

# Monthly rates for Passport 20, Passport 30 and Passport 50 benefit plans

Effective coverage dates of July - December 2006.

Age Band Per Adult	Passport 20				Passport 30					
	\$1,000 DEDUCTIBLE		\$1,500 DEDUCTIBLE		\$500 DEDUCTIBLE		\$1,000 DEDUCTIBLE		\$1,500 DEDUCTIBLE	
	NON-SMOKER	SMOKER	NON-SMOKER	SMOKER	NON-SMOKER	SMOKER	NON-SMOKER	SMOKER	NON-SMOKER	SMOKER
Under 25	\$ 125	\$ 145	\$ 104	\$ 120	\$ 134	\$ 156	\$ 109	\$ 127	\$ 94	\$ 110
25-29	141	164	116	136	150	175	122	142	107	123
30-34	163	190	135	157	174	203	141	164	123	143
35-39	195	227	161	187	207	242	168	197	147	171
40-44	230	269	190	222	246	287	200	232	174	203
45-49	288	336	237	277	306	358	249	291	218	253
50-54	352	411	292	340	375	438	305	356	267	311
55-59	411	479	340	395	438	510	356	414	311	362
60-64	468	543	388	450	500	582	406	474	352	411
65+	468	543	388	450	500	582	406	474	352	411
Per Child <sup>†</sup>	\$ 105		\$ 86		\$ 111		\$ 90		\$ 78	

## Passport 50

Age Band Per Adult	\$500 DEDUCTIBLE		\$1,000 DEDUCTIBLE		\$1,500 DEDUCTIBLE		\$2,000 DEDUCTIBLE	
	NON-SMOKER	SMOKER	NON-SMOKER	SMOKER	NON-SMOKER	SMOKER	NON-SMOKER	SMOKER
Under 25	\$ 115	\$ 134	\$ 100	\$ 117	\$ 84	\$ 98	\$ 75	\$ 87
25-29	130	151	113	132	94	110	84	98
30-34	151	175	131	153	110	128	97	114
35-39	179	209	157	182	131	153	116	136
40-44	212	247	185	215	155	180	138	160
45-49	265	308	231	270	193	225	171	201
50-54	324	379	283	330	236	276	210	246
55-59	379	441	330	385	276	322	246	287
60-64	431	502	375	438	314	367	280	325
65+	431	502	375	438	314	367	280	325
Per Child <sup>†</sup>	\$ 96		\$ 84		\$ 70		\$ 63	

<sup>†</sup> Applies to dependent children applying on the same plan as parent or legal guardian.

# Monthly rates for Essentials 25 and Essentials 50 benefit plans

Effective coverage dates of July - December 2006.

Age Band Per Adult	Essentials 25				Essentials 50			
	\$1,500 DEDUCTIBLE		\$2,500 DEDUCTIBLE		\$1,500 DEDUCTIBLE		\$2,500 DEDUCTIBLE	
	NON-SMOKER	SMOKER	NON-SMOKER	SMOKER	NON-SMOKER	SMOKER	NON-SMOKER	SMOKER
Under 25	\$ 60	\$ 69	\$ 46	\$ 53	\$ 50	\$ 59	\$ 41	\$ 48
25-29	67	78	51	61	56	66	46	53
30-34	77	90	60	70	65	76	53	63
35-39	92	108	71	84	77	90	64	74
40-44	109	128	84	98	92	107	75	88
45-49	137	159	105	123	115	134	94	110
50-54	167	196	129	151	140	164	116	135
55-59	195	228	150	176	164	191	135	157
60-64	223	258	171	198	187	219	153	179
65+	223	258	171	198	187	219	153	179
Per Child <sup>†</sup>	\$ 49		\$ 38		\$ 42		\$ 35	

<sup>†</sup> Applies to dependent children applying on the same plan as parent or legal guardian.