

**C.U.P.E. Local 1310**  
**RATE ILLUSTRATION**  
**Summary**

Coverage	Monthly Premium	% of Salary	Employer Cost	% of Salary	Employee Cost	% of Salary
<b>Current</b>						
LIFE (\$25,000)	\$4.59	0.15%	Nil	Nil	\$4.59	0.15%
DEPENDENT LIFE	\$3.46	0.11%	Nil	Nil	\$3.46	0.11%
LTD (rounded)	\$151.00	4.90%	\$75.50	2.45%	\$75.50	2.45%
EXTENDED HEALTH CARE						
Single	\$115.02	3.73%	\$89.25	2.89%	\$25.76	0.84%
Family	\$249.49	8.09%	\$193.63	6.28%	\$55.86	1.81%
DENTAL						
Single	\$40.34	1.30%	\$31.04	1.00%	\$9.30	0.30%
Family	\$102.84	3.34%	\$79.10	2.57%	\$23.74	0.77%
TOTAL MONTHLY PREMIUM						
Single	\$310.95	10.08%	\$195.60	6.35%	<b>\$115.14</b>	3.73%
Family	\$511.38	16.59%	\$348.23	11.30%	<b>\$163.15</b>	5.29%

Based on Billed Rates

**Plus 3% 12/1/2008**

TOTAL MONTHLY PREMIUM						
Single	\$310.95	10.08%	\$201.60	6.53%	<b>\$109.35</b>	3.55%
Family	\$511.38	16.59%	\$358.51	11.63%	<b>\$152.87</b>	4.96%

**Renewal 1/1/2009**

TOTAL MONTHLY PREMIUM						
Single	\$381.67	12.38%	\$213.65	6.93%	<b>\$168.02</b>	5.45%
Family	\$651.29	21.12%	\$379.17	12.30%	<b>\$272.12</b>	8.82%

Renewal plus plan change = dispensing fee becomes deductible for the drugs under the Extended Health Care

TOTAL MONTHLY PREMIUM						
Single	\$366.31	11.88%	\$213.65	6.93%	<b>\$152.66</b>	4.95%
Family	\$616.45	20.06%	\$379.17	12.30%	<b>\$239.28</b>	7.76%

Renewal plus plan change = current drug deductible and 10% co-pay for drugs; out-of-pocket limit \$2,000/yr/person

TOTAL MONTHLY PREMIUM						
Single	\$371.43	12.04%	\$213.65	6.93%	<b>\$157.78</b>	5.11%
Family	\$629.07	20.40%	\$379.17	12.30%	<b>\$249.90</b>	8.10%