

RATES TABLE FOR: MULESHOE ISD - GP-34295 / GROUP HOSPITAL INDEMNITY - PLAN-218063

DEDUCTION FREQUENCY : Monthly (12pp / yr)

Deduction Frequency

Monthly (12pp / yr)

Employee Periodic Cost

\$31.66

Employee And Spouse Periodic Cost

\$64.08

Employee And Child Periodic Cost

\$50.30

Family Periodic Cost

\$82.72