

# Group Hospital Confinement Indemnity Insurance



## If you got sick or hurt, could you cover all of your medical expenses?

Even if you have coverage that helps with most of the expenses, you may still have to deal with deductibles, co-payments and co-insurance. Not to mention all the other bills you're already paying each month—mortgage, groceries, electricity and gasoline. That money has to come from somewhere, too.

Colonial Life's Hospital Confinement Indemnity Insurance plan offers added financial protection for those out-of-pocket costs related to a covered accident or a covered sickness.

## What benefits are included?

A \$\_\_\_\_\_ **Hospital Confinement Benefit** can help pay for the costs associated with a hospital stay.

**Maximum of 1 benefit per calendar year per covered person.**

A **\$200 Mammography Benefit** can help pay for the costs of one baseline mammogram between the ages of 35 and 39, one mammogram every two calendar years if age 40 to 49 or more frequently if recommended by physician, and one mammogram each calendar year if age 50 or older.

A **\$70 Cervical Cancer Screening Test Benefit** can help pay the costs of a cervical cancer screening test approved by the Federal Food and Drug Administration.

**Maximum of one test per calendar year per covered person.**

## How are benefits paid?

- Benefits are paid directly to you, unless you specify otherwise.
- Your benefits are paid regardless of any other coverage you may have with other insurance companies.

Think about it. One plan could offer you even more financial protection. That's Colonial Life, *making benefits count.*

### EXCLUSIONS

We will not provide benefits for losses which are caused by: cosmetic surgery, dental procedures, felonies or illegal occupations, intoxicants or controlled substances, pregnancy of a dependent child, psychiatric or psychological conditions, suicide, intentional injuries, war, armed forces service or giving birth within the first 9 months after the certificate effective date. 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 which means a sickness or physical condition for which a covered person was diagnosed or treated, or had medical testing, performed within the 12 months before the certificate effective date.

For cost and complete details, see your Colonial Life benefits counselor. Applicable to certificate number GMB1.0-C-CA. Coverage may vary by state and may not be available in all states. This is not an insurance contract and only the actual certificate provisions will control.

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### Colonial Life

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Colonial Life products are underwritten by Colonial Life & Accident Insurance Company, for which Colonial Life is the marketing brand.

Colonial Life and *Making benefits count* are registered service marks of Colonial Life & Accident Insurance Company.

## Second Day and Subsequent Day Hospital Confinement Benefit

\$500 per day, for the second and subsequent days of hospital confinement.

Maximum of 10 days per covered person per calendar year.

This benefit is paid when you are confined to a hospital for more than 1 day due to a covered accident or covered sickness.

### Just so you know...

This benefit does not cover emergency room treatment or outpatient treatment.

Also, the Hospital Confinement Benefit and the Second Day and Subsequent Day Hospital Confinement Benefit are not paid for the same days of confinement.

#### EXCLUSIONS AND LIMITATIONS

We will not provide benefits for losses which are caused by: cosmetic surgery, dental procedures, felonies or illegal occupations, intoxicants or controlled substances, pregnancy of a dependent child, psychiatric or psychological conditions, suicide, intentional injuries, war, armed forces service or giving birth within the first 9 months after the certificate effective date. 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 which means a sickness or physical condition for which a covered person was diagnosed or treated or had medical testing performed within the 12 months before the certificate effective date.

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# COLONIAL LIFE & ACCIDENT INSURANCE COMPANY

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## GROUP HOSPITAL CONFINEMENT INDEMNITY INSURANCE CERTIFICATE

### Outline of Coverage

(Applicable to policy form GMB1.0-P-CA and certificate form GMB1.0-C-CA)

**THIS IS A SUPPLEMENT TO HEALTH INSURANCE. IT IS NOT A SUBSTITUTE FOR HOSPITAL OR MEDICAL EXPENSE INSURANCE, A HEALTH MAINTENANCE ORGANIZATION (HMO) CONTRACT, OR MAJOR MEDICAL EXPENSE INSURANCE.**

**Please Read Your Certificate Carefully.** This outline provides a very brief description of the important features of the Group Policy. This is not an insurance contract and only the actual policy provisions will control. The policy sets forth in detail the rights and obligations of the policyholder, you and us. The certificate describes the features of the coverage, lists any limitations or exclusions on coverage and explains how to file a claim against the coverage. It is, therefore, important that you **READ YOUR CERTIFICATE CAREFULLY.**

### **BENEFITS**

#### **Hospital Confinement Benefit**

\$3,000.00

**Maximum of one per covered person per calendar year**

We will pay the applicable benefit shown above for the first day any covered person incurs charges for and is confined and receiving treatment in a hospital due to injuries received in a covered accident or due to a covered sickness.

