

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**  
**Employee Benefit Plans**

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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. Benefit eligible hours for employees are only calculated bi-weekly when payroll runs.
  - a. Benefit eligibility for all employees will be measured based on the benefit eligible hours the employee worked divided by 1948.8 work year hours even if 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. Approved Lifestyle Spending Account (LSA) claims will be automatically uploaded into AIMS payroll and paid to employees on a bi-weekly basis. Claims approved between June 9 to June 29 will be paid through payroll on July 5, 2024. After that initial upload, LSA claims will be paid through payroll bi-weekly. Example: claims from June 30, 2024 to July 13, 2024 will be paid on July 19, 2024.

To support employers with the new process changes, attached are 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](mailto:ebp@3sHealth.ca).

*Bulletin*



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

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June 19, 2024 & June 20, 2024

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## 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.***

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# Agenda

- Introductions
- Administrative Information Management System (AIMS)
  - What is changing?
- 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.

# What is Changing?

## **New employer numbers**

- Employer numbers in AIMS is 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.



# What is Changing?

## **New employee identifier number**

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

# What is Changing?

## **Weekly Eligibility Processing**

- Payroll processing and benefit eligibility processing is bi-weekly (Processing will be every other week instead of weekly).
- Depending on the timing of the employee's enrollment, there will be a longer period before drug cards are issued by Canada Life.

# What is Changing?

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

1. Group Life Hours  $\times$  Hourly Salary  $\times$  Multiplier = Coverage Amount

\*rounded up to the nearest \$1000.

2. Working Hours  $\times$  52 weeks  $\times$  Hourly Salary  $\times$  Multiplier = Coverage Amount

\*rounded up to the nearest \$1000.

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# 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             | x | \$23.37       | x | 2.0        | = | \$90,909.30       | Rounded up<br>To the nearest \$1000 | \$91,000.00     |

| Working Hours |   | Weeks |   | Hourly Salary |   | Multiplier |   | Calculated Amount |                                     | Coverage Amount |
|---------------|---|-------|---|---------------|---|------------|---|-------------------|-------------------------------------|-----------------|
| 40            | x | 52    | x | \$23.37       | x | 2.0        | = | \$97,219.20       | Rounded up<br>to the nearest \$1000 | \$98,000.00     |

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

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# What is Changing?

## 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 Calculation.

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

In this example, the group life coverage is \$91,000.

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# What is Changing?

## **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.

### Hourly Salary

- The hourly salary rate from the employee's position.
- Used to calculate the group life insurance for all employees regardless of their position.

# What is Changing?

## **Group Life Insurance Calculation**

### Working Hours

- The weekly guaranteed hours for part-time and full-time employees that the employee is hired to work.
- Required for permanent full-time, permanent part-time and temporary employees to calculate group life insurance.

# What is Changing?

## Group Life Insurance Calculation

### Working 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



# 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 must be listed on the adjustment page included with your invoice. Credits will be applied to your next months invoice.

# Invoicing to Employers - The Process

- Each month an invoice for all benefit plans that you participate in will be sent to you by the 10<sup>th</sup> of the month.
- A detailed summary of your employees, their benefits and their contributions calculated is also included.
- We continue to require your payments by the 10<sup>th</sup> 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 10<sup>th</sup> with payment due to 3sHealth by August 10<sup>th</sup>.

# 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



EMPLOYEE BENEFIT  
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         |
| <b>GRAND TOTAL</b>           |              | <b>\$31,602.38</b> |

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](mailto: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                |
| <b>Total</b>                 |                      |  | <b>\$190.00</b>       |

Madeup Name

| Extended Health Coverage (%) | Extended Health Rate | Extended Health Original Enrollment Date | Extended Health Total |
|------------------------------|----------------------|--|-----------------------|
| 50                           | 76.00                | 01 Jan 2024                              | \$76.00               |
| Enhanced Dental Coverage (%) | Enhanced Dental Rate | Enhanced Dental Original Enrollment Date | Enhanced Dental Total |
| 50                           | 19.00                | 01 Jan 2024                              | \$19.00               |
| Adjustment:                  |                      |  | \$0.00                |
| <b>Total</b>                 |                      |  | <b>\$95.00</b>        |

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

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# Disability Contributions for Employees LOA



MONTHLY DISABILITY  
CONTRIBUTIONS FOR  
EMPLOYEES ON LEAVE



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.

