

Group Supplemental Limited Benefit Insurance Plan 2



Group Medical Bridge^{SM*} insurance can help with medical costs associated with a hospital stay that your health insurance may not cover. These benefits are available for you, your spouse and eligible dependent children.

*The policy name is Group Supplemental Limited Benefit Insurance.

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

Daily hospital confinement \$100 per day
Maximum of 365 days per covered person per confinement. Re-confinement for the same or related condition within 90 days of discharge is considered a continuation of a previous confinement.

Diagnostic procedure \$ not available per day
Maximum of one day per covered person per calendar year

Outpatient surgical procedure

- **Tier 1** \$ 500 per day
- **Tier 2** \$ 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

Diagnostic procedures

The following is a list of common diagnostic procedures that may be covered if the diagnostic procedure benefit is selected.

- **Breast**
 - Biopsy (incisional, needle, stereotactic)
- **Cardiac**
 - Angiogram
 - Arteriogram
 - Thallium stress test
 - Transesophageal echocardiogram (TEE)
- **Diagnostic radiology**
 - Computerized tomography scan (CT scan)
 - Electroencephalogram (EEG)
 - Magnetic resonance imaging (MRI)
 - Myelogram
 - Nuclear medicine test
 - Positron emission tomography scan (PET scan)
- **Digestive**
 - Barium enema/lower GI series
 - Barium swallow/upper GI series
 - Esophagogastroduodenoscopy (EGD)
- **Ear, nose, throat, mouth**
 - Laryngoscopy
- **Gynecological**
 - Amniocentesis
 - Cervical biopsy
 - Cone biopsy
 - Endometrial biopsy
 - Hysteroscopy
 - Loop electrosurgical excisional procedure (LEEP)
- **Liver**
 - Biopsy
- **Lymphatic**
 - Biopsy
- **Miscellaneous**
 - Bone marrow aspiration/biopsy
- **Renal**
 - Biopsy
- **Respiratory**
 - Biopsy
 - Bronchoscopy
 - Pulmonary function test (PFT)
- **Skin**
 - Biopsy
 - Excision of lesion
- **Thyroid**
 - Biopsy
- **Urologic**
 - Cystoscopy

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 - Excision of lesion
- **Thyroid**
 - Biopsy
- **Urologic**
 - Cystoscopy

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The procedures listed below are only a sampling of the procedures that may be covered if the outpatient surgical procedure benefit is selected. Procedures must be performed by a doctor in a hospital or ambulatory surgical center. For complete details and definitions, refer to your certificate.

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

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

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

If a covered family member has a qualified high deductible health plan (HDHP) and actively contributes to a health savings account (HSA), their HSA can be disqualified with this coverage.

THIS POLICY PROVIDES LIMITED BENEFITS.

PRE-EXISTING CONDITION LIMITATION

We will not pay benefits for loss during the first 12 months after the certificate effective date due to a pre-existing condition. A pre-existing condition is the existence of symptoms which would cause an ordinarily prudent person to seek diagnosis, care, or treatment, or a condition for which medical advice or treatment was recommended by or received within 12 months preceding the coverage effective date.

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-GA. Coverage may vary by state and may not be available in all states.



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Group Supplemental Limited Benefit Insurance

Additional Plan Enhancements



The additional benefits indicated below have been added by your employer to help enrich your Group Medical BridgeSM* coverage.

*The policy name is Group Supplemental Limited Benefit Insurance.

- Inpatient mental and nervous** \$500 per day
Maximum of one day per covered person per calendar year. Lifetime maximum benefit of \$2,000 per covered person
- Observation room** \$100 per day
Maximum of two days 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

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Group Hospital Indemnity Insurance

Exclusions and Limitations

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 related to a covered sickness or injuries received in a covered accident.
- 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 inpatient mental and nervous benefit, if included.
- Dependent child's pregnancy, including services rendered to her child after birth.
- 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, or serving in the armed forces of any country or authority. 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, if included, 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.

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.



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Group Supplemental Limited Benefit Insurance

Wellbeing Assistance Standard Benefit



The Group Medical Bridge^{SM*} wellbeing assistance standard benefit can help pay for routine preventive tests you have each year.

*The policy name is Group Supplemental Limited Benefit Insurance.

Wellbeing assistance standard \$ 50 per day

Maximum of one day 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)
- Carotid Doppler
- CEA (blood test for colon cancer)
- Chest X-ray
- Colonoscopy
- Echocardiogram (ECHO)
- Electrocardiogram (EKG, ECG)
- Fasting blood glucose test
- Flexible sigmoidoscopy
- Hemoccult 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

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WAITING PERIOD

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The procedures listed below are only a sampling of the procedures that may be covered if the outpatient surgical procedure benefit is selected. Procedures must be performed by a doctor in a hospital or ambulatory surgical center. For complete details and definitions, refer to your certificate.

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
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- **Liver**
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 - 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

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)
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