RENEWAL RATES

for Options Plus, effective November 1, 2025

AGE	SINGLE MALE	SINGLE FEMALE	MEMBER WITH ONE DEPENDENT[1]	MEMBER WITH TWO OR MORE DEPENDENTS[1]
			Member rates with one or more dependents must be charged the rate applicable to the oldest family member.	
PRINCIPAL BENEFITS MODULE - *Mandatory* (includes Hospital, Travel, EHB)				
16 - 44	81.87	92.38	118.37	145.08
45 - 54	115.75	127.19	178.20	234.98
55 - 64	157.57	166.51	236.35	294.60
65 + no AD&D	228.50	235.73	322.92	383.50
65 + Without Travel no AD&D	168.77	176.00	233.54	264.27
65+ AD&D Rates	N/A	N/A	1.34*	10.26**

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

DRUG MODULE - *Optional* (20% Co-pay)				
16 - 44	62.95	123.84	162.51	223.99
45 - 54	113.45	133.55	196.56	257.72
55 - 64	131.49	154.41	227.51	308.14
65 + NS/PE/NF	180.51	180.51	293.85	330.14

DENTAL MODULE - *Optional* (30% Co-pay)				
16 - 44	97.20	97.20	155.98	258.34
45 - 54	104.44	104.44	163.93	268.85
55 - 64	112.71	112.71	170.01	272.67
65 +	121.04	121.04	179.43	274.27

CRITICAL CARE MODULE - *Optional* (includes LifeLink, AD&D, Hospital Cash)				
16 - 44	7.43	10.05	16.93	22.28
45 - 54	17.07	18.82	33.82	37.82
55 - 64	41.56	33.68	68.78	74.26
65 +	N/A	N/A	66.58*	75.20**
65 + Hospital Cash Plan	32.13	32.13	41.69	48.15

** One over 65, with Hospital Cash; one adult under 65 with LifeLink, AD&D, Hospital Cash.*
*** One over 65, with Hospital Cash; one adult under 65 and dependents with LifeLink, AD&D, Hospital Cash.*

ASSURED ACCESS MODULE - *Optional*				
16 - 44	11.38	11.38	17.08	20.33
45 - 54	14.20	14.20	20.41	23.93
55 - 64	17.29	17.29	24.02	27.86
65 +	19.19	19.19	25.94	29.76

MEDAVIE BLUE CROSS™

RENEWAL RATES

for Options, effective November 1, 2025

AGE	SINGLE MALE	SINGLE FEMALE	MEMBER WITH ONE DEPENDENT[1]	MEMBER WITH TWO OR MORE DEPENDENTS[1]
			Member rates with one or more dependents must be charged the rate applicable to the oldest family member.	
PRINCIPAL BENEFITS MODULE - *Mandatory* (includes EHB)				
16 - 44	49.92	59.69	74.99	92.52
45 - 54	67.23	76.00	100.66	133.72
55 - 64	92.30	99.23	130.66	160.68
65+ no AD&D	168.65	164.31	211.79	247.24
65+ AD&D Rates	N/A	N/A	0.90*	6.84**

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

DRUG MODULE - *Optional* (30% Co-pay)				
16 - 44	60.40	88.57	130.90	187.37
45 - 54	112.13	129.05	187.28	232.84
55 - 64	129.05	148.83	218.84	281.47
65 +	170.90	170.90	292.47	303.67

DRUG MODULE: WITH DEDUCTIBLE - *Optional* (30% Co-pay)				
16 - 44	19.60	28.70	42.52	60.88
45 - 54	43.16	49.69	72.11	89.63
55 - 64	54.05	62.39	91.75	117.89
65 + NS/PE/NF	78.78	78.78	132.52	137.60

DENTAL MODULE - *Optional* (40% Co-pay)				
16 - 44	89.45	89.45	143.12	238.97
45 - 54	96.18	96.18	151.23	254.69
55 - 64	104.74	104.74	157.12	261.83
65 +	113.23	113.23	172.41	265.85

CRITICAL CARE MODULE - *Optional* (includes LifeLink, AD&D)				
16 - 44	1.05	0.77	1.82	2.62
45 - 54	2.40	2.61	5.01	5.73
55 - 64	6.95	5.01	11.97	12.77
65 +	N/A	N/A	6.04*	6.78**

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

HOSPITAL CASH PLAN MODULE - *Optional*				
16 - 44	4.78	9.57	13.61	17.46
45 - 54	9.57	11.94	18.76	21.45
55 - 64	16.71	16.71	25.03	29.26
65 +	32.80	32.80	42.55	49.15

ASSURED ACCESS MODULE - *Optional*				
16 - 44	11.38	11.38	17.08	20.33
45 - 54	14.20	14.20	20.41	23.93
55 - 64	17.29	17.29	24.02	27.86
65 +	19.19	19.19	25.94	29.76

For details, please call **1-800-561-7912**.

Note: The above rates should be used for all policies renewing November 1, 2025 or later. Rates are subject to change on further notice.

MEDAVIE BLUE CROSS™

FLY-176 09/25