

**BLUE CROSS - CN PENSIONERS' HEALTH CARE PLAN  
MONTHLY PREMIUM RATES - JANUARY 1, 2023**

**QUEBEC**

<b>Status</b>	<b>Option</b>	<b>Monthly Premium January 1, 2023</b>	<b>9% Tax</b>	<b>Total Monthly Premium January 1, 2023 ( * )</b>
Family Age 65 +	A	\$122,00	\$10,98	\$132,98
	B	\$34,00	\$3,06	\$37,06
	C1	\$124,00	\$11,16	\$135,16
	C2	\$93,00	\$8,37	\$101,37
	C3	\$68,00	\$6,12	\$74,12
	D	\$133,00	\$11,97	\$144,97
Individual Age 65 +	A	\$54,00	\$4,86	\$58,86
	B	\$19,00	\$1,71	\$20,71
	C1	\$55,00	\$4,95	\$59,95
	C2	\$47,00	\$4,23	\$51,23
	C3	\$39,00	\$3,51	\$42,51
	D	\$59,00	\$5,31	\$64,31

(\* ) 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.

<b>OPTION</b>	<b>COVERAGE PROVIDED</b>	
<b>A</b>	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>B</b>	Extended health care and semi-private hospital.	
<b>C</b>	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>
<b>C1</b>	\$2.00 for generic and original drugs / \$6.00 for unique drugs.	None.
<b>C2</b>	\$3.00 for generic and original drugs / \$9.00 for unique drugs.	\$175 individual / \$265 family.
<b>C3</b>	\$5.00 for generic and original drugs / \$15.00 for unique drugs.	\$290 individual / \$400 family.
<b>D</b>	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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MONTHLY PREMIUM RATES - JANUARY 1, 2023**

**ONTARIO**

<b>Status</b>	<b>Option</b>	<b>Monthly Premium January 1, 2023</b>	<b>8% Tax</b>	<b>Total Monthly Premium January 1, 2023 ( * )</b>
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.

<b>OPTION</b>	<b>COVERAGE PROVIDED</b>	
<b>A</b>	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>B</b>	Extended health care and semi-private hospital.	
<b>C</b>	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>
<b>C1</b>	\$2.00 for generic and original drugs / \$6.00 for unique drugs.	None.
<b>C2</b>	\$3.00 for generic and original drugs / \$9.00 for unique drugs.	\$175 individual / \$265 family.
<b>C3</b>	\$5.00 for generic and original drugs / \$15.00 for unique drugs.	\$290 individual / \$400 family.
<b>D</b>	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**

<b>Status</b>	<b>Option</b>	<b>Monthly Premium January 1, 2023</b>
<b>Family Age 65 +</b>	A	\$91,00
	B	\$18,00
	C1	\$100,00
	C2	\$73,00
	C3	\$51,00
	D	\$109,00
<b>Family Under 65</b>	A	\$195,00
	B	\$18,00
	C1	\$216,00
	C2	\$154,00
	C3	\$122,00
	D	\$226,00
<b>Individual Age 65 +</b>	A	\$41,00
	B	\$10,00
	C1	\$45,00
	C2	\$37,00
	C3	\$30,00
	D	\$48,00
<b>Individual Under 65</b>	A	\$86,00
	B	\$9,00
	C1	\$96,00
	C2	\$77,00
	C3	\$54,00
	D	\$100,00

<b>OPTION</b>	<b>COVERAGE PROVIDED</b>	
<b>A</b>	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>B</b>	Extended health care and semi-private hospital.	
<b>C</b>	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
<b>C1</b>	\$2.00 for generic and original drugs / \$6.00 for unique drugs.	None.
<b>C2</b>	\$3.00 for generic and original drugs / \$9.00 for unique drugs.	\$175 individual / \$265 family.
<b>C3</b>	\$5.00 for generic and original drugs / \$15.00 for unique drugs.	\$290 individual / \$400 family.
<b>D</b>	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**

<b>Status</b>	<b>Option</b>	<b>Monthly Premium January 1, 2023</b>
<b>Family Age 65 +</b>	A	\$213,00
	B	\$40,00
	C1	\$226,00
	C2	\$171,00
	C3	\$137,00
	D	\$241,00
<b>Family Under 65</b>	A	\$195,00
	B	\$37,00
	C1	\$213,00
	C2	\$100,00
	C3	\$84,00
	D	\$224,00
<b>Individual Age 65 +</b>	A	\$94,00
	B	\$24,00
	C1	\$100,00
	C2	\$86,00
	C3	\$78,00
	D	\$107,00
<b>Individual Under 65</b>	A	\$86,00
	B	\$18,00
	C1	\$94,00
	C2	\$50,00
	C3	\$37,00
	D	\$100,00

**OPTION**

**COVERAGE PROVIDED**

<b>A</b>	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>B</b>	Extended health care and semi-private hospital.	
<b>C</b>	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>
<b>C1</b>	\$2.00 for generic and original drugs / \$6.00 for unique drugs.	None.
<b>C2</b>	\$3.00 for generic and original drugs / \$9.00 for unique drugs.	\$175 individual / \$265 family.
<b>C3</b>	\$5.00 for generic and original drugs / \$15.00 for unique drugs.	\$290 individual / \$400 family.
<b>D</b>	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**

