

Benefit Costs—Postdoctoral Associates

Monthly Group Benefit Plan Premium Rates as at January 1, 2024

Benefit Plan	Your Premium			
Extended Health and Dental:	Employee Coverage: \$113.83 (Western Paid) Family: \$170.75 (Western Paid)			
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
65 - Normal Retirement	.492	.369	.984	.593
Dependent Life Insurance: Spouse: \$40,000 Eligible Child(ren): \$10,000	\$8.25			
Voluntary Personal Accident Insurance:	Single: \$0.015 / \$1,000 Family: \$0.024 / \$1,000			

If you require this information in an alternative format, please [use ASK HR to contact Human Resources](#).