

**RATES TABLE FOR: SOUTH TEXAS ISD (TX) - GP-21665 / GROUP HOSPITAL INDEMNITY - PLAN-131642**

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

Deduction Frequency

**Monthly (12pp / yr)**

Employee Periodic Cost

**\$23.78**

Employee And Spouse Periodic Cost

**\$48.02**

Employee And Child Periodic Cost

**\$36.74**

Family Periodic Cost

**\$60.98**