

Group Hospital Indemnity Insurance

Plan 2



Group Medical BridgeSM insurance can help with medical costs associated with a hospital stay that your health insurance may not cover. These benefits are available for you, your spouse and eligible dependent children.

Hospital confinement \$ 2,000 per day
Maximum of one day per covered person per calendar year

Waiver of premium

Available after 30 continuous days of a covered confinement of the named insured

Daily hospital confinement \$100 per day
Maximum of 365 days per covered person per confinement. Re-confinement for the same or related condition within 90 days of discharge is considered a continuation of a previous confinement.

Diagnostic procedure \$ 250 per day
Maximum of one day per covered person per calendar year

Outpatient surgical procedure

■ **Tier 1** \$ 1,500 per day

■ **Tier 2** \$ 3,000 per day

Maximum of \$ _____ per covered person per calendar year for Tier 1 and 2 combined
Maximum of one day per outpatient surgical procedure

Diagnostic procedures

The following is a list of common diagnostic procedures that may be covered if the diagnostic procedure benefit is selected.

- **Breast**
 - Biopsy (incisional, needle, stereotactic)
- **Cardiac**
 - Angiogram
 - Arteriogram
 - Thallium stress test
 - Transesophageal echocardiogram (TEE)
- **Diagnostic radiology**
 - Computerized tomography scan (CT scan)
 - Electroencephalogram (EEG)
 - Magnetic resonance imaging (MRI)
 - Myelogram
 - Nuclear medicine test
 - Positron emission tomography scan (PET scan)
- **Digestive**
 - Barium enema/lower GI series
 - Barium swallow/upper GI series
 - Esophagogastroduodenoscopy (EGD)
- **Ear, nose, throat, mouth**
 - Laryngoscopy
- **Gynecological**
 - Amniocentesis
 - Cervical biopsy
 - Cone biopsy
 - Endometrial biopsy
 - Hysteroscopy
 - Loop electrosurgical excisional procedure (LEEP)
- **Liver**
 - Biopsy
- **Lymphatic**
 - Biopsy
- **Miscellaneous**
 - Bone marrow aspiration/biopsy
- **Renal**
 - Biopsy
- **Respiratory**
 - Biopsy
 - Bronchoscopy
 - Pulmonary function test (PFT)
- **Skin**
 - Biopsy
 - Excision of lesion
- **Thyroid**
 - Biopsy
- **Urologic**
 - Cystoscopy

For more information,
talk with your
benefits counselor.

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The procedures listed below are only a sampling of the procedures that may be covered if the outpatient surgical procedure benefit is selected. Procedures must be performed by a doctor in a hospital or ambulatory surgical center. For complete details and definitions, refer to your certificate.

Tier 1 outpatient surgical procedures

- **Breast**
 - Axillary node dissection
 - Breast capsulotomy
 - Lumpectomy
- **Cardiac**
 - Pacemaker insertion
- **Digestive**
 - Colonoscopy*
 - Fistulotomy
 - Hemorrhoidectomy
 - Lysis of adhesions
- **Ear, nose, throat, mouth**
 - Adenoidectomy
 - Removal of oral lesions
 - Myringotomy
 - Tonsillectomy
 - Tracheostomy
 - Tympanotomy
- **Gynecological**
 - Dilation and curettage (D&C)
 - Endometrial ablation
 - Lysis of adhesions
- **Liver**
 - Paracentesis
- **Musculoskeletal system**
 - Carpal/cubital repair or release
 - Foot surgery (bunionectomy, exostectomy, arthroplasty, hammertoe repair)
 - Removal of orthopedic hardware
 - Removal of tendon lesion
- **Skin**
 - Laparoscopic hernia repair
 - Skin grafting

Tier 2 outpatient surgical procedures

- **Breast**
 - Breast reconstruction
 - Breast reduction
- **Cardiac**
 - Angioplasty
 - Cardiac catheterization
- **Digestive**
 - Exploratory laparoscopy
 - Laparoscopic appendectomy
 - Laparoscopic cholecystectomy
- **Ear, nose, throat, mouth**
 - Ethmoidectomy
 - Mastoidectomy
 - Septoplasty
 - Stapedectomy
 - Tympanoplasty
- **Eye**
 - Cataract surgery
 - Corneal surgery (penetrating keratoplasty)
 - Glaucoma surgery (trabeculectomy)
 - Vitrectomy
- **Gynecological**
 - Hysterectomy
 - Myomectomy
- **Musculoskeletal system**
 - Arthroscopic knee surgery with meniscectomy (knee cartilage repair)
 - Arthroscopic shoulder surgery
 - Clavicle resection
 - Dislocations (open reduction with internal fixation)
 - Fracture (open reduction with internal fixation)
 - Removal or implantation of cartilage
 - Tendon/ligament repair
- **Thyroid**
 - Excision of a mass
- **Urologic**
 - Lithotripsy

*Colonoscopy must result in polyp removal or be recommended by a physician for the purposes of treating or diagnosing a sickness.

If a covered family member has a qualified high deductible health plan (HDHP) and actively contributes to a health savings account (HSA), their HSA can be disqualified with this coverage.

