

Hospital Indemnity Insurance Rates

Low Plan - \$100 Daily Benefit	Biweekly (26pp/yr)
Employee	\$4.87
Employee and Spouse	\$9.83
Employee and Children	\$8.42
Employee and Family	\$13.38

High Plan - \$200 Daily Benefit	Biweekly (26pp/yr)
Employee	\$9.80
Employee and Spouse	\$19.89
Employee and Children	\$17.04
Employee and Family	\$27.13