

PREMIUM RATE SHEET

Clinical Fellows

Section: 990

January 1, 2026

		BENEFIT COST PER MONTH		
		Employee Share	Employer Share	Total Monthly Premium
Supplementary Health Includes Out of Province/Country Emergency Health	<i>Single</i>	\$18.82	\$56.49	\$75.31
	<i>Family</i>	\$47.10	\$141.33	\$188.43
Dental	<i>Single</i>	\$11.96	\$35.91	\$47.87
	<i>Family</i>	\$29.94	\$89.83	\$119.77

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.