



COST SUMMARY TO REPLACE YOUR OMA INSURANCE

LIFE INSURANCE

To determine your cost, select your gender, age and benefit amount.

Example. A male age 45: \$1,000,000 of term 10 insurance costs \$82.08/month for the first ten years.

MALE NONSMOKER

Age		25	30	35	40	45	50	55	60	65
\$	500,000	\$23.81	\$23.36	\$22.68	\$29.25	\$ 45.86	\$ 69.84	\$120.47	\$216.09	\$ 385.88
\$	1,000,000	\$40.77	\$39.51	\$38.43	\$51.48	\$ 82.08	\$131.85	\$235.17	\$420.75	\$ 747.90
\$	1,500,000	\$59.36	\$57.47	\$55.85	\$75.42	\$121.32	\$195.98	\$350.96	\$629.33	\$1,120.05

FEMALE NON SMOKER

Age		25	30	35	40	45	50	55	60	65
\$	500,000	\$16.74	\$17.64	\$17.37	\$20.52	\$ 29.25	\$ 48.47	\$ 81.18	\$153.45	\$ 256.23
\$	1,000,000	\$26.46	\$29.97	\$29.34	\$36.63	\$ 54.45	\$ 89.91	\$155.43	\$297.27	\$ 499.23
\$	1,500,000	\$37.89	\$43.16	\$42.21	\$53.15	\$ 79.88	\$133.07	\$231.35	\$444.11	\$ 747.05

Source: RBC Illustration Feb 15/19

DISABILITY INSURANCE

To determine your cost, select your gender, age and benefit amount. Rates are illustrated with a 90-day elimination period, coverage to age 65, total, residual and partial disability insurance with an own occupation definition of disability, a health care rider and a conversion to long-term care insurance.

Example. A male age 45: \$10,000/month of disability insurance costs \$293.03/month to age 65.

MALE NON SMOKER

Age		25	30	35	40	45	50	55	55	60	65
	\$5,000/month	\$68.23	\$75.50	\$91.84	\$116.93	\$146.52	\$188.66	\$236.10	\$2,699.26	\$264.66	\$ 361.82
	\$10,000/month	\$136.44	\$151.01	\$183.68	\$233.86	\$293.03	\$377.33	\$472.19	\$5,398.50	\$529.33	\$ 723.65
	\$15,000/month	\$204.67	\$226.51	\$275.52	\$350.80	\$439.55	\$565.99	\$708.28	\$8,097.76	\$794.00	\$1,085.47
	\$20,000/month	\$272.90	\$302.02	\$367.36	\$467.73	\$586.07	\$754.66	\$944.38	\$10,797.00	\$1,058.66	\$1,447.29

FEMALE NON SMOKER

Age		25	30	35	40	45	50	55	55	60	65
	\$5,000/month	\$108.80	\$136.97	\$168.33	\$196.18	\$220.29	\$245.37	\$277.33	\$3,170.63	\$307.96	\$ 423.12
	\$10,000/month	\$217.59	\$273.95	\$336.66	\$392.35	\$440.57	\$490.76	\$554.65	\$6,341.25	\$615.92	\$ 846.23
	\$15,000/month	\$326.39	\$410.92	\$504.99	\$588.53	\$660.86	\$736.13	\$831.98	\$9,511.88	\$923.88	\$1,269.35
	\$20,000/month	\$435.19	\$547.89	\$673.31	\$784.70	\$881.14	\$981.51	\$1,109.30	\$12,682.50	\$1,231.84	\$1,692.47



CRITICAL ILLNESS INSURANCE

To determine your cost, select your gender, age and benefit amount. Rates are based on guaranteed renewable critical illness insurance coverage to age 75. Policies include an early assist benefit and conversion to long-term care insurance.

Example. A male age 45: \$100,000 of critical illness insurance costs \$112.19/month.

MALE

Age	25	30	35	40	45	50	55	60	65
\$ 50,000	29.65	36.13	45.20	53.70	66.02	89.51	122.31	161.11	206.71
\$ 100,000	47.22	61.72	75.33	91.53	112.19	153.66	214.08	284.23	391.23
\$ 200,000	94.45	123.44	150.66	183.06	224.37	307.31	428.17	568.46	782.46

FEMALE

Age	25	30	35	40	45	50	55	60	65
\$ 50,000	27.14	32.56	38.80	46.82	57.59	68.04	86.35	106.60	129.44
\$ 100,000	45.12	54.68	65.77	79.70	98.09	118.58	157.79	200.07	250.78
\$ 200,000	90.23	109.35	131.54	159.41	196.18	237.17	315.58	400.14	501.55

OFFICE OVERHEAD INSURANCE

To determine your cost, select your gender, age and benefit amount.

Rates are illustrated with a 30-day elimination period and a 15-month benefit period. Policies include residual coverage and a health care rider.

Example. A male age 45: \$10,000/month of office overhead insurance costs \$162.10/month.

MALE NON SMOKER

Age	2 year BP								
	25	30	35	40	45	50	55	60	65
\$10,000/month	\$82.92	\$91.58	\$106.27	\$129.69	\$162.10	\$212.48	\$291.52	\$389.47	\$ 609.53
\$20,000/month	\$165.84	\$183.15	\$212.55	\$259.38	\$324.20	\$424.96	\$583.06	\$778.93	\$ 1,219.05
\$30,000/month	\$248.76	\$274.74	\$318.82	\$389.08	\$486.29	\$637.43	\$874.58	\$1,168.40	\$ 1,828.58

FEMALE NON SMOKER

Age	2 year BP								
	25	30	35	40	45	50	55	60	65
\$10,000/month	\$124.44	\$137.36	\$159.48	\$175.09	\$194.50	\$233.73	\$291.52	\$389.47	\$ 609.53
\$20,000/month	\$248.89	\$274.74	\$318.95	\$350.17	\$389.01	\$467.47	\$583.06	\$778.93	\$ 1,219.05
\$30,000/month	\$373.33	\$412.10	\$478.42	\$525.26	\$583.51	\$701.20	\$874.58	\$1,168.40	\$ 1,828.58