

**University System of New Hampshire Hospital Indemnity Plan Rates
Effective January 1, 2019**

		Single			Two Person			Family		
		Bi-Weekly	Monthly	Annual	Bi-Weekly	Monthly	Annual	Bi-Weekly	Monthly	Annual
MetLife	Employee	\$ 4.54	\$ 9.83	\$ 117.96	\$ 7.49	\$ 16.23	\$ 194.76	\$ 10.70	\$ 23.19	\$ 278.28

The hospital indemnity plan is all employee paid

Assumes 26 Pay periods