



MY HR PROS Pro Benefits



HOSPITAL INDEMNITY

Low Plan

Employee Only
Employee Spouse
Employee Child
Family

Per Month

\$7.57
\$16.07
\$12.91
\$21.41

High Plan

Employee Only
Employee Spouse
Employee Child
Family

Per Month

\$14.07
\$29.90
\$23.92
\$39.75

	Low Plan	High Plan
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	3 months prior, 12 months after	3 months prior, 12 months after
<i>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.</i>		
Child(ren) Age Limits	Children age birth to 26 years	Children age birth to 26 years
<i>Applicants over the age of 69 are not eligible to enroll in the Hospital Indemnity coverage.</i>		