Covenant Health

CUPE 41 Monthly Benefit Premium Rate Sheet   April 1, 2024

	Benefit	Age Limit	Coverage	Employee Share	Employer Share	Total Monthly Premium
MANDATORY BENEFITS	**Supplementary Health**	none	Single	$24.91	$74.74	$99.65
			Family	$62.27	$186.80	$249.07
	Dental	none	Single	$15.71	$47.13	$62.84
			Family	$39.27	$117.81	$157.08
	Basic Life (1x annual salary)	age 80	per $1,000 of benefit	$0.0440	$0.1320	$0.1760
	Basic AD&D (1x annual salary)	age 80	per $1,000 of benefit	$0.0032	$0.0098	$0.0130
	Short-Term Disability	age 65	% of basic monthly salary	0.326%	0.979%	1.3050%
	Long-Term Disability	age 65	% of basic monthly salary	1.1082%	3.3248%	4.4330%
VOLUNTARY BENEFITS	**Emergency Travel** Under Age 70	age 70	Single	$1.39	$0.00	$1.39
			Family	$3.53	$0.00	$3.53
	Additional Basic Life (1x annual salary)	age 80	per $1,000 of benefit	$0.0440	$0.1320	$0.1760
	Additional Basic AD&D (1x annual salary)	age 80	per $1,000 of benefit	$0.0032	$0.0098	$0.0130
	Optional Dependent Life ($10,000 spouse; $5,000/child)	age 70	per benefit	$3.93	N/A	$3.93
	Optional AD&D ($350,000 maximum)	none	Employee only - per $10,000 of benefit	$0.315	N/A	$0.315
			Family - per $10,000 of benefit	$0.450	N/A	$0.450

Optional Employee/Spousal Life ($500,000 maximum) — age 70 — per $10,000 of benefit

Optional Employee/Spousal Life premiums are 100% employee paid

	Gender X Non-Smoker	Female Non-Smoker	Male Non-Smoker	Gender X Smoker	Female Smoker	Male Smoker
Up to 34 years	$0.41	$0.39	$0.49	$0.62	$0.59	$0.78
35-39 years	$0.49	$0.49	$0.50	$0.82	$0.78	$1.07
40-44 years	$0.70	$0.69	$0.78	$1.23	$1.17	$1.56
45-49 years	$1.21	$1.17	$1.46	$2.16	$2.04	$2.81
50-54 years	$2.01	$1.94	$2.43	$3.43	$3.20	$4.75
55-59 years	$3.31	$3.11	$4.45	$5.36	$4.85	$8.24
60-64 years	$4.31	$3.98	$6.20	$6.55	$5.82	$10.66
65-69 years	$6.33	$5.89	$8.80	$8.75	$7.81	$14.04