Supplemental Health Plan Rates

Hospital Indemnity Insurance Bi-Weekly Premiums	
Employee Only	$5.10
Employee & Child(ren)	$8.06
Employee & Spouse	$10.54
Employee & Family	$13.50

Accident Insurance Bi-Weekly Premiums	
Employee Only	$3.02
Employee & Child(ren)	$7.10
Employee & Spouse	$5.94
Employee & Family	$8.40

Critical Illness Insurance Bi-Weekly Premiums per $10,000 of Coverage*				
Age	**Employee Only**	**Employee & Child(ren)**	**Employee & Spouse**	**Employee & Family**
<30	$2.22	$2.96	$3.56	$4.24
30 – 39	$3.36	$4.10	$5.30	$6.00
40 – 49	$6.10	$6.78	$9.36	$10.06
50 – 59	$9.70	$10.38	$14.82	$15.50
60+	$13.16	$13.90	$20.04	$20.72

**You may also enroll in $20,000 or $30,000 of coverage. To calculate the premiums for those options, simply multiply the premiums shown above by 2 (for $20,000 of coverage) or 3 (for $30,000 of coverage).*