

How Do I Enroll?

A Colonial Life Advisor will assist you via a screen share enrollment which requires access to a computer and Internet.

Prepare for your appointment:

Be sure to bring social security numbers and dates of birth for any dependents that will be covered.

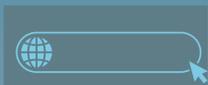
Click or Scan the QR code to schedule an appointment.

Click the icon to the right to watch a short video on the claims process. The URL at the bottom of the page takes you to the Policy Holder website.



GROUP MEDICAL BRIDGE

Pays cash amounts to help with the non-covered expenses of a hospital stay.



GROUP MEDICAL BRIDGE – PLAN 1 (HSA-COMPLIANT)

Colonial Life’s group hospital indemnity insurance plan, Group Medical Bridge, offers a customizable and flexible plan design that will help supplement your major medical plan offering. This coverage provides benefits that your employees can use to offset deductibles, co-pays, and out-of-pocket medical and non-medical expenses related to covered events that cause financial exposure, such as hospital confinement.

This plan is a Health Savings Account (HSA)-compliant plan that may also be offered to employees who do not have an HSA.

PRODUCT FEATURES

- Coverage is guaranteed issue for all covered insureds; there are no health questions or medical underwriting.
- Premiums can be employer or employee paid. Premium discounts may be available for 100% employer paid accounts.
- In multi-state enrollments, situs state rules apply to Group Medical Bridge.
- Benefits are paid regardless of any other insurance the insured may have with another company.
- Benefits are indemnity based and are paid as a lump-sum.
- Benefits are paid directly to the named insured, unless an assignment of benefits is received.
- Product is marketed, underwritten, and administered by Colonial Life.

PLAN DESIGN AT-A-GLANCE

Plan 1	
Hospital Confinement	✓
Waiver of Premium	✓
Wellbeing Assistance - Standard	✓
Inpatient Mental and Nervous	✓
Medical Treatment Package (Accident Only)	✓

Several plan design and benefit options are available for the employer to customize the employee's plan offering.

- The employer will select the plan design(s) and optional benefits to be offered. Two different plan design options allow for the needs of each account to be met. Both plan designs may be offered in an account.
- The employer will select a maximum of two hospital confinement levels per plan design. The hospital confinement benefit levels cannot be separated by more than \$1,500. The separation of \$1,500 does apply across plans.
- The employer will choose whether to include the employer optional benefits.
- Employer optional benefits with benefit amounts selections will be chosen by the employer.

PLAN 1 BENEFITS

Hospital Confinement: The Hospital Confinement benefit level(s) selected below by the employer is payable once per day with a maximum of one day per covered person per calendar year.

<input type="checkbox"/> Level 2: \$1,000	<input type="checkbox"/> Level 3: \$1,500
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- State Government, Federal Government, Local Government and Healthcare accounts are eligible for Hospital Confinement Levels 1-3 (\$500-\$1,500) only.
- Education accounts are eligible for Hospital Confinement Levels 1-5 (\$500-\$2,500) only.

Waiver of Premium: After 30 continuous days of a covered confinement of the named insured, the Waiver of Premium benefit is available. This benefit waives the premium for the entire certificate as long as the named insured is continuously confined, or up to 12 months, whichever occurs first.

EMPLOYER OPTIONAL BENEFITS:

The following optional benefits are available for the employer to include in the plan design. These benefits are not optional for the employee.

- **Inpatient Mental and Nervous:** \$500 per day with a maximum of one day per covered person per calendar year. Subject to a lifetime maximum benefit of \$2,000 per covered person. This benefit is payable for confinement to a hospital or mental health facility as the result of a mental and/or nervous disorder.
- **Medical Treatment Package (Accident Only):**
 - **Air Ambulance:** \$1,000 per day with a maximum of one day per covered person per calendar year
 - **Ambulance:** \$100 per day with a maximum of one day per covered person per calendar year
 - **Appliance:** \$100 per day with a maximum of one day per covered person per calendar year
 - **Doctor's Office Visit/Telemedicine:** \$25 per day with a maximum of three days per calendar year for named insured only coverage; maximum of five days per calendar year for all covered persons combined for family coverage
 - **Emergency Room Visit:** \$100 per day with a maximum of two days per covered person per calendar year
 - **X-Ray:** \$25 per day with a maximum of two days per covered person per calendar year
- **Rehabilitation Unit Confinement:** \$100 per day with a maximum of 15 days per confinement with a 30 day maximum per covered person per calendar year. This benefit is payable for inpatient rehabilitation immediately following confinement either in a unit that is part of a hospital or in a free-standing facility.
- **Wellbeing Assistance - Standard:** The employer decides whether to offer the Standard or Basic Wellbeing Assistance benefit and the benefit amount to offer from the available amounts of \$50 or \$100. The benefit is payable per day with a maximum of one day per covered person per calendar year. Wellbeing Assistance - Standard applies to 24 tests, including any generally accepted cancer screening test. Benefit is subject to a 30- day waiting period.

