



St. Thomas University

BENEFITS SUMMARY

Valid April 1, 2019 – March 31, 2020

For more detailed information regarding your employee benefits, please contact the Human Resources Office at 452-0612 – Margaret McCain Hall, Room 411

ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)

(SSQ Insurance Company Inc.)

	FACULTY (Effective the first of the month following date of hire)	ADMINISTRATION (Effective the first of the month following date of hire)	SUPPORT STAFF (Effective the first of the month following date of hire)
Type of Coverage	Employee – \$10,000 units to a maximum of \$300,000 Family - % of employee amount	Employee – \$10,000 units to a maximum of \$300,000 Family - % of employee amount	Employee – \$10,000 units to a maximum of \$300,000 Family - % of employee amount
MONTHLY Cost to Employee	Employee – \$0.14 per \$10,000 above \$200,000 Family – \$0.24 per \$10,000 above \$200,000	Employee – \$0.14 per \$10,000 above \$20,000 Family – \$0.24 per \$10,000 above \$20,000	Employee – \$0.14 per \$10,000 above \$20,000 Family – \$0.24 per \$10,000 above \$20,000
MONTHLY Cost to Employer	First \$200,000 paid by employer at \$0.012 per \$1,000	First \$20,000 paid by employer at \$0.012 per \$1,000	First \$20,000 paid by employer at \$0.012 per \$1,000

BASIC LIFE INSURANCE

(Manulife Financial)

	FACULTY (No Waiting Period)	ADMINISTRATION (No Waiting Period)	SUPPORT STAFF (No Waiting Period)
Type of Coverage	Flat \$200,000 (reduces to \$100,000 at age 65)	Flat \$200,000 (reduces to \$100,000 at age 65)	Flat \$200,000 (reduces to \$100,000 at age 65)
MONTHLY Cost to Employee	\$0.161 per \$1,000 of coverage	\$0.161 per \$1,000 of coverage	\$0.161 per \$1,000 of coverage
MONTHLY Cost to Employer	\$0.00 100% coverage paid by employee	\$0.00 100% coverage paid by employee	First \$62,500 paid by employer at \$0.161 per \$1,000 of coverage

HEALTH & DENTAL INSURANCE

(Medavie Blue Cross)

	FACULTY (No Waiting Period)	ADMINISTRATION (No Waiting Period)	SUPPORT STAFF (No Waiting Period)
Type of Coverage	Full Extended Health coverage including Dental & Vision Care	Full Extended Health coverage including Dental & Vision Care	Full Extended Health coverage including Dental & Vision Care
MONTHLY Cost to Employee (includes travel premiums)	Single - \$ 82.70 Couple - \$165.42 Family - \$207.32	Single - \$ 54.47 Couple - \$108.94 Family - \$136.74	Single - \$ 54.47 Couple - \$108.94 Family - \$136.74
MONTHLY Cost to Employer (includes travel premiums)	Single - \$136.18 Couple - \$272.40 Family - \$342.73	Single - \$124.26 Couple - \$248.51 Family - \$311.90	Single - \$124.26 Couple - \$248.51 Family - \$311.90

LONG TERM DISABILITY (LTD)

(Manulife Financial)

	FACULTY (No Waiting Period)	ADMINISTRATION (No Waiting Period)	SUPPORT STAFF (No Waiting Period)
Type of Coverage	70% of salary to a maximum of \$6,500 per month (reduces to \$0 at age 65)	70% of salary to a maximum of \$6,500 per month (reduces to \$0 at age 65)	70% of salary to a maximum of \$6,500 per month (reduces to \$0 at age 65)
MONTHLY Cost to Employee	\$0.00 100% coverage paid by employer	\$0.00 100% coverage paid by employer	\$0.00 100% coverage paid by employer
MONTHLY Cost to Employer	\$1.596 per \$100 of coverage	\$1.596 per \$100 of coverage	\$1.596 per \$100 of coverage

PENSION PLAN

(Great-West Life)

	FULL TIME FACULTY & PART TIME SCHEDULE A LEVEL II AND III (No Waiting Period)	ADMINISTRATION (No Waiting Period)	SUPPORT STAFF (No Waiting Period)
MONTHLY Cost to Employee	5% of salary (under \$40,000) 6% of salary (over \$40,000)	5% of salary (under \$40,000) 6% of salary (over \$40,000)	5% of salary (under \$40,000) 6% of salary (over \$40,000)
MONTHLY Cost to Employer	7% of salary	7% of salary	7% of salary

OPTIONAL LIFE INSURANCE*

(Manulife Financial)

	FACULTY (No Waiting Period)	ADMINISTRATION (No Waiting Period)	SUPPORT STAFF (No Waiting Period)
Type of Coverage	Employee - \$10,000 units to a maximum of \$300,000 Spousal - \$10,000 units to a maximum of \$300,000	Employee - \$10,000 units to a maximum of \$300,000 Spousal - \$10,000 units to a maximum of \$300,000	Employee - \$10,000 units to a maximum of \$300,000 Spousal - \$10,000 units to a maximum of \$300,000
MONTHLY Cost to Employee	See chart below for rates	See chart below for rates	See chart below for rates
MONTHLY Cost to Employer	\$0.00 100% coverage paid by employee	\$0.00 100% coverage paid by employee	\$0.00 100% coverage paid by employee

Monthly Premium Rates for Optional Life Insurance

AGE	NON-SMOKER	SMOKER
20 - 29	\$0.26	\$0.43
30 - 34	\$0.32	\$0.54
35 - 39	\$0.41	\$0.81
40 - 44	\$0.66	\$1.17
45 - 49	\$1.02	\$2.03
50 - 54	\$1.76	\$3.11
55 - 59	\$2.98	\$5.40
60 - 64	\$4.65	\$8.25

*All Optional Life Insurance amounts are subject to Evidence of Insurability, except for the first \$50,000 if applied for within 31 days of the date of eligibility. Above-noted monthly rates are per \$10,000 of insurance.