

RATES TABLE FOR: TIDEHAVEN ISD - GP-11851 / GROUP HOSPITAL INDEMNITY - PLAN-67301

DEDUCTION FREQUENCY : Monthly (12pp / yr)

Deduction Frequency
Monthly (12pp / yr)

Employee Periodic Cost
\$31.52

Employee And Spouse Periodic Cost
\$63.72

Employee And Child Periodic Cost
\$49.66

Family Periodic Cost
\$81.86