

Support Staff Benefit Rates

Sun Life Group Policy 50834

Benefit	Mandatory or Optional	Coverage	Premiums paid by	Age band	Monthly Rates by Period		
					February 1, 2021 to January 31, 2022	February 1, 2020 to January 31, 2021	
Basic Life Insurance	Mandatory	\$25,000	AC			\$0.13 per \$1,000	\$0.15 per \$1,000
Accidental Death & Dismemberment	Mandatory	\$25,000	AC			\$0.02 per \$1,000	\$0.02 per \$1,000
Supplemental Life Insurance	Optional	Units of \$10,000 to a maximum of \$50,000	50/50 cost share			\$0.11 per \$1,000	\$0.12 per \$1,000
Dependent Life Insurance	Optional	Spouse - \$15,000 Each Child - \$3,000	Employee			\$2.25 per unit	\$2.65 per unit
Employee Pay All Life Insurance	Optional	Units of \$10,000 to a maximum of \$50,000 - Available only if maximum Supplemental Life coverage has been elected	Employee	0 to 34 years		\$0.054 per \$1,000	\$0.057 per \$1,000
				35 to 39		\$0.075 per \$1,000	\$0.079 per \$1,000
				40 to 44		\$0.104 per \$1,000	\$0.109 per \$1,000
				45 to 49		\$0.156 per \$1,000	\$0.164 per \$1,000
				50 to 54		\$0.271 per \$1,000	\$0.285 per \$1,000
				55 to 59		\$0.534 per \$1,000	\$0.562 per \$1,000
				60 to 64		\$0.850 per \$1,000	\$0.895 per \$1,000
Supplemental Spousal Life Insurance	Optional	Units of \$10,000 to a maximum of \$60,000	Employee			\$0.14 per \$1,000	\$0.16 per \$1,000
Extended Health Care Employer Paid	Mandatory	See benefits at a glance for details.	AC	Single		\$99.92	\$99.92
Family					\$221.10	\$221.10	
Extended Health Care Employee Paid			Employee	Single		\$1.90	\$1.90
				Family		\$4.22	\$4.22
Vision Care	Mandatory	See benefits at a glance for details.	3/4 AC 1/4 EE cost share	Single		\$12.83	\$11.66
				Family		\$32.69	\$29.24
Hearing Care	Mandatory	See benefits at a glance for details.	3/4 AC 1/4 EE cost share	Single		\$0.84	\$0.76
				Family		\$2.28	\$2.07
Dental Care	Mandatory	See benefits at a glance for details.	AC	Single		\$51.42	\$51.42
				Family		\$146.64	\$146.64
Long Term Disability	Mandatory	66.67% of monthly salary	3/4 AC 1/4 EE cost share			\$5.01 per \$100	\$3.58 per \$100
Critical Illness	Optional	Units of \$25,000 up to \$200,000. Medical evidence is required over \$50,000 or if a late applicant.	Employee			Please see the separate Critical Illness Rate page.	Please see the separate Critical Illness Rate page.

Notes:

The above rates exclude taxes and represent monthly rates, employee paid premium rates are deducted from each pay. Employees on unpaid leave of absence will have the option of continuing coverage by paying 100% of the cost through monthly automated bank withdrawals.