

PREMIUM RATE SHEET

CUPE

Section A31

January 1, 2025

		BENEFIT COST PER MONTH		
		Employee Share	Employer Share	Total Monthly Premium
Supplementary Health Includes Out of Province/Country Emergency Health	<i>Single</i>	\$21.70	\$65.11	\$86.81
	<i>Family</i>	\$54.26	\$162.81	\$217.07
Dental	<i>Single</i>	\$13.37	\$40.11	\$53.48
	<i>Family</i>	\$33.43	\$100.31	\$133.74
Basic Life <i>per \$1,000 of insurance</i>		\$0.0402	\$0.1208	\$0.161
Additional Basic Life <i>per \$1,000 of insurance</i>		\$0.1610	\$0.0000	\$0.161
Optional Dependent Life <i>Spouse \$25,000, each Child \$10,000</i>		\$9.34	\$0.00	\$9.34
Basic AD&D <i>per \$1,000 of insurance</i>		\$0.0025	\$0.0075	\$0.0100
Additional Basic AD&D <i>per \$1,000 of insurance</i>		\$0.0100	\$0.0000	\$0.0100
Optional AD&D <i>per \$1,000 of insurance</i>	<i>Employee</i>	\$0.0220	\$0.0000	\$0.0220
	<i>Family</i>	\$0.0310	\$0.0000	\$0.0310
Short Term Disability <i>% of monthly insured payroll</i>		0.248%	0.745%	0.993%
Long Term Disability <i>% of monthly insured payroll</i>		0.992%	2.976%	3.968%

Optional Employee Life <i>per \$1,000 of insurance</i>	Male Non-Smoker	Male Smoker	Female Non-Smoker	Female Smoker	Gender X Non-Smoker	Gender X Smoker
Under 30	\$0.046	\$0.074	\$0.037	\$0.056	\$0.042	\$0.067
30-34	\$0.046	\$0.074	\$0.037	\$0.056	\$0.042	\$0.067
35-39	\$0.048	\$0.103	\$0.046	\$0.074	\$0.047	\$0.091
40-44	\$0.074	\$0.149	\$0.066	\$0.112	\$0.071	\$0.134
45-49	\$0.140	\$0.270	\$0.112	\$0.196	\$0.128	\$0.239
50-54	\$0.233	\$0.456	\$0.186	\$0.307	\$0.213	\$0.394
55-59	\$0.428	\$0.791	\$0.298	\$0.466	\$0.374	\$0.656
60-64	\$0.600	\$1.024	\$0.382	\$0.559	\$0.510	\$0.831
65-69	\$0.846	\$1.349	\$0.565	\$0.750	\$0.729	\$1.100

When applicable, actual rates will be rounded to the nearest cent. In the event of a discrepancy, and/or any errors and/or omissions in this publication, the terms and conditions of official contracts and documents of our group plans will prevail.