

RATES TABLE FOR: FORT SAM HOUSTON ISD - GP-32454 / GROUP HOSPITAL INDEMNITY - PLAN-206419

DEDUCTION FREQUENCY : Semimonthly (24pp / yr)

Deduction Frequency
Semimonthly (24pp / yr)

Employee Periodic Cost
\$15.83

Employee And Spouse Periodic Cost
\$32.04

Employee And Child Periodic Cost
\$25.15

Family Periodic Cost
\$41.36