GROUP HOSPITAL

Benefits	Frequency / Limit	Amount
Hospital Admission	Payable for a maximum of 1 day per year	$1,500
ICU Admission (added to Admission)	Payable for a maximum of 1 day per year	$1,000
Hospital Daily Stay	Payable per day up to 365 days	$100
ICU Daily Stay (added to Daily Stay)	Payable per day up to 365 days	$100
Additional Inpatient Care		
Benefits	**Frequency / Limit**	**Amount**
Mental/Nervous or Substance Abuse Treatment	Payable for a maximum of 1 day per insured per calendar year	$500
Other Benefits		
Coverage Tier	**Cost**	**Amount**
Well Child Benefit	Payable for a maximum of 4 days per child before child reaches age 1	$50

Group Hospital Cost Bi-Weekly	
Coverage Tier	**Cost**
Team Member	$4.85
Team Member + Spouse	$10.53
Team Member + Child(ren)	$6.85
Family	$12.53