Individual Medical Bridge At A Glance (Unofficial)

Plan 1 (HSA)	Plan 2				Plan 3				
Hospital Confinement - Lump Sum	Hospital Confinement - Lump Sum			Hospital Confinement - Lump Sum					
Level 1: \$500 Level 5: \$2500	Level 1: \$50	0 Lev	/el 5: \$250	00	Level 1: \$50	0 Lev	/el 5: \$25	00	
Level 2: \$1000 Level 6: \$3000	Level 2: \$10	00 Lev	vel 6: \$300	00	Level 2: \$10	00 Le	vel 6: \$30	000	
Level 3: \$1500 Level 7: \$4000*	Level 3: \$15	00 Lev	vel 7: \$400	00*	Level 3: \$15	00 Le	vel 7: \$40	000*	
Level 4: \$2000 Level 8: \$5000*	Level 4: \$20	00 Lev	vel 8: \$500	00*	Level 4: \$20	00 Le	vel 8: \$50	000*	
Two levels allowed, per plan design with no more	Two levels allowed, per plan design with no more				Two levels allowed, per plan design with no more				
than \$1000 separating them.	than \$1000 separating them.				than \$1000 separating them.				
* Requires Risk Manager approval	* Requires Risk Manager approval				* Requires Risk Manager approval				
Observation Room	Observation Room				Observation Room				
\$100 per visit	\$100 per visit				\$100 per visit				
Max two visits per covered person /	Max two visits per covered person /				Max two visits per covered person /				
per calendar year. When admitted to observation room	per calendar year. When admitted to observation room				per calendar year. When admitted to observation room				
for less than 20 hours.	for less than 20 hours.				for less than 20 hours.				
Rehabilitation Unit Confinement	Rehabilitation Unit Confinement				Rehabilitation Unit Confinement				
\$100 per day	\$100 per day				\$100 per day				
Up to 15 days per confinement	Up to 15 days per confinement				Up to 15 days per confinement				
Max 30 days per covered person /	Max 30 days per covered person /				Max 30 days per covered person /				
Per calendar year	Per calendar year				Per calendar year				
Waiver of Premium	Waiver of Premium				Waiver of Premium				
Available after 30 continuous days of a	Available after 30 continuous days of a covered				Available after 30 continuous days of a covered				
covered hospital confinement or	hospital confinement or rehabilitation unit				hospital confinement or rehabilitation unit				
rehabilitation unit confinement of the named insured.	confinement of the named insured.				confinement of the named insured.				
	Outpatient Services				Outpatient Services				
	One option per plan design allowed			One option per plan design allowed					
	Outpatient	Option	Option	Option	Outpatient	Option	Option	Option	
	Surgery	1	2	3	Surgery	1	2	3	
	Tier 1 Tier 2	\$500 \$1000	\$750 \$1500	\$1500 \$3000	Tier 1 Tier 2	\$500 \$1000	\$750 \$1500	\$1500 \$3000	
	Calendar	\$1500	\$2500	\$4500	Calendar	\$1500	\$2500	\$4500	
	Year Max	71300	72300	Ş -1 500	Year Max	71300	72300	74300	
	Per person				Per person				
	/ per year				/ per year				
		Diagnostic Procedure							
				Payable for specified Diagnostic procedures					
					Tier 1	Tier		Calendar	
					6256	650		Year Max	
								\$500	
Employer Optional Benefits Can be added to any plan design									

Health Screening

- \$50 or \$100 benefit amount selected by employer
- Payable once per covered person, per calendar year
- Applies to 24 health screening tests
- 30 day wait

Medical Treatment Package

- Air Ambulance \$1000* per benefit
- Ambulance \$100* per benefit
- Appliance* per benefit
- Doctor's Office Visit, per calendar year
 - Named Insured Only coverage 3 visits
 - o Family coverage 5 visits
- Emergency Room \$100 per benefit **
- X-Ray \$25 per benefit**
- * One benefit per covered person, per calendar year
- ** Two benefits per covered person, per calendar year

 Accident only coverage when added to plan 1 HSA

Employee Optional Benefits Can be added to any plan design

Daily Hospital Confinement

- \$100 per covered person, per day of hospital confinement
- Max 365 days per confinement

Enhanced Intensive Care Unit Confinement

- Per covered person, per day of ICU confinement
- Max 30 days per covered person, per confinement