurs charges for and has one of the health screening tests listed below performed while the certificate is in force. We will pay the amount shown above for one of the following screening tests:

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) CA 125 (blood test for ovarian cancer) CEA (blood test for colon cancer) Chest x-ray Colonoscopy Flexible sigmoidoscopy	Hemoccult stool analysis Mammography Pap smear PSA (blood test for prostate cancer) Serum protein electrophoresis(blood test for myeloma) Thermography ThinPrep pap test Virtual colonoscopy
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We will pay a maximum of one Health Screening Benefit per covered person per calendar year.

EXCLUSIONS AND LIMITATIONS FOR CRITICAL ILLNESS

We will not pay benefits for a critical illness that occurs as a result of a covered person’s:

- Addiction to alcohol or drugs, except for drugs taken as prescribed by his doctor.
- Committing or attempting to commit a felony or engaging in an illegal occupation.
- Being intoxicated or under the influence of any narcotic unless administered on the advice of his doctor.
- 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 this certificate.

- Committing or trying to commit suicide or his injuring himself intentionally, whether he is sane or not.
- 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.

Pre-Existing Condition Limitation

We will not pay the Critical Illness Benefit or Benefits Payable Upon Subsequent Diagnosis of a Critical Illness for any covered person when the critical illness is a pre-existing condition as defined in the certificate, unless the covered person has satisfied the pre-existing condition limitation period shown on the Certificate Schedule on the date the covered person is diagnosed with a critical illness. Credit toward the satisfaction of the pre-existing condition limitation period will be given for any continuous time the covered person was covered under the pre-existing condition clause of previous coverage through another carrier if:

- The previous coverage was similar to or exceeded the coverage provided under the certificate;
- The covered person was insured under the previous coverage at the time of enrollment in the coverage provided by the certificate; and
- The covered person was insured under the coverage provided by the certificate on the Policy Effective Date shown on the Policy Rate Schedule.

The covered person is responsible for furnishing proof of his previous coverage, to include type of coverage, length the previous coverage was in force and the date the previous coverage terminated.

TERMINATION

The policy can be cancelled by the policyholder or us. Your coverage will terminate if the policy terminates, if your premium is not paid, if you are no longer in an eligible class, your class is no longer included for insurance, or if you ask us to end your coverage.

For named insured and spouse or named insured, spouse and dependents coverage, coverage on your spouse will terminate on the earliest of the following dates: the date your coverage under the policy terminates, the required premium for your spouse is not paid, if you ask us to end your spouse's coverage, if you die, or if you divorce your spouse or your marriage is annulled.

For named insured and dependents or named insured, spouse and dependents coverage, the dependent children's coverage will terminate on the earliest of the following dates: the date your coverage under the policy terminates, the required premium for your dependent children is not paid, if you ask us to end your dependent children's coverage, or if you die. Coverage will end on each child when he no longer qualifies as a dependent child as defined in the certificate.