

## **HOSPITAL INDEMNITY MONTHLY RATES**

### **LOW PLAN**

EE Only \$20.31

EE +SP \$42.69

EE+CH \$34.30

FA \$54.18

### **HIGH PLAN**

EE Only \$30.55

EE +SP \$64.10

EE+CH \$51.53

FA \$81.37