

RATES TABLE FOR: COMFORT ISD - GP-11967 / GROUP HOSPITAL INDEMNITY - PLAN-64864

DEDUCTION FREQUENCY : Monthly (12pp / yr)

Deduction Frequency
Monthly (12pp / yr)

Employee Periodic Cost
\$24.20

Employee And Spouse Periodic Cost
\$49.00

Employee And Child Periodic Cost
\$38.28

Family Periodic Cost
\$63.08

