

# Houston Police Benefit Trust



## Disability Coverage

**Contract Disability**  
Provides \$1,000 per month for accidents. Seven Day Elimination Period. Accidental Death benefit \$50,000

**Plan B** \$9.85 Per Month  
Provides \$1,000 per month for both accidents and illness. Coverage begins on the eighth day. Accidental Death benefit \$50,000

**Plan C** \$21.95 Per Month  
Provides \$1,500 per month for both accidents and illness. Coverage begins on the eighth day. Accidental Death benefit \$75,000

Plans B & C include:  
Seven Day Elimination Period  
\$1,000 Gun Shot Rider  
Restrictions apply. See policy for details.

[houstonpolicetrust.com](http://houstonpolicetrust.com)



## Medical Supplement Plus

Hospital Admission \$500  
Daily Hospital Benefit \$250  
One day elimination period. Up to 3 days.  
Emergency Room \$200  
Urgent Care \$100  
Ambulance \$100  
Outpatient copay \$200  
Advanced Radiology copay \$50  
Office Visits up to \$35 per visit  
\$175 limit  
Specialist Visits up to \$60 per visit  
\$120 limit  
E or online Visit up to \$25 per  
\$50 max  
Prescription copay up to \$45 per  
\$320 max  
Out of Network Well Woman \$50  
Glasses or Contacts up to \$100 per year

Member \$20.02  
Family \$32.12

\$2,500 per person per year annual maximum.  
Restrictions apply. See policy for details.

## Dental Coverage

	DMO	Indemnity
Member	\$14.48	\$40.34
Member +1	\$26.58	\$85.82
Family	\$32.63	\$117.52

## Vision Coverage

Member	\$11.45
Member +1	\$23.05
Family	\$33.64

## Group Life Insurance

Member Rates

\$17.50	\$50,000
\$26.25	\$75,000
\$35.00	\$100,000

Spouse and Child Coverage Available  
Includes Accidental Death Benefit