

Blue Cross Health[®]

A PLAN THAT'S RIGHT FOR YOU



Complete Health Rate Guide

FLEXIBLE. PERSONAL. AFFORDABLE.

Available to residents in Atlantic Canada



What are my choices?



REQUIRED: CHOOSE ONE

Entry: Health | Essential: Health | Enhanced: Health



OPTIONAL DRUG BENEFITS: CHOOSE ONE

Essential: Drug | Enhanced: Drug



OPTIONAL DENTAL BENEFITS: CHOOSE ONE

Entry: Dental | Essential: Dental | Enhanced: Dental



ADDITIONAL MODULES: CHOOSE ANY

Critical Illness | Hospital Cash | Assured Access



Pick and choose your own customized plan to suit your needs.



Enhanced:
Health



Essential:
Drug



Essential:
Dental



Assured
Access



Right
for me!

Note: The display rates should be used for all policies with a November 2025 or later effective date. Rates are subject to change on further notice. Exclusions, waiting periods and other restrictions may apply.



Step 1: Start with your Health Module

Health Benefits REQUIRED: please choose ONE (1) of these modules.	Entry			Essential			Enhanced		
Age	Single	Couple	Family	Single	Couple	Family	Single	Couple	Family
0-29	23.63	43.63	56.55	32.92	64.46	73.19	50.02	98.73	131.95
30-44	26.19	45.30	61.48	34.52	73.94	89.68	54.69	104.82	142.76
45-54	30.00	58.10	79.95	41.90	78.13	107.67	72.25	123.93	172.36
55-64	32.67	63.04	82.81	50.06	83.36	114.16	89.64	166.03	194.27
65+ no AD&D	33.86	64.94	91.67	57.50	96.11	120.76	127.69	225.01	248.67
65+ Without Travel no AD&D	N/A	N/A	N/A	N/A	N/A	N/A	89.30	161.18	167.80
AD&D Rates	N/A	N/A	N/A	1.35*	2.40**	2.40**	1.79*	3.20**	3.20**

* One aged over 65, no AD&D; one adult under 65 with AD&D.

** One aged over 65, no AD&D; one adult under 65 and dependent(s) with AD&D.

Includes Semi-Private hospital, Travel (Travel optional at 65+)

Step 2: Pick your optional Modules, ANY level of coverage

Drug Benefits OPTIONAL: please choose ONE (1) of these modules.	Essential			Enhanced		
Age	Single	Couple	Family	Single	Couple	Family
0-29	28.27	45.72	79.53	57.15	103.46	150.11
30-44	45.18	74.11	104.02	68.79	137.38	180.75
45-54	63.89	109.03	133.36	82.50	154.31	183.91
55-64	80.01	155.69	170.71	101.02	191.44	205.27
65+	107.07	189.15	204.62	130.61	226.25	234.49

Dental Benefits OPTIONAL: please choose ONE (1) of these modules.	Entry			Essential			Enhanced		
Age	Single	Couple	Family	Single	Couple	Family	Single	Couple	Family
0-29	22.35	34.72	45.64	42.08	67.00	93.81	82.66	150.54	195.72
30-44	26.48	41.45	64.12	45.38	71.63	115.71	87.37	160.05	230.85
45-54	29.33	47.67	81.72	50.23	78.67	134.88	92.47	164.99	245.00
55-64	31.26	55.39	90.87	51.30	105.10	154.98	93.85	181.46	247.65
65+	34.21	64.73	99.72	55.43	122.24	165.67	97.22	183.04	254.96

Additional Modules OPTIONAL: you may choose ANY of these modules.	Critical Illness			Hospital Cash			Assured Access		
Age	Single	Couple	Family	Single	Couple	Family	Single	Couple	Family
0-29	3.15	6.23	8.19	4.82	11.05	14.15	6.45	11.30	12.92
30-44	3.15	6.23	8.19	5.31	11.11	16.13	6.45	11.30	12.92
45-54	9.57	19.13	20.96	8.69	14.96	17.86	6.45	11.30	12.92
55-64	24.63	49.26	51.41	13.31	19.93	24.33	6.45	11.30	12.92
65+	N/A	24.64*	26.79**	14.75	23.58	27.25	N/A	N/A	N/A

