

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?

		Coverage for you	Coverage for you and your family
● Wellness	\$50 per test	1 test per year	2 tests per year
● Waiver of Premium			

The following benefits are paid per covered person.

- Hospital Confinement \$ _____ per confinement
- Outpatient Surgical Procedure Tier 1 \$ _____
Tier 2 \$ _____
Calendar year maximum \$ _____
- Rehabilitation Unit \$100 per day

How do I file a claim?

Wellness 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 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

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.

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.

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

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 any covered person having a sickness or physical condition that during the 12 months immediately preceding the effective date of this policy had manifested itself in such a manner as would cause an ordinarily prudent person to seek medical advice, diagnosis, care, or treatment or for which medical advice, diagnosis, care, or treatment was recommended or received. Routine follow-up care during the 12 months immediately preceding the effective date of this policy to determine whether a breast cancer has recurred in a covered person who has been previously determined to be free of breast cancer does not constitute medical advice, diagnosis, care, or treatment for purposes of determining pre-existing conditions, unless evidence of breast cancer is found during or as a result of the follow-up care.

For cost and complete details, see your Colonial Life benefits counselor. Applicable to policy number MB3000-FL. 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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