

**RATES TABLE FOR: NEWTON ISD - GP-6510 / GROUP HOSPITAL INDEMNITY - PLAN-37723**

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

Deduction Frequency

**Monthly (12pp / yr)**

Employee Periodic Cost

**\$28.67**

Employee And Spouse Periodic Cost

**\$55.54**

Employee And Child Periodic Cost

**\$44.24**

Family Periodic Cost

**\$71.11**