

Hospital Confinement Indemnity Insurance Plan 1



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 \$ _____
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

Health savings account (HSA) compatible

This plan is compatible with HSA guidelines. This plan may also be offered to employees who do not have HSAs.

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

For more information,
talk with your
benefits counselor.

ColonialLife.com

THIS POLICY PROVIDES LIMITED BENEFITS.

EXCLUSIONS

We will not pay benefits for losses which are caused by: alcoholism or drug addiction, dental procedures, elective procedures and cosmetic surgery, felonies or illegal occupations, mental or emotional disorders, pregnancy of a dependent child, suicide or injuries which any covered person intentionally does to himself or herself, war, or giving birth within the first nine months after the effective date of the policy. We will not pay benefits for hospital confinement of a newborn who is neither injured nor sick. We will not pay benefits for loss during the first 12 months after the effective date due to a pre-existing condition. 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.

For cost and complete details, see your Colonial Life benefits counselor. Applicable to policy number IMB7000-SC. This is not an insurance contract and only the actual policy provisions will control.

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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
- 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.

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 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 base form 562880, 562911, or 562942.

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