

RATES TABLE FOR: GORMAN ISD - GP-33619 / GROUP HOSPITAL INDEMNITY - PLAN-213888

DEDUCTION FREQUENCY : Monthly (12pp / yr)

Deduction Frequency
Monthly (12pp / yr)

Employee Periodic Cost
\$31.66

Employee And Spouse Periodic Cost
\$64.08

Employee And Child Periodic Cost
\$50.30

Family Periodic Cost
\$82.72