

June 24, 2024

To: Benefit Administrators / Human Resource Personnel

From: Shiona Buckshaw

Partner Services Manager, Employee Benefits

Re: Follow Up: Benefit Education Sessions for Employers (Non-Payroll)

Employee Benefit Plans

On June 24, 2024, 3sHealth changed the system we use to administer benefits for your employees.

Thank you to everyone who attended one of the education sessions hosted in June, which detailed the changes to benefit administration processes, which include:

- 1. Weekly benefit eligibility moving to bi-weekly with the first eligibility process running the week of July 2. 3sHealth will continue to request employees' hours in advance of the 26-week measure processing:
 - a. Benefit Eligible Hours These are the hours the employee worked in the previous 26-week period and determine if the employee is eligible for benefit plan enrolment.
 - b. Group Life Hours These are the hours the plan member worked in the previous 26-week period, excluding call-back and overtime hours. This balance determines the employee's group life insurance volume.
 - c. Benefit eligibility for all employees will be measured based on the benefit eligible hours worked divided by 1948.8 work year hours even if your organizations work years hours are different.
- 2. Changes to how group life insurance volumes are calculated.
- 3. Beginning in July, employers will be invoiced monthly for premium and contributions instead of self-remitting.
 - a. Employers should continue to send the group Life premiums for the month of June and any previous months to Canada Life.
 - b. Employers should not send group life premiums owed for the month of July and any future months to Canada Life. Group life premiums will be included on the invoice you will receive from 3sHealth. Your monthly payment must be sent to 3sHealth.
- 4. Premium and contributions will be invoiced based on the information provided in your organizations Monthly Information Return (MIR).

To support employers with the new process changes, attached is the following:

- Employer Education Training Session Presentation
- Employer Invoice Calculation Information
- How to Calculate Disability Contributions





If you were unable to attend one of the education sessions we ask that you contact our office as soon as possible to set up time for training on the new process changes.

If you have any questions about this bulletin or to set up time for training, please contact a Benefits Services Officer at 1.866.278.2308 or email ebp@3sHealth.ca.





Administrative Information Management System (AIMS) Employer Administration Education Training Session

June 18, 2024 & June 20, 2024

First Nations and Métis/Michif land acknowledgement

We acknowledge that 3sHealth works and meets on the territory covered by Treaties 2, 4, 5, 6, 7, 8, and 10, the traditional territories of the Cree, Saulteaux, Dakota, Lakota, Nakota, Stoney, and Dene, and the Homeland of the Métis/Michif. Recognizing this history and the Truth and Reconciliation Commission Calls to Action are important to our future and our efforts to close the gap in health outcomes between Indigenous and non-Indigenous peoples.

As treaty people, we pay respect to the traditional caretakers of this land.

















Agenda

- Introductions
- Administrative Information Management System (AIMS)
 - O What is changing?
- Monthly Information Return (MIR)
- NEW! Contribution and Premium Monthly Invoice Process
- Employee Welcome Package and Notifications

Administrative Information Management System (AIMS)

- The existing 3sHealth benefits administration system will be replaced with a new administration system called Administrative Information Management System (AIMS).
- Implementation date is June 24, 2024.
- Replaces 82 non-integrated systems with a single software solution for Saskatchewan Health Care.

New employer numbers

- Employer numbers in AIMS are called legal entities.
- Employers were assigned new employer numbers (legal entity numbers) in AIMS.
- Benefit plan invoices and some reports may include your new employer number.

New employee identifier number

- Employees who exist in the current system will maintain their Benefit ID (BID) which is a 6-digit number.
- When new employee are entered into AIMS they will have their BID created, which will be a 7-digit number.
- Employees continue to use their BID to submit dental and health claims to Canada Life.

Weekly Eligibility Processing

- Benefit eligibility processing is bi-weekly (processing will be every other week instead of weekly).
- The first bi-weekly benefit eligibility processing is July 2.
- Depending on the timing of the employee's enrollment, there will be a longer period before drug cards are issued by Canada Life.
- We will continue to request 26-week hours on a weekly basis.

Group Life Insurance Calculation will be determined by the greater of either:

Group Life Hours x Hourly Salary x Multiplier = Coverage Amount
 *rounded up to the nearest \$1000.

- 2. Working Hours **x** 52 weeks **x** Hourly Salary **x** Multiplier = Coverage Amount
 - *rounded up to the nearest \$1000.

