

MONTHLY PREMIUM RATES

Canadian Dental Hygienists Association Insurance Program

Special offer
for recent graduates.

For only \$9.20/month in your first year, receive Long Term Disability Insurance, Term Life Insurance and Accidental Death and Dismemberment Insurance*

TERM LIFE INSURANCE RATES – FOR MEMBER/SPOUSE				
Monthly premium per \$10,000 of benefit				
	FEMALE		MALE	
AGE	NON-SMOKER	SMOKER	NON-SMOKER	SMOKER
Under 30	\$0.49	\$0.57	\$0.86	\$1.14
30 - 34	0.75	0.96	0.88	1.25
35 - 39	0.84	1.23	1.09	1.58
40 - 44	1.09	1.57	1.48	2.24
45 - 49	1.73	2.71	2.37	3.63
50 - 54	2.67	4.15	3.80	5.85
55 - 59	3.23	4.89	4.88	7.38
60 - 64	5.20	7.02	8.84	12.01

DEPENDENT CHILD LIFE INSURANCE	
Monthly premium of \$2.60	
One premium covers all dependent children	
Coverage Details	
Less than 15 days old	\$1,000 coverage per child
15 days old or more	\$10,000 coverage per child

ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) INSURANCE			
Monthly premium per \$10,000 benefit			
Single	\$0.39	Family	\$0.60

EXTENDED HEALTH CARE (EHC) INSURANCE – OPTION 1 (ENHANCED PLAN)												
Monthly premium (vision care, no deductible, paramedical limit \$375)												
	SINGLE			SINGLE + ONE CHILD			COUPLE			Family (Couple + Child(ren))		
AGE	BC/MB	QUEBEC	OTHER	BC/MB	QUEBEC	OTHER	BC/MB	QUEBEC	OTHER	BC/MB	QUEBEC	OTHER
Under 30	\$76.68	\$80.11	\$114.43	\$119.81	\$125.18	\$178.84	\$160.42	\$168.57	\$240.81	\$219.84	\$242.91	\$347.03
30-34	93.64	99.79	142.55	146.37	155.96	222.78	195.77	209.28	298.96	294.37	322.06	460.09
35-39	97.96	104.53	149.33	153.12	163.38	233.40	204.50	219.47	313.51	308.45	338.68	483.84
40-44	129.34	135.99	194.29	202.14	212.55	303.65	270.10	285.00	407.15	411.27	442.51	632.16
45-49	154.55	165.12	235.90	241.55	258.09	368.68	322.35	345.37	493.37	496.51	541.51	773.58
50-54	191.86	208.89	298.42	299.87	326.47	466.39	399.87	433.86	619.80	551.32	610.36	871.95
55-59	230.12	252.28	360.40	359.66	394.31	563.29	473.05	517.58	739.40	551.32	610.36	871.95
60-64	288.21	320.45	457.78	450.43	500.82	715.47	565.83	613.38	876.27	565.83	613.38	876.27
65-69	253.61	281.99	402.84	396.39	440.74	629.62	497.92	539.78	771.11	497.92	539.78	771.11

EXTENDED HEALTH CARE (EHC) INSURANCE – OPTION 2 (BASIC PLAN)												
Monthly premium (no vision care, \$100/\$200 deductible, paramedical limit \$250)												
	SINGLE			SINGLE + ONE CHILD			COUPLE			Family (Couple + Child(ren))		
AGE	BC/MB	QUEBEC	OTHER	BC/MB	QUEBEC	OTHER	BC/MB	QUEBEC	OTHER	BC/MB	QUEBEC	OTHER
Under 30	\$61.01	\$63.74	\$91.05	\$95.89	\$103.79	\$148.26	\$127.65	\$134.13	\$191.60	\$174.92	\$193.28	\$276.11
30-34	74.50	79.40	113.42	121.31	129.27	184.67	155.76	166.52	237.87	234.22	256.24	366.06
35-39	77.96	83.17	118.81	126.94	135.40	193.43	162.73	174.63	249.47	245.43	269.49	384.98
40-44	102.91	108.21	154.57	167.54	176.17	251.67	214.92	226.79	323.97	327.23	352.09	502.98
45-49	122.98	131.38	187.68	200.24	213.90	305.58	256.48	274.80	392.56	395.06	430.87	615.53
50-54	152.65	166.20	237.42	248.55	270.60	386.57	318.17	345.19	493.14	438.65	485.65	693.78
55-59	183.08	200.74	286.78	298.09	326.85	466.93	376.38	411.83	588.32	438.65	485.65	693.78
60-64	229.32	254.98	364.24	373.37	415.14	593.06	450.20	488.05	697.21	450.20	488.05	697.21
65-69	201.80	224.38	320.54	328.57	365.33	521.90	396.19	429.48	613.53	396.19	429.48	613.53

DENTAL CARE INSURANCE – MEMBER, SPOUSE, DEPENDENT CHILDREN				
Monthly premium You must be covered under the CHDA's Extended Health Care insurance program to be eligible for Dental Care Insurance				
	SINGLE	SINGLE + ONE CHILD	COUPLE	Family (Couple + Child(ren))
Option 1	\$62.13	\$107.86	\$118.21	\$207.65
Option 2	54.90	89.38	98.53	167.51

CRITICAL ILLNESS (CI) INSURANCE FOR MEMBER/SPOUSE				
Monthly premium per \$10,000 of benefit				
	FEMALE		MALE	
AGE	NON-SMOKER	SMOKER	NON-SMOKER	SMOKER
Under 30	\$1.16	\$1.40	\$1.24	\$1.50
30 - 34	2.09	2.86	1.73	2.46
35 - 39	2.63	4.15	2.16	3.19
40 - 44	3.56	6.68	3.19	5.52
45 - 49	5.09	10.64	5.39	10.91
50 - 54	7.02	14.90	8.74	20.19
55 - 59	9.46	19.40	13.84	34.00
60 - 64	13.43	24.92	22.82	54.46
65 - 69*	23.27	39.40	43.83	95.36

DEPENDENT CHILD CRITICAL ILLNESS (CI) INSURANCE	
Monthly premium per \$5,000 of benefit	
One premium covers all dependent children	
Flat rate for all children \$3.00	
(Coverage can be purchased to a maximum of \$20,000)	

* Age 65+ are renewal rates only.

