

# Group Hospital Indemnity

Venus ISD - Monthly (12pp/yr)

| Coverage                        | Rates   |
|---------------------------------|---------|
| Employee                        | \$24.50 |
| Employee & Dependent Spouse     | \$44.90 |
| Employee & Dependent Child(ren) | \$36.60 |
| Family                          | \$57.00 |

**Hospitalization Category:**

|                                  |         |
|----------------------------------|---------|
| Hospital Admission               | \$1,000 |
| Hospital Confinement             | \$150   |
| Hospital Intensive Care Unit     | \$150   |
| Intermediate I.C. Step-Down Unit | \$75    |
| Health Screening Benefit         | \$50    |

**Provisions:**

Waiver of Pre-existing Conditions Exclusion  
Waiver of Pregnancy Exclusion  
Waiver of Mental and Emotional Disorders Exclusion  
No Issue Age or Termination Age Limitations  
Rate Guarantee: 2 years  
Portability: Standard

**Group Attributes:**

Situs State: TX  
Group Size: 850

Please note: Premiums shown are accurate as of publication. They are subject to change.

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