



**2024-2025 Premium Schedule – myBenefits program (effective April 1, 2024)**

**For full-time and regular part-time non-union employees; Allied Council; CUPE 1000 (Operators); CRPEG; CRNSOA, IAFF - F4; IAM (WL); IUOE; UA 254 (WL); USW(1568 – CRTT Techs); USW 4096 (Local 896); USW 4096 (Local 404); USW 7806 (WL); SPEA-SPEA TT; WPEG and WTEG**

**Section A: Core Benefit Plans**

Option 1 – Base Option						
PLAN DESCRIPTION	SINGLE			FAMILY		
	Monthly Premium	CNL Pays	You Pay	Monthly Premium	CNL Pays	You Pay
Extended Health Care	\$131.97	\$98.97	\$33.00	\$363.87	\$272.90	\$90.97
Travel	\$2.14	\$2.14	\$0	\$4.83	\$4.83	\$0
Dental*	\$59.52	\$59.52	\$0	\$132.85	\$132.85	\$0
Basic Life Insurance (rate per \$1,000 of coverage)	\$0.091	\$0.091	\$0	\$0.091	\$0.091	\$0
Supplementary Life (rate per \$1,000 of coverage)	\$0.208	\$0.035	\$0.173	\$0.208	\$0.035	\$0.173
Long Term Disability (% of basic monthly salary)	2.978%	1.489%	1.489%	2.978%	1.489%	1.489%

\* Regular Part-time employees whose work schedule is less than 80% of the full-time work schedule will pay 40% of the Dental monthly premium cost, i.e. \$23.81 for single and \$53.14 for family.

Option 2 – Buy Different						
PLAN DESCRIPTION	SINGLE			FAMILY		
	Monthly Premium	CNL Pays	You Pay	Monthly Premium	CNL Pays	You Pay
Extended Health Care	\$108.50	\$81.38	\$27.13	\$299.11	\$224.33	\$74.78
Travel	\$2.14	\$2.14	\$0	\$4.83	\$4.83	\$0
Dental*	\$59.52	\$59.52	\$0	\$132.85	\$132.85	\$0
Basic Life Insurance (rate per \$1,000 of coverage)	\$0.091	\$0.091	\$0	\$0.091	\$0.091	\$0
Supplementary Life (rate per \$1,000 of coverage)	\$0.208	\$0.035	\$0.173	\$0.208	\$0.035	\$0.173
Long Term Disability (% of basic monthly salary)	2.978%	1.489%	1.489%	2.978%	1.489%	1.489%

\* Regular Part-time employees whose work schedule is less than 80% of the full-time work schedule will pay 40% of the Dental monthly premium cost, i.e. \$23.81 for single and \$53.14 for family.

<b>Health Care Spending Account (HCSA) For Buy Different Flex Plan:</b> A HCSA account will be established for employees who enroll in the Extended Health Care plan under the Buy Different Option as follows:	<b>HCSA</b>	<b>Single EHC</b>	<b>Family EHC</b>
	<b>Amount</b>	\$200	\$400

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<b>Option 3 – Buy Down</b>						
<b>Plan Description</b>	<b>SINGLE</b>			<b>FAMILY</b>		
	<b>Monthly Premium</b>	<b>CNL Pays</b>	<b>You Pay</b>	<b>Monthly Premium</b>	<b>CNL Pays</b>	<b>You Pay</b>
Extended Health Care	\$81.15	\$81.15	\$0	\$223.77	\$223.77	\$0
Travel	\$2.14	\$2.14	\$0	\$4.83	\$4.83	\$0
Dental	\$57.19	\$57.19	\$0	\$127.64	\$127.64	\$0
Basic Life Insurance (rate per \$1,000 of coverage)	\$0.091	\$0.091	\$0	\$0.091	\$0.091	\$0
Supplementary Life ** (rate per \$1,000 of coverage)	\$0.208	\$0	\$0.208	\$0.208	\$0	\$0.208
Long Term Disability (% of basic monthly salary)	2.978%	2.978%	\$0	2.978%	2.978%	\$0

**\*\* Supplementary Life Insurance (SLI) is optional under Option 3 – the Buy Down option. Employees who opt for SLI coverage will be required to pay the full cost of the monthly premium.**

<b>Option 4 – Buy Up</b>						
<b>PLAN DESCRIPTION</b>	<b>SINGLE</b>			<b>FAMILY</b>		
	<b>Monthly Premium</b>	<b>CNL Pays</b>	<b>You Pay</b>	<b>Monthly Premium</b>	<b>CNL Pays</b>	<b>You Pay</b>
Extended Health Care	\$145.28	\$98.99	\$46.29	\$400.60	\$272.90	\$127.70
Travel	\$2.14	\$2.14	\$0	\$4.83	\$4.83	\$0
Dental*	\$76.26	\$59.52	\$16.74	\$170.22	\$132.85	\$37.37
Basic Life Insurance (rate per \$1,000 of coverage)	\$0.091	\$0.091	\$0	\$0.091	\$0.091	\$0
Supplementary Life (rate per \$1,000 of coverage)	\$0.208	\$0.035	\$0.173	\$0.208	\$0.035	\$0.173
Long Term Disability (% of basic monthly salary)	2.978%	1.489%	1.489%	2.978%	1.489%	1.489%

**\* For regular part-time employees whose work schedule is less than 80% of the full-time work schedule, CNL's share of the dental premium cost will not exceed the amount paid for Regular Part-Time employees (<80%) as described under Option 1 – the Base option . This means that the employee's share of the monthly dental premium will be \$40.55 for single and \$90.51 for family coverage.**

**NOTE:**

**The employee's share of the premium rates is deducted over the first 2 pays of each month.**

**Premiums for Extended Health Care, Travel, and Dental are subject to provincial sales tax for employees in Ontario and Quebec.**

## 2024-2025 Premium Schedule – *myBenefits* program (effective April 1, 2024)

### Section B: Optional Benefit Plans

The following optional insurances are available to employees under all four *myBenefits* program options.

#### i) Optional Group Life

- Insurer: Sun Life Financial
- Available to employees and/or their spouses (who are under age 65), in units of \$10,000 to a maximum of \$500,000 each for the employee and spouse.

Monthly rates per unit (\$10,000) of Optional Group Life Insurance				
	Male		Female	
Age	Smoker	Non-Smoker	Smoker	Non-Smoker
Under 30	\$1.08	\$0.54	\$0.51	\$0.26
30 - 34	\$0.95	\$0.48	\$0.86	\$0.44
35 - 39	\$1.18	\$0.59	\$1.28	\$0.64
40 - 44	\$1.71	\$0.86	\$1.68	\$0.85
45 - 49	\$2.70	\$1.36	\$2.48	\$1.25
50 - 54	\$4.30	\$2.18	\$3.59	\$1.80
55 - 59	\$6.46	\$3.26	\$4.73	\$2.39
60 - 64	\$9.38	\$4.73	\$6.23	\$3.14

#### 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 38 year old male who doesn't smoke has selected \$70,000 of coverage for himself and \$50,000 for his spouse. His spouse is 29 years old and a smoker.

To calculate his cost:

- \$70,000 = 7 units of \$10,000
- \$50,000 = 5 units of \$10,000
- His Life Insurance premium = 7 x \$0.59 = \$4.13
- His spouse's Life Insurance premium = 5 x \$0.51 = \$2.55
- Total monthly premium cost = \$6.68

**Note: Your premium amount will automatically be adjusted as your age changes. Insurance premiums are subject to provincial sales tax, if applicable.**