

# Group Hospital Indemnity

## Shepherd ISD - Monthly (12pp/yr)

Coverage	Plan Rates	Rider Rates	Total Premium
Employee	\$35.30	\$3.32	\$38.62
Employee & Dependent Spouse	\$66.80	\$6.50	\$73.30
Employee & Dependent Child(ren)	\$53.12	\$5.70	\$58.82
Family	\$84.62	\$8.88	\$93.50

### **Hospitalization Category:**

Hospital Admission	\$2,000
Hospital Confinement	\$200
Hospital Intensive Care Unit	\$200
Intermediate I.C. Step-Down Unit	\$100

### **Building Benefit Rider:**

#### **Additional benefit per year for 5 years**

Hospital Confinement	\$20
Hospital Intensive Care Unit	\$20
Intermediate I.C. Step-Down Unit	\$10

### **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: 275

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

Published: Mar-17 Series C80000 - TX HI80000-170327-093937-028T119m-5Pw75fB-14892

Product Code: HI170327-093937