

Ross-dd's

Group Hospital Indemnity Insurance Rates (*per pay period*)

Rates effective 1/1/2027

Low Plan	Biweekly (26pp/yr)
Associate	\$3.16
Associate and Spouse	\$6.22
Associate and Dependent Children	\$5.02
Family	\$8.08

Low Plan	Semimonthly (24pp/yr)
Associate	\$3.42
Associate and Spouse	\$6.74
Associate and Dependent Children	\$5.43
Family	\$8.75

High Plan	Biweekly (26pp/yr)
Associate	\$6.10
Associate and Spouse	\$12.15
Associate and Dependent Children	\$9.78
Family	\$15.83

High Plan	Semimonthly (24pp/yr)
Associate	\$5.62
Associate and Spouse	\$13.18
Associate and Dependent Children	\$10.62
Family	\$17.18