What is Changing? Group Life Insurance Calculation

Full-time or Part-time Employees

 The greater of the Group Life Hours Calculation or the Working Hours Calculation.

Group Life Hours		Hourly Salary		Multiplier		Calculated Amount		Coverage Amount
1945	×	\$23.37	x	2.0	=	\$90,909.30	Rounded up To the nearest \$1000	\$91,000.00

	Working Hours		Weeks		Hourly Salary		Multiplier		Calculated Amount		Coverage Amount
100	40	×	52	×	\$23.37	×	2.0	=	\$97,219.20	Rounded up to the nearest \$1000	\$98,000.00

In this example, the group life coverage amount will be \$98,000.

Group Life Insurance Calculation Examples

Casual Employees

 Casual employees do not have guaranteed hours; therefore, their group life will be calculated based on the Group Life Hours Calculation.

Group Life Hours		Hourly Salary		Multiplier		Calculated Amount		Coverage Amount
1945	Х	\$23.37	Х	2.0	=	\$90,909.30	Rounded up To the nearest \$1000	\$91,000.00

Group Life Insurance Calculation

Group Life Hours

 Calculated at the 26-week measure and the annual measure. Based on benefit eligible hours excluding overtime and callback hours.

Working Hours

Weekly guaranteed hours for part-time and full-time employees.

Hourly Salary

Hourly salary for the employee's position.

- Will continue to include your organizations active employees.
- The MIR is sent the last Monday of each month.
- We require the MIR's returned to 3sHealth by the 5th day of the following month. This process will continue.
- It will be important to have your MIR returned on time as when AIMS is implemented 3sHealth will start to send your organization invoices for benefit premium and contributions.

 Description

 **Description

- Invoices will be generated based on the latest information we have for your employees.
- If you do not return your MIR prior to the invoices being sent to your organization, your invoice may be incorrect.

Sunnydale Re	est Home																			
								NEW			LAST									Assignmen
PERSON ID								GUARANTEED			MONTH'S			OPTIONAL	EMPLOYEE	OPTIONAL	SPOUSE		VOL AD&D	ID (for
(for 3sHealth	1			DATE OF	ASSIGNMENT		GUARANTEED	WEEKLY	HOURLY RATE	NEW HOURLY	STRAIGHT		GROUP LIFE	EMPLOYEE	SMOKER	SPOUSAL LIFE	SMOKER	VOL AD&D	COVERAGE	3sHealth U
Use Only)	BENEFIT ID#	FIRST NAME	LAST NAME	HIRE	CATEGORY	UNION	WEEKLY HOURS	HOURS	OF PAY	RATE OF PAY	TIME PAY	DISABILITY PLAN(S)	VOLUME	LIFE VOLUME	STATUS	VOLUME	STATUS	VOLUME	TYPE	Only)
												EBP General Long Term								
				5-Mar-18	Full-time regular	OOS	40		78.13			Disability	301000	0	N	C	N	(J	
												EBP General Long Term								
				6-Apr-20	Full-time regular	OOS	40		59.52			Disability	200000	0	N	C	N	(J	
												EBP General Long Term								
				4-Nov-19	Full-time regular	OOS	37.5		61.31			Disability	207000	50000	N	C	N	50000	O Single Covera	ge
												EBP General Long Term								
				20-Mar-19	Full-time regular	OOS	37.5		25			Disability	84000	0	N	C	N		נ	

Guaranteed Weekly Hours

- Update the New column only if there is a change.
- This is the number of guaranteed hours the employee is hired with.

• Required for permanent full-time, permanent part-time and temporary employees to calculate group life insurance.

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Sunnydale Re	st Home																			
								NEW			LAST									Assignment
PERSON ID								GUARANTEED			MONTH'S			OPTIONAL	EMPLOYEE	OPTIONAL	SPOUSE		VOL AD&D	ID (for
(for 3sHealth				DATE OF	ASSIGNMENT		GUARANTEED	WEEKLY	HOURLY RATE	NEW HOURLY	STRAIGHT		GROUP LIFE	EMPLOYEE	SMOKER	SPOUSAL LIFE	SMOKER	VOL AD&D	COVERAGE	3sHealth Us
Use Only)	BENEFIT ID#	FIRST NAME	LAST NAME	HIRE	CATEGORY	UNION	WEEKLY HOURS	HOURS	OF PAY	RATE OF PAY	TIME PAY	DISABILITY PLAN(S)	VOLUME	LIFE VOLUME	STATUS	VOLUME	STATUS	VOLUME	TYPE	Only)
												EBP General Long Term								
				5-Mar-18	Full-time regular	OOS	40		78.13			Disability	301000	0	N	0	N)	
												EBP General Long Term								
				6-Apr-20	Full-time regular	OOS	40		59.52			Disability	200000	0	N	0	N)	
												EBP General Long Term								
				4-Nov-19	Full-time regular	OOS	37.5		61.31			Disability	207000	50000	N	0	N	5000	Single Cover	age
												EBP General Long Term								
				20-Mar-19	Full-time regular	oos	37.5		25			Disability	84000	0	N	0	N		0	

