

SUPPLEMENTAL BENEFITS - ELECTION WORKSHEET - SEMI-MONTHLY RATES

* This is a brief and partial overview only. See brochure and policy for a complete listing of benefits, limitations, and exclusions. Not for distribution.

| | | | | | | | |
|---|-------------------|--|---|----------------------------------|----------------------------------|---------------------------------------|----------------------------------|
| X ACCIDENT 1.0 Preferred On / Off Job OPTION A | | | PLAN | Employee | Employee/ Spouse | Employee / Child(ren) | Employee / Family |
| Emergency Room | \$125 | | Option A | <input type="checkbox"/> \$9.50 | <input type="checkbox"/> \$12.84 | <input type="checkbox"/> \$15.26 | <input type="checkbox"/> \$18.59 |
| Dislocation | Up To \$4,400 | | | | | | |
| Fractures | Up To \$5,500 | | | | | | |
| Burns | \$1000 - \$12,000 | | | | | | |
| Hospital Admission | \$1,000 | | | | | | |
| Hospital Confinement | \$225 Per Day | | | | | | |
| Intensive Care | \$450 Per Day | | | | | | |
| Follow-up visit | \$50 x 3 | | | | | | |
| MANY OTHER BENEFITS ARE INCLUDED! | | | | | | | |
| X MEDICAL BRIDGE 3000 OPTION A (2) | | | PLAN | Employee | Employee/ Spouse | Employee / Child(ren) | Employee / Family |
| Hospital Confinement | \$1,000 | | Option A | <input type="checkbox"/> \$9.25 | <input type="checkbox"/> \$19.83 | <input type="checkbox"/> \$15.78 | <input type="checkbox"/> \$24.03 |
| Outpatient Surgery | | | 17 - 49 | <input type="checkbox"/> \$12.80 | <input type="checkbox"/> \$27.35 | <input type="checkbox"/> \$19.05 | <input type="checkbox"/> \$31.05 |
| Tier 1 | \$500 | | 50 - 59 | <input type="checkbox"/> \$16.70 | <input type="checkbox"/> \$36.35 | <input type="checkbox"/> \$23.40 | <input type="checkbox"/> \$39.45 |
| Tier 2 | \$1,000 | | 60 - 64 | | | | |
| Wellness Benefit | \$50 | | | | | | |
| Rehabilitation Unit | \$100/day | | | | | | |
| X GROUP CANCER 1000 | | | PLAN | Employee | | | Employee / Family |
| Wellness Screening | \$100 | | | | | | |
| Initial Diagnosis | \$4,000 | | | | | | |
| Specified Disease | Included | | | | | | |
| Hospital Confinement | \$300 / Day | | | <input type="checkbox"/> \$14.39 | | | <input type="checkbox"/> \$23.90 |
| Radiation and Chemotherapy | \$300 / Day | | | | | | |
| Experimental Treatment | \$300 / Day | | | | | | |
| Bone Marrow Transplant | \$10,000 | | | | | | |
| Surgery | Up To \$4,500 | | | | | | |
| MANY OTHER BENEFITS ARE INCLUDED IN EACH OPTION! | | | | | | | |
| X CRITICAL ILLNESS OPTION A | | | PLAN | Employee Only Policy | | * TOBACCO Employee Only Policy | |
| Heart Attack (100%) | \$25,000 | | Option A | <input type="checkbox"/> \$3.38 | | <input type="checkbox"/> \$4.75 | |
| Stroke (100%) | \$25,000 | | 16 - 29 | <input type="checkbox"/> \$5.50 | | <input type="checkbox"/> \$9.25 | |
| Major Organ Transplant (100%) | \$25,000 | | 30 - 39 | <input type="checkbox"/> \$9.50 | | <input type="checkbox"/> \$17.25 | |
| End Stage Renal Failure (100%) | \$25,000 | | 40 - 49 | <input type="checkbox"/> \$15.50 | | <input type="checkbox"/> \$29.13 | |
| Coronary Artery Bypass (25%) | \$6,250 | | 50 - 59 | <input type="checkbox"/> \$22.25 | | <input type="checkbox"/> \$39.13 | |
| Health Screening | \$50 / year | | 60 - 69 | | | | |
| X TERM LIFE (10 / 20 / 30 YEAR) | | | | | | | |
| Benefit Amounts: | \$25,000 | | | | | | |
| | \$50,000 | | | | | | |
| | \$100,000 | | | | | | |
| | | | Rates vary depending upon age, plan design and coverage amount. Please see your Colonial enrollment agent for assistance in designing a plan that is appropriate for you. | | | | |
| X SHORT-TERM DISABILITY | | | | | | | |
| Off Job Accident - On/Off Job Sickness | | | | | | | |
| Elimination Period | 0/7 - 60/60 | | | | | | |
| % Income - Maximum Benefit | 66% - \$3,000 | | | | | | |
| Benefit Period | 3 / 6 Months | | | | | | |
| | | | Rates vary depending upon age, plan design and coverage amount. Please see your Colonial enrollment agent for assistance in designing a plan that is appropriate for you. | | | | |



