

**BLUE CROSS - CN PENSIONERS' HEALTH CARE PLAN  
MONTHLY PREMIUM RATES - JANUARY 1, 2024**

**QUEBEC**

<b>Status</b>	<b>Option</b>	<b>Monthly Premium January 1, 2024</b>	<b>9% Tax</b>	<b>Total Monthly Premium January 1, 2024 ( * )</b>
<b>Family Age 65 +</b>	<b>A</b>	\$124.00	\$11.16	\$135.16
	<b>B</b>	\$35.00	\$3.15	\$38.15
	<b>C1</b>	\$126.00	\$11.34	\$137.34
	<b>C2</b>	\$95.00	\$8.55	\$103.55
	<b>C3</b>	\$69.00	\$6.21	\$75.21
	<b>D</b>	\$136.00	\$12.24	\$148.24
<b>Individual Age 65 +</b>	<b>A</b>	\$55.00	\$4.95	\$59.95
	<b>B</b>	\$19.00	\$1.71	\$20.71
	<b>C1</b>	\$56.00	\$5.04	\$61.04
	<b>C2</b>	\$48.00	\$4.32	\$52.32
	<b>C3</b>	\$40.00	\$3.60	\$43.60
	<b>D</b>	\$60.00	\$5.40	\$65.40

(\* ) 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.				
	<table border="0"> <tr> <td align="center"><u>Prescription drugs</u></td> <td align="center"><u>Extended health care and hospital</u></td> </tr> <tr> <td align="center"><u>Per drug deductible</u></td> <td align="center"><u>Deductible per type of coverage</u></td> </tr> </table>	<u>Prescription drugs</u>	<u>Extended health care and hospital</u>	<u>Per drug deductible</u>	<u>Deductible per type of coverage</u>
<u>Prescription drugs</u>	<u>Extended health care and hospital</u>				
<u>Per drug deductible</u>	<u>Deductible per type of coverage</u>				
<b>C1</b>	\$2.00 for generic and original drugs / \$6.00 for unique drugs. <span style="float: right;">None.</span>				
<b>C2</b>	\$3.00 for generic and original drugs / \$9.00 for unique drugs. <span style="float: right;">\$175 individual / \$265 family.</span>				
<b>C3</b>	\$5.00 for generic and original drugs / \$15.00 for unique drugs. <span style="float: right;">\$290 individual / \$400 family.</span>				
<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, 2024**

**ONTARIO**

Status	Option	Monthly Premium January 1, 2024	8% Tax	Total Monthly Premium January 1, 2024 ( * )
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.				
	<table border="0" style="width:100%"> <tr> <td style="text-align:center"><u>Prescription drugs</u></td> <td style="text-align:center"><u>Extended health care and hospital</u></td> </tr> <tr> <td style="text-align:center"><u>Per drug deductible</u></td> <td style="text-align:center"><u>Deductible per type of coverage</u></td> </tr> </table>	<u>Prescription drugs</u>	<u>Extended health care and hospital</u>	<u>Per drug deductible</u>	<u>Deductible per type of coverage</u>
<u>Prescription drugs</u>	<u>Extended health care and hospital</u>				
<u>Per drug deductible</u>	<u>Deductible per type of coverage</u>				
C1	\$2.00 for generic and original drugs / \$6.00 for unique drugs. <span style="float:right">None.</span>				
C2	\$3.00 for generic and original drugs / \$9.00 for unique drugs. <span style="float:right">\$175 individual / \$265 family.</span>				
C3	\$5.00 for generic and original drugs / \$15.00 for unique drugs. <span style="float:right">\$290 individual / \$400 family.</span>				
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**

<b>Status</b>	<b>Option</b>	<b>Monthly Premium January 1, 2024</b>
<b>Family Age 65 +</b>	A	\$96.00
	B	\$19.00
	C1	\$105.00
	C2	\$77.00
	C3	\$54.00
	D	\$114.00
<b>Family Under 65</b>	A	\$205.00
	B	\$19.00
	C1	\$227.00
	C2	\$162.00
	C3	\$128.00
	D	\$237.00
<b>Individual Age 65 +</b>	A	\$43.00
	B	\$11.00
	C1	\$47.00
	C2	\$39.00
	C3	\$32.00
	D	\$50.00
<b>Individual Under 65</b>	A	\$90.00
	B	\$9.00
	C1	\$101.00
	C2	\$81.00
	C3	\$57.00
	D	\$105.00

<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>
	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.	
<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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**BRITISH COLUMBIA**

<b>Status</b>	<b>Option</b>	<b>Monthly Premium January 1, 2024</b>
<b>Family Born in 1939 or earlier</b>	A	\$169.00
	B	\$30.00
	C1	\$182.00
	C2	\$128.00
	C3	\$103.00
	D	\$194.00
<b>Family Born in 1940 or later</b>	A	\$164.00
	B	\$23.00
	C1	\$173.00
	C2	\$89.00
	C3	\$65.00
	D	\$186.00
<b>Individual Born in 1939 or earlier</b>	A	\$76.00
	B	\$17.00
	C1	\$81.00
	C2	\$65.00
	C3	\$59.00
	D	\$86.00
<b>Individual Born in 1940 or later</b>	A	\$74.00
	B	\$12.00
	C1	\$78.00
	C2	\$44.00
	C3	\$28.00
	D	\$83.00

