

RATES TABLE FOR: TIDEHAVEN ISD - GP-11851 / GROUP HOSPITAL INDEMNITY - PLAN-64823

DEDUCTION FREQUENCY : Monthly (12pp / yr)

Deduction Frequency
Monthly (12pp / yr)

Employee Periodic Cost
\$18.34

Employee And Spouse Periodic Cost
\$36.90

Employee And Child Periodic Cost
\$29.24

Family Periodic Cost
\$47.80