The Policyholder Website: My Colonial Life

Go to coloniallife.com, click on Sign Up and complete a short registration.



Claims Information

As a My Colonial Life, member you can:

- File a wellness claim.
- Check on the status of your claim.
- Check your policy information.
- Download claims and service forms.
- Keep your contact information updated.

How to File a Wellness Claim

- For wellness screenings within 12 months of the date you are filing the claim, go to coloniallife.com, log in to the policyholder website and click on File a Wellness Claim Online. Or you may use the automated customer service center at 1-800-325-4368.
- For wellness screenings over 12 months from the date you are filing the claim, go to coloniallife.com, click on File a Claim, followed by Health/Wellness Claim (over a year old). Complete and submit the claim as the form instructs. Be sure to review and sign all pages where indicated.

How to File Disability Claims

- Where indicated on the form, be sure to:
 - Have the doctor verify the dates of disability and furnish dates of treatment on the form where indicated.
 - Have the employer confirm the dates missed from work.
- Read and sign the claims authorization page. We cannot obtain additional information for your doctor without proper consent.
- Submit your claim:
 - Fax the completed form to 1-800-880-9325. Include your name and Social Security number on each page of your fax as indicated. If you fax the claim, you do not need to mail the original document to us; keep it for your records.

OR

- Mail the completed forms to Colonial Life (see contact us section of this document).

How to File Other Claims

- **All claims:**

- Visit coloniallife.com, click on File a Claim.
- Complete the sections of the claim form that apply to your specific claim. Be sure the information includes a diagnosis from your doctor, along with copies of any appropriate medical bills. Make sure you sign and date the certification and the authorization portion of the claim form.

Optional Services

The first page of Colonial Life's claim forms explains optional services that may be utilized by initializing on the blanks provided.

The options include:

- Authorizing Colonial Life to release information to your benefits counselor, plan administrator or family member.
- Authorizing Colonial Life to communicate claims information via electronic messaging to your home phone number.
- Send any applicable claim benefits by overnight delivery and deduct the fee from your claim payment.

Resolving Your Claim

- When we receive information regarding your claim, you will be notified by telephone or email.
- If you selected the electronic messaging option, you will receive a call once the claim is processed.
- We will notify you by letter if we need any additional information from your doctor or any other source(s). We welcome your assistance in encouraging your doctor to provide the needed information as quickly as possible.

Ongoing Claims

Total disability benefits provided by your coverage are based on disability information submitted on your claim form.

Because Colonial Life cannot pay benefits for time you have not yet missed from work, you may be asked to provide verification of your ongoing disability and the dates you are unable to work. All disability dates must be confirmed by your doctor and your employer. Please include medical treatment dates on your claim form.

Important Reminders

- When mailing the claim form or other information, please keep a copy of your information for your records.
- If you want us to send any applicable claim benefits by overnight delivery and deduct the fee from your claim payment, check the overnight line in the "Optional Service" section of the claim form.

Contact Us

Online

coloniallife.com

Log in to the policyholder website to send us an Email.

Telephone

1-800-325-4368

Call Center representatives are available Monday through Friday, 8 a.m. – 8 p.m. Eastern Standard Time. Automated service information is available 24/7, 365.

Please have your Social Security or your policy number ready when you call.

Hearing-impaired customers who have TDD

(Telecommunications Device for the Deaf), please call (803) 798-4040.

