Providence Home Care

Hospital Indemnity Insurance

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

Hospital confinement	**$1,000 per day**	Maximum of one day per covered person per calendar year
Waiver of Premium	Available after 30 continuous days of a covered confinement of the named insured	

Additional benefits

Daily hospital confinement	**$100 per day**	Maximum of 365 days per covered person per confinement
Outpatient surgical procedure	**$500 per day** **$1,000 per day**	Maximum of $1,500 per covered person per calendar year for Tier 1 and 2 combined. Maximum of one day per outpatient surgical procedure.
Inpatient mental and nervous	**$500 per day**	Maximum of 365 days per covered person per calendar year. Lifetime maximum benefit of $2,000 per covered person.
Rehabilitation unit confinement	**$100 per day**	Maximum of 15 days per confinement with a 30-day maximum per covered person per calendar year
Observation room	**$100 per day**	Maximum of two days per covered person per calendar year

Medical treatment package

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

Air ambulance	**$1000 per day**	Maximum of one day per covered person per calendar year
Ambulance	**$100 per day**	
Appliance	**$100 per day**	
Emergency room visit	**$100 per day**	Maximum of two days per covered person per calendar year
X-ray	**$25 per day**	
Doctor's office visit/ telemedicine	**$25 per day**	Maximum of three days per calendar year for named insured coverage or maximum of five days per calendar year for all covered persons combined

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

Breast - Axillary node dissection - Lumpectomy **Cardiac** - Pacemaker insertion **Digestive** - Colonoscopy* - Hemorrhoidectomy	**Ear, nose, throat, mouth** - Adenoidectomy - Tonsillectomy **Gynecological** - Dilation and curettage (D&C) - Endometrial ablation **Liver** - Paracentesis	**Musculoskeletal** - Carpal/cubital repair or release - Foot surgery **Skin** - Skin grafting

*Colonoscopy must result in polyp removal or be recommended by a physician for the purposes of treating or diagnosing a sickness.

Tier 2 outpatient surgical procedures

Breast - Breast reconstruction - Breast reduction **Cardiac** - Angioplasty - Cardiac catheterization **Digestive** - Exploratory laparoscopy - Laparoscopic appendectomy	**Ear, nose, throat, mouth** - Ethmoidectomy - Mastoidectomy **Eye** - Cataract surgery - Glaucoma surgery **Gynecological** - Hysterectomy - Myomectomy	**Musculoskeletal** - Arthropscopic knee surgery with knee cartilage repair - Fracture **Thyroid** - Excision of a mass **Urologic** - Lithotripsy

EXCLUSIONS AND LIMITATIONS

THIS POLICY PROVIDES LIMITED BENEFITS.

PRE-EXISTING CONDITION LIMITATION

We will not pay benefits for Hospital Confinement or any of the following benefit(s) for any covered person when such loss results from a pre-existing condition as defined in this certificate, unless the covered person has satisfied the pre-existing condition limitation period shown on the Certificate Schedule:

- Rehabilitation Unit Confinement
- Daily Hospital Confinement
- Inpatient Mental and Nervous
- Specified Critical Illness
- Outpatient Surgical Procedure
- Diagnostic Procedure

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 of the covered person's:

- Addiction to alcohol or drugs, except for drugs taken as prescribed by his physician.
- Treatment for dental care or dental procedures, unless treatment is the result of a covered accident.
- 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.
- Committing or attempting to commit a felony, or engaging in an illegal occupation.
- Having a disorder including but not limited to affective disorders, neurosis, anxiety, stress and adjustment reactions. Alzheimer's Disease and other organic senile dementias are not considered mental or nervous disorders. This exclusion does not apply to the Inpatient Mental and Nervous benefit, if included.
- Dependent child's pregnancy, including services rendered to her child after birth. Complications of pregnancy including Cesarean births, will be covered to the same extent as any other covered sickness.
- Committing or trying to commit suicide or his injuring himself intentionally, whether he is sane or not.
- 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. Losses as a result of acts of terrorism or nuclear release committed by individuals or groups will not be excluded from coverage unless the covered person who suffered the loss committed the act of terrorism or nuclear release.

HOSPITAL CONFINEMENT LIMITATIONS

We will not pay benefits for hospital confinement or daily hospital confinement due to any covered person giving birth within the first nine (9) months after the coverage effective date of the certificate 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 or daily hospital confinement, if included, 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 GMB7000-P.

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

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