

Group Hospital Indemnity

Premium Rates

Bi-weekly Premiums – High Plan	
Coverage	Premiums
Member	\$13.49
Member and Spouse	\$32.85
Member and Child(ren)	\$24.39
Family	\$43.75

Bi-weekly Premiums – Low Plan	
Coverage	Premiums
Member	\$ 6.06
Member and Spouse	\$14.45
Member and Child(ren)	\$11.46
Family	\$19.85