

Premium Worksheet



Rates and/or benefits may be changed on a class basis.

VOLUNTARY HOSPITAL INDEMNITY INSURANCE	
Monthly Premium Amount (Cost per Pay Period – 12/Year)	
COVERAGE TIER	PLAN 1
Employee Only	\$30.76 (\$1.01 per day)
Employee & Spouse/Partner	\$56.81 (\$1.87 per day)
Employee & Child(ren)	\$46.84 (\$1.54 per day)
Employee & Family	\$91.11 (\$3.00 per day)

5962h NS 07/21 Hospital Income Plan Form Series includes GBD-2800, GBD-2900, or state equivalent.

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