

Plan Cost Summary

Not all employers participate in the all of the Plans offered by HEB Manitoba. Rates are subject to change.

Plan	Frequency	Employee Premium/Contribution	Employer Premium/Contribution
PENSION PLAN			
	Each pay	7.9% of pensionable earnings up to the YMPE* and 9.5% of pensionable earnings in excess of the YMPE.	7.9% of pensionable earnings up to the YMPE* and 9.5% of pensionable earnings in excess of the YMPE.
*YMPE is the Year’s Maximum Pensionable Earnings. For 2025, the YMPE is \$71,300.			
COLA PLAN			
	Each pay	1.0% of pensionable earnings.	1.0% of pensionable earnings.
LIFE INSURANCE PLAN			
Basic Personal*	Each pay	Nil	8.26 cents per \$1,000 of insurance.
Optional Personal*	Each pay	8.26 cents per \$1,000 of insurance per unit of Optional Insurance. The employee may choose 1, 2, 3 or 4 units.	Nil
*The maximum combined benefit payable for Basic and Optional Personal Life Insurance is \$1,000,000. The total of the employer premium plus the employee premium cannot exceed the maximum premium of \$82.60 each pay.			
Optional Family	Each pay	\$2.42 per unit (maximum of 10 units)	Nil
7% retail sales tax must be charged on group life insurance premiums. This requirement affects both employee and employer premiums.			
HEALTHCARE PLAN			
	Monthly	Single Coverage: \$23.17 Family Coverage: \$57.82	Single Coverage: \$23.17 Family Coverage: \$57.82
DENTAL PLAN			
	Monthly	Single Coverage: \$22.36 Family Coverage: \$65.27	Single Coverage: \$22.36 Family Coverage: \$65.27
HEALTHCARE SPENDING ACCOUNT			
	Monthly	Nil	Claims incurred plus administration fee.
EMPLOYEE ASSISTANCE PLAN			
	Monthly	Nil	\$4.10 per employee (\$5.10 effective August 1, 2025)
DISABILITY & REHABILITATION PLAN			
	Each pay	The total premium paid by employers or employees/employers is 2.2% of eligible earnings.	
RETIREE HEALTHCARE PLAN			
Level I	Monthly	Single Coverage: \$3.91 Family Coverage: \$6.87	Not applicable
Level II	Monthly	Single Coverage: \$51.01 Family Coverage: \$80.63	Not applicable