

Group Hospital Indemnity

Corsicana - 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.

Published: Apr-16 Series C80000 - TX HI80000-160419-170123-028T2AHY-5Pxv75f8-16772

Product Code: HI160419-170123