Prism Spectra® - Monthly Rates Effective April 1, 2021 Rates and/or benefits are subject to change with thirty (30) days notice to the applicant/policyholder.

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

S1	ВС			AB			SK, MB, NT, YT, NU			ON			QC			NB, NS, PE, NL		
Age	Single	Couple	Family	Single	Couple	Family	Single	Couple	Family	Single	Couple	Family	Single	Couple	Family	Single	Couple	Family
<45	\$48	\$87	\$119	\$57	\$107	\$148	\$48	\$88	\$121	\$67	\$127	\$171	NA	NA	NA	\$66	\$125	\$172
45-54	\$53	\$99	\$140	\$66	\$127	\$173	\$53	\$100	\$141	\$76	\$147	\$202	NA	NA	NA	\$76	\$143	\$201
55-64	\$65	\$123	\$171	\$79	\$149	\$210	\$67	\$124	\$173	\$95	\$181	\$250	NA	NA	NA	\$91	\$175	\$246
65+	\$46	\$81	\$99	\$55	\$102	\$126	\$46	\$81	\$100	\$92	\$174	\$209	NA	NA	NA	\$59	\$112	\$135

S2

Age	Single	Couple	Family															
<45	\$100	\$184	\$264	\$105	\$199	\$287	\$81	\$153	\$219	\$118	\$224	\$323	NA	NA	NA	\$103	\$197	\$284
45-54	\$106	\$200	\$289	\$116	\$219	\$320	\$89	\$171	\$241	\$128	\$251	\$358	NA	NA	NA	\$118	\$223	\$313
55-64	\$120	\$229	\$330	\$132	\$249	\$364	\$101	\$189	\$272	\$151	\$287	\$417	NA	NA	NA	\$133	\$255	\$364
65+	\$96	\$180	\$239	\$105	\$195	\$265	\$77	\$146	\$194	\$145	\$274	\$347	NA	NA	NA	\$98	\$186	\$242

S3

Age	Single	Couple	Family															
<45	\$126	\$238	\$327	\$145	\$273	\$371	\$106	\$204	\$265	\$151	\$288	\$383	NA	NA	NA	\$141	\$268	\$356
45-54	\$132	\$254	\$352	\$153	\$292	\$398	\$111	\$216	\$289	\$163	\$312	\$414	NA	NA	NA	\$152	\$289	\$386
55-64	\$156	\$299	\$400	\$183	\$343	\$457	\$132	\$261	\$334	\$197	\$373	\$478	NA	NA	NA	\$186	\$347	\$444
65+	\$119	\$227	\$308	\$137	\$257	\$343	\$100	\$188	\$242	\$197	\$377	\$459	NA	NA	NA	\$129	\$244	\$317

S4

Age	Single	Couple	Family															
<45	\$144	\$266	\$368	\$157	\$299	\$406	\$118	\$224	\$295	\$176	\$335	\$439	NA	NA	NA	\$157	\$291	\$388
45-54	\$150	\$286	\$394	\$169	\$317	\$433	\$124	\$237	\$319	\$187	\$357	\$474	NA	NA	NA	\$167	\$311	\$420
55-64	\$175	\$334	\$440	\$196	\$369	\$493	\$147	\$285	\$364	\$222	\$423	\$542	NA	NA	NA	\$199	\$375	\$480
65+	\$144	\$264	\$357	\$153	\$287	\$391	\$116	\$217	\$290	\$224	\$430	\$523	NA	NA	NA	\$148	\$278	\$366

Optional Hospital Accommodation Monthly Rates Rates and/or benefits are subject to change with thirty (30) days notice to the applicant/policyholder.

NOTE: The appropriate monthly rate below must be added to one of the plans above (S1, S2, S3 or S4) if you wish to purchase the Optional Hospital Accommodation as a benefit.

Age	Single	Couple	Family															
<45	\$4	\$6	\$8	\$5	\$7	\$9	\$4	\$6	\$8	\$6	\$8	\$12	NA	NA	NA	\$5	\$7	\$11
45-54	\$6	\$8	\$10	\$7	\$9	\$11	\$6	\$8	\$10	\$8	\$10	\$12	NA	NA	NA	\$7	\$9	\$11
55-64	\$10	\$10	\$12	\$9	\$11	\$17	\$8	\$10	\$13	\$10	\$12	\$17	NA	NA	NA	\$9	\$11	\$17
65+	\$12	\$21	\$24	\$19	\$26	\$30	\$13	\$21	\$24	\$20	\$30	\$34	NA	NA	NA	\$19	\$26	\$30

Coverage provided by

