

Group Hospital – Plan 1 (HSA-Compliant)

Colonial Life group hospital insurance* offers a customizable and flexible plan design that will help supplement your major medical plan offering. This coverage provides benefits that your employees can use to offset deductibles, co-pays, and out-of-pocket medical and non-medical expenses related to covered events that cause financial exposure, such as hospital admission.

This plan is a Health Savings Account (HSA)-compliant plan that may also be offered to employees who do not have an HSA.

Product Features

- o No medical underwriting to qualify for coverage.
- o Pre-existing condition limitations may be waived for all covered insureds with underwriting approval.
- o Situs State: In multi-state enrollments, situs state rules apply to Group Hospital.
- o Benefit Coordination: Benefits are payable regardless of any other insurance the insured may have with another company.
- o Benefits are indemnity based and are payable as a lump-sum.
- o Benefits are payable directly to the named insured, unless an assignment of benefits is received.
- o Portability: Included, an employee can take this coverage with them if they change jobs or leave the company while the master policy is in force.

Plan Design at-a-Glance

Plan 1	
Admission-Hospital	✓
Admission-Hospital ICU	✓
Short Stay-Observation	✓
Waiver of Premium	✓
Additional Hospital Benefits	Employer Option
Behavioral Health (Inpatient Only)	Employer Option
Diagnostic and Surgery (Accident Only)	Employer Option
Medical Treatment Package (Accident Only)	Employer Option
Family Support	Employer Option
Building Benefit	Employer Option
Healthcare Employee Benefit	Employer Option
Wellbeing Assistance - Standard	Employer Option
Wellbeing Assistance - Max	Employer Option

Several plan design and benefit options are available for the employer to customize the employee's plan offering.

- The employer will select the plan design(s) and optional benefits to be offered. Two different plan design options allow for the needs of each account to be met. Both plan designs may be offered in an account.
- The employer will select a maximum of two hospital admission levels per plan design. Hospital admission levels 7 and 8 do require underwriting approval.
- The employer will choose whether to include the employer optional benefits.

Applicable to Group Hospital in the following states: AL, AK, AR, AZ, CO, GA, HI, IA, MA, ME, MS, RI, SC, TN, WI, WV PS03070

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Underwritten by Colonial Life & Accident Insurance Company, Columbia, SC.

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Plan 1 Benefits

Admission-Hospital: The Admission-Hospital benefit level(s) selected below by the employer is payable one day per insured per covered accident or covered sickness, up to a maximum of two times per calendar year.

☐ Level 1: \$500	☐ Level 5: \$2,500
☐ Level 2: \$1,000	☐ Level 6: \$3,000
☐ Level 3: \$1,500	☐ Level 7: \$4,000
☐ Level 4: \$2,000	☐ Level 8: \$5,000

Admission-Hospital ICU: The Admission-Hospital ICU benefit is payable one day per insured per covered accident or covered sickness, up to a maximum of two times per calendar year.

☐ Level 1: \$1,000	☐ Level 5: \$5,000
☐ Level 2: \$2,000	☐ Level 6: \$6,000
☐ Level 3: \$3,000	☐ Level 7: \$8,000
☐ Level 4: \$4,000	☐ Level 8: \$10,000

Short Stay-Observation: \$150 per day with a maximum of one day per insured per covered accident or covered sickness, up to a maximum of two times per insured per calendar year. This benefit is payable when an insured is treated on an outpatient basis and held for observation or surgery recovery due to a covered accident or covered sickness in any of the following facilities: Ambulatory Surgical Center; Hospital; or Observation Unit.

Waiver of Premium: After 30 continuous days of a covered confinement of the named insured, Waiver of Premium is available. The premium is waived for the entire certificate as long as the named insured is continuously confined, or up to 12 months, whichever occurs first.

Employer Optional Benefits:

The following optional benefits are available for the employer to include in the plan design. If selected, these benefits will be included for all employees.

Additional Hospital Benefits

- **Hospital Admission for Newborn Child:** Payable as 25% of the applicable Hospital Admission with a maximum of one day per newborn child per calendar year.
- **Daily Stay:** \$100 or \$200 per day with a maximum of 365 days per insured per calendar year.
- **Daily Stay Hospital ICU:** \$200 or \$400 per day with a maximum of 365 days per insured per calendar year.

