

# GMS Personal Health Coverage: Alberta & The Northwest Territories Rate Schedule

## Monthly Rates Effective December 15, 2023

Age		Health Plan Type			Additional Coverage Options						
		BasicPlan	ExtendaPlan*	OmniPlan*	Basic Prescription Drugs	Enhanced Prescription Drugs	Dental Care	Hospital Cash	Annual Travel 15 Days	Annual Travel 30 Days	Annual Travel 48 Days
SINGLE	Under 35	\$9.75	\$31.00	\$52.75	\$20.75	\$92.00	\$63.25	\$9.50	\$5.50	\$10.00	\$14.75
	35 - 44	\$10.00	\$31.00	\$53.25	\$25.25	\$101.00	\$76.25	\$9.75	\$7.00	\$11.50	\$16.00
	45 - 54	\$10.50	\$33.00	\$55.75	\$29.75	\$114.00	\$76.25	\$10.00	\$7.75	\$13.00	\$18.50
	55 - 59	\$11.25	\$34.75	\$57.75	\$35.75	\$127.75	\$73.00	\$11.75	\$10.25	\$15.25	\$22.50
	60 - 64	\$13.50	\$35.25	\$62.50	\$42.00	\$151.75	\$70.00	\$15.00	\$14.50	\$20.50	\$30.00
	65 - 69	\$9.00	\$35.25	\$63.00	\$15.25	\$79.50	\$76.25	\$27.75	\$16.75	\$25.75	\$49.75
	70 - 74	\$9.25	\$35.50	\$65.25	\$16.25	\$81.75	\$70.00	\$30.25	\$22.00	\$30.25	\$66.00
	75 - 79	\$9.50	\$35.75	\$65.25	\$17.50	\$80.75	\$70.00	\$33.25	\$24.25	\$43.25	\$91.25
	80 +	\$10.50	\$36.00	\$70.25	\$16.75	\$88.00	\$70.00	\$43.00	\$8.00	\$9.00	\$9.00

Age		Health Plan Type			Additional Coverage Options						
		BasicPlan	ExtendaPlan	OmniPlan	Basic Prescription Drugs	Enhanced Prescription Drugs	Dental Care	Hospital Cash	Annual Travel 15 Days	Annual Travel 30 Days	Annual Travel 48 Days
COUPLE	Under 35	\$14.00	\$55.75	\$100.75	\$38.75	\$150.25	\$127.50	\$17.50	\$13.00	\$18.50	\$28.25
	35 - 44	\$14.75	\$55.50	\$102.50	\$47.25	\$169.25	\$150.00	\$18.50	\$14.75	\$22.00	\$32.00
	45 - 54	\$16.00	\$60.00	\$104.00	\$56.25	\$195.50	\$150.00	\$19.75	\$15.50	\$25.00	\$36.50
	55 - 59	\$18.25	\$63.50	\$110.00	\$67.00	\$227.00	\$144.25	\$22.75	\$19.50	\$30.00	\$43.25
	60 - 64	\$22.50	\$63.00	\$117.25	\$78.25	\$271.25	\$138.00	\$28.50	\$27.25	\$41.75	\$61.25
	65 - 69	\$12.75	\$64.50	\$126.75	\$28.50	\$137.25	\$150.00	\$53.25	\$36.00	\$52.25	\$97.75
	70 - 74	\$12.75	\$63.00	\$122.75	\$30.25	\$140.75	\$138.00	\$59.25	\$43.25	\$60.50	\$131.50
	75 - 79	\$13.75	\$66.00	\$129.00	\$33.50	\$141.00	\$138.00	\$63.00	\$49.75	\$84.50	\$179.75
	80 +	\$17.00	\$66.50	\$131.75	\$31.25	\$155.25	\$138.00	\$82.00	\$15.50	\$50.75	\$97.75

