

**BLUE CROSS - CN PENSIONERS' HEALTH CARE PLAN
 MONTHLY PREMIUM RATES - JANUARY 1, 2020**

QUEBEC

Status	Option	Monthly Premium January 1, 2020	9% Tax	Total Monthly Premium January 1, 2020 (*)
Family Age 65 +	A	\$132,00	\$11,88	\$143,88
	B	\$37,00	\$3,33	\$40,33
	C1	\$134,00	\$12,06	\$146,06
	C2	\$101,00	\$9,09	\$110,09
	C3	\$73,00	\$6,57	\$79,57
	D	\$144,00	\$12,96	\$156,96
Family Under 65	A	\$434,00	\$39,06	\$473,06
	B	\$36,00	\$3,24	\$39,24
	C1	\$465,00	\$41,85	\$506,85
	C2	\$255,00	\$22,95	\$277,95
	C3	\$234,00	\$21,06	\$255,06
	D	\$490,00	\$44,10	\$534,10
Individual Age 65 +	A	\$59,00	\$5,31	\$64,31
	B	\$21,00	\$1,89	\$22,89
	C1	\$60,00	\$5,40	\$65,40
	C2	\$51,00	\$4,59	\$55,59
	C3	\$42,00	\$3,78	\$45,78
	D	\$64,00	\$5,76	\$69,76
Individual Under 65	A	\$193,00	\$17,37	\$210,37
	B	\$18,00	\$1,62	\$19,62
	C1	\$207,00	\$18,63	\$225,63
	C2	\$128,00	\$11,52	\$139,52
	C3	\$104,00	\$9,36	\$113,36
	D	\$218,00	\$19,62	\$237,62

(*) The 9 % Sales Tax is included.

An additional premium of \$370 for individual coverage and \$735 for family coverage will be added to the monthly premium for any insured 65 and over who doesn't want to be covered under RAMQ's public drug plan.

OPTION	COVERAGE PROVIDED	
A	Extended health care and prescription drugs. Per drug deductible for prescription drugs coverage: \$2.00 for generic and original drugs / \$6.00 for unique drugs.	
B	Extended health care and semi-private hospital.	
C	Extended health care and semi-private hospital and prescription drugs.	
	<u>Prescription drugs</u> Per drug deductible	<u>Extended health care and hospital</u> Deductible per <u>type of coverage</u>
	\$2.00 for generic and original drugs / \$6.00 for unique drugs.	None.
	\$3.00 for generic and original drugs / \$9.00 for unique drugs.	\$175 individual / \$265 family.
C3	\$5.00 for generic and original drugs / \$15.00 for unique drugs.	\$290 individual / \$400 family.
D	Extended health care and private or semi-private hospital and prescription drugs and vision care. Per drug deductible for prescription drugs coverage: \$2.00 for generic and original drugs / \$6.00 for unique drugs.	

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ONTARIO

Status	Option	Monthly Premium January 1, 2020	8% Tax	Total Monthly Premium January 1, 2020 (*)
Family Age 65 +	A	\$104,00	\$8,32	\$112,32
	B	\$62,00	\$4,96	\$66,96
	C1	\$143,00	\$11,44	\$154,44
	C2	\$89,00	\$7,12	\$96,12
	C3	\$64,00	\$5,12	\$69,12
	D	\$156,00	\$12,48	\$168,48
Family Under 65	A	\$286,00	\$22,88	\$308,88
	B	\$28,00	\$2,24	\$30,24
	C1	\$311,00	\$24,88	\$335,88
	C2	\$179,00	\$14,32	\$193,32
	C3	\$167,00	\$13,36	\$180,36
	D	\$331,00	\$26,48	\$357,48
Individual Age 65 +	A	\$46,00	\$3,68	\$49,68
	B	\$35,00	\$2,80	\$37,80
	C1	\$64,00	\$5,12	\$69,12
	C2	\$45,00	\$3,60	\$48,60
	C3	\$37,00	\$2,96	\$39,96
	D	\$69,00	\$5,52	\$74,52
Individual Under 65	A	\$127,00	\$10,16	\$137,16
	B	\$14,00	\$1,12	\$15,12
	C1	\$138,00	\$11,04	\$149,04
	C2	\$90,00	\$7,20	\$97,20
	C3	\$74,00	\$5,92	\$79,92
	D	\$147,00	\$11,76	\$158,76

(*) The 8 % Sales Tax is included.

