

GROUP HOSPITAL INDEMNITY



Colorado - Monthly (12pp/yr)		
Plan I	Employee	\$ 28.70
	Employee & Spouse	\$ 58.84
	Employee & Dependent Children	\$ 48.74
	Family	\$ 78.88

Benefit Summary

Hospital Confinement (Per Day)	\$ 150
Hospital Admission (Per Confinement)	\$ 500
Hospital Intensive Care (Per Day)	\$ 150
Surgical Benefit (Up to This Amount)	\$ 1,500
Anesthesia Benefit - (Up to This Amount)	\$ 375
Hospital ER/Physician Benefit (Max Per Visit)	\$ 50

Please note: Premiums shown are accurate as of publication. They are subject to change.



**We've got you
under our wing.**

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Underwritten by:
Continental American Insurance Company
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