

COLONIAL LIFE & ACCIDENT INSURANCE COMPANY
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A Stock Company

**LIMITED BENEFIT HOSPITAL CONFINEMENT INDEMNITY INSURANCE
OUTLINE OF COVERAGE**

(Applicable to Policy Form IMB7000, including state abbreviations where applicable)

**THE POLICY PROVIDES LIMITED BENEFITS. BENEFITS PROVIDED ARE
SUPPLEMENTAL AND NOT INTENDED TO COVER ALL MEDICAL EXPENSES.**

THE POLICY IS NOT MEDICARE SUPPLEMENT COVERAGE. If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from the company.

Notice to Buyer: The policy does not constitute comprehensive health insurance coverage. It does not satisfy the requirement of minimum essential coverage under the Affordable Care Act. Failure to purchase comprehensive health insurance coverage may result in penalties. Such penalties shall be the result of persons not obtaining comprehensive health insurance coverage required by the Federal Patient Protection and Affordable Care Act.

Please read your policy carefully. This outline provides a very brief description of the important features of your 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 both you and us. It is, therefore, important that you **READ YOUR POLICY CAREFULLY**.

Renewability. Your policy is guaranteed renewable for life as long as you pay the premiums when they are due or within the grace period. Your premium can be changed only if we change it on all policies of this kind in force in the state where the policy was issued.

Coverage Provided by the Policy. The policy is designed to provide coverage for losses due to hospital confinement, subject to any limitations in the policy. The policy does not provide coverage for basic hospital, basic medical-surgical or major medical expenses.

BENEFITS – please see the policy for detailed benefit information and actual benefit amounts

Hospital Confinement	Benefit subject to calendar year limit
Observation Room	Benefit payable per visit; subject to limitation on number of visits per calendar year
Rehabilitation Unit Confinement	Daily benefit; limitation on number of days per confinement and per calendar year
Waiver of Premium	Available only after hospital confinement for more than 30 continuous days of confinement
Health Screening	Benefit payable per covered health screening test; subject to limitation on number of tests per calendar year

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

Alcoholism or Drug Addiction. Any covered person's addiction to alcohol or drugs, except for drugs taken as prescribed by his doctor.

Dental Procedures. Any covered person's treatment for dental care or dental procedures, unless treatment is the result of a covered accident.

Elective Procedures and Cosmetic Surgery. Any covered person's 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 related to a covered sickness or injuries received in a covered accident.

Felonies or Illegal Occupations. Any covered person's committing or attempting to commit a felony or engaging in an illegal occupation.

Pregnancy of a Dependent Child. Any pregnancy of a dependent child, including services rendered to her child after birth.

Psychiatric or Psychological Conditions. 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 policy.

Suicide or Injuries Which Any Covered Person Intentionally Does to Himself. Any covered person's committing or trying to commit suicide or his injuring himself intentionally, whether he is sane or not.

War. 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 or contributed to the act of terrorism or nuclear release.

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.

Pre-existing Condition Limitation. The following benefits, if contained in your policy, will not be paid for any covered person when such loss results from a pre-existing condition as defined in the policy, unless the covered person has satisfied the pre-existing condition limitation period shown on the Policy Schedule: Hospital Confinement; Rehabilitation Unit Confinement; Outpatient Surgical Procedure or Diagnostic Procedures.

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 policy as a result of a normal pregnancy, including Cesarean. Complications of pregnancy will be covered to the same extent as any other covered sickness.