



Rates Effective September 1, 2018 to August 31, 2019

Eligibility: All non-teaching school division employees under age 75, except age 70 for LEADS members, who have met the eligibility requirements of the Saskatchewan School Boards Association Employee Benefits Plan. The Employee Family Assistance Plan (Resilience) is also offered to teaching staff.

Core Benefits - Income Replacement Benefits

Benefit	Coverage	10 month premium rate
Group Life	Plan A = 1 X Annual Salary Plan B = 2 X Annual Salary	0.255/1000 volume
Group Accidental Death and Dismemberment	Equal to amount of Group Life	0.021/1000 volume
Long Term Disability (LTD)	Plan A - 75% of annual salary, taxable benefit	3.32/100 volume
	Plan B - 60% of annual salary, non-taxable benefit (100% employee paid)	2.62/100 volume
	Plan C - 75% of annual salary, taxable benefit, with COLA clause	3.54/100 volume
	Plan D - 60% of annual salary, non-taxable (100% employee paid) with COLA clause	2.80/100 volume

Group Benefits - General Health Benefits

The group must take the above CORE benefits to have access to the following benefits. This is not applicable to LEADS plans.

Benefit	Coverage	10 month premium rate
Employee and Family Assistance Program - Resilience	Voluntary assessment and counseling for each employee and immediate family members	\$2.86 + GST / employee = \$3.00 / employee
Dependent Life	Plan A - spouse \$10,000 & each child \$5,000	\$2.87 / employee
	Plan B - spouse \$5,000 & each child \$3,000	\$1.57 / employee
Weekly Indemnity	66 2/3% of salary (taxation dependent on cost sharing) Plan A - taxable Plan B - non-taxable	0.93 / 10 volume
Extended Health	Plan B - 100% hospital care, medical services and supplies, professional services, benefit health card, 80% prescription drugs, 100% out-of-province/country emergency medical treatment, 50% referral outside Canada for medical treatment.	Single - \$ 37.01 Couple - \$73.00 Family - \$108.04
Extended Health and Vision (LEADS)	Plan C - 100% hospital care, prescription drugs, vision, professional services, medical services and supplies, benefit health card, out-of-province/country emergency medical treatment, referral outside Canada for medical treatment.	Single - \$78.85 Family - \$197.43
Vision	Plan A - \$225 per insured person per 24 months for eyewear and \$100 towards one eye exam per insured per 24 months. \$1000 lifetime per insured for laser eye surgery.	Single - \$ 7.02 Couple - \$14.12 Family - \$17.63
	Plan B - \$300 per insured person per 24 months for eyewear and \$100 towards one eye exam per insured per 24 months. \$1000 lifetime per insured for laser eye surgery.	Single - \$ 10.62 Couple - \$21.42 Family - \$26.61
Group Benefits (Continued)		10 month premium rate
Dental	Plan A - 80% on diagnostic, preventative and 6 month recall, 80% on minor restorative and surgical dental work. Benefit Maximum - \$2,000 per calendar year.	Single - \$21.92 Couple - \$43.67 Family - \$62.57

Employee Benefit Plans Summary Fact Sheet

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Dental	Plan B - same as Plan A; plus 50% on major restorative (bridgework, dentures, crowns). Implants subject to Alternate Benefits Provision. Benefit Maximum - \$2,000 per calendar year	Single - \$29.22 Couple - \$58.28 Family - \$83.45
	Plan C - same as Plan B; plus 50% on orthodontic (children under 19 years). Benefit Maximum - \$2,000 per calendar year. Orthodontic Benefit Maximum - \$1,500 life time	Single - \$29.22 Couple - \$58.28 Family - \$90.83
	Plan D (LEADS) - 100% basic services and supplementary basic services, 60% dentures and major restorative services, 50% orthodontics. No Benefit Maximum, except Orthodontic Benefit Maximum - \$2,000 life time.	Single - \$66.96 Family - \$142.58
Health Care Spending Account	Minimum \$250.00 per year to unlimited maximum. Eligible expenses include all expenses under SSBA group plan.	

Optional Benefits

Plan members may apply for extra coverage for Optional Life Insurance, Spousal Optional Life, Optional Accidental Death and Dismemberment, and Optional Critical Illness coverage for them self, spouse and/or dependents.

Benefit	Coverage	10 mo. premium rate			
Optional Accidental Death and Dismemberment (AD&D)	Available in units of \$10,000 for employee and family to maximum of \$350,000	Employee only \$.22/10,000 Employee & Family \$0.39/10,000			
Optional Life Insurance	Available in \$10,000 units for employee & spouse to max. of \$350,000. NEM \$20,000 for NEW employees				
	Age Band	10 mo. premium rate/\$10,000		12 mo. converted rate/\$10,000	
		Non-Smoker	Smoker	Non-Smoker	Smoker
	<25	0.391	0.775	0.325	0.646
	25 - 29	0.391	0.775	0.325	0.646
	30 - 34	0.391	0.775	0.325	0.646
	35 - 39	0.391	0.775	0.325	0.646
	40 - 44	0.674	1.227	0.562	1.023
	45 - 49	1.227	2.214	1.023	1.845
	50 - 54	2.151	4.179	1.792	3.483
	55 - 59	3.690	7.076	3.075	5.897
	60 - 64	5.904	11.559	4.920	9.633
	65 - 69	12.429	21.651	10.358	18.043
Optional Critical Illness Insurance (OCI)	Available in units of \$5,000 for employee and spouse to maximum of \$150,000. Minimum amount is \$10,000. Health evidence required for amounts in excess of \$25,000. Note: Employee must purchase OCI for self in order to purchase for spouse or child.				
Male (OCI) Comprehensive Plan		Male Rates / 1,000 Cov.		Male Rates / 1,000 Cov.	
	Age Band	Non-Smoker	Smoker	Non-Smoker	Smoker
	To age 24	0.144	0.164	0.120	0.136
	25 - 29	0.158	0.184	0.132	0.153
	30 - 34	0.186	0.236	0.155	0.197
	35 - 39	0.230	0.350	0.192	0.292
	40 - 44	0.334	0.583	0.278	0.486
	45 - 49	0.536	0.979	0.447	0.816
	50 - 54	0.875	1.635	0.729	1.362
	55 - 59	1.384	2.663	1.153	2.219
	60 - 64	2.134	3.960	1.778	3.300
	65 - 69	3.443	5.946	2.869	4.955

Female (OCI) Comprehensive Plan		Female Rates / 1,000 Cov.		Female Rates / 1,000 Cov.	
	Age Band	Non-Smoker	Smoker	Non-Smoker	Smoker
	To age 24	0.147	0.159	0.122	0.133
	25 - 29	0.171	0.182	0.143	0.152
	30 - 34	0.214	0.247	0.178	0.206
	35 - 39	0.288	0.362	0.240	0.301
	40 - 44	0.406	0.551	0.338	0.459
	45 - 49	0.595	0.845	0.496	0.704
	50 - 54	0.858	1.295	0.715	1.079
	55 - 59	1.186	1.947	0.988	1.623
	60 - 64	1.595	2.738	1.329	2.282
	65 - 69	2.537	4.173	2.114	3.478
Child (OCI) Rates	Available only in a flat amount of \$5,000 for eligible dependant children up to age 18				
	Coverage per Child	Flat Rate			
Dependent Child	\$5,000	2.55			