



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		
Reimbursement Amount	No coverage	80%
Prescription glasses/contacts or laser eye surgery	No coverage	\$250 per 24 consecutive months per person
Medically necessary contacts	No coverage	\$200 per 24 consecutive months per person
Eye Exams		1 per 2 calendar years for adults 1 per 1 calendar year for children
Hospital		
Hospital Coverage	No coverage	No coverage
Medical Supplies and Services		
Reimbursement Amount	No coverage	80%
Private Duty Nursing	No coverage	Maximum of \$10,000 per calendar year
Hearing Aids	No coverage	\$300 every 4 calendar years
Paramedical Services		
Reimbursement Amount	No coverage	80%
Physiotherapist Osteopath, Podiatrist / Chiropracist, Chiropractor, Massage Therapist, Speech Therapist, Naturopath, Acupuncturist	No coverage	\$500 maximum per practitioner, per calendar year
Mental Health Practitioners*	No coverage	\$1,000 maximum per calendar year
*Mental Health Practitioners include Psychologists and Psychotherapists only		
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

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

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