

Cancer Assist

Colonial Life's individual cancer insurance product helps to provide valuable financial protection for America's workers and their families in times of need, when medical bills and other expenses related to cancer diagnosis and treatment may limit their ability to focus on what's most important - getting well. Sample CA Rates shown at the bottom includes \$100 Health Screening. Cancer coverage is pre-tax eligible.

Benefits	Level 1	Level 2	Level 3	Level 4
Air Ambulance, <i>per trip</i>	\$2,000	\$2,000	\$2,000	\$2,000
<i>Maximum trips per confinement</i>	2	2	2	2
Ambulance, <i>per trip</i>	\$250	\$250	\$250	\$250
<i>Maximum trips per confinement</i>	2	2	2	2
Anesthesia, General	25% of Surgical Procedures Benefit			
Anesthesia, Local, <i>per procedure</i>	\$25	\$30	\$40	\$50
Anti-Nausea Medication, <i>per day</i>	\$25	\$40	\$50	\$60
<i>Maximum per month</i>	\$100	\$160	\$200	\$240
Blood/Plasma/Platelets/Immunoglobulins, <i>per day</i>	\$150	\$150	\$175	\$250
<i>Maximum per calendar year</i>	\$10,000	\$10,000	\$10,000	\$10,000
Bone Marrow or Peripheral Stem Cell Donation, <i>per donation, maximum one per lifetime</i>	\$500	\$500	\$750	\$1,000
Bone Marrow Stem Cell Transplant, <i>per transplant</i>	\$3,500	\$4,000	\$7,000	\$10,000
Peripheral Stem Cell Transplant, <i>per transplant</i>	\$3,500	\$4,000	\$7,000	\$10,000
<i>Maximum transplants per lifetime</i>	2	2	2	2
Companion Transportation, <i>per mile</i>	\$0.50	\$0.50	\$0.50	\$0.50
<i>Maximum per roundtrip</i>	\$1,000	\$1,000	\$1,200	\$1,500
Egg (s) Extraction or Harvesting or Sperm Collection, <i>one per lifetime</i>	\$500	\$700	\$1,000	\$1,500
Egg (s) or Sperm Storage, <i>one per lifetime</i>	\$175	\$200	\$350	\$500
Experimental Treatment, <i>per day</i>	\$200	\$250	\$300	\$300
<i>Maximum per lifetime</i>	\$10,000	\$12,500	\$15,000	\$15,000
Family Care, <i>per day</i>	\$30	\$40	\$50	\$60
<i>Maximum per calendar year</i>	\$1,500	\$2,000	\$2,500	\$3,000
Hair/External Breast/Voice Box Prosthesis, <i>per calendar year</i>	\$200	\$200	\$350	\$500
Home Health Care Services, <i>per day</i>	\$50	\$75	\$100	\$150
<i>Maximum per calendar year</i> <i>Examples include: physical therapy, occupational therapy, speech therapy, and audiology, prosthesis and orthopedic appliances and rental or purchase of medical equipment.</i>	30 days or twice the days confined			
Hospice, Initial	\$1,000	\$1,000	\$1,000	\$1,000
Hospice, Daily	\$50	\$50	\$50	\$50
<i>Maximum combined Initial and Daily per lifetime</i>	\$15,000	\$15,000	\$15,000	\$15,000
Hospital Confinement, 30 days or less, <i>per day</i>	\$100	\$150	\$250	\$350
Hospital Confinement, 31 days or more, <i>per day</i>	\$200	\$300	\$500	\$700
Lodging, <i>per day</i>	\$50	\$50	\$75	\$80
<i>Maximum days per calendar year</i>	70	70	70	70
Medical Imaging Studies, <i>per study</i>	\$75	\$125	\$175	\$225
<i>Maximum per calendar year</i>	\$150	\$250	\$350	\$450
Outpatient Surgical Center, <i>per day</i>	\$100	\$200	\$300	\$400
<i>Maximum per calendar year</i>	\$300	\$600	\$900	\$1,200
Private Full-time Nursing Services, <i>per day</i>	\$50	\$75	\$125	\$150
Prosthetic Device/Artificial Limb, <i>per device or limb</i>	\$1,000	\$1,500	\$2,000	\$3,000
<i>Maximum per lifetime</i>	\$2,000	\$3,000	\$4,000	\$6,000