1. 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.
2. Total the monthly contribution amount for all employees.
3. Send the completed form along with your monthly payment to 3sHealth Employee Benefits.
4. 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

| Person # | Employee Name | Type   | Leave Start Date | Bargaining Unit | Total Contributions (\$) |
|----------|---------------|--|------------------|-----------------|--------------------------|
|          |               | Maternity/Paternity/Parental/Adoption Unpaid | Apr 05, 2023     |                 |                          |
|          |               | 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 | Type       | 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     |                 |

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

# 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 2<sup>nd</sup> 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 benefit reports will be placed on your organizations DDS bi-weekly.

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# 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 [ebp@3sHealth.ca](mailto:ebp@3sHealth.ca).

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# Information to come

- Employer Education Power Point
- Invoice Information Sheet

# Questions



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Thank You!

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

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*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. Premiums for Full-Time employees (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:  $4,000 \times 0.0146 = \$58.40$  bi-weekly DIP premiums
- 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)
- $\$58.40 \times 40 = \$2,336.00$  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 bi-weekly salary:  $\$45,120/26 = \$1,735.38$  average bi-weekly earnings
- Multiple the earnings by the DIP rate associated for that benefit:  $1,735.38 \times 0.0254 = \$44.08$  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)
- $\$44.08 \times 23.5 = \$1,035.88$  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

## Employer Cheat Sheet of Logic

### At A Glance – How are Benefits Calculated

#### Group Life Insurance Plan – Basic Life

- The Group Life Insurance – Basic Life premium calculation is based on the employee’s Group Life insurance volume (from AIMS) x the Basic Group Life rate.
- An employee must be enrolled in the Group Life Insurance Plan to be included in the premium calculation.

**Basic Group Life Rate = \$0.143**

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

*Ex. An employee has 150,000 in Basic GL, Basic GL rate is 0.143/1,000.  
 $((\$150,000 \times 0.143)/1,000) = \$21.45$  is this employee’s monthly premium*

#### Group Life Insurance Plan – Basic AD&D

- The Group Life Insurance – Basic AD&D premium calculation is based on the employee’s Group Life insurance volume (from AIMS) x the Basic AD&D rate.
- An employee must be enrolled in Group Life Insurance Plan to be included in the premium calculation.

**Basic AD&D Rate = \$0.017**

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

*Ex. An employee has 150,000 in Basic GL, Basic AD&D rate is 0.017/1,000.  
 $((\$150,000 \times 0.017)/1,000) = \$2.55$  is this employee’s monthly premium*

#### Group Life Insurance Plan – Optional Insurance

- The Group Life Insurance – Optional coverage premium calculation is based on the employee’s elected/approved volume (from AIMS), 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                   |
| Age 40 – 44  | \$0.075                  |
| Age 45 – 49  | \$0.106                  |
| 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 x 0.106)/1,000) = \$7.42 is this employee's monthly premium*

Group Life Insurance Plan – 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 AIMS) 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 x 0.040)/1,000) = \$3.60 is this employee's monthly premium*

Disability Income Plan

- The Disability Income Plan contribution is based on an employee's regular monthly earnings (from AIMS) 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.**

*Ex. A CUPE employee under age 65 has regular monthly earnings of \$1,709.60, is enrolled in the CUPE disability plan, with a rate of \$0.0254 (CUPE contribution rate).  
\$1,709.60 x 0.0254 = \$43.42 is this employee's monthly premium*

