

Summary Fact Sheet for Sun West Trustee - Division # 921 - Rates Effective September 2023

All Rates are guaranteed until August 31, 2024

Premiums are collected over 10 months - coverage provided for 12 months

Core Benefits - Income Replacement Benefits

Benefit	Coverage	10 month Premium
Group Life	\$15,000.00	.174/1000 volume
Group Accidental Death and Dismemberment	\$15,000.00	.022/1000 volume
Employee & Family Assistance Program - ComPsych	Voluntary assessment and counselling for each employee and immediate family members	\$2.08/employee

Group Benefits - General Health Benefits

Benefit	Coverage	10 month Premium
Extended Health	Plan B - 100% hospital care, medical services & supplies, professional services, 80% prescription drugs, benefit health card, 100% out-of-province/country emergency medical treatment, 50% referral outside Canada for medical treatment	Single \$49.32
		Couple \$97.28
		Family \$144.08
Vision	Plan A - \$225 per insured person per 24 months for eyewear and \$100 towards one eye exam per insured person per 24 months. \$1,000 lifetime per insured toward laser correction	Single \$9.38
		Couple \$18.86
		Family \$23.55
Dental	Plan C - 80% on diagnostic, preventative and 6 month recall, 80% on minor restorative and surgical dental work, 50% on major restorative (bridgework, dentures, crowns) Implants subject to Alternative Benefits Provision. Benefit Max \$2,000 per calendar year, 50% on Orthodontic to lifetime max of \$1,500 for children under 19 years	Single \$41.71
		Couple \$83.20
		Family \$129.67

Optional Benefits

Plan members may apply for extra coverage for Optional Life Insurance, Spousal Optional Life, Optional Accidental Death and Dismemberment, and Optional Critical Illness coverage for themselves, spouse and/or dependents.					
Benefit	Coverage	10 mo. premium rate			
Optional Accidental Death and Dismemberment (AD&D)	Available in units of \$10,000 for employee or family plan to maximum of \$350,000.	Employee only \$0.022 / 1,000 Employee & Family \$0.038 / 1,000			
Optional Life Insurance	Units of \$10,000 for employee and spouse (max. \$1,000,000). NEM \$20,000 for NEW employees, if applied for within 31 days of eligibility.				
	Age Band	Male Rates / 1,000 Cov.		Female Rates / 1000 Cov.	
		Non-Smoker	Smoker	Non-Smoker	Smoker
	25 - 29	0.0384	0.0761	0.0384	0.0761
	30 - 34	0.0384	0.0761	0.0384	0.0761
	35 - 39	0.0384	0.0761	0.0384	0.0761
	40 - 44	0.0662	0.1205	0.0662	0.1205
	45 - 49	0.1205	0.2174	0.1205	0.2174
	50 - 54	0.2112	0.4103	0.2112	0.4103
	55 - 59	0.3623	0.6947	0.3623	0.6947
60 - 64	0.5797	1.1346	0.5797	1.1346	
65 - 69	1.2203	2.1258	1.2203	2.1258	
Optional Critical Illness Insurance (OCI)	Units of \$5,000 for employee and spouse (max. \$150,000). Minimum amount \$10,000. NEM \$50,000 for NEW employees, if applied for within 31 days of eligibility. Note: Employee must purchase OCI for self in order to purchase for spouse or child.				
Male and Female (OCI) Comprehensive Plan	Age Band	Male Rates / 1,000 Cov.		Female Rates / 1000 Cov.	
		Non-Smoker	Smoker	Non-Smoker	Smoker
	<25	0.141	0.161	0.144	0.156
	25 - 29	0.155	0.180	0.168	0.178
	30 - 34	0.183	0.232	0.210	0.242
	35 - 39	0.226	0.343	0.283	0.356
	40 - 44	0.328	0.572	0.402	0.541
	45 - 49	0.526	0.961	0.585	0.830
	50 - 54	0.859	1.605	0.842	1.271
	55 - 59	1.173	2.614	1.165	1.911
60 - 64	2.095	3.888	1.566	2.689	
65 - 69	3.380	5.838	2.491	4.097	
Child (OCI)	Available only in a flat amount of \$5,000 for eligible dependant children up to age 18				
	Coverage per Child	Flat Rate			
	\$5,000	2.51			