

Limited Benefit Group Hospital Indemnity Insurance HI-4005

Specifically Designed for Employees of Citrus County School Board

Option 3

Daily Hospital Confinement Benefit

\$30 per day

Optional Benefit Rider

Annual First Occurrence Hospital Rider

\$3,000 per calendar year

Monthly Premiums by Plan*	
Employee	\$46.92
Employee & Family	\$93.42

* The premium and amount of benefits vary dependent upon Plan selected at time of application.

Must be used in conjunction with brochure APSB-22044 series in the following states: AL, AR, AZ, FL, GA, IL, KS, LA, MS, NC, NV, OH, OK, SC, TX, VA