

RATES TABLE FOR: CASTLEBERRY ISD - GP-5359 / GROUP HOSPITAL INDEMNITY - PLAN-24314

DEDUCTION FREQUENCY: Monthly (12pp / yr)

Deduction Frequency

Monthly (12pp / yr)

Employee Periodic Cost

\$36.80

Employee And Spouse Periodic Cost

\$71.48

Employee And Child Periodic Cost

\$57.00

Family Periodic Cost

\$91.68