THIS POLICY PROVIDES LIMITED BENEFITS.

PRE-EXISTING CONDITION LIMITATION

We will not pay benefits for loss during the first 12 months after the certificate effective date due to a pre-existing condition. A pre-existing condition is a sickness or physical condition, whether diagnosed or not, for which a covered person was treated, had medical testing, received medical advice or had taken medication within the 12 months before the certificate effective date.

This information is not intended to be a complete description of the insurance coverage available. This coverage has exclusions and limitations that may affect benefits payable. For cost and complete details, see your Colonial Life benefits counselor. This brochure is applicable to policy forms GMB7000-P and GMB7000-P-TX. Coverage may vary by state and may not be available in all states.

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Additional Plan Enhancements



The additional benefits indicated below have been added by your employer to help enrich your Group Medical BridgeSM coverage.

- Inpatient mental and nervous** \$500 per day
 Maximum of one day per covered person per calendar year. Lifetime maximum benefit of \$2,000 per covered person
- Observation room** \$100 per day
 Maximum of two days per covered person per calendar year
- Rehabilitation unit confinement** \$100 per day
 Maximum of 15 days per confinement with a 30-day maximum per covered person per calendar year

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Medical Treatment Package



The Group Medical BridgeSM medical treatment package can help pay for deductibles, co-payments and other out-of-pocket expenses related to the treatment of a covered accident or covered sickness.

The medical treatment package paired with Plan 1 provides accident-only coverage. When paired with Plan 2, it provides accident and sickness coverage.

Medical treatment package

■ Air ambulance	\$1,000 per day
Maximum of one day per covered person per calendar year	
■ Ambulance	\$100 per day
Maximum of one day per covered person per calendar year	
■ Appliance	\$100 per day
Maximum of one day per covered person per calendar year	
■ Doctor's office visit/telemedicine	\$25 per day
Maximum of three days per calendar year for named insured coverage or maximum of five days per calendar year for all covered persons combined	
■ Emergency room visit	\$100 per day
Maximum of two days per covered person per calendar year	
■ X-ray	\$25 per day
Maximum of two days per covered person per calendar year	

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Prescription Drug Benefit



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The Group Medical BridgeSM prescription drug benefit can help pay for the generic and name brand pharmaceuticals prescribed by your physician and dispensed by a licensed pharmacist.

The prescription drug benefit is only available with Plan 2.

Prescription drug **\$10 per prescription per day**

Provides up to five prescriptions per calendar year for named insured coverage or up to 10 prescriptions per calendar year for all covered persons combined; subject to a 30-day waiting period

The following is a list of common prescription pharmaceuticals that may be covered.

- ACE inhibitors
- Angiotensin II
- Antidepressants
- Antidiabetes
- Anti-epileptics
- Antirheumatics
- Anti-ulcerants
- Beta blockers
- Calcium antagonists
- Diuretics
- Hormonal contraceptives
- Lipid regulators
- Macrolides
- Narcotic analgesics
- Penicillins
- Respiratory agents
- Sedatives
- Tranquilizers
- Thyroid preps

Over-the-counter medications are not covered, even when recommended by a physician.

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WAITING PERIOD

Waiting period means the first 30 days following any covered person's coverage effective date, during which no benefits are payable.

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Wellbeing Assistance Standard Benefit



The Group Medical BridgeSM wellbeing assistance standard benefit can help pay for routine preventive tests you have each year.

Wellbeing assistance standard \$ 50 per day

Maximum of one day per covered person per calendar year; subject to a 30-day waiting period

- 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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General exclusions

We will not pay any benefits for injuries received in accidents or for sicknesses which are caused by, contributed to by or occur as a result of the covered person's:

- Addiction to alcohol or drugs, except for drugs taken as prescribed by his physician.
- Treatment for dental care or dental procedures, unless treatment is the result of a covered accident.
- Undergoing elective procedures or cosmetic surgery. This includes procedures or hospital confinement for complications arising from elective or cosmetic surgery. This does not include congenital birth defects or anomalies of a child, or reconstructive surgery related to a covered sickness or injuries received in a covered accident.
- Committing or attempting to commit a felony, or engaging in an illegal occupation.
- Having a disorder including but not limited to affective disorders, neurosis, anxiety, stress and adjustment reactions. Alzheimer's disease and other organic senile dementias are not considered mental or nervous disorders. This exclusion does not apply to inpatient mental and nervous benefit, if included.
- Dependent child's pregnancy, including services rendered to her child after birth.
- Committing or trying to commit suicide or his injuring himself intentionally, whether he is sane or not.
- Being exposed to war or any act of war, declared or undeclared, or serving in the armed forces of any country or authority. Losses as a result of acts of terrorism or nuclear release committed by individuals or groups will not be excluded from coverage unless the covered person who suffered the loss committed the act of terrorism or nuclear release.

Hospital confinement limitations

We will not pay benefits for hospital confinement or daily hospital confinement, if included, due to any covered person giving birth within the first nine (9) months after the coverage effective date of the certificate as a result of a normal pregnancy, including cesarean. Complications of pregnancy will be covered to the same extent as any other covered sickness.

