

Effective January 1, 1991

APPENDIX/ANNEXE A

GSMIP MONTHLY PREMIUM RATES/PRIMES MENSUELLES AU RACCM

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

EMPLOYEES/EMPLOYES

Current Rates/Primes actuelles												
	Basic/De base			Level I/Niveau I			Level II/Niveau II			Level III/Niveau III		
	EE/E	ER/EUR	Total	EE/E	ER/EUR	Total	EE/E	ER/EUR	Total	EE/E	ER/EUR	Total
Regular Ee's/Employes reguliers	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Single/Seul	N/A			4.06	12.60	16.66	5.11	12.60	17.71	7.96	12.60	20.56
Family/Famille	s/o			7.80	24.25	32.05	10.95	24.25	35.20	16.20	24.25	40.45
EX/SM Group/Groupe EX/SM	N/A			s/o						0.00	32.62	32.62
Overage Dep./Personne a 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

Revised Rates/Primes revises												
	Basic/De base			Level I/Niveau I			Level II/Niveau II			Level III/Niveau III		
	EE/E	ER/EUR	Total	EE/E	ER/EUR	Total	EE/E	ER/EUR	Total	EE/E	ER/EUR	Total
Regular Ee's/Employes reguliers	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Single/Seul	N/A			1.63	15.03	16.66	2.60	15.03	17.71	5.53	15.03	20.56
Family/Famille	s/o			3.12	28.93	32.05	6.27	28.93	35.20	11.52	28.93	40.45
EX/SM Group/Groupe EX/SM	No Change / Aucune modification											
Overage Dep./Personne a charge (plus de 21 ans)	No Change / Aucune modification											

Nov. 16, 1990