* One over 65, no benefit; one adult under 65 with benefit. ** One over 65, no benefit, one adult under 65 and dependents with benefits

Blue Cross Health®

Pre-Approved Term Life Rates

A PLAN THAT'S RIGHT FOR YOU

Pre-approved Term Life is a special product that can only be sold in conjunction with the **Complete Health** modular personal health plans. The **Complete Health** application will be used to underwrite the **Pre-approved Term Life** plan.

Available to clients **16 to 45** years of age who qualify.

Note: Rates are guaranteed for one full year from the issue date of the policy.

NON-SMOKER MONTHLY RATES \$50,000 applicant and covered spouse or cohabitant; \$10,000 per covered child				SMOKER MONTHLY RATES \$50,000 applicant and covered spouse or cohabitant; \$10,000 per covered child			
Ages	Single	Family	Children	Ages	Single	Family	Single adult with children
16-20	8.18	15.42	11.89	16-20	12.39	21.64	16.11
21-25	6.64	13.67	10.35	21-25	10.39	18.97	14.11
26-30	5.53	12.56	9.24	26-30	8.41	17.42	12.12
31-35	6.20	13.88	9.91	31-35	9.29	19.41	13.00
36-40	8.62	18.74	12.33	36-40	13.05	26.71	16.76
41-45	13.50	27.61	17.21	41-45	20.58	40.42	24.29
46-50*	21.45	39.98	25.17	46-50*	32.74	59.23	36.45
51-55*	32.95	57.23	36.67	51-55*	50.44	85.77	54.15
56-60*	48.89	82.68	52.61	56-60*	74.77	124.48	78.48
61-64*	69.91	118.30	73.62	61-64*	106.85	179.14	110.56

*Renewal Rates Only

NON-SMOKER MONTHLY RATES \$25,000 applicant and covered spouse or cohabitant; \$5,000 per covered child				SMOKER MONTHLY RATES \$25,000 applicant and covered spouse or cohabitant; \$5,000 per covered child			
Ages	Single	Family	Children	Ages	Single	Family	Single adult with children
16-20	4.09	7.71	5.94	16-20	6.20	10.82	8.05
21-25	3.32	6.83	5.17	21-25	5.20	9.48	7.05
26-30	2.77	6.29	4.62	26-30	4.20	8.70	6.05
31-35	3.09	6.94	4.94	31-35	4.65	9.71	6.50
36-40	4.32	9.38	6.17	36-40	6.53	13.36	8.38
41-45	6.74	13.79	8.59	41-45	10.29	20.21	12.14
46-50*	10.73	19.98	12.58	46-50*	16.36	29.61	18.21
51-55*	16.48	28.62	18.33	51-55*	25.21	42.88	27.06
56-60*	24.44	41.33	26.29	56-60*	37.38	62.24	39.23
61-64*	34.95	59.15	36.80	61-64*	53.42	89.56	55.27

*Renewal Rates Only

Pre-approved Term Life is underwritten by Blue Cross Life Insurance Company of Canada.

Stand Alone Products	Assured Access			Hospital (Plan AC)			Dental (Plan V)		
Age	Single	Couple	Family	Single	Couple	Family	Single	Couple	Family
0-29	25.58	38.39	45.67	11.12	18.05	22.18	76.16	131.24	192.86
30-44	25.58	38.39	45.67	11.12	18.05	22.18	76.16	131.24	192.86
45-54	29.26	42.04	49.35	16.87	26.34	32.58	65.69	113.74	177.63
55-64	32.91	45.67	52.99	22.65	35.57	43.05	63.56	112.08	176.29
65+				44.76	63.32	79.50	59.84	98.21	139.67
AD&D Rates							1.71	4.44	5.33

For more information, call the Agent Inquiry team toll-free at **1-800-561-7912**

