

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 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 (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 employment - at 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 65 - termination of employment - at retirement |

| HEALTH CARE (BASIC) | |
|---|---|
| Semi-Private Hospital | 100% reimbursement unlimited in Canada |
| Deductible Reimbursement Overall Maximums | Nil 85% for all expenses 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, Chiropracist, 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 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 |

| 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 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 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 (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 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