



Medical BridgeSM 3000 Benefits - Plan 2
Base Plan + Outpatient Surgical Procedure

Wellness	X
Outpatient Surgical Procedure	X
Hospital Confinement	X
Rehabilitation Unit	X
Waiver of Premium	X

Wellness Benefit: \$50; one per calendar year for employee only coverage; two per calendar year combined for family coverage.

Outpatient Surgical Procedure Benefit*: The employer chooses one option to be offered.

Outpatient Surgery	Option 1	Option 2	Option 3
Tier 1	\$500	\$750	\$1,000
Tier 2	\$1,000	\$1,500	\$2,000
Calendar Year Maximum per covered person per year	\$1,500	\$2,500	\$3,000

Hospital Confinement Benefit*: Six levels from \$500-\$3000 in \$500 increments. You will choose two levels of hospital confinement. 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.)

- Level 1: \$500
- Level 2: \$1,000
- Level 3: \$1,500
- Level 4: \$2,000
- Level 5: \$2,500
- Level 6: \$3,000

Rehabilitation Unit Benefit*: \$100 per day up to 15 days per confinement as an inpatient in a rehabilitation unit. 30-day maximum per covered person per calendar year. Must occur immediately after the hospital confinement.

Waiver of Premium Benefit: after 30 continuous days of the employee's hospital confinement. Waives premium for the entire policy.

**The pre-existing condition limitation is applicable to these benefits.*

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 Colonial Life products are underwritten by Colonial Life & Accident Insurance Company, for which Colonial Life is the marketing brand.
 2008 Colonial Life & Accident Insurance Company 1200 Colonial Life Boulevard, Columbia, South Carolina 29210 PS00617*

<p>Medical BridgeSM 3000 Plan 2 Benefit Amount Options & Monthly Premiums</p>
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	Hospital Confinement	Outpatient Surgery Tier 1	Outpatient Surgery Tier 2
BA	\$500	\$500	\$1,000
BB	\$1,000	\$500	\$1,000
BC	**\$1,500	\$500	\$1,000
BD	*\$2,000	\$500	\$1,000
BE	*\$2,500	\$500	\$1,000
BF	*\$3,000	\$500	\$1,000
CA	\$500	\$750	\$1,500
CB	\$1,000	\$750	\$1,500
CC	**\$1,500	\$750	\$1,500
CD	*\$2,000	\$750	\$1,500
CE	*\$2,500	\$750	\$1,500
CF	*\$3,000	\$750	\$1,500
DA	\$500	\$1,000	\$2,000
DB	\$1,000	\$1,000	\$2,000
DC	**\$1,500	\$1,000	\$2,000
DD	*\$2,000	\$1,000	\$2,000
DE	*\$2,500	\$1,000	\$2,000
DF	*\$3,000	\$1,000	\$2,000

*Requires prior underwriting approval based on Major Medical deductible information.

** Requires prior underwriting approval for Health Care, Governmental, and Educator groups based on Major Medical deductible information.

<p>Medical Bridge 3000 Plan 2 Monthly Premiums Base Plan + Outpatient Surgical Procedures</p>
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Employee						
	BA	BB	BC	BD	BE	BF
17-49	\$13.10	\$18.50	\$23.90	\$29.30	\$34.70	\$40.10
50-59	\$18.10	\$25.60	\$33.10	\$40.60	\$48.10	\$55.60
60-64	\$23.65	\$33.40	\$43.15	\$52.90	\$62.65	\$72.40
65-74	\$29.65	\$41.90	\$54.15	\$66.40	\$78.65	\$90.90
Employee & Spouse						
	BA	BB	BC	BD	BE	BF
17-49	\$28.00	\$39.65	\$51.30	\$62.95	\$74.60	\$86.25
50-59	\$38.60	\$54.70	\$70.80	\$86.90	\$103.00	\$119.10
60-64	\$51.30	\$72.70	\$94.10	\$115.50	\$136.90	\$158.30
65-74	\$64.30	\$91.05	\$117.80	\$144.55	\$171.30	\$198.05
Employee & Dependent Children						
	BA	BB	BC	BD	BE	BF
17-49	\$22.25	\$31.55	\$40.85	\$50.15	\$59.45	\$68.75
50-59	\$26.90	\$38.10	\$49.30	\$60.50	\$71.70	\$82.90
60-64	\$33.00	\$46.80	\$60.60	\$74.40	\$88.20	\$102.00
65-74	\$41.35	\$58.60	\$75.85	\$93.10	\$110.35	\$127.60
Employee, Spouse & Dependent Children						
	BA	BB	BC	BD	BE	BF
17-49	\$33.95	\$48.05	\$62.15	\$76.25	\$90.35	\$104.45
50-59	\$43.85	\$62.10	\$80.35	\$98.60	\$116.85	\$135.10
60-64	\$55.75	\$78.90	\$102.05	\$125.20	\$148.35	\$171.50
65-74	\$69.80	\$98.80	\$127.80	\$156.80	\$185.80	\$214.80

