



Plan Details	
Eligibility Requirements	Full time working 20 hours or more per week
Minimum Number of Applications Required	No Participation Requirement
New Employee Waiting Period	90 days
Coverage Details	
Coverage Amount	
Employee	\$1000 or \$2000 Hospital Confinement
Spouse	\$1000 or \$2000 Hospital Confinement
Child	\$1000 or \$2000 Hospital Confinement
Guaranteed Issue Limit Amount	
Employee	Yes
Spouse	Yes
Child	Yes
Daily Hospital Confinement	\$100 a/day up to 365 days
Wellness Benefit	\$50 per covered person per year
Pre-existing Condition Limitation	None
Evidence of Insurability	Not Applicable
Portability	Not Included
Waiver of Premium	Included
Employee Rates	
Initial Rate Guarantee	3 Years

Ages	Monthly Premiums	\$1,000	\$2,000
17+	Employee	\$12.66	\$20.23
	Employee and Spouse	\$25.92	\$42.28
	Employee and Child	\$16.31	\$26.76
	Family	\$29.57	\$48.81