



UW Health Northern Illinois
2024 Hospital Indemnity Insurance Premiums
Effective January 1, 2024

Hospital Indemnity Insurance– Plan 1

Coverage Type	Per Pay Period Premium
Employee Only	\$12.30
Employee + Spouse	\$27.54
Employee + Child(ren)	\$16.62
Family	\$28.92

Hospital Indemnity Insurance – Plan 2

Coverage Type	Per Pay Period Premium
Employee Only	\$24.54
Employee + Spouse	\$55.08
Employee + Child(ren)	\$33.24
Family	\$57.84

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