

RATES TABLE FOR: FIRSTENERGY - GP-4166 / GROUP HOSPITAL INDEMNITY - PLAN-18265

DEDUCTION FREQUENCY : Weekly (52pp / yr)

Deduction Frequency

Weekly (52pp / yr)

Employee Periodic Cost

\$7.04

Employee And Spouse Periodic Cost

\$14.26

Employee And Child Periodic Cost

\$11.14

Family Periodic Cost

\$18.36

RATES TABLE FOR: FIRSTENERGY - GP-4166 / GROUP HOSPITAL INDEMNITY - PLAN-18265

DEDUCTION FREQUENCY : Biweekly (26pp / yr)

Deduction Frequency

Biweekly (26pp / yr)

Employee Periodic Cost

\$14.08

Employee And Spouse Periodic Cost

\$28.52

Employee And Child Periodic Cost

\$22.28

Family Periodic Cost

\$36.72