

Your benefits at a glance

For more benefit details please refer to the Benefits booklet.

Health Care				
Benefit Details				
	Opt out	Economy	Select	Premium
Deductible	No coverage	None	None	None
Termination Age		Retirement		
Dependent Eligibility		Eligible child dependents can be covered until the age of 21 (or 25 if a full-time student)		
Covered Expenses				
PRESCRIPTION DRUGS				
Reimbursement amount	No coverage	70% Mandatory generic substitution included	85% Mandatory generic substitution included	100% Mandatory generic substitution included
Prescription Drugs and Maximum (legally requiring a prescription, and mandatory generic)	No coverage	Unlimited coverage except for: -Smoking cessation \$300 lifetime -Fertility drugs \$15,000 lifetime -Sclerotherapy up to a maximum of \$20 per visit for drug only -Sexual dysfunction drugs up to \$1,200 per calendar year	Unlimited coverage except for: -Smoking cessation \$300 lifetime -Fertility drugs \$15,000 lifetime -Sclerotherapy up to a maximum of \$20 per visit for drug only -Sexual dysfunction drugs up to \$1,200 per calendar year	Unlimited coverage except for: -Smoking cessation \$300 lifetime -Fertility drugs \$15,000 lifetime -Sclerotherapy up to a maximum of \$20 per visit for drug only -Sexual dysfunction drugs up to \$1,200 per calendar year

PARAMEDICAL SERVICES				
	Opt out	Economy	Select	Premium
Reimbursement amount	No coverage	70%	85%	100%
Covered practitioners	No coverage	Chiropractor, Naturopath, Massage Therapist Speech Therapist Osteopath, Occupational therapist, Audiologist, Podiatrist/Chiropodist and acupuncturist customary charges per visit up to a combined maximum of \$500 per calendar year for all these practitioner Physiotherapist customary charges per visit up to a maximum of \$500 per calendar year Psychologist customary charges per visit up to a maximum of \$500 per calendar year	Chiropractor, Naturopath, Massage Therapist Speech Therapist Osteopath, Occupational therapist, Audiologist, Podiatrist/Chiropodist and acupuncturist customary charges per visit up to a combined maximum of \$750 per calendar year for all these practitioner Physiotherapist customary charges per visit up to a maximum of \$750 per calendar year Psychologist customary charges per visit up to a maximum of \$750 per calendar year	Chiropractor, Naturopath, Massage Therapist Speech Therapist Osteopath, Occupational therapist, Audiologist, Podiatrist/Chiropodist and acupuncturist customary charges per visit up to a combined maximum of \$1,000 per calendar year for all these practitioner Physiotherapist customary charges per visit up to a maximum of \$1,000 per calendar year Psychologist customary charges per visit up to a maximum of \$1,000 per calendar year
VISION				
Reimbursement Amount	No coverage	70%	85%	100%
Vision Care	No coverage	No coverage	\$150 per 24 consecutive months	\$300 per 24 consecutive months
Eye Exams	No coverage	1 exam per calendar year for children under 18 1 exam every 2 calendar year for adults 18 and over	1 exam per calendar year for children under 18 1 exam every 2 calendar year for adults 18 and over	1 exam per calendar year for children under 18 1 exam every 2 calendar year for adults 18 and over
HOSPITAL				
Reimbursement amount	No coverage	100%	100%	100%
Hospital Coverage	No coverage	Semi-Private	Semi-Private	Semi-Private
Chronic Care	No coverage	Semi-Private to a maximum of \$10 per day up to 120 days	Semi-Private to a maximum of \$10 per day up to 120 days	Semi-Private to a maximum of \$10 per day up to 120 days

OUT-OF-PROVINCE / CANADA MEDICAL EMERGENCY

	Opt out	Economy	Select	Premium
Reimbursement amount	No coverage	100%	100%	100%
Out-of-province/ Canada Medical Emergency	No coverage	Lifetime maximum of \$5,000,000	Lifetime maximum of \$5,000,000	Lifetime maximum of \$5,000,000
Emergency Travel Assistance	No coverage	Included	Included	Included

MEDICAL SERVICES AND SUPPLIES

	Opt out	Economy	Select	Premium
Reimbursement amount	No coverage	70%	85%	100%
Private Duty Nursing	No coverage	\$10,000 per calendar year	\$15,000 per calendar year	\$25,000 per calendar year
Hearing Aids	No coverage	\$300 per 5 calendar years	\$500 per 5 calendar years	\$500 per 5 calendar years
Orthopaedic Shoes	No Coverage	Stock item shoes up to \$100 per calendar year Custom made orthopaedic shoes 1 pair per calendar year	Stock item shoes up to \$150 per calendar year Custom made orthopaedic shoes 1 pair per calendar year	Stock item shoes 2 pairs per calendar year Custom made orthopaedic shoes 2 pairs per calendar year
Orthotics Foot Appliances	No coverage	Custom made inserts for shoes \$400 per 3 calendar years	Custom made inserts for shoes \$400 per 3 calendar years	Custom made inserts for shoes \$500 per 3 calendar years

DEFAULT COVERAGE:

New Hire Enrolment: You will receive Coverage option "Select" if you are a new hire and do not enrol during your initial enrolment period.