		Health Plan Type			Additional Coverage Options						
		BasicPlan	ExtendaPlan	OmniPlan	Basic Prescription Drugs	Enhanced Prescription Drugs	Dental Care	Hospital Cash	Annual Travel 15 Days	Annual Travel 30 Days	Annual Travel 48 Days
Age											
FAMILY	Under 35	\$15.00	\$68.50	\$126.75	\$52.50	\$184.25	\$191.50	\$25.75	\$14.75	\$21.50	\$31.50
	35 - 44	\$16.00	\$71.00	\$129.25	\$62.25	\$207.00	\$225.75	\$27.00	\$15.50	\$23.75	\$36.25
	45 - 54	\$18.25	\$77.75	\$135.25	\$75.00	\$238.00	\$225.75	\$27.75	\$16.50	\$28.25	\$43.00
	55 - 59	\$19.00	\$81.25	\$142.50	\$90.75	\$278.50	\$216.75	\$31.50	\$22.50	\$34.75	\$49.75
	60 - 64	\$23.00	\$81.50	\$151.25	\$106.75	\$332.50	\$208.00	\$36.75	\$30.00	\$45.00	\$67.50
	65 - 69	\$13.00	\$77.50	\$147.00	\$37.75	\$167.75	\$225.75	\$66.75	\$38.75	\$58.75	\$110.50
	70 - 74	\$13.75	\$77.50	\$150.50	\$39.75	\$171.25	\$208.00	\$71.25	\$47.75	\$66.50	\$148.25
	75 - 79	\$15.25	\$79.75	\$157.75	\$44.25	\$170.00	\$208.00	\$76.25	\$54.25	\$97.25	\$204.00
	80 +	\$18.50	\$81.00	\$160.25	\$41.75	\$186.25	\$208.00	\$96.75	\$36.50	\$55.00	\$103.00

- When determining your monthly rate:
- Family means three or more.
  - For Couple or Family, the oldest person on the application determines the rate.
  - For a Family with more than six people, add 30%.
  - Additional Coverage Options can only be purchased with a health plan.
- Applicants 80 years of age or older are only eligible for travel coverage in Canada.
  - Based on your medical history, you may be assessed a premium adjustment, be excluded for certain benefits or be declined coverage.

# GMS Personal Health Coverage: Atlantic Rate Schedule

## Monthly Rates Effective December 15, 2023

Age		Health Plan Type			Additional Coverage Options						
		BasicPlan	ExtendaPlan*	OmniPlan*	Basic Prescription Drugs	Enhanced Prescription Drugs	Dental Care	Hospital Cash	Annual Travel 15 Days	Annual Travel 30 Days	Annual Travel 48 Days
SINGLE	Under 35	\$9.25	\$26.00	\$52.75	\$29.00	\$96.25	\$58.00	\$9.50	\$5.50	\$10.00	\$14.75
	35 - 44	\$9.75	\$26.00	\$54.50	\$33.00	\$106.00	\$63.25	\$9.75	\$7.00	\$11.50	\$16.00
	45 - 54	\$10.00	\$26.50	\$55.50	\$39.25	\$115.50	\$57.25	\$10.00	\$7.75	\$13.00	\$18.50
	55 - 59	\$11.50	\$26.75	\$61.00	\$50.75	\$123.25	\$53.50	\$11.75	\$10.25	\$15.25	\$22.50
	60 - 64	\$11.75	\$29.00	\$63.00	\$57.50	\$146.25	\$57.50	\$15.00	\$14.50	\$20.50	\$30.00
	65 - 69	\$13.25	\$31.00	\$63.00	\$26.00	\$104.75	\$56.25	\$27.75	\$16.75	\$25.75	\$49.75
	70 - 74	\$14.00	\$34.75	\$64.25	\$28.75	\$109.75	\$56.25	\$30.25	\$22.00	\$30.25	\$66.00
	75 - 79	\$15.25	\$40.25	\$68.50	\$29.75	\$108.00	\$53.75	\$33.25	\$24.25	\$43.25	\$91.25
	80 +	\$18.75	\$42.00	\$74.25	\$29.50	\$114.00	\$56.25	\$43.00	\$8.00	\$9.00	\$9.00

