



MONTHLY PREMIUM CALCULATION WORKSHEET

For each benefit you would like to include in your plan, fill in the number of participants. You may choose to offer different benefits to different classes.

SECTION A: POOLED BENEFITS

		Monthly Cost
Life Insurance	\$25,000	\$13.25
Accidental Death & Dismemberment	\$25,000	\$1.50
Critical Illness	\$25,000	\$32.25
Dependent Life	\$10,000/ \$5,000	\$3.80
Insured by ACE INA Life Insurance Company, administered by The Benefits Trust.		
Long Term Disability	Please call for quote.	

Pooled Benefits Premiums

Select which benefits you would like:

	Monthly rate	x	# Employees	=	Monthly Premium
Life Insurance	\$13.25	x		=	\$
Accidental Death & Dismemberment	\$1.50	x		=	\$
Critical Illness	\$32.25	x		=	\$
Dependent Life	\$3.80	x		=	\$
A: Total Pooled Premiums					A \$

SECTION B: EXTENDED HEALTH CARE

Semi-Private Hospital Room

\$150 per day, maximum 30 days per year.

Out of Country Emergency Medical Insurance

Coverage for sudden, unexpected illness or injury.

Extended Health Care Premiums

	Monthly rate	x	# Employees	=	Monthly Contribution
Single	\$27.45	x		=	\$
Family	\$58.25	x		=	\$
B: Total Extended Health Care Premiums					B \$

Insured by RSA Travel Insurance Inc., administered by The Benefits Trust.

SECTION C: PRESCRIPTION DRUG BENEFIT

80% Pay-Direct Drug card. \$5.00 dispensing fee maximum. Generic substitution.

\$5,000 prescription drug maximum. Coverage includes vaccines.

No coverage for fertility treatments, sexual dysfunction, smoking cessation, anti-obesity treatments.

Prescription Drug Premiums

	Monthly rate	x	# Employees	=	Monthly Contribution
Single	\$28.00	x		=	\$
Family	\$74.00	x		=	\$
C: Total Extended Health Care Premiums					C \$

SECTION D: DENTAL CARE

80% Basic dental with no annual deductible.

Annual maximum \$750 per person / \$1,500 per family.

Dental Care Premiums

	Monthly rate	x	# Employees	=	Monthly Contribution
Single	\$50.50	x		=	\$
Family	\$136.35	x		=	\$
D: Total Dental Care Premiums					D \$

SECTION E: HEALTH CARE SPENDING ACCOUNTS

Amount as determined by the plan sponsor.

Dental Care Premiums

	Annual amount	/12	=	Monthly amount	x	# Employees	=	Monthly Contribution
Class A		/12	=		x		=	\$
Class B		/12	=		x		=	\$
Class C		/12	=				=	\$
						Total HCSA per Month		
Administration Fee	15% of HCSA Contributions				Total HCSA per Month x 15%			
E: Total HCSA & Admin per Month								E \$

CALCULATING THE DEPOSIT

Dental Care Premiums

Step 1	Total Pooled per Month	A		
Step 2	Total Extended Health Care per month	B		
Step 3	Total Prescription Drugs per month	C		
Step 4	Total Dental Care per month	D		
Step 5	Total HCSA & Admin per Month	E		
Step 6	Overall Total	(A+B+C+D+E)	Deposit	\$

* Applicable provincial and federal sales taxes will apply to monthly invoices

MAKE YOUR CHEQUE PAYABLE TO THE BENEFITS TRUST