

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.

Paul Revere'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 \$ 2,500 **Hospital Admission Benefit** can help pay for the costs associated with a hospital admission.

Maximum of 1 benefit per calendar year per covered person.

A \$**165 Daily Hospital Confinement Benefit** can help pay for the costs associated with a hospital stay.

A \$**150 Emergency Room Visit Benefit** can help pay for charges related to an emergency room visit.

Maximum of 1 visit per calendar year per covered person.

A \$ 1,000 **Diagnostic Procedure Benefit** can help pay for the costs associated with the following common diagnostic procedures:

Maximum of 1 diagnostic procedure per calendar year per covered person.

Breast

Biopsy (incisional, needle, sterotactic)

Cardiac

Angiogram
Arteriogram
Thallium Stress Test
Transesophageal Echocardiogram (TEE)

Diagnostic Radiology

Computerized Tomography Scan (CT Scan)
Electroencephalogram (EEG)
Magnetic Resonance Imaging (MRI)
Myelogram
Nuclear medicine test
Positron Emission Tomography Scan (PET Scan)

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

Urinary

Cystoscopy

An **Outpatient Surgical Procedure Benefit** can help cover the costs associated with a covered surgical procedure.

Maximum of \$ 3,000 per covered person per calendar year for Tiers 1 and 2 combined.

Tier 1 Outpatient Surgical Procedure Benefit \$ 1,000

<p>Breast Axillary node dissection Breast capsulotomy Breast reconstruction Lumpectomy</p> <p>Cardiac Pacemaker insertion</p> <p>Digestive Colonoscopy Fistulotomy Hemorrhoidectomy (external) Lysis of adhesions</p>	<p>Skin Laparoscopic hernia repair Skin grafting</p> <p>Ear/Nose/Throat/Mouth Adenoidectomy Removal of oral lesions Myringotomy Tonsillectomy Tracheostomy</p> <p>Gynecological Dilation & Curettage (D&C) Endometrial ablation Lysis of adhesions</p>	<p>Liver Paracentesis</p> <p>Musculoskeletal System 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>
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Tier 2 Outpatient Surgical Procedure Benefit \$ 2,000

<p>Breast Breast reduction</p> <p>Cardiac Angioplasty Cardiac catheterization</p> <p>Digestive Exploratory laparoscopy Laparoscopic appendectomy Laparoscopic cholecystectomy</p> <p>Ear/Nose/Throat/Mouth Ethmoidectomy Mastoidectomy</p>	<p>Ear/Nose/Throat/Mouth, cont. Septoplasty Stapedectomy Tympanoplasty Tympanotomy</p> <p>Eye Cataract surgery Corneal surgery (penetrating keratoplasty) Glaucoma surgery (trabeculectomy) Vitrectomy</p> <p>Gynecological Myomectomy</p>	<p>Musculoskeletal System Arthroscopic knee surgery w/ 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 Tendon/ligament repair</p> <p>Thyroid Excision of a mass</p>
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The surgeries listed above are only a sampling of the surgeries that may be covered. For complete details and definitions, please refer to your certificate.

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.

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

EXCLUSIONS

We will not provide benefits for injuries received in accidents or sicknesses which are caused by: dental care or treatment; cosmetic surgery; mental or emotional disorders; suicide or injuries which any covered person intentionally does to himself; war or serving in the armed forces, giving birth within the first 9 months after the certificate effective date. We will not pay for benefits for loss due to a pre-existing condition as defined in the certificate unless the pre-existing condition limitation period stated in the certificate schedule has been satisfied.

For cost and complete details, see your Paul Revere benefits counselor. Applicable to certificate number GMB1.0-C-NY. This is not an insurance contract and only the actual certificate provisions will control.

The certificate itself sets forth the rights and obligations of both you and the Insurance Company. It is therefore imperative that you READ YOUR CERTIFICATE carefully. The expected benefit ratio for this certificate is in excess of 60%. This ratio is the portion of future premiums which the company expects to return as benefits, when averaged over all people with this certificate.

Colonial Voluntary Benefits products are underwritten by:

The Paul Revere Life Insurance Company, Worcester, MA

Administrative office: Colonial Voluntary Benefits, 1200 Colonial Life Boulevard, Columbia, SC 29210

colonial-paulrevere.com