Age		Health Plan Type			Additional Coverage Options						
		BasicPlan	ExtendaPlan	OmniPlan	Basic Prescription Drugs	Enhanced Prescription Drugs	Dental Care	Hospital Cash	Annual Travel 15 Days	Annual Travel 30 Days	Annual Travel 48 Days
COUPLE	Under 35	\$12.00	\$40.00	\$83.50	\$54.00	\$159.75	\$113.50	\$17.50	\$13.00	\$18.50	\$28.25
	35 - 44	\$12.50	\$38.75	\$85.75	\$62.25	\$177.00	\$122.75	\$18.50	\$14.75	\$22.00	\$32.00
	45 - 54	\$13.25	\$39.25	\$87.75	\$73.75	\$198.50	\$112.50	\$19.75	\$15.50	\$25.00	\$36.50
	55 - 59	\$15.00	\$40.50	\$96.50	\$96.25	\$218.00	\$105.00	\$22.75	\$19.50	\$30.00	\$43.25
	60 - 64	\$16.50	\$44.25	\$99.75	\$108.75	\$260.25	\$111.75	\$28.50	\$27.25	\$41.75	\$61.25
	65 - 69	\$19.75	\$49.75	\$101.75	\$50.25	\$180.25	\$110.50	\$53.25	\$36.00	\$52.25	\$97.75
	70 - 74	\$20.75	\$54.75	\$105.25	\$54.25	\$190.25	\$110.50	\$59.25	\$43.25	\$60.50	\$131.50
	75 - 79	\$25.00	\$67.75	\$117.50	\$54.25	\$187.00	\$105.00	\$63.00	\$49.75	\$84.50	\$179.75
	80 +	\$30.00	\$77.25	\$133.75	\$53.75	\$199.25	\$110.50	\$82.00	\$15.50	\$50.75	\$97.75

Age		Health Plan Type			Additional Coverage Options						
		BasicPlan	ExtendaPlan	OmniPlan	Basic Prescription Drugs	Enhanced Prescription Drugs	Dental Care	Hospital Cash	Annual Travel 15 Days	Annual Travel 30 Days	Annual Travel 48 Days
FAMILY	Under 35	\$14.25	\$47.00	\$105.75	\$72.50	\$197.50	\$163.00	\$25.75	\$14.75	\$21.50	\$31.50
	35 - 44	\$15.25	\$47.00	\$109.50	\$83.50	\$217.75	\$176.75	\$27.00	\$15.50	\$23.75	\$36.25
	45 - 54	\$15.50	\$47.50	\$109.50	\$99.50	\$246.00	\$161.25	\$27.75	\$16.50	\$28.25	\$43.00
	55 - 59	\$19.25	\$50.50	\$122.25	\$129.00	\$268.00	\$151.00	\$31.50	\$22.50	\$34.75	\$49.75
	60 - 64	\$19.75	\$53.75	\$127.25	\$146.00	\$320.50	\$160.75	\$36.75	\$30.00	\$45.00	\$67.50
	65 - 69	\$22.75	\$63.75	\$129.50	\$66.75	\$211.50	\$158.25	\$66.75	\$38.75	\$58.75	\$110.50
	70 - 74	\$24.00	\$69.75	\$133.50	\$72.75	\$223.50	\$158.25	\$71.25	\$47.75	\$66.50	\$148.25
	75 - 79	\$29.25	\$80.25	\$141.50	\$73.00	\$219.00	\$151.25	\$76.25	\$54.25	\$97.25	\$204.00
	80 +	\$34.50	\$87.25	\$153.00	\$72.75	\$234.50	\$158.25	\$96.75	\$36.50	\$55.00	\$103.00

- When determining your monthly rate:
- Family means three or more.
  - For Couple or Family, the oldest person on the application determines the rate.
  - For a Family with more than six people, add 30%.
  - Additional Coverage Options can only be purchased with a health plan.
- Applicants 80 years of age or older are only eligible for travel coverage in Canada.
  - Based on your medical history, you may be assessed a premium adjustment, be excluded for certain benefits or be declined coverage.

# GMS Personal Health Coverage: British Columbia & Yukon Rate Schedule

## Monthly Rates Effective December 15, 2023

Age		Health Plan Type			Additional Coverage Options						
		BasicPlan	ExtendaPlan*	OmniPlan*	Basic Prescription Drugs	Enhanced Prescription Drugs	Dental Care	Hospital Cash	Annual Travel 15 Days	Annual Travel 30 Days	Annual Travel 48 Days
SINGLE	Under 35	\$10.25	\$26.75	\$58.75	\$27.00	\$86.25	\$65.25	\$9.50	\$5.50	\$10.00	\$14.75
	35 - 44	\$10.50	\$29.00	\$59.75	\$27.75	\$89.50	\$67.25	\$9.75	\$7.00	\$11.50	\$16.00
	45 - 54	\$10.50	\$29.00	\$62.25	\$28.75	\$96.25	\$67.25	\$10.00	\$7.75	\$13.00	\$18.50
	55 - 59	\$11.75	\$29.25	\$62.25	\$28.75	\$98.00	\$67.25	\$11.75	\$10.25	\$15.25	\$22.50
	60 - 64	\$14.00	\$31.00	\$62.75	\$31.25	\$108.00	\$68.25	\$15.00	\$14.50	\$20.50	\$30.00
	65 - 69	\$14.00	\$33.00	\$60.50	\$33.25	\$113.25	\$67.25	\$27.75	\$16.75	\$25.75	\$49.75
	70 - 74	\$14.50	\$38.00	\$65.25	\$34.50	\$118.25	\$71.50	\$30.25	\$22.00	\$30.25	\$66.00
	75 - 79	\$16.75	\$44.00	\$73.75	\$36.25	\$127.50	\$68.25	\$33.25	\$24.25	\$43.25	\$91.25
	80 +	\$19.50	\$45.25	\$73.75	\$37.25	\$128.25	\$67.25	\$43.00	\$8.00	\$9.00	\$9.00

