

GROUP HOSPITAL INDEMNITY



City of Sacramento - Semimonthly (24pp/yr)		
Plan V	Employee	\$ 18.84
	Employee & Spouse	\$ 37.49
	Employee & Dependent Children	\$ 28.74
	Family	\$ 47.39

Benefit Summary	
Hospital Confinement (Per Day)	\$ 150
Hospital Admission (Per Confinement)	\$ 250
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
Well Baby Care (Per Visit) *Requires Child/Family	\$ 25
Prescription Drug Benefit	\$ 10
Wellness	\$ 50
Mammography (One Test Per Year)	\$ 100
Pap Smear (One Test Per Year)	\$ 50

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



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under our wing.**

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Underwritten by:
Continental American Life Insurance Company
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