

# Rate Sheet

# Health Assist

Monthly Premiums for residents of:	British Columbia			Alberta			Saskatchewan, Manitoba, Northwest Territories, Yukon Territory, Nunavut Territory			Ontario			New Brunswick, Nova Scotia, Prince Edward Island and Newfoundland and Labrador			
	AGE	Single	Couple	Family	Single	Couple	Family	Single	Couple	Family	Single	Couple	Family	Single	Couple	Family
<b>Basic</b>	18-44	38.20	72.80	94.60	47.40	90.20	117.50	39.80	75.80	98.60	56.00	106.60	139.10	54.40	103.60	135.10
	45-54	42.50	80.90	105.20	52.70	100.30	130.70	44.30	84.40	109.80	62.40	118.80	155.10	60.60	115.30	150.50
	55-59	48.50	92.30	120.20	60.10	114.40	149.30	50.70	96.50	125.70	71.50	136.10	177.80	69.30	131.90	172.30
	60-64	55.20	105.00	136.90	68.50	130.30	170.10	57.80	110.10	143.50	81.70	155.50	203.30	79.00	150.40	196.70
	65+	47.90	91.40	117.70	59.10	112.70	145.70	49.70	94.90	122.30	69.30	132.10	171.30	67.40	128.60	166.70
<b>Select</b>	18-44	97.70	185.90	242.20	108.70	207.00	269.90	81.60	155.30	202.00	118.40	225.30	294.10	101.60	193.30	252.00
	45-54	102.40	195.00	254.20	114.70	218.40	284.90	86.60	164.90	214.50	125.60	239.00	312.10	108.50	206.50	269.40
	55-59	109.10	207.70	270.90	123.10	234.10	305.70	93.70	178.40	232.20	135.70	258.20	337.40	118.20	225.00	293.70
	60-64	116.30	221.30	288.80	132.00	251.00	327.90	101.30	192.80	251.30	146.60	278.90	364.60	128.70	244.80	319.80
	65+	111.20	212.00	274.10	124.80	237.90	308.10	95.40	182.00	234.50	136.40	260.00	337.10	119.30	227.50	294.30

**OPTIONAL SEMI-PRIVATE HOSPITAL ACCOMMODATION MONTHLY PREMIUMS - CAN BE ADDED TO EITHER PLAN LISTED ABOVE**

AGE	Single	Couple	Family	Single	Couple	Family	Single	Couple	Family	Single	Couple	Family	Single	Couple	Family
18-44	4.20	7.60	9.70	5.10	9.20	11.70	4.20	7.60	9.70	6.00	10.80	13.80	5.10	9.20	11.70
45-54	5.60	10.10	12.90	6.80	12.20	15.60	5.60	10.10	12.90	8.00	14.40	18.40	6.80	12.20	15.60
55-59	7.00	12.60	16.10	8.50	15.30	19.60	7.00	12.60	16.10	10.00	18.00	23.00	8.50	15.30	19.60
60-64	10.50	18.90	24.20	12.80	23.00	29.30	10.50	18.90	24.20	15.00	27.00	34.50	12.80	23.00	29.30
65+	14.00	25.20	32.20	17.00	30.60	39.10	14.00	25.20	32.20	20.00	36.00	46.00	17.00	30.60	39.10

DEFINITIONS: Single: applies to applicant only. Couple: applies to applicant and spouse/partner OR applicant and one dependent child under age 21. Family: applies to applicant and spouse/partner and dependent children under age 21.

NOTE: Rates are effective October 1, 2009. Premiums and/or benefits are subject to change with thirty (30) days written notice to the applicant.