



Colonial Life.



Hospital Indemnity Insurance

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

No matter how well you plan, you can't predict when sudden medical expenses could impact your way of life. Health insurance helps, but it doesn't cover everything. For instance, the average family has more than \$4,500 in out-of-pocket medical costs each year.¹

If you're admitted to the hospital for a covered accident or covered sickness, Medical Bridge,TM Colonial Life & Accident Insurance Company's hospital indemnity insurance, could help pay for out-of-pocket expenses, such as deductibles, co-payments and other expenses. It's coverage that can help protect what you've worked so hard to build.

15% of Americans have
medical debt in collections.²

¹ Milliman, Milliman Medical Index, 2020.

² Urban Institute, Debt in America: An Interactive Map, 2020.

One family's journey

Nathan was doing yard work with his wife when his chest pains began. After he was examined by a doctor, the couple was relieved to learn it was just a false alarm.



EMERGENCY ROOM VISIT

Nathan received immediate care at the nearest emergency room.



DIAGNOSTIC PROCEDURE

The doctor ordered an MRI to determine the cause of Nathan's pain.



HOSPITAL CONFINEMENT

Nathan was admitted to the hospital for a 24-hour stay while the doctors ran additional tests. After the tests confirmed there were no issues, he was released the following day.



DOCTOR'S OFFICE VISIT

A few weeks later, he had a follow-up appointment with his family doctor.

NATHAN'S OUT-OF-POCKET EXPENSES

| | |
|-----------------------|----------------|
| Emergency room co-pay | \$100 |
| Deductible | \$1,500 |
| Doctor's visit co-pay | \$25 |
| Co-insurance | \$1,800 |
| | \$3,425 |

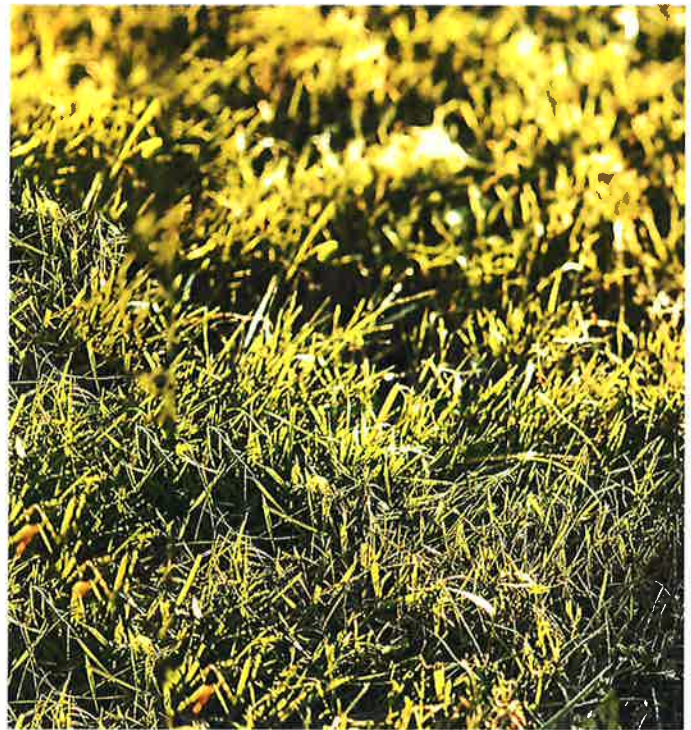
NATHAN'S BENEFITS

| | |
|-----------------------|----------------|
| Emergency room visit | \$100 |
| Diagnostic procedure | \$250 |
| Hospital confinement | \$1,500 |
| Doctor's office visit | \$25 |
| | \$1,875 |

In this scenario, Nathan's Medical Bridge benefits helped pay for the out-of-pocket expenses associated with his medical care.

For illustrative purposes only.

Cost of treatment benefits and benefit amounts may vary. Benefits may not cover all expenses. The policy has exclusions and limitations.



