

**RATES TABLE FOR: BROWARD HEALTH - GP-15591 / GROUP HOSPITAL INDEMNITY - PLAN-104464**

**DEDUCTION FREQUENCY : Biweekly (26pp / yr)**

Deduction Frequency

**Biweekly (26pp / yr)**

Employee Periodic Cost

**\$10.85**

Employee And Spouse Periodic Cost

**\$21.70**

Employee And Child Periodic Cost

**\$17.27**

Family Periodic Cost

**\$28.12**