KS – no birth limitation.

TN – adds that complications of pregnancy are those conditions, requiring treatment, whose diagnoses are distinct from pregnancy but are adversely affected by pregnancy or caused by pregnancy. These include, but are not limited to, acute nephritis, nephrosis, cardiac decompensation, missed abortion and similar medical and surgical conditions of comparable severity. This does not include false labor, morning sickness, hyperemesis gravidarum, and similar conditions associated with the management of a difficult pregnancy.

VA – adds that pregnancy resulting from the act of rape of any covered person, which was reported to the police within seven days following its occurrence, will be covered to the same extent as any other covered accident. The seven-day requirement will be extended to 180 days in the case of an act of rape or incest of a female under 13 years of age.

We will not pay benefits for hospital confinement or daily hospital confinement, if included, of a newborn child following his birth unless he is injured or sick.

AR – no well baby care limitation.

CA – well baby care limitation has special wording that differs from language above.

MD – no well baby care limitation.

Additional state-specific exclusions and limitations

In the following states, we will not pay any benefits for injuries or sicknesses which are caused by, contributed to by or occur as a result of the covered person's:

AK, LA, MS and TX – being intoxicated or under the influence of any narcotic unless administered on the advice of his doctor/physician. This replaces the alcoholism or drug addiction exclusion above.

AR – having a disorder including neurosis, psychoneurosis, psychopathy, psychosis, or mental or emotional disease or disorder of any kind. Alzheimer's disease and other organic senile dementias are not considered mental or nervous disorders. This exclusion does not apply to inpatient mental and nervous benefit, if included.

CA – We will not pay any benefits for injuries or sicknesses which are caused by, contributed to by or occurs as a result of the covered person's: having a treatment for dental care or dental procedures, unless treatment is the result of a covered injury. Intoxicants and Controlled Substances exclusion has been added and means any covered person being intoxicated or under the influence of any controlled substance unless administered on the advice of a physician. Suicide exclusion has special language.

DE – no alcoholism or drug addiction exclusion.

KS – being intoxicated or under the influence of any narcotic unless administered on the advice of his physician. This replaces the alcoholism or drug addiction exclusion above. The war or armed conflict exclusion is defined as: being exposed to war or any act of war, declared or undeclared, or serving in the armed forces of any country or authority.

KY – being intoxicated or under the influence of any narcotic or any hallucinogenic unless administered on the advice of his physician. This replaces the alcoholism or drug addiction exclusion above.

MD – no alcoholism or drug addiction exclusion; no felonies or illegal occupations exclusions; no birth limitation. MD's elective procedures and cosmetic surgery adds the treating provider, acting independently from us, shall determine whether a procedure is elective or cosmetic. Pregnancy or a dependent child adds: However, complications of pregnancy of a dependent child will be covered to the same extent as any other covered sickness. Prohibited Practitioner Referral means the policy will not provide payment of any claim, bill, or other demand or request for payment for health care service provided as a result of a referral prohibited by the Health Occupation Article. MD's suicide exclusion is defined as committing or trying to commit suicide or his injuring himself intentionally, while sane or insane. The war or armed conflict exclusion is defined as: being exposed to war or any act of war, declared or undeclared, or serving in the armed forces of any country or authority.

MO – addiction to drugs, except for drugs taken as prescribed by his physician; and participating or attempting to participate in illegal activities. This replaces the alcoholism and drug addiction, and felonies or illegal occupations exclusions above. MO's pregnancy of a dependent child exclusion adds that complications of pregnancy will be covered to the same extent as any other covered sickness. MO's suicide exclusion is defined as committing or trying to commit suicide or his injuring himself intentionally, while sane.

NE – commission of or attempting to commit a felony or to which a contributing cause was the covered person engaging in an illegal occupation. This replaces the felonies or illegal occupations exclusion above

OH – no pregnancy of a dependent child exclusion. The birth limitation is the first 270 days after the chronic energy deficiency (CED), rather than the first nine months.

OK – being exposed to war or any act of war, declared or undeclared, while serving in the military or an auxiliary unit attached to the military or working in an area of war whether voluntarily or as required by an employer. This replaces the war exclusion above. OK's pregnancy of a dependent child exclusion adds complications of pregnancy, including cesarean births, will be covered to the same extent as any other sickness.

SD – committing a felony, or engaging in an illegal occupation. In SD, there's no alcoholism or drug addiction exclusion. This replaces the felonies or illegal occupations exclusion above.

TN – treatment for dental care or dental procedures, unless treatment is the result of a covered accident, except for covered expenses for procedures performed on a minor, eight years or younger, that cannot be safely performed in a dental office setting. There's no pregnancy of a dependent child exclusion.

UT – being addicted to alcohol or drugs that contribute to, cause the loss, or are over the legal limit, unless you are addicted to a narcotic taken on the advice of a physician; voluntarily participating in, committing or attempting to commit a felony, or engaging in an illegal occupation; having a neurosis, psychoneurosis, psychopathy, psychosis, or any other mental or emotional disease or disorder which does not have a demonstrable organic cause. This exclusion does not apply to inpatient mental and nervous benefit, if included.

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