

**2035 THUNDER BAY CHRISTIAN SCHOOL  
ON**

**BASIC BENEFIT PLAN**

Coverage: Single includes Extended Health, Dental and Limited Benefit Plan.

Family includes single coverage plus dependent Extended Health, Dental and Limited Benefit Plan.

**HEALTH AND DENTAL**

Coverage	Rate	Flex 1 % Change	Rate	Flex 2 % Change	Rate	Flex 3 % Change	Rate	Flex 4 % Change	Rate	Flex 5 % Change
Single Health and Dental	\$173.00	0.6%	\$157.00	0.6%	\$139.00	1.5%	\$104.00	1.0%	\$108.00	0.0%
Family Health and Dental	\$496.00	0.8%	\$452.00	0.9%	\$398.00	0.8%	\$299.00	1.0%	\$312.00	0.6%

**LIMITED BENEFIT PLAN**

Coverage: Single includes Life, Accidental Death & Dismemberment, Short Term Disability and Long Term Disability.

Family includes single coverage plus dependent Life and Accidental Death & Dismemberment

**BASIC LIFE/AD&D (School chooses for all participants)**

Amount: \$25,000 (Employee)	Rate	% Change
Single	\$ 3.25	0.0%
Family with \$2,500/\$2,500	\$ 4.00	0.0%
Family with \$10,000/\$5,000	\$ 5.50	0.0%
Amount: 1.5xSalary (Employee)	Rate	% Change
Single	0.235%	0.0%
Family with \$2,500/\$2,500	0.235% + \$0.75	0.0%
Family with \$10,000/\$5,000	0.235% + \$2.25	0.0%

**DISABILITY (School chooses one option for all participants)**

Short and Long Term Disability	Rate	% Change
STD 66.7%/LTD 60% Nontax	2.200%	17.2%
STD 75%/LTD 66.7% Nontax	2.364%	17.3%
STD 75%/LTD 66.7% Tax	1.534%	0.0%
Age 65 and over: STD only	Rate	% Change
STD 66.7 % Nontax	0.524%	10.1%
STD 75 % Nontax	0.549%	10.0%
STD 75 % Tax	0.491%	0.0%

EMPLOYEE ASSISTANCE PLAN (School Choice)	
Ontario and Manitoba	All Others
\$3.00	\$2.75

LTD 3% COLA (School Choice)	Ontario and Manitoba	All Others
NonTax LTD 60%	\$6.20	\$5.75
NonTax LTD 66.7%	\$6.75	\$6.25
Taxable LTD 66.7%	\$4.40	\$4.10

### OPTIONAL LIFE COVERAGE

ONTARIO AND MANITOBA				
	Monthly rate per \$10,000 of benefit			
	Male		Female	
Age	Nonsmoker	Smoker	Nonsmoker	Smoker
< 25	\$ .43	\$ .69	\$ .14	\$ .24
25-29	\$ .36	\$ .58	\$ .19	\$ .33
30-34	\$ .42	\$ .72	\$ .32	\$ .56
35-39	\$ .53	\$ .93	\$ .52	\$ .90
40-44	\$ .76	\$ 1.33	\$ .75	\$ 1.32
45-49	\$ 1.19	\$ 2.13	\$ 1.16	\$ 2.06
50-54	\$ 2.20	\$ 3.96	\$ 2.08	\$ 3.73
55-59	\$ 4.07	\$ 7.53	\$ 3.33	\$ 6.12
60-64	\$ 5.95	\$11.25	\$ 3.98	\$ 7.52
65-69	\$11.14	\$19.92	\$ 6.51	\$11.64

ALL OTHER PROVINCES			
Monthly rate per \$10,000 of benefit			
Male		Female	
Nonsmoker	Smoker	Nonsmoker	Smoker
\$ .40	\$ .64	\$ .13	\$ .22
\$ .33	\$ .54	\$ .18	\$ .31
\$ .39	\$ .67	\$ .30	\$ .52
\$ .50	\$ .86	\$ .48	\$ .84
\$ .70	\$ 1.23	\$ .69	\$ 1.22
\$ 1.10	\$ 1.97	\$ 1.08	\$ 1.90
\$ 2.04	\$ 3.66	\$ 1.93	\$ 3.45
\$ 3.77	\$ 6.97	\$ 3.08	\$ 5.67
\$ 5.51	\$10.42	\$ 3.69	\$ 6.96
\$10.32	\$18.45	\$ 6.03	\$10.78

