Colleges of Applied Arts and Technology

GROUP INSURANCE BENEFITS AT A GLANCE

ACTIVE PARTIAL LOAD EMPLOYEES Sun Life Contract No. 50832 Benefits Effective February 1, 2018

This "Benefits at a Glance" provides **brief highlights** of your Group Insurance Benefit Coverage with the Colleges. If you have detailed questions, please contact your Human Resources and/or Benefits Department at your College. If there is any discrepancy between this document and the Group Insurance Contract, the Contract will apply without exception.

BASIC LIFE INSURANCE (OPTIONAL)	
Schedule of Coverage	\$25,000
Waiver of Premium when	Yes - to age 65
Disabled	
Coverage Ceases on later	- termination of employment
of	- at retirement unless you
	elect Retiree Life Insurance
	coverage within 31 days

ACCIDENTAL DEATH & DISMEMBERMENT (OPTIONAL)	
Schedule of Coverage	\$25,000 (equal to your Basic Life Insurance)
Waiver of Premium when Disabled	Yes – to age 65
Coverage Ceases on later of	termination of employmentat retirement

SUPPLEMENTAL LIFE INSURANCE (OPTIONAL)	
Schedule of Coverage	Units of \$10,000 Maximum of 6 units (\$60,000)
Waiver of Premium when Disabled	Yes – to age 65
Coverage Ceases on earlier of	age 65 termination of employment at retirement unless you elect Retiree Life Insurance coverage within 31 days

EMPLOYEE PAY-ALL OPTIONAL LIFE INSURANCE	
(OPTIONAL)	
Schedule of Coverage	Units of \$10,000
	Maximum of 30 units

	(\$300,000) - Available only after maximum Supplemental Life coverage has been elected
Waiver of Premium when Disabled	Yes – to age 65
Coverage Ceases on earlier of	age 65 termination of employment at retirement unless you elect Retiree Life Insurance coverage within 31 days

DEPENDENT OPTIONAL LIFE INSURANCE (OPTIONAL)	
Schedule of Coverage	Spouse - \$5,000 Each Child - \$2,000
Waiver of Premium when Disabled	Yes – to age 65
Coverage Ceases on earlier of	age 65termination of employmentat retirement

HEALTH CARE (BASIC)	
Semi-Private Hospital	100% reimbursement
	unlimited in Canada
Deductible	Nil
Reimbursement	85% for all expenses
Overall Maximums	Unlimited
Drugs (with a DIN)	Pay Direct Drug Card; drugs with a DIN requiring a written prescription by a physician, dentist or registered nurse including oral contraceptives, diabetic and colostomy supplies. Excluded are weight loss or dietary supplement products and medications available over the counter.
Paramedical Services	Acupuncturist, Audiologist, Chiropodist, Chiropractor, Clinical Psychologist, Massage Therapist, Naturopath, Osteopath, Occupational Therapist, Optometrist, Physiotherapist, Podiatrist, Psychotherapist, Social Worker & Speech Therapist

	up to \$2,000 per person per
	year for all practitioners
Amelondamon	combined. Plan will reimburse 85% of
Ambulance	the co-payment for land
	ambulance.
Private Duty Nursing	Out-of-hospital services of a
	registered nurse or registered
	trained attendant Maximum -
	\$25,000 per plan year
Orthopedic shoes	2 pair per year for
	dependents under age 8,
	1 pair per year for all other covered individuals
Medical Supplies &	Casts, splints, braces,
Equipment	crutches, wheel chairs and
Equipment	other durable medical
	equipment for therapeutic
	use.
Breathing Equipment	Oxygen and its administrative
	equipment
Prosthetic Equipment	Artificial eyes and limbs
(excluding myoelectric appliances)	including repairs and replacement when necessary;
аррнансез)	external breast prosthesis
	and surgical bras up to \$600
	per person per year
Emergency out of	Reimbursement – 100%
Province/Country and	Hospital charges
Travel Assistance	Physicians' services over and
	above the amount reimbursed by the
	provincial medicare plan.
	Lifetime maximum - \$2
	million
	for Out of Country
Survivor Benefits	Yes
Coverage Ceases on later	- termination of employment
of	- at retirement unless you
	elect Retiree Health Care
	coverage within 31 days

