



St. Thomas University

BENEFITS SUMMARY

Valid April 1, 2020 – March 31, 2021

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)	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
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
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

BASIC LIFE INSURANCE

(Manulife Financial)

	FACULTY (No Waiting Period)	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)
MONTHLY Cost to Employee	\$0.145 per \$1,000 of coverage	\$0.145 per \$1,000 of coverage
MONTHLY Cost to Employer	\$0.00 100% coverage paid by employee	<u>Salary Under \$40,000:</u> First \$62,500 paid by employer <u>Salary Over \$40,000:</u> 100% coverage paid by employee

HEALTH & DENTAL INSURANCE

(Medavie Blue Cross)

	FACULTY (No Waiting Period)	STAFF (No Waiting Period)
Type of Coverage	Full Extended Health coverage including Dental & Vision Care	Full Extended Health coverage including Dental & Vision Care
MONTHLY Cost to Employee (includes travel premiums)	Single - \$ 85.00 Couple - \$170.03 Family - \$213.25	Single - \$ 52.96 Couple - \$105.93 Family - \$132.87
MONTHLY Cost to Employer (includes travel premiums)	Single - \$140.27 Couple - \$280.59 Family - \$353.26	Single - \$121.10 Couple - \$242.20 Family - \$303.79

LONG TERM DISABILITY (LTD)

(Manulife Financial)

	FACULTY (No Waiting Period)	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)
MONTHLY Cost to Employee	\$0.00 100% coverage paid by employer	\$0.00 100% coverage paid by employer
MONTHLY Cost to Employer	\$1.788 per \$100 of coverage	\$1.788 per \$100 of coverage

PENSION PLAN

(Canada Life)

	FULL TIME FACULTY & PART TIME SCHEDULE A LEVEL II AND III (No Waiting Period)	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)
MONTHLY Cost to Employer	7% of salary	7% of salary

OPTIONAL LIFE INSURANCE*

(Manulife Financial)

	FACULTY (No Waiting Period)	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
MONTHLY Cost to Employee	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

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.