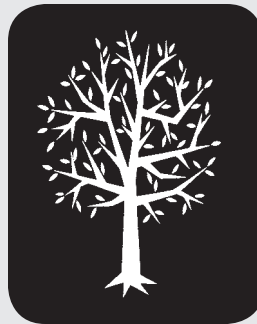
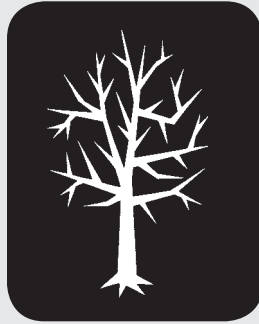


A Plan for All Reasons...



*Enhance your existing benefits package
with Hospital Confinement and
Cancer coverages.*

BENEFITS

DIVISION OF
HUMAN RESOURCES
University of South Carolina

Table of Contents

Questions to Consider..... 1

Hospital Confinement Insurance..... 2

Cancer Insurance..... 3

Hospital Income Outline 4

Cancer Insurance Outline 5

The Colonial Life Service Center..... 6

Coverage Overview 7

This booklet contains highlights of your benefits. Please see the outlines of coverage in this booklet and your policy(ies) for complete details.



Questions to Consider

You may already have questions about the three coverages offered you. Below are some commonly-asked questions and their answers.

Q. Can I apply for both plans?

A. Yes. You may choose any of these plans if you are a permanent faculty or staff member (30 hours per week) and work for the University at least six months out of the year.

Q. Can my spouse and children apply for these plans?

A. Yes. Each of these plans offers coverage for your spouse and children.

Q. If I leave the University of South Carolina, does my coverage continue?

A. Yes. You can take the coverage with you with no increase in premium. You may simply pay for the coverage through a bank draft or other billing instead of payroll deduction.

Q. When I have a claim, is the claim paid directly to me?

A. All claims checks are payable to you, unless you specify otherwise. You are free to spend the benefit to cover any needs or services you may have.

Q. How long can I keep my coverage in force?

A. Your coverage is guaranteed renewable for life simply by paying the established premium rate. Your premium can be changed only if we change it on all like policies in force in the state where you live.

Q. Can I receive these benefits in addition to other plans that I have?

A. Yes. Colonial Life does not coordinate benefits with other plans. Your coverage with Colonial Life is an individual plan. Colonial Life benefits are payable in addition to coverages you might have, such as your state group health coverage.

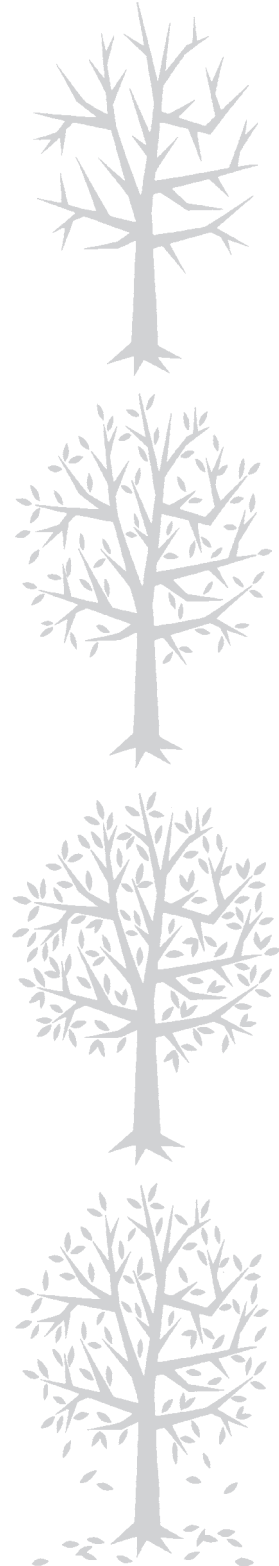
Q. Are there any deductibles on these plans before benefits are paid?

A. No.

Q. If I have other questions concerning these plans, who do I call?

A. You can call: Mike Linebaugh, 803-422-9847

Coverage will not be available for an applicant who has been diagnosed or treated for Acquired Immune Deficiency Syndrome or an AIDS-related condition before the policy effective date. This underwriting approach is standard procedure for Colonial Life & Accident Insurance Company, and in no way reflects the policy or views of the University of South Carolina.



This coverage provides three basic benefits for a covered accident or a covered sickness with your choice of plan.

Hospital Confinement

This benefit is payable for hospital confinement resulting from a covered accident or sickness for up to 365 days per confinement with no elimination period.

PLAN 50

\$50/day

PLAN 80

\$80/day

Intensive Care Unit, Coronary Care Unit, Burn Center or Organ Transplant Center

This benefit is payable for confinement resulting from a covered accident or sickness for up to 365 days per confinement with no elimination period.

