

Group Medical BridgeSM – Plan 5

Colonial Life’s Group Hospital Confinement Indemnity plan, Group Medical Bridge, provides your employees with additional out-of-pocket protection for services including hospital confinement and outpatient surgery. Providing benefits for these types of services help your employees offset the larger financial exposures of their health insurance plan including deductibles and co-insurance.

Features

- Coverage is guaranteed issued for all covered insureds; there are no health questions or medical underwriting.
- Pre-existing conditions may be waived for all covered insureds if certain account participation is met.
- Benefits are paid directly to the named insured, unless an assignment of benefits is received.
- Premiums can be employee or employer paid. Premium discounts may be available for 100% employer paid accounts.
- Product is marketed, underwritten, and administered by Colonial Life.
- In multi-state enrollments, situs state rules apply to Group Medical Bridge.

Plan Design at a Glance

| Plan 5 | |
|--|-----------------|
| Hospital Confinement | ✓ |
| Outpatient Surgical Procedure | ✓ |
| Diagnostic Procedure | ✓ |
| Emergency Room Visit | ✓ |
| Doctor Office Visit | ✓ |
| Health Screening Benefit | Employer Option |
| Second Day and Subsequent Day Hospital Confinement | Employer Option |

Plan 5 Benefits

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

| | |
|--|--|
| <input type="checkbox"/> Level 1: \$500 | <input type="checkbox"/> Level 6: \$3,000 |
| <input type="checkbox"/> Level 2: \$1,000 | <input type="checkbox"/> Level 7: \$3,500 |
| <input type="checkbox"/> Level 3: \$1,500 | <input type="checkbox"/> Level 8: \$4,000 |
| <input checked="" type="checkbox"/> Level 4: \$2,000 | <input type="checkbox"/> Level 9: \$4,500 |
| <input type="checkbox"/> Level 5: \$2,500 | <input type="checkbox"/> Level 10: \$5,000 |

- Healthcare, Education, and Local City and County Government accounts are eligible for Hospital Confinement levels 1-3 (\$500-\$1,500) only.
- State and Federal Government accounts are eligible for Hospital Confinement levels 1-2 (\$500 - \$1,000) only.

Outpatient Surgical Procedure Benefit: As the employer, you will select one of the Outpatient Surgery options below. Each option contains two tiers of benefits. Both tiers are payable per day with a calendar year maximum per covered person 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 Surgery¹ Sample procedures shown below | Tier 2 Surgery² Sample procedures shown below | Calendar Year Max |
|---|--|--|--------------------------|
| <input type="checkbox"/> Option 1 | \$500 | \$1,000 | \$1,500 |
| <input checked="" type="checkbox"/> Option 2 | \$750 | \$1,500 | \$2,500 |
| <input type="checkbox"/> Option 3 | \$1,000 | \$2,000 | \$3,000 |

¹**Tier 1 Sample Surgical Procedures**

| | | |
|--|--|---|
| Breast Axillary node dissection Breast capsulotomy Breast reconstruction Lumpectomy Cardiac Pacemaker insertion Digestive Colonoscopy Fistulotomy Hemorrhoidectomy (external) Lysis of adhesions | Ear/Nose/Throat/Mouth Adenoidectomy Removal of oral lesions Myringotomy Tonsillectomy Tracheostomy Gynecological Dilatation & Curettage (D&C) Endometrial ablation Lysis of adhesions Liver Paracentesis | Musculoskeletal System Carpal/cubital repair or release Dislocation (closed reduction treatment) other than a finger or toe Foot surgery (bunionectomy, exostectomy, arthroplasty, hammertoe repair) Fracture (closed reduction treatment) other than a rib, finger or toe Removal of orthopedic hardware Removal of tendon lesion Skin Laparoscopic hernia repair Skin grafting |
|--|--|---|

²**Tier 2 Sample Surgical Procedures**

| | | |
|---|--|---|
| Breast Breast Reduction Cardiac Angioplasty Cardiac catheterization Digestive Exploratory laparoscopy Laparoscopic appendectomy Laparoscopic cholecystectomy Ear/Nose/Throat/Mouth Ethmoidectomy Mastoidectomy | Ear/Nose/Throat/Mouth continued Septoplasty Stapedectomy Tympanoplasty Tympanotomy Eye Cataract surgery Corneal surgery (penetrating keratoplasty) Glaucoma surgery (trabeculectomy) Vitrectomy Gynecological Myomectomy | Musculoskeletal System Arthroscopic knee surgery w/ 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 Thyroid Excision of a mass |
|---|--|---|

Diagnostic Procedure: As the employer, you will select one of the Diagnostic Procedure options below. The benefit is paid once per day with a maximum of one day per covered person per calendar year for the listed covered diagnostic procedures³.

| | |
|--|--------------|
| <input type="checkbox"/> Option 1 | \$250 |
| <input type="checkbox"/> Option 2 | \$500 |
| <input type="checkbox"/> Option 3 | \$1,000 |

