RATES TABLE FOR: 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