\$100/day

\$160/day

Skilled Nursing Facility

This benefit is payable for confinement resulting from a covered accident or sickness for up to 365 days per confinement with no elimination period.

\$25/day

\$40/day

The main insured receives coverage for sickness and off-job accidents.

Confinements separated by less than 30 days are considered continuations of a prior confinement unless they're the result of a totally unrelated sickness or injury.

Benefits are payable for hospital confinement for the treatment of mental or nervous disorders, drug addiction or alcoholism and are limited to 30 days confinement for each calendar year. Benefits for drug addiction or alcoholism are limited to 90 days per lifetime. (See the Outline of Coverage for the definition of a hospital.)

Spouse and unmarried dependents of faculty and staff members are also eligible to receive sickness and accident benefits. Dependent children are covered to age 23 unless they're dependent upon the main insured for support because of physical or mental disability.

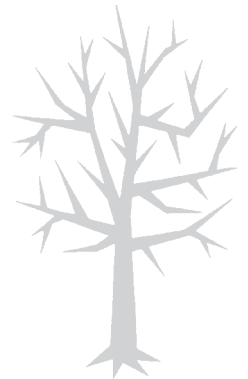
Monthly Premium

PLAN 50

	Main Insured	Spouse
Plan Code	K830	K831
Age		
17-39	\$8.50	\$6.75
40-49	\$12.20	\$10.60
50-59	\$16.50	\$14.95
60-64	\$24.80	\$23.10
65+	\$36.70	\$35.05
All children (Plan K832): \$2.90		

PLAN 80

	Main Insured	Spouse
Plan Code	K833	K834
Age		
17-39	\$12.60	\$10.85
40-49	\$18.55	\$16.95
50-59	\$25.45	\$23.90
60-64	\$38.65	\$36.95
65+	\$57.75	\$56.05
All children (Plan K835): \$4.65		



Your policy IS NOT INTENDED AS A MEDICARE SUPPLEMENT policy. If you're eligible for Medicare, you may want to review the Medicare Supplement Buyer's Guide available from us.

We'll pay these benefits for cancer if it's first diagnosed more than 30 days after the effective date of your policy. If cancer is diagnosed within the 30-day period, benefits will be paid if you receive care for cancer after your policy has been in force two years.

Initial Diagnosis Benefit

We'll pay this benefit when you're diagnosed for the first time as having internal (not skin) cancer:

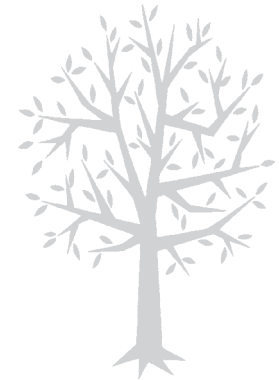
	Main Insured	Each Insured Family Member
Initial payment	\$1,000	\$1,000

Hospital Confinement Benefit

We'll pay this benefit for each day an insured person is hospitalized because of cancer:

- \$200 /day for the first 70 continuous days and
- \$400/day beginning with the 71st continuous day of confinement

NO LIFETIME LIMIT

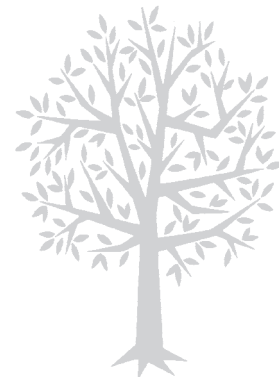


Outpatient Treatment Benefit

We'll pay \$100/day for each day an insured person receives any of the following cancer treatments as an outpatient at a physician's office, hospital, clinic or ambulatory center:

- Surgery,
 - Radiation/chemotherapy, such as x-ray, radium, cobalt, chemotherapy injections or oral chemotherapy (\$500/month limit for oral chemotherapy with no maximum on the number of months),
- AND**
- Blood transfusions (administration of blood and plasma).

NO LIFETIME LIMIT



Hospice Care Benefit

We'll pay \$50/day for each day an insured person receives a visit from a hospice representative, uses the services of a hospital on an outpatient basis under the direction of a hospice or visits a hospice for care as the result of cancer.

We'll pay this benefit if a doctor determines that cancer treatments are no longer of benefit and life expectancy is six months or less.

We won't pay this benefit while you're confined to a hospital or a convalescent care facility. \$3,000 Lifetime Limit for Hospice Care.

	Monthly Premium	Plan Code
Main insured only	\$4.60	C100
Main insured and spouse	\$8.80	C101
One-parent family	\$6.75	C102
Two-parent family	\$9.75	C103



Colonial Life & Accident Insurance Company, P.O. Box 1365, Columbia, SC 29202

Hospital Confinement Indemnity Coverage

Your policy Is not a Medicare Supplement Policy.

