

# ***Schedule of Benefits***

*In this section you will find a brief summary of the benefits included in your benefit plan.*

*This information includes, where applicable:*

**Coverage Amounts** – or formulas for how they are calculated;

**Covered Expenses** – what expenses are covered under the plan;

**Plan Deductibles** – how much you must pay before the plan pays;

**Benefit Percentages** – what percentage of a specific expense will be paid by the plan;

**Benefit Limits** – how much of a particular expense will be paid by the plan; and

**Benefit Maximums** – how much can be claimed in a calendar year or in your lifetime.

*For detailed information regarding a particular benefit, please refer to the **Description of Benefits** section of this document.*

## Group Life Insurance

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<i>Benefit Amount</i>	\$20,000
<i>Non-Evidence Maximum</i>	\$20,000
<i>Benefit Reduction</i> <i>(amended December 1, 2018)</i>	The amount of insurance reduces by 50% at age 65 and further reduces by 50% at age 75
<i>Waiver of Premium</i>	The elimination period for waiver of premium matches the elimination period for Long Term Disability if the insured is eligible to receive Long Term Disability benefits. Otherwise the elimination period for waiver is 6 months of continuous total disability
<i>Definition of Total Disability</i>	As defined under the Long Term Disability (LTD) benefit, or if not covered for LTD then as defined in the Group Life Insurance benefit description
<i>Conversion Privilege</i>	Included to age 65
<i>Living Benefit</i>	Employees who suffer a terminal illness may be eligible to receive 50% of their Group Life Insurance amount <ul style="list-style-type: none"><li>■ the maximum benefit payable under this section is \$50,000</li></ul>
<i>Termination Age</i> <i>(amended December 1, 2018)</i>	An employee's insurance terminates at age 85 or earlier retirement

## Accident & Serious Illness (ASI)

*Employee's Principal Sum*

Equal to the Group Life Insurance amount for all employees

*Benefit Reduction*

Same as Group Life Insurance

*Enhanced Schedule of Losses*

If, within 12 months of the date of the accident, Injury results in any of the following losses, the insurer will pay as follows:

Loss or Loss of Use of:	% of Principal Sum
Life	100%
Both Hands	100%
Both Feet	100%
Entire Sight of Both Eyes	100%
One Hand and One Foot	100%
One Hand and the Entire Sight of One Eye	100%
One Foot and the Entire Sight of One Eye	100%
Speech and Hearing in Both Ears	100%
One Arm	100%
One Leg	100%
One Hand	66⅔%
One Foot	66⅔%
Entire Sight of One Eye	66⅔%
Speech or Hearing in Both Ears	66⅔%
Thumb and Index Finger of Either Hand	33⅓%
Four Fingers of Either Hand	33⅓%
Hearing in One Ear	33⅓%
All Toes of One Foot	25%

*Paralysis Benefits*

Included at 200% of Principal Sum for

- quadriplegia (complete paralysis of both upper and lower limbs)
- paraplegia (complete paralysis of both lower limbs)
- hemiplegia (complete paralysis of upper and lower limbs of one side of body)

*Critical Disease Benefit*

Employees under age 65 who are totally disabled from a covered critical disease may be eligible to receive a benefit as follows:

- a lump sum payment equal to 10% of their Principal Sum
- the maximum benefit payable under this section is \$50,000
- covered critical diseases include Polio, Parkinson's, MS, ALS, Alzheimer's, Huntington's Chorea, Type 1 Diabetes, Peripheral Vascular Disease, Necrotizing Fasciitis

*Serious Illness Benefit*

Employees under age 65 may be eligible to receive a benefit if they suffer a covered serious illness as follows:

- a lump sum payment equal to 10% of their Principal Sum
- the maximum benefit payable under this section is \$10,000
- covered serious illnesses are Cancer, Heart Attack, Stroke and Kidney Failure