Guaranteed Weekly Hours

 Not required for casual employees as they do not have guaranteed weekly hours.

Example

An employee is hired at 50% and your organizations work week is 37.5 hours

 $37.5 \times .50 = 18.75$ guaranteed weekly hours

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Hourly Rate of Pay

- This is the employee's current rate of pay.
- Update the New column only if there is a change.
- Required for all employees regardless of their position to calculate group life insurance.

Last Month's Straight Time Pay: required for all active employees regardless if enrolled into a benefit plan.

- Used to determine the full-time-equivalent that is part of the core dental plan premium calculation.
- Used to determine the disability income plan, in-scope extended health care and enhanced dental plan contributions.

Last Month's Straight Time Pay:

- Remit the same way each month for active and on leave employees:
 - Non salaried employees: Monthly straight time hours for last month x rate of pay
 - Salaried employees: Annual salary divided by 12 months

If the MIR has an employee that should be terminated listed, or an employee change is required required:

 Complete and submit the NPO Employer Changing Information Form.

If the MIR does not have an active employee listed:

Complete and submit the New Hire Notification Form.

3sHealth Employee Benefit forms are available at 3sHealth.ca and can be submitted to ebp@3sHealth.ca

Invoicing to Employers

- Starting July 2024, 3sHealth Employee Benefits will send employers invoices for what is owing for benefit plans premiums and contributions.
- Employers will no longer need to manually calculate your premium and contributions.

 Payments for all benefit plans must be made to 3sHealth Employee Benefits. You must pay as invoiced.

Invoicing to Employers

- Group life premium payments for the month of July 2024 and onwards, should no longer be sent to Canada Life, include this payment with your invoice to 3sHealth.
- Adjustments musts be listed on the adjustment page included with your invoice. Credits will be applied to your next month's invoice.

Invoicing to Employers - The Process

- Each month an invoice for <u>all benefit plans</u> that you participate in will be sent to you by the 10th of the month.
- A detailed summary of your employees, their benefits and the contributions calculated is also included.

 We continue to require your payments by the 10th of the following month to avoid your organization going in arrears.

Invoicing to Employers – The Process

- The new monthly premiums and contributions remittance process begins in July.
- You will receive your first full invoice for all employee benefit plans that your organization participates in around July 10th with payment due to 3sHealth by August 10th.

Invoicing to Employers – The Process

- All outstanding remittances up to June 2024 should be submitted as per the current process.
 - Group life remittances should be sent directly to Canada Life for all months up to June 2024.

 Starting July 2024, group life remittances must be sent to 3sHealth along with your remittances for all other plans your organization participates in.

Monthly Invoice Data Sheet



PLANS MONTHLY
INVOICE

FOR MONTH OF MAY 2024

Each invoice will have a cover sheet with a subtotal for each plan your organization participates in and a grand total at the bottom.

PLAN	INVOICE#	TOTAL
Core Dental	BRIE-19722SH	\$8,866.22
Disability SEIU - West	BRIE-19790SH	\$4,167.75
Disability General	BRIE-19778SH	\$1,284.33
Group Life	BRIE-19828SH	\$2,559.98
In-Scope Health & Dental	BRIE-20004SH	\$8,264.40
Out-of-Scope Health & Dental	BRIE-20025SH	\$6,460.00
GRAND TOTA	\$31,602.38	

 PLEASE PAY BY
 Jul 10 2024

 SEND PAYMENT BY EFT TO
 TD Canada Trust
 Transit #: 75448

 1904 Hamilton St
 Institution #: 0004

 Regina SK S4P 3N5
 Account #: 0790-0313839

**NOTE - If paying by EFT, please email a copy of the invoice and the adjustment page to accounts.receivable@3sHealth.ca

SEND PAYMENT BY CHEQUE TO 3sHealth Employee Benefits 600 - 1919 Saskatchewan Drive Regina, Saskatchewan S4P 4H2

YOU MUST PAY AS INVOICED AND INCLUDE THIS INVOICE WITH YOUR PAYMENT.

