

**PREMIUM RATE SHEET**

Clinical Fellows

Section: 990

January 1, 2024

|   |               | BENEFIT COST PER MONTH |                |                       |
|---|---------------|------------------------|----------------|-----------------------|
|   |               | Employee Share         | Employer Share | Total Monthly Premium |
| <b>Supplementary Health</b><br>Includes Out of Province/Country<br>Emergency Health | <i>Single</i> | \$13.15                | \$39.47        | \$52.62               |
|   | <i>Family</i> | \$32.90                | \$98.73        | \$131.63              |
| <b>Dental</b>   | <i>Single</i> | \$9.78                 | \$29.35        | \$39.13               |
|   | <i>Family</i> | \$24.47                | \$73.43        | \$97.90               |

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.