# Your benefits at a glance

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| EHC | Medical |

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| Medical | | | | | |
| Benefit Details | | | | | |
|  | Opt-Out | | | | Coverage |
| Lifetime Maximum  (per person) | No coverage | | | | Unlimited |
| Termination Age | Retirement |
| Annual Deductible | $25 for member  $50 for member + 1  $75 for member + 2 or more |
| Amount Reimbursed | 80% until out of pocket maximum is reached,  then 100% |
| Out of Pocket Maximum | $1,500 for member  $2,000 for member + 1  $2,500 for member + 2 |
| Covered Expenses | | | | | |
| Prescription Drugs (legally requiring a prescription) | | No coverage | | | 80% |
| Dispensing Fee Cap | | No coverage | | | $7 |
| ManuScript  Pay-direct  Drug card | | No coverage | | | Yes |
| Vision | | No coverage | | | Prescription glasses/contacts or laser eye surgery:  $250 per 24 consecutive months per person  Medically necessary contacts:  $200 per 24 consecutive months per person  Eye Exams:  1 per 2 calendar years for adults  1 per 1 calendar year for children |
| Hospital Coverage | | No coverage | | | No coverage |
| Medical Supplies and Services | | | | | |
| Private Duty Nursing | | No coverage | | | Maximum of $10,000 per calendar year |
| Hearing Aids | | No coverage | | | $300 every 4 calendar years |
| Paramedical Services | | | | | |
| Physiotherapist  Osteopath, Podiatrist / Chiropodist, Chiropractor, Massage Therapist, Speech Therapist, Naturopath, Psychologist, Acupuncturist | | | No coverage | $500 maximum per practitioner, per calendar year | |
| **RAMQ COMPLIANCY:**  The Régie de l’assurance maladie du Québec (RAMQ) requires that all employees and their dependants who are eligible for group benefits under a private plan, have a minimum level of drug insurance coverage. | | | | | |

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| Dental | Dental |

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| **Dental** | | | |
| **Benefit Details** | | | |
|  | | Opt-Out | Coverage |
| Deductible | No coverage | | $25 for member  $50 for member + 1  $75 for member + 2 or more |
| Termination Age | Retirement |
| Dental Fee Guide | Current fee guide for General Practitioners |
| Recall Examination Frequency | Once every 9 months |
| **Covered Expenses** | | | |
| Basic Services | No Coverage | | 90% |
| Supplementary Services | 90% |
| Periodontics and Endodontics | 90% |
| Major Services | 50% |
| Orthodontics | 50% up to a lifetime maximum of $2,000 per person |
| Combined Annual Maximums | $1,500 per calendar year, per person for Basic and Supplementary Services, Periodontics and Endodontics$1,500 per calendar year, per person for Major Services |

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| Out | Out of Country |

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| **Out of Country Coverage** | |
|  | **Core** |
| Coverage | Out of Country |
| Maximum | 100% to a lifetime maximum of $1,000,000 |
| Coverage | ManuAssist |
| Maximum | 100% to a lifetime maximum of $1,000,000 |
| Termination Age | Member’s retirement |

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| ELife | Basic Life and Optional Life |

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| **Basic Life** | |
|  | **Basic Life** |
| Coverage | 3 x annual earnings |
| Maximum | $500,000 |
| Termination Age | Retirement |

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| **Optional Life** | | |
|  | **No coverage** | **Options** |
| Coverage | No coverage | Available in units of $10,000 |
| Maximum | $750,000 (75 units) |
| Termination Age | Earlier of age 70 or retirement |

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| CLife | Optional Child Life |

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| **Optional Child Life** | | | |
|  | **No Coverage** | **Option 1** | **Option 2** |
| Coverage | No coverage | $5,000 flat amount | $10,000 flat amount |
| Maximum | $5,000 | $10,000 |
| Termination Age | Earlier of employee age 70, employee’s retirement or maximum dependant child age. | Earlier of employee age 70, employee’s retirement or maximum dependant child age. |

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| DLife | Dependant Life |

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| **Dependant Life** | |
|  | **Core** |
| Coverage | Spouse: 25% of employee’s eligible annual earnings  Child: 12.5% of employee’s eligible annual earnings |
| Maximum | $150,000 |
| Termination Age | Member’s Retirement |

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| Optional Spouse Life | | |
|  | **No Coverage** | **Options** |
| Coverage | No coverage | Available in units of $10,000 |
| Maximum | $500,000 (50 units) |
| Termination Age | Earlier of employee age 70, employee’s retirement or spouse’s age 70. |

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| ADD | Optional Accidental Death & Dismemberment |

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| Optional Employee Accidental Death and Dismemberment (AD&D) | |
| Coverage | Available in units of $20,000 |
| Maximum | $200,000 (10 units) |
| Termination Age | Earlier of age 70 or retirement |

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| LTD | Long Term Disability |

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| **Long Term Disability – Non-taxable (member paid)** | |
|  | **Coverage** |
| Benefit | 60% of monthly earnings |
| Maximum Benefit | $10,000 |
| Qualifying Period | 13 weeks |
| Cost of Living Adjustment (COLA) | No |
| Definition of Disability | Unable to do own occupation for 2 years |
| Termination Age | Age 65 or retirement |