## **Hospital Indemnity (GIM2)**

## **Group Hospital Indemnity Insurance** from Allstate Benefits

## **BENEFIT AMOUNTS**

First Day Hospital Confinement Benefit	\$2,000
Limit to Number of Occurrences	1/Year
First Day Hospital Confinement Benefit - Newborn Child	None
Daily Hospital Confinement Benefit	\$200
Maximum Number of Days	10
Daily Hospital Confinement Benefit - Newborn Child	None
Hospital Intensive Care Benefit (daily)	\$200
Maximum Number of Days	10

## **PLAN PREMIUMS**

EE	EE + SP	EE + CH	F
\$33.11	\$65.68	\$43.82	\$76.77

EE = Employee; EE + SP = Employee + Spouse; EE + CH = Employee + Child(ren); F = Family Issue Ages: 18 and over if Actively at Work

For Home Office Use Only Proposal P1708544631, Quote HIMP1708879119, CL0

For use in enrollments sitused in: UT. This rate insert is part of the approved brochure for Rate Insert UT 2 and is not to be used on its own. This material is valid as long as information remains current, but in no event later than July 12,2027, 3 years from the date the rate insert was produced.



17 of 19
GIM2HSABUT ABJM14078