



## Hospital Indemnity Insurance

### How will you pay for what your health insurance won't cover?

No matter how well you plan, you can't predict when sudden medical expenses could impact your way of life. Health insurance helps, but it doesn't cover everything. For instance, the average family has more than \$4,000 in out-of-pocket medical costs each year.<sup>1</sup>

If you're admitted to the hospital for a covered accident or covered sickness, Medical Bridge,<sup>SM</sup> Colonial Life & Accident Insurance Company's hospital indemnity insurance, could help pay for out-of-pocket expenses, such as deductibles, co-payments and other expenses. It's coverage that can help protect what you've worked so hard to build.

Medical debt is the single largest  
cause of consumer bankruptcy.<sup>2</sup>

<sup>1</sup> Milliman Medical Index, 2015

<sup>2</sup> Daniel Austin, *Medical Debt as a Cause of Consumer Bankruptcy*,  
Northeastern University School of Law Research Paper, 2014



## One family's journey

Nathan was doing yard work with his wife when his chest pains began. After he was examined by a doctor, the couple was relieved to learn it was just a false alarm.



### EMERGENCY ROOM VISIT

Nathan received immediate care at the nearest emergency room.



### DIAGNOSTIC PROCEDURE

The doctor ordered an MRI to determine the cause of Nathan's pain.



### HOSPITAL CONFINEMENT

Nathan was admitted to the hospital for a 24-hour stay while the doctors ran additional tests. After the tests confirmed there were no issues, he was released the following day.



### DOCTOR'S OFFICE VISIT

A few weeks later, he had a follow-up appointment with his family doctor.

#### NATHAN'S OUT-OF-POCKET EXPENSES

Emergency room co-pay	\$100
Deductible	\$1,500
Doctor's visit co-pay	\$25
	<b>\$1,625</b>

#### NATHAN'S BENEFITS

Emergency room visit	\$100
Diagnostic procedure	\$250
Hospital confinement	\$1,500
Doctor's office visit	\$25
	<b>\$1,875</b>

In this scenario, Nathan's Medical Bridge benefits helped pay for the out-of-pocket expenses associated with his medical care.

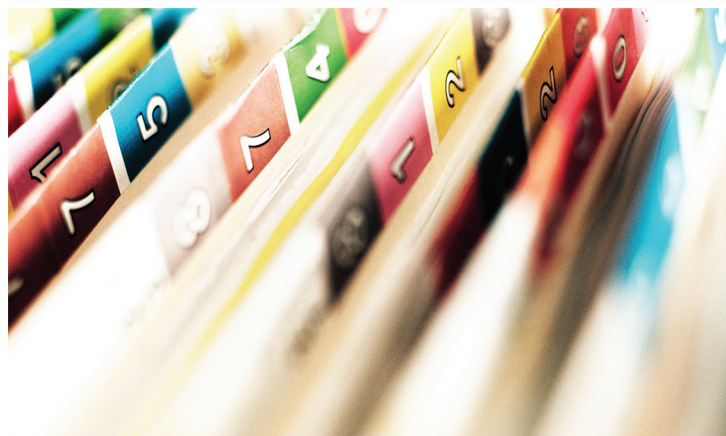
*For illustrative purposes only.*

Cost of treatment benefits and benefit amounts may vary. Benefits may not cover all expenses. The policy has exclusions and limitations.



## Coverage advantages

- Benefits are paid directly to you (unless you specify otherwise) and can be used as you see fit.
- Coverage is available for you, your spouse and eligible dependent children.
- You're paid regardless of any other insurance you may have with other companies.
- All benefits are indemnity based, which means you will know the benefit amount payable for covered accidents or covered sicknesses.







**Two-thirds of Americans would have difficulty coming up with the money to cover a \$1,000 emergency.**

The Associated Press/NORC Center for Public Affairs Research, 2016

## Meet with a benefits counselor

By attending a 1-to-1 counseling session with your Colonial Life benefits counselor, you can learn more about Medical Bridge insurance and how it can help protect your family's way of life. Your benefits counselor can also review the rest of your insurance coverage and help you determine where you may need additional financial protection.

