

EHP Medical & Rx Contribution Schedule

BASE SALARY

LEVEL OF COVERAGE/PERCENTAGE OF SALARY

	<u>Single</u>	<u>Parent/Child(ren)</u>	<u>Two Adult</u>	<u>Family</u>
Up to - \$40,000	1.7%	2.2%	2.8%	3.3%
\$40,001 - \$50,000	1.9%	2.5%	3.3%	3.9%
\$50,001 - \$60,000	2.2%	2.8%	3.9%	4.4%
\$60,001 - \$70,000	2.5%	3.0%	4.4%	5.0%
\$70,001 - \$80,000	2.8%	3.3%	5.0%	5.5%
\$80,001 - \$90,000	3.0%	3.6%	5.5%	6.0%
\$90,001 - \$100,000	3.3%	3.9%	6.0%	6.6%
\$100,001 - \$125,000	3.6%	4.4%	6.6%	7.2%

1. This contribution cannot exceed the existing CBA contributions. In every case, the lower contribution applies.



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