

Premium rates for continued coverage (portability) Hospital Confinement Indemnity Insurance

Bibb County Public Schools
Group Benefit Plan Number: 66364-6

Premiums are reflected on a quarterly basis, with the option to select a semi-annual or annual frequency. Each bill will include a \$3.50 billing charge. Please see the chart below to determine your cost.

Daily benefit amount: \$100

Coverage Type	Daily Benefit	Quarterly Rates
Employee	\$100	\$37.71
Employee + Spouse	\$100	\$73.35
Employee + Children	\$100	\$54.93
Employee + Family	\$100	\$90.57

Daily benefit amount: \$200

Coverage Type	Daily Benefit	Quarterly Rates
Employee	\$200	\$75.42
Employee + Spouse	\$200	\$146.67
Employee + Children	\$200	\$109.83
Employee + Family	\$200	\$181.08

Daily benefit amount: \$300

Coverage Type	Daily Benefit	Quarterly Rates
Employee	\$300	\$113.13
Employee + Spouse	\$300	\$220.02
Employee + Children	\$300	\$164.76
Employee + Family	\$300	\$271.65

Rates are subject to change. Refer to your certificate(s) and riders for a description of benefits and exclusions.

Hospital Confinement Indemnity Insurance policy form RL-HI-POL-12 is underwritten by ReliaStar Life Insurance Company (Minneapolis, MN), a member of the Voya® family of companies. Policy form numbers may vary by state.

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