



UW Medical Foundation
2025 Hospital Indemnity Insurance Premiums
Effective January 1, 2025

Hospital Indemnity Insurance– Basic Plan

Coverage Type	Monthly Premium	Per Pay Period Premium*
Single	\$17.30	\$8.65
Employee + Spouse/DP	\$32.22	\$16.11
Employee + Child(ren)	\$31.54	\$15.77
Employee + Family	\$48.82	\$24.41

Hospital Indemnity Insurance – Enhanced Plan

Coverage Type	Monthly Premium	Per Pay Period Premium*
Single	\$30.34	\$15.17
Employee + Spouse/DP	\$56.36	\$28.18
Employee + Child(ren)	\$54.92	\$27.46
Employee + Family	\$85.02	\$42.51

* Deductions will be taken biweekly from A and B payrolls. Employees will not have a deduction on their 6/6/2025 and 12/5/2025 paycheck.

DISCLAIMER: Every effort has been made to ensure that this information is correct and current. If discrepancies are noted, plan documents will prevail.