Age		Health Plan Type			Additional Coverage Options						
		BasicPlan	ExtendaPlan	OmniPlan	Basic Prescription Drugs	Enhanced Prescription Drugs	Dental Care	Hospital Cash	Annual Travel 15 Days	Annual Travel 30 Days	Annual Travel 48 Days
COUPLE	Under 35	\$15.50	\$45.75	\$109.75	\$49.00	\$142.00	\$131.25	\$17.50	\$13.00	\$18.50	\$28.25
	35 - 44	\$16.75	\$49.50	\$109.75	\$50.00	\$147.25	\$135.00	\$18.50	\$14.75	\$22.00	\$32.00
	45 - 54	\$16.50	\$50.75	\$114.00	\$52.25	\$162.50	\$135.00	\$19.75	\$15.50	\$25.00	\$36.50
	55 - 59	\$19.25	\$51.50	\$116.50	\$51.50	\$168.50	\$135.00	\$22.75	\$19.50	\$30.00	\$43.25
	60 - 64	\$22.25	\$56.50	\$116.75	\$56.00	\$186.75	\$137.75	\$28.50	\$27.25	\$41.75	\$61.25
	65 - 69	\$23.25	\$58.75	\$110.00	\$59.75	\$197.25	\$135.00	\$53.25	\$36.00	\$52.25	\$97.75
	70 - 74	\$24.25	\$67.25	\$119.75	\$62.25	\$210.50	\$144.00	\$59.25	\$43.25	\$60.50	\$131.50
	75 - 79	\$29.50	\$80.25	\$137.50	\$65.00	\$229.50	\$137.75	\$63.00	\$49.75	\$84.50	\$179.75
	80 +	\$35.25	\$83.25	\$137.50	\$67.00	\$234.50	\$135.00	\$82.00	\$15.50	\$50.75	\$97.75

		Health Plan Type			Additional Coverage Options						
		BasicPlan	ExtendaPlan	OmniPlan	Basic Prescription Drugs	Enhanced Prescription Drugs	Dental Care	Hospital Cash	Annual Travel 15 Days	Annual Travel 30 Days	Annual Travel 48 Days
Age											
	Under 35	\$16.50	\$57.75	\$136.75	\$58.50	\$165.25	\$196.75	\$25.75	\$14.75	\$21.50	\$31.50
FAMILY	35 - 44	\$17.75	\$63.00	\$136.50	\$59.75	\$171.50	\$202.50	\$27.00	\$15.50	\$23.75	\$36.25
	45 - 54	\$18.50	\$63.50	\$142.75	\$61.50	\$188.50	\$202.50	\$27.75	\$16.50	\$28.25	\$43.00
	55 - 59	\$20.00	\$63.75	\$145.00	\$61.25	\$194.25	\$202.50	\$31.50	\$22.50	\$34.75	\$49.75
	60 - 64	\$23.00	\$70.25	\$145.50	\$66.00	\$213.50	\$206.25	\$36.75	\$30.00	\$45.00	\$67.50
	65 - 69	\$26.50	\$73.25	\$139.25	\$71.25	\$224.75	\$202.50	\$66.75	\$38.75	\$58.75	\$110.50
	70 - 74	\$26.75	\$84.50	\$151.50	\$74.50	\$239.25	\$215.75	\$71.25	\$47.75	\$66.50	\$148.25
	75 - 79	\$33.00	\$99.25	\$172.50	\$76.75	\$258.25	\$206.25	\$76.25	\$54.25	\$97.25	\$204.00
	80 +	\$37.25	\$104.00	\$172.25	\$79.75	\$263.50	\$202.50	\$96.75	\$36.50	\$55.00	\$103.00

- When determining your monthly rate:
- Family means three or more.
  - For Couple or Family, the oldest person on the application determines the rate.
  - For a Family with more than six people, add 30%.
  - Additional Coverage Options can only be purchased with a health plan.
  - Applicants 80 years of age or older are only eligible for travel coverage in Canada.
  - Based on your medical history, you may be assessed a premium adjustment, be excluded for certain benefits or be declined coverage.

