

» Costs

MONTHLY GROUP BENEFIT PLAN PREMIUM RATES AS AT MAY 1, 2026

Benefit Plan	Your Premium				Employer Premium
Basic Life Insurance:	\$0.195 / \$1,000				\$0.195/ \$1,000
Extended Health:					Single: \$177.44 Family: \$443.60
Dental:					
Dependent Life Insurance: Spouse: \$40,000 Eligible Child(ren): \$10,000	\$8.22				
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	
Voluntary Personal Accident Insurance:	Single: \$0.015 / \$1,000 Family: \$0.024 / \$1,000				
Long Term Disability:					\$2.63/\$100 Benefit