

2020 Group Retiree Hospital Indemnity Insurance Rates

How to Determine Your Cost:

1. From the rate chart below, determine who will receive the coverage. The corresponding amount will be your monthly premium amount that will be billed to you upon receipt of your enrollment form.

2. Complete and sign the enrollment form from the downloads page of this website and mail it to:

Voluntary Benefits Plan®

P.O. Box 12009

Cheshire, CT 06410

Supplemental Hospital Cash Plan

These are your monthly rates. The rates do not increase as you get older.

\$50 Daily Benefit*			
Member	Member Spouse	Member Spouse & Children**	Member & Children**
\$7.70	\$15.40	\$16.78	\$8.60

* Rates are Current as of 2020

** Coverage for dependent children is equal to 40% of Retired Member's Daily Benefit

New York Life reserves the right to change rates on any premium due date and on any date in which benefits change.

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