

RATES TABLE FOR: AMERICAN EXPRESS - GP-6345 / GROUP HOSPITAL INDEMNITY - PLAN-133121

DEDUCTION FREQUENCY : Semimonthly (24pp / yr)

Deduction Frequency

Semimonthly (24pp / yr)

Employee Periodic Cost

\$7.35

Employee And Spouse Periodic Cost

\$14.36

Employee And Child Periodic Cost

\$11.42

Family Periodic Cost

\$18.43

RATES TABLE FOR: AMERICAN EXPRESS - GP-6345 / GROUP HOSPITAL INDEMNITY - PLAN-139151

DEDUCTION FREQUENCY : Semimonthly (24pp / yr)

Deduction Frequency

Semimonthly (24pp / yr)

Employee Periodic Cost

\$14.72

Employee And Spouse Periodic Cost

\$28.75

Employee And Child Periodic Cost

\$22.87

Family Periodic Cost

\$36.90