

Hospital Indemnity Program Summary

Carrier	Mutual of Omaha Low	Mutual of Omaha High
Situs State	Florida	Florida
Rate Guarantee	1 Year	1 Year
Participation Requirement	5%	5%
Age Reduction	None	None
Pre-Existing Condition Limitation	None	None
HSA Compatible	Yes	Yes
Health Screening Benefit	\$50	\$50
Portability	Included	Included
Plan Benefits	Mutual of Omaha Low	Mutual of Omaha High
Hospital Admission/ICU Admission	\$500/\$1,000	\$1,000/\$2,000
Admissions	2 times per year	2 times per year
Hospital Confinement / Day	\$100	\$150
Daily Limit Per Incident or Calendar Year	90 days per year	90 days per year
ICU Confinement / Day	\$200	\$300
Daily Limit Per Incident or Calendar Year	90 days per year	90 days per year
Additional Plan Coverages	\$100 Express Benefit \$75 Newborn Nursery Care (2 days)	\$150 Express Benefit \$75 Newborn Nursery Care (2 days)
Monthly Premiums	Mutual of Omaha Low	Mutual of Omaha High
Employee	12.42	20.71
Employee + Spouse	28.57	47.62
Employee + Child(ren)	17.14	28.57
Family	34.29	57.15

Please note the final rates shown in the plan comparisons may vary slightly based on how a carrier quotes these benefits or changes in payroll deduction frequency. Carrier created documents must be used for implementation.