

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