USE PAGE 2 FOR ANY ADJUSTMENTS FOR THE NEXT INVOICE

Monthly Invoice Data Sheet



EMPLOYEE BENEFIT PLANS
MONTHLY INVOICE DATA SHEET OUT-OF-SCOPE EXTENDED
HEALTH & ENHANCED DENTAL

Legal Entity FAKE EMPLOYER

Not Real Person

Extended Health Coverage (%)	Extended Health Rate	Extended Health Original Enrollment Date	Extended Health Total
100	152.00	01 May 2002	\$152.00
Enhanced Dental Coverage (%)	Enhanced Dental Rate	Enhanced Dental Original Enrollment Date	Enhanced Dental Total
100	38.00	01 May 2002	\$38.00
Adjustment			\$0.00
		Total	\$190.00

Madeup Name

Extended Heal Coverage (%	Enterided Health	Extended Health Original Enrollment Date	Extended Health Total
50	76.00	01 Jan 2024	\$76.00
Enhanced Den Coverage (%		Enhanced Dental Original Enrollment Date	Enhanced Dental Total
50	19.00	01 Jan 2024	\$19.00
Adjustment			\$0.00
		Total	\$95.00

Each individual plan will include a breakdown by employee of premiums invoiced.

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Monthly Invoice and Adjustment Page

There will be an adjustment page that can be submitted to have next months invoice adjusted.

 Example: an employee terminated in June but that notice was not sent to 3sHealth, therefore they were on the invoice for July.



EMPLOYEE BENEFIT PLANS MONTHLY INVOICE

Please note any plan member changes for Employee Benefits to investigate for adjustment to your <u>next monthly invoice</u>. Please contact Employee Benefits at ebp@3sHealth.ca for assistance.

Person Number	Name	Reason for Adjustment

tact iiiio.		
	Name:	
	Phone #	

Disability Contributions for Employees LOA



MONTHLY DISABILITY **CONTRIBUTIONS FOR EMPLOYEES ON LEAVE**

Review the list of employees, confirm their leave of absence information and that each employee has elected to continue disability coverage while on their leave of absence.

- For each employee, enter the total employer (if applicable) and employee monthly contribution amount owed. If the employee has elected to opt out of disability coverage while on leave then enter 0.00 monthly contribution for the employee. Be sure to update AIMS or contact 3sHealth Employee Benefits to have the employee's disability coverage expired.
- Total the monthly contribution amount for all employees.
- Send the completed form along with your monthly payment to 3sHealth Employee Benefits.
- You may include this remittance amount along with your payment for the Employee Benefit Plans Monthly Invoice.

Bargaining Unit	Contribution Rate
CUPE	0.0240
CUPE age 65+	0.0085
SEIU-West	0.0243
SEIU-West age 65+	0.0065
SUN	0.0157
General	0.0131

Fake Employer

FOR MONTH OF JUN 2024

Reference Number BRIE-LOA-6587



MONTHLY DISABILITY **CONTRIBUTIONS FOR EMPLOYEES ON LEAVE**

Person #	Employee Name	Type	Leave Start Date	Bargaining Unit	Total Contributions (\$)
		Maternity/Pate rnity/Parental/ Adoption Unpaid			
		Short Term Disability	Dec 07, 2023		

Total	\$	

SEND PAYMENT TO 3sHealth Employee Benefits 600 - 1919 Saskatchewan Drive Regina, Saskatchewan S4P 4H2

Contributions for Employees on Disability Waiver

EMPLOYEES ON WAIVER

Employees on waiver will be "information purposes only". If they have returned to work, please advise 3sHealth.

FOR MONTH OF JUN 2024

Reference Number BRIE-LOA-6590

Person #	Employee Name	Туре	Leave Start Date	Bargaining Unit
		LTD/Waiver	Feb 24, 2015	
		LTD/Waiver	Aug 29, 2022	
		LTD/Waiver	May 04, 2023	
		LTD/Waiver	Nov 28, 2021	

Welcome Package - Employee Notifications

- 3sHealth will continue to:
 - forward the employee welcome package to newly enrolled at both the 26 week and annual measure.
 - forward the employee letters when they lose coverage as we do today.
- Employees will receive a benefit statement that will include the benefit plans they are enrolled into.
- Benefit eligibility will run every 2nd week instead of weekly, welcome packages will be sent out bi-weekly.