# GMS Personal Health Coverage: Manitoba Rate Schedule

## Monthly Rates Effective December 15, 2023

Age	Health Plan Type			Additional Coverage Options							
	BasicPlan	ExtendaPlan*	OmniPlan*	Basic Prescription Drugs	Enhanced Prescription Drugs	Dental Care	Hospital Cash	Annual Travel 15 Days	Annual Travel 30 Days	Annual Travel 48 Days	
SINGLE	Under 35	\$11.25	\$22.75	\$42.25	\$27.25	\$97.25	\$61.00	\$9.50	\$5.50	\$10.00	\$14.75
	35 - 44	\$11.50	\$24.00	\$44.25	\$27.75	\$95.75	\$63.50	\$9.75	\$7.00	\$11.50	\$16.00
	45 - 54	\$13.50	\$24.25	\$46.75	\$30.75	\$103.00	\$63.50	\$10.00	\$7.75	\$13.00	\$18.50
	55 - 59	\$14.00	\$26.00	\$45.75	\$35.50	\$110.00	\$62.25	\$11.75	\$10.25	\$15.25	\$22.50
	60 - 64	\$15.25	\$26.00	\$42.25	\$42.25	\$133.25	\$62.25	\$15.00	\$14.50	\$20.50	\$30.00
	65 - 69	\$19.00	\$28.75	\$50.50	\$44.25	\$142.25	\$62.25	\$27.75	\$16.75	\$25.75	\$49.75
	70 - 74	\$22.50	\$29.50	\$51.50	\$51.25	\$161.00	\$61.00	\$30.25	\$22.00	\$30.25	\$66.00
	75 - 79	\$23.50	\$31.75	\$53.75	\$54.50	\$158.75	\$63.50	\$33.25	\$24.25	\$43.25	\$91.25
	80 +	\$30.00	\$33.75	\$53.75	\$56.25	\$165.50	\$61.00	\$43.00	\$8.00	\$9.00	\$9.00

Age		Health Plan Type			Additional Coverage Options						
		BasicPlan	ExtendaPlan	OmniPlan	Basic Prescription Drugs	Enhanced Prescription Drugs	Dental Care	Hospital Cash	Annual Travel 15 Days	Annual Travel 30 Days	Annual Travel 48 Days
COUPLE	Under 35	\$17.25	\$39.00	\$75.00	\$48.50	\$158.25	\$121.75	\$17.50	\$13.00	\$18.50	\$28.25
	35 - 44	\$19.00	\$40.75	\$80.25	\$49.50	\$158.25	\$128.00	\$18.50	\$14.75	\$22.00	\$32.00
	45 - 54	\$21.75	\$43.00	\$83.50	\$55.25	\$172.50	\$128.00	\$19.75	\$15.50	\$25.00	\$36.50
	55 - 59	\$23.75	\$44.50	\$81.25	\$61.75	\$187.75	\$125.25	\$22.75	\$19.50	\$30.00	\$43.25
	60 - 64	\$25.25	\$44.75	\$75.25	\$75.50	\$230.75	\$125.25	\$28.50	\$27.25	\$41.75	\$61.25
	65 - 69	\$31.25	\$49.75	\$89.00	\$79.75	\$249.75	\$125.25	\$53.25	\$36.00	\$52.25	\$97.75
	70 - 74	\$38.75	\$51.50	\$92.75	\$92.75	\$285.75	\$121.75	\$59.25	\$43.25	\$60.50	\$131.50
	75 - 79	\$40.75	\$56.00	\$96.25	\$97.25	\$287.25	\$128.00	\$63.00	\$49.75	\$84.50	\$179.75
	80 +	\$52.50	\$60.00	\$96.25	\$101.00	\$301.50	\$121.75	\$82.00	\$15.50	\$50.75	\$97.75

