

# Premium Worksheet



Rates and/or benefits can change.

<b>VOLUNTARY HOSPITAL INDEMNITY INSURANCE</b>	
<b>Monthly Premium Amount (Cost per Pay Period – 12/Year)</b>	
<b>COVERAGE TIER</b>	<b>Plan</b>
Employee Only	<b>\$9.15</b> (\$0.30 per day)
Employee & Spouse/Partner	<b>\$16.65</b> (\$0.55 per day)
Employee & Child(ren)	<b>\$17.10</b> (\$0.56 per day)
Employee & Family	<b>\$25.92</b> (\$0.85 per day)

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This document explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of a discrepancy between this document and the policy, the terms of the policy apply. Benefits are subject to state availability. Policy terms and conditions vary by state. Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy as issued to the policyholder.