

# Trustmark Hospital StayPay® – Group insurance for Liberty ISD Employees

## Plan Design & Monthly Rates (12 deductions per year)

### Plan Design

Base Benefits	Daily Stay 30 Days	Daily Stay - ICU 30 Days	Normal Childbirth No WP
Plan 4	\$150	\$150	Included

### Monthly Premium Rates

#### First Day Stay Benefit \$1,500, 1 Day

Composite	EE	EE+SP	EE+CH	FAM
All Ages	\$31.51	\$56.01	\$42.73	\$71.05

#### First Day Stay Benefit \$3,000, 1 Day

Composite	EE	EE+SP	EE+CH	FAM
All Ages	\$54.85	\$97.64	\$73.71	\$122.90

EE: Employee Only

EE+SP: Employee & Spouse

EE+CH: Employee & Children

FAM: Family

This is a brief description of benefits under form HII 520 C and HII 520 C MET. Sample rates are shown for illustrative purposes only; rates may vary. An application for insurance must be completed to obtain coverage. Benefit amounts shown are samples and not a guarantee. Benefit amount payable may vary by state. This hospital indemnity insurance policy/group certificate provides limited benefits that are the result of a covered accident or covered sickness. It is not a substitute for medical expense insurance, major medical expense insurance or a health benefit plan alternative. It does not provide comprehensive medical coverage. It is also not a Medicare Supplement policy, nor is it a policy of worker's compensation. Coverage issued may differ from what is described here; your certificate and outline of coverage, if applicable, will contain complete information. Limitations on pre-existing conditions may apply. Benefits, definitions, exclusions, form numbers and limitations may vary by state. For costs and coverage detail, including exclusions, limitations and terms, see your agent or write the company. Underwriting conditions may vary, and determine eligibility for the offer of insurance. Trustmark® and Trustmark Hospital StayPay® are registered trademarks of Trustmark Insurance Company. NOTE: If you have previously elected Trustmark accident coverage, your existing policy may differ from what is described here.

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