

# Your 2020/2021 Benefits At-a-Glance

## Regular Full-Time Employees



This document provides a summary of the coverage available to eligible **regular full-time employees** under the LottoFlex Benefits Program as of **December 1, 2020**. Your benefits will be locked in for one calendar year. Coverage can only be changed if you experience a life change. Eligible expenses are covered to the extent that they are reasonable and customary, as determined by Medavie Blue Cross or plan limits. In the event there is a discrepancy between this document and the formal plan or policy documents, the formal plan or policy documents will take precedence. See the **LottoFlex Overview** for details on how to enroll in the program, the annual re-enrollment, default coverage and the current Flex Credit allocation.

## HEALTH

Medavie Blue Cross Policy 14014

	<b>BASIC*</b> Family Basic Option is only available if you provide proof of coverage under another plan	<b>OPTIMUM</b>	<b>PREMIUM</b>
Deductible	None		
Lock-in Period	1 year		
Lifetime Maximum	Unlimited		
Dependent Eligibility	Eligible child dependents can be covered until the age of 21 (or 25 if a full-time student)		
Survivor Benefit	24 months		
Termination Age	Earlier of age 70 or retirement. Active Employees age 70+ are eligible for a HCSA to cover Health and Dental expenses: please see your rate sheet for details.		
<b>Covered Expenses</b>			
Prescription Drugs (legally requiring a prescription and subject to mandatory generic substitution)	<ul style="list-style-type: none"> <li>• Managed Formulary with Mandatory Generic Substitution</li> <li>• With pay-direct drug card</li> <li>• Dispensing fee maximum – to reasonable and customary limits</li> <li>• 100 days maximum supply (30 days supply may apply to some drugs)</li> </ul>		
Drugs (excluding Diabetic Supplies)	20%	80% to an out-of-pocket maximum of \$45 per prescription / 100% thereafter	80% to an out-of-pocket maximum of \$15 per prescription / 100% thereafter
– Vaccines	– To a maximum of \$700 per 5 plan years	– To a maximum of \$700 per 5 plan years	– To a maximum of \$700 per 5 plan years
– Smoking Cessation Drugs	– Not covered	– \$300 lifetime maximum on smoking cessation drugs	– \$300 lifetime maximum on smoking cessation drugs
– Fertility Drugs	– Not covered	– \$1,500 per plan year and lifetime maximum of \$3,000	– \$1,500 per plan year and lifetime maximum of \$3,000
– Allergy Sera	– Included	– Included	– Included
– Aspirin Therapy (ASA)	– \$75 maximum per plan year	– \$75 maximum per plan year	– \$75 maximum per plan year
– Intrauterine Contraceptive Devices	– Included	– Included	– Included
– Diaphragm	– Included	– Included	– Included
– Erectile Dysfunction Treatments	– Not covered	– \$250 maximum per plan year	– \$250 maximum per plan year
– Weight Loss Treatment	– Pre-authorization required	– Pre-authorization required	– Pre-authorization required

