



Monthly Rates for Individual Member Plans Effective February 1, 2016
 Supplemental Hospital Indemnity Plan Options 17, 18, 19 & 20

AGE	MEMBER ONLY	SPOUSE ONLY	MEMBER & SPOUSE	CHILD(REN) ONLY	MEMBER & CHILD(REN)	MEMBER, SPOUSE & CHILD(REN)
\$100 DAILY BENEFIT OPTION 17						
< 30	\$3.32	\$5.63	\$8.95	\$4.33	\$7.65	\$13.28
30 - 39	\$3.83	\$6.39	\$10.22	\$4.33	\$8.16	\$14.55
40 - 49	\$4.33	\$7.16	\$11.49	\$4.33	\$8.66	\$15.82
50 - 59	\$7.66	\$8.42	\$16.08	\$4.33	\$11.99	\$20.41
60 - 64	\$10.21	\$10.21	\$20.42	\$4.33	\$14.54	\$24.75
65 +	\$13.28	\$13.28	\$26.56	\$5.63	\$18.91	\$32.19
\$150 DAILY BENEFIT OPTION 18						
< 30	\$4.98	\$8.45	\$13.43	\$6.50	\$11.48	\$19.93
30 - 39	\$5.75	\$9.59	\$15.34	\$6.50	\$12.25	\$21.84
40 - 49	\$6.50	\$10.74	\$17.24	\$6.50	\$13.00	\$23.74
50 - 59	\$11.49	\$12.63	\$24.12	\$6.50	\$17.99	\$30.62
60 - 64	\$15.32	\$15.32	\$30.64	\$6.50	\$21.82	\$37.14
65 +	\$19.92	\$19.92	\$39.84	\$8.45	\$28.37	\$48.29
\$200 DAILY BENEFIT OPTION 19						
< 30	\$6.64	\$11.26	17.90	8.66	15.30	26.56
30 - 39	\$7.66	\$12.78	20.44	8.66	16.32	29.10
40 - 49	\$8.66	\$14.32	22.98	8.66	17.32	31.64
50 - 59	\$15.32	\$16.84	32.16	8.66	23.98	40.82
60 - 64	\$20.42	\$20.42	40.84	8.66	29.08	49.50
65 +	\$26.56	\$26.56	53.12	11.26	37.82	64.38

Ready to enroll? [Click here](#) to enroll online or call [\(800\) 880-8181](tel:8008808181) to speak with an advisor.



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\$200 DAILY BENEFIT OPTION 20						
< 30	8.30	14.08	22.38	10.83	19.13	33.21
30 - 39	9.58	15.98	25.56	10.83	20.41	36.39
40 - 49	10.83	17.90	28.73	10.83	21.66	39.56
50 - 59	19.15	21.05	40.20	10.83	29.98	51.03
60 - 64	25.53	25.53	51.06	10.83	36.36	61.89
65 +	33.20	33.20	66.40	14.08	47.28	80.48

Additional Details for Individual Member Plans Effective February 1, 2016
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Plan Summary:

The Supplemental Hospital Indemnity Plan (SHIP) is a daily benefit that is paid directly to the insured for each day you or a covered family member is inpatient in the hospital. This benefit is not paid to the treating physician or hospital.

Who is Eligible to Enroll:

Physicians and dependents, Residents & Interns, Medical Students and County Medical Society Executives

Benefit Amounts:

\$100, \$150, \$200, or \$250 per day for inpatient hospitalization, up to a maximum of 365 days. Benefit amount is doubled if admitted to ICU or receiving inpatient cancer treatment.

Health Requirements:

Coverage is automatically approved the date signature signed, no Underwriting required. Application can be faxed to our office. Pre-Existing condition added to the plan effective 11-1-12. There is a 6-month look back period for a 12-month exclusion from effective date.

Age Term:

Termination November 1, following attainment of age 65. Children up to age 27. Children that are approved as disable, can continue past age 27.

Rate Factor:

Rates based on member age. Children rate is for all children.

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