

Benefits Comparison



Benefit		Current Plan	NEW HEB Manitoba Plan	Premiums/ Contributions
Pension		Defined Contribution pension plan. (Benefit at retirement is employer and employee contributions plus investment income.)	Defined Benefit pension plan. (Benefit at retirement is based on a formula. At retirement, members receive a predictable, secure monthly income for the rest of their life.)	Employee and employer each contribute 8.9% of pensionable earnings up to the YMPE and 10.5% of pensionable earnings in excess of the YMPE (includes 1% each toward the COLA Plan.)
Disability & Rehabilitation		Weekly Sick Leave Plan Short-term sickness/accident benefits that start within one to three days of accident or illness and continue for up to 78 weeks combined with Employment Insurance sickness benefits. Replaces 66 ⅔% of average regular earnings	Long-term disability benefits begin after a 119-day elimination period (for approved claims). During the 119-day elimination period, you may be eligible for sick pay, banked time or vacation pay from your employer, or Employment Insurance Sickness Benefits. A one-year pre-existing condition limitation will apply. Replaces 66 ⅔% of your monthly earnings to a maximum of \$10,000	Fully employer-paid 2.2% of eligible earnings each pay
Life Insurance	Basic Personal	\$10,000	1 x annual earnings	Fully employer-paid
	Optional Personal	N/A	Up to 4 units	Fully employee-paid at \$0.0862 per \$1,000 unit of insurance (bi-weekly)
	Family	N/A	Up to 10 units	Fully employee paid at \$2.42 per \$1,000 unit of insurance (bi-weekly)

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Accidental Death & Dismemberment		N/A	Coverage equal to your Basic plus Optional Personal units	Provided at no additional cost
Healthcare	Paramedical practitioners	N/A	\$450 per person per calendar year for paramedical professionals such as: <ul style="list-style-type: none"> • Acupuncturist • Chiropractor • Licensed massage therapist • Physiotherapist and/or occupational therapist (combined) 	Costs shared by employee and employer Single Coverage: \$23.17 each (monthly) Family Coverage: \$57.82 each (monthly)
	Prescription Drugs	N/A	\$650 combined family maximum per calendar year	
	Vision Care	\$200 per member every other year. (dependants not covered)	\$150 per person every two years for adults; every year for dependent children	
Healthcare Spending Account		N/A	\$1,250 (FT) or \$1,000 (PT) per year for MGEU/CUPE as determined by the employer Must be enrolled in the Healthcare Plan	The HSA is fully funded by your employer.
Dental	Maximum Benefit/Annual Deductible	\$1,100 per person per calendar year \$25 deductible per family each calendar year.	\$1,250 per person per calendar year	Costs shared by employee and employer: Single Coverage: \$22.36 each (monthly) Family Coverage: \$65.27 each (monthly)
	Basic Dental	100% of the cost of Basic Services (Exams, cleanings, x-rays, etc.)	100% of the cost of Basic Services (Exams, cleanings, x-rays, etc.)	
	Major Dental	50% of the cost of Major Services	50% of the cost of Major Services	
	Orthodontics	50% of eligible expenses to a lifetime maximum of \$1,100 per child.	50% of eligible expenses to a lifetime maximum of \$1,250 per child	

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Employee Assistance		You are already covered under this plan, which allows you and your family to seek assistance for personal concerns that may affect your health, family life, or work performance.		Fully employer-paid \$5.10 per employee