

Family Status definitions: single rate is for 1 person, couple rate is for 2 persons, and family rate is for 3 or more persons. The oldest person on the application determines the age band and rate.

Blue Choice® Monthly Premiums

AGE	FAMILY STATUS	CORE HEALTH	PRESCRIPTION DRUG	DENTAL	HOSPITAL CASH	VIP
Under 35	Single	10.05	5.95	22.70	2.00	1.85
	Couple	20.00	10.30	45.00	3.00	3.70
	Family	25.00	17.15	69.25	5.00	3.70
35-44	Single	11.80	8.75	29.30	2.75	2.90
	Couple	23.55	13.65	58.95	4.25	5.80
	Family	30.65	22.35	88.60	5.50	5.80
45-54	Single	14.60	17.75	30.65	3.00	4.35
	Couple	29.35	26.70	61.75	5.75	8.70
	Family	36.10	29.70	92.75	6.25	8.70
55-64	Single	17.60	29.30	30.65	5.00	5.10
	Couple	35.10	44.35	61.75	7.50	10.20
	Family	41.45	52.25	92.75	8.25	10.20
65-74	Single	21.80	23.65	30.65	10.00	8.80
	Couple	43.50	35.20	61.75	14.00	17.60
	Family	65.25	52.40	92.75	18.00	17.60
75-84	Single	23.85	29.95	29.30	12.00	13.90
	Couple	47.85	44.85	58.95	16.00	27.80
	Family	73.00	67.05	88.60	20.00	27.80
85+	Single	27.60	32.40	27.15	14.00	13.90
	Couple	55.40	48.85	54.60	18.00	27.80
	Family	78.40	72.75	82.05	22.00	27.80

Term Life Insurance

Both applicant and spouse must be non-smokers to qualify for the non-smoker couple premium.

AGE		\$25,000		\$50,000		\$75,000		\$100,000		\$10,000
		SINGLE	COUPLE	SINGLE	COUPLE	SINGLE	COUPLE	SINGLE	COUPLE	CHILDREN
Under 35	Non-smoker	2.90	4.50	5.80	9.00	8.70	13.50	11.60	18.00	3.35
	Smoker	4.40	6.90	8.80	13.80	13.20	20.70	17.60	27.60	3.35
35-44	Non-smoker	4.60	8.10	9.20	16.20	13.80	24.30	18.40	32.40	3.35
	Smoker	7.00	12.40	14.00	24.80	21.00	37.20	28.00	49.60	3.35
45-54	Non-smoker	11.30	18.80	22.60	37.60	33.90	56.40	45.20	75.20	3.35
	Smoker	17.20	28.70	34.40	57.40	51.60	86.10	68.80	114.80	3.35
55-64	Non-smoker	25.40	41.40	50.80	82.80	76.20	124.20	101.60	165.60	3.35
	Smoker	38.90	63.30	77.80	126.60	116.70	189.90	155.60	253.20	3.35
65-69	Non-smoker	45.50	74.40	91.00	148.80	136.50	223.20	182.00	297.60	3.35
	Smoker	69.60	113.80	139.20	227.60	208.80	341.40	278.40	455.20	3.35

Critical Illness

AGE	SINGLE		COUPLE		FAMILY	
	\$10,000	\$25,000	\$10,000	\$25,000	\$10,000	\$25,000
	LEVEL 1	LEVEL 2	LEVEL 1	LEVEL 2	LEVEL 1	LEVEL 2
Under 35	0.50	1.25	0.75	2.00	1.00	2.50
35-44	1.00	2.50	2.00	5.00	2.50	5.50
45-54	3.00	6.50	5.50	13.50	6.00	14.00
55-64	8.50	21.00	15.00	37.00	16.00	38.00

Student Accident Insurance

Monthly Premiums

Single Student	\$0.50
Family (3 or more students)	\$1.25

Optional Life Insurance

Applicable to Student Accident Option only

\$5,000	\$0.35 per student
OR	
\$10,000	\$0.75 per student
Double-Up	\$0.20 per student

Double indemnity for accidental dismemberment and for total and permanent disability.

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