<i>Pre-Existing Conditions Applicable to the Serious Illness Benefit</i>	An exclusion applies to a serious illness which commences within 24 months of becoming insured, and which results from a pre-existing condition for which the employee sought or received medical advice, consultation, investigation, diagnosis, or for which treatment was required or recommended by a Physician during the 24 months immediately prior to becoming insured
<i>Day Care Benefit</i>	Included <ul style="list-style-type: none"> <li>■ maximum 5% of Principal Sum or \$5,000</li> <li>■ payable per year for 4 years for each child</li> </ul>
<i>Disability Fitness Benefit</i>	Included <ul style="list-style-type: none"> <li>■ maximum \$5,000</li> </ul>
<i>Education Benefit</i>	Included <ul style="list-style-type: none"> <li>■ maximum 5% of Principal Sum or \$5,000</li> <li>■ payable per year for 4 years for each child</li> </ul>
<i>Eyeglass &amp; Hearing Aid Benefit</i>	Included <ul style="list-style-type: none"> <li>■ maximum \$1,000</li> </ul>
<i>Family Transportation Benefit</i>	Included <ul style="list-style-type: none"> <li>■ maximum \$15,000</li> </ul>
<i>Funeral Expense Benefit</i>	Included <ul style="list-style-type: none"> <li>■ maximum \$5,000</li> </ul>
<i>Home Alteration Benefit</i>	Included <ul style="list-style-type: none"> <li>■ also includes Vehicle Modification Benefit</li> <li>■ combined maximum \$25,000</li> </ul>
<i>Parental Care Benefit</i>	Included <ul style="list-style-type: none"> <li>■ maximum 5% of Principal Sum or \$5,000</li> </ul>
<i>Psychological Therapy Benefit</i>	Included <ul style="list-style-type: none"> <li>■ maximum \$1,000</li> </ul>
<i>Rehabilitation Benefit</i>	Included <ul style="list-style-type: none"> <li>■ maximum \$15,000</li> </ul>
<i>Repatriation Benefit</i>	Included <ul style="list-style-type: none"> <li>■ maximum \$15,000</li> </ul>
<i>Seat Belt Benefit</i>	Included <ul style="list-style-type: none"> <li>■ benefit payable in the event of a loss is increased by 10% if the insured person was wearing a seat belt</li> </ul>
<i>Spousal Retraining Benefit</i>	Included <ul style="list-style-type: none"> <li>■ maximum \$15,000</li> </ul>
<i>Exposure and Disappearance</i>	Included
<i>Waiver of Premium</i>	Premiums are waived during the period that premiums are waived for Group Life Insurance
<i>Conversion Privilege</i>	Employees have the right to convert to individual coverage without health evidence when their employment terminates <ul style="list-style-type: none"> <li>■ any individual policy issued under the conversion privilege does not include the Critical Disease and Serious Illness Benefit</li> </ul>
<i>Termination Age</i> (amended December 1, 2018)	An employee's insurance terminates at age 85 or earlier retirement

## Extended Health Care

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### *Reasonable and Customary*

Claims for all expenses under the Extended Health Care benefit are paid on a reasonable and customary basis, unless a specific financial limit and/or claiming frequency is indicated for a particular expense.

Reasonable and customary is defined as the costs incurred for eligible, covered medical services or supplies that do not exceed the standard costs of other providers of similar standing in the same geographic area, for the same treatment of a similar illness or injury.

