

## SUPPLEMENTAL HOSPITAL INSURANCE

RATE TABLE	BIWEEKLY PAY PERIOD DEDUCTION		
	Ages 18–54	Ages 55–64	Ages 65–69
Associate Only	\$4.18	\$8.26	\$12.19
Associate & Spouse	\$8.17	\$16.54	\$24.39
Associate & Child(ren)	\$5.96	\$12.63	\$18.67
Associate & Family	\$9.98	\$21.94	\$31.09

**Note:** Rates are based on the associate's age as of January 1 of the coverage year. Coverage is not available for associates residing in the state of Minnesota.