

**PREMIUM RATE SHEET**

Clinical Fellows

Section: 990

January 1, 2025

		BENEFIT COST PER MONTH		
		Employee Share	Employer Share	Total Monthly Premium
<b>Supplementary Health</b> Includes Out of Province/Country Emergency Health	<i>Single</i>	\$15.74	\$47.25	\$62.99
	<i>Family</i>	\$39.39	\$118.20	\$157.59
<b>Dental</b>	<i>Single</i>	\$11.13	\$33.40	\$44.53
	<i>Family</i>	\$27.85	\$83.56	\$111.41

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.