



# RATE SHEET

*Rates shown are based on monthly deductions. Your payroll deductions will be taken after taxes are taken.*



## Hospital Indemnity Plan

*You may enroll in one option only.*

<u>Option 1- \$1,500</u>	<u>Cost</u>
Yourself only	\$21.83
Yourself & spouse	\$45.59
Yourself plus child(ren)	\$31.05
Yourself and family	\$50.34

<u>Option 2- \$3,000</u>	<u>Cost</u>
Yourself only	\$36.02
Yourself & spouse	\$73.39
Yourself plus child(ren)	\$50.79
Yourself and family	\$81.77

<u>Option 3- \$5,000</u>	<u>Cost</u>
Yourself only	\$57.21
Yourself & spouse	\$115.99
Yourself plus child(ren)	\$80.41
Yourself and family	\$129.33