

» Costs

MONTHLY GROUP BENEFIT PLAN PREMIUM RATES AS AT MAY 1, 2024

| Benefit Plan | Your Premium | | | | Employer Premium |
|--|--------------------|----------------------|----------------|------------------|-------------------------------------|
| Basic Life Insurance: | \$0.151 / \$1,000 | | | | \$0.151/ \$1,000 |
| Extended Health: | | | | | Single: \$74.11 Family: \$180.41 |
| Dental: | | | | | |
| Dependent Life Insurance: Spouse: \$40,000 Eligible Child(ren): \$10,000 | \$8.65 | | | | |
| Optional Life Insurance | Per: \$1,000 | | | | |
| <u>Age Band</u> | Male Non-Smoker | Female Non-Smoker | Male Smoker | Female Smoker | |
| Less than 24 | .020 | .014 | .049 | .020 | |
| 24 - 34 | .027 | .020 | .057 | .032 | |
| 35 - 39 | .032 | .027 | .065 | .040 | |
| 40 - 44 | .049 | .032 | .088 | .057 | |
| 45 - 49 | .073 | .051 | .159 | .087 | |
| 50 - 54 | .137 | .087 | .282 | .145 | |
| 55 - 59 | .231 | .137 | .471 | .231 | |
| 60 - 64 | .340 | .225 | .680 | .376 | |

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