

Employee Benefits Handbook

Class 12 – CUPE Employees

Plan Effective Date - January 1, 2009
(amended November 1, 2013)



Introduction

This handbook contains information about your Group Benefits. Please keep it in a safe place. It is intended to summarize the principal features of your plan. All rights to benefits are governed by the Group Contracts/Policies. Defined terms are capitalized (e.g. Dependent). GroupHEALTH Global Benefit Systems Inc. (“GroupHEALTH Global”) is referred to as “we”, “us”, or “our” in this handbook. We will refer to you, the employee/member, as “you” or “your” in this handbook. For the purposes of this handbook, the masculine form includes the feminine unless a different meaning is required from the context. In addition, the singular shall include the plural where required.

Possession of this handbook alone does not mean that you or your dependents are insured under your employer’s group benefits program. Coverage must be in effect and you must satisfy all the enrollment requirements included in the Group Contracts/Policies. Please refer to the Table of Contents to help you locate the appropriate section in this handbook. If you require additional information, please contact your Plan Administrator.

Your Insurers, Service Providers and Policy Numbers

Benefit	Insurance Company	Policy Number
	Service Provider	
Group Life Insurance	Manulife Financial	76636
Accidental Death & Dismemberment (AD&D)	Industrial Alliance	100006544
Medical Absence*	GroupHEALTH Global Disability Management Institute (DMI)	200601-04
Extended Health Care	Manulife Financial	77313
Dental Care	Manulife Financial	77313

* This benefit is insured by GroupHEALTH Global and, acting on behalf of you and your employer, the Disability Management Institute (DMI) provides additional support and services.

Who To Contact

Insurance companies and other service providers are both involved in the delivery of your benefits plan. They are listed above along with the policy numbers pertaining to their benefits. For claims concerns or inquiries please call the telephone numbers indicated below for assistance.

For Extended Health and Dental Claims

Manulife Customer Service Centre
Toll Free: **1.800.268.6195**

For Medical Absence Claims

Disability Management Institute (DMI)
Call: **604.552.3647** Toll Free: **1.866.963.9995**

Inquiries for all Other Claims

Please contact your Plan Administrator

Privacy Policy

We have a Privacy Policy which governs our collection, use, and disclosure of personal information (including personal health information) about individuals who are Members or Dependents. The Privacy Policy requires us to keep such personal information confidential, but does permit use and disclosure of personal information in limited circumstances consistent with the proper administration of group benefit and insurance coverage plans.

A copy of our current Privacy Policy can be obtained from us on request and is also available on our website: www.grouphealthglobal.com. By participating in the group benefit and insurance plans, and submitting claims under those plans, you are consenting to the collection, use, and disclosure of your personal information pursuant to the terms of our Privacy Policy.

Employee Eligibility

<i>Eligible Employees</i>	You must be employed by your employer on a permanent, full-time basis and be regularly scheduled to work for your employer for a minimum of 35 hours per week or a shift schedule based on a minimum of 35 hours per week or where a job sharing arrangement is in place 17.5 hours per week
---------------------------	--

Group Life Insurance

<i>Waiting Period</i>	None for employees hired on or prior to the Group Policy Effective Date 3 months for all other employees
<i>Benefit Amount</i>	2.0 times annual salary, rounded to the next higher \$1,000 if not already a multiple thereof
<i>Maximum Benefit</i>	\$120,000
<i>Non-Evidence Maximum</i>	\$120,000
<i>Waiver of Premium</i>	The qualifying period for waiver of premium is 6 months
<i>Conversion Privilege</i>	You have the right to convert to individual coverage without health evidence when your employment terminates
<i>Living Benefit</i>	If you suffer a terminal illness you may be eligible to receive 50% of your group life insurance amount, to a maximum of \$50,000
<i>Termination Age</i>	Your insurance terminates at age 70 or earlier retirement

Accidental Death & Dismemberment (AD&D)

<i>Waiting Period</i>	None for employees hired on or prior to the Group Policy Effective Date 3 months for all other employees
<i>Benefit Amount</i>	The benefit amount (Principal Sum) is equal to your group life insurance amount
<i>Conversion Privilege</i>	You have the right to convert to an individual policy without health evidence when your employment terminates
<i>Termination Age</i>	Your insurance terminates at age 70 or earlier retirement

