

# ALTA HEALTH INSURANCE COMPANY

## 2010 HOSPITAL SUPPLEMENTAL CONTINUATION REQUEST FORM

### 365 Plus Plan

Insured individuals and their currently covered eligible dependents may elect to continue their Group In-Hospital Supplemental coverage from the date employment terminates. Coverage may continue for 18 months from the qualifying event. The individual who elects to continue coverage is required to pay the full monthly premium on the first of each month. Failure to do so will result in the termination of the continuation provision. **PLEASE NOTE: Termination Notices are NOT sent. REMITTING THE PREMIUM IS THE EMPLOYEE'S SOLE RESPONSIBILITY; THERE IS NO DIRECT COMPANY BILLING.** If you will be receiving a retirement check from the State you may elect to have your monthly premium deducted from your check. Please contact ALTA at 800.888.5256 for additional information and the Authorization Form.

**I elect to continue the following coverage:**

(All of 2010 premiums are based on your age as of 1-1-2010)

	Employee Only	Employee & Family
1. Option I	( ) \$ _____	( ) \$ _____
2. Option II	( ) \$ _____	( ) \$ _____
3. Option III	( ) \$ _____	( ) \$ _____

(Premium amounts listed on the back)

**For Office Use Only:**

Dept Code \_\_\_\_\_  
 App # \_\_\_\_\_  
 Old Plan \_\_\_\_\_  
 Credit \_\_\_\_\_  
 Check # \_\_\_\_\_

Retired Employee's Name	Date of Birth
Spouse's Name	Date of Birth
Dependent's Name	Date of Birth
Dependent's Name	Date of Birth

Received \_\_\_\_\_  
 Check Amt \_\_\_\_\_  
 Prem \_\_\_\_\_  
 New PTD \_\_\_\_\_  
 New EFF \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
 Street or P.O. Box Number

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Monthly Premium Rate: \$ \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Date Employment Terminated: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date Form Completed: \_\_\_\_\_ Signature: \_\_\_\_\_

**PLEASE RETURN THIS FORM AND YOUR FIRST CHECK TO:**

ALTA  
 P.O. Box 40926  
 Jacksonville, FL 32203-0926



## 2010 Monthly Premium Rates

(If Paid BI-WEEKLY, divide by 2)

### 365 Plus

(See policy and brochure for complete description.)

- Fixed daily benefit (per day confinement)
- Option I - \$100 (open to new enrollees)
- Option II - \$200 (open to new enrollees)
- Option III - \$300 (closed to new enrollees)
- One day of fixed daily benefit for Ambulatory Surgical Center.
- Home Health care benefit  
50% of daily benefit / 7 day limit per confinement with prescription.
- Convalescent or skilled nursing facility:  
100% of fixed daily benefit to a maximum of 20 days per confinement if transferred from a hospital / 60% of fixed daily benefit if in lieu of inpatient hospitalization.

#### 365+ \$100/per day Plan Code 8030

*Rates are based on your age as of 1-1-2010*

01 Single  20 Family

Age	Single	Family	Age	Single	Family	Age	Single	Family	Age	Single	Family	Age	Single	Family	Age	Single	Family
18	\$3.68	\$8.68	29	\$4.48	\$11.42	40	\$6.30	\$15.36	51	\$9.70	\$21.38	62	\$13.92	\$28.30	73	\$18.08	\$36.14
19	\$3.68	\$8.74	30	\$4.64	\$11.90	41	\$6.50	\$15.68	52	\$10.00	\$21.88	63	\$14.16	\$28.60	74	\$18.52	\$37.04
20	\$3.70	\$8.88	31	\$4.78	\$12.40	42	\$6.74	\$16.08	53	\$10.36	\$22.48	64	\$14.52	\$29.14	75	\$18.96	\$37.94
21	\$3.72	\$9.00	32	\$4.92	\$12.84	43	\$6.98	\$16.54	54	\$10.82	\$23.30	65	\$14.88	\$29.76	76	\$19.44	\$38.88
22	\$3.76	\$9.12	33	\$5.06	\$13.28	44	\$7.34	\$17.20	55	\$11.28	\$24.10	66	\$15.24	\$30.50	77	\$19.92	\$39.84
23	\$3.78	\$9.26	34	\$5.22	\$13.62	45	\$7.70	\$17.90	56	\$11.64	\$24.70	67	\$15.64	\$31.28	78	\$20.40	\$40.80
24	\$3.86	\$9.50	35	\$5.40	\$13.90	46	\$7.98	\$18.34	57	\$12.02	\$25.32	68	\$16.02	\$32.04	79	\$20.40	\$40.80
25	\$3.96	\$9.84	36	\$5.54	\$14.10	47	\$8.22	\$18.78	58	\$12.38	\$25.88	69	\$16.42	\$32.84			
26	\$4.06	\$10.16	37	\$5.68	\$14.30	48	\$8.52	\$19.26	59	\$12.82	\$26.64	70	\$16.80	\$33.62			
27	\$4.18	\$10.52	38	\$5.86	\$14.60	49	\$8.94	\$20.04	60	\$13.26	\$27.40	71	\$17.22	\$34.46			
28	\$4.32	\$10.98	39	\$6.10	\$15.00	50	\$9.36	\$20.80	61	\$13.68	\$28.04	72	\$17.64	\$35.30			

