



TO: ALL FULL-TIME LEAVES OF ABSENCE ENROLLED IN HOSPITAL BENEFIT PLANS
 RE: MONTHLY BENEFIT PREMIUM COST
 DATE: July 1, 2024

Manulife Financial – Monthly Premium Costs

The table below outlines the monthly premium cost by employee group. Rates quoted include 8% Retail Sales Tax as required by provincial law.

		Leaves over 30 months HOSPITAL-0% EMPLOYEE SHARE-100%	Leaves under 30 months EMPLOYEE SHARE	Leaves under 30 months HOSPITAL SHARE	Effective Date
ONA		100%	25%	75%	
Extended Health	Single	\$167.31	\$41.82	\$125.49	January 2024
	Family	\$488.22	\$122.05	\$366.17	January 2024
Semi Private	Single	\$10.35	NIL	\$10.35	January 2024
	Family	\$23.90	NIL	\$23.90	January 2024
Dental	Single	\$82.33	\$20.58	\$61.75	January 2024
	Family	\$235.48	\$58.87	\$176.61	January 2024
OPSEU		100%	25%	75%	
Extended Health	Single	\$152.49	\$38.12	\$114.37	April 2024
	Family	\$429.58	\$107.40	\$322.18	April 2024
Semi Private	Single	\$10.35	NIL	\$10.35	January 2024
	Family	\$23.90	NIL	\$23.90	January 2024
Dental	Single	\$67.58	\$16.90	\$50.68	January 2024
	Family	\$186.55	\$46.64	\$139.91	January 2024
CUPE		100%	25%	75%	
CUPE-Extended Health	Single	\$176.63	\$44.15	\$132.48	July 2024
	Family	\$497.35	\$124.34	\$373.01	July 2024
CUPE-Semi Private	Single	\$10.35	NIL	\$10.35	January 2024
	Family	\$23.90	NIL	\$23.90	January 2024
CUPE-DENTAL	Single	\$93.32	\$23.33	\$69.99	July 2024
	Family	\$247.65	\$61.91	\$185.74	July 2024
CLAC		100%	25%	75%	
Extended Health	Single	\$164.30	\$41.07	\$123.23	January 2024
	Family	\$462.09	\$115.52	\$346.57	January 2024
Semi Private	Single	\$10.35	NIL	\$10.35	January 2024
	Family	\$23.90	NIL	\$23.90	January 2024
Dental	Single	\$76.67	\$19.17	\$57.50	January 2024
	Family	\$219.88	\$54.97	\$164.91	January 2024
NON UNION		100%	25%	75%	
Extended Health	Single	\$150.70	\$37.67	\$113.03	January 2024
	Family	\$424.74	\$106.19	\$318.55	January 2024
Semi Private	Single	\$10.35	NIL	\$10.35	January 2024
	Family	\$23.90	NIL	\$23.90	January 2024
Dental	Single	\$92.82	\$23.20	\$69.62	January 2024
	Family	\$251.93	\$62.98	\$188.95	January 2024
SR MGT/EXECUTIVES		100%	25%	75%	
Extended Health	Single	\$152.49	\$38.12	\$114.37	January 2024
	Family	\$428.31	\$107.08	\$321.23	January 2024
Semi Private	Single	\$10.35	NIL	\$10.35	January 2024
	Family	\$23.90	NIL	\$23.90	January 2024
Dental	Single	\$92.82	\$23.20	\$69.62	January 2024
	Family	\$251.93	\$62.98	\$188.95	January 2024

OPAA		100%	25%	75%	
Extended Health	Single	\$139.07	\$34.76	\$104.31	January 2024
	Family	\$391.96	\$97.99	\$293.97	January 2024
Semi Private	Single	\$10.35	NIL	\$10.35	January 2024
	Family	\$23.90	NIL	\$23.90	January 2024
Dental	Single	\$92.82	\$23.20	\$69.62	January 2024
	Family	\$251.93	\$62.98	\$188.95	January 2024

NOTE: Personal and Educational LOA's-cost sharing under 30 months = 100% Employee – 0%-Employer