Mailing Address

Colonial Life Service Center
P.O. Box 100195
Columbia, SC 29202-3195

Colonial Life

1200 Colonial Life Boulevard
Columbia, South Carolina 29210
coloniallife.com

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Accidents happen in places where you and your family spend the most time – at work, in the home and on the playground – and they're unexpected. How you care for them shouldn't be.

In your lifetime, which of these accidental injuries have happened to you or someone you know?

- Sports-related accidental injury
- Broken bone
- Burn
- Concussion
- Laceration
- Back or knee injuries
- Car accidents
- Falls & spills
- Dislocation
- Accidental injuries that send you to the Emergency Room, Urgent Care or doctor's office

Colonial Life's Accident Insurance is designed to help you fill some of the gaps caused by increasing deductibles, co-payments and out-of-pocket costs related to an accidental injury. The benefit to you is that you may not need to use your savings or secure a loan to pay expenses. Plus you'll feel better knowing you can have greater financial security.

What additional features are included?

- Worldwide coverage
- Portable
- Compliant with Healthcare Spending Account (HSA) guidelines

Will my accident claim payment be reduced if I have other insurance?

You're paid regardless of any other insurance you may have with other insurance companies, and the benefits are paid directly to you (unless you specify otherwise).

What if I change employers?

If you change jobs or leave your employer, you can take your coverage with you at no additional cost. Your coverage is guaranteed renewable as long as you pay your premiums when they are due or within the grace period.

Can my premium change?

Colonial Life can change your premium only if we change it on all policies of this kind in the state where your policy was issued.

How do I file a claim?

Visit coloniallife.com or call our Customer Service Department at 1.800.325.4368 for additional information.

Benefits listed are for each covered person per covered accident unless otherwise specified.

Initial Care

- Accident Emergency Treatment.....\$125
- X-ray Benefit..... \$30
- Ambulance\$200
- Air Ambulance..... \$2,000

Common Accidental Injuries

| Dislocations (Separated Joint) | Non-Surgical | Surgical |
|---|--------------|----------|
| Hip | \$2,200 | \$4,400 |
| Knee (except patella) | \$1,100 | \$2,200 |
| Ankle – Bone or Bones of the Foot (other than Toes) | \$880 | \$1,760 |
| Collarbone (Sternoclavicular) | \$550 | \$1,100 |
| Lower Jaw, Shoulder, Elbow, Wrist | \$330 | \$660 |
| Bone or Bones of the Hand | \$330 | \$660 |
| Collarbone (Acromioclavicular and Separation) | \$110 | \$220 |
| One Toe or Finger | \$110 | \$220 |

| Fractures | Non-Surgical | Surgical |
|--|--------------|----------|
| Depressed Skull | \$2,750 | \$5,500 |
| Non-Depressed Skull | \$1,100 | \$2,200 |
| Hip, Thigh | \$1,650 | \$3,300 |
| Body of Vertebrae, Pelvis, Leg | \$825 | \$1,650 |
| Bones of Face or Nose (except mandible or maxilla) | \$385 | \$770 |
| Upper Jaw, Maxilla | \$385 | \$770 |
| Upper Arm between Elbow and Shoulder | \$385 | \$770 |
| Lower Jaw, Mandible, Kneecap, Ankle, Foot | \$330 | \$660 |
| Shoulder Blade, Collarbone, Vertebral Process | \$330 | \$660 |
| Forearm, Wrist, Hand | \$330 | \$660 |
| Rib | \$275 | \$550 |
| Coccyx | \$220 | \$440 |
| Finger, Toe | \$110 | \$220 |

Your Colonial Life policy also provides benefits for the following injuries received as a result of a covered accident.

- Burn (based on size and degree)\$1,000 to \$12,000
- Coma.....\$10,000
- Concussion \$60
- Emergency Dental Work \$75 Extraction, \$300 Crown, Implant, or Denture
- Lacerations (based on size).....\$30 to \$500

Requires Surgery

- Eye Injury.....\$300
- Tendon/Ligament/Rotator Cuff.....\$500 - one, \$1,000 - two or more
- Ruptured Disc\$500
- Torn Knee Cartilage\$500

Surgical Care

- Surgery (cranial, open abdominal or thoracic)..... \$1,500
- Surgery (hernia)\$150
- Surgery (arthroscopic or exploratory)\$200
- Blood/Plasma/Platelets\$300

If diagnosed with cancer, how will you pay for what your health insurance won't?

