

**PREMIUM RATE SHEET**

Red Deer Regional Hospital Centre Voluntary Association (RDRHCVA)

Section 16A / 16B / 16C

January 1, 2024

		BENEFIT COST PER MONTH		
		Employee Share	Employer Share	Total Monthly Premium
<b>Supplementary Health</b> Includes Vision and Out of Province/Country Emergency Health	<i>Single</i>	\$37.18	\$37.18	\$74.36
	<i>Family</i>	\$92.93	\$92.93	\$185.86
<b>Dental</b>	<i>Single</i>	\$24.93	\$24.94	\$49.87
	<i>Family</i>	\$62.37	\$62.38	\$124.75
<b>Basic Life</b> <i>per \$1,000 of insurance</i>		\$0.1110	\$0.1110	\$0.222
<b>Basic AD&amp;D</b> <i>per \$1,000 of insurance</i>		\$0.0050	\$0.0050	\$0.0100
<b>Short Term Disability</b> <i>% of monthly insured payroll</i>		0.767%	0.767%	1.534%
<b>Long Term Disability</b> <i>% of monthly insured payroll</i>		1.406%	1.406%	2.812%

When applicable, actual rates will be rounded to the nearest cent. In the event of a discrepancy, and/or any errors and/or omissions in this publication, the terms and conditions of official contracts and documents of our group plans will prevail.