OPTION	COVERAGE PROVIDED	
A	Extended health care and prescription drugs. Per drug deductible for prescription drugs coverage: \$2.00 for generic and original drugs / \$6.00 for unique drugs.	
B	Extended health care and semi-private hospital.	
C	Extended health care and semi-private hospital and prescription drugs.	
	<u>Prescription drugs</u> Per drug deductible	<u>Extended health care and hospital</u> Deductible per <u>type of coverage</u>
	\$2.00 for generic and original drugs / \$6.00 for unique drugs.	None.
	\$3.00 for generic and original drugs / \$9.00 for unique drugs.	\$175 individual / \$265 family.
C3	\$5.00 for generic and original drugs / \$15.00 for unique drugs.	\$290 individual / \$400 family.
D	Extended health care and private or semi-private hospital and prescription drugs and vision care. Per drug deductible for prescription drugs coverage: \$2.00 for generic and original drugs / \$6.00 for unique drugs.	

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ALBERTA

Status	Option	Monthly Premium January 1, 2020
Family Age 65 +	A	\$89,00
	B	\$18,00
	C1	\$98,00
	C2	\$71,00
	C3	\$50,00
	D	\$106,00
Family Under 65	A	\$190,00
	B	\$18,00
	C1	\$211,00
	C2	\$150,00
	C3	\$119,00
	D	\$220,00
Individual Age 65 +	A	\$40,00
	B	\$10,00
	C1	\$44,00
	C2	\$36,00
	C3	\$29,00
	D	\$47,00
Individual Under 65	A	\$84,00
	B	\$9,00
	C1	\$94,00
	C2	\$75,00
	C3	\$53,00
	D	\$98,00

OPTION	COVERAGE PROVIDED	
A	Extended health care and prescription drugs. Per drug deductible for prescription drugs coverage: \$2.00 for generic and original drugs / \$6.00 for unique drugs.	
B	Extended health care and semi-private hospital.	
C	Extended health care and semi-private hospital and prescription drugs.	
	<u>Prescription drugs</u> Per drug deductible	<u>Extended health care and hospital</u> Deductible per <u>type of coverage</u>
C1	\$2.00 for generic and original drugs / \$6.00 for unique drugs.	None.
C2	\$3.00 for generic and original drugs / \$9.00 for unique drugs.	\$175 individual / \$265 family.
C3	\$5.00 for generic and original drugs / \$15.00 for unique drugs.	\$290 individual / \$400 family.
D	Extended health care and private or semi-private hospital and prescription drugs and vision care. Per drug deductible for prescription drugs coverage: \$2.00 for generic and original drugs / \$6.00 for unique drugs.	

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PRINCE EDWARD ISLAND

Status	Option	Monthly Premium January 1, 2020
Family Age 65 +	A	\$185,00
	B	\$35,00
	C1	\$196,00
	C2	\$149,00
	C3	\$119,00
	D	\$209,00
Family Under 65	A	\$169,00
	B	\$32,00
	C1	\$185,00
	C2	\$87,00
	C3	\$73,00
	D	\$195,00
Individual Age 65 +	A	\$82,00
	B	\$20,00
	C1	\$87,00
	C2	\$75,00
	C3	\$68,00
	D	\$93,00
Individual Under 65	A	\$75,00
	B	\$16,00
	C1	\$82,00
	C2	\$44,00
	C3	\$32,00
	D	\$87,00

OPTION

COVERAGE PROVIDED

A	Extended health care and prescription drugs. Per drug deductible for prescription drugs coverage: \$2.00 for generic and original drugs / \$6.00 for unique drugs.	
B	Extended health care and semi-private hospital.	
C	Extended health care and semi-private hospital and prescription drugs.	
	<u>Prescription drugs</u> Per drug deductible	<u>Extended health care and hospital</u> Deductible per type of coverage
	\$2.00 for generic and original drugs / \$6.00 for unique drugs.	None.
	\$3.00 for generic and original drugs / \$9.00 for unique drugs.	\$175 individual / \$265 family.
C3	\$5.00 for generic and original drugs / \$15.00 for unique drugs.	\$290 individual / \$400 family.
D	Extended health care and private or semi-private hospital and prescription drugs and vision care. Per drug deductible for prescription drugs coverage: \$2.00 for generic and original drugs / \$6.00 for unique drugs.	

