

**Hospital Indemnity
HI BASIC
Create by Fred Stover for the company**

HOSPITAL CONFINEMENT (HPHI) \$100.00

Pays you a daily benefit if you are confined to a Hospital for at least 24 hours due to a covered injury or sickness beginning on the 1st day up to 365 days maximum benefit

EMERGENCY ACCIDENT(HREA) \$50.00

Pays actual expenses incurred if an Insured Person sustains a Covered Injury, which requires Emergency Care provided in a Hospital, Ambulatory Surgical Center or a Physician's Office within 72 hours of such Covered Injury up to the maximum benefit amount. Payment of the benefit is limited to 4 occurrences per policy year, per insured category

OUTPATIENT SICKNESS (HROS) \$25.00

Pays you up to the maximum benefit amount if you receive treatment in an Out-of-Hospital facility (including a Physician's Office), due to a covered sickness. We will pay actual charges up to one and one-half (1 ½) times the maximum benefit amount purchased if treatment is rendered in a Hospital Emergency Room. Outpatient Sickness Treatment includes Physician's Services, Medical Treatments, Prescription Drugs and Supplies. We will pay for up to four covered sicknesses in a policy year per insured category (i.e. 4 for employee, 4 for spouse, and a total of 4 for all children.)

ACCIDENTAL DEATH AND DISMEMBERMENT(HRADD) \$10,000.00

Pays a death benefit if a Covered Injury results in death (within 90 days of Covered Injury) or if a Covered Injury results in irrevocable loss of sight or total loss of use or severance of hands or feet.

Premium Breakdown.....	Monthly.....	Semi-Monthly.....	Bi-Weekly.....	Weekly
Member.....	\$23.95.....	\$11.98.....	\$11.05.....	\$5.53
Spouse.....	\$47.85.....	\$23.93.....	\$22.08.....	\$11.04
Child.....	\$43.30.....	\$21.65.....	\$19.98.....	\$9.99
Family.....	\$67.25.....	\$33.63.....	\$31.04.....	\$15.52

Enrollment Number: 175

**Hospital Indemnity
HI PLUS
Create by Fred Stover for the company**

HOSPITAL CONFINEMENT (HPHI) \$200.00

Pays you a daily benefit if you are confined to a Hospital for at least 24 hours due to a covered injury or sickness beginning on the 1st day up to 365 days maximum benefit

EMERGENCY ACCIDENT(HREA) \$100.00

Pays actual expenses incurred if an Insured Person sustains a Covered Injury, which requires Emergency Care provided in a Hospital, Ambulatory Surgical Center or a Physician's Office within 72 hours of such Covered Injury up to the maximum benefit amount. Payment of the benefit is limited to 4 occurrences per policy year, per insured category

OUTPATIENT SICKNESS (HROS) \$50.00

Pays you up to the maximum benefit amount if you receive treatment in an Out-of-Hospital facility (including a Physician's Office), due to a covered sickness. We will pay actual charges up to one and one-half (1 ½) times the maximum benefit amount purchased if treatment is rendered in a Hospital Emergency Room. Outpatient Sickness Treatment includes Physician's Services, Medical Treatments, Prescription Drugs and Supplies. We will pay for up to four covered sicknesses in a policy year per insured category (i.e. 4 for employee, 4 for spouse, and a total of 4 for all children.)

ACCIDENTAL DEATH AND DISMEMBERMENT(HRADD) \$25,000.00

Pays a death benefit if a Covered Injury results in death (within 90 days of Covered Injury) or if a Covered Injury results in irrevocable loss of sight or total loss of use or severance of hands or feet.

Premium Breakdown.....	Monthly.....	Semi-Monthly.....	Bi-Weekly.....	Weekly
Member.....	\$48.40.....	\$24.20.....	\$22.34.....	\$11.17
Spouse.....	\$96.70.....	\$48.35.....	\$44.63.....	\$22.32
Child.....	\$87.60.....	\$43.80.....	\$40.43.....	\$20.22
Family.....	\$136.00.....	\$68.00.....	\$62.77.....	\$31.38

Enrollment Number: 175

**Accident
ACC PLAN
Create by Fred Stover for the company**

24 Hour Plus

Pays amounts listed for an Accident Off or On the Job. Pays 50,000 for Accidental death.

Monthly Income Benefit 6 Months 24 Hour

\$1,200.00

It pays the Monthly Income Benefit Of \$1,200 for up to 6 months if the Primary Insured is unable to work in his or her regular employment due to an Injury from a Covered Accident.

Premium Breakdown.....	Monthly.....	Semi-Monthly.....	Bi-Weekly.....	Weekly
Member.....	\$44.92.....	\$22.46.....	\$20.73.....	\$10.37
Spouse.....	\$58.04.....	\$29.02.....	\$26.79.....	\$13.39
Child.....	\$60.08.....	\$30.04.....	\$27.73.....	\$13.86
Family.....	\$80.00.....	\$40.00.....	\$36.92.....	\$18.46

Enrollment Number: 175