RATES TABLE FOR MASSACHUSETTS RESIDENTS: LIBERTY ELEMENTARY - GP-19248 / GROUP HOSPITAL INDEMNITY - PLAN-114278

DEDUCTION FREQUENCY: Monthly (12pp / yr)

Deduction Frequency Monthly (12pp / yr)

Employee Periodic Cost \$20.32

Employee And Spouse Periodic Cost \$36.92

Employee And Child Periodic Cost **\$29.92**

Family Periodic Cost \$46.52