

**RATES TABLE FOR: LULING ISD - GP-10981 / GROUP HOSPITAL INDEMNITY - PLAN-77699**

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

Deduction Frequency

**Monthly (12pp / yr)**

Employee Periodic Cost

**\$17.28**

Employee And Spouse Periodic Cost

**\$34.84**

Employee And Child Periodic Cost

**\$28.08**

Family Periodic Cost

**\$45.64**