Pacific Life & Annuity Company
P.O. Box 2310, Omaha, NE 68103
(855) 810-3302
PacificLife.com/workforcebenefits

Group Hospital Indemnity Rate Schedule

Policyholder: Coppell Independent School District

Policy Number: HIMP1716273625

Effective Date: September 1, 2025

Policy Anniversary: September 1

Rate Schedule Effective Date: September 1, 2025

Premium Due Dates: The first Premium is due on September 1, 2025. All subsequent Premiums are due monthly on the first day of each month.

Initial Rate Guarantee Period: There will be no change in rates for 24 months following the Policy Effective Date subject to exceptions stated in the Right to Change Rates provision.
After the Initial Rate Guarantee Period the Policy will automatically renew on the Policy Anniversary date every 12 months. Cancellations or modifications to the Policy will be administered in accordance with the cancellation and modification provisions of the Policy.

Initial Rates: The initial rates used to calculate premium due for each Insured are as follows:

	Monthly Rate Per Employee	
	High Plan	Low Plan
Employee Only	$33.86	$19.40
Employee + Spouse	$61.90	$35.96
Employee + Children	$45.84	$26.50
Employee + Family	$76.14	$44.40