

Hospital GAP PLAN Choice® Insurance

Monthly Rates with Physician Office Visit Benefit

VOLUNTARY Plan Maximum

Inpatient	Basic Benefits	Enhanced Benefits	Enhanced Plus Benefits
Rates	\$1,000	\$3,000	\$5,000
Under 55:			
Employee Only	\$15.10	\$38.90	\$63.70
Employee and Spouse	\$27.10	\$70.00	\$114.70
Employee and Children	\$24.10	\$62.10	\$101.90
Employee and Family	\$36.10	\$93.20	\$152.90
Ages 55-59:			
Employee Only	\$22.60	\$58.40	\$95.50
Employee and Spouse	\$40.70	\$104.90	\$171.90
Employee and Children	\$31.60	\$81.60	\$133.70
Employee and Family	\$49.70	\$128.20	\$210.10
Ages 60 and Over:			
Employee Only	\$37.70	\$97.20	\$159.20
Employee and Spouse	\$67.80	\$174.80	\$286.40
Employee and Children	\$46.70	\$120.40	\$197.40
Employee and Family	\$76.80	\$198.10	\$324.70

Outpatient	Basic Benefits	Enhanced Benefits	Enhanced Plus Benefits
Emergency Room	\$50.00	\$100.00	\$150.00
Diagnostic X-Ray & Lab	\$100.00	\$200.00	\$300.00
Outpatient Surgery	\$400.00	\$800.00	\$1,200.00

This is a supplemental limited benefit medical expense insurance policy. This product may contain limitations, exclusions, and waiting periods. This product is not intended for people who are eligible for Medicaid coverage. Pre-existing conditions will not be covered for the first 12 months from your effective date. This insert must be used in conjunction with AF-1074(FF)(Castleberry). Rates are guaranteed not to increase during the initial term period. However, they may increase upon renewal. For benefits, limitations, exclusions, and other provisions, please refer to the policy.

Marketed by:



Underwritten and administered by:

