

## Group Hospital Indemnity Insurance Rates

<b>Low Plan</b>	<b>Biweekly (26pp/yr)</b>
Employee	\$6.86
Employee and Spouse	\$13.91
Employee and Child	\$10.86
Family	\$17.91

<b>High Plan</b>	<b>Biweekly (26pp/yr)</b>
Employee	\$13.63
Employee and Spouse	\$27.61
Employee and Child	\$21.53
Family	\$35.51