

# Personal Health Coverage: Ontario Rate Schedule

Monthly Rates Effective December 15, 2022

	Age	Health Plan Type			Additional Coverage Options		
		BasicPlan	ExtendaPlan*	OmniPlan*	Basic Prescription Drugs	Dental Care	Hospital Cash
SINGLE	Under 35	\$7.25	\$25.00	\$55.00	\$21.50	\$63.50	\$9.25
	35 - 44	\$7.50	\$27.00	\$58.75	\$29.50	\$64.75	\$9.50
	45 - 54	\$7.75	\$26.25	\$58.75	\$36.50	\$66.00	\$9.75
	55 - 59	\$9.75	\$26.25	\$58.75	\$40.00	\$65.00	\$11.50
	60 - 64	\$10.25	\$28.50	\$58.75	\$47.50	\$64.50	\$14.75
	65 - 69	\$11.25	\$36.25	\$61.75	\$28.00	\$68.00	\$27.25
	70 - 74	\$13.75	\$46.50	\$61.75	\$28.50	\$68.00	\$29.75
	75 - 79	\$15.75	\$54.00	\$67.25	\$31.25	\$69.25	\$32.50
	80 +	\$18.25	\$59.50	\$69.25	\$31.25	\$70.50	\$42.25

	Age	Health Plan Type			Additional Coverage Options		
		BasicPlan	ExtendaPlan	OmniPlan	Basic Prescription Drugs	Dental Care	Hospital Cash
COUPLE	Under 35	\$11.25	\$39.25	\$88.00	\$38.75	\$127.50	\$17.25
	35 - 44	\$12.00	\$40.50	\$93.50	\$56.00	\$130.25	\$18.25
	45 - 54	\$13.00	\$40.75	\$94.25	\$65.75	\$132.75	\$19.25
	55 - 59	\$16.25	\$41.50	\$93.75	\$72.25	\$130.25	\$22.25
	60 - 64	\$18.25	\$45.50	\$94.25	\$84.75	\$128.75	\$28.00
	65 - 69	\$20.00	\$60.75	\$101.00	\$53.25	\$136.75	\$52.25
	70 - 74	\$24.50	\$73.50	\$102.25	\$54.00	\$136.75	\$58.00
	75 - 79	\$29.25	\$86.25	\$118.75	\$58.25	\$139.00	\$61.75
	80 +	\$36.00	\$96.25	\$127.50	\$58.75	\$141.50	\$80.50

	Age	Health Plan Type			Additional Coverage Options		
		BasicPlan	ExtendaPlan	OmniPlan	Basic Prescription Drugs	Dental Care	Hospital Cash
FAMILY	Under 35	\$12.00	\$49.00	\$129.25	\$39.25	\$191.00	\$25.25
	35 - 44	\$13.75	\$51.25	\$134.25	\$58.25	\$196.00	\$26.50
	45 - 54	\$14.75	\$49.50	\$131.00	\$72.25	\$200.00	\$27.25
	55 - 59	\$17.00	\$51.25	\$127.25	\$79.25	\$195.50	\$31.00
	60 - 64	\$21.00	\$57.25	\$123.25	\$94.25	\$193.75	\$36.00
	65 - 69	\$22.50	\$75.75	\$129.00	\$55.25	\$205.50	\$65.50
	70 - 74	\$27.75	\$95.50	\$129.00	\$57.25	\$205.50	\$69.75
	75 - 79	\$30.75	\$107.50	\$141.50	\$60.75	\$209.25	\$74.75
	80 +	\$38.00	\$119.00	\$144.25	\$61.00	\$212.75	\$94.75

**When determining your monthly rate:**

- Based on your medical history, you may be assessed a premium adjustment, be excluded for certain benefits or be declined coverage.
- 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.