



HSN ONA Paramedical Benefits Payment Schedule

Benefits are deducted from employees' pay once per month on the first pay of each month with the **exception** of HOOPP which is deducted every pay.

Benefit Rates Effective September 1, 2019 (Includes 8% PST)

Single Coverage						
Benefit	100% of Monthly Premium	Coordinated Benefits		Optional Benefits		
		Full-Time ONA Paramedical		Full-Time ONA Paramedical Retired Age 55 & 56	Full-Time ONA Paramedical Retired Age 57-65	
		HSN Cost (per Month 75%)	Employee Cost (per Month 25%)	Retiree Cost (per Month 100%)	HSN Cost (per Month 50%)	Retiree Cost (per Month 50%)
Dental Care	\$46.45	\$34.84	\$11.61	\$46.45	\$23.23	\$23.23
Extended Healthcare Coverage • Prescription Drugs • Supplementary Health • Vision	\$148.20	\$111.15	\$37.05	\$148.20	\$74.10	\$74.10
Semi-Private Hospital	\$2.74	\$2.74	-	\$2.74	\$1.37	\$1.37
Total Monthly Costs - Single	\$197.39	\$148.73	\$48.66	\$197.39	\$98.70	\$98.70
Family Coverage						
Benefit	100% of Monthly Premium	Coordinated Benefits		Optional Benefits		
		Full-Time ONA Paramedical		Full-Time ONA Paramedical Retired Age 55 & 56	Full-Time ONA Paramedical Retired Age 57-65	
		HSN Cost (per Month 75%)	Employee Cost (per Month 25%)	Retiree Cost (per Month 100%)	HSN Cost (per Month 50%)	Retiree Cost (per Month 50%)
Dental Care	\$132.95	\$99.71	\$33.24	\$132.95	\$66.48	\$66.48
Extended Healthcare Coverage • Prescription Drugs • Supplementary Health • Vision	\$313.15	\$234.86	\$78.29	\$313.15	\$156.58	\$156.58
Semi-Private Hospital	\$6.87	\$6.87	-	\$6.87	\$3.44	\$3.44
Total Monthly Costs - Family	\$452.97	\$341.45	\$111.53	\$452.97	\$226.49	\$226.49

Fixed Benefits					
	Full-Time ONA Paramedical				
Benefit	HSN Cost		Employee Cost		
Long Term Disability	2.59% + 8% PST		0.87% + 8% PST		
Optional Benefits					
	Full-Time ONA Paramedical Employee Cost 100%				
Voluntary Life Insurance (Custom Plan)	Your Monthly Cost				
	To determine your monthly cost, select the rate that applies to you. Multiply your units of insurance (one unit is \$10,000) by your rate. For example, a 32-year-old employee who is a male non-smoker and applies for \$100,000 for himself and \$50,000 for his spouse who is a female non-smoker age 27.				
	To calculate the employee's cost:				
	His custom voluntary life amount	10 x \$0.41 =	\$4.10		
	His accident insurance	10 x \$0.162 =	\$1.62		
	Spouse's custom voluntary life amount	5 x \$0.227 =	\$1.14		
	Total Monthly Cost		<u>\$6.86</u>		
	Monthly Premium per \$10,000 of Voluntary Life Insurance				
	Age	Male		Female	
		Smoker	Non-Smoker	Smoker	Non-Smoker
Under 30	\$0.821	\$0.410	\$0.454	\$0.227	
30-34	\$0.810	\$0.410	\$0.637	\$0.324	
35-39	\$0.896	\$0.454	\$0.940	\$0.475	
40-44	\$1.361	\$0.691	\$1.285	\$0.648	
45-49	\$2.171	\$1.091	\$1.944	\$0.983	
50-54	\$3.553	\$1.793	\$2.840	\$1.436	
55-59	\$5.443	\$2.743	\$4.093	\$2.063	
60-64	\$7.787	\$3.920	\$5.594	\$2.819	
Voluntary Accident Insurance (Custom Plan)	\$0.162 per \$10,000 per coverage				
Voluntary Dependent Life Insurance	\$2.21 per month				

O: May 2012

R: July 2019