

# Hospital GAP PLAN Choice® Insurance

## Monthly Rates with Physician Office Visit Benefit

### **VOLUNTARY** Plan Maximum

Inpatient	Basic Benefits				Enhanced Benefits				Enhanced Plus Benefits					
Rates	\$1,000	\$1,500	\$2,000	\$2,500	\$3,000	\$3,500	\$4,000	\$4,500	\$5,000	\$5,500	\$6,000	\$6,500	\$7,000	\$7,500
<b>Under 55:</b>														
Employee Only	\$21.60	\$26.60	\$31.60	\$35.70	\$49.10	\$54.40	\$58.60	\$62.70	\$77.80	\$79.90	\$83.10	\$86.20	\$89.40	\$92.50
Employee and Spouse	\$36.10	\$45.10	\$54.10	\$61.50	\$85.60	\$95.20	\$102.70	\$110.10	\$137.30	\$141.10	\$146.80	\$152.40	\$158.20	\$163.70
Employee and Child(ren)	\$32.60	\$40.60	\$48.60	\$55.20	\$76.60	\$85.10	\$91.80	\$98.40	\$122.60	\$125.90	\$131.00	\$136.00	\$141.10	\$146.10
Employee and Family	\$47.10	\$59.10	\$71.10	\$81.00	\$113.10	\$125.90	\$135.90	\$145.80	\$182.10	\$187.10	\$194.70	\$202.20	\$209.90	\$217.30
<b>Ages 55-59:</b>														
Employee Only	\$30.30	\$37.80	\$45.30	\$51.50	\$71.60	\$79.50	\$85.80	\$92.00	\$114.60	\$117.80	\$122.60	\$127.20	\$132.00	\$136.70
Employee and Spouse	\$51.80	\$65.30	\$78.80	\$89.90	\$126.10	\$140.30	\$151.70	\$162.80	\$203.50	\$209.30	\$217.90	\$226.20	\$234.80	\$243.30
Employee and Child(ren)	\$41.30	\$51.80	\$62.30	\$71.00	\$99.10	\$110.20	\$119.00	\$127.70	\$159.40	\$163.80	\$170.50	\$177.00	\$183.70	\$190.30
Employee and Family	\$62.80	\$79.30	\$95.80	\$109.40	\$153.60	\$171.00	\$184.90	\$198.50	\$248.30	\$255.30	\$265.80	\$276.00	\$286.50	\$296.90
<b>Ages 60 and Over:</b>														
Employee Only	\$47.70	\$60.20	\$72.70	\$83.00	\$116.50	\$129.70	\$140.20	\$150.50	\$188.20	\$193.50	\$201.50	\$209.20	\$217.20	\$225.00
Employee and Spouse	\$83.10	\$105.60	\$128.10	\$146.60	\$206.90	\$230.70	\$249.60	\$268.10	\$336.00	\$345.50	\$359.90	\$373.80	\$388.20	\$402.20
Employee and Children	\$58.70	\$74.20	\$89.70	\$102.50	\$144.00	\$160.40	\$173.40	\$186.20	\$233.00	\$239.50	\$249.40	\$259.00	\$268.90	\$278.60
Employee and Family	\$94.10	\$119.60	\$145.10	\$166.10	\$234.40	\$261.40	\$282.80	\$303.80	\$380.80	\$391.50	\$407.80	\$423.60	\$439.90	\$455.80

Outpatient	Basic Benefits				Enhanced Benefits				Enhanced Plus Benefits					
Emergency Room	\$50.00				\$100.00				\$150.00					
Diagnostic X-Ray & Lab	\$100.00				\$200.00				\$300.00					
Outpatient Surgery	\$400.00				\$800.00				\$1,200.00					

This is a supplemental limited benefit medical expense insurance policy. This product may contain limitations, exclusions, and waiting periods. This product is not intended for people who are eligible for Medicaid coverage. Pre-existing conditions will not be covered for the first 12 months from your effective date. This insert must be used in conjunction with AF-1074 and any state-specific deviations thereof. Please refer to your certificate for complete details. Policy provisions and benefits may vary if you reside in a state other than your employer's state of domicile. Rates are guaranteed not to increase during the initial term period. However, they may increase upon renewal. For benefits, limitations, exclusions, and other provisions, please refer to the policy.

This policy is considered an employee welfare benefit plan established and/or maintained by an association or employer intended to be covered by ERISA, and will be administered and enforced under ERISA. Group policies issued to governmental entities and municipalities may be exempt from ERISA.

