

Rates Table For:  
Sundown ISD  
Group Hospital Indemnity  
GP-53767  
PLAN-332845

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Deduction Frequency  
Monthly (12pp / yr)  
Employee  
\$29.36  
Employee & Dependent Spouse  
\$56.80  
Employee & Dependent Child(ren)  
\$45.76  
Family  
\$73.20