

Prism Spectra® - Monthly Rates Effective January 1, 2010

Rates and/or benefits are subject to change with thirty (30) days notice to the applicant/policy holder.



NOTE: Prism Spectra® Monthly Rates **do not** include the Optional Semi-Private Hospital Accommodation benefit. Please refer to the Optional Semi-Private rate table for the additional premium required.

S1	British Columbia			Alberta			Saskatchewan, Manitoba, Northwest Territories, Yukon Territory and Nunavut			Ontario			Quebec	New Brunswick, Nova Scotia, Prince Edward Island and Newfoundland		
	Age	Single	Couple	Family	Single	Couple	Family	Single	Couple	Family	Single	Couple	Family		Single	Couple
0-44	\$37	\$70	\$97	\$46	\$86	\$121	\$37	\$70	\$97	\$54	\$103	\$142	NA	\$52	\$100	\$139
45-54	\$42	\$80	\$113	\$54	\$103	\$142	\$42	\$80	\$113	\$62	\$119	\$167	NA	\$59	\$113	\$160
55-64	\$53	\$100	\$139	\$64	\$122	\$172	\$53	\$100	\$139	\$77	\$148	\$207	NA	\$73	\$140	\$198
65+	\$28	\$52	\$67	\$37	\$70	\$88	\$28	\$52	\$67	\$68	\$129	\$160	NA	\$40	\$76	\$95

S2

Age	Single	Couple	Family	Single	Couple	Family	Single	Couple	Family	Single	Couple	Family		Single	Couple	Family
0-44	\$76	\$143	\$208	\$82	\$157	\$227	\$62	\$117	\$168	\$94	\$178	\$263	NA	\$80	\$152	\$218
45-54	\$82	\$157	\$227	\$92	\$175	\$255	\$68	\$130	\$185	\$104	\$201	\$294	NA	\$90	\$172	\$242
55-64	\$94	\$180	\$260	\$104	\$199	\$288	\$77	\$146	\$210	\$122	\$232	\$343	NA	\$105	\$199	\$284
65+	\$67	\$128	\$173	\$75	\$142	\$196	\$52	\$99	\$136	\$108	\$207	\$270	NA	\$69	\$131	\$173

S3

Age	Single	Couple	Family	Single	Couple	Family	Single	Couple	Family	Single	Couple	Family		Single	Couple	Family
0-44	\$94	\$179	\$247	\$106	\$201	\$274	\$78	\$150	\$199	\$120	\$231	\$310	NA	\$106	\$200	\$266
45-54	\$99	\$192	\$265	\$113	\$215	\$295	\$83	\$160	\$216	\$131	\$249	\$337	NA	\$114	\$216	\$290
55-64	\$118	\$227	\$299	\$134	\$255	\$336	\$100	\$194	\$248	\$157	\$299	\$386	NA	\$139	\$264	\$333
65+	\$83	\$157	\$217	\$93	\$174	\$238	\$66	\$126	\$168	\$151	\$288	\$361	NA	\$89	\$168	\$221

Optional Semi-Private Hospital Accommodation Monthly Rates

Rates and/or benefits are subject to change with thirty (30) days notice to the applicant/policy holder.

NOTE: The appropriate Semi-Private monthly rate below must be added to one of the plans above (S1, S2 or S3) if you wish to have the Optional Semi-Private Hospital Accommodation as a benefit.

Age	Single	Couple	Family	Single	Couple	Family	Single	Couple	Family	Single	Couple	Family		Single	Couple	Family
0-44	\$4	\$6	\$8	\$5	\$7	\$9	\$4	\$6	\$8	\$6	\$8	\$10	NA	\$5	\$7	\$9
45-54	\$6	\$8	\$10	\$7	\$9	\$11	\$6	\$8	\$10	\$8	\$10	\$12	NA	\$7	\$9	\$11
55-64	\$8	\$10	\$12	\$9	\$11	\$14	\$8	\$10	\$12	\$10	\$12	\$15	NA	\$9	\$11	\$14
65+	\$12	\$18	\$21	\$16	\$23	\$27	\$12	\$18	\$21	\$18	\$27	\$31	NA	\$16	\$23	\$27