

RATES TABLE FOR: CWA LOCAL 9588 - GP-21068 / GROUP HOSPITAL INDEMNITY - PLAN-126444**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