

Additional, Optional and Excess Coverage

Employees have the opportunity to apply for a variety of additional and excess coverage options.

This coverage is medically underwritten and impacts the total monthly premium.

See coverage options below and refer to worksheet request form for optional coverage (form 4)

Optional Additional Life Insurance

- Employee
- Convertible
- Available in units of \$10,000
- Available to a maximum of \$500,000

Optional Life Insurance

- Spouse and/or Child
- Spouse convertible, child non-convertible
- Spouse: Available in units of \$10,000 to a maximum of \$500,000
- Child: Available in units of \$5,000 to a maximum of \$50,000

Long Term Disability Income

- Employee only
- Available in units of \$100
- Available up to a total of 65% of your salary to a maximum benefit of \$5,000 a month (this maximum includes the \$1,000 Basic Coverage which is offered in Plan 1a and Plan 1)

Maximums: There is no lifetime maximum. Annual maximums, where applicable.

CO INSURANCE: Percentage the Insurer pays, subject to coverage maximums, applies to all categories of coverage unless otherwise specifically stated.

Deductible: There is no deductible.

NOTE: Coverage maximums stated are per benefit year, unless otherwise specified, and apply to each employee and insured dependant. Complete Form 2, included in this enrollment kit, when applying for Optimum Level of Health Care Coverage.

Details:

Prescription Drugs: (Pay Direct Drug Card system)

Benefits include drugs legally requiring a prescription, diabetic needles and syringes. Pay generic only unless otherwise indicated in the prescription. Benefits do not include smoking cessation products and medication for the treatment of obesity, erectile dysfunction and infertility.

Out of Country Travel: Emergency medical services up to 60 days for each trip; dollar maximum is per CALENDAR year regardless of the number of trips

Trip Cancellation: Per covered person per trip included in the overall maximum out of country

Hospital Accommodations: Semi private room in a public general hospital

Private Duty Nursing: Services of an R.N or R.P.N or L.P.N

Vision: (maximums apply every 24 months based on date of first paid claim) Prescription eye glasses and/or contact lenses and/or laser eye surgery, Eye exams (applies only to adults ages 20 years - 64 years inclusive)

Audio: Hearing aids, repairs or replacement parts (maximums apply every 5 years based on date of first paid claim)

Accidental Dental: Accidental injury to natural teeth. Submit accident report immediately

Medical Items: Includes items such as wheelchair, hospital bed, glucometer and lancets, orthotics, prosthetics, ventilator, pressure gradient stocking etc. Each individual item is scaled to usual customary limits.

Emergency Transportation: Land or air ambulance

Medical Alert Bracelets: Maximums apply every 2 years based on date of first paid claim

Employee Assistance Program: 3 sessions (telephonic/e-counseling/in-person) per person, per issue

Premium Guide

Rates Effective November 1st, 2017 for Residents of Ontario

Plan 1

	Extended Health Care Coverage (No Dental)	Extended Health Care including Basic Dental	Extended Health Care including Enhanced Dental
Single	\$127.51	\$175.04	\$191.91
Couple	\$225.16	\$309.56	\$339.80
Family	\$267.34	\$397.13	\$443.22

Employee Life, ADD&D and Long Term Disability are included in Plan 1.

Plan 2

	Extended Health Care Coverage (No Dental)	Extended Health Care including Basic Dental	Extended Health Care including Enhanced Dental
Single	\$106.03	\$153.56	\$170.43
Couple	\$203.68	\$288.08	\$318.32
Family	\$245.86	\$375.65	\$421.74

Plan 1A

Employee Life, Accidental Death, Disease & Dismemberment, Long Term Disability and Employee & Family Assistance Program

\$31.99

65+ Essential Level Coverage (no drugs)

	Extended Health Care (No Dental)	Extended Health Care including Basic Dental	Extended Health Care including Enhanced Dental
Single	\$66.15	\$118.18	\$139.97
Couple	\$130.36	\$223.90	\$261.70
Family	\$140.61	\$285.38	\$342.43

65+ Complete and Optimum Level Coverage (with drugs)

	Extended Health Care (No Dental)	Extended Health Care including Basic Dental	Extended Health Care including Enhanced Dental
Single	\$120.61	\$172.64	\$194.43
Couple	\$235.52	\$329.06	\$366.86
Family	\$269.09	\$413.86	\$470.91