#### **Second Day and Subsequent Day Hospital Confinement Benefit**

\$500.00 per day, for the second and subsequent days  
of hospital confinement up to a maximum of 10 days per covered  
person per calendar year.

We will pay the applicable benefit shown above if any covered person incurs charges for and is confined to a hospital for more than one day due to a covered accident or covered sickness. We will not pay the Hospital Confinement Benefit and the Second Day and Subsequent Day Hospital Confinement Benefit for the same dates of confinement.

#### **Accident Only Emergency Room Visit Benefit**

N/A maximum of one visit(s) per covered person  
per calendar year

We will pay this benefit when any covered person incurs charges for and requires examination and treatment by a doctor in an emergency room due to a covered accident. Treatment due to a covered accident must be received within 72 hours following the accident and while the certificate is in force.

#### **Diagnostic Procedure Benefit**

N/A maximum of one diagnostic procedure(s) per  
covered person per calendar year

We will pay this benefit when any covered person incurs charges for and has one of the following diagnostic procedures while the certificate is in force. The procedure must be required due to a covered accident or covered sickness.

<p><b>Breast</b> Biopsy (incisional, needle, sterotactic)</p> <p><b>Cardiac</b> Angiogram Arteriogram Thallium Stress Test Transesophageal Echocardiogram (TEE)</p> <p><b>Digestive</b> Barium Enema/Lower GI series Barium Swallow/Upper GI series Esophagogastroduodenoscopy (EGD)</p> <p><b>Ear/Nose/Throat/Mouth</b> Laryngoscopy</p> <p><b>Gynecological</b> Amniocentesis Cervical biopsy Cone biopsy</p>	<p><b>Gynecological cont.</b> Endometrial biopsy Hysteroscopy Loop Electrosurgical Excisional Procedure (LEEP)</p> <p><b>Liver</b> Biopsy</p> <p><b>Lymphatic</b> Biopsy</p> <p><b>Diagnostic Radiology</b> Computerized Tomography Scan (CT Scan) Electroencephalogram (EEG) Magnetic Resonance Imaging (MRI) Myelogram Nuclear medicine test Positron Emission Tomography Scan (PET Scan)</p>	<p><b>Miscellaneous</b> Bone marrow aspiration/biopsy</p> <p><b>Renal</b> Biopsy</p> <p><b>Respiratory</b> Biopsy Bronchoscopy Pulmonary Function Test (PFT)</p> <p><b>Skin</b> Biopsy Excision of lesion</p> <p><b>Thyroid</b> Biopsy</p> <p><b>Urinary</b> Cystoscopy]</p>
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If any covered person has one of the covered Diagnostic Procedures which would be payable under the Outpatient Surgical Procedure Benefit, we will only pay the Diagnostic Procedure Benefit. However, if the covered person has been paid the maximum Diagnostic Procedure Benefit for the calendar year, we will pay the Outpatient Surgical Procedure Benefit, up to the calendar year maximum per covered person shown on the Certificate Schedule.

**Doctor Office Visit Benefit** N/A per visit, maximum of three visit(s) per calendar year if named insured coverage; five visit(s) if named insured and spouse coverage, named insured and dependents coverage or named insured, spouse and dependents coverage

We will pay this benefit if any covered person incurs charges for and has a doctor's office visit while the certificate is in force. We will pay the amount shown up to the maximum number of visits shown.

**Emergency Room Visit Benefit** N/A maximum of one visit(s) per covered person per calendar year

We will pay this benefit when any covered person incurs charges for and requires examination and treatment by a doctor in an emergency room due to a covered accident or covered sickness. Treatment due to a covered accident must be received within 72 hours following the accident and while the certificate is in force. We will pay the amount shown.

