

**Monthly Rates**

Benefits in the following pre-priced Health and Dental Plans are conveniently packaged to meet your organization's needs. Choose a Health Plan first, then add a Dental Plan and a Life Plan.

**Blue Chip® Health & Dental Plans**

	MAXIMUMS	COVERAGE LEVEL	SINGLE	FAMILY
<b>Health</b>			<b>20.15</b>	<b>49.75</b>
	As listed	80% or as listed		
<b>Dental Basic Services</b>			<b>18.25</b>	<b>53.35</b>
	\$500 maximum per person per calendar year	80%		
<b>Dental Basic plus Major Services</b>			<b>24.25</b>	<b>66.75</b>
(2-year waiting period)	\$750 maximum per person per calendar year	80%		

**Blue Chip® Plus Health & Dental Plans**

	MAXIMUMS	COVERAGE LEVEL	SINGLE	FAMILY
<b>Health Plan A</b>			<b>27.55</b>	<b>68.85</b>
Extended Health Care	As listed	100%		
Travel	\$5,000,000 maximum per trip, no deductible	100%		
Prescription Drugs	\$500 maximum per person per calendar year	80%		
<b>Health Plan B</b>			<b>47.50</b>	<b>120.15</b>
Extended Health Care	As listed	100%		
Travel	\$5,000,000 maximum per trip, no deductible	100%		
Prescription Drugs	Unlimited coverage	100%		
<b>Health Plan C</b>			<b>53.45</b>	<b>135.40</b>
Extended Health Care	As listed	100%		
Travel	\$5,000,000 maximum per trip, no deductible	100%		
Prescription Drugs	Unlimited coverage	100%		
Vision Care	\$150 maximum per person every two calendar years (one calendar year for each eligible dependent child)	100%		
<b>Dental Plan 1</b>			<b>22.45</b>	<b>66.75</b>
Basic Services	\$750 maximum per person per calendar year	80%		
<b>Dental Plan 2</b>			<b>28.05</b>	<b>77.90</b>
Basic Services plus		80%		
Major Services	\$750 maximum per person per calendar year	50%		
<b>Dental Plan 3</b>			<b>30.20</b>	<b>90.55</b>
Basic Services	\$1,000 maximum per person per calendar year	100%		
<b>Dental Plan 4</b>			<b>35.10</b>	<b>99.65</b>
Basic Services plus		100%		
Major Services	\$1,000 maximum per person per calendar year	50%		
<b>Dental Plan 5</b>			<b>35.10</b>	<b>104.95</b>
Basic Services plus		100%		
Major Services	\$1,000 maximum per person per calendar year	50%		
Orthodontic Services	\$1,500 lifetime maximum per eligible dependent child aged 6 to 18	50%		

**Life Plan**

The Life Plan includes Life, Accidental Death & Dismemberment, and Critical Illness benefits. ♦ Rates may also be sold at \$25,000 and \$50,000 coverage at 2.5 and 5.0 times the \$10,000 rates.

Age Band	Single Male	Single Female	Family Male	Family Female
16-29	2.30	0.80	2.40	0.90
30-39	2.20	1.35	2.40	1.60
40-49	4.70	3.30	5.10	3.70
50-59	13.15	8.30	14.10	9.50
60-64	23.25	13.25	24.85	15.70

♦All Life, Disability, Accidental Death & Dismemberment, and Critical Illness benefits are underwritten by Blue Cross Life Insurance Company of Canada, PO Box 220, Moncton NB E1C 8L3, an independent licensee of the Canadian Association of Blue Cross Plans.

Rates listed are subject to change due to demographics and/or risk. The employer must contribute at least 50% of the overall monthly Health & Dental premiums. Eligible benefit claims exceeding the Stop Loss level will become the responsibility of Saskatchewan Blue Cross and will not affect the Policyholder's claims experience.

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