The risk of developing cancer, unfortunately, is very real.

Nearly everyone has experienced or knows somebody who has experienced a cancer diagnosis in their family. The good news is that cancer screenings and cancer-fighting technologies have gotten a lot better in recent years. However, with advanced technology come high costs. Major medical health insurance is a great start, but even with this essential safety net, cancer sufferers can still be hit with unexpected medical and non-medical expenses.

Cancer coverage from Colonial Life offers the protection you need to concentrate on what is most important — your care.

Features of Colonial Life's Cancer Insurance:

1. Pays benefits to help with the cost of cancer screening and cancer treatment.
2. Provides benefits to help pay for the indirect costs associated with cancer, such as:
 - Loss of wages or salary
 - Deductibles and coinsurance
 - Travel expenses to and from treatment centers
 - Lodging and meals
 - Child care
3. Pays regardless of any other insurance you have with other insurance companies.
4. Provides a cancer screening benefit that you can use even if you are never diagnosed with cancer.
5. Benefits paid directly to you unless you specify otherwise.
6. Flexible coverage options for employees and their families.

This is a brief description of some available benefits.

We will pay benefits if one of the following routine cancer screening tests is performed or if cancer is diagnosed while your coverage is in force.

Cancer Screening Benefit Tests

This benefit is payable once per calendar year per covered person.

- Pap Smear
- ThinPrep Pap Test¹
- CA125 (Blood test for ovarian cancer)
- Mammography
- Breast Ultrasound
- CA 15-3 (Blood test for breast cancer)
- PSA (Blood test for prostate cancer)
- Chest X-ray
- Biopsy of Skin Lesion
- Colonoscopy
- Virtual Colonoscopy
- Hemoccult Stool Analysis
- Flexible Sigmoidoscopy
- CEA (Blood test for colon cancer)
- Bone Marrow Aspiration/Biopsy
- Thermography
- Serum Protein Electrophoresis (Blood test for Myeloma)

To file a claim for a covered cancer screening/wellness test, it is not necessary to complete a claim form. Call our toll-free Customer Service number, 1.800.325.4368, with the medical information

Inpatient Benefits

- Hospital and Hospital Intensive Care Unit Confinement
- Ambulance
- Private Full-Time Nursing Services
- Attending Physician

Treatment Benefits (In-or Outpatient)

- Radiation/Chemotherapy
- Antinausea Medication
- Blood/Plasma/Platelets/Immunoglobulins
- Experimental Treatment
- Hair Prosthesis/External Breast/Voice Box Prosthesis
- Supportive/Protective Care Drugs and Colony Stimulating Factors
- Bone Marrow Stem Cell Transplant
- Peripheral Stem Cell Transplant

Surgery Benefits

- Surgery Procedures (including skin cancer)
- Anesthesia (including skin cancer)
- Second Medical Opinion
- Reconstructive Surgery
- Prosthesis/Artificial Limb
- Outpatient Surgical Center

Transportation/Lodging Benefits

- Transportation
- Transportation for Companion
- Lodging

Extended Care Benefits

- Skilled Nursing Care Facility
- Hospice
- Home Health Care Service

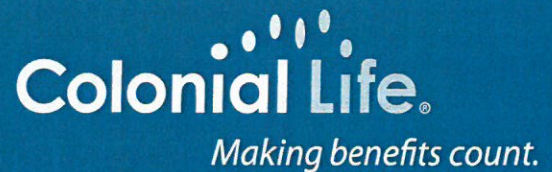
Waiver of Premium

THIS IS A CANCER ONLY POLICY.

This policy has exclusions and limitations. For cost and complete details of the coverage, see your Colonial Life benefits counselor. Coverage may vary by state and may not be available in all states. Applicable to policy form GCAN-MP and certificate form GCAN-C (including state abbreviations where used, for example GCAN-C-TX.)

¹ThinPrep is a registered trademark of Cytoc Corporation.

Group Cancer Insurance— Initial Diagnosis of Cancer Rider



The diagnosis of internal cancer can be an upsetting time. You do not need to add financial worry to what is already a very difficult situation. When you add an Initial Diagnosis of Cancer rider to your group cancer insurance coverage, you add a little more financial protection at the point you or an insured family member is diagnosed with internal cancer—a time before many medical costs are incurred.

