

**COLONIAL LIFE & ACCIDENT INSURANCE COMPANY**  
1200 Colonial Life Boulevard, P.O. Box 1365 Columbia, South Carolina 29202 (800) 325 - 4368  
A Stock Company

**LIMITED BENEFIT HOSPITAL CONFINEMENT INDEMNITY INSURANCE**  
**OUTLINE OF COVERAGE (Applicable to Policy form MB3000-TX)**  
**BENEFITS PROVIDED ARE SUPPLEMENTAL AND NOT INTENDED TO COVER ALL**  
**MEDICAL EXPENSES.**

**THIS IS NOT MEDICARE SUPPLEMENT COVERAGE. If you are eligible for Medicare, review the Guide To Health Insurance for People with Medicare available from the company. Premiums vary depending on your level of coverage.**

**Read your policy carefully.** Your outline provides a very brief description of the important features of your policy. This is not an insurance contract and only the actual policy provisions will control. The policy sets forth in detail the rights and obligations of both you and us. It is, therefore, important that you **READ YOUR POLICY CAREFULLY.**

**Renewability.** Your policy is guaranteed renewable as long as you pay the premiums when they are due or within the grace period. The premium can be changed only if we change it on all policies of this kind in force in the state where the policy was issued.

**Limited Benefit Coverage.** Your policy does not provide coverage for basic hospital, basic medical-surgical or major medical expenses.

**Benefits**

**Hospital Confinement Benefit Amount: \$\_\_\_\_\_ per confinement**

We will pay this benefit if any covered person incurs charges for and is confined due to a covered accident or covered sickness. The confinement to a hospital must begin while the policy is in force. We will pay this benefit once per confinement. If a covered person is confined and is discharged and confined again for the same or related condition within 90 days of discharge, we will treat this later confinement as a continuation of the previous confinement. If more than 90 days have passed between the periods of hospital confinement, we will treat this later confinement as a new and separate confinement.

**Outpatient Surgical Procedure Benefit**

Tier 1 Surgical Procedures \$\_\_\_\_\_ per covered procedure

Tier 2 Surgical Procedures \$\_\_\_\_\_ per covered procedure

Calendar Year Maximum \$\_\_\_\_\_ per covered person for all covered surgical procedures combined

We will pay this benefit if any covered person incurs charges for and requires a surgical procedure due to a covered accident or covered sickness, and he is not confined in a hospital at the time of the procedure. The procedure must be performed by a doctor in a hospital or ambulatory surgical center. We will pay this benefit once per covered outpatient surgical procedure. We will pay this benefit for only one outpatient surgical procedure performed at the same time even if caused by more than one accident or sickness. In that event, we will pay the benefit that has the highest dollar value. The surgical procedure must occur while the policy is in force.

*Ambulatory Surgical Center* means a place which:

- is equipped for surgical procedures performed by qualified physicians;
- provides anesthesia administered by a licensed anesthesiologist or licensed nurse anesthetist; and
- has written agreements with local hospitals to immediately accept patients who develop complications.

*Surgical Procedure* means the cutting into the skin or other organ to accomplish any of the following goals:

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| <ul style="list-style-type: none"><li>• further explore the condition for the purpose of diagnosis;</li><li>• take a biopsy of a suspicious lump;</li><li>• remove diseased tissues or organs;</li></ul> | <ul style="list-style-type: none"><li>• remove an obstruction;</li><li>• reposition structures to their normal position;</li><li>• redirect channels;</li><li>• transplant tissue or whole organs;</li></ul> | <ul style="list-style-type: none"><li>• implant mechanical or electronic devices;</li><li>• repair an area that has been injured or affected by trauma, overuse, or disease; or</li><li>• restore proper function.</li></ul> |
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The following will not be considered a surgical procedure for the purposes of the policy:

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| <ul style="list-style-type: none"><li>• Venipuncture (drawing blood);</li><li>• Lumbar puncture;</li></ul> | <ul style="list-style-type: none"><li>• Epidural steroid injections;</li><li>• Removal of skin tags; or</li></ul> | <ul style="list-style-type: none"><li>• Foreign body removal from the eye.</li></ul> |
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To determine the amount payable for a surgical procedure, locate the procedure in one of the tiers shown in the Surgical Schedule below and refer to the benefit amount on the Policy Schedule for the tier in which the procedure

appears. If the specific procedure is not listed in the Surgical Schedule, we will use the Current Procedural Terminology (CPT) Code provided by the covered person's doctor and a current relative value scale to determine the tier of the procedure. We will pay for only one surgical procedure for the same covered accident or covered sickness in a 90-day time period. If a covered person receives a subsequent surgical procedure for the same covered accident or same covered sickness, we will pay an additional benefit only if the subsequent procedure was performed more than 90 days after the last covered procedure was performed. We will pay no more than the Calendar Year Maximum for the Outpatient Surgical Procedure Benefit shown. If any covered person has an outpatient surgical procedure and is confined as a result of complications from the surgery within 90 days following the surgery, we will pay only the Hospital Confinement Benefit and not pay the Outpatient Surgical Procedure Benefit. If we have already paid the Outpatient Surgical Procedure Benefit, we will deduct the Outpatient Surgical Procedure Benefit amount paid from any Hospital Confinement Benefit that is payable.

