

	Low	High
	Benefit Amounts	
Hospital Stay	\$1,000 <sup>1</sup>	\$2,000 <sup>1</sup>
Intensive Care Unit	\$1,000 <sup>1</sup>	\$2,000 <sup>1</sup>
Substance Abuse Facility	\$200 <sup>1</sup>	\$200 <sup>1</sup>
Mental Health Facility	\$200 <sup>1</sup>	\$200 <sup>1</sup>
Nursing Facility	\$200 <sup>2</sup>	\$200 <sup>2</sup>
<b>Monthly Premiums</b>		
Employee	\$25.46	\$48.05
Employee + Spouse	\$36.07	\$71.64
Employee + Children	\$32.32	\$59.16
Family	\$38.31	\$72.01

<sup>1</sup> \$200 day 2+, 365 days per person per calendar year

<sup>2</sup> This benefit is paid only if following a covered hospital stay of at least 3 consecutive days.30 days maximum.

See [BROCHURE](#) for more details