	BASIC*	OPTIMUM	PREMIUM
Ambulance Transportation	To a maximum of \$1,000 per plan year		
Out-of-province/Canada Medical Emergency	Out of Country coverage is provided by SSQ. Details are listed on the following page		
Hospital Coverage / Chronic Care	None	None	Semi-private – 100%
Convalescent Care / Physical Rehabilitation	None	None	100% to a maximum of \$50 per day and 120 days per plan year
<b>Vision</b>	20%	80%	90%
– Lenses/Frames/Contact Lenses/Laser Eye Surgery (combined)	To a maximum of: <ul style="list-style-type: none"> <li>Age 19 and over: <ul style="list-style-type: none"> <li>\$50 per 2 plan years</li> </ul> </li> <li>Under age 19: <ul style="list-style-type: none"> <li>\$50 per plan year (combined with visual training)</li> </ul> </li> </ul>	To a maximum of: <ul style="list-style-type: none"> <li>Age 19 and over: <ul style="list-style-type: none"> <li>\$200 per 2 plan years</li> </ul> </li> <li>Under age 19: <ul style="list-style-type: none"> <li>\$200 per plan year</li> </ul> </li> </ul>	To a maximum of: <ul style="list-style-type: none"> <li>Age 19 and over: <ul style="list-style-type: none"> <li>\$300 per 2 plan years</li> </ul> </li> <li>Under age 19: <ul style="list-style-type: none"> <li>\$300 per plan year</li> </ul> </li> </ul>
– Eye Exams*	<ul style="list-style-type: none"> <li>Age 19 and over: <ul style="list-style-type: none"> <li>1 exam per 2 plan years</li> </ul> </li> <li>Under age 19: <ul style="list-style-type: none"> <li>1 exam per plan year</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Age 19 and over: <ul style="list-style-type: none"> <li>1 exam per 2 plan years</li> </ul> </li> <li>Under age 19: <ul style="list-style-type: none"> <li>1 exam per plan year</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Age 19 and over: <ul style="list-style-type: none"> <li>1 exam per 2 plan years</li> </ul> </li> <li>Under age 19: <ul style="list-style-type: none"> <li>1 exam per plan year</li> </ul> </li> </ul>
– Visual Training	To a maximum of: <ul style="list-style-type: none"> <li>Age 19 and over: <ul style="list-style-type: none"> <li>\$50 per 2 plan years</li> </ul> </li> <li>Under age 19: <ul style="list-style-type: none"> <li>\$50 per plan year (combined with lenses, frames, contact lenses and laser eye surgery)</li> </ul> </li> </ul>	To a maximum of: <ul style="list-style-type: none"> <li>Age 19 and over: <ul style="list-style-type: none"> <li>\$150 per lifetime</li> </ul> </li> <li>Under age 19: <ul style="list-style-type: none"> <li>\$150 per lifetime</li> </ul> </li> </ul>	To a maximum of: <ul style="list-style-type: none"> <li>Age 19 and over: <ul style="list-style-type: none"> <li>\$150 per lifetime</li> </ul> </li> <li>Under age 19: <ul style="list-style-type: none"> <li>\$150 per lifetime</li> </ul> </li> </ul>
<b>Medical Supplies and Services</b>	20%	80%	80%
– Diabetic Supplies	20%	80%	80%
– Glucose Monitoring Systems	To a maximum of \$4,000 per plan year	To a maximum of \$4,000 per plan year	To a maximum of \$4,000 per plan year
– Glucometer	To a maximum of \$200 per plan year		
– Private Duty Nursing	To a maximum of \$2,500 per plan year	To a maximum of \$10,000 per plan year	To a maximum of \$10,000 per plan year
– Hearing Aids	To a maximum of \$125 per 5 plan years	To a maximum of \$500 per 5 plan years	To a maximum of \$500 per 5 plan years
– Diagnostic Tests	Included	Included	Included
– Durable Medical Equipment**	1 per month for rental, once per 5 plan years for approved purchase		
– Mobility Aids and Orthopedic Appliances	Included	Included	Included
– Prefabricated Orthopedic Shoes\Orthopedic Shoe Supplies (combined)	To a maximum of \$150 per plan year	To a maximum of \$150 per plan year	To a maximum of \$150 per plan year
– Custom-Made Foot Orthotics	To a maximum of 4 pairs and a maximum of \$400 per 3 plan years	To a maximum of \$400 per 3 plan years	To a maximum of \$400 per 3 plan years
– Custom Orthopedic Shoes	1 pair per plan year		
– Prostheses	Included	Included	Included
– Accidental Dental	Predetermination of claim required		
– Other Medical Services and Supplies	Included to certain maximums and reasonable and customary charges		