**Based on the plan design available, you may receive benefits to help cover the costs associated with:**

- Hospital confinement
- Outpatient surgical procedures
- Diagnostic procedures
- Doctor's office visits
- Emergency room visits

Approximately 1 in 4 Americans say they have medical bills that are overdue.

FINRA, National Financial Capability Study: U.S. Survey Data at a Glance, 2014





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Talk with your Colonial Life benefits counselor to learn more about Medical Bridge insurance.

Colonial Life may be required to make claim payments directly to Medicaid. Some states mandate that eligibility for Medicaid, or a state variation, means an automatic assignment of certain insurance benefits to the Department of Health and Human Services. The eligibility and any requirement to assign benefits for Medicaid, or a state variation, may vary by state. This requirement also applies to any child or adult dependent covered under Medicaid even when the named insured is not on Medicaid.

This coverage is a supplement to major medical health insurance. It is not a substitute for comprehensive health insurance and does not qualify as minimum essential health coverage.

**THIS POLICY PROVIDES LIMITED BENEFITS.**

This information is not intended to be a complete description of the insurance coverage available. This coverage has exclusions and limitations that may affect benefits payable. For cost and complete details, see your Colonial Life benefits counselor. Coverage may vary by state and may not be available in all states.

# Hospital Confinement Indemnity Insurance

## Plan 3



For more information,  
talk with your  
benefits counselor.

Our Individual Medical Bridge<sup>SM</sup> 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 confinement** ..... \$ \_\_\_\_\_  
Maximum of one benefit per covered person per calendar year

**Observation room** ..... \$100 per visit  
Maximum of two visits per covered person per calendar year

**Rehabilitation unit confinement** ..... \$100 per day  
Maximum of 15 days per confinement with a 30-day maximum per covered person per calendar year

**Waiver of premium**  
Available after 30 continuous days of a covered hospital confinement of the named insured

**Diagnostic procedure**

- **Tier 1** ..... \$250
- **Tier 2** ..... \$500

Maximum of \$500 per covered person per calendar year for all covered diagnostic procedures combined

**Outpatient surgical procedure**

- **Tier 1** ..... \$ \_\_\_\_\_
- **Tier 2** ..... \$ \_\_\_\_\_

Maximum of \$ \_\_\_\_\_ per covered person per calendar year for all covered outpatient surgical procedures combined

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

### Tier 1 diagnostic procedures

- **Breast**
  - Biopsy (incisional, needle, stereotactic)
- **Diagnostic radiology**
  - Nuclear medicine test
- **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**
- **Urologic**
  - Cystoscopy

### Tier 2 diagnostic procedures

- **Cardiac**
  - Angiogram
  - Arteriogram
  - Thallium stress test
  - Transesophageal echocardiogram (TEE)
- **Diagnostic radiology**
  - Computerized tomography scan (CT scan)
  - Electroencephalogram (EEG)
  - Magnetic resonance imaging (MRI)
  - Myelogram
  - Positron emission tomography scan (PET scan)

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 policy.

### Tier 1 outpatient surgical procedures

#### ■ Breast

- Axillary node dissection
- Breast capsulotomy
- Lumpectomy

#### ■ Cardiac

- Pacemaker insertion

#### ■ Digestive

- Colonoscopy
- Fistulotomy
- Hemorrhoidectomy
- Lysis of adhesions

#### ■ Skin

- Laparoscopic hernia repair
- Skin grafting

#### ■ Ear, nose, throat, mouth

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

#### ■ Gynecological

- Dilation and 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

### Tier 2 outpatient surgical procedures

#### ■ Breast

- Breast reconstruction
- Breast reduction

#### ■ Cardiac

- Angioplasty
- Cardiac catheterization

#### ■ Digestive

- Exploratory laparoscopy
- Laparoscopic appendectomy
- Laparoscopic cholecystectomy