OPTIONAL CHILD LIFE		
	ONTARIO and MANITOBA	ALL OTHER PROVINCES
AMOUNT		
\$ 5,000	\$0.40	\$0.40
\$10,000	\$0.80	\$0.75
\$15,000	\$1.20	\$1.10
\$20,000	\$1.55	\$1.45
\$25,000	\$1.95	\$1.80
\$30,000	\$2.35	\$2.15
\$35,000	\$2.70	\$2.50
\$40,000	\$3.10	\$2.90
\$45,000	\$3.50	\$3.25
\$50,000	\$3.90	\$3.60

### OPTIONAL CRITICAL ILLNESS COVERAGE

ONTARIO AND MANITOBA				
	Monthly rate per \$1,000 of benefit			
	Male		Female	
Age	Nonsmoker	Smoker	Nonsmoker	Smoker
< 25	\$ .101	\$ .121	\$ .094	\$ .116
25-29	\$ .113	\$ .140	\$ .112	\$ .143
30-34	\$ .145	\$ .192	\$ .154	\$ .211
35-39	\$ .207	\$ .308	\$ .226	\$ .333
40-44	\$ .316	\$ .548	\$ .334	\$ .535
45-49	\$ .482	\$1.009	\$ .497	\$ .902
50-54	\$ .769	\$1.846	\$ .726	\$1.466
55-59	\$1.309	\$3.247	\$1.072	\$2.275
60-64	\$2.181	\$5.201	\$1.592	\$3.391
65-69	\$3.360	\$7.563	\$2.407	\$4.887
\$5,000 Child Coverage			\$1.80	

ALL OTHER PROVINCES			
Monthly rate per \$1,000 of benefit			
Male		Female	
Nonsmoker	Smoker	Nonsmoker	Smoker
\$ .094	\$ .112	\$ .087	\$ .108
\$ .105	\$ .130	\$ .103	\$ .132
\$ .134	\$ .178	\$ .143	\$ .196
\$ .191	\$ .285	\$ .209	\$ .308
\$ .293	\$ .507	\$ .309	\$ .495
\$ .447	\$ .934	\$ .460	\$ .835
\$ .712	\$1.709	\$ .672	\$1.357
\$1.212	\$3.006	\$ .992	\$2.107
\$2.020	\$4.816	\$1.474	\$3.139
\$3.111	\$7.003	\$2.229	\$4.525
\$1.65			

CO-OP STUDENT INSURANCE
Annual Premium per Student \$25.00

OCCUPATIONAL COVERAGE	
Ontario	.27% of Salary
All Other Provinces	.25% of Salary

INTERNATIONAL STUDENT		
All Provinces	Single	\$ 48.00
	EE + Spouse	\$ 95.00
	Family	\$142.00

## PERSONAL PREMIUM WORKSHEET

To calculate your monthly premium as of September 1, 2019, complete this worksheet using the rates on the Monthly Premium Rate Sheet:

### BASIC BENEFIT PLAN (Includes the Limited Benefit Plan)

- a. Health/Dental (zero if you are in the Limited Benefit Plan only) = \_\_\_\_\_ (a)
- b. Life (flat rate) or \_\_\_\_\_/12 x \_\_\_\_\_% = \_\_\_\_\_ (b)  
(annual salary) (percent of salary from rate sheet + flat rate for family coverage)
- c. Disability \_\_\_\_\_/12 x \_\_\_\_\_% = \_\_\_\_\_ (c)  
(annual salary) (percent of salary from rate sheet)
- d. Benefit Options
- LTD 3% Cost of Living = \_\_\_\_\_
  - Employee Assistance Plan = \_\_\_\_\_
- Sub Total Benefit Options = \_\_\_\_\_ (d)
- Total Monthly Premium (a + b + c + d) = \_\_\_\_\_

### SAMPLE CALCULATION OF MONTHLY PREMIUM

**Example 1:** Your employee has single coverage as listed below and has an annual salary of \$42,000.

Flex 2 Health/Dental	\$157.00
Life Coverage of \$25,000	\$ 3.25
STD 75%/LTD 66.7% NonTax $((\$42,000/12) \times 0.02364) =$	<u>\$ 82.74</u>
The total monthly premium will be:	\$242.99

**Example 2:** Your employee has family coverage as listed below. This employee has an annual salary of \$45,000 with Dependent Life Coverage of \$10,000/\$5,000.

Flex 1 Health/Dental	\$496.00
1.5 x Salary Life Coverage $((\$45,000/12) \times 0.00235) + \$2.25 =$	\$ 11.06
STD 66.7%/LTD 60% NonTax $((\$45,000/12) \times 0.02200) =$	<u>\$ 82.50</u>
The total monthly premium will be:	\$589.56