APPENDIX

MONTHLY GENIP PREMIUM RATES (EMPLOYEE SHARE)

1) EXTENDED HEALTH CARE BENEFIT/ OPTIONAL HOSPITAL BENEFIT (OHB)

	With Leyel I		With Level II		With Level III	
	From	To	From	ТО	From	То
Single	1.98	4.06	3.03	5.11	5.88	7.96
•				 		7.96
Family	4.15	7.80	7.30	10.95	12.55	16.20
Overage Dependants	8.30	16.66	9.35	17.71	12.20	20.56

2) COMPREHENSIVE COVERAGE (OUTSIDE CANADA)

·	With Level I		With L	With Level II		With Level III	
t	From	To	From	To	From	To	
	\$	\$	\$	\$	\$\$	\$	
Single	1.99	4.07	3.04	5.12	5.89	7.97	
Pamily	4.16	7.81	7.31	10.96	12.56	16.21	
Overage Dependants	8.31	16.67	9.36	17.72	12.21	20.57	