

**RATES TABLE FOR: FIRSTENERGY - GP-4166 / GROUP HOSPITAL INDEMNITY - PLAN-18266**

**DEDUCTION FREQUENCY : Weekly (52pp / yr)**

Deduction Frequency

**Weekly (52pp / yr)**

Employee Periodic Cost

**\$2.35**

Employee And Spouse Periodic Cost

**\$4.72**

Employee And Child Periodic Cost

**\$3.80**

Family Periodic Cost

**\$6.17**

**RATES TABLE FOR: FIRSTENERGY - GP-4166 / GROUP HOSPITAL INDEMNITY - PLAN-18266**

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

Deduction Frequency

**Biweekly (26pp / yr)**

Employee Periodic Cost

**\$4.71**

Employee And Spouse Periodic Cost

**\$9.46**

Employee And Child Periodic Cost

**\$7.61**

Family Periodic Cost

**\$12.36**