

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

¹ \$200 day 2+, 365 days per person per calendar year

² 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

