

Group Supplemental Limited Benefit Insurance

Plan 1 (HSA-Compliant)



For more information,
talk with your
benefits counselor.



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Group Medical Bridge^{SM*} 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.

*The policy name is Group Supplemental Limited Benefit Insurance.

Hospital confinement \$ 1,000 per day

Maximum of one day per covered person per calendar year

Waiver of premium

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

☐ **Observation Room**

- Payable for treatment in an observation room in a hospital for less than 20 hours.
- Pays \$100 per visit, up to a maximum of two visits per covered person per calendar year.

☐ **Rehabilitation Unit Confinement**

- Inpatient rehabilitation immediately following hospital confinement either in a unit that is part of a hospital or in a free-standing facility.
- Pays \$100 per day up to 15 days per period of confinement to a rehabilitation unit.
- Calendar maximum of 30 days per covered person.

☐ **Medical Treatment Package**

- Air Ambulance \$1,000
- Ambulance \$100
- Appliance \$100
- Doctor's Office Visit \$25 per visit, max three visit, max five visit for family
- Emergency Room Visit \$100, max two visits
- X-Ray \$25, max two

This plan is compatible with HSA guidelines and any other HSA plan that a covered family member may participate in. It may also be offered to employees who do not have HSAs.

THIS POLICY PROVIDES LIMITED BENEFITS.

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 information is not intended to be a complete description of the insurance coverage available. This coverage has exclusions and limitations that may affect benefits payable. For cost and complete details, see your Colonial Life benefits counselor. This brochure is applicable to policy form GMB7000-P-GA and certificate form GMB7000-C-GA.

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