#### ■ Ear, nose, throat, mouth

- Ethmoidectomy
- Mastoidectomy
- Septoplasty
- Stapedectomy
- Tympanoplasty

#### ■ Eye

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

#### ■ Gynecological

- Hysterectomy
- 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

#### ■ Urologic

- Lithotripsy



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### EXCLUSIONS

We will not pay benefits for losses which are caused by: alcoholism or drug addiction, dental procedures, elective procedures and cosmetic surgery, felonies or illegal occupations, pregnancy of a dependent child, psychiatric or psychological conditions, suicide or injuries which any covered person intentionally does to himself or herself, or war. We will not pay benefits for hospital confinement of a newborn who is neither injured nor sick. We will not pay benefits for loss during the first 12 months after the effective date due to a pre-existing condition. Pre-existing conditions are those conditions whether diagnosed or not, for which a covered person received medical advice, diagnosis or care, or treatment was received or recommended within the one-year period immediately preceding the effective date of the policy. If a covered person is 65 or older when the policy is issued, pre-existing conditions will include only conditions specifically eliminated by rider.

For cost and complete details, see your Colonial Life benefits counselor. Applicable to policy number IMB7000-NC. This is not an insurance contract and only the actual policy provisions will control.



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

(Applicable to Policy Form IMB7000-NC)

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

**PRE-EXISTING CONDITIONS - READ CAREFULLY**

**We will not pay certain benefits for losses resulting from a pre-existing condition during the first 12 months of this policy. Pre-existing condition means having a sickness or physical condition for which any covered person was treated, had medical testing, received medical advice or had taken medication within 12 months before the effective date of the policy. If a covered person is 65 or older when the policy is issued, pre-existing conditions for that covered person will include only conditions specifically eliminated by rider.**

**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**

<b>Rehabilitation Unit Confinement</b>	<b>Daily benefit; limitation on number of days per confinement and per calendar year</b>
<b>Waiver of Premium</b>	<b>Available only after hospital confinement for more than 30 continuous days of confinement</b>
<b>Outpatient Surgical Procedure</b>	<b>Benefit payable per covered procedure; subject to calendar year limits</b>
<b>Diagnostic Procedure</b>	<b>Benefit payable per covered procedure; subject to calendar year limits</b>
<b>Health Screening</b>	<b>Benefit payable per covered health screening test; subject to limitation on number of tests per calendar year</b>

**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. However, treatment involving any bone or joint of the jaw, face or head will be covered so long as the care or procedure is necessary to treat a condition which prevents normal functioning of the particular bone or joint involved and the condition is caused by congenital deformity, disease or traumatic injury.

**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 as long as the procedure is performed within 12 months from the date of the accident and while this coverage is in force. This 12-month limitation does not apply to reconstructive surgery on bones or joints of the jaw, face, or head due to 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. However, complications of pregnancy of a dependent child will be covered to the same extent as any other covered sickness. Complications of pregnancy are those conditions, requiring treatment, whose diagnoses are distinct from pregnancy but are adversely affected by pregnancy or caused by pregnancy. These include, but are not limited to, acute nephritis, nephrosis, cardiac decompensation, missed abortion, miscarriage, non-elective Cesarean, non-elective abortion and similar medical and surgical conditions of comparable severity. Complications of pregnancy do not include false labor, morning sickness, hyperemesis gravidarum and similar conditions associated with the management of a difficult pregnancy.

**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.

If you are 65 or older when the policy is issued, the pre-existing conditions will include only conditions specifically eliminated by rider.

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**ENHANCED INTENSIVE CARE UNIT CONFINEMENT RIDER**  
**OUTLINE OF COVERAGE**  
(Applicable to Rider form R-EIC7000-NC)

**THE RIDER IS NOT ATTACHED TO A MEDICARE SUPPLEMENT POLICY. If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from us.**

**Please Read Your Rider Carefully.** This outline provides a very brief description of the important features of the rider. This is not an insurance contract and only the actual policy and rider provisions will control. The policy and rider sets forth in detail the rights and obligations of both you and us. It is, therefore, important that you **READ YOUR RIDER CAREFULLY.**

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

**Coverage Provided by the Rider.** We will provide the benefit stated in the rider as a part of the policy to which it is attached for the person(s) shown in the Rider Schedule, subject to any limitations in the rider or the policy.