### *Calendar Year Deductible*

No Deductible

### *% Reimbursement of Eligible Expenses*

Prescription Drugs .....	100%
Hospital.....	100%
Health Care Practitioners .....	100%
Vision Care .....	100%
Other Medical Expenses .....	100%
Out-of-Province Medical Referral .....	100%
Travel Insurance and Assistance (Out of Province Emergency) .....	100%
Travel Cancellation Insurance .....	100%

*If the insured is a resident of Quebec, the percentage of reimbursement for prescription drug coverage in any calendar year will change to 100% once he has attained the out-of-pocket maximum set under Quebec's Basic Prescription Drug Insurance Plan (BPDIP) for that calendar year.*

## **Prescription Drugs – Included**

### *Prescription Drug Plan*

#### **Pay Direct Drug Card**

- covers the lowest cost generic equivalent product
- brand name drugs are only covered if the physician specifies no generic substitution

#### **Includes the following:**

- insulin supplies for diabetics
- lancets
- oral contraceptives, contraceptive patches, Nuvaring and intrauterine device (IUD)
- preventive vaccines

## **Hospital – Included**

### *Hospital Room*

Included - semi-private room

### *Hospital Indemnity*

Included

- Cash payment of \$40 per day with a combined maximum of 180 days per calendar year commencing on the 5th consecutive day in hospital

### *Convalescent Care*

Included

- \$40 per day with a combined maximum of 90 days per calendar year per disability

## Health Care Practitioners – Included

Maximums shown are per person per calendar year. Where certain practitioners are combined below, the fees of these practitioners are combined for purposes of satisfying the maximum indicated.

(amended September 1, 2019)

Practitioner	Maximum
Chiropractor (includes x-rays)	\$500
Christian Science Practitioner	\$500
Massage Therapist/Orthotherapist	\$500
Naturopath	\$500
Osteopath (includes x-rays)	\$500
Physiotherapist/Physical Rehabilitation Therapist	No annual maximum
Podiatrist/Chiropodist (includes x-rays)	\$500
Psychotherapist/Psychologist/Social Worker/Clinical Counselors	\$500
Speech Therapist	\$500

## Vision Care – Included

### *Vision Care*

Eyeglasses, contact lenses and laser vision correction:

- adults – maximum \$300 every 24 months
- dependent children – maximum \$300 every 24 months

## Other Medical Expenses

*\* Requires a referral or prescription from a physician*

### *\*Artificial Limbs*

\$10,000 per prosthesis per limb every 60 consecutive months

### *\*Blood Glucose Monitor*

Supplies for Continuous Glucose Monitors are covered but limited to:

- a maximum of 12 sensors per calendar year
- a maximum of 2 transmitters per calendar year

### *External Breast Prostheses*

1 per breast per calendar year

### *\*Electric Hospital Bed*

\$3,000 every 60 consecutive months

### *Eye Examinations*

One examination up to a maximum of \$75

- adults – every 24 months
- dependent children – every 24 months

### *\*Foot Orthotics*

Casted, custom-made orthotics

- \$300 per calendar year

### *\*Hearing Aids*

\$500 every 36 consecutive months

### *\*Magnetic Resonance Imaging (MRI)*

\$1,000 per calendar year

### *\*Mobility Aids*

Scooters and wheelchairs are subject to a combined maximum of \$3,000 every 60 consecutive months

