



HOSPITAL INDEMNITY INSURANCE FOR

Lexington ISD

Presented by



WELLFLEET
WORKPLACE

A personalized guide to understanding your Hospital Indemnity coverage



HOSPITAL INDEMNITY BENEFITS		
Core Hospitalization Benefits	HI Plan 1	HI Plan 2
Hospital		
Admission Benefit	\$1,000.00	\$2,000.00
Per year	1	1
Daily Confinement	\$100.00	\$200.00
Days	1 to 60	1 to 60
Intensive Care Unit		
Admission Benefit,	\$1,000.00	\$2,000.00
Per year	1	1
Daily Confinement	\$300.00	\$600.00
Days	1 to 30	1 to 30
Newborn		
Admission Benefit, 1 per newborn's lifetime	\$250.00	\$250.00
Confinement	\$50.00	\$50.00
Maximum number of days	3 days	3 days

If you are hospitalized for 30 continuous days, premium payments will be waived for up to 12 months.

Specialty Care Benefits	HI Plan 1	HI Plan 2
Inpatient Rehab Facility	\$100.00	\$100.00
Maximum per year	30 days	30 days
Lifetime maximum	90 days	90 days
Inpatient Mental & Nervous Disorder Facility	\$100.00	\$100.00
Maximum per year	30 days	30 days
Lifetime maximum	90 days	90 days
Inpatient Substance Abuse Facility	\$100.00	\$100.00
Maximum per year	30 days	30 days
Lifetime maximum	90 days	90 days

Semi-Monthly Rates				
Plan	Employee Only	Employee & Spouse	Employee & Child(ren)	Family
HI Plan 1	\$6.15	\$12.61	\$8.68	\$15.62
HI Plan 2	\$11.57	\$23.64	\$16.24	\$29.18