EMPLOYEE ELIGIBILITY REQUIREMENTS

- Minimum issue age is 17 for both the named insured and spouse. No maximum age.
- The named insured must be actively at work at the time of application and working 15 or more hours per week.
- Children younger than the age of 26 are considered eligible dependent children.
- This coverage is available only at the initial product enrollment, to new hires enrolling within their new hire enrollment period, or to current employees during the annual open enrollment period (if participation was met at the initial enrollment).

UNDERWRITING OPTIONS AVAILABLE

Guaranteed Issue + Pre-existing Condition Limitation Included (GI)

- Guaranteed Issue for all covered insureds – no health questions
- Subject to the pre-existing condition limitation
- Participation requirements are provided in the table below

PREMIUM INFORMATION

- Age-banded, composite, and discounted composite rates are available (see requirements below).
- There is a four-tier rate structure: Named Insured Only; Named Insured and Spouse; Named Insured and Dependent Children; and Named Insured, Spouse and Dependent Children Coverage.
- Rates are guaranteed for two years from the date of issue of the group policy.

DEFINITIONS

Pre-existing Condition is a sickness or physical condition for which a covered person was diagnosed or treated within 12 months before the coverage effective date. A pre-existing condition only applies to the following benefits, if included: Hospital Confinement, Daily Hospital Confinement, Inpatient Mental and Nervous, Rehabilitation Unit Confinement and Specified Critical Illness.

After the certificate has been in force for 12 months from the coverage effective date, we will pay benefits for any loss as a result of a pre-existing condition not excluded by name or specific description if the covered loss began 12 months after the coverage effective date.

GENERAL EXCLUSIONS AND LIMITATIONS

We will not pay any benefits for injuries or sicknesses which are caused by, contributed to by or occurs as the result of the covered person's:

- Alcoholism or Drug Addiction
- Dental Procedures
- Elective Procedures and Cosmetic Surgery
- Felonies or Illegal Occupations
- Intoxicants or Controlled Substances
- Mental or Nervous Disorders (This exclusion does not apply to the Inpatient Mental and Nervous benefit, if included.)
- Pregnancy of a Dependent Child
- Suicide or Injuries Which Any Covered Person Intentionally Does to Himself
- War
- Birth Limitation (Giving birth within the first nine months after the coverage effective date of the certificate. Only applies to the following benefits, if included: Hospital Confinement and Daily Hospital Confinement benefits)
- Pre-existing Condition Limitation (Only applies to the following benefits, if included: Hospital Confinement, Daily Hospital Confinement, Inpatient Mental and Nervous, Rehabilitation Unit Confinement and Specified Critical Illness)
- Newborn Well Baby Care Limitation

The above list does not include a complete description of each limitation and exclusion. To obtain a complete description, please see your Colonial Life representative.

GROUP MEDICAL BRIDGE 7000 - PLAN 1 - RATES

Monthly Rates: 12 Pay	Issue Age	Named Insured	Employee & Spouse	One-Parent Family	Two Parent Family
Plan 1, Level 2 \$1,000	17-99	\$16.91	\$33.58	\$23.47	\$40.15
Plan 1, Level 3 \$1,500	17-99	\$21.33	\$43.06	\$29.51	\$51.25
10thly Rates: 10 Pay	Issue Age	Named Insured	Employee & Spouse	One-Parent Family	Two Parent Family
Plan 1, Level 2 \$1,000	17-99	\$20.29	\$40.30	\$28.16	\$48.18
Plan 1, Level 3 \$1,500	17-99	\$25.60	\$51.67	35.41	\$61.50

GROUP MEDICAL BRIDGE PLAN 2

Colonial Life’s group hospital indemnity insurance plan, Group Medical Bridge, offers a customizable and flexible plan design that will help supplement your major medical plan offering. This coverage provides benefits that your employees can use to offset deductibles, co-pays, and out-of-pocket medical and non-medical expenses related to covered events that cause financial exposure, such as hospital confinement, outpatient surgical procedures, diagnostic procedures, etc.

