## MONTHLY BENEFIT DEDUCTIONS Effective JULY 1, 2025 TEACHER STAFF - EMPLOYEE SHARE ONLY

Carrier Policy/Plan #		PBC 20036											Manulife	Telus Health		
													121260			
Benefit			Health					Dental						LIFE	EFAP	
Coverage		SINGLE COUPLE				FAMILY		SINGLE		COUPLE		FAMILY		0.08000/\$1000	ALL	
Employee Share	Assignment %															
86.50%	10%	\$	156.06	\$	280.92	\$	358.96	\$	90.23	\$	178.69	\$	252.59	Amt.Varies	\$	1.14
73.50%	20%	\$	132.61	\$	238.70	\$	305.01	\$	76.67	\$	151.84	\$	214.63	Amt.Varies	\$	1.14
60.00%	30%	\$	108.25	\$	194.86	\$	248.99	\$	62.59	\$	123.95	\$	175.21	Amt.Varies	\$	1.14
46.50%	40%	\$	83.90	\$	151.01	\$	192.97	\$	48.50	\$	96.06	\$	135.78	Amt.Varies	\$	1.14
33.50%	50%	\$	60.44	\$	108.79	\$	139.02	\$	34.94	\$	69.20	\$	97.82	Amt.Varies	\$	1.14
20.00%	60-100%	\$	36.08	\$	64.95	\$	83.00	\$	20.86	\$	41.32	\$	58.40	Amt.Varies	\$	1.14
		Δ	NNUAL P	REF	PAYMENT	FO	R TEACHE	RE	BENEFITS	FOR	NEXT SCI	100	L YEAR			
100.00%	100%	\$	1,804.20	Ś	3,247.60	\$4	4,149.80	Ś	1,043.10	Ś	2,065.80	\$ 2	2,920.10	Amt.Varies	\$	57.00

## **TEACHER RETIREES**

100.00% \$	3 231.08 \$ 231.08 \$	8		
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## NOTES:

10 Monthly payments cover 12 months of benefits (Sep-June deductions for Oct-Sep coverage) except for EFAP.

Deduction rates for E.H.B., Dental, and GWL typically change July 1st.

Manulife June deduction is for June, July & Aug coverage.