Coverage advantages

- Benefits are payable directly to you (unless you specify otherwise) and can be used as you see fit.¹
- Coverage is available for you, your spouse and eligible dependent children.
- You're paid regardless of any other insurance you may have with other companies.
- All benefits are indemnity based, which means you will know the benefit amount payable for covered accidents or covered sicknesses.





Nearly one-in-five U.S. adults — 18%, about 46 million people — report that if they needed access to quality healthcare today, they would be unable to pay for it.

Gallup & West Healthcare Study, Feb 15-21 2021.

Meet with a benefits counselor

By attending a 1-to-1 counseling session with your Colonial Life benefits counselor, you can learn more about Medical Bridge insurance and how it can help protect your family's way of life. Your benefits counselor can also review the rest of your insurance coverage and help you determine where you may need additional financial protection.

Based on the plan design available, you may receive benefits to help cover the costs associated with:

- Hospital confinement
- Outpatient surgical procedures
- Diagnostic procedures
- Doctor's office visits
- Emergency room visits

The average family has more than \$4,500 in out-of-pocket medical costs each year.

Milliman Research Report 2020 Milliman Medical Index, May 2020.





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Talk with your Colonial Life benefits counselor to learn more about Medical Bridge insurance.

Insureds in CA, DC, OR and SD must be covered by comprehensive health insurance before applying for individual hospital confinement indemnity insurance. Insureds in CA, DC and MN must be covered by comprehensive health insurance before applying for group hospital confinement indemnity insurance.

1. Colonial Life may be required to make claim payments directly to Medicaid. Some states mandate that eligibility for Medicaid, or a state variation, means an automatic assignment of certain insurance benefits to the Department of Health and Human Services. The eligibility and any requirement to assign benefits for Medicaid, or a state variation, may vary by state. This requirement also applies to any child or adult dependent covered under Medicaid even when the named insured is not on Medicaid.

This coverage is a supplement to major medical health insurance. It is not a substitute for comprehensive health insurance and does not qualify as minimum essential health coverage.

THIS INSURANCE PROVIDES LIMITED BENEFITS.

This information is not intended to be a complete description of the insurance coverage available. The insurance or its provisions may vary or be unavailable in some states. The insurance has exclusions and limitations which may affect any benefits payable. Applicable to policy forms GMB1.0-P-R, GMB7000-P, IMB7000 and MB3000, and certificate forms GMB1.0-C-R and GMB7000-C (including state abbreviations where used, for example: GMB7000-C-TX). For cost and complete details of coverage, call or write your Colonial Life benefits counselor or the company.

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Hospital Confinement Indemnity Insurance

Plan 2



Our Individual Medical BridgeSM insurance can help with medical costs that your health insurance may not cover. These benefits are available for you, your spouse and eligible dependent children.

Hospital confinement \$ 500 - \$5,000

Maximum of one benefit per covered person per calendar year

Observation room \$100 per visit

Maximum of two visits per covered person per calendar year

Rehabilitation unit confinement \$100 per day

Maximum of 15 days per confinement with a 30-day maximum per covered person per calendar year

Waiver of premium

Available after 30 continuous days of a covered hospital confinement of the named insured

Outpatient surgical procedure

■ **Tier 1** \$ 500 - \$1,500

■ **Tier 2** \$ 1,000 - \$3,000

Maximum of \$1,500 - \$4,500 per covered person per calendar year for all covered outpatient surgical procedures combined

For more information,
talk with your
benefits counselor.

The surgeries listed below are only a sampling of the surgeries that may be covered. Surgeries must be performed by a doctor in a hospital or ambulatory surgical center. For complete details and definitions, please refer to your policy.