Policy Form HI-USC OUTLINE OF COVERAGE

If you are eligible for Medicare, review the Medicare Supplement Buyer's Guide available from us.

Read Your Policy Carefully. This outline of coverage provides a very brief description of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is, therefore, important that you READ YOUR POLICY CAREFULLY!

Hospital Confinement Indemnity Coverage

Policies of this category are designed to provide, to persons insured, coverage in the form of a fixed daily benefit during periods of hospital, intensive care, coronary care, organ transplant, burn center and skilled nursing center confinement resulting from a covered accident or sickness, subject to any limitations set forth in the policy. Such policies do not provide any benefits other than the fixed daily indemnity for hospital, intensive care, coronary care, organ transplant, burn center and skilled nursing facility confinement. Accident benefits for the main insured are payable for off-the-job accidents only. The benefits shown below are for you and your spouse and dependent children if you choose to cover them.

	Plan 50	Plan 80
Hospital Confinement Benefit	\$50/day	\$80/day
This benefit is payable for hospital confinement resulting from a covered accident or sickness for up to 365 days per confinement with no elimination period.		

Intensive Care Unit, Coronary Care Unit, Organ Transplant Center and Burn Center Benefit	\$100/day	\$160/day
This benefit is payable for confinement resulting from a covered accident or sickness for up to 365 days per confinement with no elimination period.		

Skilled Nursing Facility	\$25/day	\$40/day
This benefit is payable for confinement resulting from a covered accident or sickness for up to 365 days per confinement with no elimination period.		

Maximum Policy benefits for Mental or Nervous Disorders, Alcoholism or Drug Addiction are limited to 30 days per calendar year. Benefits for alcoholism or drug addiction are limited to 90 days per lifetime and you must be confined to a licensed, inpatient treatment facility, as defined in the policy, for chemical dependency.

If less than 30 days separates periods of confinement, second and subsequent periods will be considered continuations of the prior period.

Hospital does not include a nursing home, convalescent home, skilled nursing or similar facilities.

Hospital Intensive Care Unit/Coronary Care Unit means a specifically designated facility called an Intensive Care Unit or Coronary Care Unit apart from other hospital areas, which provides the highest level of medical care, is restricted to critically ill or injured patients and has a doctor assigned on a full-time basis. It does not include the following units: a progressive care, sub-acute intensive care, intermediate care, private monitored rooms, observation or other facilities which do not meet the standards for a hospital intensive care unit.

Burn Center means a specifically designated facility called a Burn Center apart from other hospital areas, which provides the highest level of medical care, is restricted to critically ill or injured patients and has a doctor assigned on a full-time basis.

Organ Transplant Center means a specifically designated facility called an Organ Transplant Center apart from other hospital areas, which provides the highest level of medical care, is restricted to critically ill or injured patients, has a doctor assigned on a full-time basis and is approved to do organ transplants by the South Carolina Procurement Agency.

Skilled Nursing Facility does not include any home facility used primarily for rest, a home or facility for the aged or for the care of drug addicts or alcoholics, or a facility used primarily for the care and treatment of mental diseases or disorders or custodial or educational care.

Well-Baby Care means the usual hospital confinement of a newborn child following birth who is neither injured nor sick.

Pre-existing Condition means any condition which was treated or for which treatment was advised within the six months before the effective date of this policy.

Mental and Nervous Disorders means a neurosis, psychoneurosis, psychopathy, psychosis or mental or nervous disease or disorder of any kind.

Calendar Year means the period of time from January 1 to December 31, inclusive.

Eligible Dependents means your spouse and unmarried dependent children under the age of 23.

What is Not Covered By This Policy

We will not pay benefits for an injury or a sickness which is caused by or occurs as the result of:

- 1) Your involvement in any period of armed conflict;
- 2) Your committing or trying to commit suicide or your injuring yourself intentionally, where you are sane or not;
- 3) A medical exam or routine physical not required for the treatment of an injury or sickness;
- 4) A confinement for purely elective cosmetic surgery;
- 5) The usual confinement of a newborn child following birth.

We will not pay benefits for a confinement due to an accident or sickness, which entitles you to benefits under any Workers' Compensation act or law.

For the first six months after the policy effective date, we will not pay benefits for any condition that was treated or for which treatment was advised within six months before the effective date of this policy.

We will pay for any pre-existing condition six months after the effective date of this policy unless it is excluded by name or specific description in this policy.

Renewability. Your policy is guaranteed renewable for life. Your premium can be changed only if we change it on all policies of this kind in force in the state where you live.

CANCER COVERAGE

OUTLINE OF COVERAGE (Applicable to Policy Form CAN-USC)

Your policy IS NOT A MEDICARE SUPPLEMENT policy.

If you are eligible for Medicare, review the Medicare Supplement Buyer's Guide available from us.

