



Individual Medical BridgeSM Benefits - Plan 3

Plan 3: Hospital Confinement, Observation Room, Rehabilitation Unit Confinement, Waiver of Premium, Outpatient Surgical Procedure and Diagnostic Procedure

	Benefits Included
Hospital Confinement	✓
Observation Room	✓
Rehabilitation Unit Confinement	✓
Waiver of Premium	✓
Outpatient Surgical Procedure	✓
Diagnostic Procedure	✓

Plan 3 Benefits

Hospital Confinement*: Eight levels from \$500-\$5,000. The level(s) selected by you as the employer is paid once per per day with a maximum of one day per covered person per calendar year. You can choose up to two levels of hospital confinement. The levels can't be separated by more than \$1,000. (For example, \$1,000 and \$2,000 are acceptable; \$1,000 and \$2,500 are not.)

Level 1: \$500	Level 3: \$1,500	Level 5: \$2,500	Level 7: \$4,000
Level 2: \$1,000	Level 4: \$2,000	Level 6: \$3,000	Level 8: \$5,000

- Levels 7 and 8 require underwriting approval.
- Healthcare, Education and Local and City Government accounts are eligible for Hospital Confinement Levels 1-3 (\$500-\$1,500) only.
- State and Federal Government are eligible for Level 1 and 2 (\$500 and \$1,000) only.

Observation Room

- Payable for treatment in an observation room in a hospital for less than 20 hours.
- Pays \$100 per visit, up to a maximum of two visits per covered person per calendar year.

Rehabilitation Unit Confinement *

- Inpatient rehabilitation immediately following hospital confinement either in a unit that is part of a hospital or in a free-standing facility.
- Pays \$100 per day up to 15 days per period of confinement to a rehabilitation unit.
- Calendar maximum of 30 days per covered person.

Waiver of Premium

- After 30 continuous days of a covered hospital confinement or rehabilitation unit confinement of the named insured.
- Waives premium for the entire policy and any applicable riders.

Applicable to CA

PS02144

This information is only intended for proposal use with employers.

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Outpatient Surgical Procedure *: As the employer, you will choose one of the Outpatient Surgery options below. There is a limit of one option per account. Each option contains two tiers of benefits and a calendar year maximum payable per covered person per calendar year.

Outpatient Surgical Procedure	Option 1	Option 2	Option 3
Tier 1	\$500	\$750	\$1,500
Tier 2	\$1,000	\$1,500	\$3,000
Calendar Year Maximum	\$1,500	\$2,500	\$4,500

Diagnostic Procedure *: This benefit contains two tiers of benefits and a calendar year maximum payable per covered person per calendar year for the specified diagnostic procedures.

	Benefit
Tier 1	\$250
Tier 2	\$500
Calendar Year Maximum	\$500

Optional Employer Choice Benefits

- **Health Screening**
 - \$50 or \$100 benefit amount selected by employer.
 - Payable once per covered person per calendar year.
 - Subject to a 30-day waiting period.

- **Medical Treatment Package**
 - Air Ambulance
 - \$1,000 per benefit.
 - Maximum of one benefit per covered person per calendar year.
 - Ambulance
 - \$100 per benefit.
 - Maximum of one benefit per covered person per calendar year.
 - Appliance
 - \$100 per benefit.
 - Maximum of one benefit per covered person per calendar year.
 - Doctor's Office Visit
 - \$25 per visit.
 - Maximum of three visits per calendar year for named insured only coverage; maximum of five visits per calendar year for all covered persons combined for family coverage.
 - Emergency Room Visit
 - \$100 per visit.

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- Maximum of two visits per covered person per calendar year.
- X-Ray
 - \$25 per benefit.
 - Maximum of two benefits per covered person per calendar year.

Optional Employee Choice Benefit Riders

- **Daily Hospital Confinement***
 - \$100 per covered person per day of hospital confinement.
 - Maximum of 365 days per confinement.

- **Enhanced Intensive Care Unit Confinement***
 - \$500 per covered person per day of intensive care unit confinement.
 - Maximum of 30 days per covered person per confinement.

**The pre-existing condition limitation is applicable to these benefits.*

Sample Rates

Individual Medical BridgeSM
Plan 3
Hospital Confinement, Observation Room, Rehabilitation Unit Confinement, Waiver of Premium,
Outpatient Surgical Procedure – Option 1, Diagnostic Procedure
Monthly Premiums – Age Banded Rates
Named Insured

	Hospital Confinement - \$1,000 Medical Treatment Package \$50 Health Screening Option 1 (Tier 1 \$500, Tier 2 \$1,000, Calendar Year Max \$1,500)
Ages 17-49	\$35.60
Ages 50-59	\$45.60
Ages 60-64	\$56.85
Ages 65-75	\$70.80