**Health Screening Benefit** \$50.00 per test, maximum of one screening test(s) per covered person per calendar year

We will pay this benefit if any covered person incurs charges for and has one of the screening tests listed below performed while the certificate is in force. We will pay the amount shown for one of the following screening tests:

<p>Stress test on a bicycle or treadmill Fasting blood glucose test Blood test for triglycerides Serum Cholesterol test to determine level of HDL and LDL Bone marrow testing Carotid Doppler Electrocardiogram (EKG, ECG)</p>	<p>Echocardiogram (ECHO) Skin cancer biopsy Breast ultrasound CA 15-3 (blood test for breast cancer) CA 125 (blood test for ovarian cancer) CEA (blood test for colon cancer) Chest x-ray Colonoscopy</p>	<p>Flexible sigmoidoscopy Hemoccult stool analysis PSA (blood test for prostate cancer) Serum protein electrophoresis (blood test for myeloma) Thermography Virtual colonoscopy</p>
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We will pay up to the maximum number of screening tests shown.]

**Mammography Benefit**

We will pay this benefit if a covered person receives a mammogram. We will pay the amount shown on the Certificate Schedule. The test must be done while this policy is in force. We will pay for one baseline mammogram if the covered person is between the ages of 35 and 39, one mammogram every two calendar years if the covered person is 40 to 49 years of age, or more frequently if recommended by her physician, and one mammogram each calendar year if she is 50 years of age or older.

### **Cervical Cancer Screening Test**

We will pay this benefit if a covered person receives a cervical cancer screening test approved by the Federal Food and Drug Administration. The test must be done while this policy is in force. We will pay the amount shown on the Certificate Schedule. This benefit is payable once per calendar year per covered person.

### **Inpatient Surgical Procedure Benefit**

We will pay this benefit if any covered person incurs charges for and requires a surgical procedure due to a covered accident or covered sickness and is confined in a hospital at the time of the procedure (inpatient surgical procedure). The procedure must be performed by a doctor using general anesthesia. We will pay the amount shown on the Certificate Schedule per covered inpatient surgical procedure up to the calendar year maximum per covered person shown on the Certificate Schedule. We will pay this benefit for only one inpatient surgical procedure performed at the same time even if caused by more than one accident or sickness. The inpatient surgical procedure must occur while the certificate is in force.

General anesthesia means the induction of a balanced state of unconsciousness, accompanied by the absence of pain sensation and the paralysis of skeletal muscle over the entire body.

We will pay for only one surgical procedure for the same covered accident or covered sickness in a 90-day time period. If a covered person receives a subsequent surgical procedure for the same covered accident or same covered sickness, we will pay an additional benefit only if the subsequent procedure was performed more than 90 days after the last covered procedure was performed up to the calendar year maximum per covered person shown on the Certificate Schedule.

### **Outpatient Surgical Procedure Benefit**

We will pay this benefit if any covered person incurs charges for and requires a surgical procedure due to a covered accident or covered sickness, and he is not confined in a hospital at the time of the procedure. The procedure must be performed by a doctor in a hospital or ambulatory surgical center.

*Ambulatory Surgical Center* means a place which:

- is equipped for surgical procedures performed by qualified physicians;
- provides anesthesia administered by a licensed anesthesiologist or licensed nurse anesthetist; and
- has written agreements with local hospitals to immediately accept patients who develop complications.

The definition of surgical procedure requires cutting into the skin or other organ; however, if the covered person requires a procedure listed in the examples for Tier 1 and Tier 2 Outpatient Surgical Procedures we will pay this benefit. We will not pay this benefit for a procedure that is not listed in the examples for Tier 1 and Tier 2 Outpatient Surgical Procedures unless it meets the definition of a surgical procedure, including the requirement for cutting into the skin or other organ.

We will pay the amount shown on the Certificate Schedule per covered outpatient surgical procedure up to the calendar year maximum per covered person shown on the Certificate Schedule. We will pay this benefit for only one outpatient surgical procedure performed at the same time even if caused by more than one accident or sickness. In that event, we will pay the benefit that has the highest dollar value. The Surgical Procedure must occur while the certificate is in force.

To determine the amount payable for an outpatient surgical procedure, locate the procedure in one of the tiers shown in the Outpatient Surgical Schedule below and refer to the benefit amount on the Certificate Schedule for the tier in which the procedure appears.

