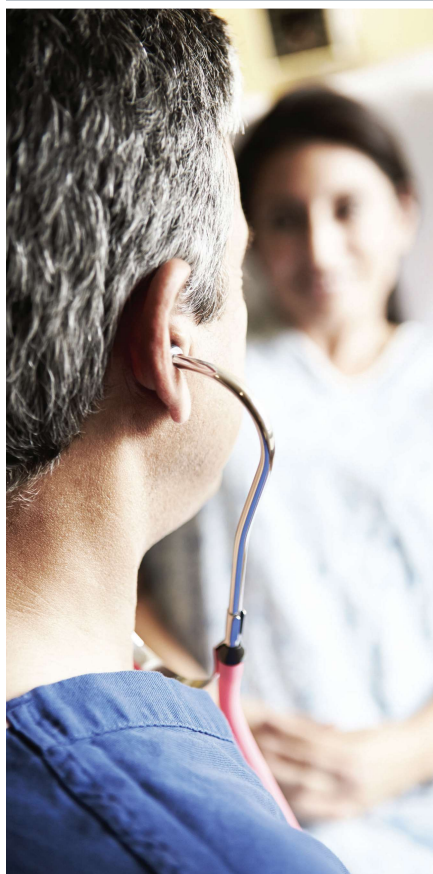


Hospital Indemnity Insurance



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. If you're admitted to the hospital for a covered accident or covered sickness, Group Medical Bridge,SM Colonial Life's hospital indemnity insurance, could help pay for out-of-pocket costs.

One family's journey

Nathan was doing yard work with his wife when his chest pains began. After an emergency room visit, the couple was relieved to learn it was a false alarm. A few weeks later, Nathan had a follow-up appointment with his family doctor.

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

NATHAN'S OUT-OF-POCKET EXPENSES

Emergency room co-pay	\$100
Deductible	\$1,500
Doctor's visit co-pay	\$25
Coinsurance	\$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



Only 37% of Americans would have enough savings to pay an unexpected expense of around \$1,000.

Bankrate.com, Survey: How Americans Contend with Unexpected Expenses (Jan. 6, 2016)

To learn more, contact:

ColonialLife.com

This is an example and does not represent your actual plan benefits. Cost of treatment benefits and benefit amounts may vary. Benefits may not cover all expenses. The policy has exclusions and limitations.

Hospital Indemnity Insurance

These benefits are available for you, your spouse and eligible dependent children.

This brochure provides an overview of the plan. For complete details, refer to your certificate.

Basic benefits

Hospital confinement	\$1,500 per day \$2,500 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	

Additional benefits

Outpatient surgical procedure	\$500 per day \$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.
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Outpatient procedures

The following procedures are a sampling of the procedures that may be covered. Surgical procedures must be performed by a doctor in a hospital or ambulatory surgical center.

Tier 1 outpatient surgical procedures

Breast <ul style="list-style-type: none">- Axillary node dissection- Lumpectomy Cardiac <ul style="list-style-type: none">- Pacemaker insertion Digestive <ul style="list-style-type: none">- Colonoscopy*- Hemorrhoidectomy	Ear, nose, throat, mouth <ul style="list-style-type: none">- Adenoidectomy- Tonsillectomy Gynecological <ul style="list-style-type: none">- Dilation and curettage (D&C)- Endometrial ablation Liver <ul style="list-style-type: none">- Paracentesis	Musculoskeletal <ul style="list-style-type: none">- Carpal/cubital repair or release- Foot surgery Skin <ul style="list-style-type: none">- Skin grafting
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*Colonoscopy must result in polyp removal or be recommended by a physician for the purposes of treating or diagnosing a sickness.

Tier 2 outpatient surgical procedures

Breast <ul style="list-style-type: none">- Breast reconstruction- Breast reduction Cardiac <ul style="list-style-type: none">- Angioplasty- Cardiac catheterization Digestive <ul style="list-style-type: none">- Exploratory laparoscopy- Laparoscopic appendectomy	Ear, nose, throat, mouth <ul style="list-style-type: none">- Ethmoidectomy- Mastoidectomy Eye <ul style="list-style-type: none">- Cataract surgery- Glaucoma surgery Gynecological <ul style="list-style-type: none">- Hysterectomy- Myomectomy	Musculoskeletal <ul style="list-style-type: none">- Arthroscopic knee surgery with knee cartilage repair- Fracture Thyroid <ul style="list-style-type: none">- Excision of a mass Urologic <ul style="list-style-type: none">- Lithotripsy
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EXCLUSIONS AND LIMITATIONS

THIS POLICY PROVIDES LIMITED BENEFITS.

PRE-EXISTING CONDITION LIMITATION

We will not pay benefits for Hospital Confinement or any of the following benefit(s) for any covered person when such loss results from a pre-existing condition as defined in this certificate, unless the covered person has satisfied the pre-existing condition limitation period shown on the Certificate Schedule:

- Rehabilitation Unit Confinement
- Specified Critical Illness
- Daily Hospital Confinement
- Outpatient Surgical Procedure
- Inpatient Mental and Nervous
- Diagnostic Procedure

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:

- Being intoxicated or under the influence of any narcotics unless administered on the advice of his doctor or 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.
- 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 the 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 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.