

Hospital Indemnity Plans



HOSPITAL INDEMNITY BENEFITS	PLAN 1	PLAN 2	PLAN 3
Core Hospitalization Benefits			
Hospital			
Admission Benefit, 1 Per Year	\$500	\$1,000	\$1,500
Daily Confinement			
Days 1 to 30	\$500	\$1,000	\$1,500
Maximum Number of Days Per Confinement	30	30	30
Intensive Care Unit			
Daily Confinement			
Days 1 to 15	\$1,000	\$2,000	\$3,000
Maximum Number of Days Per Confinement	15	15	15
Surgery Benefits			
Inpatient Surgery, Up to 1 Per Year	\$500	\$750	\$1,000
Outpatient Surgery, Up to 1 Per Year			
Tier 1 - Physician's Office	\$100	\$100	\$100
Tier 2 - Hospital or Surgical Center	\$150	\$200	\$250
Exploratory Surgery (Percent of Outpatient Surgery)	25%	25%	25%
Anesthesia, Up to 1 Per Year	\$125	\$175	\$225
Epidural/Spinal (Percent of Anesthesia Benefit)	50%	50%	50%
Initial Treatment Benefits			
Emergency Room, Up to 1 Per Year	\$125	\$150	\$200
Supplemental Care Benefits			
Post Confinement Medical Consultation, Up to 5 Per Year	\$60	\$70	\$85
Diagnostic Imaging and Testing, Up to 3 Per Year	\$60	\$70	\$85
Ambulance Benefits			
Ground, Up to 1 Per Year	\$125	\$150	\$200
Additional Benefits			
Pandemic Assistance, Up to 1 Per Year	\$500	\$500	\$500
RIDERS			
Health Screening Benefit Rider*			
Benefit Payable 1 Time Per Calendar Year Per Insured Person	\$50	\$50	\$50