If the specific procedure that otherwise meets the requirements for an Outpatient Surgical Procedure Benefit is not listed in the Surgical Schedule, we will use the Current Procedural Terminology (CPT) Code provided by the covered person's doctor and a current relative value scale to determine the tier of the procedure.

We will pay for only one surgical procedure for the same covered accident or covered sickness in a 90-day time period. If a covered person receives a subsequent surgical procedure for the same covered accident or same covered sickness, we will pay an additional benefit only if the subsequent procedure was performed more than 90 days after the last covered procedure was performed up to the calendar year maximum per covered person shown on the Certificate Schedule.

The table listed is an example of Tier 1 and Tier 2 outpatient surgical procedures.

### Tier 1 Outpatient Surgical Procedures

<p><b>Breast</b> Axillary node dissection Breast capsulotomy Breast reconstruction Lumpectomy</p> <p><b>Cardiac</b> Pacemaker insertion</p> <p><b>Digestive</b> Colonoscopy Fistulotomy Hemorrhoidectomy (external) Lysis of adhesions</p>	<p><b>Ear/Nose/Throat/Mouth</b> Adenoidectomy Removal of oral lesions Myringotomy Tonsillectomy Tracheostomy</p> <p><b>Gynecological</b> Dilation &amp; Curettage (D&amp;C) Endometrial ablation Lysis of adhesions</p> <p><b>Liver</b> Paracentesis</p>	<p><b>Musculoskeletal System</b> Carpal/cubital repair or release Dislocation (closed reduction treatment) other than a finger or toe Foot surgery (bunionectomy, exostectomy, arthroplasty, hammertoe repair) Fracture (closed reduction treatment) other than a rib, finger or toe Removal of orthopedic hardware Removal of tendon lesion</p> <p><b>Skin</b> Laparoscopic hernia repair Skin grafting</p>
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### Tier 2 Outpatient Surgical Procedures

<p><b>Breast</b> Breast reduction</p> <p><b>Cardiac</b> Angioplasty Cardiac catheterization</p> <p><b>Digestive</b> Exploratory laparoscopy Laparoscopic appendectomy Laparoscopic cholecystectomy</p> <p><b>Ear/Nose/Throat/Mouth</b> Ethmoidectomy Mastoidectomy Septoplasty</p>	<p><b>Ear/Nose/Throat/Mouth continued</b> Stapedectomy Tympanoplasty Tympanotomy</p> <p><b>Eye</b> Cataract surgery Corneal surgery (penetrating keratoplasty) Glaucoma surgery (trabeculectomy) Vitrectomy</p> <p><b>Gynecological</b> Myomectomy</p>	<p><b>Musculoskeletal System</b> Arthroscopic knee surgery w/menisectomy (knee cartilage repair) Arthroscopic shoulder surgery Clavicle resection Dislocations (ORIF - open reduction with internal fixation) Fracture (ORIF - open reduction with internal fixation) Removal or implantation of cartilage Tendon/ligament repair</p> <p><b>Thyroid</b> Excision of a mass</p>
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If any covered person has one of the covered Diagnostic Procedures which would be payable under the Outpatient Surgical Procedure Benefit, we will only pay the Diagnostic Procedure Benefit. However, if the covered person has been paid the maximum Diagnostic Procedure Benefit for the calendar year, we will pay the Outpatient Surgical Procedure Benefit, up to the calendar year maximum per covered person shown on the Certificate Schedule.

### TERMINATION

The policy can be cancelled by the policyholder or us. Your coverage will terminate if the policy terminates, if your premium is not paid, if you are no longer eligible for the coverage, if your class is no longer included for insurance or if you ask us to end your coverage.

For named insured and spouse or named insured, spouse and dependents coverage, coverage on your spouse will terminate on the date the policy terminates, the end of the grace period following the premium due date we fail to receive the required premium for your spouse, the date the next premium is due after you ask us to end your spouse's coverage, the date you die, or the date the next premium is due after you divorce your spouse or your marriage is annulled.

For named insured and dependents or named insured, spouse and dependents coverage, the dependent children's coverage will terminate on the date the policy terminates, the end of the grace period following the premium due date we fail to receive the required premium for your dependent children, the date the next premium is due after you ask us to end your dependent children's coverage, or the date you die. Coverage will end on each child when he no longer qualifies as a dependent child in the certificate.

