



**Globe Life Group Limited Indemnity (GLI)  
Benefit and Rate Sheet for 2025-2026 Effective Dates**

Available in FL, TX, IL, IA, OH, OK, MN, or RI

Group Size: 10+

<b>Benefits</b>		
<b>Hospital Indemnity Benefits</b>	<b>Plan 1:</b>	<b>Plan 2:</b>
<b>Hospital Confinement</b> For treatment in a hospital due to sickness or injury for 23 or more continuous hours (i.e., not less than a day)	\$300 per day 15 days per year	\$500 per day 15 days per year
<b>Hospital Intensive Care Unit Confinement</b> For intensive and comprehensive care, when confined in an area equipped with lifesaving equipment (ICU)	\$500 per day 15 days per year	\$1,000 per day 15 days per year
<b>Hospital Admission</b> Lump sum benefit for a hospital admission, due to sickness or injury. Hospital Admission benefit for delivery of a healthy newborn child is payable for the mother only, unless the child is admitted due to sickness or injury.	\$500 per admission 2 admissions per year	\$1,000 per admission 2 admissions per year
<b>Physician's Office Benefits</b>		
<b>Preventive Services</b> For physician office visits for routine physical examinations, health screenings, well-baby care and routine immunizations	\$50 per day 1 day per year	\$100 per day 1 day per year
<b>Accident Lump Sum Benefit Rider</b>		
<b>Maximum Benefit per Accident (See Definitions)</b> Up to 3 accidents per year	Up to \$2,500	Up to \$5,000
<b>Critical Illness Benefit Rider</b>		
<b>Benefit Amount</b>		
	Employee	\$5,000
	Spouse	\$5,000
	Child(ren)	\$2,500
<b>Additional Occurrence Benefit</b>		10%
		10%
<b>Monthly Rates</b>		
	<b>Plan 1:</b>	<b>Plan 2:</b>
Member Only	\$22.59	\$41.41
Member + Spouse/DP	\$44.94	\$80.23
Member + Child(ren)	\$39.06	\$70.82
Member + Family	\$62.59	\$115.53
<b>Rate Guarantee</b>	1 year	
<b>Monthly Admin Fee</b> <i>(Admin Fee may be waived if enrolled in ACH Autopay AND electronic correspondence.)</i>	\$5	

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