

# Group Hospital Indemnity Insurance

## Plan 2



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** ..... **\$1,000 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

**Outpatient surgical procedure**

- **Tier 1** ..... **\$500 per day**
- **Tier 2** ..... **\$1,000 per day**

Maximum of \$1,500 per covered person per calendar year for Tier 1 and 2 combined Maximum of one day per outpatient surgical procedure

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

For more information,  
talk with your  
benefits counselor.

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**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.

#### 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 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: 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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# Group Hospital Indemnity Insurance

## Wellbeing Assistance Standard Benefit



The Group Medical Bridge<sup>SM</sup> 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

For more information,  
talk with your  
benefits counselor.

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**CA:** Includes any generally accepted cancer screening test not listed, cervical cancer screening tests (approved by the federal FDA, upon the referral of the insured's health care provider), and human papillomavirus screening test

**ID, MD, MO, ND:** Waiting period does not apply

**WW:** Includes human papillomavirus screening test

THIS INSURANCE PROVIDES LIMITED BENEFITS.

**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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# Group Hospital Indemnity Insurance Medical Treatment Package



The Group Medical Bridge<sup>SM</sup> 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

For more information,  
talk with your  
benefits counselor.

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KS: "Attending Physician" benefit replaces the "Doctor's office visit/telemedicine" benefit.

THIS POLICY PROVIDES LIMITED BENEFITS.

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. This form is not complete without a base form (101731, 101732, 101917 or 101918).

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## **Important Notice to Persons on Medicare This Insurance Duplicates Some Insurance Benefits**

### **This is not Medicare Supplement Insurance**

This insurance pays a fixed amount, regardless of your expenses, for each day you meet the policy conditions. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement Insurance.

### **This insurance duplicates Medicare benefits when:**

- any expenses or services covered by the policy are also covered by Medicare

**Medicare generally pays for most or all of these expenses.**

**Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:**

- hospitalization
- physician services
- outpatient prescription drugs if you are enrolled in Medicare Part D
- hospice
- other approved items and services

## **Before You Buy This Insurance**

- ✓ Check the coverage in **all** health insurance policies you already have.
- ✓ For more information about Medicare and Medicare Supplement insurance, review the *Guide to Health Insurance for People with Medicare*, available from the insurance company.
- ✓ For help in understanding your health insurance, contact your state insurance department or state health insurance assistance program.