**BENEFIT – Please review the rider for complete details**

<b>Enhanced Intensive Care Unit Confinement</b>	<b>Benefit payable per covered person per day of intensive care unit confinement</b> <b>Maximum of 30 days per covered person per confinement</b>
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**WHAT IS NOT COVERED BY THE RIDER**

**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. However, treatment involving any bone or joint of the jaw, face or head will be covered so long as the care or procedure is necessary to treat a condition which prevents normal functioning of the particular bone or joint involved and the condition is caused by congenital deformity, disease or traumatic injury.

**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 as long as the procedure is performed within 12 months from the date of the accident and while this coverage is in force. This 12-month limitation does not apply to reconstructive surgery on bones or joints of the jaw, face, or head due to 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. However, complications of pregnancy of a dependent child will be covered to the same extent as any other covered sickness. Complications of pregnancy are those conditions, requiring treatment, whose diagnoses are distinct from pregnancy but are adversely affected by pregnancy or caused by pregnancy. These include, but are not limited to, acute nephritis, nephrosis, cardiac decompensation, missed abortion, miscarriage, non-elective Cesarean, non-elective abortion and similar medical and surgical conditions of comparable severity. Complications of pregnancy do not include false labor,

morning sickness, hyperemesis gravidarum and similar conditions associated with the management of a difficult pregnancy.

**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 rider.

**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 Enhanced Intensive Care Unit Confinement of a newborn child following his birth unless he is injured or sick.

**Pre-existing Condition Limitation** We will not pay benefits for Enhanced Intensive Care Unit Confinement for any covered person when such loss results from a pre-existing condition as defined in this rider, unless the covered person has satisfied the pre-existing condition limitation period shown on the Rider Schedule.

If you are 65 or older when the rider is issued, the pre-existing conditions will include only conditions specifically eliminated by rider.



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**DAILY HOSPITAL CONFINEMENT RIDER**  
**OUTLINE OF COVERAGE**  
(Applicable to Rider Form R-DHC7000-NC)

**THE RIDER IS NOT ATTACHED TO A MEDICARE SUPPLEMENT POLICY. If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from us.**

**Please Read Your Rider Carefully.** This outline provides a very brief description of the important features of the rider. This is not an insurance contract and only the actual policy and rider provisions will control. The policy and rider sets forth in detail the rights and obligations of both you and us. It is, therefore, important that you **READ YOUR RIDER CAREFULLY.**

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

**Coverage Provided by the Rider.** We will provide the benefit stated in the rider as a part of the policy to which it is attached for the person(s) shown in the Rider Schedule, subject to any limitations in the rider or the policy.

**BENEFIT - Please review the rider for complete details**

<b>Daily Hospital Confinement</b>	<b>Benefit payable per covered person per day of hospital confinement</b> <b>Maximum of 365 days per confinement</b>
<b>Re-confinement for the same or related condition within 90 days of discharge is considered a continuation of a previous confinement.</b>	

**WHAT IS NOT COVERED BY THE RIDER**

**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. However, treatment involving any bone or joint of the jaw, face or head will be covered so long as the care or procedure is necessary to treat a condition which prevents normal functioning of the particular bone or joint involved and the condition is caused by congenital deformity, disease or traumatic injury.

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**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 Daily Hospital Confinement of a newborn child following his birth unless he is injured or sick.

**Pre-existing Condition Limitation** We will not pay benefits for Daily Hospital Confinement for any covered person when such loss results from a pre-existing condition as defined in the rider, unless the covered person has satisfied the pre-existing condition limitation period shown on the Rider Schedule.

If you are 65 or older when the rider is issued, the pre-existing conditions will include only conditions specifically eliminated by rider.