Covered Diagnostic Procedures³

| | | |
|---|--|---|
| <p>Breast Biopsy (incisional, needle, stereotactic)</p> <p>Cardiac Angiogram Arteriogram Thallium Stress Test Transesophageal Echocardiogram (TEE)</p> <p>Digestive Barium Enema/Lower GI series Barium Swallow/Upper GI series Esophagogastroduodenoscopy (EGD) Ear/Nose/Throat/Mouth Laryngoscopy</p> <p>Gynecological Amniocentesis Cervical biopsy Cone biopsy Endometrial biopsy Hysteroscopy Loop Electrosurgical Excisional Procedure (LEEP)</p> | <p>Liver Biopsy</p> <p>Lymphatic Biopsy</p> <p>Diagnostic Radiology Computerized Tomography Scan (CT Scan) Electroencephalogram (EEG) Magnetic Resonance Imaging (MRI) Myelogram Nuclear medicine test Positron Emission Tomography Scan (PET Scan)</p> | <p>Miscellaneous Bone marrow aspiration/biopsy</p> <p>Renal Biopsy</p> <p>Respiratory Biopsy Bronchoscopy Pulmonary Function Test (PFT)</p> <p>Skin Biopsy Excision of lesion</p> <p>Thyroid Biopsy</p> <p>Urinary Cystoscopy</p> |
|---|--|---|

Emergency Room Visit Benefit: \$150 benefit paid once per day with a maximum of one day per covered person per calendar year for a covered accident and sickness.

Doctor Office Visit Benefit: \$25 paid for each day with a maximum of three days per calendar year for named insured only coverage or five days per calendar year combined for family coverage. Payable for any doctor's office visit for any reason, including an annual physical exam.

Employer Optional Benefits:

As the employer, you may choose to add the following. They are not optional for the employee.

Health Screening Benefit: \$50 payable once per day with a maximum of one day per covered person per calendar year.

Second Day and Subsequent Day Hospital Confinement Benefit (Requires underwriting approval): \$500 per day for the second day and subsequent days of hospital confinement; up to 10 days per covered person per calendar year.

Employee Eligibility Requirements

- Minimum issue age is 17 for both the named insured and spouse. No age maximum
- The named insured must be actively at work at the time of application and working 20 or more hours per week.
- Children younger than the age of 26 are eligible dependents.
- 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 Conditions Included (GI)

- Guarantee Issued for all covered insureds – no health questions.
- Includes pre-existing conditions limitation
- Participation requirements are provided in the table below.

Guaranteed Issue + Pre-Ex Waived (GX2)

- Guarantee Issued for all covered insureds – no health questions.
- No pre-ex for all covered insureds.
- Participation requirements are provided in the table below.

Premium Information

- Age-banded, composite, and discounted composite rates are available (see requirements below)
- Four-tier rate structure: Named Insured Only; Named Insured and Spouse; Named Insured and Children; and Family Coverage.
- Rates are guaranteed for one year from the date of issue of the group policy.

Definitions

Pre-Existing Condition means a disease or physical condition for which you received medical advice or treatment within 90 days before the coverage effective date. Pre-existing applies to the following benefits if included: Hospital Confinement and Second Day and Subsequent Day Hospital Confinement.

Other Important Provisions

Time Limits on Certain Defenses After this policy has been in force for 90 days from the effective date of this policy, 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 90 days after the effective date of the policy.

Employer Contribution and Participation Requirements

| Rate Structure | Minimum Employer Contribution | Guaranteed Issue Participation requirement | Guaranteed Issue with Pre-Ex Waived participation requirement |
|----------------------|-------------------------------|--|---|
| Age-Banded | None | <u>Hospital Confinement Levels \$500-\$3,000</u> : The greater of 10 enrolled or 10% participation <u>Hospital Confinement Levels \$3,500-\$5,000</u> : The greater of 10 enrolled or 20% participation | The greater of 10 enrolled or 50% participation |
| Composite | 50% | The greater of 10 enrolled or 25% participation | The greater of 10 enrolled or 50% participation |
| Discounted Composite | 100% for EE Only | Not Applicable | Minimum of 25 certificates enrolled |
| | 100% for All Covered Insureds | | |

What is Not Covered

General Exclusions and Limitations:

Benefits will not be paid for injuries received in accidents or for sicknesses which are caused by:

- Birth in the first nine months after the effective date of the certificate (only applies to the Hospital Confinement Benefit)
- Dental procedures
- Cosmetic surgery
- Felonies or Illegal occupations
- Intoxicants and narcotics
- Mental, nervous or emotional disorders
- Pre-existing conditions
- Pregnancy of a dependent child
- Suicide or injuries which any covered person intentionally does to himself
- War or Armed Conflict
- Well Baby Care

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.