### DEFINITIONS

**Accident** means an unintended or unforeseen bodily injury sustained by a covered person, independent of disease, bodily infirmity, illness, infection, or any other abnormal physical condition.

**Calendar Year** means the period beginning on the coverage effective date shown on the Certificate Schedule and ending on December 31 of the same year. Thereafter, it is the period beginning on January 1 and ending on December 31 of each following year.

**Certificate** means a document that provides a description of the insurance provided by the policy and states the benefits provided under the policy, to whom benefits are payable and the limitations, exclusions and requirements that apply to coverage under the policy.

**Complications of Pregnancy** means a condition whose diagnosis is distinct from pregnancy but that is adversely affected by or caused by pregnancy, such as acute nephritis or nephrosis, cardiac decompensation, missed abortion, or similar medical and surgical conditions of comparable severity; and a non-elective caesarean section; and termination of ectopic pregnancy; and spontaneous termination of pregnancy during a period of gestation in which a viable birth is not possible.

Complications of pregnancy do not include: false labor, or occasional spotting; or morning sickness; or body aches; or body pains; or prescribed rest; or hyperemesis gravidarum; or pre-eclampsia; or premature births; or multiple births (twins, triplets, etc.); or any condition caused by the pregnancy that places the covered person or the pregnancy at risk.

**Confined or Confinement** means the assignment to a bed as a resident inpatient in a hospital on the advice of a doctor or for the purposes of the hospital confinement benefit only, confinement in an observation unit within a hospital for a period of no less than 20 continuous hours on the advice of a doctor.

**Covered Accident** means an accident which occurs on or after the coverage effective date shown on the Certificate Schedule, occurs while the certificate is in force, and is not excluded by name or specific description in the certificate.

**Covered Sickness** means a sickness which occurs on or after the coverage effective date shown on the Certificate Schedule, occurs while the certificate is in force, and is not excluded by name or specific description in the certificate.

**Dependent Children** means any natural children, step-children, children of your registered domestic partner, legally adopted children, children placed into your custody for adoption or children for whom you are ordered by a court to provide coverage who are unmarried, chiefly dependent on you or your spouse for support, and under 26 years of age.

**Doctor or Physician** means a person who is licensed by the state to practice a healing art and performs services for a covered person which are allowed by his license.

For purposes of this definition, Doctor does not include any covered person or anyone related to any covered person by blood or marriage, a business or professional partner of any covered person, or any person who has a financial affiliation or a business interest with any covered person.

**Emergency Room** means a specified area within a hospital which is designated for the emergency care of accidental injuries or sicknesses. This area must be staffed and equipped to handle trauma, be supervised and provide treatment by physicians; and provide care seven days per week, 24 hours per day.

**Hospital** means a place that is run according to law on a full-time basis; provides overnight care of injured and sick people is supervised by a doctor; has full-time nurses supervised by a registered nurse; and has at its locations or uses on a pre-arranged basis: X-ray equipment, a laboratory and an operating room where surgical operations take place.

A hospital is not a nursing home, an extended care facility, a skilled nursing facility, a rest home or home for the aged, a rehabilitation center, a place for alcoholics or drug addicts or an assisted living facility.

**Observation Unit** means a specified area within a hospital, apart from the emergency room, where a patient can be monitored following outpatient surgery or treatment in the emergency room by a doctor, and which is under the direct supervision of a doctor or registered nurse, is staffed by nurses assigned specifically to that unit and provides care seven days per week, 24 hours per day.

**Pre-existing Condition** means a sickness or physical condition for which a covered person was diagnosed or treated or had medical testing performed within 12 months before the coverage effective date.

**Sickness** means an illness, infection, disease or any other abnormal physical condition not caused by an accident. Sickness includes complications of pregnancy.

**Spouse** means a person who is married to you on the day we issue your certificate. We will also cover your registered domestic partner (as defined in California Family Code s 297) on the day we issue your certificate.