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Welcome Package – Employer Notifications

- Employers will continue to receive information on employees enrolled into the benefit plans during the previous 2-week period.
- Reports will look different than they do today:
 - there is no 'eligibility reason'.
 - Will include the 'life event' which is the reason the employee lost or gained coverage.
- Employer will be notified of employees who lose coverage through an email.
- Employer eligibility reports will be sent bi-weekly.

Support for Employers

Benefit Services Officers –available to provide assistance and answer your questions!

- Monday to Friday 8:00 AM 4:30 PM.
- Telephone 306.347.5519 or toll free 1.866.278.2301 –
 Option #4.
- Email <u>ebp@3sHealth.ca</u>.

Information to Come

- Employer Education Power Point
- Invoice Information Sheet

Questions





Calculating DIP Premiums for Employees Who Have Opted to Continue Coverage during their Leave of Absence (3sHealth Disability Plans only)

Note: These calculations use bi-weekly instead of monthly as not all leave of absences starts and end at the beginning of a month, and not all months are 4 weeks; however, most employees choose to pre-pay their premiums once a month.

You will also need to adjust your calculations for those years that have an additional pay-period in them (use 54 weeks or 27 pay-periods in those instances).

A. <u>Premiums for Full-Time employees</u> (permanent or temporary)

To determine the DIP LOA premiums for a Full-Time employee, you would need to follow the calculations below:

- 1. Take the employee's annual salary and divide by 26 = the regular bi-weekly earnings
- 2. Multiple the regular bi-weekly earnings (from step 1) by the premium rate associated with the employee's 3sHealth Disability Income Plan benefit = the bi-weekly premium
- 3. Count how many weeks the employee's absence will be and divide by 2 = the number of "pay periods" the absence will have
- 4. Multiply the bi-weekly premium calculated (from step 2) by the number of "pay periods" the absence will be (from step 3) = the total premium due
- 5. Take the total premium due and divide by the # of months the absence is scheduled for = the monthly premium the employee owes

Example:

You have a Full-Time SUN employee who has an annual salary of \$ 104,000 going on a leave of absence scheduled to start January 8, 2024, and end on May 27, 2025. To calculate their 3sHealth SUN DIP premiums:

- Divide their annual salary by 26 to get their bi-weekly earnings: \$104,000/26 = 4,000 bi-weekly earnings
- Multiple the earnings by the DIP rate associated for that benefit: 4,000 x 0.0146 = \$58.40 biweekly DIP premiums
- \circ The employee's absence began 08-Jan-2024 and is scheduled to end 27-May-2025, totaling 80 weeks / 2 = 40 "pay periods" (17 months)
- \$58.40 x 40 = \$2,336.00 is the total premiums due for the employee to maintain DIP coverage
- Total premium of \$2,336 / 17 months = \$137.41 is the monthly premium owed

B. Premiums for Other Than Full-Time Employees (OTFT)

To determine the DIP LOA premiums for an OTFT employee, you would need to follow the calculations using a rolling 52-week average:

- 1. Add the employee's benefit-eligible earnings for the past 26 pay-periods (52 weeks) together and divide by 26 = the average bi-weekly earnings.
- 2. Multiple the average bi-weekly earnings (from step 1) by the premium rate associated with the employee's 3sHealth Disability Income Plan benefit = the bi-weekly premium
- 3. Count how many weeks the employee's absence will be and divide by 2 = the number of "pay periods" the absence will have
- 4. Multiply the bi-weekly premium calculated (from step 2) by the number of "pay periods" the absence will be (from step 3) = the total premium due
- 5. Take the total premium due and divide by the # of months the absence is scheduled for = the monthly premium the employee owes

Example:

You have an OTFT CUPE employee who had a total of \$45,120 paid as benefit-eligible earnings in the last 26 pay-periods prior to their absence starting. Their absence is scheduled for 11-months February 6, 2024, scheduled to end December 30, 2024. To calculate their 3sHealth CUPE DIP premiums:

