



## MONTHLY RATES TEXAS ONLY

### HOSPITAL CONFINEMENT BENEFIT\*

### OUT-PATIENT BENEFIT\*\*

Insured with Attained Age Under 40

	Benefit Amount						
	\$500	\$1,000	\$1,500	\$2,000	\$3,000	\$4,000	\$5,000
Insured Only	4.67	8.32	10.15	11.93	19.40	24.51	28.89
Insured Plus Spouse	8.40	14.97	18.26	21.47	34.90	44.11	52.03
Insured Plus Children	14.20	23.50	27.11	31.82	51.74	65.21	77.02
Insured Plus Family	17.94	30.15	35.23	41.35	67.24	84.82	100.16

	Benefit Amount					
	\$200	\$500	\$750	\$1,000	\$1,500	\$2,000
Insured Only	4.67	10.00	12.00	13.22	16.65	19.03
Insured Plus Spouse	8.39	17.99	21.58	23.81	30.00	34.28
Insured Plus Children	10.08	21.64	25.97	28.61	36.05	41.20
Insured Plus Family	13.80	29.62	35.51	39.16	49.35	56.40

Insured with Attained Age 40 - 49

	Benefit Amount						
	\$500	\$1,000	\$1,500	\$2,000	\$3,000	\$4,000	\$5,000
Insured Only	6.01	10.59	13.53	15.10	24.55	30.99	36.64
Insured Plus Spouse	10.81	19.00	24.33	27.19	44.19	55.78	65.95
Insured Plus Children	14.42	23.97	28.48	44.19	53.06	66.88	79.08
Insured Plus Family	19.21	32.45	39.29	53.06	72.71	91.67	108.38

	Benefit Amount					
	\$200	\$500	\$750	\$1,000	\$1,500	\$2,000
Insured Only	5.91	12.66	15.19	16.73	21.09	24.09
Insured Plus Spouse	10.62	22.78	27.31	30.12	37.95	43.37
Insured Plus Children	10.67	22.90	27.49	30.30	38.17	43.63
Insured Plus Family	15.39	33.04	39.60	43.65	55.01	62.86

Insured with Attained Age 50+

	Benefit Amount						
	\$500	\$1,000	\$1,500	\$2,000	\$3,000	\$4,000	\$5,000
Insured Only	12.55	23.45	27.60	30.76	54.44	63.16	74.62
Insured Plus Spouse	22.58	42.22	49.69	55.36	97.96	113.67	134.29
Insured Plus Children	25.36	43.85	50.40	57.49	97.91	117.87	139.31
Insured Plus Family	35.40	62.62	72.49	82.09	141.44	168.38	198.98

	Benefit Amount					
	\$200	\$500	\$750	\$1,000	\$1,500	\$2,000
Insured Only	12.16	26.03	31.23	34.40	43.35	49.55
Insured Plus Spouse	21.91	46.82	56.18	61.91	78.00	89.15
Insured Plus Children	19.45	41.64	50.00	55.09	69.42	79.33
Insured Plus Family	28.79	62.45	74.91	82.55	104.00	118.87

\*Hospital Confinement Benefit selected cannot exceed individual in-network deductible plus coinsurance maximum on the underlying group major medical plan.

\*\*Out-Patient Benefit amount selected must be less than or equal to the Hospital Confinement Benefit selected.