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
PENSION PLAN			*effective April 1, 2013 (first full pay period)*
	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 2025, the YMPE is $71,300.	
COLA PLAN			*effective April 1, 2015 (first full pay period)*
	Each pay	1.0% of pensionable earnings.	1.0% of pensionable earnings.
LIFE INSURANCE PLAN			*effective April 1, 2013 (first full pay period)*
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. 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.			
HEALTHCARE PLAN			*effective June 1, 2025*
	Monthly	Single Coverage: $23.17 Family Coverage: $57.82	Single Coverage: $23.17 Family Coverage: $57.82
DENTAL PLAN			*effective June 1, 2025*
	Monthly	Single Coverage: $22.36 Family Coverage: $65.27	Single Coverage: $22.36 Family Coverage: $65.27
HEALTHCARE SPENDING ACCOUNT			*effective June 1, 2019*
	Monthly	Nil	Claims incurred plus administration fee.
EMPLOYEE ASSISTANCE PLAN			*effective August 1, 2025*
	Monthly	Nil	$5.10 per employee
DISABILITY & REHABILITATION PLAN			*effective January 1, 2019*
	Each pay	The total premium paid by employers or employees/employers is 2.2% of eligible earnings.	
RETIREE HEALTHCARE PLAN			*effective June 1, 2025*
Level I	Monthly	Single Coverage: $3.91 Family Coverage: $6.87	Not applicable
Level II	Monthly	Single Coverage: $51.01 Family Coverage: $80.63	Not applicable

HEB Manitoba
HEALTHCARE EMPLOYEE BENEFIT PLANS