

Group Hospital Indemnity Insurance Rates

Low Plan	Biweekly (26pp/yr)
Employee	\$4.59
Employee & Dependent Spouse	\$9.01
Employee & Dependent Child(ren)	\$7.12
Family	\$11.54

High Plan	Biweekly (26pp/yr)
Employee	\$7.64
Employee & Dependent Spouse	\$15.29
Employee & Dependent Child(ren)	\$11.78
Family	\$19.43

Low Plan	Monthly (12pp/yr)
Employee	\$9.95
Employee & Dependent Spouse	\$19.54
Employee & Dependent Child(ren)	\$15.43
Family	\$25.02

High Plan	Monthly (12pp/yr)
Employee	\$16.54
Employee & Dependent Spouse	\$33.11
Employee & Dependent Child(ren)	\$25.53
Family	\$42.10