

# Group Hospital Indemnity

## Onslow Memorial Hospital - Semimonthly (24 pp/yr)

Coverage	Plan Rates	Rider Rates	Total Premium
Employee	\$18.23	\$2.40	\$20.63
Employee & Dependent Spouse	\$35.97	\$5.00	\$40.97
Employee & Dependent Child(ren)	\$30.95	\$3.60	\$34.55
Family	\$48.69	\$6.20	\$54.89

### Hospitalization Category:

Hospital Admission	\$1,000
Hospital Confinement	\$150
Hospital Intensive Care Unit	\$150
Intermediate I.C. Step-Down Unit	\$75

### Treatment Category:

Hospital Emergency Room Visit	\$100
ER Observation: 4 to 24 hours	\$50
ER Observation: over 24 hours	\$100
Outpatient Doctor's Office Visit	\$25
Telemedicine Services	\$15
Rehabilitation Facility	\$75
Major Diagnostic Exams	\$150
Out-of-Hospital Prescription Drug	\$20

### Employer Facilities Rider

#### Additional benefit paid when using Employer's Facilities

Hospital Admission	\$500
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### Provisions:

Waiver of Pre-existing Conditions Exclusion  
 Waiver of Pregnancy Exclusion  
 Waiver of Mental and Emotional Disorders Exclusion  
 No Issue Age or Termination Age Limitations  
 Rate Guarantee: 2 years  
 Portability: Standard

### Group Attributes:

Situs State: NC  
 Group Size: 1,100

Please note: Premiums shown are accurate as of publication. They are subject to change.

Published: May-16 Series C80000 - NC H180000-160516-170959-028VIRKz-AeJlQ1On-09023

Product Code: H1160516-170959