In-Scope Extended Health Care & Enhanced Dental Plan

- The In-Scope Extended Health Care and Enhanced Dental Plan (EHC & ED) contributions are calculated based on an employee's regular monthly earnings (from AIMS) x the Bargaining Unit (affiliation) rate.  
- An in-scope employee must be enrolled in the EHC & ED plans to be included in the contribution calculation.

| Bargaining Unit | In-Scope EHC & ED Contribution Rate |
|-----------------|-------------------------------------|
| CUPE            | \$0.031                             |
| SEIU-West       | \$0.031                             |
| SUN             | \$0.0275                            |
| HSAS            | \$0.021                             |
| SGEU            | \$0.031                             |
| RWDSU           | \$0.026                             |

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

*Ex. A SUN employee's regular monthly earnings are \$6120.54, is enrolled in the EHC & ED plans, with a rate of \$0.0275 (SUN contribution rate).  
\$6120.54 x 0.0275 = \$168.31 is this employee's monthly contribution*

Out-of-Scope Extended Health Care & Enhanced Dental Plan

- The Out-of-Scope (OOS) Extended Health Care & Enhanced Dental Plans (EHC & ED) contribution is calculated based on the % coverage an employee is eligible for.  
- An OOS employee must be enrolled in EHC & ED plans to be included in the contribution calculation.

| OOS ED Plan Coverage % | Contribution Rate |
|------------------------|-------------------|
| 50%                    | \$19.00           |
| 60%                    | \$22.80           |
| 70%                    | \$26.60           |
| 80%                    | \$30.40           |
| 90%                    | \$34.20           |
| 100%                   | \$38.00           |

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

| OOS EHC Plan Coverage % | 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.**

|   |  |
|---|--|
|   | <p><i>Ex. An OOS employee has 80% enhanced dental &amp; 100% extended health care coverage</i><br/> <i>1 employee x 30.40 (80%) enhanced dental rate = \$30.40</i><br/> <i>1 employee x 152.00 (100%) extended health care rate = \$152.00</i><br/> <i>Total monthly contribution for this employee = \$182.40</i></p>   |
| <p>Core Dental</p>  | <p>- 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.</p> <p>- All employees employed within your organization are included in this calculation, regardless of if they are enrolled in the Core Dental Plan or not.</p> <p>- Regular hours and the FTE used in contribution calculation comes from AIMS.</p> <p><b>Core Dental Plan Rate = \$77.75</b><br/> <b>*This is the rate as of June 24, 2024 and is subject to change.</b></p> <p><i>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)</i></p> <p><i>3 OOS employees worked 150 hours → 2 x 150 = 300</i><br/> <i>1 OOS employee worked 162.5 hours → 1 x 162.5 = 162.5</i><br/> <i>2 employees worked 75 hours → 2 x 75 = 150</i><br/> <i>4 employees worked 55 hours → 4 x 55 = 220</i></p> <p><i>(300+162.5+150+220)/162.5 = 5.12 FTE's x Core Dental Rate 77.75 = \$82.87 is the OOS monthly contribution</i></p>   |
| <p><b>Calculations based on coverage start dates:</b></p> | <p>- If an employee is enrolled into a benefit plan from the 1<sup>st</sup> to the 15<sup>th</sup> 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.</p> <p>- If an employee is enrolled into a benefit from the 16<sup>th</sup> to the end of the billing month, they will not be included on the invoice until the following month. Enrolments completed retro-actively are treated as adjustments.</p> <p><i>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.</i></p> <p><i>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.</i></p> <p><i>Ex. Employee 654821 is enrolled in the In-Scope Extended Health Care &amp; Enhanced Dental plans effective 02-July-2024, however the employee's enrolment information was not entered</i></p> |

|   |   |
|---|---|
|   | <p><i>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.</i></p>   |
| <p><b>Calculations based on coverage end dates:</b></p> | <p>- Only the Group Life Insurance Plan and the OOS Extended Health Care &amp; 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.</p> <p>- If an employee lost coverage in a benefit plan from the 1<sup>st</sup> to the 15<sup>th</sup> 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 16<sup>th</sup> to the end of the billing month, they will be included on the invoice.</p> <p><i>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.</i></p> |

