

## How will you cover all of your medical expenses?

Larger deductibles. Higher co-payments. You may be left with more out-of-pocket costs.

Colonial Life’s hospital confinement indemnity insurance plan can help protect you against those out-of-pocket expenses related to a covered accident or covered sickness.

## My Coverage Worksheet (For use with your Colonial Life Benefits Counselor)

### Who’s being covered?

- You only
- You and your spouse
- You and your dependent children
- You, your spouse and your dependent children

### What benefits are included?

		<b>Coverage for you</b>	<b>Coverage for you and your family</b>
● Wellness	\$50 per test	1 test per year	2 tests per year
● Doctor’s Office Visit	\$25 per visit	3 visits per year	5 visits per year
● Waiver of Premium			

### The following benefits are paid per covered person.

● Hospital Confinement	\$ _____ per confinement
● Diagnostic Procedures	\$ _____
● Outpatient Surgical Procedure	Tier 1 \$ _____
	Tier 2 \$ _____
	Calendar year maximum \$ _____
● Emergency Room	\$150
● Rehabilitation Unit	\$100 per day

## How do I file a claim?

Wellness claims and Doctor’s Office Visit claims may be filed over the phone. Simply call our Policyholder Service Center at 1.800.325.4368. For all other types of claims, visit [coloniallife.com](http://coloniallife.com) for additional information.

# Here are some frequently asked questions about Colonial Life's hospital confinement indemnity insurance:

## What tests are covered under my Wellness benefit?

The wellness benefit provides a benefit for 1 of the following:

- Blood test for triglycerides
- Breast ultrasound
- CA 15-3 (blood test for breast cancer)
- Hemocult stool analysis
- Mammography
- Pap smear or thin prep pap
- Colonoscopy or virtual colonoscopy
- Fasting blood glucose
- Flexible sigmoidoscopy
- Serum cholesterol test for HDL and LDL
- Stress test on a bicycle or treadmill
- Thermography
- PSA (blood test for prostate cancer)
- Serum protein electrophoresis (blood test for myeloma)
- CA 125 (blood test for ovarian cancer)
- CEA (blood test for colon cancer)
- Chest x-ray

## What diagnostic procedures are covered?

The chart below lists all the covered procedures. Each covered person is allowed one diagnostic procedure per calendar year.

<p><b>Breast</b></p> <ul style="list-style-type: none"> <li>Biopsy (incisional, needle, sterotactic)</li> </ul> <p><b>Cardiac</b></p> <ul style="list-style-type: none"> <li>Angiogram</li> <li>Arteriogram</li> <li>Thallium Stress Test</li> <li>Transesophageal</li> <li>Echocardiogram (TEE)</li> </ul> <p><b>Diagnostic Radiology</b></p> <ul style="list-style-type: none"> <li>Computerized Tomography Scan (CT Scan)</li> <li>Electroencephalogram (EEG)</li> <li>Magnetic Resonance Imaging (MRI)</li> <li>Myelogram</li> <li>Nuclear medicine test</li> <li>Positron Emission Tomography Scan (PET Scan)</li> </ul>	<p><b>Digestive</b></p> <ul style="list-style-type: none"> <li>Barium Enema/Lower GI series</li> <li>Barium Swallow/Upper GI series</li> <li>Esophagogastroduodenoscopy (EGD)</li> </ul> <p><b>Ear/Nose/Throat/Mouth</b></p> <ul style="list-style-type: none"> <li>Laryngoscopy</li> </ul> <p><b>Gynecological</b></p> <ul style="list-style-type: none"> <li>Cervical biopsy</li> <li>Cone biopsy</li> <li>Endometrial biopsy</li> <li>Hysteroscopy</li> <li>Loop Electrosurgical Excisional Procedure (LEEP)</li> </ul> <p><b>Liver</b></p> <ul style="list-style-type: none"> <li>Biopsy</li> </ul> <p><b>Lymphatic</b></p> <ul style="list-style-type: none"> <li>Biopsy</li> </ul> <p><b>Miscellaneous</b></p> <ul style="list-style-type: none"> <li>Bone marrow aspiration/biopsy</li> </ul>	<p><b>Renal</b></p> <ul style="list-style-type: none"> <li>Biopsy</li> </ul> <p><b>Respiratory</b></p> <ul style="list-style-type: none"> <li>Biopsy</li> <li>Bronchoscopy</li> <li>Pulmonary Function Test (PFT)</li> </ul> <p><b>Skin</b></p> <ul style="list-style-type: none"> <li>Biopsy</li> <li>Excision of lesion</li> </ul> <p><b>Thyroid</b></p> <ul style="list-style-type: none"> <li>Biopsy</li> </ul> <p><b>Urinary</b></p> <ul style="list-style-type: none"> <li>Cystoscopy</li> </ul>
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## When is the Hospital Confinement benefit paid?

