



CPA Ontario Health & Dental Insurance Plans

Monthly Premium Rates for Prince Edward Island Residents

	Age:	Individuals								Couples								1-2 Children		3 or More Children	
		<45	45-54	55-59	60-64	65-69	70-79	80-89	90+	<45	45-54	55-59	60-64	65-69	70-79	80-89	90+	0-4	5-20	0-4	5-20
Starter	Male	\$80.23	\$106.32	\$121.60	\$130.29	\$129.66	\$153.14	\$171.53	\$241.82	\$67.45	\$91.54	\$105.57	\$114.15	\$112.77	\$136.00	\$153.39	\$221.95	\$35.15	\$52.29	\$31.92	\$46.95
	Female	\$99.99	\$124.20	\$136.00	\$144.45	\$138.24	\$156.12	\$170.65	\$241.20	\$86.57	\$108.68	\$119.36	\$127.68	\$121.60	\$138.74	\$152.15	\$220.83				
Essential	Male	\$61.30	\$80.67	\$99.67	\$115.47	\$117.97	\$158.24	\$204.93	\$310.07	\$50.13	\$69.50	\$85.42	\$100.86	\$103.00	\$141.37	\$185.68	\$286.55	\$42.77	\$36.83	\$38.37	\$33.03
	Female	\$88.15	\$95.87	\$110.72	\$127.59	\$126.05	\$162.16	\$204.93	\$310.07	\$75.79	\$84.11	\$96.58	\$112.86	\$110.72	\$145.05	\$185.68	\$286.55				
Essential + Essential Catastrophic	Male	\$79.95	\$101.22	\$122.13	\$140.18	\$152.42	\$196.73	\$248.41	\$364.00	\$69.02	\$89.58	\$108.58	\$125.69	\$133.65	\$175.47	\$225.72	\$330.50	\$59.40	\$53.70	\$55.12	\$49.78
	Female	\$106.80	\$116.42	\$133.89	\$152.66	\$160.62	\$200.42	\$248.41	\$364.00	\$94.56	\$104.43	\$119.63	\$137.69	\$141.37	\$179.51	\$225.72	\$330.50				
Essential + Dental	Male	\$118.92	\$174.99	\$201.01	\$216.81	\$218.59	\$254.11	\$287.14	\$345.59	\$106.92	\$161.57	\$184.62	\$200.42	\$201.60	\$235.70	\$267.42	\$325.39	\$40.87	\$110.96	\$37.30	\$99.79
	Female	\$143.99	\$186.16	\$207.66	\$221.68	\$213.01	\$241.76	\$269.32	\$330.03	\$131.51	\$171.67	\$191.62	\$204.81	\$195.78	\$222.75	\$249.84	\$309.83				
Essential + Dental + Essential Catastrophic	Male	\$137.57	\$195.90	\$223.46	\$241.76	\$252.93	\$292.25	\$331.21	\$399.17	\$125.81	\$182.24	\$207.66	\$225.24	\$232.02	\$269.79	\$307.34	\$368.99	\$57.62	\$127.35	\$53.82	\$116.31
	Female	\$162.64	\$206.83	\$230.59	\$246.51	\$247.22	\$280.13	\$313.51	\$383.49	\$150.16	\$192.46	\$214.55	\$229.40	\$226.43	\$257.20	\$290.11	\$353.79				
Enhanced	Male	\$77.00	\$96.96	\$118.74	\$137.89	\$128.26	\$167.04	\$221.36	\$330.90	\$63.50	\$83.13	\$102.29	\$120.78	\$110.80	\$147.54	\$199.02	\$302.44	\$52.62	\$42.76	\$47.75	\$38.33
	Female	\$115.67	\$117.03	\$132.45	\$152.30	\$136.76	\$171.01	\$221.36	\$330.90	\$100.14	\$101.73	\$115.21	\$134.84	\$119.30	\$151.50	\$199.02	\$302.44				
Enhanced + Enhanced Catastrophic	Male	\$94.01	\$115.44	\$139.26	\$160.35	\$159.21	\$201.63	\$261.17	\$379.44	\$80.41	\$101.61	\$123.04	\$143.56	\$138.57	\$178.72	\$235.19	\$341.68	\$67.36	\$57.73	\$62.49	\$53.42
	Female	\$132.45	\$135.63	\$153.32	\$174.98	\$167.95	\$205.71	\$261.17	\$379.44	\$117.03	\$120.43	\$135.97	\$156.95	\$146.74	\$182.57	\$235.19	\$341.68				
Enhanced + Dental	Male	\$131.89	\$186.66	\$215.35	\$234.40	\$223.97	\$258.10	\$299.95	\$365.04	\$118.16	\$170.90	\$196.53	\$215.69	\$204.69	\$237.35	\$276.59	\$338.73	\$50.92	\$111.70	\$46.49	\$100.36
	Female	\$168.97	\$202.76	\$224.65	\$242.00	\$219.32	\$247.10	\$283.39	\$349.84	\$153.32	\$185.52	\$205.83	\$221.81	\$199.81	\$225.67	\$260.14	\$324.10				
Enhanced + Dental + Enhanced Catastrophic	Male	\$148.22	\$205.37	\$235.76	\$256.63	\$255.04	\$292.24	\$339.52	\$413.23	\$134.84	\$189.95	\$217.39	\$238.03	\$232.47	\$268.30	\$312.98	\$378.42	\$65.89	\$126.55	\$61.35	\$115.21
	Female	\$185.98	\$221.25	\$245.17	\$264.22	\$250.16	\$281.23	\$323.08	\$398.26	\$170.22	\$204.24	\$226.47	\$244.16	\$227.25	\$256.51	\$296.77	\$364.01				

Premium rates shown above are on a per person basis. Premiums will increase as an individual's age increases in accordance with published age groups. Premiums are effective June 1, 2025 and are subject to change without notice.

Sample Calculations

Family Member(s)	Age Group	Plan Name	Cost
Elizabeth	45 - 54	Starter Health & Dental Plan	\$ 124.20

Family Member(s)	Age Group	Plan Name	Cost
David	60 - 64	Essential Health Plan	\$115.47

Family Member(s)	Age Group	Plan Name	Cost
Stan	55 - 59	Essential Health & Dental Plan	\$184.62
Mary	45 - 54	Essential Health & Dental Plan	\$171.67
Total ▶			\$356.29

Family Member(s)	Age Group	Plan Name	Cost
Dean	55 - 59	Enhanced Health & Dental Plan	\$196.53
Tanya	45 - 54	Enhanced Health & Dental Plan	\$185.52
Mary	under age 5	Enhanced Health & Dental Plan	\$50.92
Bill	5 - 20	Enhanced Health & Dental Plan	\$111.70

Calculate your monthly cost

Family Member(s)	Age Group	Plan Name	Cost

Remember, coverage options chosen for the spouse and dependent children must be the same as those chosen for the applicant.

Total ▶

