Colonial Life

Group Hospital Indemnity Insurance

Plan 1 (HSA-Compliant)

For more information, talk with your benefits counselor.

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Group Medical Bridge℠ 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.

Hospital confinement ..... **$1500 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 ..... **N/A**

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.

Health savings account (HSA) compatible

This plan is compatible with HSA guidelines and any other HSA plan that a covered family member may participate in. It may also be offered to employees who do not have HSAs.

Colonial Life & Accident Insurance Company's Group Medical Bridge offers an HSA-compatible plan in most states.

PA: "Hospital Confinement Admission" benefit replaces the "Hospital Confinement" benefit

THIS POLICY PROVIDES LIMITED BENEFITS.

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 following exclusions and limitations. (a) alcoholism or drug addiction; (b) dental procedures; (c) elective procedures and cosmetic surgery; (d) felonies or illegal occupations; (e) mental or nervous disorders; (f) pregnancy of a dependent child; (g) suicide or injuries which any covered person intentionally does to himself or herself; (h) war, or (i) giving birth within the first nine months after the effective date of the certificate. (j) 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. (k) The policy may have additional exclusions and limitations which may affect any benefits payable.

PRE-EXISTING CONDITION LIMITATIONS

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

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 and certificate form GMB7000-C (including state abbreviations where applicable, such as policy forms GMB7000-P-AU-TX and GMB7000-P-EE-TX, and certificate forms GMB7000-C-AU-TX and GMB7000-C-EE-TX). Coverage may vary by state and may not be available in all states. This form is not complete without form #101733.

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Group Hospital Indemnity Insurance

Exclusions and Limitations

STATE-SPECIFIC EXCLUSIONS

AK: (a) Replaced by intoxicants and narcotics

CA: (k) Additional exclusions include intoxicants and controlled substances

CT: (a) Replaced by intoxication or drug addiction; (d) Replaced by felonies; (f) Exclusion does not apply

DE: (a) Exclusion does not apply

IL: (a) Replaced by alcoholism, intoxication, or drug addiction; (f) Exclusion does not apply; (g) Exclusion does not apply

KS: (a) Replaced by intoxicants and narcotics; (h) Replaced by war or armed conflict; (i) Exclusion does not apply

KY: (a) Replaced by intoxicants, narcotics and hallucinogenics

LA: (a) Replaced by intoxicants and narcotics

MI: (g) Exclusion does not apply

MO: (a) Replaced by drug addiction; (d) Replaced by illegal activities

MS: (a) Replaced by intoxicants and narcotics

NC: (i) Exclusion does not apply

ND: (a) Exclusion does not apply; (e) Exclusion does not apply

NV: (a) Exclusion does not apply

OH: (f) Exclusion does not apply; (i) Replaced by 270 days

PA: (a) Replaced by intoxicants and narcotics; (c) Replaced by cosmetic surgery; (e) Replaced by mental, nervous or emotional disorders; (h) Replaced by war or armed conflict

SD:(a) Exclusion does not apply

TN: (f) Exclusion does not apply

TX: (a) Replaced by intoxicants and narcotics

VA: (i) Pregnancy resulting from the rape of any covered person, which was reported to the police within seven days following its occurrence, will be covered to the same extent as any other covered accident. The seven-day requirement will be extended to 180 days in the case of an act of rape or incest of a female under 13 years of age.

STATE-SPECIFIC PRE-EXISTING CONDITION LIMITATIONS

IN, **SD**, and **WY**: (m) applies within the six months before the certificate effective date.

CA: (m) A pre-existing condition is a sickness or physical condition for which a covered person was diagnosed or treated within 12 months before the coverage effective date.

FL: (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 six months before the coverage effective date. Genetic information is not a pre-existing condition in the absence of a diagnosis of the condition related to such information.

IL: (m) A pre-existing condition is a sickness or physical condition, whether diagnosed or not, for which a covered person was treated, had medical testing by a legally qualified physician or, received medical advice, produced symptoms or had taken medication within 12 months before the coverage effective date.

KS: (n) Surgical Procedure replaces Outpatient Surgical Procedure

ME: (m) A pre-existing condition is a sickness or physical condition, whether diagnosed or not, for which a covered person was treated, had medical testing, or received medical advice within 12 months before the coverage effective date.

