

CUPE 947 BENEFIT COSTS

Premiums are subject to carrier rate changes

				July 2024
		Monthly <u>Premium</u>	Employee <u>Deduction</u>	Board <u>Share</u>
<u> Premiums - Sep</u>	tember to June			
Extended Health	Pacific Blue Cro	ss (Group # 53748)		
Single		105.59	0%	105.59 (100%)
Couple		190.06	0%	190.06 (100%)
Family		242.85	0%	242.85 (100%)
Dental Pacific 1	Blue Cross (Group # :	53748)		
Single		72.96	18.24 (25%)	54.72 (75%)
Couple		143.86	35.96 (25%)	107.90 (75%)
Family		209.89	52.47 (25%)	157.42 (75%)
Basic Life				
Pacific Blue Cross (Group # 53748) Compulsory		.1400 per \$1,000	0%	100%
Basic AD&D	# BSC 9104906)	.007 per \$1,000	0%	100%
Compulsory		.007 per \$1,000	070	10070
Optional Life		individual premiums	100%	0%
Pacific Blue Cross	s (Group # 53748)	see brochure for rates		
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Optional AD&D <i>AIG (Group # PA</i>)	9104940)	individual premiums see brochure for rates	100%	0%
Summer Premiu	ums - July & Augus	s <u>t:</u>		
Extended Health	Single	105.59	100%	0%
	Couple	190.06	100%	0%
	Family	242.85	100%	0%
Dental	Single	72.96	75%	25%
	Couple	143.86	75%	25%
	r	209.89	75%	25%

10, 10 1/2 & 11 month employees are responsible for 100% of the Extended Health and 75 % of the Dental premiums for Summer months.

Please review the Summer Benefits sheet for Summer Premium calculations.

*on a PLOA, or Educ Leave, or Parenthood Leave, or LTD > 2 years, or UnPd Medical Lv > 6 months: EHC + Dental Summer Premiums are 100% employee paid.