Tier 1 outpatient surgical procedures

■ Breast

- Axillary node dissection
- Breast capsulotomy
- Lumpectomy

■ Cardiac

- Pacemaker insertion

■ Digestive

- Colonoscopy
- Fistulotomy
- Hemorrhoidectomy
- Lysis of adhesions

■ Ear, nose, throat, mouth

- Adenoidectomy
- Removal of oral lesions
- Myringotomy
- Tonsillectomy
- Tracheostomy
- Tympanotomy

■ Gynecological

- Dilation and curettage (D&C)
- Endometrial ablation
- Lysis of adhesions

■ Liver

- Paracentesis

■ Musculoskeletal system

- Carpal/cubital repair or release
- Foot surgery (bunionectomy, exostectomy, arthroplasty, hammertoe repair)
- Removal of orthopedic hardware
- Removal of tendon lesion

■ Skin

- Laparoscopic hernia repair
- Skin grafting



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Tier 2 outpatient surgical procedures

- **Breast**
 - Breast reconstruction
 - Breast reduction
- **Cardiac**
 - Angioplasty
 - Cardiac catheterization
- **Digestive**
 - Exploratory laparoscopy
 - Laparoscopic appendectomy
 - Laparoscopic cholecystectomy
- **Ear, nose, throat, mouth**
 - Ethmoidectomy
 - Mastoidectomy
 - Septoplasty
 - Stapedectomy
 - Tympanoplasty
- **Eye**
 - Cataract surgery
 - Corneal surgery (penetrating keratoplasty)
 - Glaucoma surgery (trabeculectomy)
 - Vitrectomy
- **Gynecological**
 - Hysterectomy
 - Myomectomy
- **Musculoskeletal system**
 - Arthroscopic knee surgery with meniscectomy (knee cartilage repair)
 - Arthroscopic shoulder surgery
 - Clavicle resection
 - Dislocations (open reduction with internal fixation)
 - Fracture (open reduction with internal fixation)
 - Removal or implantation of cartilage
 - Tendon/ligament repair
- **Thyroid**
 - Excision of a mass
- **Urologic**
 - Lithotripsy

THIS POLICY PROVIDES LIMITED BENEFITS.

EXCLUSIONS

We will not pay benefits for injuries received in accidents or for sicknesses which are caused by: (a) alcoholism or drug addiction, (b) dental procedures, (c) elective procedures and cosmetic surgery, (d) felonies or illegal occupations, (e) pregnancy of a dependent child, (f) psychiatric or psychological conditions, (g) suicide or injuries which any covered person intentionally does to himself or herself, or (h) war. We will not pay benefits for hospital confinement (i) due to giving birth within the first nine months after the effective date of the policy or (j) for a newborn who is neither injured nor sick. (k) The policy may have additional exclusions and limitations which may affect any benefits payable.

PRE-EXISTING CONDITION LIMITATION

(l) We will not pay benefits for loss during the first 12 months after the effective date due to a pre-existing condition. (m) A pre-existing condition is a sickness or physical condition for which a covered person was treated, had medical testing, received medical advice or had taken medication within the 12 months before the effective date of the policy. (n) This limitation applies to the following benefits, if applicable: Hospital Confinement, Daily Hospital Confinement, Enhanced Intensive Care Unit Confinement and Rehabilitation Unit Confinement.

This information is not intended to be a complete description of the insurance coverage available. The insurance or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. Applicable to policy form IMB7000 (including state abbreviations where used, for example: IMB7000-TX). For cost and complete details of coverage, call or write your Colonial Life benefits counselor or the company.

This form is not complete without form #562973.

