

Group Specified Disease Insurance

Plan 2



For more information,
talk with your
benefits counselor.

Colonial-PaulRevere.com

If you're diagnosed with a covered specified disease or cancer, group specified disease insurance from The Paul Revere Life Insurance Company can help with your expenses, so you can concentrate on what's most important – your treatment, care and recovery.

Face amount: \$_____

Specified disease benefit

For the diagnosis of this covered specified disease condition: ¹	This percentage of the face amount is payable:
Heart attack (myocardial infarction)	100%
Stroke	100%
End-stage renal (kidney) failure	100%
Major organ failure	100%
Coronary artery disease	25%

Subsequent diagnosis of a different specified disease²

If you receive a benefit for a specified disease, and later you are diagnosed with a different specified disease, 25% of the original face amount is payable for that particular specified disease.

Subsequent diagnosis of the same specified disease²

If you receive a benefit for a specified disease, and later you are diagnosed with the same specified disease, 25% of the original face amount is payable. Coronary artery disease does not qualify.

Diagnosis of cancer benefit

Covered cancer benefits	
For this condition: ¹	The amount payable is:
Diagnosis of cancer (internal or invasive)	100% of the face amount
Diagnosis of carcinoma in situ	25% of the face amount
Skin cancer	\$500

Cancer vaccine benefit:\$50

This benefit is payable if you or your covered family members incur a charge for any FDA-approved cancer vaccine while your certificate is in force.

1 Please refer to the certificate for complete definitions of covered conditions.

2 Dates of diagnoses of a covered specified disease must be separated by at least 30 days.

THIS CERTIFICATE PROVIDES LIMITED BENEFITS.

This policy provides limited benefit health insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services.

Insureds in NY must be covered by comprehensive health insurance before applying for this coverage.

EXCLUSIONS AND LIMITATIONS FOR SPECIFIED DISEASE

We will not pay the Specified Disease Benefit or Benefit Payable Upon Subsequent Diagnosis of a Specified Disease that occurs as a result of a covered person's: alcoholism or drug addiction; illegal occupation; intoxicants and narcotics; mental or emotional disorders; 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 initially diagnosed as having cancer (internal or invasive), carcinoma in situ or skin cancer.

EXCLUSIONS AND LIMITATIONS FOR CANCER

We will not pay the Diagnosis of Cancer 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 you are covered under the policy, and who are continuously covered from the date of birth or adoption.

This is not an insurance contract and only the actual certificate provisions will control. Applicable to certificate form GCC1.0-C-NY. Please see your benefits counselor for details.

Specified Disease Insurance

Health Screening Benefit



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The optional health screening benefit can help you reduce the risk of serious illness through early detection.

Health screening benefit.....\$_____

Maximum of one screening test per covered person per calendar year.

- Blood test for triglycerides
- Bone marrow testing
- Breast ultrasound
- CA 15-3 (blood test for breast cancer)
- CA 125 (blood test for ovarian cancer)
- Carotid Doppler
- CEA (blood test for colon cancer)
- Chest X-ray
- Colonoscopy
- Echocardiogram (ECHO)
- Electrocardiogram (EKG, ECG)
- Fasting blood glucose test
- Flexible sigmoidoscopy
- Hemoccult stool analysis
- Mammography
- Pap smear
- PSA (blood test for prostate cancer)
- Serum cholesterol test for HDL and LDL levels
- Serum protein electrophoresis (blood test for myeloma)
- Skin cancer biopsy
- Stress test on a bicycle or treadmill
- Thermography
- ThinPrep pap test
- Virtual colonoscopy

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Insureds in NY must be covered by comprehensive health insurance before applying for this coverage.

For cost and complete details, see your benefits counselor. Applicable to form CI-1.0-NY and GCC1.0-P-NY.

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