Behavioral Health

- **Facility Admission-Mental or Nervous Disorders or Substance Abuse Treatment:** \$500 per day with a maximum of one day per insured per calendar year. The inpatient care must be at the direction of and overseen by a physician; and be at a facility that charges room and board fees for treatment services.

- **Facility Daily Stay- Mental or Nervous Disorders or Substance Abuse Treatment:** \$100 per day with a maximum of 90 days per insured per calendar year. The inpatient care must be at the direction of and overseen by a physician; and be at a facility that charges room and board fees for treatment services.

Diagnostic and Surgery (Accident Only)

When selecting the diagnostic procedure option level, the same option level will automatically apply to surgery.

- **Diagnostic Procedures:** The employer selects the Diagnostic Procedure option to offer to the employees. This benefit is payable once per day with a maximum of one day per insured per calendar year.
 - Option 1: \$250
 - Option 2: \$500

Covered Diagnostic Procedures

Breast	- Biopsy (incisional, needle, stereotactic)	
Cardiac	- Angiogram - Arteriogram	- Thallium Stress Test - Transesophageal Echocardiogram (TEE)
Diagnostic Radiology	- Bone Scan - Computed Axial Tomography (CAT) - Computerized Tomography Scan (CT Scan) - Electroencephalogram (EEG)	- Magnetic Resonance Angiogram (MRA) - Myelogram - Nuclear medicine test - Magnetic Resonance Imaging (MRI) - Positron Emission Tomography Scan (PET Scan)
Digestive	- Barium Enema/Lower GI series - Barium Swallow/Upper GI series	- Esophagogastroduodenoscopy (EGD)
Ear, Nose, Throat, and Mouth	- Laryngoscopy	
Gynecological	- Amniocentesis - Cervical biopsy - Cone biopsy	- Endometrial biopsy - Hysteroscopy - Loop Electrosurgical Excisional Procedure (LEEP)
Liver	- Biopsy	
Lymphatic	- Biopsy	
Miscellaneous	- Biopsy - Bone marrow aspiration	
Renal	- Biopsy	

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Respiratory	- Biopsy - Bronchoscopy	- Pulmonary Function Test (PFT)
Skin	- Biopsy - Excision of lesion	
Thyroid	- Biopsy	
Urologic	- Cystoscopy	

- **Surgery:** The employer selects the Surgical Procedure option to offer to the employees. Each option contains two tiers of benefits. We will pay the corresponding amount if an Insured undergoes a Surgical Procedure on an outpatient or inpatient basis due to a Covered Accident. We will pay no more than the calendar year maximum for the surgery benefit shown on the schedule of benefits.

	Tier 1	Tier 2	Calendar Year Max
Option 1	\$500	\$1,000	\$1,500
Option 2	\$750	\$1,500	\$2,500

Tier 1 Sample Surgical Procedures

Breast Axillary node dissection Breast capsulotomy Lumpectomy Cardiac Pacemaker insertion Digestive Colonoscopy Fistulotomy Hemorrhoidectomy Lysis of adhesions	Ear/Nose/Throat/Mouth Adenoidectomy Removal of oral lesions Myringotomy Tonsillectomy Tracheostomy Tympanotomy Gynecological Dilation & Curettage (D&C) Endometrial ablation Lysis of adhesions	Liver Paracentesis Musculoskeletal System Carpal/cubital repair or release Foot surgery (bunionectomy, exostectomy, arthroplasty, hammertoe repair) Removal of orthopedic hardware Removal of tendon lesion Skin Laparoscopic hernia repair Skin grafting
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Tier 2 Sample Surgical Procedures

Breast Breast reconstruction Breast reduction Cardiac Angioplasty Cardiac catheterization Digestive Exploratory laparoscopy Laparoscopic appendectomy Laparoscopic cholecystectomy Ear/Nose/Throat/Mouth Ethmoidectomy Mastoidectomy	Ear/Nose/Throat/Mouth continued Septoplasty Stapedectomy Tympanoplasty Eye Cataract surgery Corneal surgery (penetrating keratoplasty) Glaucoma surgery (trabeculectomy) Vitrectomy Gynecological and Obstetrics Cesarean Section	Musculoskeletal System Arthroscopic knee surgery with meniscectomy (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
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	Hysterectomy Myomectomy	Tendon/ligament repair Thyroid Excision of a mass Urologic Lithotripsy
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- **General Anesthesia:** \$150 per day per insured per covered accident, up to a maximum of two times per insured per calendar year.

