

RATES TABLE FOR: BOLING ISD - GP-11842 / GROUP HOSPITAL INDEMNITY - PLAN-71026

DEDUCTION FREQUENCY : Monthly (12pp / yr)

Deduction Frequency
Monthly (12pp / yr)

Employee Periodic Cost
\$32.14

Employee And Spouse Periodic Cost
\$65.34

Employee And Child Periodic Cost
\$50.84

Family Periodic Cost
\$84.04