

# 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 2026, the YMPE is \$74,600.			
<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. 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 June 1, 2025</i>
	Monthly	Single Coverage: \$23.17 Family Coverage: \$57.82	Single Coverage: \$23.17 Family Coverage: \$57.82
<b>DENTAL PLAN</b>			<i>effective June 1, 2025</i>
	Monthly	Single Coverage: \$22.36 Family Coverage: \$65.27	Single Coverage: \$22.36 Family Coverage: \$65.27
<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 August 1, 2025</i>
	Monthly	Nil	\$5.10 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 June 1, 2025</i>
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