<b>Paramedical Services*</b>	20%	80%	80%
– Physiotherapist, Athletic Therapist	To a maximum of 20 visits per plan year	To a maximum of 20 visits per plan year	To a maximum of 40 visits per plan year
– Psychologist, Psychotherapist, Psychoanalyst, Social Worker, Counselling Therapist, Marriage and Family Therapist	To a combined maximum of \$1,000 per plan year	To a combined maximum of \$1,000 per plan year	To a combined maximum of \$1,000 per plan year
– Osteopath, Podiatrist / Chiropractor, Speech Therapist, Massage Therapy, Naturopath and Acupuncturist	To a maximum of \$60 per practitioner to a combined maximum of \$200 per plan year	To a maximum of \$250 per practitioner to a combined maximum of \$800 per plan year	To a maximum of \$600 per practitioner to a combined maximum of \$1,500 per plan year
– X-rays	Included (Chiropractor, Osteopath, Naturopath, Chiropracist/Podiatrist)		

\*Reimbursement per visit is limited to usual, customary and reasonable charges.

\*\*Pre-authorization required.

## OUT OF COUNTRY EMERGENCY/TRAVEL ASSISTANCE

SSQ Policy 1BK50

<b>Coverage</b>	
Out-of-province/ Canada Medical Emergency	100% with a maximum of \$1,000,000 per event
Travel Assistance	Included
Termination Age	Earlier of age 70 or retirement

For more information on this coverage, please contact your HR Representative.  
\*To qualify as an emergency, the claim must be unexpected and not pre-planned.

## MEDICAL SECOND OPINION

Medavie Blue Cross Policy 14014

<b>Coverage</b>	
Medical Second Opinion	Access will be provided for qualifying medical conditions
Termination Age	Earlier of member's or spouse's age 70 or retirement

## DENTAL

Medavie Blue Cross Policy 14014

	Basic	Optimum	Premium
Deductible	Not covered	None	
Lock In Period		1 year	3 years
Dental Fee Guide		Current fee guide for General Practitioners	
Dependant Eligibility		Eligible child dependents can be covered until the age of 21 (or 25 if a full-time student)	
Survivor Benefits		24 months	
Termination Age		Earlier of age 70 or retirement. Active Employees age 70+ are eligible for a HCSA to cover Health and Dental expenses please see your rate sheet for details.	
<b>Covered Expenses</b>			

	Basic	Optimum	Premium
Basic and Preventative Services	Not covered	80%	90%
– Recall Examination Frequency		Adults: 1 per plan year Children under 19: 2 per plan year	Adults and children once per 6 months
– Teeth Polishing	Not covered	Adults: 1 per plan year Children under 19: 2 per plan year	Adults and children once per 6 months
– Fluoride Treatment		Adults: 1 per plan year Children under 19: 2 per plan year	Adults and children once per 6 months
– Scaling		17 units per plan year (combined with Root Planing)	17 units per plan year (combined with Root Planing)
– Endodontic Services		Included	Included
– Periodontic Services		Included	Included
▪ Root planing		17 units per plan year (combined with Scaling)	17 units per plan year (combined with Scaling)
▪ TMJ/Facial Pain		To a maximum of \$2,500 per lifetime	To a maximum of \$2,500 per lifetime
Major Services		70% to a maximum of \$1,000 per person per plan year	80% to a maximum of \$2,000 per person per plan year
Orthodontics		Not covered	50% to a lifetime maximum of \$2,000 for adults and children

## LONG-TERM DISABILITY (LTD)

Medavie Blue Cross Policy 14014

Termination Age	Earlier of age 65 less the qualifying period or retirement
Coverage	67% of first \$3,500 of monthly salary plus 55% of the balance, not exceeding the All Source Maximum
Non-Evidence Maximum	\$9,000 per month
Maximum Benefit	\$15,500 per month
Qualifying Period	120 days
Benefit Period	To age 65
Cost of Living (COLA)	Yes, to a maximum of 3% per year, effective January 1 of each year
Definition of Disability	Unable to do own occupation for 24 months
All Source Maximum	85% of pre-disability net salary
Taxation	Benefits are non-taxable
Waiver of premium	While you are receiving LTD benefits, your premiums are waived for the following benefits provided you continue to qualify for LTD benefits: <ul style="list-style-type: none"> <li>• LTD</li> <li>• Life Insurance – Employee, Dependent and Optional AD&amp;D Insurance – Employee and Optional</li> </ul>

