Ross-dd's
Group Hospital Indemnity Insurance Rates *(per pay period)*

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	$6.62
Associate and Spouse	$13.18
Associate and Dependent Children	$10.62
Family	$17.18