Medical Absence

<i>Waiting Period</i>	The date following 6 months of continuous employment
<i>Weekly Benefit Amount</i>	70% of weekly earnings rounded to the next higher \$1.00 if not already a multiple thereof. The employer tops up the benefit to 100% of the take home pay if you participate in a return to work program while collecting weekly income benefits. Note – benefits and elimination period are based on working days or shift schedule – not including weekends or non-scheduled work days.
<i>Maximum Weekly Benefit</i>	Unlimited
<i>Elimination Period</i>	Injury/Accident – 5 days Hospital – 5 days Sickness – 5 days
<i>Maximum Benefit Period</i>	Up to 26 weeks
<i>Total Disability Definition</i>	Means you are unable to perform a substantial portion of the duties of your own occupation or regular employment as a result of an Accident or Illness. Further, you must be under the continuous care and treatment of a physician and not engaged in any occupation or employment for wage or profit except as described under Rehabilitation in the benefit booklet.
<i>Tax Status</i>	Non-Taxable
<i>Termination Age</i>	Age 65 or earlier retirement

Extended Health Care

<i>Waiting Period</i>	None for employees hired on or prior to the Group Policy Effective Date 3 months for all other employees																
<i>Calendar Year Deductible</i>	\$50 Single / \$50 Family																
<i>Deductible Does Not Apply To</i>	The calendar year deductible does not apply to the following expenses: – Out-of-Canada Emergency																
<i>% Payment of Eligible Expenses</i>	<table border="0"> <tr> <td>Hospital*</td> <td>80%</td> </tr> <tr> <td>Out-of-Canada Emergency</td> <td>100%</td> </tr> <tr> <td>Vision Care*</td> <td>80%</td> </tr> <tr> <td>Prescription Drugs*</td> <td>80%</td> </tr> <tr> <td>Professional Services*</td> <td>80%</td> </tr> <tr> <td>Medical Services and Supplies*</td> <td>80%</td> </tr> <tr> <td>Private Duty Nursing*</td> <td>80%</td> </tr> <tr> <td>Accidental Dental*</td> <td>80%</td> </tr> </table>	Hospital*	80%	Out-of-Canada Emergency	100%	Vision Care*	80%	Prescription Drugs*	80%	Professional Services*	80%	Medical Services and Supplies*	80%	Private Duty Nursing*	80%	Accidental Dental*	80%
Hospital*	80%																
Out-of-Canada Emergency	100%																
Vision Care*	80%																
Prescription Drugs*	80%																
Professional Services*	80%																
Medical Services and Supplies*	80%																
Private Duty Nursing*	80%																
Accidental Dental*	80%																

** After \$1,000 has been paid for a person in a calendar year, further eligible expenses incurred by that person within that calendar year will be reimbursed at 100%, subject to the plan maximums*

<i>Prescription Drug Plan</i>	<p>Pay Direct Drug Card</p> <p>Limited to drugs that can only be:</p> <ul style="list-style-type: none"> – obtained with the written prescription of a physician or dentist; and – dispensed by a licensed pharmacist <p>Includes the following:</p> <ul style="list-style-type: none"> – prescription drugs – oral contraceptives
-------------------------------	--

<i>Vision Care</i>	<p>Vision Care services are included in your plan as follows:</p> <p>Purchase and fitting of prescription glasses (includes prescription sunglasses), as well as repairs or elective contact lenses</p> <ul style="list-style-type: none"> – adults: maximum \$300 per 2 calendar years – dependent children: maximum \$300 per calendar year change in prescription required
--------------------	---

Professional Services Fees of the following licensed practitioners. Maximums shown are per person per calendar year unless otherwise specified. Where practitioners are combined below (e.g. Physiotherapists and Massage Therapists), the maximum shown is a combined maximum for these practitioners.

<u>Practitioner Included</u>	<u>Maximum</u>
Chiropractors and Naturopaths	\$300
Physiotherapists and Massage Therapists.....	\$500

Practitioner Not Included:

Acupuncturists	not covered
Audiologists	not covered
Dieticians	not covered
Occupational Therapists	not covered
Osteopaths	not covered
Orthotherapists	not covered
Physical Rehabilitation Therapists.....	not covered
Podiatrists	not covered
Psychologists and Social Workers	not covered
Speech Therapists	not covered