Radiation/Chemotherapy				
Injected chemotherapy by medical personnel, one per week	\$250	\$500	\$750	\$1,000
Radiation delivered by medical personnel, one per week	\$250	\$500	\$750	\$1,000
Self-Injected Chemotherapy, one per month	\$150	\$200	\$300	\$400
Pump Chemotherapy, one per month	\$150	\$200	\$300	\$400
Topical Chemotherapy, one per month	\$150	\$200	\$300	\$400
Oral Hormonal Chemotherapy (1-24 months), one per month	\$150	\$200	\$300	\$400
Oral Hormonal Chemotherapy (25+ months), one per month	\$75	\$100	\$150	\$200
Oral Non-Hormonal Chemotherapy, one per month	\$150	\$200	\$300	\$400
Reconstructive Surgery, per surgical unit	\$40	\$40	\$60	\$60
Maximum per procedure, including 25% for general anesthesia	\$2,500	\$2,500	\$3,000	\$3,000
Second Medical Opinion, one per lifetime	\$150	\$200	\$300	\$300
Skilled Nursing Care Facility, Per day up to the number of days for hospital confinement	\$75	\$100	\$100	\$150
Skin Cancer Initial Diagnosis one per lifetime	\$300	\$300	\$400	\$600
Supportive/Protective Care Drugs/Colony Stimulating Factors, per day	\$50	\$100	\$150	\$200
Maximum per calendar year	\$400	\$800	\$1,200	\$1,600
Surgical Procedures, per unit	\$40	\$50	\$60	\$70
Maximum per procedure	\$2,500	\$3,000	\$5,000	\$6,000
Transportation, per mile	\$0.50	\$0.50	\$0.50	\$0.50
Maximum per roundtrip	\$1,000	\$1,000	\$1,200	\$1,500
Additional Benefits	Level 1	Level 2	Level 3	Level 4
Bone Marrow Donor Screening Maximum of one per lifetime	\$50	\$50	\$50	\$50
Cancer Vaccine Benefit Maximum of one per lifetime	\$50	\$50	\$50	\$50
Waiver of Premium	Yes	Yes	Yes	Yes
Health Screening Benefit Per covered person per calendar year	\$100	\$100	\$100	\$100

MONTHLY RATES (12 PAY PERIODS)	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
Level 1	17-75	\$18.65	\$29.45	\$18.80	\$29.60
Level 2	17-75	\$22.30	\$34.85	\$22.60	\$35.15
Level 3	17-75	\$27.45	\$45.70	\$27.90	\$46.15
Level 4	17-75	\$36.65	\$61.15	\$37.25	\$61.75
11THLY RATES (11 PAY PERIODS)	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
Level 1	17-75	\$20.35	\$32.13	\$20.51	\$32.29
Level 2	17-75	\$24.33	\$38.02	\$24.65	\$38.35
Level 3	17-75	\$29.95	\$49.85	\$30.44	\$50.35
Level 4	17-75	\$39.98	\$66.71	\$40.64	\$67.36
10THLY RATES (10 PAY PERIODS)	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
Level 1	17-75	\$22.38	\$35.34	\$22.56	\$35.52
Level 2	17-75	\$26.76	\$41.82	\$27.12	\$42.18
Level 3	17-75	\$32.94	\$54.84	\$33.48	\$55.38
Level 4	17-75	\$43.98	\$73.38	\$44.70	\$74.10
SEMI-MONTHLY RATES (24 PAY PERIODS)	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
Level 1	17-75	\$9.33	\$14.73	\$9.40	\$14.80
Level 2	17-75	\$11.15	\$17.43	\$11.30	\$17.58
Level 3	17-75	\$13.73	\$22.85	\$13.95	\$23.08
Level 4	17-75	\$18.33	\$30.58	\$18.63	\$30.88
BI-WEEKLY (26 PAY PERIODS)	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
Level 1	17-75	\$8.61	\$13.59	\$8.68	\$13.66
Level 2	17-75	\$10.29	\$16.08	\$10.43	\$16.22
Level 3	17-75	\$12.67	\$21.09	\$12.88	\$21.30
Level 4	17-75	\$16.92	\$28.22	\$17.19	\$28.50