MI: (l) Applies during the first six months after the certificate effective date (m) applies within the six months before the certificate effective date.

MO: (m) A pre-existing condition means having a sickness or physical condition, whether diagnosed or not, for which a covered person was treated, had medical testing, received medical advice or had taken medication within 12 months before the coverage effective date of this certificate.

NC: (m) A pre-existing condition is those conditions, whether diagnosed or not, for which a covered person received medical advice, diagnosis, care or treatment that was received or recommended within the one-year period immediately preceding the coverage effective date. If you are 65 or older when this certificate is issued, pre-existing conditions will include only conditions specifically eliminated by a rider.

ND: (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 12 months before the coverage effective date.

NV: (m) applies within the six months before the certificate effective date. Additionally, pre-existing condition does not include genetic information in the absence of a diagnosis of the condition related to such information.

OR: (m) A pre-existing condition is a sickness or physical condition, whether diagnosed or not, for which a covered person was treated by a doctor, received advice from a physician or had taken medication prescribed by a doctor within the 12 months period immediately preceding the coverage effective date.

PA: (m) A pre-existing condition is a disease or physical condition for which you received medical advice or treatment within 90 days before the coverage effective date. (n) Hospital Confinement Admission replaces Hospital Confinement.

CA Lic # (if applicable): _____

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Additional Plan Enhancements

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

R **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

For more information, talk with your benefits counselor.

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Medical Treatment Package

For more information, talk with your benefits counselor.

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The Group Medical Bridge℠ medical treatment package can help pay for deductibles, co-payments and other out-of-pocket expenses related to the treatment of a covered accident or covered sickness.

The medical treatment package paired with Plan 1 provides accident-only coverage. When paired with Plan 2, it provides accident and sickness coverage.

Medical treatment package

- **Air ambulance** ..... **$1,000 per day**
  Maximum of one day per covered person per calendar year
- **Ambulance** ..... **$100 per day**
  Maximum of one day per covered person per calendar year
- **Appliance** ..... **$100 per day**
  Maximum of one day per covered person per calendar year
- **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
- **Emergency room visit** ..... **$100 per day**
  Maximum of two days per covered person per calendar year
- **X-ray** ..... **$25 per day**
  Maximum of two days per covered person per calendar year

KS: "Attending Physican" benefit replaces the "Doctor's office visit/telemedicine" benefit.

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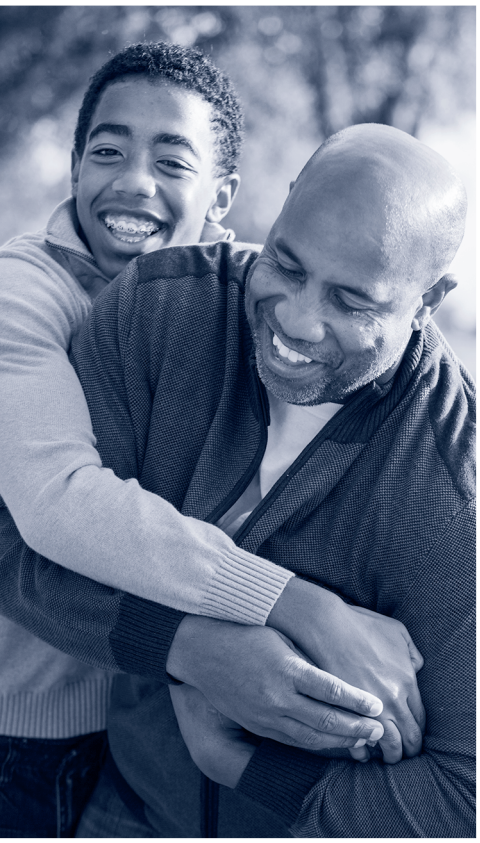
Wellbeing Assistance Standard Benefit



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

Wellbeing assistance standard ..... **$100 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

CA: Includes any generally accepted cancer screening test not listed, cervical cancer screening tests (approved by the federal FDA, upon the referral of the insured's health care provider), and human papillomavirus screening test

ID, MD, MO, ND: Waiting period does not apply

WV: Includes human papillomavirus screening test

THIS INSURANCE PROVIDES LIMITED BENEFITS.

WAITING PERIOD

Waiting period means the first 30 days following any covered person's coverage effective date, during which no benefits are payable.

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