

Your benefits at a glance

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	No coverage	Prescription glasses/contacts or laser eye surgery: \$250 per 24 consecutive months per person Medically necessary contacts: \$200 per 24 consecutive months per person Eye Exams: 1 per 24 consecutive months for adults 1 per 12 consecutive months for children
Hospital Coverage	No coverage	No coverage
Medical Supplies and Services		
Private Duty Nursing	No coverage	Maximum of \$10,000 per calendar year
Hearing Aids	No coverage	\$300 every 4 calendar years
Paramedical Services		
Physiotherapist Osteopath, Podiatrist / Chiropodist, Chiropractor, Massage Therapist, Speech Therapist, Naturopath, Psychologist, Acupuncturist	No coverage	\$500 maximum per practitioner, per calendar year
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.		

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

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

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

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.

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.

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

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