

Group Hospital Confinement Indemnity Insurance Plan 3



Group 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 admission benefit \$ _____ per day
Maximum of one day per covered person per calendar year

Daily hospital confinement benefit \$165 per day
Maximum of 60 days per covered person per confinement

Emergency room visit benefit \$150 per day
Maximum of one day per covered person per calendar year

Diagnostic procedure benefit \$ _____ per day
Maximum of one day per covered person per calendar year

Outpatient surgical procedure benefit

- **Tier 1** \$ _____ per day
- **Tier 2** \$ _____ per day

Maximum of \$ _____ per covered person per calendar year for Tier 1 and 2 combined
Maximum of one day per outpatient surgical procedure

Diagnostic procedures

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

- **Breast**
 - Biopsy (incisional, needle, stereotactic)
- **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

For more information,
talk with your
benefits counselor.

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 certificate.

Tier 1 outpatient surgical procedures

■ Breast

- Axillary node dissection
- Breast capsulotomy
- Breast reconstruction
- Lumpectomy

■ Cardiac

- Pacemaker insertion

■ Digestive

- Colonoscopy
- Fistulotomy
- Hemorrhoidectomy (external)
- Lysis of adhesions

■ Skin

- Laparoscopic hernia repair
- Skin grafting

■ Ear, nose, throat, mouth

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

■ Gynecological

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

■ Liver

- Paracentesis

■ 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

Tier 2 outpatient surgical procedures

■ Breast

- Breast reduction

■ Cardiac

- Angioplasty
- Cardiac catheterization

■ Digestive

- Exploratory laparoscopy
- Laparoscopic appendectomy
- Laparoscopic cholecystectomy

■ Ear, nose, throat, mouth

- Ethmoidectomy
- Mastoidectomy
- Septoplasty
- Stapedectomy
- Tympanoplasty
- Tympanotomy

■ Eye

- Cataract surgery
- Corneal surgery (penetrating keratoplasty)
- Glaucoma surgery (trabeculectomy)
- Vitrectomy

■ Gynecological

- 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

THIS INSURANCE PROVIDES LIMITED BENEFITS.

Insureds in New York must be covered by comprehensive health insurance before applying for Hospital Confinement Indemnity Insurance.

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, or 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.

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 GMB1.0-P-NY and certificate form GMB1.0-C-NY. For cost and complete details of coverage, call or write your benefits counselor or the company.

This policy provides limited benefit health insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services.

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