

RATES TABLE FOR: EASTLAND ISD - GP-33618 / GROUP HOSPITAL INDEMNITY - PLAN-213887

DEDUCTION FREQUENCY : Monthly (12pp / yr)

Deduction Frequency

Monthly (12pp / yr)

Employee Periodic Cost

\$18.54

Employee And Spouse Periodic Cost

\$37.36

Employee And Child Periodic Cost

\$29.80

Family Periodic Cost

\$48.62