		Health Plan Type			Additional Coverage Options							
		BasicPlan	ExtendaPlan	OmniPlan	Basic Prescription Drugs	Enhanced Prescription Drugs	Dental Care	Hospital Cash	Annual Travel 15 Days	Annual Travel 30 Days	Annual Travel 48 Days	
FAMILY	Age	Under 35	\$19.50	\$46.75	\$97.00	\$63.00	\$193.75	\$182.50	\$25.75	\$14.75	\$21.50	\$31.50
	35 - 44	\$20.75	\$48.75	\$102.75	\$64.25	\$192.00	\$191.50	\$27.00	\$15.50	\$23.75	\$36.25	
	45 - 54	\$25.00	\$51.00	\$106.00	\$72.25	\$209.00	\$191.50	\$27.75	\$16.50	\$28.25	\$43.00	
	55 - 59	\$26.00	\$52.50	\$105.00	\$81.50	\$226.75	\$187.75	\$31.50	\$22.50	\$34.75	\$49.75	
	60 - 64	\$26.50	\$52.50	\$96.75	\$98.75	\$278.50	\$187.75	\$36.75	\$30.00	\$45.00	\$67.50	
	65 - 69	\$34.75	\$58.50	\$116.00	\$104.25	\$300.50	\$187.75	\$66.75	\$38.75	\$58.75	\$110.50	
	70 - 74	\$43.50	\$61.25	\$119.50	\$120.25	\$344.00	\$182.50	\$71.25	\$47.75	\$66.50	\$148.25	
	75 - 79	\$45.50	\$66.50	\$124.50	\$126.75	\$343.75	\$191.50	\$76.25	\$54.25	\$97.25	\$204.00	
	80 +	\$57.75	\$71.25	\$123.75	\$131.25	\$359.25	\$182.50	\$96.75	\$36.50	\$55.00	\$103.00	

- When determining your monthly rate:
- Family means three or more.
  - For Couple or Family, the oldest person on the application determines the rate.
  - For a Family with more than six people, add 30%.
  - Additional Coverage Options can only be purchased with a health plan.

- Applicants 80 years of age or older are only eligible for travel coverage in Canada.
  - Based on your medical history, you may be assessed a premium adjustment, be excluded for certain benefits or be declined coverage.

# GMS Personal Health Coverage: Ontario Rate Schedule

## Monthly Rates Effective December 15, 2023

Age	Health Plan Type			Additional Coverage Options							
	BasicPlan	ExtendaPlan*	OmniPlan*	Basic Prescription Drugs	Enhanced Prescription Drugs	Dental Care	Hospital Cash	Annual Travel 15 Days	Annual Travel 30 Days	Annual Travel 48 Days	
SINGLE	Under 35	\$9.75	\$29.25	\$62.00	\$23.25	\$74.25	\$69.25	\$9.75	\$6.00	\$10.75	\$16.50
	35 - 44	\$10.00	\$31.50	\$66.00	\$31.75	\$91.00	\$70.50	\$10.00	\$7.75	\$12.50	\$17.75
	45 - 54	\$10.25	\$30.50	\$66.00	\$39.50	\$102.25	\$72.00	\$10.25	\$7.75	\$13.00	\$18.50
	55 - 59	\$12.50	\$30.50	\$66.00	\$43.25	\$104.50	\$70.75	\$12.00	\$10.25	\$15.25	\$22.50
	60 - 64	\$13.00	\$33.00	\$66.00	\$51.25	\$122.25	\$70.25	\$15.50	\$14.50	\$20.50	\$30.00
	65 - 69	\$14.00	\$41.50	\$69.25	\$30.25	\$70.25	\$74.00	\$28.50	\$16.75	\$25.75	\$49.75
	70 - 74	\$16.75	\$52.75	\$69.25	\$30.75	\$73.50	\$74.00	\$31.25	\$22.00	\$30.25	\$66.00
	75 - 79	\$18.75	\$60.75	\$75.25	\$33.75	\$75.00	\$75.50	\$34.25	\$24.25	\$43.25	\$91.25
	80 +	\$21.50	\$66.75	\$77.50	\$33.75	\$76.25	\$76.75	\$44.25	\$8.00	\$9.00	\$9.00

