

Staff Appointed under the Trust and Research  
Academic Staff Agreements > 8 months < 12  
months

# Summary of Benefit Costs

As of April 1, 2025

## Employer Paid Monthly Costs

### Health Coverage

	Supplementary Health	Dental	EFAP
Single	\$183.00	\$125.50	\$6.60
Family	nil	nil	

### Income Protection

Long Term Disability coverage of 70% of salary	2.61% of payroll (max insured salary \$ 10,000.00 per month)
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### Life Insurance

Basic Life Insurance coverage of \$50,000	\$9.00
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This cost is a taxable benefit.

## Employee Paid Monthly Costs

### Health Coverage

	Supplementary Health	Dental	EFAP
Single	nil	nil	nil
Family	\$183.00	\$125.50	

## Employee Paid Monthly Costs for Optional Benefits

### Optional Employee Life Insurance

Monthly Cost per \$10,000 unit; Maximum coverage of 50 units (\$500,000).

Rates are adjusted based on your age on July 1<sup>st</sup> of each year.

	Male		Female	
Age	Non Smoker	Smoker	Non Smoker	Smoker
Under age 34	\$ .40	\$ .80	\$ .20	\$ .30
35 to 39	\$ .50	\$ 1.00	\$ .30	\$ .50
40 to 44	\$ .60	\$ 1.40	\$ .40	\$ .80
45 to 49	\$ 1.10	\$ 2.60	\$ .80	\$ 1.50
50 to 54	\$ 1.90	\$ 4.30	\$ 1.30	\$ 2.40
55 to 59	\$ 3.50	\$ 7.50	\$ 2.20	\$ 3.70
60 to 64	\$ 4.10	\$ 9.50	\$ 2.50	\$ 4.00
65 to 69	\$ 5.20	\$ 11.70	\$ 3.00	\$ 4.60
70 to 74	\$ 11.07	\$ 25.65	\$ 6.88	\$ 11.00

**Optional Dependant Life Insurance** \$9.86

### Voluntary Accident Insurance Plan (ADD)

Maximum coverage of 16 units (\$480,000)

Employee Coverage \$ .75 per \$30,000 unit of coverage

Family Coverage \$ 1.05 per \$30,000 unit of coverage

*You will be notified of rate increases that may occur during the annual renewal of these plans.*