

# Hospital GAP PLAN Choice® Insurance

## Monthly Rates with PHYSICIAN OFFICE VISIT BENEFIT

### VOLUNTARY INPATIENT HOSPITAL PLAN MAXIMUM

	Hospital GAP PLAN Choice® Benefits	
	\$1,000	\$2,000
<b>Under 55:</b>		
Employee Only	\$21.60	\$31.60
Employee and Spouse	\$36.10	\$54.10
Employee and Child(ren)	\$32.60	\$48.60
Employee and Family	\$47.10	\$71.10
<b>Ages 55-59:</b>		
Employee Only	\$30.30	\$45.30
Employee and Spouse	\$51.80	\$78.80
Employee and Child(ren)	\$41.30	\$62.30
Employee and Family	\$62.80	\$95.80
<b>Ages 60 and Over:</b>		
Employee Only	\$47.70	\$72.70
Employee and Spouse	\$83.10	\$128.10
Employee and Children	\$58.70	\$89.70
Employee and Family	\$94.10	\$145.10
	Outpatient Benefits	
Emergency Room	\$50.00	
Diagnostic X-Ray & Lab	\$100.00	
Outpatient Surgery	\$400.00	

**Hospital GAP PLAN Choice® Insurance Premium** \$ \_\_\_\_\_

**Your Payroll Deduction Amount Per Paycheck is** \$ \_\_\_\_\_

This is a supplemental limited benefit medical expense insurance policy. The pre-existing condition exclusion will not apply. This insert must be used in conjunction with SB-30111(WACO ISD) and any state specific deviations thereof. This brochure highlights important features of the plan. Please refer to your certificate for complete details. If you reside in a state other than your employer's state of domicile, where required by law, policy provisions and benefits may vary. Rates are guaranteed not to increase during the initial term period. However, they will increase upon renewal. For actual benefits, limitations, exclusions and other provisions, please refer to the policy.

Marketed by:



Underwritten and administered by:



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