

Group Medical BridgeSM Plan Design At-A-Glance

Five plan designs. (May vary by state.) One plan design allowed per account, unless two distinct classifications



Plan 1*	Plan 2	Plan 3	Plan 4	Plan 5																																																																
Hospital Confinement 10 levels: \$500 - \$5,000 Max of 1 day (benefit)/covered person/calendar year	Hospital Confinement 10 levels: \$500 - \$5,000 Max of 1 day (benefit)/covered person/calendar year	Hospital Confinement 10 levels: \$500 - \$5,000 Max of 1 day (benefit)/covered person/calendar year	Hospital Confinement 10 levels: \$500 - \$5,000 Max of 1 day (benefit)/covered person/calendar year	Hospital Confinement 10 levels: \$500 - \$5,000 Max of 1 day (benefit)/covered person/calendar year																																																																
	Outpatient Surgical Procedure 1 option allowed/plan design. Calendar Year Max/covered person/calendar year for Tier 1 and Tier 2 combined <table border="1"> <thead> <tr> <th>Option</th> <th>1</th> <th>2</th> <th>3</th> </tr> </thead> <tbody> <tr> <td>Tier 1</td> <td>\$500</td> <td>\$750</td> <td>\$1,000</td> </tr> <tr> <td>Tier 2</td> <td>\$1,000</td> <td>\$1,500</td> <td>\$2,000</td> </tr> <tr> <td>CY Max</td> <td>\$1,500</td> <td>\$2,500</td> <td>\$3,000</td> </tr> </tbody> </table>	Option	1	2	3	Tier 1	\$500	\$750	\$1,000	Tier 2	\$1,000	\$1,500	\$2,000	CY Max	\$1,500	\$2,500	\$3,000	Outpatient Surgical Procedure 1 option allowed/plan design. Calendar Year Max/covered person/calendar year for Tier 1 and Tier 2 combined <table border="1"> <thead> <tr> <th>Option</th> <th>1</th> <th>2</th> <th>3</th> </tr> </thead> <tbody> <tr> <td>Tier 1</td> <td>\$500</td> <td>\$750</td> <td>\$1,000</td> </tr> <tr> <td>Tier 2</td> <td>\$1,000</td> <td>\$1,500</td> <td>\$2,000</td> </tr> <tr> <td>CY Max</td> <td>\$1,500</td> <td>\$2,500</td> <td>\$3,000</td> </tr> </tbody> </table>	Option	1	2	3	Tier 1	\$500	\$750	\$1,000	Tier 2	\$1,000	\$1,500	\$2,000	CY Max	\$1,500	\$2,500	\$3,000	Outpatient Surgical Procedure 1 option allowed/plan design. Calendar Year Max/covered person/calendar year for Tier 1 and Tier 2 combined <table border="1"> <thead> <tr> <th>Option</th> <th>1</th> <th>2</th> <th>3</th> </tr> </thead> <tbody> <tr> <td>Tier 1</td> <td>\$500</td> <td>\$750</td> <td>\$1,000</td> </tr> <tr> <td>Tier 2</td> <td>\$1,000</td> <td>\$1,500</td> <td>\$2,000</td> </tr> <tr> <td>CY Max</td> <td>\$1,500</td> <td>\$2,500</td> <td>\$3,000</td> </tr> </tbody> </table>	Option	1	2	3	Tier 1	\$500	\$750	\$1,000	Tier 2	\$1,000	\$1,500	\$2,000	CY Max	\$1,500	\$2,500	\$3,000	Outpatient Surgical Procedure 1 option allowed/plan design. Calendar Year Max/covered person/calendar year for Tier 1 and Tier 2 combined <table border="1"> <thead> <tr> <th>Option</th> <th>1</th> <th>2</th> <th>3</th> </tr> </thead> <tbody> <tr> <td>Tier 1</td> <td>\$500</td> <td>\$750</td> <td>\$1,000</td> </tr> <tr> <td>Tier 2</td> <td>\$1,000</td> <td>\$1,500</td> <td>\$2,000</td> </tr> <tr> <td>CY Max</td> <td>\$1,500</td> <td>\$2,500</td> <td>\$3,000</td> </tr> </tbody> </table>	Option	1	2	3	Tier 1	\$500	\$750	\$1,000	Tier 2	\$1,000	\$1,500	\$2,000	CY Max	\$1,500	\$2,500	\$3,000
Option	1	2	3																																																																	
Tier 1	\$500	\$750	\$1,000																																																																	
Tier 2	\$1,000	\$1,500	\$2,000																																																																	
CY Max	\$1,500	\$2,500	\$3,000																																																																	
Option	1	2	3																																																																	
Tier 1	\$500	\$750	\$1,000																																																																	
Tier 2	\$1,000	\$1,500	\$2,000																																																																	
CY Max	\$1,500	\$2,500	\$3,000																																																																	
Option	1	2	3																																																																	
Tier 1	\$500	\$750	\$1,000																																																																	
Tier 2	\$1,000	\$1,500	\$2,000																																																																	
CY Max	\$1,500	\$2,500	\$3,000																																																																	
Option	1	2	3																																																																	
Tier 1	\$500	\$750	\$1,000																																																																	
Tier 2	\$1,000	\$1,500	\$2,000																																																																	
CY Max	\$1,500	\$2,500	\$3,000																																																																	
		Diagnostic Procedure Max of 1 day (benefit)/covered person/calendar year <table border="1"> <thead> <tr> <th>Option 1</th> <th>Option 2</th> <th>Option 3</th> </tr> </thead> <tbody> <tr> <td>\$250</td> <td>\$500</td> <td>\$1,000</td> </tr> </tbody> </table>	Option 1	Option 2	Option 3	\$250	\$500	\$1,000		Diagnostic Procedure Max of 1 day (benefit)/covered person/calendar year <table border="1"> <thead> <tr> <th>Option 1</th> <th>Option 2</th> <th>Option 3</th> </tr> </thead> <tbody> <tr> <td>\$250</td> <td>\$500</td> <td>\$1,000</td> </tr> </tbody> </table>	Option 1	Option 2	Option 3	\$250	\$500	\$1,000																																																				
Option 1	Option 2	Option 3																																																																		
\$250	\$500	\$1,000																																																																		
Option 1	Option 2	Option 3																																																																		
\$250	\$500	\$1,000																																																																		
		ER Visit (Acc/Sick) \$150 – Max of 1 day (benefit)/ covered person/calendar year		ER Visit (Acc/Sick) \$150 – Max of 1 day (benefit)/covered person/calendar year																																																																
			Doctor Office Visit Benefit \$25 – Max of 3 days (benefits)/calendar year for EE Only or max of 5 days (benefits)/calendar year for EE + family	Doctor Office Visit Benefit \$25 – Max of 3 days (benefits)/calendar year for EE Only or max of 5 days (benefits)/calendar year for EE + family																																																																
Employer Optional Benefits																																																																				
Health Screening \$50 – Max of 1 day (benefit)/covered person/calendar year	Health Screening \$50 – Max of 1 day (benefit)/covered person/calendar year	Health Screening \$50 – Max of 1 day (benefit)/covered person/calendar year	Health Screening \$50 – Max of 1 day (benefit)/covered person/calendar year	Health Screening \$50 – Max of 1 day (benefit)/covered person/calendar year																																																																
Second Day and Subsequent Day Hospital Confinement** \$500 – 10 days/covered person/calendar year	Second Day and Subsequent Day Hospital Confinement** \$500 – 10 days/covered person/calendar year	Second Day and Subsequent Day Hospital Confinement** \$500 – 10 days/covered person/calendar year	Second Day and Subsequent Day Hospital Confinement** \$500 – 10 days/covered person/calendar year	Second Day and Subsequent Day Hospital Confinement** \$500 – 10 days/covered person/calendar year																																																																
Accident Only ER Visit \$150 – Max of 1 day (benefit)/covered person/calendar year																																																																				