### *\*Nursing*

\$10,000 per calendar year

### *\*Off-the-shelf Orthopaedic Shoes and Orthopaedic Modifications*

Stock-item orthopaedic shoes, including modifications and adjustments

- \$300 per calendar year

### *\*Orthopaedic Shoes*

Custom-made orthopaedic shoes

- \$300per calendar year

### *Sclerosing Agents*

\$15 per visit

*Special Vision Benefit after  
Cataract Surgery*

Lifetime maximum \$300

*\*Stump Socks*

5 pairs per calendar year

*\*Support Hose*

4 pairs per calendar year

*Surgical Brassiere*

4 per calendar year

*\*Transcutaneous Electrical  
Nerve Stimulator (TENS)*

\$1,000 every 60 consecutive months

*\*Wigs (Including Hair Pieces)*

\$500 per lifetime

### **Out-of-Province Medical Referral – Included**

*Non-Emergency Treatment*

\$10,000 per calendar year

### **Travel Insurance and Assistance (Out of Province Emergency) – Included**

*Travel Insurance and Assistance*

\$5,000,000 per insured per trip

- maximum duration of coverage: up to 180 days per trip

### **Travel Cancellation Insurance - Included**

*Travel Cancellation Insurance*

\$5,000 per insured per trip

### **Diagnosis + - Included**

*Diagnosis +*

Allows an insured person under age 65 to obtain a medical second opinion

### **Employee and Family Assistance Program**

#### *Employee & Family Assistance*



LifeWorks is an Employee and Family Assistance Program (EFAP) and work-life/wellbeing resource designed to help you and your dependents with a variety of issues, concerns, or questions. [The program is an employee benefit and provided at no additional cost to you by your employer.]

LifeWorks is confidential support and services for work, life, family, health, money, and everything in between. The program includes:

- 24/7 access to expert consultants for work-life advice, information, and resources
- access to counselling
- referrals to community supports
- a secure desktop website full of practical wellbeing content
- mobile app for iPhone or Android

You can access LifeWorks 24 hours a day, seven days a week, 365 days a year, by toll-free number, online at [login.lifeworks.com](http://login.lifeworks.com), or by mobile app, for support related to:

- **Life:** Stress/Overload, Anxiety, Depression, Grief/Loss, Community Resources
- **Family:** Parenting, Separation/Divorce, Blended Families, Caring for Older Adults, Education
- **Money:** Saving/Investing, Debt Management, Estate Planning/Wills, Home Buying/Renting
- **Work:** Work Relationships, Job Stress/Burnout, Managing People
- **Health:** Fitness/Nutrition, Sleep, Addiction/Recovery, Smoking Cessation

## **General Benefit Provisions**

### *Dependent Children Eligibility*

Dependent children are eligible from birth to:

- age 21, or
- age 25 if in full time attendance as a student at a recognized educational institute

### *Survivor Benefit*

If an employee dies while insured, insurance will continue for his dependents who were covered under this benefit at the time of the employee's death:

- without premium payment
- until the earliest of the following dates
  - 24 months from the date of the employee's death
  - the date when insurance for the dependents would have terminated if the employee's death had not occurred
  - the date when the dependents become eligible for similar coverage under another insurance policy
  - the date the group policy terminates

### *Termination Age*

An employee's insurance terminates at age 85 or earlier retirement



## Dental Care

### Calendar Year Deductible

*Rates Based on Dental  
Procedure Fee Guide:*

### No Deductible

Current fee guide, less one year, for general practitioners in the province where the expenses were incurred

When a fee guide is not published for a given year, the term fee guide may also mean an adjusted fee guide established by the insurer

### % Payment of Eligible Expenses

Basic Dental Care..... 100%

#### ■ Diagnostic Services

##### *Examinations and Diagnoses*

- recall or periodic oral examination: once every 9 months
- complete oral examination: once every 24 months
- complete periodontal examination: once every 9 months

#### ■ Preventive Dental Care

##### *Preventive Services*

- polishing of coronal portion of teeth – 1 unit every 9 months
- scaling and root planing – 15 units of time per calendar year
- topical application of fluoride once every 9 months

Routine Dental Care ..... 100%

#### ■ Minor Restorative Services

- Endodontics
- Periodontics
- Rebase, Reline, Adjustment and Repair of Removable Dentures
- Repair of Fixed Bridges and Crowns
- Oral Surgery
- Additional Services

Dental Restorative Services ..... 50%

- Major Restorative Services and Fixed Prosthodontics
- Removable Dentures
- Fixed Bridges

Orthodontic Care ..... 50%

- Orthodontics (for dependent children under age 19 only)

### Maximum Amount Covered

Basic Dental Care and Routine Dental Care

- combined maximum of \$1,500 per insured per calendar year

Dental Restorative Services

- \$1,000 per insured per calendar year

Orthodontic Care

- \$1,500 per insured per lifetime

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An employee's insurance terminates at age 85 or earlier retirement