

Ross-dd's

Group Hospital Indemnity Insurance Rates *(per pay period)*

Rates effective 1/1/2024

Low Plan	Biweekly (26pp/yr)
Associate	\$3.71
Associate and Spouse	\$7.41
Associate and Dependent Children	\$5.95
Family	\$9.65

Low Plan	Semimonthly (24pp/yr)
Associate	\$4.01
Associate and Spouse	\$8.02
Associate and Dependent Children	\$6.44
Family	\$10.45

High Plan	Biweekly (26pp/yr)
Associate	\$7.38
Associate and Spouse	\$14.80
Associate and Dependent Children	\$11.88
Family	\$19.30

High Plan	Semimonthly (24pp/yr)
Associate	\$8.00
Associate and Spouse	\$16.04
Associate and Dependent Children	\$12.87
Family	\$20.91