## Premium Rates Public School & APSEA



Your Benefits		Monthly Premium Rates	Your Monthly Cost					
I Total Care - Medical		Single Coverage – \$104.19	Single – NO COST (100% paid by Teachers' Provincial Agreement or APSEA Agreement)					
		Family - NO COST (100% paid by Teachers' Provincial Agreement or APSEA Agreemen						
II Total Care - Dental Single Coverage - \$43.65			Single – \$18.43 (Difference paid by Teachers' Provincial Agreement or APSEA Agreemen					
		Family - \$39.01 (Difference paid by Teachers' Provincial Agreement or APSEA Agreement						
III	Optional Life / Spousal Life Insurance		Examples Rates per \$1,	000 of cover	rage			
	<ul> <li>Initial Amount - \$30,000 Member</li> <li>Initial Amount - \$10,000 Spouse</li> <li>Additional Amounts</li> </ul>	100% member paid	Male Female					
			Age			Smoker	Non-Smoke	r
			Under 25	\$0.073	\$0.053	\$0.038	\$0.030	
	In units of \$5,000		25 – 29	\$0.066	\$0.048	\$0.045	\$0.034	
	> Overall maximum - \$300,000		30 - 34 35 - 39	\$0.077 \$0.093	\$0.052	\$0.061 \$0.087	\$0.044 \$0.059	_
			35 – 39 40 – 44	\$0.093	\$0.061 \$0.079	\$0.087	\$0.059	$\dashv$
	Member / Spouse under 65 may apply / increase coverage		45 – 49	\$0.124	\$0.114	\$0.177	\$0.106	
	apply / increase coverage		50 – 54	\$0.330	\$0.192	\$0.297	\$0.175	
	Spousal Life cannot exceed		55 – 59	\$0.609	\$0.339	\$0.474	\$0.268	
	Member amount		60 – 64	\$0.900	\$0.485	\$0.578	\$0.316	
			65 – 69	\$1.578	\$0.891	\$0.885	\$0.504	
	Medical evidence of insurability required		70 – 74	\$3.759	\$2.372	\$2.097	\$1.327	
			75 – 79 80 – 84	\$5.784 \$8.432	\$3.854 \$5.945	\$3.395 \$5.384	\$2.247 \$3.842	
	<ul> <li>Dependent Life Insurance Spouse - \$10,000 Dependent Child - \$5,000</li> <li>Termination at age 85</li> </ul>	No cost to member	No cost to member					
IV	Provincial Master Life –  Public School & APSEA \$50,000 Life / \$50,000 AD&D \$3,000 Spouse / \$1,500 Dependent Child	\$9.10 (\$50,000)	No cost to member					
V	Voluntary Accidental Death and	100% member paid	Example	ncinal Sum	Selected by Men	nher	Single Plan	Family Plan
	Dismemberment	Para		_	550,000		\$1.00	\$1.45
	\$5,000 to \$300,000 in units of \$5,000 Single - \$0.20 per \$10,000 Family - \$0.29 per \$10,000		\$100,000 \$2.00				\$2.90	
		\$200,000 \$4.00 \$5.80						
		1 annry – \$0.25 per \$10,000			300,000		\$6.00	\$8.70
VI	Long Term Disability	2.82% of gross monthly salary	Example Salary = \$60,000 At 2.82% of gross monthly salary = \$70.50 / month Employer cost sharing 50% (\$70.50 / month)					

Optional Critical Illness, MEDOC® Travel, and Trip Cancellation / Interruption coverage is available. Please contact Johnson Inc. for further information.