

**RATES TABLE FOR: BOLING ISD - GP-11842 / GROUP HOSPITAL INDEMNITY - PLAN-71027**

**DEDUCTION FREQUENCY :** Monthly (12pp / yr)

Deduction Frequency  
Monthly (12pp / yr)

Employee Periodic Cost  
\$18.70

Employee And Spouse Periodic Cost  
\$37.82

Employee And Child Periodic Cost  
\$29.92

Family Periodic Cost  
\$49.04