*Must select at least one Employer Optional Benefit

**Available with Level 10 (\$5,000) Hospital Confinement benefit

Certificates have exclusions and limitations that may affect benefits payable. Benefits vary by state and may not be available in all states. See a Colonial Life representative for complete details. Colonial Life products are underwritten by Colonial Life & Accident Insurance Company, for which Colonial Life is the marketing brand. (11/2015)

Group Medical BridgeSM Plan Design At-A-Glance

Five plan designs. (May vary by state.) One plan design allowed per account, unless two distinct classifications



Participation Requirements

Rate Structure	Employer Contribution	Guaranteed Issue (GI) with Pre-ex <u>included</u> – No health questions	Guaranteed Issue with Pre-ex <u>waived</u> (GX2)
Age-Banded	None	<u>Levels \$500-\$3,000:</u> The greater of 10 enrolled or 10% participation	The greater of 10 enrolled or 50% participation
		<u>Levels \$3,500-\$5,000:</u> The greater of 10 enrolled or 20% participation	
Composite	At least 50%	The greater of 10 enrolled or 25% participation	The greater of 10 enrolled or 50% participation
Discounted Composite	100% for EE*	GX2 Only	Minimum of 25 certificates enrolled
	100% for All		

*Employees will have the ability to buy up to family coverage. Employee premiums will be discounted; Spouse and Dependent Children premiums will not be discounted.

*Healthcare, Education and Local & City Government accounts are limited to Hospital Confinement Levels 1-3 (\$500 - \$1,500).
State and Federal Government Accounts are limited to Hospital Confinement Levels 1 & 2 (\$500 - \$1,000).*