### 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 months 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.



| Absence Type                                      | D/H/Core Invoice? | Group Life Invoice? | DIP Invoice? | LOA Report? | Waiver Report? |
|---|-------------------|---------------------|--------------|-------------|----------------|
| Auto Accident Unpaid - Denied LTD/Waiver          | ✓                 | ✗                   | ✗            | ✓           | ✗              |
| Auto Accident Unpaid - LTD/Waiver **              | ✓                 | ✗                   | ✗            | ✗           | ✓              |
| Auto Accident Unpaid - No LTD/Waiver              | ✓                 | ✓                   | ✗            | ✓           | ✗              |
| Closed DIP Claim - GL Continued                   | ✓                 | ✗                   | ✗            | ✓           | ✗              |
| Deferred Salary Paid                              | ✓                 | ✓                   | ✗            | ✓           | ✗              |
| DIP Appeal **                                     | ✓                 | ✗                   | ✗            | ✗           | ✓              |
| Education Unpaid                                  | ✓                 | ✓                   | ✗            | ✓           | ✗              |
| Lay Off   | ✓                 | ✓                   | ✗            | ✗           | ✗              |
| LTD - No Waiver                                   | ✓                 | ✓                   | ✗            | ✓           | ✗              |
| LTD/Waiver **                                     | ✓                 | ✗                   | ✗            | ✗           | ✓              |
| Maternity/Paternity/Parental/Adoption Unpaid      | ✓                 | ✓                   | ✗            | ✓           | ✗              |
| Other Unpaid                                      | ✓                 | ✓                   | ✗            | ✓           | ✗              |
| RTW 3rd Party Paid - LTD/Waiver **                | ✓                 | ✗                   | ✗            | ✗           | ✓              |
| RTW 3rd Party Paid - STD                          | ✓                 | ✓                   | ✓            | ✗           | ✗              |
| RTW Employer Paid - LTD/Waiver **                 | ✓                 | ✗                   | ✗            | ✗           | ✓              |
| RTW Employer Paid - STD                           | ✓                 | ✓                   | ✓            | ✗           | ✗              |
| RTW Employer Paid - WCB Employer Top Up           | ✓                 | ✓                   | ✓            | ✗           | ✗              |
| RTW Employer Paid - WCB No Top Up - LTD/Waiver ** | ✓                 | ✗                   | ✗            | ✗           | ✓              |
| RTW Employer Paid - WCB No Top Up - No LTD/Waiver | ✓                 | ✓                   | ✓            | ✗           | ✗              |
| RTW WCB Paid - Employer Top Up                    | ✓                 | ✓                   | ✓            | ✗           | ✗              |
| RTW WCB Paid - No Employer Top Up - LTD/Waiver ** | ✓                 | ✗                   | ✗            | ✗           | ✓              |
| RTW WCB Paid - No Top Up - No LTD/Waiver          | ✓                 | ✓                   | ✓            | ✗           | ✗              |
| Short Term Disability                             | ✓                 | ✓                   | ✗            | ✓           | ✗              |
| Sick Paid - STD/LTD Denied                        | ✓                 | ✓                   | ✓            | ✗           | ✗              |
| Sick Paid - WCB Denied                            | ✓                 | ✓                   | ✓            | ✗           | ✗              |
| Sick Unpaid                                       | ✓                 | ✓                   | ✗            | ✓           | ✗              |
| Sick Unpaid - STD/LTD Denied                      | ✓                 | ✓                   | ✗            | ✓           | ✗              |
| Sick Unpaid - WCB Denied                          | ✓                 | ✓                   | ✓            | ✗           | ✗              |
| Strike/Lockout                                    | ✓                 | ✓                   | ✓            | ✗           | ✗              |
| Suspension/Discipline Paid                        | ✓                 | ✓                   | ✓            | ✗           | ✗              |
| WCB - Employer Top Up                             | ✓                 | ✓                   | ✓            | ✗           | ✗              |
| WCB - No Top Up - LTD/Waiver **                   | ✓                 | ✗                   | ✗            | ✗           | ✓              |
| WCB - No Top Up - No LTD/Waiver                   | ✓                 | ✓                   | ✓            | ✗           | ✗              |
| WCB - No Waiver                                   | ✓                 | ✓                   | ✓            | ✗           | ✗              |
| WCB Unpaid - Injured at other employer            | ✓                 | ✓                   | ✗            | ✓           | ✗              |