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STATE-SPECIFIC EXCLUSIONS

- AK:** (a) Replaced by intoxicants and narcotics
- CA:** (a) Replaced by intoxicants or controlled substances; (c) Replaced by cosmetic surgery
- CT:** (a) Replaced by intoxication or drug addiction; (d) Replaced by felonies; (e) Exclusion does not apply
- DE:** (a) Exclusion does not apply
- IL:** (a) Replaced by alcoholism, intoxication, or drug addiction; (e) Exclusion does not apply; (g) Exclusion does not apply
- KS:** (a) Replaced by intoxicants and narcotics; (f) Exclusion does not apply; (h) Replaced by war or armed conflict; (i) Exclusion does not apply; (j) or requires necessary care and treatment of medically diagnosed congenital defects, birth abnormalities or routine and necessary immunizations
- KY:** (a) Replaced by intoxicants, narcotics and hallucinogenics
- LA:** (a) Replaced by intoxicants and narcotics
- MI:** (g) Exclusion does not apply
- MN:** (a) Replaced by narcotic addiction; (e) Exclusion does not apply; (g) Exclusion does not apply
- MO:** (a) Replaced by drug addiction
- NC:** (i) Exclusion does not apply
- OR:** (a) Exclusion does not apply; (d) Replaced by felony; (i) Replace "nine months" with "six months"
- SC:** (f) Replaced by mental or emotional disorders
- SD:** (a) Exclusion does not apply
- TN:** (a) Replaced by intoxicants and narcotics; (e) Exclusion does not apply
- TX:** (a) Replaced by intoxicants and narcotics
- WA:** (a) Only sicknesses caused by alcoholism or drug addiction are excluded, not accidents

STATE-SPECIFIC PRE-EXISTING CONDITION LIMITATIONS

- NV, WY:** (m) applies within the six months before the policy effective date.
- CT:** (m) Pre-existing Condition means having a sickness or physical condition for which any covered person was treated, received medical advice or had taken medication within 12 months before the effective date of this policy.
- FL:** (m) 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.
- GA:** (m) Pre-existing Condition means having a sickness or physical condition for which any covered person was treated, had medical testing, received medical advice or had taken prescription medication within 12 months before the effective date of this policy.
- IL:** (m) Pre-existing Condition means having a sickness or physical condition for which any covered person was diagnosed, treated, had medical testing by a legally qualified physician, or received medical advice or had taken medication within 12 months prior to the effective date of this policy.
- ME:** (m) Pre-existing Condition means having a sickness or physical condition for which any covered person was treated, had medical testing, or received medical advice within 12 months before the effective date of this policy.
- NC:** (m) Pre-existing Condition means having those conditions whether diagnosed or not, for which any covered person received medical advice, diagnosis, care or treatment was received or recommended within one-year period immediately preceding the effective date of this policy.
- If you are 65 or older when this policy is issued, pre-existing conditions will include only conditions specifically eliminated by rider.
- OR:** Pre-existing Condition means having a sickness or physical condition for which any covered person was diagnosed, received treatment, care or medical advice within the 6-month period immediately preceding the effective date of this policy.

Insureds in California, Oregon, and South Dakota must be covered by comprehensive health insurance before applying for hospital indemnity insurance.

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This form is not complete without base form 562880, 562911, or 562942.

Hospital Confinement Indemnity Insurance

Health Screening



For more information,
talk with your
benefits counselor.

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Individual Medical BridgeSM insurance's health screening benefit can help pay for health and wellness tests you have each year.

Health screening \$ 50.00

Payable once per covered person per calendar year; subject to a 30-day waiting period.

- Blood test for triglycerides
- Bone marrow testing
- Breast ultrasound
- CA 15-3 (blood test for breast cancer)
- CA 125 (blood test for ovarian cancer)
- CEA (blood test for colon cancer)
- Carotid Doppler
- Chest X-ray
- Colonoscopy
- Echocardiogram (ECHO)
- Electrocardiogram (EKG, ECG)
- Fasting blood glucose test
- Flexible sigmoidoscopy
- Hemocult stool analysis
- Mammography
- Pap smear
- PSA (blood test for prostate cancer)
- Serum cholesterol test for HDL and LDL levels
- Serum protein electrophoresis (blood test for myeloma)
- Skin cancer biopsy
- Stress test on a bicycle or treadmill
- Thermography
- ThinPrep pap test
- Virtual colonoscopy

MO & ND: Waiting period does not apply

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