Fleming College – Partial Load Staff Insurance Plan

Benefit	Coverage			Monthly Premiums	Employee Contributions	Eligibility	Coverage Begins	
ic Life and A.D. &D	Life - \$25,000 A.D. &D \$25,000				\$0.21/\$1000/month \$0.02/\$1000/month	100%	Optional	1 st day of the month following completion of 1 calendar month
upplemental Life Irance	\$10,000 to \$60,000 (in units of \$10,000)				\$0.13/\$1000/month	100%	Optional	1 st day of the month following completion of 1 calendar month
mployee Pay-All Insurance	\$10,000 to \$300,000 (in units of \$10,000)				\$0.11/\$1000/month	100%	Optional	1st day of the month following completion of 1 calendar month
endent Life	\$5,000 Spouse \$2,000 Child				\$0.87/month	100%	Optional	1st day of the month following completion of 1 calendar month
nded Health Care	 a) No deductible 85/15% co-insurance. Semi-private coverage and drugs b) Vision Benefits 				\$107.96/month – Single \$246.94/month – Family	NIL	Optional*	1st day of the month following completion of 1 calendar month
					\$13.11/month – Single \$38.53/month – Family	100%	Optional with EHC	1 st 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 st day of the month following completion of 1 calendar month
tal	Most dental procedures				\$53.67/month – Single \$150.08/month – Family	100%	Optional	1 st day of the month following completion of 6 calendar months
i cal 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							
	Under 30 30-34 35-39	\$2.99 \$4.90	\$2.49 \$3.44	\$2.78 \$5.70	\$2.32 \$4.17			
	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			
				\$42.55	\$20.14			
	60-64 65-69	\$108.41 \$189.83	\$45.43 \$87.25	\$54.97 \$87.02	\$28.77 \$49.89			
i u i i i i i i i i i i i i i i i i i i	ic Life and A.D. &D upplemental Life rance mployee Pay-All insurance endent Life anded Health Care	ic Life and A.D. &D Life — \$25,000 A.D. &D. — \$25 upplemental Life rance mployee Pay-All insurance endent Life \$5,000 Spouse \$2,000 Child a) No deduct and drugs b) Vision Ber c) Hearing Ca tal Most dental pr cal Illness \$25,000 to \$20 6. Critical Illne Age Band Under 30 30-34 35-39 40-44 45-49 50-54 55-59 60-64	Life = \$25,000 A.D. &D. = \$25,000 A.D. &D. = \$25,000 upplemental Life rance \$10,000 to \$60,000 (in units of \$10,000 to \$300,000 (in units of \$10,000 to \$10,000 to \$10,000 (in units of \$10,000 to \$1	Life = \$25,000	Life = \$25,000 A.D. &D. = \$25,000 upplemental Life rance \$10,000 to \$60,000 (in units of \$10,000) mployee Pay-All nsurance \$10,000 to \$300,000 (in units of \$10,000) \$5,000 Spouse \$2,000 Child a) No deductible 85/15% co-insurance. Semi-private coverage and drugs b) Vision Benefits c) Hearing Care Benefits cal Illness \$25,000 to \$200,000 (in units of \$25,000) 6. Critical Illness**: per \$25,000 unit Age Band Male Smoker Non-Smoker Smoker Under 30 \$2.99 \$2.49 \$2.78 30-34 \$4.90 \$3.44 \$5.70 35-39 \$6.36 \$4.30 \$8.28 40-44 \$11.52 \$6.66 \$14.98 45-49 \$23.20 \$11.46 \$22.46 50-54 \$42.13 \$18.25 \$36.10 55-59 \$67.68 \$27.55 \$42.55 60-64 \$108.41 \$45.43 \$54.97	Life = \$25,000	Contributions Contribution	Cottributions Eligibility Cottributions Eligibility

Revised: January 26, 2021

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 they pay 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. You signature is required for all benefits declined.