The Hospital Confinement benefit is paid when any covered person is confined in a hospital or in an observation unit for at least 20 continuous hours.

## What is the maximum on the Emergency Room benefit?

There is a maximum of 1 benefit per covered person per calendar year.

## When is the Outpatient Surgical Procedure benefit paid?

The surgeries listed below are only a sampling of the surgeries that may be covered. Surgeries must be performed in a hospital or ambulatory surgical center. For complete details and definitions, please refer to the policy.

### Tier 1 includes:

#### Breast

- Axillary node dissection
- Breast capsulotomy
- Breast reconstruction
- Lumpectomy

#### Cardiac

- Pacemaker insertion

#### Digestive

- Colonoscopy
- Fistulotomy
- Hemorrhoidectomy (external)
- Lysis of adhesions

#### Ear/Nose/Throat/Mouth

- Adenoidectomy
- Removal of oral lesions
- Myringotomy
- Tonsillectomy
- Tracheostomy

#### Gynecological

- Dilation & Curettage (D&C)
- Endometrial ablation
- Lysis of adhesions

#### Liver

- Paracentesis

#### Musculoskeletal System

- Carpal/cubital repair or release
- Dislocation (closed reduction treatment)
- Foot surgery (bunionectomy, exostectomy, arthroplasty, hammertoe repair)
- Fracture (closed reduction treatment)
- Removal of orthopedic hardware
- Removal of tendon lesion

#### Skin

- Laparoscopic hernia repair
- Skin grafting

### Tier 2 includes:

#### Breast

- Breast reduction

#### Cardiac

- Angioplasty
- Cardiac catheterization

#### Digestive

- Exploratory laparoscopy
- Laparoscopic appendectomy
- Laparoscopic cholecystectomy

#### Ear/Nose/Throat/Mouth

- Ethmoidectomy
- Mastoidectomy
- Septoplasty
- Stapedectomy
- Tympanoplasty
- Tympanotomy

#### Eye

- Cataract surgery
- Corneal surgery (penetrating keratoplasty)
- Glaucoma surgery (trabeculectomy)
- Vitrectomy

#### Gynecological

- Myomectomy

#### Musculoskeletal System

- Arthroscopic knee surgery w/menisectomy (knee cartilage repair)
- Arthroscopic shoulder surgery
- Clavicle resection
- Dislocations (ORIF - open reduction with internal fixation)
- Fracture (ORIF - open reduction with internal fixation)
- Removal or implantation of cartilage
- Tendon/ligament repair

#### Thyroid

- Excision of a mass

## When is the Rehabilitation Unit benefit paid?

The Rehabilitation Unit benefit is paid when any covered person is transferred to a rehabilitation unit immediately after a period of hospital confinement. There is a maximum of 15 days per covered confinement with no more than 30 days per calendar year.

## What is the Waiver of Premium benefit?

The Waiver of Premium benefit waives premium when the named insured is confined to a hospital for more than 30 continuous days.

## What if I change employers?

Benefits are portable. If you change jobs or retire, you can take your coverage with you at no increase in premium.

## How are my benefits paid?

Benefits are paid directly to you, unless you specify otherwise. Benefits are paid regardless of any other coverage you may have with other insurance companies.

### EXCLUSIONS

We will not pay benefits for injuries received in accidents or sicknesses which are caused by: alcoholism or drug addiction; dental procedures; elective procedures and cosmetic surgery; illegal activities; pregnancy of a dependent child; psychiatric or psychological conditions; suicide or injuries which any covered person intentionally does to himself; war; pre-existing conditions as defined in the policy. We will not pay benefits for hospital confinement of a newborn child following his birth unless he is injured or sick. We will not pay benefits for hospital confinement due to any covered person giving birth within the first nine (9) months after the effective date of the policy as a result of a normal pregnancy, including Cesarean. Pre-existing Condition means having a sickness or physical condition for which any covered person was treated, had medical testing, received medical advice or had taken medication within 12 months before the effective date of this policy.

For cost and complete details, see your Colonial Life benefits counselor. Applicable to policy number MB3000 (including state abbreviations where used). Coverage may vary by state and may not be available in all states. This is not an insurance contract and only the actual policy provisions will control.

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