

Summary of Benefit Costs

As of April 1, 2024

Management and Professional Staff (MAPS) – Governed by the Handbook of Terms & Conditions of Employment for MAPS (excluded).

Employer Paid Monthly Costs

Health Coverage

Dental	\$228.00
Supplementary Health	\$318.00
EFAP	\$6.00

Income Protection

Long Term Disability coverage of 70% of salary	0.81% of payroll
--	------------------

Life and Critical Illness Insurance

Basic Life Insurance coverage of \$100,000	\$9.00
Basic Critical Illness Insurance coverage of \$10,000	\$3.60

These costs are a taxable benefit.

Universities Academic Pension Plan (UAPP)

UAPP contributions are shared equally by the University and the employee.

	Employer Pays	Employee Pays
Salary up to \$68,500	11.38%	11.38%
Salary over \$68,500	15.49%	15.49%
Salary above \$201,050.00	1.785%	1.785%

Executive Defined Contribution Supplemental Retirement Plan (EDCSR)

EDCSR contributions are paid by the University and are based on EDCSR points (age plus years of continuous service).

EDCSR Points	Contribution Rate
less than 55	8%
55 to less than 80	12%
80 points or more	16%

The annual contribution rate is applied to earnings above the UAPP maximum (\$190,470.00 in 2022) up to the EDCSR maximum (\$220,668.00).

Employee Paid Monthly Costs for Optional Benefits

Optional Employee Life Insurance

Monthly Cost per \$10,000 unit; Maximum coverage of 50 units (\$500,000).

Rates are adjusted based on your age on July 1st of each year.

Age	Male		Female	
	Non Smoker	Smoker	Non Smoker	Smoker
Under age 34	\$.40	\$.80	\$.20	\$.30
35 to 39	\$.50	\$ 1.00	\$.30	\$.50
40 to 44	\$.60	\$ 1.40	\$.40	\$.80
45 to 49	\$ 1.10	\$ 2.60	\$.80	\$ 1.50
50 to 54	\$ 1.90	\$ 4.30	\$ 1.30	\$ 2.40
55 to 59	\$ 3.50	\$ 7.50	\$ 2.20	\$ 3.70
60 to 64	\$ 4.10	\$ 9.50	\$ 2.50	\$ 4.00
65 to 69	\$ 5.20	\$ 11.70	\$ 3.00	\$ 4.60
70 to 74	\$ 11.07	\$ 25.65	\$ 6.88	\$ 11.00

Optional Dependant Life Insurance \$9.33

Voluntary Accident Insurance Plan (ADD)

Maximum coverage of 16 units (\$480,000)

Employee Coverage \$.75 per \$30,000 unit of coverage

Family Coverage \$ 1.05 per \$30,000 unit of coverage

Optional Employee or Spouse Critical Illness Insurance

Monthly Cost per \$25,000 unit; Maximum coverage of 12 units (\$300,000).

Rates are adjusted based on your age on May 1st of each year.

Age	Male		Female	
	Non Smoker	Smoker	Non Smoker	Smoker
Under age 25	\$ 2.50	\$ 3.55	\$ 2.50	\$ 3.45
25 to 29	\$ 3.35	\$ 5.55	\$ 3.45	\$ 5.70
30 to 34	\$ 4.15	\$ 7.50	\$ 4.30	\$ 8.25
35 to 39	\$ 5.05	\$ 9.80	\$ 5.20	\$ 10.25
40 to 44	\$ 7.05	\$ 15.05	\$ 7.65	\$ 14.90
45 to 49	\$ 10.75	\$ 25.20	\$ 11.65	\$ 23.25
50 to 54	\$ 16.10	\$ 41.90	\$ 16.65	\$ 35.70
55 to 59	\$ 22.10	\$ 62.65	\$ 21.95	\$ 54.35
60 to 64	\$ 37.10	\$ 101.80	\$ 35.45	\$ 76.70
65 to 69	\$ 54.40	\$ 155.15	\$ 54.00	\$ 119.15
70 to 74	\$ 108.50	\$ 249.15	\$ 77.25	\$ 172.90

You will be notified of rate increases that occur during the annual renewal of these plans.