<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>
	C1	None.
	C2	\$175 individual / \$265 family.
C3	\$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, 2024</b>
<b>Family Age 65 +</b>	A	\$220.00
	B	\$41.00
	C1	\$234.00
	C2	\$177.00
	C3	\$142.00
	D	\$249.00
<b>Family Under 65</b>	A	\$202.00
	B	\$38.00
	C1	\$220.00
	C2	\$104.00
	C3	\$87.00
	D	\$232.00
<b>Individual Age 65 +</b>	A	\$97.00
	B	\$25.00
	C1	\$104.00
	C2	\$89.00
	C3	\$81.00
	D	\$111.00
<b>Individual Under 65</b>	A	\$89.00
	B	\$19.00
	C1	\$97.00
	C2	\$52.00
	C3	\$38.00
	D	\$104.00

<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> <u>Per drug deductible</u>	<u>Extended health care and hospital</u> <u>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, 2024</b>
<b>Family Age 65 +</b>	A	\$152.00
	B	\$31.00
	C1	\$160.00
	C2	\$112.00
	C3	\$84.00
	D	\$166.00
<b>Family Under 65</b>	A	\$116.00
	B	\$21.00
	C1	\$126.00
	C2	\$73.00
	C3	\$60.00
	D	\$138.00
<b>Individual Age 65 +</b>	A	\$68.00
	B	\$17.00
	C1	\$71.00
	C2	\$56.00
	C3	\$48.00
	D	\$74.00
<b>Individual Under 65</b>	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>
	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.
<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, 2024</b>
<b>Family Age 65 +</b>	A	\$421.00
	B	\$47.00
	C1	\$432.00
	C2	\$361.00
	C3	\$290.00
	D	\$450.00
<b>Family Under 65</b>	A	\$324.00
	B	\$55.00
	C1	\$348.00
	C2	\$303.00
	C3	\$280.00
	D	\$375.00
<b>Individual Age 65 +</b>	A	\$186.00
	B	\$28.00
	C1	\$191.00
	C2	\$160.00
	C3	\$129.00
	D	\$200.00
<b>Individual Under 65</b>	A	\$144.00
	B	\$27.00
	C1	\$155.00
	C2	\$135.00
	C3	\$123.00
	D	\$168.00

**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.**

<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>
	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.
<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, 2024</b>
<b>Family Age 65 +</b>	A	\$438.00
	B	\$58.00
	C1	\$456.00
	C2	\$369.00
	C3	\$289.00
	D	\$480.00
<b>Family Under 65</b>	A	\$417.00
	B	\$30.00
	C1	\$440.00
	C2	\$330.00
	C3	\$276.00
	D	\$465.00
<b>Individual Age 65 +</b>	A	\$196.00
	B	\$34.00
	C1	\$203.00
	C2	\$184.00
	C3	\$165.00
	D	\$214.00
<b>Individual Under 65</b>	A	\$185.00
	B	\$14.00
	C1	\$196.00
	C2	\$167.00
	C3	\$122.00
	D	\$207.00

<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>
	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.
D	\$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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**NEWFOUNDLAND AND LABRADOR**

<b>Status</b>	<b>Option</b>	<b>Monthly Premium January 1, 2024</b>
<b>Family Age 65 +</b>	A	\$514.00
	B	\$65.00
	C1	\$549.00
	C2	\$432.00
	C3	\$350.00
	D	\$560.00
<b>Family Under 65</b>	A	\$352.00
	B	\$66.00
	C1	\$369.00
	C2	\$226.00
	C3	\$155.00
	D	\$388.00
<b>Individual Age 65 +</b>	A	\$228.00
	B	\$37.00
	C1	\$244.00
	C2	\$220.00
	C3	\$200.00
	D	\$249.00
<b>Individual Under 65</b>	A	\$156.00
	B	\$34.00
	C1	\$165.00
	C2	\$114.00
	C3	\$69.00
	D	\$173.00

<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> <u>Per drug deductible</u>	<u>Extended health care and hospital</u> <u>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.	

**BLUE CROSS - CN PENSIONERS' HEALTH CARE PLAN  
MONTHLY PREMIUM RATES - JANUARY 1, 2024**

**SASKATCHEWAN**

Status	Option	Retirees eligible to the provincial drug plan - Rates 2024	Retirees not eligible to the provincial drug plan - Rates 2024
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	s.o.
	B	\$9.00	s.o.
	C1	\$142.00	s.o.
	C2	\$102.00	s.o.
	C3	\$90.00	s.o.
	D	\$152.00	s.o.
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	s.o.
	B	\$5.00	s.o.
	C1	\$63.00	s.o.
	C2	\$51.00	s.o.
	C3	\$40.00	s.o.
	D	\$68.00	s.o.

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</u> <u>Per drug deductible</u>	<u>Extended health care and hospital</u> <u>Deductible per type of coverage</u>
	C1	None.
	C2	\$175 individual / \$265 family.
C3	\$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.	