

Colleges of Applied Arts and Technology

GROUP INSURANCE BENEFITS AT A GLANCE

ACTIVE ADMINISTRATIVE EMPLOYEES

Sun Life Contract No. 50833
Benefits Effective February 1, 2019

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

Schedule of Coverage	66 2/3% of basic annual earnings rounded to the next higher \$1,000 Maximum \$500,000
Waiver of Premium when Disabled	Yes - to age 65
Coverage Ceases on later of	- termination of employment - at retirement unless you elect Retiree Life Insurance coverage within 31 days

ACCIDENTAL DEATH & DISMEMBERMENT

Schedule of Coverage	66 2/3% of basic annual earnings rounded to the next higher \$1,000 Maximum \$500,000 (equal to your Basic Life Insurance)
Waiver of Premium when Disabled	Yes - to age 65
Coverage Ceases on later of	- termination of employment - at retirement

SUPPLEMENTAL LIFE INSURANCE

Schedule of Coverage	Units of 1, 2 or 3 times basic annual earnings rounded to the next higher \$1,000 Maximum \$1,000,000
Waiver of Premium	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

Schedule of Coverage	Units of \$10,000 Maximum of 10 units (\$100,000) - Available only if 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

Schedule of Coverage	Spouse - \$10,000 Each Child - \$5,000
Waiver of Premium when Disabled	Yes - to age 65
Coverage Ceases on earlier of	- age 65 - termination of employment - at retirement

LONG TERM DISABILITY

Schedule of Coverage	66 2/3% of monthly base salary up to a maximum of \$25,000 - benefit payment is taxable - benefits are paid in advance on the first day of each month
Definition of Disability	Own Occupation - during elimination period and first 36 months of benefit payment Any Occupation thereafter
Elimination Period	Benefit payments commence once you have been disabled for 130 working days or expiration of your sick leave credits, whichever is later
Waiver of Premium when Disabled	Yes - once benefit payments commence
Benefit is Offset by Other Income from:	- Canada Pension Plan Disability Income - WSIB benefits - income from your employer - any retirement/pension income from a College
Coverage Ceases on earlier of	- age 64 and 6 months - termination of employment - at retirement

HEALTH CARE

Semi-Private Hospital	100% reimbursement unlimited in Canada
Vision Care	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
Hearing Care	\$3,000 per person every 3 benefit years
Deductible Reimbursement Overall Maximums	Nil 85% for all expenses Unlimited
Drugs	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, Chiropractor, Clinical Psychologist, Massage Therapist, Naturopath, Osteopath, Occupational Therapist, Ophthalmologist, Optometrist, Physiotherapist, Podiatrist, Psychotherapist, Social Worker & Speech Therapist up to \$2,000 per person per year for all practitioners combined.
Ambulance	Plan will reimburse 85% of 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 & Equipment	Casts, splints, braces, crutches, wheel chairs and other durable medical equipment for therapeutic

	use
Breathing Equipment	Oxygen and its administrative equipment
Prosthetic Equipment (excluding myoelectric appliances)	Artificial eyes and limbs including repairs and replacement when necessary; external breast prosthesis and surgical bras up to \$600 per person per year
Emergency out of Province/Country and Travel Assistance	Reimbursement - 100% Hospital charges 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 of	- termination of employment - at retirement unless you elect Retiree Health Care coverage within 31 days

	every 3 years and repairs, rebasing and relining
Crowns & Bridges	Crowns, bridges, repairs and maintenance of crowns and bridges.
Orthodontics	examinations, diagnosis, consultations, appliances and other services for the straightening of the teeth
Survivor Benefits	Yes
Coverage Ceases on later of	- termination of employment - at retirement unless you elect Retiree Dental coverage within 31 days

CRITICAL ILLNESS	
Schedule of Coverage	Minimum-\$25,000; Maximum-\$200,000; Units of \$25,000
Eligibility	- under age 70 - reside in Canada - be actively at work - 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	

DENTAL	
Deductible	Nil
Reimbursement Basic, Endodontic, Periodontal & dentures Crowns & Bridges Orthodontia	100% 50% 50%
Maximum Basic, Endodontic, Periodontal and Dentures Crowns & Bridges Orthodontics	- \$2,500/person/calendar year - \$2,500/person/calendar year - \$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 every 24 months.
Endodontic & Periodontal Services	Root canal therapy and treatment of the gum tissue
Dentures	Full and partial dentures once

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 common-law spouse/partner.

Note: 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