## LIFE INSURANCE – EMPLOYEE

Medavie Blue Cross Policy 14014

	Basic	Optimum	Premium	Select
Lock-In Period	1 year			
Coverage	\$20,000	1 x salary	1.5 x salary	2 x salary
Non-Evidence Maximum	\$20,000	\$750,000	\$750,000	\$750,000
Maximum	\$20,000	\$1,550,000	\$1,550,000	\$1,550,000
Benefit Reduction	50% at age 65			
Termination Age	Earlier of age 70 or retirement*			

\* Coverage may be continued under a corresponding Retiree Plan, ask your HR representative for details.

## LIFE INSURANCE – DEPENDENT

Medavie Blue Cross Policy 14014

	Optimum	Premium	Select
Lock-In Period	1 year		
Coverage	\$5,000 for spouse \$2,500 for dependent child	\$10,000 for spouse \$5,000 for dependent child	\$20,000 for spouse \$10,000 for dependent child
Benefit Reduction	None		
Termination Age	Earlier of employee's age 70 or retirement*		

\* Coverage may be continued under a corresponding Retiree Plan, ask your HR representative for details.

## OPTIONAL LIFE INSURANCE

Medavie Blue Cross Policy 14014

	EMPLOYEE	SPOUSE
Coverage	Available in units of \$10,000	Available in units of \$10,000
Maximum	\$300,000 (30 units)	\$300,000 (30 units)
Evidence of Insurability	Required for all amounts	
Termination Age	Earlier of age 70 or retirement*	Earlier of employee's or spouse's age 70 or employee's retirement*

\* Coverage may be continued under a corresponding Retiree Plan, ask your HR representative for details.

## OPTIONAL CRITICAL ILLNESS INSURANCE

SSQ Policy 1BK40

	EMPLOYEE	SPOUSE	CHILD
Coverage	In units of \$5,000 (minimum of 2 units)	In units of \$5,000 (minimum of 2 units)	\$10,000 per family
Non-Evidence Maximum	\$15,000	\$10,000	
Maximum	\$150,000 (30 units)	\$150,000 (30 units)	
Evidence of Insurability	Required for amounts above \$15,000	Required for amounts above \$10,000	Not required
Termination Age	Earlier of age 70 or retirement	Earlier of age 70 or retirement	Employee's age 70 or retirement

For more information on this coverage, please contact your HR Representative.

## ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE - EMPLOYEE

SSQ Policy 1BK35

	Basic	Optimum	Premium	Select
Lock-in Period	1 year			
Coverage	\$20,000	1 x salary	1.5 x salary	2 x salary
Maximum	\$20,000	\$1,500,000	\$1,500,000	\$1,500,000
Termination Age	Earlier of Age 70 or retirement*			

For more information on this coverage, please contact your HR Representative.

\* Coverage may be continued under a corresponding Retiree Plan, ask your HR representative for details.

## OPTIONAL AD&D INSURANCE

SSQ Policy 1BK45

	EMPLOYEE	EMPLOYEE & SPOUSE	EMPLOYEE, SPOUSE & DEPENDENT CHILD(REN)	EMPLOYEE & DEPENDENT CHILD(REN) ONLY
Coverage	In units of \$10,000			
Maximum	\$300,000 (30 units)	50% of Employee's principal sum	Spouse – 40% of Employee's principal sum Each dependent child – 11% of Employee's principal sum	15% of Employee's principal sum
Termination Age	Earlier of age 70 or retirement*	Earlier of Employee's age 70 or retirement*	Earlier of Employee's age 70 or retirement*	Earlier of Employee's age 70 or retirement*

For more information on this coverage, please contact your HR Representative.

