

Voluntary

Hospital Indemnity - Plan 2 (HSA)				
	Employee	Employee & Spouse	Employee & Children	Family
Monthly Rate	\$17.52	\$37.17	\$27.54	\$44.55

Hospital Indemnity - Plan 4 (HSA)				
	Employee	Employee & Spouse	Employee & Children	Family
Monthly Rate	\$35.04	\$74.34	\$55.07	\$89.10