

RATES TABLE FOR: GRAHAM ISD - GP-19486 / GROUP HOSPITAL INDEMNITY - PLAN-115964

DEDUCTION FREQUENCY : Monthly (12pp / yr)

Deduction Frequency

Monthly (12pp / yr)

Employee Periodic Cost

\$33.88

Employee And Spouse Periodic Cost

\$68.52

Employee And Child Periodic Cost

\$53.90

Family Periodic Cost

\$88.54