#### 365+ \$200/per day Plan Code 8040

*Rates are based on your age as of 1-1-2010*

01 Single  20 Family

Age	Single	Family	Age	Single	Family	Age	Single	Family	Age	Single	Family	Age	Single	Family	Age	Single	Family
18	\$8.14	\$19.18	29	\$9.88	\$25.24	40	\$13.88	\$33.94	51	\$21.42	\$47.22	62	\$30.74	\$62.50	73	\$39.92	\$79.84
19	\$8.14	\$19.34	30	\$10.24	\$26.32	41	\$14.36	\$34.66	52	\$22.10	\$48.34	63	\$31.26	\$63.18	74	\$40.90	\$81.80
20	\$8.18	\$19.60	31	\$10.58	\$27.38	42	\$14.86	\$35.54	53	\$22.88	\$49.64	64	\$32.06	\$64.36	75	\$41.90	\$83.82
21	\$8.24	\$19.88	32	\$10.88	\$28.36	43	\$15.44	\$36.52	54	\$23.90	\$51.44	65	\$32.86	\$65.74	76	\$42.94	\$85.86
22	\$8.30	\$20.16	33	\$11.20	\$29.36	44	\$16.22	\$38.00	55	\$24.90	\$53.22	66	\$33.68	\$67.36	77	\$44.00	\$88.00
23	\$8.36	\$20.44	34	\$11.56	\$30.08	45	\$17.02	\$39.52	56	\$25.72	\$54.56	67	\$34.54	\$69.08	78	\$45.06	\$90.12
24	\$8.50	\$20.98	35	\$11.94	\$30.72	46	\$17.62	\$40.54	57	\$26.56	\$55.92	68	\$35.38	\$70.76	79	\$45.06	\$90.12
25	\$8.72	\$21.72	36	\$12.24	\$31.12	47	\$18.18	\$41.48	58	\$27.34	\$57.16	69	\$36.26	\$72.52			
26	\$8.98	\$22.46	37	\$12.56	\$31.58	48	\$18.82	\$42.54	59	\$28.34	\$58.84	70	\$37.14	\$74.26			
27	\$9.22	\$23.22	38	\$12.96	\$32.24	49	\$19.74	\$44.26	60	\$29.34	\$60.52	71	\$38.04	\$76.10			
28	\$9.56	\$24.24	39	\$13.46	\$33.16	50	\$20.68	\$45.96	61	\$30.24	\$61.92	72	\$38.98	\$77.96			

#### 365+ \$300/per day Plan Code 8050

*Rates are based on your age as of 1-1-2010*

01 Single  20 Family

*Closed to new enrollees*

Age	Single	Family	Age	Single	Family	Age	Single	Family	Age	Single	Family	Age	Single	Family	Age	Single	Family
18	\$12.44	\$29.32	29	\$15.12	\$38.60	40	\$21.30	\$51.90	51	\$32.76	\$72.20	62	\$47.00	\$95.58	73	\$61.04	\$122.08
19	\$12.44	\$29.56	30	\$15.66	\$40.24	41	\$21.98	\$53.00	52	\$33.80	\$73.92	63	\$47.82	\$96.60	74	\$62.54	\$125.08
20	\$12.52	\$29.98	31	\$16.18	\$41.88	42	\$22.74	\$54.34	53	\$34.98	\$75.92	64	\$49.02	\$98.40	75	\$64.08	\$128.16
21	\$12.60	\$30.40	32	\$16.64	\$43.38	43	\$23.62	\$55.86	54	\$36.54	\$78.68	65	\$50.26	\$100.52	76	\$65.64	\$131.30
22	\$12.70	\$30.84	33	\$17.12	\$44.88	44	\$24.80	\$58.12	55	\$38.08	\$81.38	66	\$51.50	\$103.00	77	\$67.28	\$134.56
23	\$12.78	\$31.24	34	\$17.66	\$46.00	45	\$26.04	\$60.44	56	\$39.32	\$83.42	67	\$52.82	\$105.64	78	\$68.90	\$137.80
24	\$13.02	\$32.08	35	\$18.24	\$46.96	46	\$26.94	\$61.98	57	\$40.60	\$85.50	68	\$54.10	\$108.20	79	\$68.90	\$137.80
25	\$13.38	\$33.22	36	\$18.70	\$47.60	47	\$27.80	\$63.42	58	\$41.80	\$87.40	69	\$55.44	\$110.90			
26	\$13.74	\$34.34	37	\$19.20	\$48.30	48	\$28.78	\$65.06	59	\$43.34	\$89.98	70	\$56.78	\$113.56			
27	\$14.08	\$35.52	38	\$19.82	\$49.30	49	\$30.18	\$67.66	60	\$44.86	\$92.52	71	\$58.18	\$116.36			
28	\$14.62	\$37.08	39	\$20.60	\$50.70	50	\$31.62	\$70.28	61	\$46.24	\$94.70	72	\$59.58	\$119.22			

**If you should have any questions regarding this adjustment, please do not hesitate to call us at 1-800-888-5256 or contact your Capital Insurance Representative at 1-800-780-3100**