*Note: Those absences that are waivers marked by a double asterisk (\*\*) have special logic in BRIE. If the waiver's start date in AIMS was from the 1<sup>st</sup> to the 15<sup>th</sup> of the invoicing month, then the employee will not be on the Group Life or DIP invoice, but instead on the waiver report. If the start date is from the 16<sup>th</sup> to the end of the invoicing month, then the employee will be included on the DIP and Group Life invoices (assuming they had coverage), and not on the waiver report until the following month. If the waiver's start date precedes the billing month, they will not be included on the DIP or Group Life invoices, and will be on the waiver report.*

| At A Glance – Absences (Leaves of Absence)   |  |
|--|--|
| In-Scope Extended Health Care& Enhanced Dental Plans, Out-of-Scope Extended Health Care and Enhanced Dental Plans, Core Dental Plans | <ul style="list-style-type: none"> <li>- Employees on a leave of absence who are enrolled into the Extended Health Care &amp; Enhanced Dental Plans will be included in the contribution invoices along with active employees, see calculation rules above.</li> <li>- If an employee loses coverage while on an absence, they will not be included in the invoice.</li> </ul>   |
| Group Life Insurance Plans   | <ul style="list-style-type: none"> <li>- 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.</li> <li>- 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.</li> <li>- Where you see a “✓” in the Absence Chart indicates a leave of absence where the benefit is continued, and premiums are not waived/enrolment in the benefit plan has not ended.</li> <li>- Where you see an “✘” and the leave type does not have ‘**’ next to it indicates a leave where the employee will not be included in premium calculations for that billing month.</li> <li>- Where you see an “✘” and the leave type does have ‘**’ next to it indicates a leave where the employee will not be included in premium calculations for that billing month because the premiums have been waived.</li> </ul> <p><i>Ex. Employee 123456 was put on an “Auto Accident Unpaid - LTD/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.</i></p> <p><i>Ex. Employee 987654 was put on a “RTW 3rd Party Paid - LTD/Waiver” 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</i></p> |

|                                |  |
|--------------------------------|--|
|                                | <p>would be removed for August. The employer would need to indicate the manual adjustment on the “adjustments” page for the premiums calculated for July.</p>  |
| <p>Disability Income Plans</p> | <ul style="list-style-type: none"> <li>- 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.</li> <li>- 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.</li> <li>- 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.</li> <li>- Where you see a “✓” in the Absence Chart indicates a leave of absence where the benefit is continued, and premiums are not waived/enrolment in the benefit plan has not ended.</li> <li>- Where you see an “✗” and the leave type does not have ‘**’ next to it indicates a leave where the employee will not be included in premium calculations for that billing month.</li> <li>- Where you see an “✗” and the leave type does have ‘**’ next to it indicates a leave where the employee will not be included in premium calculations for that billing month because the premiums have been waived.</li> </ul> <p><i>Ex. Employee 123456 was put on an “Auto Accident Unpaid - LTD/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.</i></p> <p><i>Ex. Employee 987654 was put on a “RTW 3rd Party Paid - LTD/Waiver” 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.</i></p> |