Medical Treatment Package (Accident Only):

- **Ambulance- Air:** \$1,000 per day with a maximum of one day per Insured per calendar year
- **Ambulance- Ground or Water:** \$100 per day with a maximum of two times per calendar year for each mode of ambulance- ground or water transportation.
- **At-Home Care:** \$50 per day with a maximum of 30 days per Insured per calendar year
- **Durable Medical Equipment:** Payable once per covered accident per Insured up to a maximum of five times per calendar year.
 - Tier 1: \$25
 - Tier 2: \$50
 - Tier 3: \$100
- **Emergency Room:** \$100 per day with a maximum of two days per Insured per calendar year
- **Hormone Therapy:** \$15 per day with a maximum of one day per Insured per calendar year
- **Hospice Care:** \$50 per day with a maximum of 30 days per Insured per calendar year
- **Intravenous (IV) Infusion:** \$20 per day with a maximum of 12 days per Insured per calendar year
- **Follow-Up Physician's Office Visit:** \$50 per day with a maximum of two days per Insured per calendar year
- **Prescription Drug:** \$10 per day with a maximum of five prescription drugs per Insured per calendar year and up to a calendar year maximum of ten prescription drugs for all Insureds combined.
- **Rehabilitation or Subacute Rehabilitation Unit:** \$150 per day with a maximum of 30 days per Insured per calendar year.
- **Skilled Nursing Facility:** \$75 per day with a maximum of five days per Insured per calendar year
- **Therapy Services:** \$25 per day with a maximum of 15 days per Insured per calendar year
- **Transfusions:** \$150 per day per Insured per covered accident, with a maximum of two times per Insured per calendar year
- **Treatment in a Physician's Office:** \$25 per day per Insured per covered accident, with a maximum of four times per Insured per calendar year
- **Urgent Care Visit:** \$50 per day per Insured per covered accident, with a maximum of two times per Insured per calendar year
- **X-Ray or Ultrasound:** \$35 per day with a maximum of two days per Insured per calendar year

Family Support:

- **Family Care:** \$50 per day per all insureds combined, up to three days per covered accident or covered sickness, up to a maximum of four times per calendar year

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- **Companion Lodging:** \$150 per day with a maximum of 365 days per calendar year
- **Pet Boarding:** \$25 per day for all insureds combined, up to three days per covered accident or covered sickness, with a maximum of four times per calendar year
- **Transportation:** \$75 per trip with a maximum of six one-way trips per insured per covered accident or covered sickness, with a maximum of four times per insured per calendar year
- **Infant Well Child Visit:** \$25 per day with a maximum of four days per child before the child reaches the age of one year. Each routine check-up must be separated by at least 30 days.

Building Benefit

If the Building Benefit is included, this benefit increases the benefits for an employee over time based on the number of months an employee is continuously covered under this certificate. The percent increase is calculated based on the employee's coverage effective date to the date of the covered loss.

# of Months Covered	% Benefit Increase
13 – 36 months	5%
37 – 60 months	10%
61+ months	15%

The Building Benefit is not applicable to a payable Wellbeing Assistance.

Healthcare Employee Benefit

If the Healthcare Employee Benefit is included, it provides higher benefit amounts for hospital stays in a hospital owned, operated, or controlled by the policyholder.

- Increases Hospital benefits by 25%

Hospital benefits that are eligible:

- Admission-Hospital
- Admission-Hospital ICU
- Short stay- Observation
- Hospital Admission for Newborn Child (if included)
- Daily Stay (if included)
- Daily Stay- Hospital ICU (if included)
- Emergency Room (if included)

Wellbeing Assistance Benefit

- Available amounts: \$50, \$75 or \$100
- Payable once per calendar year per insured
- 30-day waiting period

Annual physical (Included with Max level) – <i>Includes annual exams, sports physicals, and well-child visits</i>	Fasting blood glucose test
Behavioral Health Assessment (Included with Max level)	Flexible sigmoidoscopy
Blood test for triglycerides	Hemoccult stool analysis
Bone marrow testing	Immunizations (included with Max level)
BRCA1 or BRCA2 testing	Mammography
Breast ultrasound	Pap smear
CA 15-3 (blood test for breast cancer)	PSA (blood test for prostate cancer)
CA125 (blood test for ovarian cancer)	Serum cholesterol test to determine level of HDL and LDL
Carotid doppler	Serum protein electrophoresis (blood test for myeloma)
CEA (blood test for colon cancer)	Skin cancer biopsy
Chest x-ray	Stress test on a bicycle or treadmill
Colonoscopy	Thermography
Echocardiogram (ECHO)	ThinPrep pap test
Electrocardiogram (EKG, ECG)	Virtual colonoscopy

Employee Eligibility Requirements

- Issue ages are 17+ for both employees and spouse
- Full time, permanent employees actively working at least 15 hours per week
- Dependent children (as defined in the certificate)
- The employee must be actively at work at the time of enrollment

Participation Requirement

The greater of 5 enrolled lives or 10% of eligible employees.

