

Group Hospital Indemnity Insurance Rates

Low Plan	Biweekly (26pp/yr)
Employee	\$6.59
Employee and Spouse	\$12.96
Employee and Child	\$10.27
Family	\$16.64

High Plan	Biweekly (26pp/yr)
Employee	\$11.02
Employee and Spouse	\$21.82
Employee and Child	\$16.91
Family	\$27.71

Low Plan	Monthly (12pp/yr)
Employee	\$14.28
Employee and Spouse	\$28.08
Employee and Child	\$22.24
Family	\$36.04

High Plan	Monthly (12pp/yr)
Employee	\$23.88
Employee and Spouse	\$47.28
Employee and Child	\$36.64
Family	\$60.04