

Effective January 1, 1991

GSMIP MONTHLY PREMIUM RATES/PRIMES MENSUELLES AU RACCM

APPENDIX/ANNEXE C

- EXTENDED HEALTH CARE BENEFIT / OPTIONAL HOSPITAL BENEFIT
ASSURANCE-MALADIE COMPLEMENTAIRE / HOSPITALISATION FACULTATIVE

PENSIONERS / PENSIONNES

Current Rates/Primes actuelles												
	Basic/De base			Level I/Niveau I			Level II/Niveau II			Level III/Niveau III		
	Pens.	ER/EUR	Total	Pens.	ER/EUR	Total	Pens.	ER/EUR	Total	Pens.	ER/EUR	Total
	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Single/Seul	8.39	8.41	16.80	9.95	9.95	19.90	21.85	9.95	31.80	39.45	9.95	49.40
Family/Famille	14.42	14.42	28.84	15.97	15.97	31.94	27.87	15.97	43.84	45.47	15.97	61.44
Overage Dep./Personne à charge (plus de 21 ans)	16.66	0.00	16.66	17.06	0.00	17.06	18.11	0.00	18.11	21.36	0.00	21.36
Orphans/Orphelins	7.00	7.00	14.00	7.20	7.20	14.40	9.25	7.20	16.45	11.20	7.20	18.40

Revised Rates/Primes révisés												
	Basic/De base			Level I/Niveau I			Level II/Niveau II			Level III/Niveau III		
	Pens.	ER/EUR	Total	Pens.	ER/EUR	Total	Pens.	ER/EUR	Total	Pens.	ER/EUR	Total
	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Single/Seul	N/A			4.20	12.60	16.80	16.10	12.60	28.70	33.70	12.60	46.30
Family/Famille	s/o			7.21	21.63	28.84	19.11	21.63	40.74	36.71	21.63	58.34
Overage Dep./Personne à charge (plus de 21 ans)	16.26	0.00	16.26	16.66	0.00	16.66	17.71	0.00	17.71	20.56	0.00	20.56
Orphans/Orphelins	N/A - s.o.			3.85	11.54	15.39	5.95	11.54	17.49	8.35	11.54	19.89

Nov. 16, 1990