Exclusions and Limitations

We will not pay any benefits for any covered loss that is caused by, contributed to by, or occurs as a result of any of the following:

- committing or attempting to commit a felony
- being engaged in an illegal occupation or activity
- active participation in a riot, insurrection, or terrorist activity. This does not include civil commotion or disorder, Injury as an innocent bystander or Injury for self-defense
- war or any act of war, whether declared or undeclared
- combat or training for combat while serving in the National Guard or the armed forces of any nation, state, authority, or organization
- a Covered Loss that occurs while an Insured is incarcerated in a penal or correctional institution
- cosmetic surgery, except when required for appropriate care as determined by a Physician as a result of the Insured's Covered Accident or Covered Sickness
- Treatment for dental care or dental procedures, unless Treatment is the result of a Covered Accident

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- any Admission or Daily Stay of a Newborn Child immediately following Childbirth unless the Newborn Child is Injured or Sick

The definition of hospital does not include certain facilities.

Childbirth Limitation

- We will not pay Admission - Hospital, Daily Stay, and Hospital Admission for Newborn Child benefits due to any Insured giving birth within the first 9 months after the Coverage Effective Date of this certificate as a result of a normal pregnancy, including Cesarean Section.

Complications of Pregnancy will be covered to the same extent as any other Covered Sickness.

The above list does not include a complete description of each limitation and exclusion. To obtain a complete description, please see your Colonial Life representative.

Underwriting Options Available

Guaranteed Issue + Pre-existing Condition Limitation Included (GI)

- Guaranteed Issue for all covered insureds – no health questions
- Subject to the pre-existing condition limitation
- The greater of 5 enrolled or 10% participation

Guaranteed Issue + Pre-existing Condition Limitation Waived (GX2)

- Guaranteed Issue for the named insured only or all covered insureds – no health questions
- Pre-existing condition limitation waived for the named insured or all covered insureds
- The greater of 5 enrolled or 10% participation

Premium Information

- Composite rates only are available
- There is a four-tier rate structure: Named Insured; Named Insured and Spouse; Named Insured and Dependent Children; and Named Insured, Spouse and Dependent Children Coverage.
- Rates are guaranteed for two years from the date of issue of the group policy.

Definitions

Pre-existing Condition: We will not pay benefits for a claim when the covered loss occurs in the first 12 months following an insured's coverage effective date if the covered loss is caused by, contributed to by, or occurs as a result of any of the following:

- a pre-existing condition; or
- complications arising from treatment or surgery for, or medications taken for, a pre-existing condition.



An Insured has a Pre-existing Condition if, within the 12 months just prior to the Insured's coverage effective date, they have an injury or sickness, whether diagnosed or not, for which:

- medical Treatment, consultation, care or services, or diagnostic measures were received or recommended to be received during that period;
- drugs or medications were taken, or prescribed to be taken during that period; or
- symptoms existed.

Pre-existing Condition requirements are not applicable to Children who are newly acquired after your Coverage Effective Date.

Additional Plan Information

End of Employee Coverage

Coverage under this certificate ends on the earliest of:

- the date the policy is cancelled by us or your Employer;
- the date you are no longer in an Eligible Group;
- the date your Eligible Group is no longer covered;
- the date of your death;
- the last day of the period any required premium contributions are made; or
- the last day you are in Active Employment.

However, as long as premium is paid as required, coverage will continue in accordance with the Continuation of your Coverage During Extended Absences provision; or if the employee elects to continue coverage under Portability.

Premium

Premium will vary based on the coverage selected



THIS INSURANCE PROVIDES LIMITED BENEFITS.

*This insurance is filed as "Group Hospital Indemnity Insurance."

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 GH7100-P and certificate form GH7100-C (including state abbreviations where used, for example GH7100-C-AL). For cost and complete details of coverage, call or write your Colonial Life independent agent or the company.

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