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Employee						
	CA	CB	CC	CD	CE	CF
17-49	\$15.60	\$21.00	\$26.40	\$31.80	\$37.20	\$42.60
50-59	\$21.55	\$29.05	\$36.55	\$44.05	\$51.55	\$59.05
60-64	\$28.15	\$37.90	\$47.65	\$57.40	\$67.15	\$76.90
65-74	\$35.30	\$47.55	\$59.80	\$72.05	\$84.30	\$96.55
Employee & Spouse						
	CA	CB	CC	CD	CE	CF
17-49	\$33.40	\$45.05	\$56.70	\$68.35	\$80.00	\$91.65
50-59	\$45.90	\$62.00	\$78.10	\$94.20	\$110.30	\$126.40
60-64	\$61.05	\$82.45	\$103.85	\$125.25	\$146.65	\$168.05
65-74	\$76.55	\$103.30	\$130.05	\$156.80	\$183.55	\$210.30
Employee & Dependent Children						
	CA	CB	CC	CD	CE	CF
17-49	\$26.45	\$35.75	\$45.05	\$54.35	\$63.65	\$72.95
50-59	\$32.00	\$43.20	\$54.40	\$65.60	\$76.80	\$88.00
60-64	\$39.20	\$53.00	\$66.80	\$80.60	\$94.40	\$108.20
65-74	\$49.15	\$66.40	\$83.65	\$100.90	\$118.15	\$135.40
Employee, Spouse & Dependent Children						
	CA	CB	CC	CD	CE	CF
17-49	\$40.45	\$54.55	\$68.65	\$82.75	\$96.85	\$110.95
50-59	\$52.10	\$70.35	\$88.60	\$106.85	\$125.10	\$143.35
60-64	\$66.30	\$89.45	\$112.60	\$135.75	\$158.90	\$182.05
65-74	\$83.00	\$112.00	\$141.00	\$170.00	\$199.00	\$228.00

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Employee						
	DA	DB	DC	DD	DE	DF
17-49	\$18.10	\$23.50	\$28.90	\$34.30	\$39.70	\$45.10
50-59	\$25.00	\$32.50	\$40.00	\$47.50	\$55.00	\$62.50
60-64	\$32.65	\$42.40	\$52.15	\$61.90	\$71.65	\$81.40
65-74	\$40.95	\$53.20	\$65.45	\$77.70	\$89.95	\$102.20
Employee & Spouse						
	DA	DB	DC	DD	DE	DF
17-49	\$38.75	\$50.40	\$62.05	\$73.70	\$85.35	\$97.00
50-59	\$53.20	\$69.30	\$85.40	\$101.50	\$117.60	\$133.70
60-64	\$70.80	\$92.20	\$113.60	\$135.00	\$156.40	\$177.80
65-74	\$88.80	\$115.55	\$142.30	\$169.05	\$195.80	\$222.55
Employee & Dependent Children						
	DA	DB	DC	DD	DE	DF
17-49	\$30.65	\$39.95	\$49.25	\$58.55	\$67.85	\$77.15
50-59	\$37.10	\$48.30	\$59.50	\$70.70	\$81.90	\$93.10
60-64	\$45.40	\$59.20	\$73.00	\$86.80	\$100.60	\$114.40
65-74	\$56.95	\$74.20	\$91.45	\$108.70	\$125.95	\$143.20
Employee, Spouse & Dependent Children						
	DA	DB	DC	DD	DE	DF
17-49	\$46.90	\$61.00	\$75.10	\$89.20	\$103.30	\$117.40
50-59	\$60.40	\$78.65	\$96.90	\$115.15	\$133.40	\$151.65
60-64	\$76.85	\$100.00	\$123.15	\$146.30	\$169.45	\$192.60
65-74	\$96.20	\$125.20	\$154.20	\$183.20	\$212.20	\$241.20

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