Age		Health Plan Type			Additional Coverage Options						
		BasicPlan	ExtendaPlan	OmniPlan	Basic Prescription Drugs	Enhanced Prescription Drugs	Dental Care	Hospital Cash	Annual Travel 15 Days	Annual Travel 30 Days	Annual Travel 48 Days
COUPLE	Under 35	\$14.00	\$44.75	\$98.00	\$41.75	\$124.25	\$139.00	\$18.00	\$14.00	\$20.75	\$31.00
	35 - 44	\$14.75	\$46.25	\$104.00	\$60.50	\$163.00	\$142.00	\$19.25	\$16.50	\$24.25	\$35.00
	45 - 54	\$15.75	\$46.50	\$104.75	\$71.00	\$180.00	\$144.75	\$20.25	\$15.50	\$25.00	\$36.50
	55 - 59	\$19.25	\$47.25	\$104.25	\$78.00	\$188.25	\$142.00	\$23.25	\$19.50	\$30.00	\$43.25
	60 - 64	\$21.50	\$51.50	\$104.75	\$91.50	\$220.00	\$140.25	\$29.50	\$27.25	\$41.75	\$61.25
	65 - 69	\$23.25	\$68.25	\$112.00	\$57.50	\$127.50	\$149.00	\$54.75	\$36.00	\$52.25	\$97.75
	70 - 74	\$28.00	\$82.00	\$113.50	\$58.25	\$132.50	\$149.00	\$61.00	\$43.25	\$60.50	\$131.50
	75 - 79	\$33.25	\$96.00	\$131.50	\$63.00	\$135.50	\$151.50	\$64.75	\$49.75	\$84.50	\$179.75
	80 +	\$40.25	\$107.00	\$141.00	\$63.50	\$139.50	\$154.25	\$84.50	\$15.50	\$50.75	\$97.75

		Health Plan Type			Additional Coverage Options						
		BasicPlan	ExtendaPlan	OmniPlan	Basic Prescription Drugs	Enhanced Prescription Drugs	Dental Care	Hospital Cash	Annual Travel 15 Days	Annual Travel 30 Days	Annual Travel 48 Days
Age											
	Under 35	\$14.75	\$55.50	\$143.00	\$42.50	\$151.25	\$208.25	\$26.50	\$16.50	\$23.75	\$34.75
FAMILY	35 - 44	\$16.75	\$57.75	\$148.25	\$63.00	\$191.50	\$213.75	\$27.75	\$17.00	\$26.00	\$40.00
	45 - 54	\$17.75	\$56.00	\$144.75	\$78.00	\$221.50	\$218.00	\$28.50	\$16.50	\$28.25	\$43.00
	55 - 59	\$20.00	\$57.75	\$140.75	\$85.50	\$231.50	\$213.00	\$32.50	\$22.50	\$34.75	\$49.75
	60 - 64	\$24.25	\$64.50	\$136.25	\$101.75	\$270.25	\$211.25	\$37.75	\$30.00	\$45.00	\$67.50
	65 - 69	\$26.00	\$84.50	\$142.50	\$59.75	\$159.00	\$224.00	\$68.75	\$38.75	\$58.75	\$110.50
	70 - 74	\$31.50	\$106.00	\$142.50	\$61.75	\$165.50	\$224.00	\$73.25	\$47.75	\$66.50	\$148.25
	75 - 79	\$34.75	\$119.25	\$156.25	\$65.50	\$168.25	\$228.00	\$78.50	\$54.25	\$97.25	\$204.00
	80 +	\$42.50	\$131.75	\$159.25	\$66.00	\$172.25	\$232.00	\$99.50	\$36.50	\$55.00	\$103.00

- When determining your monthly rate:
- Family means three or more.
  - For Couple or Family, the oldest person on the application determines the rate.
  - For a Family with more than six people, add 30%.
  - Additional Coverage Options can only be purchased with a health plan.

- Applicants 80 years of age or older are only eligible for travel coverage in Canada.
  - Based on your medical history, you may be assessed a premium adjustment, be excluded for certain benefits or be declined coverage.