- Divide their total benefit-eligible earnings paid in the last 26 weeks by 26 to get their average biweekly salary: \$45,120/26 = \$1,735.38 average bi-weekly earnings
- Multiple the earnings by the DIP rate associated for that benefit: 1,735.38 x 0.0254 = \$44.08 bi weekly DIP premiums
- The employee's absence began 06-Feb-2024 and is scheduled to end 30-Dec-2024, totaling 47 weeks / 2 = 23.5 "pay periods" (11 months)
- \$40.08 x 23.5 = \$1,035.88 is the total premium due for the employee to maintain DIP coverage
- Total premium of \$1,035.88 / 11 months = \$94.17 is the monthly premium owed

Benefit Plans Premium and Contribution Calculations Breakdown

At A Glance – How are Benefits Calculated			
Group Life Insurance – Basic Life	Life insurance volui	me (from MIR) x to t be enrolled in t	fe premium calculation is based on the employee's Group the Basic Group Life rate. he Group Life Insurance Plan to be included in the
	Basic Group Life Ra *This is the rate as		and is subject to change.
			ic GL, Basic GL rate is 0.143/1,000. is this employee's monthly premium
Group Life Insurance – Basic AD&D	 The Group Life Insurance – Basic AD&D premium calculation is based on the employee Group Life insurance volume (from MIR) x the Basic AD&D rate. An employee must be enrolled in Group Life Insurance Plan to be included in the prem calculation. 		MIR) x the Basic AD&D rate.
	Basic AD&D Rate = *This is the rate as	•	and is subject to change.
	1 1		ic GL, Basic AD&D rate is 0.017/1,000. s this employee's monthly premium
Group Life Insurance – Optional Insurance	 The Group Life Insurance – Optional coverage premium calculation is based on the employee's elected/approved volume (from MIR), smoker status (smoker or non-smoker) and age. An employee must be enrolled in the Group Life Insurance Plan with Optional Insurance to be included in the premium calculation. 		
	Employee Age	Employee Non-Smoker	
		Rate	
	Under Age 40	\$0.44 \$0.075	
	Age 40 – 44 Age 45 – 49	\$0.075	
	Age 50 – 54	\$0.250	
	Age 55 – 59	\$0.425	
	Age 60 – 64	\$0.594	
	*This is the rate as	of June 24, 2024	and is subject to change.

Employee Age	Employee
	Smoker Rate
Under Age 40	\$0.088
Age 40 – 44	\$0.150
Age 45 – 49	\$0.213
Age 50 – 49	\$0.450
Age 55 – 59	\$0.750
Age 60 – 64	\$1.050

^{*}This is the rate as of June 24, 2024 and is subject to change.

Ex. An employee has \$70,000 Optional coverage (7 units), is 47 years of age and a non-smoker. The rate for this combination is: 0.106/1,000.

 $((\$70,000 \times 0.106)/1,000) = \7.42 is this employee's monthly premium

Group Life Insurance – Voluntary AD&D (Single and Family)

- The Group Life Insurance Voluntary Accidental Death & Dismemberment (AD&D) premium is based on the employee's elected volume (from MIR) as well as if the coverage is single or family.
- An employee must be enrolled in the Group Life Insurance Plan and elected Voluntary AD&D to be included in the premium calculation.

Voluntary AD&D Coverage	Premium Rate
Single	\$0.020
Family	\$0.040

^{*}This is the rate as of June 24, 2024 and is subject to change.

Ex. An employee has \$90,000 (9 units) in Family Voluntary AD&D. The rate for this coverage is: 0.040/1,000.

 $((\$90,000 \times 0.040)/1,000) = \3.60 is this employee's monthly premium

- The Disability Income Plan contribution is based on an employee's regular monthly earnings (from MIR) x the bargaining unit (affiliation) rate.
- An employee must be enrolled into the 3sHealth Disability Income Plan to be included in the contribution calculation.

Bargaining Unit	Contribution Rate
CUPE	0.0254
CUPE age 65+	0.0085
SEIU-West	0.0243
SEIU-West age 65+	0.0065
SUN	0.0146
General	0.0119

^{*}This is the rate as of June 24, 2024 and is subject to change.

