

RATES TABLE FOR: CASTLEBERRY ISD - GP-5359 / GROUP HOSPITAL INDEMNITY - PLAN-24312

DEDUCTION FREQUENCY: Monthly (12pp / yr)

Deduction Frequency

Monthly (12pp / yr)

Employee Periodic Cost

\$23.00

Employee And Spouse Periodic Cost

\$43.60

Employee And Child Periodic Cost

\$35.56

Family Periodic Cost

\$56.16