

TEACHER & ASSOCIATE PROFESSIONALS BENEFIT COSTS

Effective: July 1, 2025 to June 30, 2026: Premiums are subject to carrier rate changes

Pacific Blue Cross Extended Health		Employ	Employee Portion		Employer Portion	
\$159.71 Monthly Premium for Single Coverage		\$39.93	25%	\$119.78	75%	
\$287.48 Monthly Premium for Couple Coverage		\$71.87	25%	\$215.61	75%	
\$367.33 Monthly Premium for Family Coverage		\$91.83	25%	\$275.50	75%	
Pacific Blue Cross Dental Employee Port		ee Portion	Employ	Employer Portion		
\$98.89 Monthly Premiun	n for Single Coverage	\$19.78	20%	\$79.11	80%	
\$178.02 Monthly Premium for Couple Coverage		\$35.60	20%	\$142.42	80%	
\$227.47 Monthly Premium for Family Coverage		\$45.49	20%	\$181.98	80%	
Manulife - Basic Life		Employ	Employee Portion		Employer Portion	
Monthly Premium According to Age & Salary *Coverage factor found in Manulife Brochure 0.125 per \$1,000		0.0625	50%	0.0625	50%	
(25% premium holiday in effect: 0.09375)		0.0469		0.0469		
Sample Calculation:	Annual Salary x Coverage Factor* = Coverage Amount (rounded to the nearest \$1000) Monthly Premium = (Rounded Coverage Amount x Current Benefit rate/1000)/2 Coverage amount: 109,812 x 2.0 = 219,624 ===> 220,000 Monthly Premium: [220,000 x (0.125/1000)]/2 = \$13.75					

Industrial Alliance - Optional Life	Employee Portion	Employer Portion
Monthly Premiums Found in Brochure	100%	0%

If on a PLOA, or Educ Leave, or Parenthood Leave, or UnPd Medical Lv > 1 year: ALL premiums are 100% employee paid

For all Benefit inquiries, please contact the Benefits Specialist at benefits@sd61.bc.ca