Annual Re-Enrolment: Your current coverage will be maintained if you do not enrol during your annual re-enrolment period.

Note for Québec Residents: 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. If you select "no coverage" Option or don't cover all eligible dependants, you must complete the certification process in the enrolment tool.

Dental

Benefit Details

	Opt out	Economy	Select	Premium
Deductible	No coverage	None	None	None
Dental Fee Guide		Current province of residence for general practitioners and specialists		
Recall Examination Frequency		Once every 9 months	Once every 9 months	Once every 9 months
Termination Age		Retirement	Retirement	Retirement
Dependent Eligibility		Eligible child dependents can be covered until the age of 21 (or 25 if a full-time student)		

Covered Expenses

Preventative Services	No coverage	85%	85%	100%
Basic Endodontic/Periodontic		85%	85%	100%
Dentures/Bridges/Crowns		No coverage	50%	60%
Annual maximum		\$1,000 per calendar year (combined for Preventative and Basic Endodontics and Periodontic)	\$1,500 per calendar year (combined for all services excluding orthodontic)	\$2,000 per calendar year (combined for all services excluding orthodontic)
Orthodontic		No coverage	50%	60%
Orthodontic Maximum		No coverage	\$1,500 lifetime maximum (for children under age 18 only)	\$2,000 lifetime maximum (for children under age 18 only)

DEFAULT COVERAGE:

New Hire Enrolment: You will received Coverage option "Select" if you are a new hire and do not enroll during your initial enrolment period.

Annual Re-Enrolment: Your current coverage will be maintained if you do not enrol during your annual re-enrolment period.

Health Care Spending Account (HCSA)

Coverage	<p>The HCSA allows you to use excess flex credits to cover expenses with before-tax dollars.</p> <p>You can use this money to help pay for:</p> <ul style="list-style-type: none">• If your plan doesn't cover the entire amount of your claim, you can submit a claim to your HCSA to get the rest back.• If you've opted out of regular health and dental coverage or reached your yearly limit, you can submit these expenses to your HCSA.• Any other amount that you could claim for a medical tax credit on your tax return. You can claim these expenses even if your health or dental plan doesn't cover them. See which expenses the Canadian Revenue Agency (CRA) allows <p>Note:</p> <ul style="list-style-type: none">• When your coverage starts, you get all your HCSA money for the year in one deposit.• For Quebec residents, any amounts paid from your HCSA will be reflected on our Relevé 1 as taxable income. <p>If you're a new hire</p> <ul style="list-style-type: none">• Your HCSA deposit for the year will be lower (pro-rated). How much you can get depends on when your coverage starts in the plan year. <p>If you have a life event</p> <ul style="list-style-type: none">• If you change coverage during the year because of a life event, you can add more money to your HCSA. You just need to have enough flex dollars left. But you can't reduce how much is already in your HCSA. <p>Your new HCSA balance will include</p> <ul style="list-style-type: none">• The money you put in when your coverage started for the plan year, plus• Any extra money you add for the rest of the plan year <p>Unused HCSA funds</p> <ul style="list-style-type: none">• Any unused funds in your HCSA at the end of the year will be carried forward to the next year.• Unused funds will only carry over for one plan year and will expire at the end of the carry-over year.
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Wellness Account

Coverage	<p>The Wellness Account allows you to use flexible credits to cover eligible expenses.</p> <p>You can use this money to help pay for:</p> <ul style="list-style-type: none">• Wellness Account money may be used to subsidize personal/lifestyle choices or requirements (such as Fitness Club Memberships or sports equipment), but only if your plan sponsor has pre-defined these uses. Please refer to your group benefits booklet or your company intranet for the complete list of eligible expenses. <p>Note:</p> <ul style="list-style-type: none">• When your coverage starts, you get all your Wellness Account money for the year in one deposit.• Any amounts paid from your Wellness Account will be reflected on your T4 / Relevé 1 as taxable income. <p>If you're a new hire</p> <ul style="list-style-type: none">• Your Wellness Account deposit for the year will be lower (pro-rated). How much you can get depends on when your coverage starts in the plan year. <p>Unused Wellness Account funds</p> <ul style="list-style-type: none">• Any unused funds in your Wellness Account at the end of the year will be carried forward to the next year.• Unused funds will only carry over for one plan year and will expire at the end of the carry-over year.
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