

TO: ALL FULL-TIME RETIREES ENROLLED IN HOSPITAL BENEFIT PLANS

RE: MONTHLY BENEFIT PREMIUM COST

DATE: April 1, 2024

Manulife Financial – Monthly Premium Costs

The table below outlines the monthly premium cost by employee group. Rates quoted include 8% Retail Sales Tax as required by provincial law.

RETIREES		Total Monthly Cost	EMPLOYEE SHARE	HOSPITAL SHARE	Effective Date
ONA-retired at 55- 56 years		100%	100%	0%	
Extended Health	Single Family	\$167.31 \$488.22	\$167.31 \$488.22	\$0.00 \$0.00	January 2024 January 2024
Semi Private	Single Family	\$10.35 \$23.90	\$10.35 \$23.90	\$0.00 \$0.00	January 2024 January 2024
Dental	Single Family	\$82.33 \$235.48	\$82.33 \$235.48	\$0.00 \$0.00	January 2024 January 2024
ONA-retired at 57- 65 years		100%	50%	50%	
Extended Health	Single Family	\$167.31 \$488.22	\$83.65 \$244.11	\$83.66 \$244.11	January 2024 January 2024
Semi Private	Single Family	\$10.35 \$23.90	\$5.17 \$11.95	\$5.18 \$11.95	January 2024 January 2024
Dental	Single Family	\$82.33 \$235.48	\$41.16 \$117.74	\$ 41.17 \$117.74	January 2024 January 2024
OPSEU-retired at 55- 56 years	•	100%	100%	0%	•
Extended Health	Single Family	\$152.49 \$429.58	\$152.49 \$429.58	\$0.00 \$0.00	April 2024 April 2024
Semi Private	Single Family	\$10.35 \$23.90	\$10.35 \$23.90	\$0.00 \$0.00	January 2024 January 2024
Dental	Single Family	\$67.58 \$186.55	\$67.58 \$186.55	\$0.00 \$0.00	January 2024 January 2024
OPSEU-retired at 57- 65 years		100%	50%	50%	
Extended Health	Single	\$152.49	\$76.24	\$76.25	April 2024
Extended Health	Family	\$429.58	\$214.79	\$214.79	April 2024
Semi Private	Single Family	\$10.35 \$23.90	\$5.17 \$11.95	\$5.18 \$11.95	January 2024 January 2024
Dental	Single Family	\$67.58 \$186.55	\$33.79 \$93.27	\$33.79 \$93.28	January 2024 January 2024
CUPE		100%	25%	75%	
Extended Health	Single	\$169.24	\$42.31	\$126.93	January 2024
ZXIONAGA NGARI	Family	\$476.53	\$119.13	\$357.40	January 2024
Semi Private (100% ER)	Single Family	\$10.35 \$23.90	\$0.00 \$0.00	\$10.35 \$23.90	January 2024 January 2024
Dental	Single Family	\$84.76 \$224.93	\$21.19 \$56.23	\$63.57 \$168.70	January 2024 January 2024
CLAC		100%	100%	0%	
Extended Health	Single	\$164.30	\$164.30	\$0.00	January 2024
- Extended Floridi	Family	\$462.09	\$462.09	\$0.00	January 2024
Semi Private	Single Family	\$10.35 \$23.90	\$10.35 \$23.90	\$0.00 \$0.00	January 2024 January 2024
Dental	·				
	Single Family	\$76.67 \$219.88	\$76.67 \$219.88	\$0.00 \$0.00	January 2024 January 2024
OPAA		100%	100%	0%	
Extended Health	Single	\$139.07	\$139.07	\$0.00	January 2024
	Family	\$391.96	\$391.96	\$0.00	January 2024
Semi Private	Single	\$10.35	\$10.35	\$0.00	January 2024
	Family	\$23.90	\$23.90	\$0.00	January 2024
Dental					

NON UNION		100%	100%	0%	
Extended Health	Single	\$150.70	\$150.70	\$0.00	January 2024
	Family	\$424.74	\$424.74	\$0.00	January 2024
Semi Private	Single	\$10.35	\$10.35	\$0.00	January 2024
	Family	\$23.90	\$23.90	\$0.00	January 2024
Dental	Single	\$92.82	\$92.82	\$0.00	January 2024
	Family	\$251.93	\$251.93	\$0.00	January 2024
SR MGT/EXECUTIVES		100%	100%	0%	
Extended Health	Single	\$150.70	\$150.70	\$0.00	January 2024
	Family	\$424.74	\$424.74	\$0.00	January 2024
Semi Private	Single	\$10.35	\$10.35	\$0.00	January 2024
	Family	\$23.90	\$23.90	\$0.00	January 2024
Dental	Single	\$92.82	\$92.82	\$0.00	January 2024
	Family	\$251.93	\$251.93	\$0.00	January 2024