



PREMIUM RATE SHEET

Section: 978 (PARA)

January 1, 2017

		BENEFIT COST PER MONTH		
		Employee Share	Employer Share	Total Monthly Premium
Supplementary Health	Single	\$8.20	\$24.62	\$32.82
	Family	\$20.51	\$61.54	\$82.05
Dental	Single	\$6.13	\$18.38	\$24.51
	Family	\$15.32	\$45.96	\$61.28
Out of Province/Country Emergency (Mandatory)	Single	\$0.19	\$0.59	\$0.78
	Family	\$0.45	\$1.37	\$1.82
Basic Life	<i>per \$1,000 of insurance</i>	\$0.0000	\$0.1910	\$0.1910

When applicable, actual rates will be rounded to the nearest cent.