

# Individual Medical Bridge<sup>SM</sup> Plan Design At-A-Glance

Three plan designs. (May vary by state). Two plan designs allowed per account. Plan 1 must be selected.  
Two hospital confinement levels allowed per plan design.



Plan 1 (HSA-Compliant)	Plan 2	Plan 3																																
<b>Hospital Confinement</b> 8 levels: \$500-\$3,000; \$4,000*, \$5,000* Max of 1 benefit/covered person/calendar year *Risk Manager approval required	<b>Hospital Confinement</b> 8 levels: \$500-\$3,000; \$4,000*, \$5,000* Max of 1 benefit/covered person/calendar year *Risk Manager approval required	<b>Hospital Confinement</b> 8 levels: \$500-\$3,000; \$4,000*, \$5,000* Max of 1 benefit/covered person/calendar year *Risk Manager approval required																																
<b>Observation Room</b> \$100 – Max of 2 visits/covered person/calendar year	<b>Observation Room</b> \$100 – Max of 2 visits/covered person/calendar year	<b>Observation Room</b> \$100 – Max of 2 visits/covered person/calendar year																																
<b>Rehabilitation Unit Confinement</b> \$100 per day – Max of 15 days per confinement. 30 day max/covered person/calendar year	<b>Rehabilitation Unit Confinement</b> \$100 per day – Max of 15 days per confinement. 30 day max/covered person/calendar year	<b>Rehabilitation Unit Confinement</b> \$100 per day – Max of 15 days per confinement. 30 day max/covered person/calendar year																																
<b>Waiver of Premium</b> Available after 30 continuous days of a covered hospital confinement of the named insured	<b>Waiver of Premium</b> Available after 30 continuous days of a covered hospital confinement of the named insured	<b>Waiver of Premium</b> Available after 30 continuous days of a covered hospital confinement of the named insured																																
	<b>Outpatient Surgical Procedure</b> 1 option allowed per account. Calendar Year Max/covered person/calendar year for Tier 1 and Tier 2 combined <table border="1" style="margin-left: auto; margin-right: auto;"> <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>\$1,500</td> </tr> <tr> <td>Tier 2</td> <td>\$1,000</td> <td>\$1,500</td> <td>\$3,000</td> </tr> <tr> <td>CY Max</td> <td>\$1,500</td> <td>\$2,500</td> <td>\$4,500</td> </tr> </tbody> </table>	Option	1	2	3	Tier 1	\$500	\$750	\$1,500	Tier 2	\$1,000	\$1,500	\$3,000	CY Max	\$1,500	\$2,500	\$4,500	<b>Outpatient Surgical Procedure</b> 1 option allowed per account. Calendar Year Max/covered person/calendar year for Tier 1 and Tier 2 combined <table border="1" style="margin-left: auto; margin-right: auto;"> <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>\$1,500</td> </tr> <tr> <td>Tier 2</td> <td>\$1,000</td> <td>\$1,500</td> <td>\$3,000</td> </tr> <tr> <td>CY Max</td> <td>\$1,500</td> <td>\$2,500</td> <td>\$4,500</td> </tr> </tbody> </table>	Option	1	2	3	Tier 1	\$500	\$750	\$1,500	Tier 2	\$1,000	\$1,500	\$3,000	CY Max	\$1,500	\$2,500	\$4,500
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		<b>Diagnostic Procedure</b> Calendar Year Max of \$500/covered person/calendar year for Tier 1 and Tier 2 combined <table border="1" style="margin-left: auto; margin-right: auto;"> <tbody> <tr> <td>Tier 1</td> <td>\$250</td> </tr> <tr> <td>Tier 2</td> <td>\$500</td> </tr> <tr> <td>CY Max</td> <td>\$500</td> </tr> </tbody> </table>	Tier 1	\$250	Tier 2	\$500	CY Max	\$500																										
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<b>Medical Treatment Package (Accident Only)</b> <b>Air Ambulance:</b> \$1,000 – Max of 1 benefit/covered person/calendar year; <b>Ambulance:</b> \$100 – Max of 1 benefit/covered person/calendar year; <b>Appliance:</b> \$100 – Max of 1 benefit/covered person/calendar year; <b>Doctor's Office Visit:</b> \$25 per visit – Max of 3/calendar year for EE only or max of 5/calendar year for EE + family; <b>Emergency Room Visit:</b> \$100 – Max of 2/covered person/calendar year; <b>X-Ray:</b> \$25 – Max of 2/covered person/calendar year	<b>Medical Treatment Package (Accident/Sickness)</b> <b>Air Ambulance:</b> \$1,000 – Max of 1 benefit/covered person/calendar year; <b>Ambulance:</b> \$100 – Max of 1 benefit/covered person/calendar year; <b>Appliance:</b> \$100 – Max of 1 benefit/covered person/calendar year; <b>Doctor's Office Visit:</b> \$25 per visit – Max of 3/calendar year for EE only or max of 5/calendar year for EE + family; <b>Emergency Room Visit:</b> \$100 – Max of 2/covered person/calendar year; <b>X-Ray:</b> \$25 – Max of 2/covered person/calendar year	<b>Medical Treatment Package (Accident/Sickness)</b> <b>Air Ambulance:</b> \$1,000 – Max of 1 benefit/covered person/calendar year; <b>Ambulance:</b> \$100 – Max of 1 benefit/covered person/calendar year; <b>Appliance:</b> \$100 – Max of 1 benefit/covered person/calendar year; <b>Doctor's Office Visit:</b> \$25 per visit – Max of 3/calendar year for EE only or max of 5/calendar year for EE + family; <b>Emergency Room Visit:</b> \$100 – Max of 2/covered person/calendar year; <b>X-Ray:</b> \$25 – Max of 2/covered person/calendar year																																
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Policies 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.  
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