

## LIBRARY STAFF

## **Benefits Summary**

March 1, 2023

## Semi-Monthly Deductions

BENEFIT	COVERAGE	MONTHLY PREMIUM	EMPLOYEE SHARE	EMPLOYER SHARE
Group Life Ins.  1st of the month after 3 months	FT 2 x Salary maximum \$150,000 PT \$41,000.00	\$0.204 per \$1,000 of benefit	10% FT 1.53 (maximum) PT 0.42	90% FT 13.77 (maximum) PT 3.76
Accidental Death and Dismemberment 1 <sup>st</sup> of the month after 3 months	FT 2 x Salary maximum \$150,000 PT \$41,000.00	\$0.023 per \$1,000 of benefit	FT 0.17 (maximum) PT 0.05	FT 1.56 (maximum) PT 0.42
Wage Indemnity 1 <sup>st</sup> of the month after 3 months	FT 66 2/3% of your weekly earnings up to a maximum of \$1,500 per week for a maximum duration of 26 weeks PT 66 2/3% of your weekly earnings subject to the maximum weekly rate for benefits under El (current \$650) for a maximum duration of 26 weeks	FT \$0.593 per \$10 PT \$1.283 per \$10	FT 4.45 (maximum) PT 4.17 (pro-rated on prior 3 months)	FT 40.03 (maximum) PT 37.53 (pro-rated on prior 3 months)
Long Term Disability 1st of the month after 3 months	FT 66 2/3% of your monthly salary, to a maximum non- evidence monthly benefit of \$4,000 (not to exceed 80% of gross pre-disability earnings). Evidence of Insurability monthly benefit of \$6,000. (LTD income would be taxable).	FT \$2.806 per \$100 of benefit	FT 5.61 (max non-evid) FT 8.42 (max evid)	FT 50.51 (max non-evid) FT 75.76 (max evid)
Extended Health Benefits 1st of the month after 3 months	Deductible: \$25.00 per year, single or family Reimbursement: 80% of first \$1,000 claims paid, 100% after annually. Eyewear 100% to \$400 max per 24 month period. Eye exam 100% of \$75 max per 2 calendar years. Calendar Year Maximum: \$25,000.00	SINGLE 65.42 COUPLE 171.40 FAMILY 171.40	3.27 8.57 8.57	29.44 77.13 77.13
<b>Dental Benefits</b> 1 <sup>st</sup> of the month after 3 months	100% - Basic Services 80% - Major Restorative Services 50% - Orthodontia to a maximum of \$3,500 per insured.	SINGLE 72.92 COUPLE 137.02 FAMILY 199.96	3.65 6.85 10.00	32.81 61.66 89.98
Medical Services Plan 1 <sup>st</sup> of the month after 3 months	BC Medical Services Plan coverage	SINGLE 0.00 COUPLE 0.00	0.00 0.00	0.00 0.00

Deductions are semi-monthly. ER share of Group Life, AD&D and BC MSP premiums are a taxable benefit.