<i>Hospitalization</i>	Semi-private or private room rate
<i>Private Duty Nursing</i>	Reimbursement will be based on the schedule of fees of the Registered Nurses Association of that province to a maximum of 720 hours of service per calendar year. Referral is required.
<i>Surgical Brassieres</i>	\$150 per calendar year
<i>Stump Socks</i>	\$200 per calendar year
<i>Orthopedic Shoes</i>	Orthopedic shoes and adjustments <ul style="list-style-type: none"> - adults: maximum \$400 per calendar year - dependent children (under 18): maximum \$200 per calendar year
<i>Wigs</i>	\$500 per lifetime
<i>Hearing Aids</i>	\$500 every 5 calendar years
<i>Eye Examinations</i>	\$100 per Eye Exam per 2 calendar years
<i>Speech Processor & Headset</i>	\$4,000 per 5 calendar years
<i>Licensed Ambulance Services</i>	Covered when the physical condition of the insured person precludes the use of any other means of transportation
<i>Medical Equipment</i>	Covers rental or purchase, at the insurer's option, provided the medical equipment is prescribed by a physician
<i>Accidental Dental Injury</i>	Covers dental care required as a result of accidental injury to whole, healthy, natural teeth <ul style="list-style-type: none"> - care must be received within 12 months of the date of the accidental injury
<i>Medical Emergency Assistance</i>	Includes the following medical emergency assistance services incurred outside your province of residence and provided during a medical emergency: <ul style="list-style-type: none"> - 24 hour telephone access - medical referral - claims payment service - medical care monitoring - medical transportation - return of dependent children - trip interruption/delay - after hospital convalescence - visit of a family member - vehicle return - identification of deceased - meals and accommodation
<i>Non-Medical Assistance</i>	Includes the following personal emergency travel assistance services incurred outside your province of residence and provided during a personal emergency: <ul style="list-style-type: none"> - return of deceased to province of residence - lost document and ticket replacement - legal referral - interpretation service - message service - pre-trip assistance service

Dependent Children Eligibility

Your dependent children are eligible from birth to age 21, or to any age if in full time attendance as a student at a recognized educational institute

Overall Plan Maximums

The maximum amounts payable for each insured person are:

- In-Province and Out-of-Canada Emergency: \$1,000,000 per lifetime

Termination Age

Your insurance terminates at age 70 or earlier retirement

Dental Care

<i>Waiting Period</i>	None for employees hired on or prior to the Group Policy Effective Date 6 months for all other employees
<i>Deductible</i>	No Deductible
<i>% Payment of Eligible Expenses</i>	Level 1 – Basic Services 100% Level 2 – Supplementary Basic Services 100% Level 3 – Dentures 50% Level 4 – Major Restorative Services 50% Level 5 – Orthodontics 50%
<i>Financial Limits Per Person</i>	Level 1, 2 and 3 Services – combined maximum unlimited per calendar year Level 4 Services – crowns and bridges: maximum \$1,000 per calendar year to a lifetime maximum of \$4,500 – all other Major Treatments: maximum unlimited per calendar year Level 5 Services – lifetime maximum \$3,000
<i>Level 1</i>	Level 1 Basic Services includes: – complete oral exams ▫ one per 2 calendar years – full-mouth x-rays ▫ one per 2 calendar years – scaling and polishing ▫ once per calendar year – recall exams, bitewing x-rays, and fluoride treatments ▫ once per calendar year – routine diagnostic and laboratory procedures – fillings, retentive pins and pit and fissure sealants – pre-fabricated full coverage restorations (metal and plastic) – space maintainers – minor surgical procedures – extractions – consultations, anaesthesia, and conscious sedation – denture repairs, relines and rebases – injection of antibiotic drugs – onlays and inlays
<i>Level 2</i>	Level 2 Supplementary Basic Services includes: – surgical procedures not included in Level 1 – periodontal services, including: ▫ scaling not covered under Level 1, and root planing ▪ combined maximum 16 units per calendar year ▫ provisional splinting ▫ occlusal equilibration ▪ maximum 8 units per calendar year – endodontic services, including: ▫ root canals and therapy ▫ root amputation ▫ apexifications ▫ periapical services

<i>Level 3</i>	<p>Level 3 Dentures are included in your plan as follows:</p> <ul style="list-style-type: none"> - full or partial removable dentures <ul style="list-style-type: none"> ▫ initial installation is not subject to a missing tooth exclusion ▫ replacement is limited to once every 60 months
<i>Level 4</i>	<p>Level 4 Major Restorative Services are included in your plan as follows:</p> <ul style="list-style-type: none"> - crowns and veneers - fixed bridgework <ul style="list-style-type: none"> ▫ initial installation is not subject to a missing tooth exclusion ▫ replacement is limited to once every 60 months
<i>Level 5</i>	<p>Level 5 Orthodontics are included in your plan as follows:</p> <p>Includes oral examination, observation, diagnosis and comprehensive treatment</p> <ul style="list-style-type: none"> - for adults and dependent children
<i>Fee Guide</i>	<p>Current fee guide for general practitioners in the province where the expenses were incurred</p>
<i>Dependent Children Eligibility</i>	<p>Your dependent children are eligible from birth to age 21, or to any age if in full time attendance as a student at a recognized educational institute</p>
<i>Termination Age</i>	<p>Your insurance terminates at age 70 or earlier retirement</p>