

» Costs

MONTHLY GROUP BENEFIT PLAN PREMIUM RATES AS AT MAY 1, 2025

Benefit Plan		Your F	Employer Premium		
Basic Life Insurance:		\$0.174	\$0.174/ \$1,000		
Extended Health:					Single: \$179.88 Family: \$418.86
Dental:					Single: \$85.99 Family: \$219.10
Dependent Life Insurance: Spouse: \$40,000 Eligible Child(ren): \$10,000		\$8.			
Optional Life Insurance		Per: \$			
Age Band	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: \$0.0 Family: \$0.0			
Long Term Disability:					\$2.74/\$100 Benefit