

Out of Scope Premium Rate Sheet	f Scope Premium Rate Sheet April 1, 2023 Benefit Cost Per Month								
		Employee Share		Employer Share		Total Monthly Premium			
Supplementary Health Care	Single	N/A		\$88.32		\$88.32			
	Family	N/A		\$220.70		\$220.70			
Vision	Single	N/A		\$5.68		\$5.68			
(Add to Medical premium)	Family	N/A		\$14.18		\$14.18			
Mandatory Travel Insurance	Single	N/A		\$0.86		\$0.86			
Coverage until age 70	Family	N/A		\$2.16		\$2.16			
Dental Care	Single	N/A		\$56.67		\$56.67			
	Family	N/A		\$141.70		\$141.70			
Basic Life (2 X annual salary) Coverage until age 80	per \$1,000 of Benefit	N/A		\$0.1980		\$0.1980			
Voluntary Child Life	per \$1,000 of coverage (multiples of \$5,000 to \$25,000 per child)	f 0.0500		N/A		0.0500			
Basic AD&D (2 X annual salary) Coverage until age 80	per \$1,000 of Benefit	N/A		\$0.0130		\$0.0130			
Optional AD&D Available in units of	Single per \$1,000 of Benefit	\$0.0315		N/A		\$0.0315			
\$10,000 to a maximum of \$350,000	Family per \$1,000 of Benefit	\$0.0450		N/A		\$0.0450			
Basic Critical Illness Coverage until age 65	\$25,000 for Employee only	N/A		\$14.20		\$14.20			
Long Term Disability Coverage until age 65	Graded Benefit	2.472%		N/A		2.472%			
Optional Employee/Spousal Life Employee & Spouse: Units of \$10,000 up to	Gender X Non-Smoker	Female Non-Smoker	Male Non-Smoker	Gender X Smoker	Female Smoker	Male Smoker			
\$500,000									
(rate per \$10,000 of benefit)									
Coverage until age 70	40.00	Optional Life Premiums are 100% Employee Paid							
Up to 34	T	\$0.39 \$0.49	\$0.49 \$0.50	\$0.62 \$0.82	\$0.59 \$0.78	\$0.78 \$1.07			
35-39		\$0.49	\$0.78	\$1.23	\$0.78	\$1.56			
40-44		\$1.17	\$1.46	\$1.23	\$2.04	\$2.81			
45-49		\$1.94	\$2.43	\$3.43	\$3.20	\$4.75			
50-54		\$1.94	\$4.45	\$3.43 \$5.36	\$3.20	\$8.24			
55-59		\$3.98	\$6.20	\$5.50	\$5.82	\$10.66			
60-64		\$5.89	\$8.80	\$8.75	\$7.81	\$10.86			
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Optional Critical Illness Employee & Spouse: Units of \$10,000 up to \$250,000 (rate per \$10,000 of coverage)	Gender X Non-Smoker	Female Non- Smoker	Male Non-Smoker	Gender X Smoker	Female Smoker	Male Smoker		
Coverage until age 65	Optional Critical Illness Premiums are 100% Employee Paid							
Up to 29	\$1.20	\$1.19	\$1.27	\$1.36	\$1.34	\$1.46		
30-34	\$1.97	\$2.01	\$1.72	\$2.59	\$2.64	\$2.31		
35-39	\$2.39	\$2.45	\$2.07	\$3.66	\$3.79	\$2.91		
40-44	\$3.56	\$3.53	\$3.05	\$6.61	\$6.35	\$5.27		
45-49	\$4.96	\$4.91	\$5.18	\$10.33	\$9.91	\$10.15		
50-54	\$7.30	\$6.47	\$8.21	\$15.73	\$13.74	\$18.50		
55-59	\$9.72	\$8.59	\$12.60	\$21.19	\$17.78	\$30.92		
60-65	\$14.30	\$12.07	\$20.78	\$28.71	\$22.75	\$49.32		