

# Group Hospital Indemnity

Peaster ISD - Monthly (12pp/yr)

Coverage	Rates
Employee	\$24.50
Employee & Dependent Spouse	\$44.90
Employee & Dependent Child(ren)	\$36.60
Family	\$57.00

**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: 850

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

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