

## ScotiaLife® Health & Dental Insurance

### Yukon Rates

#### Health Plan Only- Monthly Rates

Age	Rate Per Applicant*		Rate Per Dependent Child
	Single Coverage	Couple** Coverage	
0-29	\$44.22	\$39.80	\$21.49
30-44	44.93	40.44	21.49
45-54	51.66	46.49	21.49
55-59	55.71	50.14	21.49
60-64	60.23	54.21	21.49
65-69 <sup>‡</sup>	45.30	40.77	21.49
70-74 <sup>‡</sup>	50.99	45.89	21.49
75-79 <sup>‡</sup>	54.85	49.37	21.49
80-84 <sup>‡</sup>	59.43	53.49	21.49
85-99 <sup>‡</sup>	71.26	64.13	21.49

**For illustrative purposes only:**

For a family of 4, with 2 adults in the 30-44 age band, the monthly premium for the health plan only would be \$123.86.

**How to calculate:**

2 adults (using the Couple rate) are 2 x \$40.44 = \$80.88  
 2 dependent children are 2 x \$21.49 = \$42.98  
 Total monthly premium = \$123.86

#### Health & Dental Plan - Monthly Rates

Age	Rate Per Applicant*		Rate Per Dependent Child
	Single Coverage	Couple** Coverage	
0-29	\$70.83	\$63.75	\$35.82
30-44	71.94	64.75	35.82
45-54	82.72	74.45	35.82
55-59	89.20	80.28	35.82
60-64	96.29	86.66	35.82
65-69 <sup>‡</sup>	72.32	65.09	35.82
70-74 <sup>‡</sup>	81.25	73.13	35.82
75-79 <sup>‡</sup>	87.24	78.52	35.82
80-84 <sup>‡</sup>	94.38	84.94	35.82
85-99 <sup>‡</sup>	112.81	101.53	35.82

**For illustrative purposes only:**

For a family of 4, with 2 adults in the 30-44 age band, the monthly premium for the health and dental plan would be \$201.14.

**How to calculate:**

2 adults (using the Couple rate) are 2 x \$64.75 = \$129.50  
 2 dependent children are 2 x \$35.82 = \$71.64  
 Total monthly premium = \$201.14

\*Premiums are based on your age, your spouse's age (if applicable), province of residence, type of coverage (single, couple, or family), and the plan you select (health plan or health and dental plan). Rates are reviewed annually, are subject to change with 30 days' notice, and will increase when you move into the next age band on the Group Policy Anniversary Date (January 1<sup>st</sup> of each year.) Rates are subject to provincial sales tax where applicable.

\*\*Couple Coverage: This is the discounted couple rate per applicant when you apply for coverage for both you and your spouse.

‡Renewal rates only.

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