



CUPE 2111 Premium Rate Sheet

April 1, 2023

		Benefit Cost Per Month					
		Employee Share	Employer Share	Total Monthly Premium			
Supplementary Health Care	Single	\$21.76	\$65.30	\$87.06			
	Family	\$54.41	\$163.23	\$217.64			
Voluntary Travel Insurance Coverage until age 70	Single	\$1.39	N/A	\$1.39			
	Family	\$3.53	N/A	\$3.53			
Dental Care	Single	\$14.47	\$43.43	\$57.90			
	Family	\$36.19	\$108.56	\$144.75			
Basic Life (1 X annual salary) Coverage until age 80	per \$1,000 of Benefit	\$0.0495	\$0.1485	\$0.1980			
Additional Basic Life (1 X annual salary) Coverage until age 80	per \$1,000 of Benefit	\$0.0495	\$0.1485	\$0.1980			
Optional Dependent Life Coverage until spouse age 70	Spouse \$10,000 / Child \$5,000	\$3.93	N/A	\$3.93			
Basic AD&D (1 X annual salary) Coverage until age 80	per \$1,000 of Benefit	\$0.0032	\$0.0098	\$0.0130			
Additional Basic AD&D (1 X annual salary) Coverage until age 80	per \$1,000 of Benefit	\$0.0032	\$0.0098	\$0.0130			
Optional AD&D Available in units of \$10,000 to a maximum of \$350,000	Single per \$1,000 of Benefit	\$0.0315	N/A	\$0.0315			
	Family per \$1,000 of Benefit	\$0.0450	N/A	\$0.0450			
Short Term Disability	66 2/3% monthly insured payroll	0.349%	1.047%	1.396%			
Long Term Disability Coverage until age 65	66 2/3% monthly insured payroll	1.2315%	3.6945%	4.926%			
Optional Employee/Spousal Life & Spouse: Units of \$10,000 up to \$200,000 (rate per \$10,000 of benefit)	Employee	Gender X Non-Smoker	Female Non-Smoker	Male Non-Smoker	Gender X Smoker	Female Smoker	Male Smoker
Coverage until age 70	Optional Life Premiums are 100% Employee Paid						
	Up to 34	\$0.41	\$0.39	\$0.49	\$0.62	\$0.59	\$0.78
	35-39	\$0.49	\$0.49	\$0.50	\$0.82	\$0.78	\$1.07
	40-44	\$0.70	\$0.69	\$0.78	\$1.23	\$1.17	\$1.56
	45-49	\$1.21	\$1.17	\$1.46	\$2.16	\$2.04	\$2.81
	50-54	\$2.01	\$1.94	\$2.43	\$3.43	\$3.20	\$4.75
	55-59	\$3.31	\$3.11	\$4.45	\$5.36	\$4.85	\$8.24
	60-64	\$4.31	\$3.98	\$6.20	\$6.55	\$5.82	\$10.66
	65-70	\$6.33	\$5.89	\$8.80	\$8.75	\$7.81	\$14.04