



CUPE 41 Premium Rate Sheet

April 1, 2023

Benefit Cost Per Month							
		Employee Share		Employer Share		Total Monthly Premium	
Supplementary Health Care	Single		\$18.91		\$56.72		\$75.63
	Family		\$47.26		\$141.78		\$189.04
Voluntary Travel Insurance Coverage until age 70	Single		\$1.39		N/A		\$1.39
	Family		\$3.53		N/A		\$3.53
Dental Care	Single		\$13.55		\$40.67		\$54.22
	Family		\$33.88		\$101.65		\$135.53
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) Coverage until age 70	Employee	Gender X Non-Smoker	Female Non-Smoker	Male Non-Smoker	Gender X Smoker	Female Smoker	Male Smoker
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