

## HOSPITAL INDEMNITY

## **Hospital Indemnity**

	Option 1	Option 2
Coverage Details		
Benefits		
Hospital/ICU Admission	\$500/\$1,000 per admission, limited to 1 admission(s) per insured.	\$1,000/\$2,000 per admission, limited to 1 admission(s) per insured.
Hospital/ICU Confinement	\$100/\$200 per day, limited to 30 day(s) per insured per benefit year.	\$200/\$400 per day, limited to 15 day(s) per insured per benefit year.
Pre-Existing Conditions Limitation - A pre-existing condition includes any condition for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.	3 months prior, 12 months after	3 months prior, 12 months after
Child(ren) Age Limits Applicants over the age of 69 are not eligible to enroll in the Hospital Indemnity coverage.	Children age birth to 26 years	Children age birth to 26 years

Hospital Indemnity High	Per Month	Hospital Indemnity Low	Per Month
Employee Only	14.07	Employee Only	7.57
Employee Spouse	29.90	Employee Spouse	16.07
Employee Child	23.92	Employee Child	12.91
Family	39.75	Family	21.41