

**2020 Blue Assured™ rate chart** (all dollar amounts are monthly fees for **each** family member)

Extended health (required)									
Age	0-4	5-20	21-34	35-44	45-54	55-64	65-74	75-84	85+
Plan level A	7.45	10.66	11.45	11.54	10.81	11.28	9.21	11.68	11.68
Plan level B	8.18	11.43	25.93	26.13	32.09	41.71	32.11	35.40	35.40
Plan level C	10.91	13.74	31.22	31.20	40.68	50.30	37.43	41.53	41.53

Dental (required)									
Age	0-4	5-20	21-34	35-44	45-54	55-64	65-74	75-84	85+
Plan level A	4.63	19.23	28.91	28.88	29.75	29.32	29.02	28.85	25.60
Plan level B	4.90	21.66	38.51	39.29	41.15	46.29	41.85	37.98	33.78
Plan level C	6.65	29.43	56.19	55.84	60.03	67.95	55.81	51.59	47.36

Prescription drug (optional)									
Age	0-4	5-20	21-34	35-44	45-54	55-64	65-74	75-84	85+
Plan level A	4.86	7.94	14.87	16.28	17.24	18.12	18.86	18.86	18.86
Plan level B	7.16	13.02	29.47	32.15	33.20	34.14	35.53	35.53	35.53
Plan level C	8.04	15.68	44.27	48.92	48.92	48.92	53.28	53.28	53.28

**Instructions**

All individuals covered under the applicant's Alberta Health Care Insurance Plan account must be on the same Blue Assured™ plan.

1. Select your desired level of benefits.
2. Using the rate chart above, insert the amount for each family member into the rate calculator.
3. Add the rate(s) within each column to determine your total per benefit and combine for your grand total.

*\*If all applicants are under the age of 21, the primary applicant must use the rates indicated under the 21-34 column.*

**Rate calculator**

	Extended health	Dental	Prescription drug
Applicant			
Spouse			
Dependant(s)			
<b>Total per benefit type</b>			
<b>Combined monthly total</b>			

*\*These rates are subject to change without notice.*