\* Coverage may be continued under a corresponding Retiree Plan, ask your HR representative for details.

## HEALTH CARE SPENDING ACCOUNT (HCSA)

Medavie Blue Cross Policy 14014

Any excess Flex Credits you have remaining after choosing your benefits can be deposited into a Health Care Spending Account (HCSA). Your HCSA can be used to cover any medical or dental expense allowable as a deduction under the Income Tax Act provided they are not covered, or not covered in full, by your provincial health insurance or by any private health plan you participate in. You can claim expenses for yourself or anyone you claim as a dependent for income tax purposes, including elder care. See the table below for highlights about how the HCSA works.

HOW THE HCSA WORKS	
<b>Covered person</b>	You and anyone listed as a dependent on your income tax return
<b>Contributions</b>	The amount you designate for your HCSA will be deposited December 1
<b>Supports the costs for</b>	Eligible health and dental expenses
<b>Covered expenses</b>	100% of eligible expenses that are allowed under the <i>Income Tax Act</i> . Receipts must be incurred/ dated in the benefit year.  For more information on <i>Income Tax Act</i> eligible expenses under your HCSA, visit <a href="http://www.cra-arc.gc.ca/tx/tchncl/ncmtx/fls/s1/f1/s1-f1-c1-eng.html#N1043D">http://www.cra-arc.gc.ca/tx/tchncl/ncmtx/fls/s1/f1/s1-f1-c1-eng.html#N1043D</a>
<b>Key dates</b>	Claims for eligible expenses incurred between December 1, 2019 – November 30, 2020 must be submitted by February 28, 2021.  Claims for eligible expenses incurred between December 1, 2020 – November 30, 2021 must be submitted by February 28, 2022.
<b>Unused balance at the end of the benefit year</b>	Any balance remaining in the account at the end of the first 12 months can be carried forward for one additional year  This year, CRA has announced a special COVID-19 one-time extension on expiring balances. Unused balances that were set to expire on November 30th, 2020 have been extended until November 30th, 2021.
<b>Tax considerations</b>	Expenses reimbursed are tax deductible
<b>HCSA claims</b>	HCSA claims are reimbursed upon request. You simply submit your receipts to the carrier and the amount of the receipt will be deducted from the balance in your HCSA.

## 2020/2021 PERSONAL SPENDING ACCOUNT (PSA)

Medavie Blue Cross Policy 14014

On December 1st, 2020 you will receive a wellness allowance from AL deposited into your PSA. The amount you receive will be depended on the level of coverage you were enrolled in as of November 30, 2020– Basic, Optimum or Premium. Please see the 2020/2021 rate sheet below for allowance amounts.

HOW THE PERSONAL SPENDING ACCOUNT WORKS	
<b>Covered person</b>	You and your enrolled dependents
<b>Contributions</b>	Personal Spending Account: wellness allowance from AL deposited into your account December 1, 2020
<b>Supports the costs for</b>	Eligible Health and Wellness expenses.
<b>Covered expenses</b>	Eligible expense categories include: <ul style="list-style-type: none"> <li>• Health &amp; Wellness</li> <li>• Fitness &amp; Sports Activities and Equipment</li> <li>• Personal Development</li> <li>• Alternative Health Treatments</li> </ul>