Rider Benefits

This rider pays a lump sum benefit for the initial diagnosis of internal (not skin) cancer. Use the benefit any way you choose, such as to help pay for deductibles and coinsurance on your major medical insurance or settle any outstanding debts.

Rider Features

- Guaranteed renewable as long as your cancer insurance policy is in force.
- Covers the same family members as your cancer insurance policy.
- Pays benefits regardless of any other insurance you have with other insurance companies.
- Pays benefits directly to you, unless you specify otherwise.

This rider has exclusions and limitations. For cost and complete details of the coverage, see your Colonial Life benefits counselor. Coverage may vary by state and may not be available in all states. Applicable to rider form R-GCAN-Indx (including state abbreviations where used - for example: R-GCAN-Indx-TX).

Group Cancer Insurance— Specified Disease Rider



When you add this rider to your group cancer insurance coverage, you add valuable coverage related to the following specified diseases.

Specified Diseases

- Adrenal Hypofunction (Addison's Disease)
- Botulism
- Bubonic Plague
- Cerebral Palsy
- Cholera
- Cystic Fibrosis
- Diphtheria
- Encephalitis (including Encephalitis contracted from West Nile Virus)
- Huntington's Chorea
- Legionnaires' Disease
- Lou Gehrig's Disease (Amyotrophic Lateral Sclerosis)
- Lyme Disease
- Malaria
- Meningitis (bacterial)
- Multiple Sclerosis
- Muscular Dystrophy
- Myasthenia Gravis
- Necrotizing Fasciitis
- Osteomyelitis
- Poliomyelitis
- Rabies
- Reye's Syndrome
- Scleroderma
- Scarlet Fever
- Sickle Cell Anemia
- Systemic Lupus
- Tetanus
- Toxic Epidermal Necrolysis
- Toxic Shock Syndrome
- Tuberculosis (Mycobacterial)
- Tularemia
- Typhoid Fever
- Variant Creutzfeldt-Jakob Disease (Mad Cow Disease)
- Yellow Fever

Rider Benefits

- **Hospital Confinement** – We will pay this benefit if you incur charges for and are confined to a hospital for treatment of one of the specified diseases listed above.
- **Ambulance** – We will pay this benefit if you incur charges for and use a professional ambulance to transport you, on the advice of a doctor, to or from a hospital where you are confined as an inpatient for the treatment of a specified disease listed above. Limit 2 one way trips per confinement.
- **Attending Physician** – We will pay this benefit if you incur charges for and use the services of an attending physician while confined to a hospital for the treatment of a specified disease listed above.

Rider Features

- Covers the same family members as your cancer insurance coverage.
- Pays benefits regardless of any other insurance you have with other insurance companies.
- Pays benefits directly to you, unless you specify otherwise.

This rider has exclusions and limitations. For cost and complete details of the coverage, see your Colonial Life benefits counselor. Coverage may vary by state and may not be available in all states. Applicable to Rider form R-GCAN-SpDis (including state abbreviation where used - for example: R-GCAN-SpDis-TX).

Transportation/Lodging Assistance

If injured, covered person must travel more than 50 miles from residence to receive special treatment and confinement in a hospital.

- Transportation \$500 per round trip up to 3 round trips
- Lodging (family member or companion) \$125 per night up to 30 days for a hotel/motel lodging costs

Accident Hospital Care

- Hospital Admission* \$1,000 per accident
- Hospital ICU Admission* \$2,000 per accident
- * We will pay either the Hospital Admission or Hospital Intensive Care Unit (ICU) Admission, but not both.
- Hospital Confinement \$225 per day up to 365 days per accident
- Hospital ICU Confinement \$450 per day up to 15 days per accident

Accident Follow-Up Care

- Accident Follow-Up Doctor Visit \$50 (up to 3 visits per accident)
- Medical Imaging Study \$150 per accident
(limit 1 per covered accident and 1 per calendar year)
- Occupational or Physical Therapy \$25 per treatment up to 10 days
- Appliances \$100 (such as wheelchair, crutches)
- Prosthetic Devices/Artificial Limb \$500 - one, \$1,000 - more than 1
- Rehabilitation Unit \$100 per day up to 15 days per covered accident, and 30 days per calendar year.
Maximum of 30 days per calendar year

