

Ross-dd's

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

Rates effective 1/1/2025

Low Plan	Biweekly (26pp/yr)
Associate	\$3.51
Associate and Spouse	\$6.92
Associate and Dependent Children	\$5.57
Family	\$8.98

Low Plan	Semimonthly (24pp/yr)
Associate	\$3.80
Associate and Spouse	\$7.49
Associate and Dependent Children	\$6.04
Family	\$9.73

High Plan	Biweekly (26pp/yr)
Associate	\$6.79
Associate and Spouse	\$13.52
Associate and Dependent Children	\$10.89
Family	\$17.62

High Plan	Semimonthly (24pp/yr)
Associate	\$7.35
Associate and Spouse	\$14.64
Associate and Dependent Children	\$11.79
Family	\$19.08