

Benefit Costs for UWOSA Staff Association

MONTHLY GROUP BENEFIT PLAN PREMIUM RATES AS AT MAY 1, 2024

Benefit Plan	Your Premium				Employer Premium
Basic Life Insurance:	\$0.151/\$1,000				\$0.151/\$1,000
Extended Health:					Single: \$137.06 Family: \$361.11
Dental:					Single: \$60.19 Family: \$165.39
Dependent Life Insurance: Spouse: \$40,000 Eligible Child(ren): \$10,000	\$8.65				
Optional Life Insurance	Per: \$1,000				
<u>Age Band</u>	Male Non- Smoker	Female Non- Smoker	Male Smoker	Female Smoker	
Less than 24	.020	.014	.049	.020	
24 - 34	.027	.020	.057	.032	
35 - 39	.032	.027	.065	.040	
40 - 44	.049	.032	.088	.057	
45 - 49	.073	.051	.159	.087	
50 - 54	.137	.087	.282	.145	
55 - 59	.231	.137	.471	.231	
60 - 64	.340	.225	.680	.376	
65 - Normal Retirement	.492	.369	.984	.593	
Voluntary Personal Accident Insurance:	Single: \$0.015 / \$1,000 Family: \$0.024 / \$1,000				
Long Term Disability:					\$4.76/\$100 Benefit