

Group Hospital Indemnity

Hempstead ISD - Monthly (12pp/yr)

Coverage	Plan Rates	Rider Rates	Total Premium
Employee	\$22.32	\$2.50	\$24.82
Employee & Dependent Spouse	\$40.54	\$4.88	\$45.42
Employee & Dependent Child(ren)	\$33.08	\$4.30	\$37.38
Family	\$51.30	\$6.68	\$57.98

Hospitalization Category:

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

Building Benefit Rider:

Additional benefit per year for 5 years

Hospital Confinement	\$15
Hospital Intensive Care Unit	\$15
Intermediate I.C. Step-Down Unit	\$7.50

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: 150

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

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