**Surgical Procedure** means the cutting into the skin or other organ to accomplish any of the following goals; further explore the condition for the purpose of diagnosis, take a biopsy of a suspicious lump, remove diseased tissues or organs, remove an obstruction, reposition structures to their normal position, redirect channels, transplant tissue or whole organs, implant mechanical or electronic devices, repair an area that has been injured or affected by trauma, overuse, or disease; or restore proper function.

The following will not be considered a surgical procedure for the purposes of the certificate; venipuncture (drawing blood), lumbar puncture, epidural steroid injections, removal of skin tags; or foreign body removal from the eye.

**Temporary Layoff or Leave of Absence** means the named insured is temporarily absent from active employment for a period of time that has been agreed to in advance in writing by the employer. Normal vacation time or any period of disability is not considered a temporary layoff or leave of absence.

## **GENERAL EXCLUSIONS AND LIMITATIONS**

We will not pay benefits for injuries received in accidents or sicknesses which are caused by:

- Any covered person's undergoing cosmetic surgery. "Cosmetic surgery," for purposes of this exclusion, means surgery that is performed to alter or reshape normal structures of the body in order to improve the covered person's appearance. "Cosmetic surgery" shall not include reconstructive surgery when such surgery is performed to correct or repair abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease in order to improve function or create a normal appearance, to the extent possible.
- Any covered person's treatment for dental care or dental procedures, unless treatment is the result of a covered accident.
- Any covered person's committing or attempting to commit a felony or engaging in an illegal occupation.
- Any covered person being intoxicated or under the influence of any controlled substance unless administered on the advice of a physician.
- Any pregnancy of a dependent child, including services rendered to her child after birth.
- Any covered person's having a psychiatric or psychological condition including but not limited to affective disorders, neuroses, anxiety, stress and adjustment reactions. However, Alzheimer's Disease and other organic senile dementias are covered under the certificate.
- Any covered person's committing or trying to commit suicide or his injuring himself intentionally, whether he is sane or not.
- Any covered person's 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.

### **Birth Limitation**

We will not pay benefits for hospital confinement due to any covered person's giving birth within the first nine (9) months after the 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 sickness.

### **Pre-Existing Condition Limitation**

We will not pay benefits for Hospital Confinement, Second Day and Subsequent Day Hospital Confinement, Outpatient Surgical Procedure, Inpatient Surgical Procedure, or Diagnostic Procedures for any covered person when such loss results from a pre-existing condition as defined in the certificate, unless the covered person has satisfied the pre-existing condition limitation period shown on the Certificate Schedule. Credit toward the satisfaction of the preexisting condition limitation period will be given for any continuous time the covered person was covered under the preexisting condition clause of previous coverage through another carrier if:

- The previous coverage was similar to or exceeded the coverage provided under the certificate;
- The covered person was insured under the previous coverage at the time of enrollment in the coverage provided by the certificate; and
- The covered person was insured under the coverage provided by the certificate on the Policy Effective Date shown on the Policy Rate Schedule.

The covered person is responsible for furnishing proof of his previous coverage, to include type of coverage, length the previous coverage was in force and the date the previous coverage terminated.

### **Well Baby Care Limitation**

We will not pay benefits for hospital confinement of a newborn child following his birth unless he is injured or sick.



# Group Hospital Confinement Indemnity Insurance



## Health Screening Benefit

\$50 per screening test.

Maximum of 1 screening test per covered person per calendar year.

This benefit helps you pay for part of the expense of tests you may normally have each year.

Stress test on a bicycle or treadmill  
Fasting blood glucose test  
Blood test for triglycerides  
Serum cholesterol test to determine level of HDL and LDL  
Bone marrow testing  
Carotid doppler  
Electrocardiogram (EKG, ECG)  
Echocardiogram (ECHO)  
Skin cancer biopsy  
Breast ultrasound

CA 15-3 (blood test for breast cancer)  
CA 125 (blood test for ovarian cancer)  
CEA (blood test for colon cancer)  
Chest x-ray  
Colonoscopy  
Flexible sigmoidoscopy  
Hemoccult stool analysis  
PSA (blood test for prostate cancer)  
Serum protein electrophoresis (blood test for myeloma)  
Thermography  
Virtual colonoscopy

For cost and complete details, see your Colonial Life benefits counselor. Applicable to certificate number GMB 1.0-C-CA. This is not an insurance contract and only the actual certificate provisions will control.

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