Colonial Life®

The benefits of good hard work.®

CITY OF WEST SACRAMENTO



Employee Benefits Booklet

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Critical Illness Insurance

Are you prepared for the cost of an illness?

If you were to suffer a heart attack, stroke or other critical illness, would you have the money to cover:

- Deductibles and coinsurance
- Home health care needs
- Travel and lodging
- Lost income
- Rehabilitation
- Child care

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

Critical illness insurance from Colonial Life & Accident Insurance Company helps preserve your lifestyle in the event of a specified critical illness. It provides benefits that you can use however you like.

Features of Colonial Life's Critical Illness Insurance:

- Pays a benefit if you are diagnosed with a covered specified critical illness.
- Coverage is available for you and your covered dependents.

Talk with your Colonial Life benefits counselor to learn more about critical illness insurance and how it can help provide valuable financial protection.

Colonial Life insurance products are underwritten by Colonial Life & Accident Insurance Company, for which Colonial Life is the marketing brand. Coverage is subject to policy exclusions and limitations that may affect benefits payable. Products may vary by state and may not be available in all states. For cost and complete details, see a Colonial Life benefits counselor.

Group Critical Care

Colonial Life's Group Critical Care insurance helps your employees and their families maintain financial security during the lengthy, expensive recovery period of a serious medical event such as cancer, heart attack or stroke. It provides a lump sum benefit to help with the out-of–pocket medical and/or non-medical expenses of a critical illness and/or cancer. There are options as well to include ongoing benefits for the extended treatment and care of cancer (internal or invasive) or carcinoma in situ.

Coverage is available to: Employee; Employee and Spouse/Registered Domestic Partner; One-Parent family (Employee and Dependent Children); and Two-Parent Family (Employee, Spouse/Registered Domestic Partner and Dependent Children).

Face amounts for the employee range from $5,000 -$100,000 (amounts greater than $50,000 require underwriting approval), in $1,000 increments. If a spouse/registered domestic partner is covered under the employee's plan, their face amount is 50% of the employee's coverage. If dependent child(ren) are covered, their face amount is also 50% of the employee's coverage.

Features

- Benefits are paid in addition to other insurance your employees may have with other insurance companies.
- Benefits are paid directly to the covered person unless they specify otherwise.
- This product combines cancer and critical illness coverage in a single policy.
- This product will pay multiple times for the same or different covered conditions.
- Coverage is portable – an employee can continue their coverage if they change jobs or retire.
- Benefits may be used however the covered person chooses. Typical uses include:
  - Out-of-pocket medical and/or non-medical expenses
  - Home health care needs/home modifications
  - Recovery and rehabilitation
  - Child care or caregiver expenses
  - Travel expenses to and from treatment centers.
- Guaranteed Issue for all covered insureds with participation.
- Health Savings Account (HSA)-compliant option available.
- Rates are guaranteed for one year.
- The Face Amount will reduce by 50% on the certificate anniversary date after the named insured's 75th birthday.

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Plan Design

You will choose one plan design for your employees from the five that are available, which offer lump sum benefits for critical Illness and/or cancer, plus an optional ongoing benefit for cancer treatment and care.

	Plan 2
Critical Illness Benefit	•
Diagnosis of Cancer (internal or invasive) Benefit	•
Cancer Treatment and Care Benefit	
$200 Mammography Benefit	•
$70 Cervical Cancer Screening Test Benefit	•

Critical Illness Benefit

Included in Plans 1, 2 and 3

As the employer, you will choose one of two coverage options:

- **Full Critical Illness Coverage**: includes all of the conditions in the chart below.

