

RATES TABLE FOR: GORMAN ISD - GP-33619 / GROUP HOSPITAL INDEMNITY - PLAN-213889

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