

COLONIAL LIFE & ACCIDENT INSURANCE COMPANY
Columbia, South Carolina
LIMITED BENEFIT HEALTH COVERAGE FOR SPECIFIED CRITICAL ILLNESS
OUTLINE OF COVERAGE (Applicable to Policy Form CI(98)-WC-CA)

THIS POLICY IS NOT A MEDICARE SUPPLEMENT POLICY
If you are eligible for Medicare, review the Guide to Health
Insurance for People with Medicare available from the Company.

This is a supplement to health insurance. It is not a substitute for hospital or medical expense insurance, a health maintenance organization (HMO) contract, or major medical expense insurance.

Read your policy carefully. This outline provides a very brief description of the important features of your policy. This is not an insurance contract and only the actual policy provisions will control. The policy states forth in detail the rights and obligations of both you and us. It is, therefore, important that you READ YOUR POLICY CAREFULLY.

Renewability. Your policy is guaranteed renewable as long as you pay the premiums when they are due or within the grace period up to the date of payment of 100% of the face amount for specified critical illness. Your premium can be changed only if we change it on all policies of this kind in force in the state where your policy was issued.

Specified Critical Illness. Your policy is designed to provide coverage ONLY for specified critical illnesses and health screening procedures, subject to any limitations in your policy. This is a supplement to health insurance. It is not a substitute for hospital or medical expense insurance, a health maintenance organization (HMO) contract, or major medical expense insurance. The policy does not provide coverage for basic hospital, basic medical-surgical or major medical expenses.

This policy provides benefits only if the date of diagnosis of specified critical illness or the performance of a health screening test is while your policy is in force and after the waiting period has been satisfied. Any health screening test performed before the end of the waiting period will not be covered.

Premiums vary depending on the amount of coverage you chose at time of application.
The amount of coverage you chose is shown in the Policy Schedule.

BENEFITS

HEALTH SCREENING BENEFIT

Amount: \$50/YEAR

We will pay this benefit once per calendar year if you have one of the health screening tests defined in this outline performed. We will pay this benefit regardless of the results of the test. Payment of this benefit will not reduce the face amount of the policy. No lifetime limit.

SPECIFIED CRITICAL ILLNESS BENEFIT

Face amount on the effective date of coverage: \$ _____

We will pay this benefit if you are diagnosed with one of the specified critical illnesses covered by this policy. We will pay 25% of the face amount if you are diagnosed with carcinoma in situ and/or coronary artery bypass surgery. We will pay 100% of the face amount (less any amount(s) previously paid for diagnosis of carcinoma or coronary artery bypass surgery) if you are diagnosed with one of the following: heart attack, stroke, end stage renal failure, cancer, or major organ transplant. When you reach age 75 the face amount will decrease by 50%.

MAMMOGRAPHY BENEFIT

Amount: \$50/CALENDAR YEAR

We will pay this benefit for one baseline mammogram if you are between the ages of 35 and 39; one mammogram every two years if you are 40 to 49 years of age, or more frequently if recommended by your physician; and one mammogram each year if you are 50 years of age or older.

PAP SMEAR BENEFIT

Amount: \$50/CALENDAR YEAR

We will pay this benefit once per calendar year for an annual pap smear if recommended by your doctor.

DEFINITIONS

Cancer: means a disease which is identified by the presence of malignant cells or a malignant tumor characterized by the uncontrolled and abnormal growth and spread of invasive malignant cells. Diagnosis must be confirmed by a physician in accordance with professional standards at the time of claim.

Carcinoma in situ: means cancer that is in the natural or normal place, confined to the site of origin without having invaded neighboring tissue.

If a pathological diagnosis of cancer or carcinoma in situ cannot be made, but you are being treated for cancer or carcinoma in situ by a doctor, a clinical diagnosis that contains medical evidence that substantially supports the diagnosis of cancer or carcinoma in situ will be accepted.

Coronary Artery Bypass Surgery: means undergoing of open heart surgery to correct narrowing or blockage of one or more coronary arteries with bypass grafts, but excluding procedures such as, but not limited to, balloon angioplasty, laser relief, stents or other non-surgical procedures.

Date of diagnosis: *For cancer and/or carcinoma in situ* - the day the tissue specimen, blood samples and/or titer(s) are taken on which the first diagnosis of cancer and/or carcinoma in situ is based.

For heart attack - the date of death (infarction) of a portion of the heart muscle as determined by your doctor or physician and that meets the criteria listed under the Heart Attack definition.

For stroke - the date your doctor or physician confirms a stroke has occurred based on documented neurological deficits and neuroimaging studies.

For end stage renal failure - the date that your doctor or physician recommends that you begin renal dialysis.

Major organ transplant surgery or coronary artery bypass surgery - the date the surgery occurs for covered transplants or covered coronary artery bypass surgery.

End stage renal failure: means renal failure presenting as chronic irreversible failure of the function of both kidneys such that you must undergo hemodialysis or peritoneal dialysis (at least weekly).

Heart Attack: means the death (infarction) of a portion of the heart muscle as a result of inadequate blood supply.

Health Screening Benefit: means 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, breast ultrasound, CA 15-3 (blood test for breast cancer), CA125 (blood test for ovarian cancer), chest X-ray, colonoscopy, flexible sigmoidoscopy, hemocult stool analysis, PSA (blood test for prostate cancer), serum protein electrophoresis (blood test for myeloma), or thermography.

Major Organ Transplant: means undergoing surgery as a recipient of a transplant of a human heart, lung, liver, kidney or pancreas.

Stroke: means a cerebrovascular event resulting in permanent neurological damage including infarction, hemorrhage or embolization of brain tissue from an extracranial source. Transient ischemic attacks are specifically excluded.

Waiting Period: means the first thirty days following the effective date of the policy. No benefits will be paid for a specified critical illness which is diagnosed or a health screening test which is performed during the waiting period.

WHAT IS NOT COVERED BY THIS POLICY

We will not pay benefits for a diagnosis of a specified critical illness that occurs as a result of the following: diagnosis within the waiting period; participating in felonies or illegal jobs; self-inflicted injury; your committing or trying to commit suicide, whether sane or insane; war. We will not pay the specified critical illness benefit for any of the following: transient ischemic attacks; balloon angioplasty, laser relief or other like procedures; pre-malignant conditions or conditions with malignant potential; benign tumors or polyps; basal cell carcinoma and squamous cell carcinoma of the skin; or melanoma that is diagnosed as Clark's level I or II or Breslow less than .75mm.

Monthly Premium _____