

**RATES TABLE FOR: MARSHALL ISD - GP-16461 / GROUP HOSPITAL INDEMNITY - PLAN-97532**

**DEDUCTION FREQUENCY : Monthly (12pp / yr)**

Deduction Frequency

**Monthly (12pp / yr)**

Employee Periodic Cost

**\$31.66**

Employee And Spouse Periodic Cost

**\$64.08**

Employee And Child Periodic Cost

**\$50.30**

Family Periodic Cost

**\$82.72**