

Group Hospital Deductible Supplementary Insurance

For Inpatient-Hospital confinement of at least one day.

Benefit is paid in one lump-sum to the insured.

Monthly Premiums for Various Benefits.

Annual Benefit	\$500	\$1,000	\$1,500	\$2,000	\$2,500	\$3,000	\$3,500	\$4,000	\$4,500	\$5,000
Blanket Basis: Employer pays 100% of the "Employee Only" rate for all eligible employees.										
Employee Only	\$5	\$10	\$14	\$19	\$24	\$29	\$34	\$38	\$43	\$48
Employee & Spouse	\$11	\$21	\$32	\$42	\$53	\$63	\$74	\$84	\$95	\$105
Employee & Child(ren)	\$8	\$16	\$24	\$32	\$40	\$48	\$56	\$64	\$73	\$81
Family	\$14	\$28	\$42	\$56	\$70	\$84	\$98	\$112	\$126	\$140
Voluntary Basis: Employees pay some or all of the premiums for themselves & their dependents.										
Employee Only	\$6	\$13	\$19	\$25	\$31	\$38	\$44	\$50	\$56	\$63
Employee & Spouse	\$14	\$27	\$41	\$55	\$69	\$82	\$96	\$110	\$123	\$137
Employee & Child(ren)	\$10	\$21	\$31	\$42	\$52	\$63	\$73	\$84	\$94	\$105
Family	\$18	\$37	\$55	\$73	\$91	\$110	\$128	\$146	\$164	\$183

Presented by:

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www.LetUsInsureYou.com

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