

Group Hospital Indemnity Insurance

Plan 2



For more information,
talk with your
benefits counselor.

ColonialLife.com

Group Medical Bridge 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..... \$_____ 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**..... \$_____ per day

Maximum of one day per covered person per calendar year

☐ Outpatient surgical procedure

■ **Tier 1** \$_____ per day

■ **Tier 2** \$_____ 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

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

KS: "Surgical Procedure" benefit replaces "Outpatient Surgical Procedure." Diagnostic Procedures must be performed in a hospital or an ambulatory surgical center.

PA: "Hospital Confinement Admission" benefit replaces the "Hospital Confinement" benefit

*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 INSURANCE PROVIDES LIMITED BENEFITS.

This coverage is a supplement to health insurance. It is not a substitute for essential health benefits or minimum essential coverage as defined in federal law. Insureds in some states must be covered by comprehensive health insurance before applying for this coverage.

EXCLUSIONS AND LIMITATIONS

We will not pay any benefits for injuries received in accidents or for sicknesses which are caused by, contributed to or occur as a result of the following exclusions and limitations. (a) alcoholism or drug addiction; (b) dental procedures; (c) elective procedures and cosmetic surgery; (d) felonies or illegal occupations; (e) mental or nervous disorders; (f) pregnancy of a dependent child; (g) suicide or injuries which any covered person intentionally does to himself or herself; (h) war or armed forces service. We will not pay benefits for hospital confinement (i) due to giving birth within the first nine months after the effective date of the policy or (j) for a newborn who is neither injured nor sick. (k) The policy may have additional exclusions and limitations which may affect any benefits payable.

PRE-EXISTING CONDITION LIMITATIONS

(l) We will not pay benefits for loss during the first 12 months after the certificate effective date due to a pre-existing condition.

(m) 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. (n) This limitation applies to the following benefits, if applicable: Hospital Confinement, Daily Hospital Confinement, Inpatient Mental and Nervous, Rehabilitation Unit Confinement, Specified Critical Illness, Diagnostic Procedure, and Outpatient Surgical Procedure.

This information is not intended to be a complete description of the insurance coverage available. The insurance or its provisions may vary or be unavailable in some states. The insurance has exclusions and limitations which may affect any benefits payable. Applicable to policy form GMB7000-P and certificate form GMB7000-C (including state abbreviations where used, for example: (including state abbreviations where used, for example GMB7000-P-TX and GMB7000-C-TX.) For cost and complete details of coverage, call or write your Colonial Life benefits counselor or the company.

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STATE-SPECIFIC DISCLOSURES

KY: Premium will vary based on the coverage selected and the age of the named insured.

Eligibility for benefits

The provisions of this policy insure a covered person against losses due to injuries received in a covered accident or losses due to a covered sickness.

Covered Accident means an unintended or unforeseen bodily injury sustained by a covered person, wholly independent of disease, bodily infirmity, illness, infection, or any other abnormal physical condition and which: occurs on or after the Coverage Effective Date; occurs while policy is in force; and is not excluded by name or specific description in this policy.

Covered Sickness means an illness, infection, disease, or any other abnormal physical condition, not caused by an accident, which: occurs on or after the policy coverage effective date; occurs while this policy is in force; and is not excluded by name or specific description in this policy.

End of Coverage for the Named Insured

This policy is guaranteed renewable for life as long as you pay the premiums when they are due or within the grace period.

STATE-SPECIFIC EXCLUSIONS

AK: (a) Replaced by intoxicants and narcotics

CA: (k) Additional exclusions include intoxicants and controlled substances

CT: (a) Replaced by intoxication or drug addiction; (d) Replaced by felonies; (f) Exclusion does not apply

DE: (a) Exclusion does not apply

IL: (a) Replaced by alcoholism, intoxication, or drug addiction; (f) Exclusion does not apply; (g) Exclusion does not apply

KS: (a) Replaced by intoxicants and narcotics; (h) Replaced by war or armed conflict; (i) Exclusion does not apply