	<ul style="list-style-type: none"> <li>• Insurance Premiums</li> <li>• Family Care</li> <li>• Recreation &amp; Leisure</li> <li>• Supplements &amp; Meal Replacement</li> <li>• Green Living</li> <li>• Productivity</li> <li>• Other Medical Expenses</li> </ul> <p>Receipts must be incurred/ dated in the current or prior benefit year.</p>
<b>Key Dates</b>	<p>Eligible expenses dated December 1, 2019 – November 30, 2020 must be submitted by February 28, 2021</p> <p>Eligible expenses dated December 1, 2020 – November 30, 2021 must be submitted between March 1, 2021 and February 28, 2022 (Note: claims submitted before March 1, 2021 will be declined)</p>
<b>Unused balance at the end of the benefit year</b>	Unused account balances do not carry-forward and will be forfeited.
<b>Tax considerations</b>	Expenses reimbursed are considered a taxable benefit. It is most tax effective to submit a claim for an eligible expense to your HCSA or Atlantic Lottery Wellness Programs first, if you have funds available and then submit any remaining outstanding balance to your Personal Spending Account
<b>PSA claims</b>	PSA claims are reimbursed upon request. You simply submit your receipts to the carrier and the amount of the receipt will be deducted from the balance in your PSA.

## EMPLOYEE AND FAMILY ASSISTANCE PROGRAM (EFAP)

This confidential service provided by Homewood is available to you and your dependents as part of your benefits program. The EFAP offers assistance and support for a full range of personal, family and work issues, including:

- family difficulties – relationship issues, separation or divorce, marital conflicts or parenting problems
- work-related difficulties – stress, burnout, interpersonal problems, difficulties adjusting to change
- personal problems – fatigue, anxiety, loss of motivation or self-esteem, depression or bereavement
- dependency problems – alcohol, drugs or medication abuse and gambling problems
- legal problems – support for family law matters, such as separation or divorce, child support and custody
- financial problems – credit and debt management and budget planning
- child and elder care – educational materials, research assistance for daycares, vacation camps, retirement homes, home care and psychological support

Once you register for the Homewood website, you can access a robust set of tools and resources. Whether you need more information on a specific health topic, want to try a self-directed e-learning course or need some help locating child or elder care services, you'll find valuable resources through the Homewood member services website. See the Who to Contact section below for contact information.



## WHO TO CONTACT

CONTACT	FOR QUESTIONS ABOUT...
<p><b>Medavie Blue Cross</b> 1-888-873-9200</p> <p><a href="http://medaviebc.ca/members">medaviebc.ca/members</a></p>	<ul style="list-style-type: none"> <li>• Your benefits coverage under the following plans:               <ul style="list-style-type: none"> <li>○ Health</li> <li>○ Dental</li> <li>○ Long-Term Disability</li> <li>○ Life Insurance</li> </ul> </li> <li>• Your benefits and claims</li> <li>• Your HCSA and PSA balance and submitting HCSA and PSA claims</li> <li>• Assistance registering for online access to the Medavie Blue Cross member website</li> </ul>
<p><b>SSQ</b> 1-902-425-2729</p> <p>Out of Country Emergency Toll Free Number: 1-866-783-9473 (USA and Canada) 1-514-285-8195 (Collect from elsewhere)</p>	<ul style="list-style-type: none"> <li>• Your benefits coverage under the following plans:               <ul style="list-style-type: none"> <li>○ Out of Country/Emergency Travel Insurance</li> <li>○ AD&amp;D Insurance</li> <li>○ Critical Illness Insurance</li> </ul> </li> </ul>
<p><b>Homewood</b> 1-800-663-1142</p> <p><a href="http://homeweb.ca">homeweb.ca</a></p>	<ul style="list-style-type: none"> <li>• Accessing the EFAP</li> <li>• Assistance registering for online access to the Homewood member website</li> </ul>
<p><b>Atlantic Lottery Corporation</b> <a href="mailto:Colette.komst@alc.ca">Colette.komst@alc.ca</a> or at ext 5318 <a href="mailto:Kristin.Bastarache@alc.ca">Kristin.Bastarache@alc.ca</a> or at ext 5515 <a href="mailto:HROps@alc.ca">HROps@alc.ca</a></p>	<ul style="list-style-type: none"> <li>• Adding or removing dependents</li> <li>• Benefits cards</li> <li>• Reporting a life change</li> <li>• Reporting a change of address</li> </ul>

