

# Group Hospital Indemnity Insurance

## Plan Benefits

*(Benefit provisions may vary by situs state)*

Hospitalization Benefits - Mid	
<b>Hospital Admission (per confinement)</b> Once per covered sickness or accident per calendar year	<b>\$1,000</b>
<b>Hospital Confinement (per day)</b> Maximum confinement period: 31 days per covered sickness or covered accident	<b>\$150</b>
<b>Hospital Intensive Care (per day)</b> Maximum confinement period: 10 days per covered sickness or covered accident	<b>\$150</b>
<b>Intermediate Intensive Care Step-Down Unit (per day)</b> Maximum confinement period: 10 days per covered sickness or covered accident	<b>\$75</b>
Health Screening Benefit	
<b>Health Screening Benefit</b> Payable once per calendar year per insured.	<b>\$50</b>

Please request a sample policy for full benefit provisions and definitions.

## Premium Rates

Bi-Weekly Premiums	
Coverage	Premium
Employee	\$10.51
Employee and Spouse	\$19.24
Employee and Child(ren)	\$15.68
Family	\$24.41