

RATES TABLE FOR: DEVINE ISD - GP-11505 / GROUP HOSPITAL INDEMNITY - PLAN-62006

DEDUCTION FREQUENCY : Semimonthly (24pp / yr)

Deduction Frequency

Semimonthly (24pp / yr)

Employee Periodic Cost

\$9.53

Employee And Spouse Periodic Cost

\$19.28

Employee And Child Periodic Cost

\$15.29

Family Periodic Cost

\$25.04