For this critical illness:	We will pay this percentage of the face amount:	
Heart Attack (Myocardial Infarction)*	100%	Full
Stroke*	100%	
Major Organ Failure * [1]	100%	
End Stage Renal (Kidney) Failure *	100%	
Coronary Artery Bypass Graft Surgery (Coronary Artery Disease applicable in lieu of benefit for Coronary Artery Bypass Graft Surgery when the employer selects the HSA-compliant plan.)*	25%	
Permanent Paralysis due to a Covered Accident	100%	
Coma	100%	
Blindness	100%	

Benefit Payable Upon Subsequent Diagnosis of a Critical Illness –Employees can use this coverage more than once.

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This plan includes coverage for subsequent diagnosis of a different critical illness.

- If the employee receives a benefit for a critical illness, and is later diagnosed with a *different* critical illness, we will pay the original percentage of the face amount for that particular critical illness.

This plan includes coverage for subsequent diagnosis of the same critical illness.

- If the employee receives a benefit for a critical illness and is later diagnosed with the *same* critical illness (except those listed below), we will pay 25% of the original face amount. *Coronary Artery Bypass Graft Surgery/ Coronary Artery Disease*[1] *does not qualify.*

Dates of Diagnoses of a covered Critical Illness must be separated by at least 180 days.

[1] Coronary Artery Disease applicable in lieu of Coronary Artery Bypass Graft Surgery when the employer selects the HSA-compliant plan. Major Organ Failure benefit is not included when the employer selects the HSA-compliant plan.

Cancer Benefits

As the employer, you will decide whether to include:

Diagnosis of Cancer (internal and invasive) Benefit (if included in plan selected by the employer)
All benefits are payable once per covered person per lifetime.
Included in Plans 1, 2, 4 and 5

Benefits are paid as a lump sum when the covered person is diagnosed with one of the following:

Condition	We will pay:
Cancer (internal or invasive)	100% of face amount
Carcinoma in Situ	25% of face amount
Skin Cancer	$500 flat amount
Cancer Vaccine Benefit	$50 payable if a covered person incurs a charge for and receives any cancer vaccine approved by the FDA for the prevention of cancer.

Health Screening Benefit – if included in plan selected by the employer

$50 or $100 payable once per year per covered person for 24 health screening tests such as:

- 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
- PSA (blood test for prostate cancer)

Optional Rider (if selected by the employee)

An optional rider is available and can be purchased at an additional cost to provide extra coverage and benefit.

First Diagnosis Building Benefit Rider

- This rider pays a lump sum benefit upon diagnosis of a covered critical illness or cancer (internal or invasive), in addition to the covered person's face amount.
- The benefit amount builds for each covered person each rider year the rider is in force up to a maximum of 10 rider years, as long as the benefit isn't used. The rider builds by $1,000 for the named insured; $500 for the spouse/registered domestic partner; and, $500 for each covered dependent child.
- If the employee is diagnosed with a covered critical illness or cancer (internal or invasive) before the end of the first rider year, the rider will pay one-half of the annual building benefit amount.
- The benefit is paid only once per lifetime per covered person. Critical Illness conditions that do not apply to the rider include Coronary Artery Bypass Graft Surgery and Coronary Artery Disease. Cancer conditions that do not apply to the rider include skin cancer and carcinoma in situ.

Eligibility Requirements

- Issue ages are 16-64 for both the employee and spouse/registered domestic partner.
- All covered insureds must have comprehensive health insurance.
- The employee is actively working at least 15 hours per week.
- The employee must be actively at work at the time of application.
- Dependent children (as defined in the certificate).

Participation Requirements)

To offer this plan, we require a minimum of 10 applications.

Premium Information

Premiums are based on plan type chosen, age, and tobacco status.

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Pre-existing Condition Limitation

We will not pay a benefit for a pre-existing condition that occurs during the 12 month period after the Coverage Effective Date.

Pre-existing Condition means a sickness or physical condition for which a covered person was diagnosed or treated, within 12 months before the coverage effective date.