PRODUCT FEATURES

- Coverage is guaranteed issue for all covered insureds; there are no health questions or medical underwriting.
- Premiums can be employer or employee paid. Premium discounts may be available for 100% employer paid accounts.
- In multi-state enrollments, situs state rules apply to Group Medical Bridge.
- Benefits are paid regardless of any other insurance the insured may have with another company.
- Benefits are indemnity based and are paid as a lump-sum.
- Benefits are paid directly to the named insured, unless an assignment of benefits is received.
- Product is marketed, underwritten, and administered by Colonial Life.

PLAN DESIGN AT-A-GLANCE

PLAN 2	
Hospital Confinement	✓
Waiver of Premium	✓
Daily Hospital Confinement	✓
Diagnostic Procedure	✓
Inpatient Mental and Nervous	✓
Medical Treatment Package (Accident and Sickness)	✓

PLAN 2	
Outpatient Surgical Procedure	
Wellbeing Assistance - Standard	

Several plan design and benefit options are available for the employer to customize the employee's plan offering.

- The employer will select the plan design(s) and optional benefits to be offered. Two different plan design options allow for the needs of each account to be met. Both plan designs may be offered in an account.
- The employer will select a maximum of two hospital confinement levels per plan design. The hospital confinement benefit levels cannot be separated by more than \$1,500. The separation of \$1,500 does apply across plans.
- The employer will choose whether to include the employer optional benefits.
- Employer optional benefits with benefit amounts selections will be chosen by the employer.

PLAN 2 BENEFITS

Hospital Confinement: The Hospital Confinement benefit level(s) selected below by the employer is payable once per day with a maximum of one day per covered person per calendar year. The hospital confinement benefit levels cannot be separated by more than \$1,500. (For example, \$1,000 and \$2,000 are acceptable; \$1,000 and \$3,000 are not.)

<input type="checkbox"/> Level 1: \$500	<input type="checkbox"/> Level 6: \$3,000
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- State Government, Federal Government, Local Government and Healthcare accounts are eligible for Hospital Confinement Levels 1-3 (\$500-\$1,500) only.
- Education accounts are eligible for Hospital Confinement Levels 1-5 (\$500-\$2,500) only.

Waiver of Premium: After 30 continuous days of a covered confinement of the named insured, the Waiver of Premium benefit is available. This benefit waives the premium for the entire certificate as long as the named insured is continuously confined, or up to 12 months, whichever occurs first.

EMPLOYER OPTIONAL BENEFITS:

The following optional benefits are available for the employer to include in the plan design. These benefits are not optional for the employee.

- **Daily Hospital Confinement:** \$100 per day with a maximum of 365 days per covered person per confinement
- **Diagnostic Procedure:** The employer selects the Diagnostic Procedure option to offer to the employees. The Diagnostic Procedure benefit is payable once per day with a maximum of one day per covered person per calendar year for the specified diagnostic procedures .

Option 1	\$250
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Covered Diagnostic Procedures

