

# Plan Cost Summary

Not all employers participate in the all of the Plans offered by HEB Manitoba. Rates are subject to change.

| Plan   | Frequency | Employee Premium/Contribution   | Employer Premium/Contribution  |
|--|-----------|---|--|
| <b>PENSION PLAN</b> <i>effective April 1, 2013 (first full pay period)</i>   |           |   |  |
|  | Each pay  | 7.9% of pensionable earnings up to the YMPE* and 9.5% of pensionable earnings in excess of the YMPE.            | 7.9% of pensionable earnings up to the YMPE* and 9.5% of pensionable earnings in excess of the YMPE. |
| *YMPE is the Year's Maximum Pensionable Earnings. For 2024, the YMPE is \$68,500.  |           |   |  |
| <b>COLA PLAN</b> <i>effective April 1, 2015 (first full pay period)</i>  |           |   |  |
|  | Each pay  | 1.0% of pensionable earnings.   | 1.0% of pensionable earnings.  |
| <b>LIFE INSURANCE PLAN</b> <i>effective April 1, 2013 (first full pay period)</i>  |           |   |  |
| Basic Personal*  | Each pay  | Nil   | 8.26 cents per \$1,000 of insurance.   |
| Optional Personal*   | Each pay  | 8.26 cents per \$1,000 of insurance per unit of Optional Insurance. The employee may choose 1, 2, 3 or 4 units. | Nil  |
| *The maximum combined benefit payable for Basic and Optional Personal Life Insurance is \$1,000,000.<br>The total of the employer premium plus the employee premium cannot exceed the maximum premium of \$82.60 each pay. |           |   |  |
| Optional Family  | Each pay  | \$2.42 per unit (maximum of 10 units)   | Nil  |
| 7% retail sales tax must be charged on group life insurance premiums. This requirement affects both employee and employer premiums.  |           |   |  |
| <b>HEALTHCARE PLAN</b> <i>effective September 1, 2024</i>  |           |   |  |
|  | Monthly   | Single Coverage: \$21.86<br>Family Coverage: \$54.55  | Single Coverage: \$21.86<br>Family Coverage: \$54.55   |
| <b>DENTAL PLAN</b> <i>effective September 1, 2024</i>  |           |   |  |
|  | Monthly   | Single Coverage: \$21.40<br>Family Coverage: \$62.46  | Single Coverage: \$21.40<br>Family Coverage: \$62.46   |
| <b>HEALTHCARE SPENDING ACCOUNT</b> <i>effective June 1, 2019</i>   |           |   |  |
|  | Monthly   | Nil   | Claims incurred plus administration fee.   |
| <b>EMPLOYEE ASSISTANCE PLAN</b> <i>effective July 1, 2023</i>  |           |   |  |
|  | Monthly   | Nil   | \$4.10 per employee  |
| <b>DISABILITY &amp; REHABILITATION PLAN</b> <i>effective January 1, 2019</i>   |           |   |  |
|  | Each pay  | The total premium paid by employers or employees/employers is 2.2% of eligible earnings.                        |  |
| <b>RETIREE HEALTHCARE PLAN</b> <i>effective September 1, 2024</i>  |           |   |  |
| Level I  | Monthly   | Single Coverage: \$3.91<br>Family Coverage: \$6.87  | Not applicable   |
| Level II   | Monthly   | Single Coverage: \$47.23<br>Family Coverage: \$74.66  | Not applicable   |

