



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. 510