

RATES TABLE FOR: CWA LOCAL 9511 - GP-20975 / GROUP HOSPITAL INDEMNITY - PLAN-125863

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