

Schedule of Benefits

Hospital Confinement	\$500/day confined; Up to 100/Plan Year	<ul style="list-style-type: none"> • 6 month pre-ex on hospital & surgery benefits only • Plans are compliant with HIPAA privacy regulations and are not subject to creditable coverage certificate requirements • Guaranteed issue coverage with no medical evidence required • COBRA benefits administered by AGU
ICU	Additional \$500/day confined Up to 30 days/Plan Year	
Mental Nervous or Substance Abuse	\$250/day confined; Up to 30 days/Plan Year	
Skilled Nursing Facility	\$250/day confined; Up to 60 days/Plan Year	
Surgery		
Inpatient	\$2,000 for 1/Plan Year	
Outpatient	\$800 for 1/Plan Year	
ER (Injury or Sickness)	\$300/visit; 1 each/Plan Year	

Voluntary Monthly Rate

Participants pays 100% of the premium

Attained <u>Age</u>	Participant <u>Spouse</u>	<u>1 Child</u>	<u>2+ Children</u>
0-25	\$39.00	\$25.00	\$63.00
26-35	\$43.00		
36-45	\$57.00		
46-55	\$76.00		
56-64	\$124.00		
65+	\$210.00		

For dependent only groups, the 36-45 age band may be used for adult rates.

