

# Hospital Confinement Indemnity Insurance Plan 3



For more information,  
talk with your  
benefits counselor.

Our Individual Medical Bridge 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

**Diagnostic procedure**

- Tier 1 ..... \$250
- Tier 2 ..... \$500

Maximum of \$500 per covered person per calendar year for all covered diagnostic procedures combined

**Outpatient surgical procedure**

- Tier 1 ..... \$ \_\_\_\_\_
- Tier 2 ..... \$ \_\_\_\_\_

Maximum of \$ \_\_\_\_\_ per covered person per calendar year for all covered outpatient surgical procedures combined

The following is a list of common diagnostic procedures that may be covered.

### Tier 1 diagnostic procedures

- **Breast**
  - Biopsy (incisional, needle, stereotactic)
- **Diagnostic radiology**
  - Nuclear medicine test
- **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

### Tier 2 diagnostic procedures

- **Cardiac**
  - Angiogram
  - Arteriogram
  - Thallium stress test
  - Transesophageal echocardiogram (TEE)
- **Diagnostic radiology**
  - Computerized tomography scan (CT scan)
  - Electroencephalogram (EEG)
  - Magnetic resonance imaging (MRI)
  - Myelogram
  - Positron emission tomography scan (PET scan)

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

#### ■ Skin

- Laparoscopic hernia repair
- Skin grafting

#### ■ Liver

- Paracentesis

#### ■ Ear, nose, throat, mouth

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

#### ■ Gynecological

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

#### ■ Musculoskeletal system

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

### 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.

This coverage is a supplement to health insurance. It is not a substitute for essential health benefits or minimum essential coverage as defined in federal law. Insureds in some states must be covered by comprehensive health insurance before applying for this insurance.

#### 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 policy 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-AL). 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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