VISION CARE (OPTIONAL)	
	100% of expenses up to
	\$400 every 2 benefit years
	for adults and each benefit
	year for dependent children
	under 18. Covered expenses

	include lens, frames, contacts and refractive surgery
Survivor Benefits	Yes
Coverage Ceases on later of	termination of employment at retirement unless you elect Retiree Vision Care coverage within 31 days

HEARING CARE (OPTIONAL)	
	\$3,000 per person every 3 benefit year
Survivor Benefits	Yes
Coverage Ceases on later of	termination of employment at retirement unless you elect Retiree Hearing Care coverage within 31 days

DENTAL (OPTIONAL)	
Deductible	Nil
Reimbursement	
Basic, Endodontic,	
Periodontal & dentures	100%
Crowns & Bridges	50%
Orthodontia	50%
Maximum	
Basic, Endodontic,	
Periodontal and Dentures	\$2,500/person/calendar year
Crowns & Bridges	\$2,500/person/calendar year
Orthodontics	\$2,500 lifetime per person
Fee Guide	One Year Lag
Basic Services	Examinations, x-rays, tests
	and laboratory reports,
	fillings, space maintainers for
	missing primary teeth, caries,
	trauma and pain control,
	extractions, surgery and
	related anesthesia.
	Recall exams, bitewing x-
	rays, polishing, scaling and
	fluoride are limited to twice
	every year; full mouth exams
	and x-rays limited to once
Endodontic & Periodontal	every 24 months. Root canal therapy and
Services	treatment of the gum tissue
Dentures	Full and partial dentures once
Deficules	every 3 years and repairs,
	rebasing and relining
Crowns & Bridges	Crowns, bridges, repairs and
Crowns & Bridges	maintenance of crowns and
	bridges.
L	bridges.

Orthodontics	examinations, diagnosis,
	consultations, appliances and
	other services for the
	straightening of the teeth
Survivor Benefits	Yes
Coverage Ceases on later	- termination of employment
of	- at retirement unless you
	elect Retiree Dental
	coverage within 31 days
serenge mamme days	
CRITICAL ILLNESS (OPTIONAL)	
Schedule of Coverage	Minimum-\$25,000; Maximum-
	\$200,000; Units of \$25,000
Eligibility	- under age 65
,	- reside in Canada
	- be actively at work
	non-medical up to
	\$50,000,
	- provide proof of your good
	health over \$50,000 or on
	late application
Please refer to the Critical Illness Brochure and information	
package available from your Human Resources/Benefits	
Department	

GENERAL EXCLUSIONS & LIMITATIONS

No Benefit will be paid for charges incurred:

- as a result of war, declared or not, participation in civil commotion, riot or insurrection or while serving in the armed forces
- for participation in a criminal offence
- for services or supplies for cosmetic purposes unless required as a result of an accident or injury
- for services that are eligible for reimbursement under any government plan
- lost, misplaced or stolen equipment or supplies
- for care, services or supplies with are not medically necessary
- for expenses that exceed the reasonable and customary charge for the area in which they are incurred
- for experimental treatment or supplies

DEFINITION OF DEPENDENT

Dependent(s): your spouse/partner, your children, your spouse/partner's children, who are residents of Canada or the U.S.A.

Spouse: your legal spouse by marriage or commonlaw spouse/partner.

<u>Note:</u> spouse/partner will cease to meet the definition of a person eligible to be qualified as your dependent upon the earlier of:

- the date you have entered into a "Separation Agreement" with your spouse/partner; or
- having lived separate and apart from your spouse/partner for not less than 12 months

Dependent Child: unmarried and under age 21. Coverage may be extended while a full-time student, under the age of 25.

Dependent children can continue to be covered beyond age 21 (age 25) if physically or mentally disabled and are financially dependent on you.

GENERAL CONTACTS

YOUR COLLEGE HUMAN RESOURCES / BENEFITS DEPARTMENT

YOUR INSURANCE COMPANY: Sun Life P.O. Box 2010, STN Waterloo Waterloo, Ontario N2J 0A6

Health and Dental Claims Toll Free Inquiry Number: 1 (800) 361-6212