

Houston Police Benefit Trust



Disability Coverage

Contract Disability
Provides \$1,000 per month for accidents. Seven Day Elimination Period. Accidental Death benefit \$75,000

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 \$75,000

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 \$100,000

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

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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 for Member
Coverage will reduce at age 65 to 65%
Terms and Conditions apply.
See policy for details