



# TTOC BENEFIT COSTS

Effective: July 1, 2026 to June 30, 2027: Premiums are subject to carrier rate changes

| <b>Pacific Blue Cross Extended Health</b>    | <b>Employee Portion</b> |      | <b>Employer Portion</b> |    |
|--|-------------------------|------|-------------------------|----|
| \$205.50 Monthly Premium for Single Coverage | \$205.50                | 100% | N/A                     | 0% |
| \$369.91 Monthly Premium for Couple Coverage | \$369.91                | 100% | N/A                     | 0% |
| \$472.66 Monthly Premium for Family Coverage | \$472.66                | 100% | N/A                     | 0% |

  

| <b>Pacific Blue Cross Dental</b>             | <b>Employee Portion</b> |      | <b>Employer Portion</b> |    |
|--|-------------------------|------|-------------------------|----|
| \$100.69 Monthly Premium for Single Coverage | \$100.69                | 100% | N/A                     | 0% |
| \$181.26 Monthly Premium for Couple Coverage | \$181.26                | 100% | N/A                     | 0% |
| \$231.61 Monthly Premium for Family Coverage | \$231.61                | 100% | N/A                     | 0% |

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