# 2020/2021 RATES

December 1, 2020 to November 30, 2021



Rates shown are monthly	BASIC	OPTIMUM	PREMIUM	SELECT
Health	Single: N/A Family: \$129.73	Single: \$88.68 Family: \$230.73	Single: \$110.62 Family: \$287.30	—
Out of Country Emergency Travel Assistance	Single: \$2.95 Family: \$5.90			—
Dental	None	Single: \$31.56 Family: \$78.88	Single: \$48.64 Family: \$121.60	—
Long Term Disability	\$1.861 per \$100 of coverage			
Life Insurance - Employee	\$0.164 per \$1,000 of coverage			
Life Insurance - Dependent	—	\$1.27 per employee	\$2.53 per employee	\$5.02 per employee
AD&D Insurance - Employee	\$0.016 per \$1,000 of coverage			
Optional AD&D Insurance	Employee: \$0.0198 per \$1,000 / Family: \$0.0288 per \$1,000			

## SPENDING ACCOUNTS

Amounts shown are annual	BASIC	OPTIMUM	PREMIUM	SELECT
2020/2021 Personal Spending Account (PSA) Wellness Allowance	Single: \$50 Family: \$50	Single: \$250 Family: \$500	Single: \$250 Family: \$500	—
HCSA Allocation for Employees age 70+	\$1,580			

## OPTIONAL LIFE INSURANCE – EMPLOYEE AND SPOUSE

Age of employee or spouse	Rates per month per unit of \$1,000			
	Non-Smoker		Smoker	
	Male	Female	Male	Female
<b>Under 30</b>	\$0.052	\$0.038	\$0.080	\$0.057
<b>30-34</b>	\$0.057	\$0.043	\$0.090	\$0.066
<b>35-39</b>	\$0.066	\$0.047	\$0.113	\$0.085
<b>40-44</b>	\$0.104	\$0.071	\$0.189	\$0.128
<b>45-49</b>	\$0.180	\$0.113	\$0.331	\$0.213
<b>50-54</b>	\$0.302	\$0.189	\$0.543	\$0.331
<b>55-59</b>	\$0.510	\$0.302	\$0.898	\$0.506
<b>60-64</b>	\$0.784	\$0.454	\$1.299	\$0.699
<b>65-69</b>	\$1.403	\$0.678	\$2.304	\$1.022

## OPTIONAL CRITICAL ILLNESS – EMPLOYEE AND SPOUSE

Age of employee or spouse	Rates per month per unit of \$5,000			
	Non-Smoker		Smoker	
	Male	Female	Male	Female
<b>0-19</b>	\$0.305	\$0.259	\$0.342	\$0.287
<b>20-24</b>	\$0.324	\$0.250	\$0.361	\$0.278
<b>25-29</b>	\$0.472	\$0.453	\$0.546	\$0.537
<b>30-34</b>	\$0.500	\$0.601	\$0.620	\$0.786
<b>35-39</b>	\$0.583	\$0.731	\$0.814	\$1.119
<b>40-44</b>	\$0.842	\$0.953	\$1.388	\$1.748
<b>45-49</b>	\$1.462	\$1.406	\$2.877	\$2.923
<b>50-54</b>	\$2.294	\$1.896	\$5.245	\$4.181
<b>55-59</b>	\$3.885	\$2.507	\$9.703	\$5.458
<b>60-64</b>	\$6.595	\$3.654	\$16.336	\$7.252

# 2020/2021 RATES

December 1, 2020 to November 30, 2021



<b>65</b>	\$8.778	\$4.856	\$21.738	\$9.648
<b>66</b>	\$9.648	\$5.337	\$23.911	\$10.619
<b>67</b>	\$10.591	\$5.874	\$26.298	\$11.674
<b>68</b>	\$11.674	\$6.457	\$28.925	\$12.839
<b>69</b>	\$12.839	\$7.104	\$31.820	\$14.116

## CRITICAL ILLNESS – CHILD

<b>Child</b>	\$4.376 per \$10,000 in coverage per month			
--------------	--	--	--	--