Accidental Dismemberment

- Loss of Finger/Toe \$750 – one, \$1,500 – two or more
- Loss or Loss of Use of Hand/Foot/Sight of Eye \$7,500 – one, \$15,000 – two or more

Catastrophic Accident

For severe injuries that result in the total and irrecoverable:

- Loss of one hand and one foot
- Loss of both hands or both feet
- Loss or loss of use of one arm and one leg or
- Loss or loss of use of both arms or both legs
- Loss of the sight of both eyes
- Loss of the hearing of both ears
- Loss of the ability to speak

Named Insured \$25,000 Spouse \$25,000 Child(ren) \$12,500

365-day elimination period. Amounts reduced for covered persons age 65 and over.
Payable once per lifetime for each covered person.

Accidental Death

| | Accidental Death | Common Carrier |
|-----------------|------------------|----------------|
| ● Named Insured | \$25,000 | \$100,000 |
| ● Spouse | \$25,000 | \$100,000 |
| ● Child(ren) | \$5,000 | \$20,000 |

My Coverage Worksheet (For use with your Colonial Life benefits counselor)

Who will be covered? (check one)

- Employee Only Spouse Only One Child Only Employee & Spouse
- One-Parent Family, with Employee One-Parent Family, with Spouse Two-Parent Family

When are covered accident benefits available? (check one)

- On and Off -Job Benefits Off -Job Only Benefits

EXCLUSIONS

We will not pay benefits for losses that are caused by or are the result of: hazardous avocations; felonies or illegal occupations; racing; semi-professional or professional sports; sickness; suicide or self-inflicted injuries; war or armed conflict; in addition to the exclusions listed above, we also will not pay the Catastrophic Accident benefit for injuries that are caused by or are the result of: birth; intoxication.

For cost and complete details, see your Colonial Life benefits counselor. Applicable to policy form Accident 1.0-NS-TX. This is not an insurance contract and only the actual policy provisions will control.

Colonial Life
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Specified Critical Illness Insurance



How will you pay for what your health insurance won't?

Even those of us who plan for the unexpected with life, disability and health insurance may discover that some expenses can still remain unpaid. Without adequate protection, sufferers of critical illnesses might have to pull from their savings or rely on other financial sources in their time of need.

Specified Disease Insurance helps fill the gaps in your health insurance.

With Colonial Life's Specified Critical Illness Insurance, you're paid a benefit that can help you cover:

- Deductibles, co-pays and co-insurance of your health insurance
- Home health care needs and household modifications
- Travel expenses to and from treatment centers
- Lost income
- Rehabilitation
- Child care expenses
- Everyday living expenses

You're free to use the benefit however you choose.

And coverage is available for you and your eligible family members.

Covered Specified Critical Illnesses

| For this illness... | We will pay this percentage of the face amount: |
|--|---|
| Heart Attack (Myocardial Infarction) | 100% |
| Stroke | 100% |
| Major Organ Failure | 100% |
| End Stage Renal (Kidney) 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% |

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.

You can use this coverage more than once

Subsequent Diagnosis... of a different Specified Critical Illness

If you receive a benefit for a Specified Critical Illness, and later you are diagnosed with a *different* Specified Critical Illness, we will pay the percentage of the original face amount.

Subsequent Diagnosis... of the same Specified Critical Illness

If you receive a benefit for a Specified Critical Illness, and later you are diagnosed with the *same* Specified Critical Illness (except those listed below), we will pay 25% of the original face amount. (*Critical illnesses that do not qualify are: Coronary Artery Bypass Graft Surgery and Occupational Infectious HIV or Occupational Infectious Hepatitis B, C or D.*)

Dates of Diagnoses of Specified Critical Illnesses must be separated by at least 180 days.

Health Screening Benefit

New technology can help improve your chances of surviving a serious illness through early detection and treatment. We will pay this benefit if any covered person incurs a charge for and has any of the following screening tests performed while your policy is in force.

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

24 tests included – No Lifetime Limit

This policy has exclusions and limitations. Premium will vary based on plan chosen. This is not an insurance contract and only the actual policy provisions will control. For cost and complete details of the coverage, see your Colonial Life benefits counselor. Applicable to policy form CI-1.0 or CI-1.0-PL6 (including state abbreviations where used, such as CI-1.0-TX).

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