

Group Hospital Indemnity

Paradise 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.

Published: May-17

Series C80000 - TX

HI80000-170509-165140-028Thzwl-5Pw75fB-11319

Product Code: HI170509-165140