<b>Status</b>	<b>Option</b>	<b>Monthly Premium January 1, 2023</b>
Family Age 65 +	A	\$152,00
	B	\$31,00
	C1	\$160,00
	C2	\$112,00
	C3	\$84,00
	D	\$166,00
Family Under 65	A	\$116,00
	B	\$21,00
	C1	\$126,00
	C2	\$73,00
	C3	\$60,00
	D	\$138,00
Individual Age 65 +	A	\$68,00
	B	\$17,00
	C1	\$71,00
	C2	\$56,00
	C3	\$48,00
	D	\$74,00
Individual Under 65	A	\$51,00
	B	\$10,00
	C1	\$56,00
	C2	\$37,00
	C3	\$27,00
	D	\$62,00

<b>OPTION</b>	<b>COVERAGE PROVIDED</b>	
<b>A</b>	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>B</b>	Extended health care and semi-private hospital.	
<b>C</b>	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>
<b>C1</b>	\$2.00 for generic and original drugs / \$6.00 for unique drugs.	None.
<b>C2</b>	\$3.00 for generic and original drugs / \$9.00 for unique drugs.	\$175 individual / \$265 family.
<b>C3</b>	\$5.00 for generic and original drugs / \$15.00 for unique drugs.	\$290 individual / \$400 family.
<b>D</b>	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**

<b>Status</b>	<b>Option</b>	<b>Monthly Premium January 1, 2023</b>
<b>Family Age 65 +</b>	A	\$407,00
	B	\$45,00
	C1	\$417,00
	C2	\$349,00
	C3	\$280,00
	D	\$435,00
<b>Family Under 65</b>	A	\$313,00
	B	\$53,00
	C1	\$336,00
	C2	\$293,00
	C3	\$271,00
	D	\$362,00
<b>Individual Age 65 +</b>	A	\$180,00
	B	\$27,00
	C1	\$185,00
	C2	\$155,00
	C3	\$125,00
	D	\$193,00
<b>Individual Under 65</b>	A	\$139,00
	B	\$26,00
	C1	\$150,00
	C2	\$130,00
	C3	\$119,00
	D	\$162,00

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**

<b>A</b>	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>B</b>	Extended health care and semi-private hospital.	
<b>C</b>	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>
<b>C1</b>	\$2.00 for generic and original drugs / \$6.00 for unique drugs.	None.
<b>C2</b>	\$3.00 for generic and original drugs / \$9.00 for unique drugs.	\$175 individual / \$265 family.
<b>C3</b>	\$5.00 for generic and original drugs / \$15.00 for unique drugs.	\$290 individual / \$400 family.
<b>D</b>	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**

<b>Status</b>	<b>Option</b>	<b>Monthly Premium January 1, 2023</b>
Family Age 65 +	A	\$423,00
	B	\$56,00
	C1	\$441,00
	C2	\$357,00
	C3	\$279,00
	D	\$464,00
Family Under 65	A	\$403,00
	B	\$29,00
	C1	\$425,00
	C2	\$319,00
	C3	\$267,00
	D	\$449,00
Individual Age 65 +	A	\$189,00
	B	\$33,00
	C1	\$196,00
	C2	\$178,00
	C3	\$159,00
	D	\$207,00
Individual Under 65	A	\$179,00
	B	\$14,00
	C1	\$189,00
	C2	\$161,00
	C3	\$118,00
	D	\$200,00
<b>OPTION</b>	<b>COVERAGE PROVIDED</b>	
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.
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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**NEWFOUNDLAND AND LABRADOR**

<b>Status</b>	<b>Option</b>	<b>Monthly Premium January 1, 2023</b>
Family Age 65 +	A	\$497,00
	B	\$63,00
	C1	\$530,00
	C2	\$417,00
	C3	\$338,00
	D	\$541,00
Family Under 65	A	\$340,00
	B	\$64,00
	C1	\$357,00
	C2	\$218,00
	C3	\$150,00
	D	\$375,00
Individual Age 65 +	A	\$220,00
	B	\$36,00
	C1	\$236,00
	C2	\$213,00
	C3	\$193,00
	D	\$241,00
Individual Under 65	A	\$151,00
	B	\$33,00
	C1	\$159,00
	C2	\$110,00
	C3	\$67,00
	D	\$167,00

<b>OPTION</b>	<b>COVERAGE PROVIDED</b>	
<b>A</b>	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>B</b>	Extended health care and semi-private hospital.	
<b>C</b>	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>
	<b>C1</b>	None.
	<b>C2</b>	\$175 individual / \$265 family.
<b>C3</b>	\$290 individual / \$400 family.	
<b>D</b>	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**

<b>Status</b>	<b>Option</b>	<b>Retirees eligible to the provincial drug plan - Rates 2023</b>	<b>Retirees not eligible to the provincial drug plan - Rates 2023</b>
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.

<b>OPTION</b>	<b>COVERAGE PROVIDED</b>
<b>A</b>	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>B</b>	Extended health care and semi-private hospital.
<b>C</b>	Extended health care and semi-private hospital and prescription drugs.
	<u>Prescription drugs</u> <u>Per drug deductible</u>
<b>C1</b>	\$2.00 for generic and original drugs / \$6.00 for unique drugs.
<b>C2</b>	\$3.00 for generic and original drugs / \$9.00 for unique drugs.
<b>C3</b>	\$5.00 for generic and original drugs / \$15.00 for unique drugs.
<b>D</b>	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.