

Premium Worksheet



Rates and/or benefits may be changed on a class basis.

VOLUNTARY ACCIDENT INSURANCE		
Bi-weekly Premium Amount (Cost per Pay Period – 26/Year)		
COVERAGE TIER	Core Plan	Plus Plan
Employee Only	\$1.52 (\$0.11 per day)	\$2.46 (\$0.18 per day)
Employee & Spouse/Partner	\$2.40 (\$0.17 per day)	\$3.88 (\$0.28 per day)
Employee & Child(ren)	\$2.47 (\$0.18 per day)	\$4.02 (\$0.29 per day)
Employee & Family	\$3.92 (\$0.28 per day)	\$6.37 (\$0.45 per day)

5962g NS 07/21 Accident Form Series includes GBD-2000, GBD-2300, or state equivalent.

VOLUNTARY HOSPITAL INDEMNITY INSURANCE		
Bi-weekly Premium Amount (Cost per Pay Period – 26/Year)		
COVERAGE TIER	Core Plan	Plus Plan
Employee Only	\$7.48 (\$0.53 per day)	\$13.48 (\$0.96 per day)
Employee & Spouse/Partner	\$14.08 (\$1.00 per day)	\$25.33 (\$1.80 per day)
Employee & Child(ren)	\$14.58 (\$1.04 per day)	\$26.36 (\$1.88 per day)
Employee & Family	\$22.65 (\$1.61 per day)	\$40.35 (\$2.87 per day)

5962h NS 07/21 Hospital Income Plan Form Series includes GBD-2800, GBD-2900, or state equivalent.

The Buck's Got Your Back.™

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This document explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of a discrepancy between this document and the policy, the terms of the policy apply. Benefits are subject to state availability. Policy terms and conditions vary by state. Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy as issued to the policyholder.