Disability Income Plan

	the CUPE disability p \$1,709.60 x 0.0254 =	lan, with \$43.42 is	a rate of \$0.0254 (CUI s this employee's mon	thly premium
In-Scope Extended Health Care & Enhanced Dental Plan	- The In-Scope Exten	ded Healt	th Care and Enhanced	Dental Plan (EHC & ED) contributions are
	· ·			earnings (from MIR) x the Bargaining Unit
	(affiliation) rate.	a cp.c	,	
	'	oo must	ha anrallad in the EUC	C & ED plans to be included in the
	contribution calculat		be emolied in the Ent	. & ED plans to be included in the
		In-Sco	ope EHC & ED	
	Bargaining Unit	Contr	ribution Rate	
	CUPE	\$0.03	1	
	SEIU-West	\$0.03	1	
	SUN	\$0.02	75	
	HSAS	\$0.02	1	
	SGEU	\$0.03	1	
	RWDSU	\$0.02	16	
	*This is the rate as o	f June 24	, 2024 and is subject	to change.
	Fig. A SUM amortoure			ĆC130 F4 is somelled in the FUC 9 FD
	1 1	_		\$6120.54, is enrolled in the EHC & ED
			SUN contribution rate	
			is this employee's mor	•
Out-of-Scope Extended Health Care & Enhanced Dental Plan				nhanced Dental Plans (EHC & ED)
				an employee is eligible for.
		nust be e	nrolled in EHC & ED p	lans to be included in the contribution
	calculation.			
	· · ·	& ED Mo	nthly Contribution Rej	port was sent to employers from 3sHealth
	Employee Benefits.	0/	Contribution Rate	
	OOS ED Plan Cover	age %	\$19.00	
	60%		\$22.80	
	70%		\$26.60	
	80%		\$30.40	
	90%		\$34.20	
	100%		\$38.00	
			, 2024 and is subject	to change.
	OOS EHC Plan Cove	erage %	Contribution Rate	
	50%		\$76.00	
	60%		\$91.20	
	70%		\$106.40	
	100%		\$152.00	

*This is the rate as of June 24, 2024 and is subject to change.

	Ex. An OOS employee has 80% enhanced dental & 100% extended health care coverage 1 employee x 30.40 (80%) enhanced dental rate = \$30.40 1 employee x 152.00 (100%) extended health care rate = \$152.00 Total monthly contribution for this employee = \$182.40
Core Dental	 The Core Dental Plan contribution is calculated based the total paid hours for all employees in a Bargaining Unit (affiliation) for a month divided by your organizations 1 full-time equivalent per month (hours) x Core Dental rate. All employees employed within your organization are included in this calculation, regardless of if they are enrolled in the Core Dental Plan or not. Regular hours come from the MIR and the FTE used in contribution calculation was confirmed by your organization as being what a full-time position would work per affiliation.
	Core Dental Plan Rate = \$77.75 *This is the rate as of June 24, 2024 and is subject to change.
	Ex. An organization's OOS full-time employees work 162.5 hours in a month (each affiliation may work different hours in a month; therefore, the FTE would be different)
	3 OOS employees worked 150 hours \Rightarrow 2 x 150 = 300 1 OOS employee worked 162.5 hours \Rightarrow 1 x 162.5 = 162.5 2 employees worked 75 hours \Rightarrow 2 x 75 = 150 4 employees worked 55 hours \Rightarrow 4 x 55 = 220
	(300+162.5+150+220)/162.5 = 5.12 FTE's x Core Dental Rate 77.75 = \$82.87 is the OOS monthly contribution
Calculations based on coverage start dates:	 If an employee is enrolled into a benefit plan from the 1st to the 15th of the invoicing month, and the employee was enrolled before the last day of the billing month, they will be included on that month's invoice. If an employee is enrolled into a benefit from the 16th to the end of the billing month, they will not be included on the invoice until the following month. Enrolments completed retroactively are treated as adjustments.
	Ex. Employee 123456 was enrolled in the Group Life plan effective 10-July-2024, which was entered into AIMS before 31-July-2024. This employee would be included in the premium calculations for the July invoice that will be sent in August.
	Ex. Employee 987654 was enrolled in the Disability Income plan effective 19-July-2024, which was entered into AIMS before 31-July-2024. This employee would not be included in the contribution calculations for July, but instead on the invoice for August which would be sent out in September.
	Ex. Employee 654821 is enrolled in the In-Scope Extended Health Care & Enhanced Dental plans effective 02-July-2024, however the employee's enrolment information was not entered into AIMS until 05-August-2024. This employee will not be included in the July invoice, but

	instead would be on the August invoice with 1 month's arrears owing for July in addition to premiums owed for August.
Calculations based on coverage end dates:	 Only the Group Life Insurance Plan and the OOS Extended Health Care & Extended Dental plans have invoice logic based on the enrollment record starting or ending in the first 15 days of the month or ending in the first 15 days of the month. If an employee lost coverage in a benefit plan from the 1st to the 15th of the invoicing month, and their benefit expiry was entered into AIMS before the last day of the billing month, they will not be included on that month's invoice. If an employee lost coverage from the 16th to the end of the billing month, they will be included on the invoice.
	Ex. Employee 123456 lost Group Life Insurance coverage effective 10-July-2024 and the expiry date was entered into AIMS before 31-July-2024. This employee would not be included in the premium calculations for the July invoice that will be sent in August.

