

Your Benefits at a Glance

Non Union Employees Under Age 65
(effective July 1, 2024)

Basic Life Insurance	
Employee Benefit Formula	200% of your annual earnings to a maximum of \$500,000
AD&D (Accidental Death & Dismemberment) Insurance	
Employee Benefit Formula	200% of your annual earnings to a maximum of \$500,000
Optional Life Insurance	
Employee Multiple Amount	\$10,000 to a maximum of \$250,000
Spouse Multiple Amount	\$10,000 to a maximum of \$250,000
Optional Critical Illness Insurance	
Employee Multiple Amount	\$5,000 with minimum \$10,000 to a maximum \$300,000
Spouse Multiple Amount	\$5,000 with minimum \$10,000 to a maximum \$300,000
Dependent Children	\$5,000 with minimum \$10,000 to a maximum \$25,000
Guaranteed Amount for Employee and Spouse	\$30,000 if apply within 31 days of eligibility
Short Term Disability	
Waiting Period	
Injury	No waiting period
Disease	3 calendar days If you are hospitalized or have day surgery before the last day of the waiting period, benefits will begin on the day you are hospitalized or the surgery is performed
Maximum Benefit Period	26 weeks
Benefit Formula	75% of your weekly earnings to the maximum allowable under the Employment Insurance Act or \$2,250, whichever is greater
Long Term Disability	
Benefit Waiting Period	26 weeks
Maximum Benefit Period	To age 65, retirement or when they hit the 90 factor, whichever is earlier
Benefit Formula	75% of your monthly earnings to a maximum of \$12,000
Healthcare	
Deductibles	Nil, unless stated
Reimbursement Level	100%
Non-Prescription (Over the Counter)	Not covered except Life Sustaining and Muscle Relaxants
In-Canada Prescription Drugs	Included
Dispensing Fee Limit	\$10.00 per prescription
Deductible	\$2.00 per prescription
Drug Formulary	Mandatory Generic
Smoking Cessation	\$400 lifetime
Basic Expense Maximums	
Out-of-Country Emergency Care Expenses	Included, Physician Fees only
Private Hospitals	\$10 per day to a maximum of 120 days lifetime
Semi-Private Hospital	Not covered
Home Nursing Care	720 hours each calendar year
Dental Accident	Included
Hearing Aids	\$650 every 60 months
Blood-glucose Monitoring Machines	1 every 4 years
Custom-made Shoes and Modified Stock Shoes	Included
Custom-made Foot Orthotics	\$450 per calendar year
Myoelectric Arms	\$10,000 per prosthesis
Surgical Brassieres	6 each calendar year
External Breast Prosthesis	1 every 12 months
Leg Orthosis (brace)	Included
Trusses	Included

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Policy 172501_Div 3_Class 4 Non Union Employees Under Age 65 (effective July 1, 2024)	
Basic Expense Maximums Cont'd	
Mechanical or Hydraulic Patient Lifters	\$2,000 per lifter once every 5 years
Outdoor Wheelchair Ramps	\$2,000 lifetime
Extremity Pumps for Lymphedema	Included
Custom-made Compression Hose	6 pairs each calendar year
Wigs	1 lifetime to a maximum of \$500
Incontinence Supplies	Included
Diagnostic Services	Included
Paramedical Practitioners	
Chiropractors, Physiotherapist (including Athletic Therapist), Registered Massage Therapist, and Speech Therapist/Pathologist	Combined maximum of \$2,000 per calendar year for Employee and for each eligible dependent
Counselling Services provided by Psychotherapists, Psychologists, Social Workers with certification and Occupational Therapists	Combined maximum of \$2,000 per calendar year for Employee and for each eligible dependent
Dieticians, Naturopaths, Osteopath, Podiatrist, and Chiropracist	Combined maximum of \$500 per calendar year for Employee and for each eligible dependent
Visioncare Expense Maximums	
Eye Examinations	\$85 every 24 months
Eyeglasses, Contact Lenses, laser eye surgery or Vision Therapy as of Dec 1, 2021	\$420 every 24 months
Dentalcare	
Payment Basis	The Ontario Dental Association Fee Guide in effect on the date treatment is rendered. Payment for denturists' charges is based on denturist fee guides. Payment for charges by hygienists practicing independently is based on hygienist fee guides. Specialists' charges are limited to general practitioner fees
Deductibles	Nil
Fee Guide	Current ODA
Recall period for check up	9 months
Reimbursement Level	100%
Plan Maximum	Unlimited
Orthodontic	\$1,500/lifetime, 50/50 co-pay for adults and children
Major Restorative	\$1,500/year, 50/50 co-pay
Premium	100% employer paid
Health Care Spending Account	
Annual Health Care Spending Account	HCSA of \$200/year Can be used for any medical expense incurred by employee and eligible dependents. Expense must be identified in the Income Tax Act as a tax deductible medical expense.

Subject to change