

## **Cancer Care Specified Disease**

## **Classic Plan**

## **Bi-Weekly Per Pay Deductions:**

Employee Only:	\$17.88
One Parent + Child(ren):	\$18.30
Employee + Spouse:	\$31.98
Family:	\$32.40

## **Monthly Per Pay Deductions:**

Employee Only:	\$38.74
One Parent + Child(ren):	\$39.65
Employee + Spouse:	\$69.29
Family:	\$70.20

If you are interested in applying for coverage, please contact Relph Benefit Advisors, 1-800-836-0026 ext. 7400