

# GMS Personal Health Coverage: Alberta & 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

	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	\$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

Key details for determining your rate:

Family is 3+ people

Families of 6+ Add 30% to rate.

Couple or Family: Oldest person on the application determines rate.

Applicants ages 80+ are only eligible for travel coverage in Canada

Your medical history will determine whether you are assessed for a premium adjustment.

# GMS Personal Health Coverage: Atlantic Rate Schedule

Monthly Rates Effective December 15, 2023

		Health Plan Type			Additional Coverage Options						
Age		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
		Health Plan Type			Additional Coverage Options						
Age		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
		Health Plan Type			Additional Coverage Options						
Age		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

Key details for determining your rate:

Family is 3+ people

Families of 6+ Add 30% to rate.

Couple or Family: Oldest person on the application determines rate.

Applicants ages 80+ are only eligible for travel coverage in Canada

Your medical history will determine whether you are assessed for a premium adjustment.

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

Monthly Rates Effective December 15, 2023

		Health Plan Type			Additional Coverage Options						
Age		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
		Health Plan Type			Additional Coverage Options						
Age		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						
Age		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	\$16.50	\$57.75	\$136.75	\$58.50	\$165.25	\$196.75	\$25.75	\$14.75	\$21.50	\$31.50
	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

Key details for determining your rate:

Family is 3+ people

Families of 6+ Add 30% to rate.

Couple or Family: Oldest person on the application determines rate.

Applicants ages 80+ are only eligible for travel coverage in Canada

Your medical history will determine whether you are assessed for a premium adjustment.

# GMS Personal Health Coverage: Manitoba Rate Schedule

Monthly Rates Effective December 15, 2023

		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
		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	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

Key details for determining your rate:

Family is 3+ people

Families of 6+ Add 30% to rate.

Couple or Family: Oldest person on the application determines rate.

Applicants ages 80+ are only eligible for travel coverage in Canada

Your medical history will determine whether you are assessed for a premium adjustment.

# 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

	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	\$14.75	\$55.50	\$143.00	\$42.50	\$151.25	\$208.25	\$26.50	\$16.50	\$23.75	\$34.75
	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

Key details for determining your rate:

Family is 3+ people

Families of 6+ Add 30% to rate.

Couple or Family: Oldest person on the application determines rate.

Applicants ages 80+ are only eligible for travel coverage in Canada

Your medical history will determine whether you are assessed for a premium adjustment.

# 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

Key details for determining your rate:

Family is 3+ people

Families of 6+ Add 30% to rate.

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Applicants ages 80+ are only eligible for travel coverage in Canada

Your medical history will determine whether you are assessed for a premium adjustment.