Colonial Voluntary Benefits

For more information, talk with your benefits counselor.

Group Hospital Confinement Indemnity Insurance Plan1

Group Medical Bridge^{ss} insurance can help with medical costs associated with a hospital stay that your health insurance may not cover. These benefits are available for you, your spouse and eligible dependent children.

Hospital admission benefit	<u>\$</u> 1,000
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	

THIS POLICY PROVIDES LIMITED BENEFITS.

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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 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.

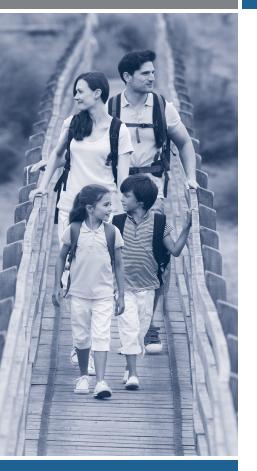
For cost and complete details, see your benefits counselor. Applicable to policy form GMB1.0-P-NY-R and certificate form GMB1.0-C-NY-R. This is not an insurance contract and only the actual certificate provisions will control.

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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Group Hospital Confinement Indemnity Insurance Health Screening Benefit

Group Medical Bridge[™] insurance's health screening benefit can help pay for health and wellness tests you have each year.

Health Screening Benefit \$50 per day

Maximum of one benefit per covered person per calendar year

- Blood test for triglycerides
- Bone marrow testing
- Breast ultrasound
- CA 15-3 (blood test for breast cancer)
- CA 125 (blood test for ovarian cancer)
- Carotid Doppler
- CEA (blood test for colon cancer)
- Chest X-ray
- Colonoscopy
- Echocardiogram (ECHO)
- Electrocardiogram (EKG, ECG)
- Fasting blood glucose test
- Flexible sigmoidoscopy
- Hemoccult stool analysis
- Mammography
- Pap smear
- PSA (blood test for prostate cancer)
- Serum cholesterol test for HDL and LDL levels

- Serum protein electrophoresis (blood test for myeloma)
- Skin cancer biopsy
- Stress test on a bicycle or treadmill
- Thermography
- ThinPrep pap test
- Virtual colonoscopy

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THIS INSURANCE PROVIDES LIMITED BENEFITS.

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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.

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