

**RATES TABLE FOR: CWA LOCAL 9333 - GP-20914 / GROUP HOSPITAL INDEMNITY - PLAN-125496****DEDUCTION FREQUENCY : Biweekly (26pp / yr)**

Deduction Frequency

**Biweekly (26pp / yr)**

Employee Periodic Cost

**\$19.26**

Employee And Spouse Periodic Cost

**\$37.94**

Employee And Child Periodic Cost

**\$29.84**

Family Periodic Cost

**\$48.52**