Read Your Policy Carefully. This outline of coverage 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 sets forth in detail the rights and obligations of both you and us. It is, therefore, important that you **READ YOUR POLICY CAREFULLY!**

Cancer Coverage

Your policy is designed to provide coverage for certain losses that result from cancer ONLY subject to any limitations in your policy. It does not provide coverage for basic hospital, basic medical-surgical or major medical expenses.

Benefits for Cancer

Initial Diagnosis: When internal (not skin) cancer is first diagnosed. We will pay you an initial payment of \$1,000. We will pay this benefit only once for each person insured by your policy.

Hospital Confinement: \$200/day for the first 70 continuous days, \$400 beginning with the 71st continuous day. If less than 30 days separates periods of confinement, we will consider second and subsequent periods for the same or related conditions to be continuations of the prior period. No lifetime limit.

Outpatient Treatment: \$100/day for outpatient surgery, radiation therapy, chemotherapy (limit \$500/month for oral chemotherapy) or administration of blood or plasma and blood transfusions. No lifetime limit.

Hospice Care: \$50/day if you receive a visit from a representative of a hospice, use the services of a hospital on an outpatient basis under the direction of a hospice or visit a hospice for care as the result of cancer. We'll pay this benefit if a doctor determines that cancer treatments are no longer of benefit to you and you are expected to live for six months or less. We will not pay this benefit if you are confined to a hospital or to a convalescent care facility. Lifetime limit is \$3,000.

Hospital: Does not include a nursing home, an extended care facility, a skilled nursing home, a rest home or home for the aged, a rehabilitation center or a place for alcoholics or drug addicts.

Waiting Period: Means the first 30 days after the policy effective date during which no benefits are payable.

Eligible Dependents: Include your spouse and unmarried dependent children under age 19 (23 if full-time student).

What Is Not Covered by Your Policy

Limitation: Your policy only provides benefits if cancer is first diagnosed or if you first receive care for cancer while your policy is in force and has been in force for at least 30 days. Cancer diagnosed before the end of the 30-day waiting period will not be covered until your policy has been in force for two years. Cancer must be pathologically or clinically diagnosed. If cancer is not diagnosed until after you die, we will only pay benefits from the last day you were admitted to a hospital not to exceed 45 days.

Renewability: Your policy is guaranteed renewable. Your premium can be changed only if we change it on all policies of this kind in force in the state where you live.

Policyholder Services 1-800-325-4368

Colonial Life's policyholder service area provides a toll-free number for quick claims and policyholder service.

Through this toll-free service line, service specialists, including some who speak Spanish, are ready to provide courteous and accurate service to our policyholders, 8 a.m. - 7 p.m., ET. You can also take advantage of Colonial Life's automated voice response system for immediate claim status information, as well as standard service requests.

You can also obtain service information through the convenience of:

* a toll-free fax line for questions and claim submission - 1-800-880-9325

* a web site for e-mail questions, to which we respond in 24 hours: coloniallife.com

To contact a Colonial Life Service Representative

Call:

In Columbia: 803-422-9847

Fax: 803-781-8437

E-mail: Michael.Linebaugh@Coloniallife.com

The service representative will be happy to answer your questions concerning the coverages and premiums outlined in this booklet.

Name _____

Hospital Confinement

		Plan Code	Coverage on Page	Premium
Plan 50	Main Insured	K830	2	\$
	Spouse	K831	2	\$
	All children	K832	2	\$
		Plan Code	Coverage on Page	Premium
Plan 80	Main insured	K833	2	\$
	Spouse	K834	2	\$
	All children	K835	2	\$

Cancer

	Plan Code	Coverage on Page	Premium
Main insured	C100	3	\$
Main insured and spouse	C101	3	\$
One-parent family	C102	3	\$
Two-parent family	C103	3	\$

Total \$ _____

A Plan for All Reasons...

I'm interested in finding out more about the benefits being offered through the University of South Carolina as underwritten by Colonial Life & Accident Insurance Company. You can fax this form to 803-781-8437.

Name: _____ Date: _____
 Campus: _____ Department: _____
 Telephone number at work: _____ Home: _____
 Best times to be reached: _____ Fax: _____
 E-mail address: _____

I'm already a Colonial Life policyholder. Please make the following name and address changes:

Name: Change to _____

Address: Change to _____



Learn more about these and all of the advantages Colonial Life has to offer at coloniallife.com.



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

©2009 Colonial Life & Accident Insurance Company.

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

09/09

NS-8731-2



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 413 COLUMBIA SC

POSTAGE WILL BE PAID BY ADDRESSEE

ATTN MIKE LINEBAUGH
COLONIAL LIFE INS CO
1101 JAVELIN CT
COLUMBIA SC 29212-9916

