

» Costs

MONTHLY GROUP BENEFIT PLAN PREMIUM RATES AS AT MAY 1, 2022

Benefit Plan	Your Premium	Employer Premium
Basic Life Insurance:	\$0.149 / \$1,000	\$0.149/ \$1,000
Extended Health:		Single: \$135.97 Family: \$297.14
Dental:		Single: \$32.21 Family: \$76.15
Dependent Life Insurance: Spouse: \$40,000 Eligible Child(ren): \$10,000	\$8.25	
Optional Life Insurance	Per: \$1,000	
<u>Age Band</u>	Male Non-	