**Tier 1 Surgical Procedures**

<b>Breast</b>	<b>Ear/Nose/Throat/Mouth</b>	<b>Musculoskeletal System</b>
Axillary node dissection	Adenoidectomy	Carpal/cubital repair or release
Breast capsulotomy	Removal of oral lesions	Dislocation (closed reduction treatment)
Breast reconstruction	Myringotomy	Foot surgery (bunionectomy, exostectomy, arthroplasty, hammertoe repair)
Lumpectomy	Tonsillectomy	Fracture (closed reduction treatment)
<b>Cardiac</b>	Tracheostomy	Removal of orthopedic hardware
Pacemaker insertion	<b>Gynecological</b>	Removal of tendon lesion
<b>Digestive</b>	Dilation & Curettage (D&C)	<b>Skin</b>
Colonoscopy	Endometrial ablation	Laparoscopic hernia repair
Fistulotomy	Lysis of adhesions	Skin grafting
Hemorrhoidectomy	<b>Liver</b>	
(external)	Paracentesis	
Lysis of adhesions		

**Tier 2 Surgical Procedures**

<b>Breast</b>	<b>Ear/Nose/Throat/Mouth</b>	<b>Musculoskeletal System</b>
Breast reduction	Ethmoidectomy	Arthroscopic knee surgery w/menisectomy (knee cartilage repair)
<b>Cardiac</b>	Mastoidectomy	Arthroscopic shoulder surgery
Angioplasty	Septoplasty	Clavicle resection
Cardiac catheterization	Stapedectomy	Dislocations (ORIF - open reduction with internal fixation)
<b>Digestive</b>	Tympanoplasty	Fracture (ORIF - open reduction with internal fixation)
Exploratory laparoscopy	Tympanotomy	Removal or implantation of cartilage
Laparoscopic appendectomy	<b>Eye</b>	Tendon/ligament repair
Laparoscopic cholecystectomy	Cataract surgery	<b>Thyroid</b>
	Corneal surgery (penetrating keratoplasty)	Excision of a mass
	Glaucoma surgery (trabeculectomy)	
	Vitreectomy	
	<b>Gynecological</b>	
	Myomectomy	

**Wellness Benefit Amount: \$50 per test, one test per calendar year if named insured coverage; two tests per calendar year if named insured and spouse coverage, one-parent family coverage or two-parent family coverage** We will pay this benefit if any covered person incurs charges for and has one of the wellness tests listed below performed while the policy is in force. We will pay the amount shown for one of the following wellness tests:



professional partner of any covered person, or any person who has a financial affiliation or a business interest with any covered person.

**Emergency Room** means a specified area within a hospital which is designated for the emergency care of accidental injuries or sicknesses. This area must be staffed and equipped to handle trauma, be supervised and provide treatment by physicians and provide care seven days per week, 24 hours per day.

**Hospital** means a place that is run according to law on a full-time basis, provides overnight care of injured and sick people, is supervised by a doctor, has full-time nurses supervised by a registered nurse, and has at its locations or uses on a pre-arranged basis: X-ray equipment, a laboratory and an operating room where surgical operations take place. A hospital is not a nursing home, an extended care facility, a skilled nursing facility, a rest home or home for the aged, a rehabilitation unit, a place for alcoholics or drug addicts or an assisted living facility.

**Observation Unit** means a specified area within a hospital, apart from the emergency room, where a patient can be monitored following outpatient surgery or treatment in the emergency room by a physician and which is under the direct supervision of a physician or registered nurse, is staffed by nurses assigned specifically to that unit and provides care seven days per week, 24 hours per day.

**Pre-existing Condition** means any covered person having a sickness or physical condition for which he was treated, had medical testing, received medical advice or had taken medication within 12 months before the effective date of the policy.

**Rehabilitation Unit** means an appropriately licensed facility that provides rehabilitation care services on an inpatient basis. Rehabilitation care services consist of the combined use of medical, social, educational, and vocational services to enable patients disabled by sickness or accidental injury to achieve the highest possible functional ability. Services are provided by or under the supervision of an organized staff of physicians. The rehabilitation unit may be part of a hospital or a freestanding facility. A rehabilitation unit is not a nursing home, an extended care facility, a skilled nursing facility, a rest home or home for the aged, a hospice care facility, a place for alcoholics or drug addicts, or an assisted living facility.

#### **What is Not Covered**

We will not pay benefits for injuries received in accidents or for sicknesses which are caused by:

- Any covered person's treatment for dental care or dental procedures, unless treatment is the result of a covered accident.
- Any covered person undergoing elective procedures or cosmetic surgery. This includes procedures for complications arising from elective or cosmetic surgery. This does not include congenital birth defects or anomalies of a child or reconstructive surgery related to a covered sickness or injuries received in a covered accident.
- Any covered person committing or attempting to commit a felony or engaging in an illegal occupation.
- Any covered person being intoxicated or under the influence of any narcotic unless administered on the advice of his doctor.
- Any pregnancy of a dependent child, including services rendered to her child after birth.
- Any covered person having a psychiatric or psychological condition including but not limited to affective disorders, neuroses, anxiety, stress and adjustment reactions. However, Alzheimer's Disease and other organic senile dementias are covered under the policy.
- Any covered person committing or trying to commit suicide or injuring himself intentionally, whether he is sane or not.
- Any covered person's involvement in any period of armed conflict, even if it is not declared.

**Well Baby Care Limitation** We will not pay benefits for hospital confinement of a newborn child following his birth unless he is injured or sick.

**Pre-existing Condition Limitation** We will not pay benefits for Hospital Confinement, Rehabilitation Unit Confinement or Outpatient Surgical Procedure for any covered person when such loss results from a pre-existing condition, unless the covered person has satisfied the pre-existing condition limitation period shown on the Policy Schedule.

**Birth Limitation** 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. Complications of pregnancy will be covered to the same extent as any other covered sickness.