LONG TERM DISABILITY (LTD) INSURANCE PLAN – MEMBER ONLY

Monthly premium per \$100 of monthly benefit

Age	NON-SMOKER			SMOKER		
	Premium per \$100 of LTD benefit	Own Occupation* Rider for each \$100 of benefit	COLA** Rider for each \$100 of LTD benefit	Premium per \$100 of LTD benefit	Own Occupation Rider for each \$100 of benefit	COLA Rider for each \$100 of LTD benefit
45-day Elimination Period						
Under 30	\$2.37	\$0.47	\$0.40	\$2.67	\$0.54	\$0.46
30 - 34	3.20	0.64	0.69	3.60	0.72	0.79
35 - 39	3.85	0.77	0.95	4.33	0.87	1.05
40 - 44	5.58	1.11	1.18	6.27	1.26	1.31
45 - 49	6.98	1.40	1.61	7.83	1.56	1.80
50 - 54	9.42	1.88	2.02	10.57	2.11	2.28
55 - 59	10.17	2.04	1.90	11.42	2.29	2.14
60 - 64	10.69	2.14	1.51	11.99	2.39	1.67
60-day Elimination Period						
Under 30	\$1.97	\$0.40	\$0.40	\$2.23	\$0.44	\$0.46
30 - 34	2.68	0.54	0.69	3.00	0.60	0.79
35 - 39	3.21	0.64	0.95	3.60	0.72	1.05
40 - 44	4.65	0.93	1.18	5.22	1.04	1.31
45 - 49	5.82	1.17	1.61	6.53	1.30	1.80
50 - 54	7.85	1.58	2.02	8.81	1.76	2.28
55 - 59	8.48	1.69	1.90	9.51	1.90	2.14
60 - 64	8.90	1.79	1.51	9.99	2.00	1.67
120-day Elimination Period						
Under 30	\$1.46	\$0.29	\$0.40	\$1.65	\$0.33	\$0.46
30 - 34	2.05	0.41	0.69	2.23	0.44	0.79
35 - 39	2.57	0.51	0.95	2.67	0.54	1.05
40 - 44	3.76	0.76	1.18	3.87	0.78	1.31
45 - 49	4.82	0.97	1.61	4.84	0.97	1.80
50 - 54	6.50	1.29	2.02	6.53	1.30	2.28
55 - 59	6.75	1.35	1.90	7.05	1.41	2.14
60 - 64	7.07	1.42	1.51	7.40	1.48	1.67

*Own Occupation to 65 rider is an option for members under age 50 and replaces the 24-month disability definition. The premium is added to the cost of the LTD benefit.

** The COLA Rider is the Cost of Living Adjustment Rider which keeps benefits in step with inflation. The premium is added to the cost of the LTD benefit.

See your benefits brochure for details.

The COLA rider premium is payable to age 63 and Own Occupation rider premium to age 64.

OFFICE OVERHEAD EXPENSE (OOE) INSURANCE PLAN – MEMBER ONLY

Age	Monthly premium per \$100 of monthly benefit 12 month benefit period – 14 day elimination period				Monthly premium per \$100 of monthly benefit 12 month benefit period – 30 day elimination period			
	FEMALE		MALE		FEMALE		MALE	
	Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker
Under 30	\$1.69	\$1.96	\$1.30	\$1.50	\$1.22	\$1.36	\$0.94	\$1.05
30-34	1.79	2.11	1.39	1.59	1.35	1.46	1.05	1.09
35-39	1.89	2.32	1.45	1.75	1.39	1.56	1.07	1.25
40-44	2.09	2.36	1.61	1.82	1.49	1.70	1.15	1.31
45-49	2.90	3.17	2.23	2.44	2.11	2.38	1.62	1.83
50-54	3.22	3.58	2.80	3.11	2.34	2.58	2.04	2.25
55-59	3.22	3.58	2.80	3.11	2.34	2.58	2.04	2.25
60-64	3.27	3.70	3.27	3.70	2.41	2.67	2.41	2.67
65-69*	3.63	4.15	3.63	4.15	2.72	3.14	2.72	3.14

* Rates over age 64 apply to renewal of existing coverage only

SPECIAL GRAD OFFER – \$9.20/MONTH

Long Term Disability (LTD) \$500 per month

Term Life \$50,000

Accidental Death and Dismemberment (AD&D) \$50,000



Sun Life Assurance Company of Canada is the insurer and a member of the Sun Life Financial Group of Companies.

*You must apply for all three insurance benefits (Long Term Disability Insurance, Term Life Insurance and Accidental Death and Dismemberment Insurance) to receive this special offer.

** Age 65+ are renewal rates only.

1 - Rates are subject to change and to provincial tax where applicable. To determine your monthly premium rate, simply look up the age band which represents your age on May 1, 2017.

2 - For plans with premium rates on an age-banded basis, premium increases as you age and move to a different age band which is determined by your age on May first of each year.

3 - Rates are reviewed annually.