

# Group Hospital Indemnity

GMO Accounts - Biweekly (26 pp/yr)

Coverage	Rates
Employee	\$4.97
Employee & Dependent Spouse	\$9.94
Employee & Dependent Child(ren)	\$8.01
Family	\$12.98

**Hospitalization Category:**

Hospital Admission	\$500
Hospital Confinement	\$100
Hospital Intensive Care Unit	\$100
Intermediate I.C. Step-Down Unit	\$50
Health Screening Benefit	\$50

**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: None

**Group Attributes:**

Situs State: CO  
Group Size: 500

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

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