



## TTOC BENEFIT COSTS

Effective: July 1, 2025 to June 30, 2026: Premiums are subject to carrier rate changes

### Pacific Blue Cross Extended Health

	Employee Portion		Employer Portion	
\$159.71 Monthly Premium for Single Coverage	\$159.71	100%	N/A	0%
\$287.48 Monthly Premium for Couple Coverage	\$287.48	100%	N/A	0%
\$367.33 Monthly Premium for Family Coverage	\$367.33	100%	N/A	0%

### Pacific Blue Cross Dental

	Employee Portion		Employer Portion	
\$98.89 Monthly Premium for Single Coverage	\$98.89	100%	N/A	0%
\$178.02 Monthly Premium for Couple Coverage	\$178.02	100%	N/A	0%
\$227.47 Monthly Premium for Family Coverage	\$227.47	100%	N/A	0%

For all Benefit inquiries, please contact the Benefits Specialist at  
[benefits@sd61.bc.ca](mailto:benefits@sd61.bc.ca)