

Group Hospital Indemnity

Spring ISD - Semimonthly (24pp/yr)

Coverage	Rates
Employee	\$10.30
Employee & Dependent Spouse	\$20.50
Employee & Dependent Child(ren)	\$16.35
Family	\$26.55

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: 5,500

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

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