



Group Cancer Overview Comparison

Benefit Description	Level 2 Benefit Amounts			Level 3 Benefit Amounts				
Cancer Screening/Wellness Benefit, per calendar year	\$50			\$75				
Initial Diagnosis Benefit	\$3,000			\$5,000				
Hospital Confinement/Hospital Intensive Care Unit Confinement per day for first 30 days of hospital confinement in a calendar year	\$100			\$200				
Radiation/Chemotherapy, per day/calendar year maximum	\$150/\$5,000			\$225/\$7,500				
Antinausea Medication, per day/calendar year maximum	\$50/\$200			\$50/\$200				
Blood/Plasma/Platelets/Immunoglobulins, per day/calendar year maximum	\$150/\$5,000			\$225/\$7,500				
Supportive or Protective Care Drugs and Colony Stimulating Factors, per day/calendar year maximum	\$100/\$800			\$150/\$1,200				
Bone Marrow Stem Cell Transplant, per lifetime	\$10,000			\$10,000				
Peripheral Stem Cell Transplant, per lifetime	\$5,000			\$5,000				
Transportation (per mile) up to 700 miles per round trip	\$.40 cents			\$.40 cents				
Lodging, per day, up to 70 days per calendar year	\$50			\$50				
Surgical Procedures-Unit Value/maximum per procedure	\$30/\$1,500			\$60/\$3,000				
Outpatient Surgical Center, per day/calendar year maximum	\$250/\$750			\$500/\$1,500				
Ambulance, per trip, limit 2 trips per confinement	\$100			\$100				
Attending Physician, per day, max 180 days per calendar year	\$50			\$50				
Experimental Treatment, per treatment/lifetime maximum	\$300/\$10,000			\$300/\$10,000				
Hair, External Breast, Voice Box Prosthesis, per calendar year	\$200			\$200				
Prosthesis, Artificial Limb per device, limit 1 per site, \$4,000 lifetime maximum	\$2,000			\$2,000				
Skilled Nursing Care Facility, per day up to days confined	\$300			\$300				
Hospice, per day, no lifetime limit	\$300			\$300				
Home Health Care Services, per day, up to greater of 30 days/calendar year or 2x days confined	\$300			\$300				
Premiums	Level 2			Level 3				
		Monthly	26 Pay	18 Pay		Monthly	26 Pay	18 Pay
	Employee	\$13.85	\$6.39	\$9.23	Employee	\$22.55	\$10.41	\$15.03
	Family	\$23.10	\$10.66	\$15.40	Family	\$37.50	\$17.31	\$25.00
See outline of coverage for complete details Guaranteed Issue, subject to 12/12 Pre-Existing Conditions								
For questions, please contact Jodi Skaggs with Premier Worksite Solutions Phone number: 205-588-2604, ext. 2 Email: jskaggs@pwsal.com								

Auburn University provides you with two plan options to choose from for Cancer Insurance. Both plans are employee paid and payroll-deducted. When considering this benefit, keep in mind the benefits can be used for medical or non-medical costs associated with cancer. These policies pay benefits directly to the insured, unless the insured assigns the benefits to their provider, regardless of any other insurance coverage the insured may have. This provides the insured with extra financial resources to help offset financial losses one may experience during this period.

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. Colonial Life products are underwritten by Colonial Life & Accident Insurance Company, for which Colonial Life is the marketing brand.