<p>Breast</p> <ul style="list-style-type: none"> • Biopsy (incisional, needle, stereotactic) <p>Cardiac</p> <ul style="list-style-type: none"> • Angiogram • Arteriogram • Thallium Stress Test • Transesophageal Echocardiogram (TEE) <p>Diagnostic Radiology</p> <ul style="list-style-type: none"> • Computerized Tomography Scan (CT Scan) • Electroencephalogram (EEG) • Magnetic Resonance Imaging (MRI) • Myelogram • Nuclear medicine test • Positron Emission Tomography Scan (PET Scan) 	<p>Digestive</p> <ul style="list-style-type: none"> • Barium Enema/Lower GI series • Barium Swallow/Upper GI series • Esophagogastroduodenoscopy (EGD) <p>Ear/Nose/Throat/Mouth</p> <ul style="list-style-type: none"> • Laryngoscopy <p>Gynecological</p> <ul style="list-style-type: none"> • Amniocentesis • Cervical biopsy • Cone biopsy • Endometrial biopsy • Hysteroscopy • Loop Electrosurgical Excisional Procedure (LEEP) <p>Liver</p> <ul style="list-style-type: none"> • Biopsy 	<p>Lymphatic</p> <ul style="list-style-type: none"> • Biopsy <p>Miscellaneous</p> <ul style="list-style-type: none"> • Bone marrow aspiration/biopsy <p>Renal</p> <ul style="list-style-type: none"> • Biopsy <p>Respiratory</p> <ul style="list-style-type: none"> • Biopsy • Bronchoscopy • Pulmonary Function Test (PFT) <p>Skin</p> <ul style="list-style-type: none"> • Biopsy • Excision of lesion <p>Thyroid</p> <ul style="list-style-type: none"> • Biopsy <p>Urologic</p> <ul style="list-style-type: none"> • Cystoscopy
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- **Inpatient Mental and Nervous:** \$500 per day with a maximum of one day per covered person per calendar year. Subject to a lifetime maximum benefit of \$2,000 per covered person. This benefit is payable for confinement to a hospital or mental health facility as the result of a mental and/or nervous disorder.

Medical Treatment Package (Accident and Sickness):

- **Air Ambulance:** \$1,000 per day with a maximum of one day per covered person per calendar year
- **Ambulance:** \$100 per day with a maximum of one day per covered person per calendar year
- **Appliance:** \$100 per day with a maximum of one day per covered person per calendar year
- **Doctor’s Office Visit/Telemedicine:** \$25 per day with a maximum of three days per calendar year for named insured only coverage; maximum of five days per calendar year for all covered persons combined for family coverage
- **Emergency Room Visit:** \$100 per day with a maximum of two days per covered person per calendar year
- **X-Ray:** \$25 per day with a maximum of two days per covered person per calendar year

☐ **Outpatient Surgical Procedure:** The employer selects the Outpatient Surgical Procedure option to offer to the employees. Each option contains two tiers of benefits. Both tiers are payable per day with a calendar year maximum per covered person per calendar year and a maximum of one day per outpatient surgical procedure.

Below is a sample list of covered surgical procedures. We will also pay the Outpatient Surgical Procedure benefit for a procedure that is not listed if the procedure meets the definition of a covered surgical procedure as outlined in the certificate.

	Tier 1 Surgery Sample procedures shown below	Tier 2 Surgery Sample procedures shown below	Calendar Year Max
☐ Option 1	\$500	\$1,000	\$1,500

Tier 1 Sample Surgical Procedures

<p>Breast Axillary node dissection Breast capsulotomy Lumpectomy</p> <p>Cardiac Pacemaker insertion</p> <p>Digestive Colonoscopy Fistulotomy Hemorrhoidectomy Lysis of adhesions</p>	<p>Ear/Nose/Throat/Mouth Adenoidectomy Removal of oral lesions Myringotomy Tonsillectomy Tracheostomy Tympanotomy</p> <p>Gynecological Dilation & Curettage (D&C) Endometrial ablation Lysis of adhesions</p>	<p>Liver Paracentesis</p> <p>Musculoskeletal System Carpal/cubital repair or release Foot surgery (bunionectomy, exostectomy, arthroplasty, hammertoe repair) Removal of orthopedic hardware Removal of tendon lesion</p> <p>Skin Laparoscopic hernia repair Skin grafting</p>
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Tier 2 Sample Surgical Procedures

<p>Breast Breast reconstruction Breast reduction</p> <p>Cardiac Angioplasty Cardiac catheterization</p> <p>Digestive Exploratory laparoscopy Laparoscopic appendectomy Laparoscopic cholecystectomy</p> <p>Ear/Nose/Throat/Mouth Ethmoidectomy Mastoidectomy</p>	<p>Ear/Nose/Throat/Mouth continued Septoplasty Stapedectomy Tympanoplasty</p> <p>Eye Cataract surgery Corneal surgery (penetrating keratoplasty) Glaucoma surgery (trabeculectomy) Vitrectomy</p> <p>Gynecological Hysterectomy Myomectomy</p>	<p>Musculoskeletal System Arthroscopic knee surgery with meniscectomy (knee cartilage repair) Arthroscopic shoulder surgery Clavicle resection Dislocations (ORIF - open reduction with internal fixation) Fracture (ORIF - open reduction with internal fixation) Removal or implantation of cartilage Tendon/ligament repair</p> <p>Thyroid Excision of a mass</p> <p>Urologic Lithotripsy</p>
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□ **Wellbeing Assistance - Standard:** The employer decides whether to offer the Standard or Basic Wellbeing Assistance benefit and the benefit amount to offer from the available amounts of \$50 or \$100. The benefit is payable per day with a maximum of one day per covered person per calendar year. Wellbeing Assistance - Standard applies to 24 tests, including any generally accepted cancer screening test. Benefit is subject to a 30-day waiting period.

