



Group Medical Bridge

Add supplemental health benefits to your Overall Benefit Purchase

INFORMATION

TERMS

Colonial Life's Group Medical Bridge Plans

Colonial Life's Group Medical Bridge Insurance can help with medical costs associated with a hospital stay that your health insurance may not cover. These benefits are available for you, your spouse, and eligible dependent children.

Choose between Benefit Plan Level I ["Plan 2 Level I \\$500"](#) or Benefit Plan Level II ["Plan 2 Level II \\$1,000"](#)

Our Coverage includes:

- Hospital Confinement
- Outpatient Surgical Procedure
- Inpatient Mental and Nervous
- Observation Room
- Rehabilitation Unit Confinement
- Medical Treatment Package (Accident/Sickness) (**Only available on Level II**)
- Waiver of Premium

Hospital Confinement

Benefit Plan Level I \$500 per day

Benefit Plan Level II \$1,000 per day

Maximum of one day per covered person calendar year.

Daily Hospital Confinement - **Only available in Benefit Plan Level II**

Benefit Plan Level II \$100 per day

Maximum of 365 days per covered person per confinement. Re-confinement for the same or related condition within 90 days of discharge is considered a continuation of a previous confinement.

Inpatient Mental and Nervous

Both Benefit Plans, Level I & Level II \$500 per day

Maximum of one day per covered person per calendar year.

Subject to a lifetime 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.

Observation Room

Both Benefit Plans, Level I & Level II \$100 per day

Maximum of two days per covered person per calendar year.

This benefit is payable for treatment in an observation room in a hospital for less than 20 hours.

Rehabilitation Unit Confinement

Both Benefit Plans, Level I & Level II \$100 per day

Maximum of 15 days per confinement with a 30 day maximum per covered person per calendar year.

This benefit is payable immediately following confinement either in a unit that is part of a hospital or in a free-standing facility.

Outpatient Surgical Procedure

Both Benefit Plans, Level I & Level II \$500 per day for Tier 1

\$1,000 per day for Tier 2

Maximum of \$1,500 per covered person per calendar year for Level 1 and 2 combined.

Maximum of one day per outpatient surgical procedure.



Tier 1 Outpatient Surgical Procedures	
<ul style="list-style-type: none">• Breast<ul style="list-style-type: none">◦ Axillary node dissection◦ Breast Capsulectomy◦ Lumpectomy• Cardiac<ul style="list-style-type: none">◦ Pacemaker insertion• Digestive<ul style="list-style-type: none">◦ Colonoscopy*◦ Fistulotomy◦ Hemorrhoidectomy◦ Lysis of adhesions• Ear, Nose, Throat, Mouth<ul style="list-style-type: none">◦ Adenoidectomy◦ Removal of oral lesions◦ Myringotomy◦ Tonsillectomy◦ Tracheostomy◦ Tympanotomy	<ul style="list-style-type: none">• Gynecological<ul style="list-style-type: none">◦ Dilatation and curettage (D&C)◦ Endometrial ablation◦ Lysis of adhesions• Liver<ul style="list-style-type: none">◦ Paracentesis• Musculoskeletal System<ul style="list-style-type: none">◦ Carpal/cubital repair or release◦ Foot surgery (bunionectomy, excision, arthroplasty, hammertoe repair)◦ Removal of orthopedic hardware◦ Removal of tendon lesion• Skin<ul style="list-style-type: none">◦ Laparoscopic hernia repair◦ Skin grafting
Tier 2 Outpatient Surgical Procedures	
<ul style="list-style-type: none">• Breast<ul style="list-style-type: none">◦ Breast reconstruction◦ Breast reduction◦ Lumpectomy• Cardiac<ul style="list-style-type: none">◦ Angioplasty◦ Cardiac catheterization• Digestive<ul style="list-style-type: none">◦ Exploratory laparoscopy◦ Laparoscopic appendectomy◦ Laparoscopic cholecystectomy• Ear, nose, throat, mouth<ul style="list-style-type: none">◦ Ethmoidectomy◦ Maxilloidectomy◦ Septoplasty◦ Stapedectomy◦ Tympanoplasty• Eye<ul style="list-style-type: none">◦ Cataract surgery◦ Corneal surgery (penetrating keratoplasty)◦ Glaucoma surgery (trabeculectomy)◦ Vitrectomy	<ul style="list-style-type: none">• Gynecological<ul style="list-style-type: none">◦ Hysterectomy◦ Myomectomy• Liver<ul style="list-style-type: none">◦ Paracentesis• Musculoskeletal system<ul style="list-style-type: none">◦ Arthroscopic knee surgery with meniscectomy (knee cartilage repair)◦ Arthroscopic shoulder surgery◦ Clavicle resection◦ Clavicle resection◦ Dislocations (open reduction with internal fixation)◦ Fracture (open reduction with internal fixation)◦ Removal or implantation of cartilage◦ Tendon/ligament repair• Thyroid<ul style="list-style-type: none">◦ Excision of mass• Urologic<ul style="list-style-type: none">◦ Lithotripsy

The procedures listed are only a sampling of the procedures that may be covered.

Procedures must be performed by a doctor in a hospital or ambulatory surgical center. For complete details and definitions, refer to your certificate.

† Colonoscopy must result in polyp removal or be recommended by a physician for the purposes of treating or diagnosing a sickness.

Medical Treatment Package (Accident/Sickness) - Only available in Benefit Plan Level II

- 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.
- Doctors Office Visit/Telemedicine: \$25 per day with a maximum of three days per calendar year for named insured only 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.

Waiver of Premium

Available after 30 continuous days of a covered confinement of the named insured.

Tax Status

These benefits offered are Post-Tax.

Colonial Life's Disclosures, Limitations, and Exclusions

THIS INSURANCE PROVIDES LIMITED BENEFITS.

EXCLUSIONS

We will not pay any benefits for injuries received in accidents or for sicknesses which are caused by, contributed to by or occur as a result of the following exclusions and limitations: alcoholism or drug addiction, dental procedures, elective procedures and cosmetic surgery, felonies or illegal occupations, mental or nervous disorders (this exclusion does not apply to Inpatient Mental and Nervous benefit, if available), pregnancy of a dependent child, suicide or injuries which any covered person intentionally does to himself or herself or war. We will not pay benefits for hospital confinement or daily hospital confinement, if included, for giving birth within the first nine months after the effective date of the certificate or for a newborn child following his birth unless he is injured or sick.

PRE-EXISTING CONDITION LIMITATION

We will not pay benefits for loss during the first 12 months after the certificate effective date due to a pre-existing condition. A pre-existing condition is the existence of symptoms which would cause an ordinarily prudent person to seek diagnosis, care, or treatment, or a condition for which medical advice or treatment was recommended by or received within 12 months preceding the coverage effective date. This limitation applies to the following benefits, if applicable: Hospital Confinement, Daily Hospital Confinement, Inpatient Mental and Nervous, Rehabilitation Unit Confinement, Diagnostic Procedure and Outpatient Surgical Procedure. This information is not intended to be a complete description of the insurance coverage available. The insurance has exclusions and limitations which may affect any benefits payable. Applicable to policy form GMB7000-P-GA and certificate form GMB7000-C-GA. For cost and complete details of coverage, call or write your Colonial Life benefits counselor or the company.

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ABOUT US

[Click here](#)

to schedule a call with a live Benefit Advisor for personalized assistance with your benefits enrollment, or call us at 800-617-8012

For further questions, please send us an email at benefitsupport@medsurf.co

CONTACT US

 MedSurf Data Partners LP

 800-617-8012