# GMS Personal Health Coverage: Saskatchewan Rate Schedule

## Monthly Rates Effective December 15, 2023

		Health Plan Type					Additional Coverage Options			
Age		BasicPlan	ExtendaPlan® Option 1	ExtendaPlan® Option 2	ExtendaPlan® Plus	OmniPlan®	Basic Prescription Drugs	Enhanced Prescription Drugs	Dental Care	Hospital Cash
SINGLE	Under 35	\$11.50	\$18.50	\$20.25	\$27.00	\$30.50	\$11.75	\$72.50	\$43.25	\$3.50
	35 - 44	\$12.25	\$20.75	\$24.00	\$29.75	\$32.50	\$15.00	\$84.50	\$47.00	\$5.25
	45 - 54	\$12.50	\$24.25	\$26.25	\$32.50	\$37.25	\$20.50	\$88.75	\$47.75	\$6.00
	55 - 59	\$13.75	\$25.00	\$28.50	\$34.25	\$41.25	\$38.50	\$116.00	\$47.75	\$9.50
	60 - 64	\$14.75	\$28.25	\$31.25	\$40.75	\$43.50	\$45.25	\$128.50	\$47.75	\$10.25
	65 - 69	\$16.00	\$34.75	\$43.50	\$61.25	\$52.25	\$38.75	\$116.75	\$54.25	\$17.00
	70 - 74	\$17.25	\$38.25	\$49.50	\$74.25	\$56.00	\$43.25	\$125.50	\$52.50	\$19.75
	75 - 79	\$19.75	\$44.50	\$57.50	\$95.25	\$66.00	\$55.25	\$141.25	\$51.25	\$23.50
	80 +	\$23.75	\$45.75			\$54.00	\$61.00	\$145.75	\$53.75	\$27.75

		Health Plan Type					Additional Coverage Options			
Age		BasicPlan	ExtendaPlan Option 1	ExtendaPlan Option 2	ExtendaPlan Plus	OmniPlan	Basic Prescription Drugs	Enhanced Prescription Drugs	Dental Care	Hospital Cash
COUPLE	Under 35	\$17.75	\$33.00	\$35.75	\$48.00	\$55.50	\$22.25	\$113.75	\$86.25	\$5.75
	35 - 44	\$18.25	\$38.25	\$42.25	\$52.25	\$60.75	\$23.75	\$131.25	\$93.00	\$8.75
	45 - 54	\$19.50	\$42.50	\$46.25	\$58.25	\$69.00	\$32.75	\$140.75	\$94.75	\$10.50
	55 - 59	\$22.25	\$45.00	\$49.75	\$60.75	\$76.00	\$60.75	\$186.75	\$97.00	\$16.75
	60 - 64	\$23.25	\$48.00	\$57.00	\$73.75	\$81.75	\$71.50	\$209.00	\$97.00	\$17.75
	65 - 69	\$27.75	\$60.75	\$78.75	\$116.25	\$99.50	\$58.75	\$188.75	\$108.75	\$32.25
	70 - 74	\$29.50	\$65.25	\$90.50	\$142.25	\$107.50	\$62.75	\$204.25	\$104.25	\$37.50
	75 - 79	\$34.25	\$79.75	\$108.50	\$184.25	\$125.50	\$79.75	\$226.75	\$100.75	\$39.75
	80 +	\$45.00	\$97.50	\$112.00	\$152.75	\$113.25	\$86.75	\$237.00	\$105.50	\$43.50

		Health Plan Type					Additional Coverage Options			
Age		BasicPlan	ExtendaPlan Option 1	ExtendaPlan Option 2	ExtendaPlan Plus	OmniPlan	Basic Prescription Drugs	Enhanced Prescription Drugs	Dental Care	Hospital Cash
FAMILY	Under 35	\$18.50	\$34.75	\$37.75	\$49.75	\$67.25	\$33.50	\$139.50	\$129.25	\$9.50
	35 - 44	\$20.25	\$40.50	\$44.25	\$55.75	\$71.50	\$35.75	\$159.25	\$139.75	\$10.25
	45 - 54	\$22.75	\$45.00	\$48.75	\$60.75	\$82.00	\$44.50	\$168.00	\$142.50	\$12.00
	55 - 59	\$23.00	\$47.50	\$53.25	\$63.50	\$89.25	\$85.25	\$230.25	\$143.75	\$19.50
	60 - 64	\$24.25	\$53.25	\$61.50	\$77.25	\$96.00	\$91.75	\$246.50	\$143.75	\$20.50
	65 - 69	\$31.00	\$68.00	\$86.00	\$120.50	\$133.50	\$85.25	\$233.25	\$162.00	\$33.00
	70 - 74	\$31.75	\$72.00	\$95.25	\$148.00	\$137.25	\$89.25	\$249.00	\$155.25	\$37.75
	75 - 79	\$38.00	\$87.50	\$114.75	\$191.75	\$159.50	\$112.50	\$287.25	\$149.75	\$39.75
	80 +	\$47.00	\$104.00	\$118.00	\$160.50	\$139.75	\$122.50	\$293.00	\$157.25	\$43.50

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  - Additional Coverage Options can only be purchased with a health plan.

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