What is Not Covered

Exclusions And Limitations For Critical Illness - We will not pay the Critical Illness Benefit or Benefit Payable Upon Subsequent Diagnosis of a Critical Illness that occurs as a result of a covered person's: felonies or illegal occupations; intoxicants and controlled substances; psychiatric or psychological conditions; suicide or injuries which any covered person intentionally does to himself; war or armed conflict; or pre-existing condition, 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.

Exclusions And Limitations For Cancer - We will not pay the Diagnosis of Cancer (internal and invasive) Benefit, Diagnosis of Carcinoma in Situ Benefit, the Cancer Treatment and Care Benefit or the Skin Cancer Benefit for a covered person's cancer (internal or invasive), carcinoma in situ or skin cancer that: is diagnosed or treated outside the territorial limits of the United States, its possessions, or the countries of Canada and Mexico; is a pre-existing condition, unless the covered person has satisfied the pre-existing condition limitation period shown on the Certificate Schedule on the date the covered person is initially diagnosed as having cancer (internal or invasive), carcinoma in situ or skin cancer. No Pre-existing Condition Limitation will be applied for dependent children who are born or adopted while the named insured is covered under the policy, and who are continuously covered from the date of birth or adoption.

The above list includes all the exclusions and limitations, but it does not include the definition of these exclusions and limitations. Please see your Colonial Life benefits counselor for additional information**.**

Deductions per year: 12

Group Critical Care for CA

Applicable to policy forms GCC1.0-P & GCC1.0-C

- Full CI Benefit, with Subsequent Diagnosis, Diagnosis of Cancer Benefit, $50 Health Screening Benefit

Non-Tobacco Rates

	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
$10,000	16-29	$10.00	$15.00	$10.50	$15.50
	30-39	$13.50	$20.20	$14.00	$20.70
	40-49	$21.10	$31.60	$21.70	$32.20
	50-59	$33.30	$50.60	$33.90	$51.20
	60-64	$49.70	$75.60	$50.30	$76.20
$15,000	16-29	$11.80	$17.70	$12.55	$18.45
	30-39	$17.05	$25.50	$17.80	$26.25
	40-49	$28.45	$42.60	$29.35	$43.50
	50-59	$46.75	$71.10	$47.65	$72.00
	60-64	$71.35	$108.60	$72.25	$109.50
$20,000	16-29	$13.60	$20.40	$14.60	$21.40
	30-39	$20.60	$30.80	$21.60	$31.80
	40-49	$35.80	$53.60	$37.00	$54.80
	50-59	$60.20	$91.60	$61.40	$92.80
	60-64	$93.00	$141.60	$94.20	$142.80

Tobacco Rates

	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
$10,000	16-29	$12.20	$18.30	$12.80	$18.80
	30-39	$17.50	$26.10	$18.00	$26.60
	40-49	$29.60	$44.40	$30.20	$45.00
	50-59	$49.00	$74.90	$49.60	$75.50
	60-64	$76.40	$116.60	$77.00	$117.30
$15,000	16-29	$15.10	$22.65	$16.00	$23.40
	30-39	$23.05	$34.35	$23.80	$35.10
	40-49	$41.20	$61.80	$42.10	$62.70
	50-59	$70.30	$107.55	$71.20	$108.45
	60-64	$111.40	$170.10	$112.30	$171.15
$20,000	16-29	$18.00	$27.00	$19.20	$28.00
	30-39	$28.60	$42.60	$29.60	$43.60
	40-49	$52.80	$79.20	$54.00	$80.40
	50-59	$91.60	$140.20	$92.80	$141.40
	60-64	$146.40	$223.60	$147.60	$225.00

Important Notice

Insurance coverage has exclusions and limitations that may affect benefits payable. For a complete description of benefits, limitations and exclusions, please refer to an outline of coverage, sample policy/certificate, proposal description or see your Colonial Life benefits counselor. Coverage type, benefits and rates vary by state. Coverage may not be available in all states. Rates provided are illustrative and your actual premium may be different depending on your particular situation and plan choices.

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