EMPLOYEE ELIGIBILITY REQUIREMENTS

- Minimum issue age is 17 for both the named insured and spouse. No maximum age.
- The named insured must be actively at work at the time of application and working 15 or more hours per week.
- Children younger than the age of 26 are considered eligible dependent children.
- This coverage is available only at the initial product enrollment, to new hires enrolling within their new hire enrollment period, or to current employees during the annual open enrollment period (if participation was met at the initial enrollment).

UNDERWRITING OPTIONS AVAILABLE

Guaranteed Issue + Pre-existing Condition Limitation Included (GI)

- Guaranteed Issue for all covered insureds – no health questions
- Subject to the pre-existing condition limitation
- Participation requirements are provided in the table below

PREMIUM INFORMATION

- Age-banded, composite, and discounted composite rates are available (see requirements below).
- There is a four-tier rate structure: Named Insured Only; Named Insured and Spouse; Named Insured and Dependent Children; and Named Insured, Spouse and Dependent Children Coverage.
- Rates are guaranteed for two years from the date of issue of the group policy.

DEFINITIONS

- Pre-existing Condition is a sickness or physical condition for which a covered person was diagnosed or treated within 12 months before the coverage effective date. A pre-existing condition only applies to the following benefits, if included: Hospital Confinement, Daily Hospital Confinement, Diagnostic Procedure, Inpatient Mental and Nervous, Outpatient Surgical Procedure, Rehabilitation Unit Confinement and Specified Critical Illness.
- After the certificate has been in force for 12 months from the coverage effective date, we will pay benefits for any loss as a result of a pre-existing condition not excluded by name or specific description if the covered loss began 12 months after the coverage effective date.

GENERAL EXCLUSIONS AND LIMITATIONS

We will not pay any benefits for injuries or sicknesses which are caused by, contributed to by or occurs as the result of the covered person's:

- Alcoholism or Drug Addiction
- Dental Procedures
- Elective Procedures and Cosmetic Surgery
- Felonies or Illegal Occupations
- Intoxicants or Controlled Substances
- Mental or Nervous Disorders (This exclusion does not apply to the Inpatient Mental and Nervous benefit, if included.)
- Pregnancy of a Dependent Child
- Suicide or Injuries Which Any Covered Person Intentionally Does to Himself
- War
- Birth Limitation (Giving birth within the first nine months after the coverage effective date of the certificate. Only applies to the following benefits, if included: Hospital Confinement and Daily Hospital Confinement benefits)
- Pre-existing Condition Limitation (Only applies to the following benefits, if included: Hospital Confinement, Daily Hospital Confinement, Diagnostic Procedure, Inpatient Mental and Nervous, Outpatient Surgical Procedure, Rehabilitation Unit Confinement and Specified Critical Illness)
- Newborn Well Baby Care Limitation

The above list does not include a complete description of each limitation and exclusion. To obtain a complete description, please see your Colonial Life representative.

GROUP MEDICAL BRIDGE 7000 - PLAN 2 - RATES

Monthly Rates: 12 Pay	Issue Age	Named Insured	Employee & Spouse	One-Parent Family	Two Parent Family
Plan 2, Level 1 \$500	17-99	\$28.09	\$58.37	\$42.75	\$73.04
Plan 2, Level 6 \$3,000	17-99	\$55.48	\$117.15	\$80.18	\$141.87
10thly Rates: 10 Pay	Issue Age	Named Insured	Employee & Spouse	One-Parent Family	Two Parent Family
Plan 2, Level 1 \$500	17-99	\$33.71	\$70.04	\$51.30	\$87.65
Plan 2, Level 6 \$3,000	17-99	\$66.58	\$140.58	\$96.22	\$170.24