

**Fleming College – Partial Load Staff Insurance Plan**
**Revised: October 22, 2019**
**Active Employees to Age 65 – Effective February 1, 2020**

Benefit	Coverage	Monthly Premiums	Employee Contributions	Eligibility	Coverage Begins
1. Basic Life and A.D. & D	Life – \$25,000 A.D. & D. – \$25,000	\$0.20/\$1000/month \$0.02/\$1000/month	100%	Optional	1 <sup>st</sup> day of the month following completion of 1 calendar month
2. a) Supplemental Life Insurance	\$10,000 to \$60,000 (in units of \$10,000)	\$0.12/\$1000/month	100%	Optional	1 <sup>st</sup> day of the month following completion of 1 calendar month
2. b) Employee Pay-All Life Insurance	\$10,000 to \$300,000 (in units of \$10,000)	\$0.11/\$1000/month	100%	Optional	1 <sup>st</sup> day of the month following completion of 1 calendar month
3. Dependent Life	\$5,000 Spouse \$2,000 Child	\$0.97/month	100%	Optional	1 <sup>st</sup> day of the month following completion of 1 calendar month
4. Extended Health Care	a) No deductible 85/15% co-insurance. Semi-private coverage and drugs	\$106.36/month – Single \$243.29/month – Family	NIL	Optional*	1 <sup>st</sup> day of the month following completion of 1 calendar month
	b) Vision Benefits	\$13.11/month – Single \$38.53/month – Family	100%	Optional with EHC	1 <sup>st</sup> day of the month following completion of 1 calendar month
	c) Hearing Care Benefits	\$1.11 /month – Single \$3.30/month – Family	100%	Optional with EHC	1 <sup>st</sup> day of the month following completion of 1 calendar month
5. Dental	Most dental procedures	\$53.67/month – Single \$150.08/month – Family	100%	Optional	1 <sup>st</sup> day of the month following completion of 6 calendar months
6. Critical Illness	\$25,000 to \$200,000 (in units of \$25,000)	See below for rates**	100%	Optional	After one month for first \$50,000 if application received within 31 days of hire
	6. Critical Illness**: per \$25,000 unit Age Band Male Female Smoker Non-Smoker Smoker Non-Smoker Under 30 \$2.99 \$2.49 \$2.78 \$2.32 30-34 \$4.90 \$3.44 \$5.70 \$4.17 35-39 \$6.36 \$4.30 \$8.28 \$5.23 40-44 \$11.52 \$6.66 \$14.98 \$7.98 45-49 \$23.20 \$11.46 \$22.46 \$10.74 50-54 \$42.13 \$18.25 \$36.10 \$16.52 55-59 \$67.68 \$27.55 \$42.55 \$20.14 60-64 \$108.41 \$45.43 \$54.97 \$28.77 65-69 \$189.83 \$87.25 \$87.02 \$49.89				

NOTE: Upon completion of a contract, a partial load employee may continue all benefits up to 6 months, if the College anticipates reemploying in the same status and providing (s)he pays 100% of the premiums. If an employee is reemployed as a partial load within 6 months of the contract end, waiting periods are waived for benefits previously enrolled. This is a brief outline for your information. 8% PST to be added to all amounts to arrive at total cost of premiums. More details may be obtained from your insurance booklet OR by contacting the Human Resources Department.

\* If you do not wish to participate in the Extended Health Care benefit, the enrolment form must be fully completed, including section 4 detailing coverage under another plan. Your signature is required for all benefits declined.