

RATES TABLE FOR: GRAHAM ISD - GP-19486 / GROUP HOSPITAL INDEMNITY - PLAN-115963

DEDUCTION FREQUENCY : Monthly (12pp / yr)

Deduction Frequency

Monthly (12pp / yr)

Employee Periodic Cost

\$20.76

Employee And Spouse Periodic Cost

\$41.80

Employee And Child Periodic Cost

\$33.40

Family Periodic Cost

\$54.44