

These benefits are available for you, your spouse and eligible dependent children.

This brochure provides an overview of the plan. For complete details, refer to your certificate.



### Basic benefits

<b>Hospital confinement</b>	<b>\$500 \$1,000</b>	Maximum of one benefit per covered person per calendar year
<b>Observation room</b>	<b>\$100 per visit</b>	Maximum of two visits per covered person per calendar year
<b>Rehabilitation unit confinement</b>	<b>\$100 per day</b>	Maximum of 15 days per confinement with a 30-day maximum per covered person per calendar year
<b>Waiver of premium</b>	Available after 30 continuous days of a covered confinement of the named insured	
<b>Outpatient surgical procedure</b>	<b>Tier 1 \$500 Tier 2 \$1,000</b>	Maximum of \$1,500 per covered person per calendar year for all covered outpatient surgical procedures combined. Maximum of one day per outpatient surgical procedure.
<b>Daily hospital confinement</b>	<b>per day</b>	Maximum of 60 days per covered person per confinement

### Health screening benefit

This benefit can help pay for routine preventive tests you have each year.

<b>Health screening</b>	<b>\$50</b>	Maximum of one health screening benefit per covered person per calendar year; subject to a 30-day waiting period
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#### Below is a sample of the tests that may be covered

<ul style="list-style-type: none"> <li>- Blood test for breast cancer</li> <li>- Blood test for triglycerides</li> <li>- Breast ultrasound</li> <li>- Carotid Doppler</li> </ul>	<ul style="list-style-type: none"> <li>- Colonoscopy</li> <li>- Echocardiogram (ECHO)</li> <li>- Electrocardiogram (EKG, ECG)</li> <li>- Fasting blood glucose test</li> <li>- Immunizations - not including influenza (flu) vaccinations and allergy shots</li> </ul>	<ul style="list-style-type: none"> <li>- Mammography</li> <li>- Pap smear</li> <li>- Physicals</li> <li>- PSA (prostate cancer blood test)</li> <li>- Serum cholesterol test for HDL and LDL levels</li> <li>- Skin cancer biopsy</li> <li>- Stress test — bicycle or treadmill</li> </ul>
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### Additional benefits

#### Medical treatment package

This package can help pay for out-of-pocket expenses related to the treatment of a covered accident or covered sickness.

<b>Air ambulance</b>	<b>\$1,000 per benefit</b>	Maximum of one benefit per covered person per calendar year
<b>Ambulance</b>	<b>\$100 per benefit</b>	
<b>Appliance</b>	<b>\$100 per benefit</b>	
<b>Emergency room visit</b>	<b>\$100 per visit</b>	Maximum of two visits per covered person per calendar year
<b>X-ray</b>	<b>\$25 per benefit</b>	Maximum of two benefits per covered person per calendar year
<b>Doctor's office visit</b>	<b>\$25 per visit</b>	Maximum of three visits per calendar year for named insured coverage or maximum of five visits per calendar year for all covered persons combined

### Employee-optional benefits

At an additional cost, you can enhance your coverage with these benefit options.

<b>Daily hospital confinement</b>	<b>\$100 per day</b>	Per covered person per day of hospital confinement. Maximum of 365 days per covered person per confinement.
<b>Enhanced intensive care unit confinement</b>	<b>\$500 per day</b>	Per covered person per day of intensive care unit confinement. Maximum of 30 days per covered person per confinement.

## Outpatient procedures

The following procedures are a sampling of the procedures that may be covered. Surgical procedures must be performed by a doctor in a hospital or ambulatory surgical center.

### Tier 1 outpatient surgical procedures

<b>Breast</b> <ul style="list-style-type: none"><li>- Axillary node dissection</li><li>- Lumpectomy</li></ul> <b>Cardiac</b> <ul style="list-style-type: none"><li>- Pacemaker insertion</li></ul> <b>Digestive</b> <ul style="list-style-type: none"><li>- Colonoscopy</li><li>- Hemorrhoidectomy</li></ul>	<b>Ear, nose, throat, mouth</b> <ul style="list-style-type: none"><li>- Adenoidectomy</li><li>- Tonsillectomy</li></ul> <b>Gynecological</b> <ul style="list-style-type: none"><li>- Dilation and curettage (D&amp;C)</li><li>- Endometrial ablation</li></ul> <b>Liver</b> <ul style="list-style-type: none"><li>- Paracentesis</li></ul>	<b>Musculoskeletal</b> <ul style="list-style-type: none"><li>- Carpal/cubital repair or release</li><li>- Foot surgery</li></ul> <b>Skin</b> <ul style="list-style-type: none"><li>- Skin grafting</li></ul>
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### Tier 2 outpatient surgical procedures

<b>Breast</b> <ul style="list-style-type: none"><li>- Breast reconstruction</li><li>- Breast reduction</li></ul> <b>Cardiac</b> <ul style="list-style-type: none"><li>- Angioplasty</li><li>- Cardiac catheterization</li></ul> <b>Digestive</b> <ul style="list-style-type: none"><li>- Exploratory laparoscopy</li><li>- Laparoscopic appendectomy</li></ul>	<b>Ear, nose, throat, mouth</b> <ul style="list-style-type: none"><li>- Ethmoidectomy</li><li>- Mastoidectomy</li></ul> <b>Eye</b> <ul style="list-style-type: none"><li>- Cataract surgery</li><li>- Glaucoma surgery</li></ul> <b>Gynecological</b> <ul style="list-style-type: none"><li>- Hysterectomy</li><li>- Myomectomy</li></ul>	<b>Musculoskeletal</b> <ul style="list-style-type: none"><li>- Arthroscopic knee surgery with knee cartilage repair</li><li>- Fracture</li></ul> <b>Thyroid</b> <ul style="list-style-type: none"><li>- Excision of a mass</li></ul> <b>Urologic</b> <ul style="list-style-type: none"><li>- Lithotripsy</li></ul>
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## EXCLUSIONS AND LIMITATIONS

### THIS POLICY PROVIDES LIMITED BENEFITS.

#### PRE-EXISTING CONDITION LIMITATION

The following benefits, if contained in your policy, will not be paid for any covered person when such loss results from a pre-existing condition as defined in the policy, unless the covered person has satisfied the pre-existing condition limitation period shown on the Policy Schedule:

Hospital Confinement  
Rehabilitation Unit Confinement  
Outpatient Surgical Procedure  
Diagnostic Procedures  
Daily Hospital Confinement Rider  
Enhanced Intensive Care Unit Confinement Rider

#### GENERAL 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:

- Any covered person's addiction to alcohol or drugs, except for drugs taken as prescribed by his physician.
- Any covered person's treatment for dental care or dental procedures, unless treatment is the result of a covered accident.
- Any covered person's undergoing elective procedures or cosmetic surgery. This includes procedures or hospital confinement 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's committing or attempting to commit a felony or engaging in an illegal occupation.
- Complications of pregnancy including Cesarean births, will be covered to the same extent as any other covered sickness.
- Any covered person's 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's committing or his injuring himself intentionally, whether he is sane or not.
- Any covered person's being exposed to war or any act of war, declared or undeclared, while serving in the military or an auxiliary unit attached to the military or working in an area of war whether voluntarily or as required by an employer.

#### BIRTH LIMITATION

We will not pay benefits for hospital confinement due to any covered person's 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.

#### 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.

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 form IMB7000-P.

Underwritten by Colonial Life & Accident Insurance Company, Columbia, SC

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