

Plan Cost Summary

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 earning in excess of the YMPE.		
		*YMPE is the Year's Maximum Pensionable Earnings. For 2021, the YMPE is \$61,600.			
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 Insurance*	Each pay	Nil	8.26 cents per \$1,000 of insurance.		
Optional Insurance*	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		
		Basic and Optional Life Insurance is \$1,000,000. employee premium cannot exceed the maximum premium	of \$82.60 each pay.		
Family (Dependant)	Each pay	\$2.42 per unit (maximum of 10 units)	Nil		
		arged on group life insurance premiums. This re ptional and Family (Dependant) Insurance.	quirement affects both employee and		
HEALTHCARE PLA	N		effective June 1, 2021		
	Monthly	Single Coverage: \$19.16	Single Coverage: \$19.16		
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HEALTHCARE PLAN effective June 1, 2021							
	Monthly	Single Coverage:	\$19.16	Single Coverage:	\$19.16		
		Family Coverage:	\$47.82	Family Coverage:	\$47.82		
DENTAL PLAN					effective June 1, 2021		
	Monthly	Single Coverage:	\$19.47	Single Coverage:	\$19.47		
		Family Coverage:	\$56.82	Family Coverage:	\$56.82		
HEALTHCARE SPENDING ACCOUNT effective June 1, 2							
	Monthly	Nil		Claims incurred plus administration fee.			
EMPLOYEE ASSIST	TANCE PLAN		effective April 1, 2014				
	Monthly	Nil		\$3.50 per employe	ee		
DISABILITY & RE	HABILITATIO		effective January 1, 2019				
	Each pay	The total premium paid by employers or employees/employers is 2.2% of eligible earnings.					

Note: Not all employers participate in the all of the Plans offered by HEB Manitoba. Rates above are subject to change. Please contact your employer to confirm current rates.

For more information, please contact us:

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