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MANITOBA

Status	Option	Monthly Premium January 1, 2020
Family Age 65 +	A	\$148,00
	B	\$30,00
	C1	\$156,00
	C2	\$109,00
	C3	\$82,00
	D	\$162,00
Family Under 65	A	\$113,00
	B	\$20,00
	C1	\$123,00
	C2	\$71,00
	C3	\$59,00
	D	\$135,00
Individual Age 65 +	A	\$66,00
	B	\$17,00
	C1	\$69,00
	C2	\$55,00
	C3	\$47,00
	D	\$72,00
Individual Under 65	A	\$50,00
	B	\$10,00
	C1	\$55,00
	C2	\$36,00
	C3	\$26,00
	D	\$60,00

OPTION	COVERAGE PROVIDED	
A	Extended health care and prescription drugs. Per drug deductible for prescription drugs coverage: \$2.00 for generic and original drugs / \$6.00 for unique drugs.	
B	Extended health care and semi-private hospital.	
C	Extended health care and semi-private hospital and prescription drugs.	
	<u>Prescription drugs</u> Per drug deductible	<u>Extended health care and hospital</u> Deductible per type of coverage
	C1	\$2.00 for generic and original drugs / \$6.00 for unique drugs.
	C2	\$3.00 for generic and original drugs / \$9.00 for unique drugs.
C3	\$5.00 for generic and original drugs / \$15.00 for unique drugs.	\$175 individual / \$265 family. \$290 individual / \$400 family.
D	Extended health care and private or semi-private hospital and prescription drugs and vision care. Per drug deductible for prescription drugs coverage: \$2.00 for generic and original drugs / \$6.00 for unique drugs.	

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NEW BRUNSWICK

Status	Option	Monthly Premium January 1, 2020
Family Age 65 +	A	\$353,00
	B	\$39,00
	C1	\$362,00
	C2	\$303,00
	C3	\$243,00
	D	\$378,00
Family Under 65	A	\$272,00
	B	\$46,00
	C1	\$292,00
	C2	\$255,00
	C3	\$235,00
	D	\$315,00
Individual Age 65 +	A	\$157,00
	B	\$23,00
	C1	\$161,00
	C2	\$135,00
	C3	\$108,00
	D	\$168,00
Individual Under 65	A	\$121,00
	B	\$22,00
	C1	\$130,00
	C2	\$113,00
	C3	\$104,00
	D	\$140,00

If you are already insured for dental coverage under either Option C1 or D, and wish to maintain it, you must add \$10.32 to the individual premium rate or \$15.44 the family premium rate.

COVERAGE PROVIDED

A	Extended health care and prescription drugs. Per drug deductible for prescription drugs coverage: \$2.00 for generic and original drugs / \$6.00 for unique drugs.	
B	Extended health care and semi-private hospital.	
C	Extended health care and semi-private hospital and prescription drugs.	
	<u>Prescription drugs Per drug deductible</u>	<u>Extended health care and hospital Deductible per type of coverage</u>
C1	\$2.00 for generic and original drugs / \$6.00 for unique drugs.	None.
C2	\$3.00 for generic and original drugs / \$9.00 for unique drugs.	\$175 individual / \$265 family.
C3	\$5.00 for generic and original drugs / \$15.00 for unique drugs.	\$290 individual / \$400 family.
D	Extended health care and private or semi-private hospital and prescription drugs and vision care. Per drug deductible for prescription drugs coverage: \$2.00 for generic and original drugs / \$6.00 for unique drugs.	

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NOVA SCOTIA

Status	Option	Monthly Premium January 1, 2020
Family Age 65 +	A	\$368,00
	B	\$49,00
	C1	\$383,00
	C2	\$310,00
	C3	\$242,00
	D	\$404,00
Family Under 65	A	\$350,00
	B	\$25,00
	C1	\$370,00
	C2	\$277,00
	C3	\$231,00
	D	\$390,00
Individual Age 65 +	A	\$164,00
	B	\$28,00
	C1	\$170,00
	C2	\$155,00
	C3	\$138,00
	D	\$180,00
Individual Under 65	A	\$156,00
	B	\$13,00
	C1	\$164,00
	C2	\$139,00
	C3	\$103,00
	D	\$173,00

OPTION

COVERAGE PROVIDED

A	Extended health care and prescription drugs. Per drug deductible for prescription drugs coverage: \$2.00 for generic and original drugs / \$6.00 for unique drugs.	
B	Extended health care and semi-private hospital.	
C	Extended health care and semi-private hospital and prescription drugs.	
	<u>Prescription drugs Per drug deductible</u>	<u>Extended health care and hospital Deductible per type of coverage</u>
	\$2.00 for generic and original drugs / \$6.00 for unique drugs.	None.
	\$3.00 for generic and original drugs / \$9.00 for unique drugs.	\$175 individual / \$265 family.
C1	\$5.00 for generic and original drugs / \$15.00 for unique drugs.	\$290 individual / \$400 family.
C2		
C3		
D	Extended health care and private or semi-private hospital and prescription drugs and vision care. Per drug deductible for prescription drugs coverage: \$2.00 for generic and original drugs / \$6.00 for unique drugs.	