At A Glance – Adjustments

- 1. Core Dental Plan Contribution Adjustments
- 2. Out-of-Scope Extended Health Care & Enhanced Dental Plan Contribution Adjustments
- 3. In-Scope Extended Health Care & Extended Dental Plan Contribution Adjustments
- 4. Group Life Insurance Premium Adjustments
- 5. Disability Income Plan Contribution Adjustments

If any employee information used as part of your organizations invoice calculation is not correct, such as an employees' hours were incorrect in the previous month, a hire date was changed, or an employee should be terminated:

- Remit premiums or contributions as invoiced.
- Send 3sHealth Employee Benefits a completed Employer Information Form with the change.
- Indicate the change on the invoice "adjustments page" when you remit to 3sHealth. Your organization's next month's invoice will be adjusted based on the employee change.
- It is important that your monthly information return (MIR) data is up to date, this will ensure your invoice will be correct.

In-Scope Enhanced Dental, Out-of-scope Enhanced	At A Glance – Absences (Leaves of Absence) - Employees on a leave of absence who are enrolled into the Extended Health Care & Enhanced
Dental, In-Scope Extended Health, Out-of-scope Extended Health, Core Dental	Dental Plans will be included in the contribution invoices along with active employees, see calculation rules above. - If an employee loses coverage while on an absence, they will not be included in the invoice.
Group Life Insurance Plans	 Employees on a leave of absence that is not a disability claim (no waiver applied) will be included in the Group Life Insurance premium invoice, if the employee is enrolled into the plan. Employees on an approved long term disability claim (LTD) (either a 3sHealth or non 3sHealth disability claim) will not be included in the Group Life Insurance premium invoice. When the Group Life benefit plan is on a waiver the employee will display in the LOA Remittance Report Waiver. Employees on an approved LTD disability claim (with an approved waiver) do not have to pay premiums for coverage.
	Ex. Employee 123456 was put on an LTD Disability claim (Waiver) leave with a start date of 03-August-2024, and the absence information was entered into AIMS in August 2024. This employee would remain on the dental/health invoice calculations, but because their waiver began in the first 15 days of the billing month August, they would not be included in the Group Life Insurance or Disability Income Plan calculations.
	Ex. Employee 987654 was put on a WCB leave with a start date of 05-July-2024, and the absence information was entered in AIMS in August 2024. This employee would remain on the dental/health invoice calculations, but because the waiver was entered in August, they would have remained on the Group Life and Disability Income Plan calculations for July but would be removed for August. The employer would need to indicate the manual adjustment on the "adjustments" page for the premiums calculated for July.
Disability Income Plans	 Employees on a leave of absence that is not a disability claim (no waiver applied) will not be included in the Disability Income Plan Insurance contribution invoice when the employee has no regular monthly earnings. Employees on a leave of absence that is not a waiver claim will be included in the LOA Remittance Report. Employers must self-calculate the disability income plan contribution and remit with their benefit plan invoices. Employees on an approved long term disability claim (LTD) (either a 3sHealth or non 3sHealth disability claim) will not be included in the Disability Income Plan contribution invoice. When the Disability Income plan is on a waiver the employee will display in the LOA Remittance Report Waiver. Employees on an approved LTD disability claim (with an approved waiver) do not have to pay premiums for coverage.

Ex. Employee 123456 was put on an LTD Disability claim (Waiver) leave with a start date of 03-August-2024, and the absence information was entered into AIMS in August 2024. This employee would remain on the dental/health invoice calculations, but because their waiver began in the first 15 days of the billing month August, they would not be included in the Group Life Insurance or Disability Income Plan calculations.

Ex. Employee 987654 was put on a WCB leave with a start date of 05-July-2024, and the absence information was entered in AIMS in August 2024. This employee would remain on the dental/health invoice calculations, but because the waiver was entered in August, they would have remained on the Group Life and Disability Income Plan calculations for July but would be removed for August. The employer would need to indicate the manual adjustment on the "adjustments" page for the premiums calculated for July.