

CPCO Benefits Program – Rate Sheet

Long Term Disability Plan Sample Premium

Your annual cost is calculated by multiplying your salary by the rate for the option that you have selected. For example, using an annual salary of \$100,000 the following are the annual and monthly cost for each option:

LTD Option	Coverage End Date – Earlier of Age 65 or:	COLA	Rate (%/Salary)	Monthly Premium*
1	70% pension level	–	1.19%	\$98.93
2	70% pension level	3%	1.33%	\$110.51
3	85 Factor	–	1.06%	\$88.43
4	85 Factor	3%	1.21%	\$100.31

* Includes Resilience and Health Service Navigator

Voluntary Life Plan (Associate/Spouse/Dependent Children)

The monthly cost based on 12 payments per year, is calculated on your actual age and/or your spouse's age, and whether either of you smoke. You can select coverage from **\$25,000 to \$200,000 as indicated below**. Please note that, as your age moves to the next age band, you will be charged the corresponding higher rate as of **May 1st**.

Age	Non-Smoker					Smoker				
	\$25,000	\$50,000	\$100,000	\$150,000	\$200,000	\$25,000	\$50,000	\$100,000	\$150,000	\$200,000
< 30	\$1.32	\$2.65	\$5.29	\$7.94	\$10.58	\$2.10	\$4.19	\$8.38	\$12.57	\$16.76
30-34	\$1.23	\$2.45	\$4.90	\$7.35	\$9.81	\$2.55	\$5.09	\$10.18	\$15.28	\$20.37
35-39	\$1.74	\$3.48	\$6.97	\$10.45	\$13.93	\$3.52	\$7.03	\$14.06	\$21.09	\$28.12
40-44	\$2.90	\$5.81	\$11.61	\$17.42	\$23.22	\$5.55	\$11.09	\$22.18	\$33.27	\$44.37
45-49	\$4.97	\$9.93	\$19.86	\$29.79	\$39.72	\$8.93	\$17.86	\$35.73	\$53.59	\$71.45
50-54	\$8.61	\$17.22	\$34.43	\$51.65	\$68.86	\$14.06	\$28.12	\$56.24	\$84.35	\$112.47
55-59	\$13.83	\$27.66	\$55.33	\$82.99	\$110.66	\$21.22	\$42.43	\$84.87	\$127.30	\$169.73
60-64	\$22.35	\$44.69	\$89.38	\$134.07	\$178.76	\$33.37	\$66.74	\$133.49	\$200.23	\$266.98
65-69	\$35.05	\$70.10	\$140.19	---	---	\$52.39	\$104.79	\$209.57	---	---

The monthly cost for the **Optional Dependent Life Insurance** based on 12 payments per year covers all eligible children in your family. You can select coverage from **\$5,000 to \$20,000 in increments of \$5,000**:

Coverage	Monthly Cost	Coverage	Monthly Cost	Coverage	Monthly Cost	Coverage	Monthly Cost
\$5,000	\$0.18	\$10,000	\$0.37	\$15,000	\$0.55	\$20,000	\$0.74

Accidental Death and Dismemberment Plan

The monthly premium for the **Optional Accidental Death and Dismemberment** is shown below. You can select coverage from **\$25,000 to \$200,000 in increments of \$25,000**:

Principal Sum	Single Coverage	Family Coverage	Principal Sum	Single Coverage	Family Coverage
\$25,000	\$0.53	\$0.85	\$125,000	\$2.65	\$4.27
\$50,000	\$1.06	\$1.71	\$150,000	\$3.18	\$5.12
\$75,000	\$1.59	\$2.56	\$175,000	\$3.70	\$5.97
\$100,000	\$2.12	\$3.41	\$200,000	\$4.23	\$6.83

The above plans provided by the Catholic Principals' Council of Ontario are underwritten by Manulife Financial.

All Rates shown above include Ontario Retail Sales Tax and are guaranteed to May 1, 2018.

MEDOC® Travel Insurance | Rates Effective September 1, 2016 to August 31, 2017

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OPTIMUM Health Rate Schedule

S = Single F = Family

Annual Plan	0-39		40-49		50-54		55-59		60-64		65-69		70-75		76-80		81+	
Trip Days	S	F	S	F	S	F	S	F	S	F	S	F	S	F	S	F	S	F
17-Day Base	66	132	80	160	101	202	101	202	114	228	127	254	261	522	452	904	872	1,744
35-Day Base	75	150	90	180	112	224	116	232	133	266	149	298	312	624	545	1,090	1,063	2,126

PREFERRED Health Rate Schedule

S = Single F = Family

Annual Plan	0-39		40-49		50-54		55-59		60-64		65-69		70-75		76-80		81+	
Trip Days	S	F	S	F	S	F	S	F	S	F	S	F	S	F	S	F	S	F
17-Day Base	76	152	90	180	113	226	113	226	127	254	145	290	306	612	529	1,058	1,020	2,040
35-Day Base	83	166	100	200	125	250	131	262	147	294	171	342	363	726	638	1,276	1,244	2,488

STANDARD Health Rate Schedule

S = Single F = Family

Annual Plan	0-39		40-49		50-54		55-59		60-64		65-69		70-75		76-80		81+	
Trip Days	S	F	S	F	S	F	S	F	S	F	S	F	S	F	S	F	S	F
17-Day Base	116	232	142	284	178	356	192	384	214	428	289	578	469	938	762	1,524	1,292	2,584
35-Day Base	131	262	157	314	195	390	221	442	249	498	339	678	558	1,116	918	1,836	1,574	3,148

Critical Illness Insurance | Available in units of \$25,000 up to a maximum of \$100,000

Critical Illness Survivor Plan is available through Johnson Inc. and is underwritten by Western Life Assurance Company.

Base Critical Illness Survivor Plan (\$25,000 Rate Table)

Age	Female		Male	
	Smoker	Non-Smoker	Smoker	Non-Smoker
< 30	4.82	3.86	5.41	4.40
30-34	6.33	4.69	6.64	4.95
35-39	10.11	6.70	10.29	6.74
40-44	15.10	8.49	15.62	8.63
45-49	22.77	11.66	25.69	11.76
50-54	30.36	14.78	41.23	16.61
55-59	40.28	16.16	68.33	21.11
60-64	55.25	27.87	96.45	44.96
65-69	74.84	29.98	156.76	64.58
70-74	98.99	42.53	236.11	97.86

Enhanced Critical Illness Survivor Plan (\$25,000 Rate Table)

Age	Female		Male	
	Smoker	Non-Smoker	Smoker	Non-Smoker
< 30	5.44	4.31	6.03	4.92
30-34	7.61	5.62	7.79	5.75
35-39	12.02	8.00	12.11	8.09
40-44	17.59	10.36	18.67	10.61
45-49	26.65	14.90	32.74	15.26
50-54	38.03	19.80	54.19	24.61
55-59	54.85	26.92	90.90	36.44
60-64	60.76	34.02	106.47	50.16
65-69	83.75	32.94	167.66	72.24
70-74	106.77	45.41	246.86	105.11

Contact Information

Please contact the Program Administrator, Johnson Inc., if you have any questions on the CPCO Benefits Program.

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