KY: (a) Replaced by intoxicants, narcotics and hallucinogenics

LA: (a) Replaced by intoxicants and narcotics

MI: (g) Exclusion does not apply

MO: (a) Replaced by drug addiction; (d) Replaced by illegal activities

MS: (a) Replaced by intoxicants and narcotics

NC: (i) Exclusion does not apply

ND: (a) Exclusion does not apply; (e) Exclusion does not apply

NV: (a) Exclusion does not apply

OH: (f) Exclusion does not apply; (i) Replaced by 270 days

PA: (a) Replaced by intoxicants and narcotics; (c) Replaced by cosmetic surgery; (e) Replaced by mental, nervous or emotional disorders; (h) Replaced by war or armed conflict

SD: (a) Exclusion does not apply

TN: (f) Exclusion does not apply

TX: (a) Replaced by intoxicants and narcotics

VA: (i) Pregnancy resulting from the 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.

THIS INSURANCE PROVIDES LIMITED BENEFITS.

For policies issued or delivered in the Commonwealth of Virginia, THIS IS AN EXCEPTED BENEFITS POLICY. IT PROVIDES COVERAGE ONLY FOR THE LIMITED BENEFITS OR SERVICES SPECIFIED IN THE POLICY.

This coverage is a supplement to health insurance. It is not a substitute for essential health benefits or minimum essential coverage as defined in federal law. Insureds in some states must be covered by comprehensive health insurance before applying for this coverage.

This information is not intended to be a complete description of the insurance coverage available. The insurance or its provisions may vary or be unavailable in some states. The insurance has exclusions and limitations which may affect any benefits payable. Applicable to policy form GMB7000-P and certificate form GMB7000-C (including state abbreviations where used, for example: GMB7000-C-TX). For cost and complete details of coverage, call or write your Colonial Life benefits counselor or the company. This form is not complete without base form 101917 or 101918.

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STATE-SPECIFIC PRE-EXISTING CONDITION LIMITATIONS

IN, SD, and WY: (m) Applies within the six months before the certificate effective date.

CA: (m) A pre-existing condition is a sickness or physical condition for which a covered person was diagnosed or treated within 12 months before the coverage effective date.

FL: (m) A pre-existing condition is a sickness or physical condition for which a covered person was treated, had medical testing, received medical advice or had taken medication within six months before the coverage effective date. Genetic information is not a pre-existing condition in the absence of a diagnosis of the condition related to such information.

IL: (m) A pre-existing condition is a sickness or physical condition, whether diagnosed or not, for which a covered person was treated, had medical testing by a legally qualified physician or, received medical advice, produced symptoms or had taken medication within 12 months before the coverage effective date.

KS: (n) Surgical Procedure replaces Outpatient Surgical Procedure

ME: (m) A pre-existing condition is a sickness or physical condition, whether diagnosed or not, for which a covered person was treated, had medical testing, or received medical advice within 12 months before the coverage effective date.

MI: (l) Applies during the first six months after the certificate effective date; (m) applies within the six months before the certificate effective date.

MO: (m) A pre-existing condition means having 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 12 months before the coverage effective date of this certificate.

NC: (m) A pre-existing condition is those conditions, whether diagnosed or not, for which a covered person received medical advice, diagnosis, care or treatment that was received or recommended within the one-year period immediately preceding the coverage effective date. If you are 65 or older when this certificate is issued, pre-existing conditions will include only conditions specifically eliminated by a rider.

ND: (m) A pre-existing condition is a sickness or physical condition for which a covered person was treated, had medical testing, received medical advice or had taken medication within 12 months before the coverage effective date.

NV: (m) Applies within the six months before the certificate effective date. Additionally, pre-existing condition does not include genetic information in the absence of a diagnosis of the condition related to such information.

OR: (m) A pre-existing condition is a sickness or physical condition, whether diagnosed or not, for which a covered person was treated by a doctor, received advice from a physician or had taken medication prescribed by a doctor within the 12 months period immediately preceding the coverage effective date.

PA: (m) A pre-existing condition is a disease or physical condition for which you received medical advice or treatment within 90 days before the coverage effective date. (n) Hospital Confinement Admission replaces Hospital Confinement.