

Hospital Confinement Indemnity Insurance



For more information, talk with your benefits counselor. Our Individual Medical Bridge™ insurance can help with medical costs that your

Rehabilitation unit confinement \$100 per day

Maximum of 15 days per confinement with a 30-day maximum per covered person per calendar year

Waiver of premium

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

Diagnostic procedure

■ Tier 1 \$250 ■ Tier 2 \$500

Maximum of \$500 per covered person per calendar year for all covered diagnostic procedures combined

Outpatient surgical procedure

Maximum of \$_____ per covered person per calendar year for all covered outpatient surgical procedures combined

The following is a list of common diagnostic procedures that may be covered.

Tier 1 diagnostic procedures

- Breast
- Biopsy (incisional, needle, stereotactic)
- Diagnostic radiology
 - Nuclear medicine test
- Digestive
 - Barium enema/lower GI series
 - Barium swallow/upper GI series
 - Esophagogastroduodenoscopy (EGD)
- Ear, nose, throat, mouth
 - Laryngoscopy
- Gynecological
 - Amniocentesis
- Hysteroscopy
- Cervical biopsy
- Loop electrosurgical
- Cone biopsy
- excisional procedure
- Endometrial biopsy
- (LEEP)

Tier 2 diagnostic procedures

- Cardiac
 - Angiogram
 - Arteriogram
 - Thallium stress test
 - Transesophageal echocardiogram (TEE)

- Liver biopsy
- Lymphatic biopsy
- Miscellaneous
 - Bone marrow aspiration/biopsy
- Renal biopsy
- Respiratory
 - Biopsy
 - Bronchoscopy
 - Pulmonary function test (PFT)
- Skin
 - Biopsv
 - Excision of lesion
- Thyroid biopsy
- Urologic
 - Cystoscopy

Diagnostic radiology

- Computerized tomography scan (CT scan)
- Electroencephalogram (EEG)
- Magnetic resonance imaging (MRI)
- Myelogram
- Positron emission tomography scan (PET scan)

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

Tier 1 outpatient surgical procedures

Breast

- Axillary node dissection
- Breast capsulotomy
- Lumpectomy

Cardiac

- Pacemaker insertion

Digestive

- Colonoscopy
- Fistulotomy
- Hemorrhoidectomy
- Lysis of adhesions

Skin

- Laparoscopic hernia repair
- Skin grafting

■ 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

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

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EXCLUSIONS

We will not pay benefits for losses which are caused by: alcoholism or drug addiction, dental procedures, elective procedures and cosmetic surgery, felonies or illegal occupations, pregnancy of a dependent child, psychiatric or psychological conditions, suicide or injuries which any covered person intentionally does to himself or herself, or war. We will not pay benefits for hospital confinement of a newborn who is neither injured nor sick. We will not pay benefits for loss during the first 12 months after the effective date due to a pre-existing condition. Pre-exisiting conditions are those conditions whether diagnosed or not, for which a covered person received medical advice, diagnosis or care, or treatment was received or recommended within the one-year period immediately preceding the effective date of the policy. If a covered person is 65 or older when the policy is issued, pre-existing conditions will include only conditions specifically eliminated by rider.

For cost and complete details, see your Colonial Life benefits counselor. Applicable to policy number IMB7000-NC. This is not an insurance contract and only the actual policy provisions will control.