

Hospital Indemnity Insurance

How will you pay
for what your health
insurance won't?

Supplement your insurance coverage with the Medical BridgeSM Plan.

You never know when you or a family member will have to be hospitalized or require outpatient surgery. What's more, The United States spent nearly \$2 trillion on healthcare in 2005. Spread over the population, this amounts to about \$6,697 per person.*

Have you considered how you would cover the out-of-pocket expenses associated with a hospital stay or outpatient surgery?



Consider the following information.

- *The average length of hospital confinement for adults under age 65 is almost five days.***
- *Currently, about 45 million people in the U.S. lack health insurance, and not because they're unemployed. Approximately eight in 10 of those uninsured live in families that have at least one worker.****

A hospital indemnity plan can help you with the rising costs associated with a hospital stay or outpatient surgery. This insurance coverage is designed to supplement your existing coverage so that you are better prepared to pay the medical and non-medical expenses associated with a hospital stay or outpatient surgery. Such out-of-pocket expenses include deductibles or co-payments, transportation to or from the hospital, or childcare for your family. To purchase this coverage, you must also be covered under at least major medical insurance, or at least basic hospital insurance and basic medical insurance.

This is an indemnity-based plan, which means the benefit is payable as a lump sum (per covered occurrence). Benefits are paid directly to you, unless you specify otherwise.

*Health Care Costs, Kaiser Family Foundation, 2007

**Advance Data from Vital and Health Statistics, National Center for Health Statistics, "2004 National Hospital Discharge Survey," May 4, 2006

***"Five Basic Facts on the Uninsured," The Kaiser Commission on Medicaid and the Uninsured, August 2008

Hospital Confinement Indemnity Insurance

How will you cover all of your medical expenses?

Larger deductibles. Higher co-payments. You may be left with more out-of-pocket costs.

Paul Revere'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 Paul Revere 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?

- Wellness
- Doctor's Office Visit
- Waiver of Premium

\$50 per test
\$25 per visit

Coverage for you

1 test per year
3 visits per year

Coverage for you and your family

2 tests per year
5 visits per year

The following benefits are paid per covered person.

- Daily Hospital Confinement
- Diagnostic Procedures
- Outpatient Surgical Procedure

\$ 100 or 240 per day

\$ 250

Tier 1 \$ 500

Tier 2 \$ 1,000

Calendar year maximum \$ 1,500

- Emergency Room
- Rehabilitation Unit

\$150

\$100 per day

How do I file a claim?

Wellness claims and Doctor's Office Visit 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 colonial-paulrevere.com for additional information.

Here are some frequently asked questions about Paul Revere'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

What diagnostic procedures are covered?

The chart below lists all the covered procedures. Each covered person is allowed one diagnostic procedure per calendar year.

<p>Breast Biopsy (incisional, needle, sterotactic)</p> <p>Cardiac Angiogram Arteriogram Thallium Stress Test Transesophageal Echocardiogram (TEE)</p> <p>Diagnostic Radiology Computerized Tomography Scan (CT Scan) Electroencephalogram (EEG) Magnetic Resonance Imaging (MRI) Myelogram Nuclear medicine test Positron Emission Tomography Scan (PET Scan)</p>	<p>Digestive Barium Enema/Lower GI series Barium Swallow/Upper GI series Esophagogastroduodenoscopy (EGD)</p> <p>Ear/Nose/Throat/Mouth Laryngoscopy</p> <p>Gynecological Cervical biopsy Cone biopsy Endometrial biopsy Hysteroscopy Loop Electrosurgical Excisional Procedure (LEEP)</p> <p>Liver Biopsy</p> <p>Lymphatic Biopsy</p> <p>Miscellaneous Bone marrow aspiration/biopsy</p>	<p>Renal Biopsy</p> <p>Respiratory Biopsy Bronchoscopy Pulmonary Function Test (PFT)</p> <p>Skin Biopsy Excision of lesion</p> <p>Thyroid Biopsy</p> <p>Urinary Cystoscopy</p>
--	--	---

When is the Daily Hospital Confinement benefit paid?

The Daily Hospital Confinement benefit is paid for each day any covered person is confined in a hospital or in an observation unit for at least 20 continuous hours.

This benefit is payable up to 75 days per covered confinement.

What is the maximum on the Emergency Room benefit?

There is a maximum of 1 benefit per covered person per calendar year.

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)
- Vitreotomy

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

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.

EXCLUSIONS

We will not pay benefits for injuries received in accidents or sicknesses which are caused by: alcoholism or drug addiction; dental care or treatment; cosmetic surgery; illegal activities; mental or emotional disorders; 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 for which medical advice or treatment was recommended by a physician or received from a physician within 12 months before the effective date of this policy.

For cost and complete details, see your Paul Revere benefits counselor. Applicable to policy number MB3000 -NY-2. This is not an insurance contract and only the actual policy provisions will control.

The policy itself sets forth the rights and obligations of both you and the Insurance Company. It is therefore imperative that you **READ YOUR POLICY** carefully. The expected benefit ratio for this policy is 55%. This ratio is the portion of future premiums which the company expects to return as benefits, when averaged over all people with this policy.

Colonial Voluntary Benefits products are underwritten by:
The Paul Revere Life Insurance Company, Worcester, MA
Administrative office: Colonial Voluntary Benefits, 1200 Colonial Life Boulevard, Columbia, SC 29210
colonial-paulrevere.com