

Hospital GAP PLAN Choice[®] Insurance

Monthly Rates with PHYSICIAN OFFICE VISIT BENEFIT

VOLUNTARY INPATIENT HOSPITAL PLAN MAXIMUM

	Gap Choice Low Benefits				Gap Choice Middle Benefits				Gap Choice High Benefits					
	\$1,000	\$1,500	\$2,000	\$2,500	\$3,000	\$3,500	\$4,000	\$4,500	\$5,000	\$5,500	\$6,000	\$6,500	\$7,000	\$7,500
Under 55:														
Employee Only	\$21.60	\$26.60	\$31.60	\$35.70	\$49.10	\$54.40	\$58.60	\$62.70	\$77.80	\$79.90	\$83.10	\$86.20	\$89.40	\$92.50
Employee and Spouse	\$36.10	\$45.10	\$54.10	\$61.50	\$85.60	\$95.20	\$102.70	\$110.10	\$137.30	\$141.10	\$146.80	\$152.40	\$158.20	\$163.70
Employee and Child(ren)	\$32.60	\$40.60	\$48.60	\$55.20	\$76.60	\$85.10	\$91.80	\$98.40	\$122.60	\$125.90	\$131.00	\$136.00	\$141.10	\$146.10
Employee and Family	\$47.10	\$59.10	\$71.10	\$81.00	\$113.10	\$125.90	\$135.90	\$145.80	\$182.10	\$187.10	\$194.70	\$202.20	\$209.90	\$217.30
Ages 55-59:														
Employee Only	\$30.30	\$37.80	\$45.30	\$51.50	\$71.60	\$79.50	\$85.80	\$92.00	\$114.60	\$117.80	\$122.60	\$127.20	\$132.00	\$136.70
Employee and Spouse	\$51.80	\$65.30	\$78.80	\$89.90	\$126.10	\$140.30	\$151.70	\$162.80	\$203.50	\$209.30	\$217.90	\$226.20	\$234.80	\$243.30
Employee and Child(ren)	\$41.30	\$51.80	\$62.30	\$71.00	\$99.10	\$110.20	\$119.00	\$127.70	\$159.40	\$163.80	\$170.50	\$177.00	\$183.70	\$190.30
Employee and Family	\$62.80	\$79.30	\$95.80	\$109.40	\$153.60	\$171.00	\$184.90	\$198.50	\$248.30	\$255.30	\$265.80	\$276.00	\$286.50	\$296.90
Ages 60 and Over:														
Employee Only	\$47.70	\$60.20	\$72.70	\$83.00	\$116.50	\$129.70	\$140.20	\$150.50	\$188.20	\$193.50	\$201.50	\$209.20	\$217.20	\$225.00
Employee and Spouse	\$83.10	\$105.60	\$128.10	\$146.60	\$206.90	\$230.70	\$249.60	\$268.10	\$336.00	\$345.50	\$359.90	\$373.80	\$388.20	\$402.20
Employee and Children	\$58.70	\$74.20	\$89.70	\$102.50	\$144.00	\$160.40	\$173.40	\$186.20	\$233.00	\$239.50	\$249.40	\$259.00	\$268.90	\$278.60
Employee and Family	\$94.10	\$119.60	\$145.10	\$166.10	\$234.40	\$261.40	\$282.80	\$303.80	\$380.80	\$391.50	\$407.80	\$423.60	\$439.90	\$455.80
	Outpatient Benefits - Low				Outpatient Benefits - Middle				Outpatient Benefits - High					
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					

Hospital GAP PLAN Choice[®] Insurance Premium \$ _____

Your Payroll Deduction Amount Per Paycheck is \$ _____

This is a supplemental limited benefit medical expense insurance policy. Pre-existing conditions will not be covered for the first 12 months from your effective date. This insert must be used in conjunction with SB-30111 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.



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