

## Premium Worksheet



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

5962g NS 07/21 Accident Form Series includes GBD-2000, GBD-2300, or state equivalent.

| <b>VOLUNTARY HOSPITAL INDEMNITY INSURANCE</b>                 |                                 |                                 |                                 |
|---------------------------------------------------------------|---------------------------------|---------------------------------|---------------------------------|
| <b>Monthly Premium Amount (Cost per Pay Period – 12/Year)</b> |                                 |                                 |                                 |
| <b>COVERAGE TIER</b>                                          | <b>PLAN 1</b>                   | <b>PLAN 2</b>                   | <b>PLAN 3</b>                   |
| <b>Employee Only</b>                                          | <b>\$9.45</b> (\$0.31 per day)  | <b>\$16.11</b> (\$0.53 per day) | <b>\$27.52</b> (\$0.90 per day) |
| <b>Employee &amp; Spouse/Partner</b>                          | <b>\$18.71</b> (\$0.62 per day) | <b>\$31.84</b> (\$1.05 per day) | <b>\$54.32</b> (\$1.79 per day) |
| <b>Employee &amp; Child(ren)</b>                              | <b>\$16.20</b> (\$0.53 per day) | <b>\$27.63</b> (\$0.91 per day) | <b>\$47.15</b> (\$1.55 per day) |
| <b>Employee &amp; Family</b>                                  | <b>\$26.69</b> (\$0.88 per day) | <b>\$45.48</b> (\$1.50 per day) | <b>\$77.55</b> (\$2.55 per day) |

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

### The Buck's Got Your Back<sup>®</sup>

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