

# Benefit Costs IRU 6HOHFW \$GPLQLVWUDWLYH

MONTHLYGROUP BENEFIT PLAN PREMIUM RATES AS AT MAY 1, 2024

Benefit Plan	Your Premium				Employer Premium
Basic Life Insurance:	\$0.151/\$1,000				\$0.151/\$1,000
Extended Health:					Single: \$137.06 Family: \$361.11
Dental:					Single: \$60.19 Family: \$165.39
Dependent Life Insurance: Spouse: \$40,000 Eligible Child(ren): \$10,000	\$8.6				
Optional Life Insurance	Per: \$1,000				
<u>Age Band</u>	Male Non- Smoker	Female Non- Smoker	Male Smoker	Female Smoker	
Less than 24	.0	.01	.04	.0	
24 - 34	.02	.0	.05	.03	
35 -					