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NEWFOUNDLAND AND LABRADOR

Status	Option	Monthly Premium January 1, 2020
Family Age 65 +	A	\$432,00
	B	\$54,00
	C1	\$461,00
	C2	\$362,00
	C3	\$294,00
	D	\$471,00
Family Under 65	A	\$295,00
	B	\$55,00
	C1	\$310,00
	C2	\$190,00
	C3	\$130,00
	D	\$326,00
Individual Age 65 +	A	\$192,00
	B	\$31,00
	C1	\$205,00
	C2	\$185,00
	C3	\$168,00
	D	\$209,00
Individual Under 65	A	\$131,00
	B	\$28,00
	C1	\$138,00
	C2	\$95,00
	C3	\$58,00
	D	\$145,00
OPTION	COVERAGE PROVIDED	
A	Extended health care and prescription drugs. Per drug deductible for prescription drugs coverage: \$2.00 for generic and original drugs / \$6.00 for unique drugs.	
B	Extended health care and semi-private hospital.	
C	Extended health care and semi-private hospital and prescription drugs.	
	<u>Prescription drugs Per drug deductible</u>	<u>Extended health care and hospital Deductible per type of coverage</u>
	C1	\$2.00 for generic and original drugs / \$6.00 for unique drugs.
	C2	\$3.00 for generic and original drugs / \$9.00 for unique drugs.
C3	\$5.00 for generic and original drugs / \$15.00 for unique drugs.	None. \$175 individual / \$265 family. \$290 individual / \$400 family.
D	Extended health care and private or semi-private hospital and prescription drugs and vision care. Per drug deductible for prescription drugs coverage: \$2.00 for generic and original drugs / \$6.00 for unique drugs.	

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SASKATCHEWAN

Status	Option	Retirees eligible to the provincial drug plan - Rates 2020	
		Retirees eligible to the provincial drug plan - Rates 2020	Retirees not eligible to the provincial drug plan - Rates 2020
Family Age 65 +	A	\$129,00	\$211,00
	B	\$24,00	\$24,00
	C1	\$148,00	\$216,00
	C2	\$95,00	\$176,00
	C3	\$71,00	\$153,00
	D	\$161,00	\$219,00
Family Under 65	A	\$130,00	n.a.
	B	\$9,00	n.a.
	C1	\$142,00	n.a.
	C2	\$102,00	n.a.
	C3	\$90,00	n.a.
	D	\$152,00	n.a.
Individual Age 65 +	A	\$57,00	\$96,00
	B	\$14,00	\$14,00
	C1	\$66,00	\$129,00
	C2	\$48,00	\$75,00
	C3	\$41,00	\$67,00
	D	\$72,00	\$130,00
Individual Under 65	A	\$58,00	n.a.
	B	\$5,00	n.a.
	C1	\$63,00	n.a.
	C2	\$51,00	n.a.
	C3	\$40,00	n.a.
	D	\$68,00	n.a.

OPTION	COVERAGE PROVIDED	
A	Extended health care and prescription drugs. Per drug deductible for prescription drugs coverage: \$2.00 for generic and original drugs / \$6.00 for unique drugs.	
B	Extended health care and semi-private hospital.	
C	Extended health care and semi-private hospital and prescription drugs.	
	<u>Prescription drugs</u> <u>Per drug deductible</u>	
C1	\$2.00 for generic and original drugs / \$6.00 for unique drugs.	None.
C2	\$3.00 for generic and original drugs / \$9.00 for unique drugs.	\$175 individual / \$265 family.
C3	\$5.00 for generic and original drugs / \$15.00 for unique drugs.	\$290 individual / \$400 family.
D	Extended health care and private or semi-private hospital and prescription drugs and vision care. Per drug deductible for prescription drugs coverage: \$2.00 for generic and original drugs / \$6.00 for unique drugs.	