

RATES TABLE FOR: UVALDE ISD - GP-2089 / GROUP HOSPITAL INDEMNITY - PLAN-7983

DEDUCTION FREQUENCY : Monthly (12pp / yr)

Deduction Frequency

Monthly (12pp / yr)

Employee Periodic Cost

\$35.44

Employee And Spouse Periodic Cost

\$69.24

Employee And Child Periodic Cost

\$54.93

Family Periodic Cost

\$88.74