GROUP INSURANCE BENEFITS AT A GLANCE



Benefits Effective January 1, 2024

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.

A 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	Nil
DRUG REIMBURSEMENT	85% up to a \$2,500 out-of-pocket maximum for eligible prescription drug expenses. Once the \$2,500 out-of-pocket maximum has been reached in the calendar year, reimbursement for eligible drug expenses will increase to 100%
REIMBURSEMENT (OTHER THAN DRUGS)	90% for paramedical services. 85% for all other eligible expenses.
OVERALL MAXIMUMS	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.

Note: For employees age 65 and older, coverage for biologics and biosimilars will be integrated with ODB protocols.

MEDICAL CANNABIS

Coverage for medical cannabis prescribed by a licensed physician to a maximum of **\$5,000** per year; Medical cannabis is subject to prior authorization by the insurer for eligibility criteria, including symptoms and for the conditions listed under the plan. **Reimbursement is at 85%.**

PARAMEDICAL SERVICES

Acupuncturist, Audiologist, Chiropodist, Chiropractor, Clinical Psychologist, Massage Therapist, Naturopath, Osteopath, Occupational Therapist, Ophthalmologist, Optometrist, Physiotherapist, Podiatrist, Psychotherapist, Registered Dietician, Social Worker & Speech Therapist.

Reimbursement of up to 90%, with a maximum of \$4,750 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

- 3 pair per year for dependents under age 8
- 2 pair per year for dependents age 8 but under 18
- 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 & 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.

* DENTAL

DEDUCTIBLE

Nil.

SERVICE	REIMBURSMENT	MAXIMUMS
Basic, Endodontic, Periodontal & Dentures	100%	\$2,500 per person/ calendar year
Crowns, Bridges, Dental Implants	50%	\$2,500 per person/ calendar year
Orthodontia	50%	\$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, DENTAL IMPLANTS

Crowns, bridges, repairs and maintenance of crowns and bridges; dental implants, subject to open space limitations. *Implant coverage only applies to a tooth that was extracted or lost on or after December 29, 2022.*

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 Health Care coverage within 31 days.

BASIC LIFE INSURANCE

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

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

SCHEDULE OF COVERAGE

Units of \$10,000. Maximum of 5 units (\$50,000)

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.

18 EMPLOYEE OPTIONAL LIFE INSURANCE

SCHEDULE OF COVERAGE

- Units of \$10,000
- Maximum of 5 units (\$50,000)

Available only if maximum Supplemental Life coverage has been elected.

WAIVER OF PREMIUM WHEN DISABLED

Yes - to age 65.

COVERAGE CEASES ON LATER OF

- At 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 \$15,000
- Each Child \$3,000

WAIVER OF PREMIUM WHEN DISABLED

Yes - to age 65.

COVERAGE CEASES ON LATER OF

- At age 65.
- Termination of employment.
- At retirement.

SUPPLEMENTARY SPOUSAL LIFE INSURANCE

SCHEDULE OF COVERAGE

- Units of \$10,000
- Maximum of 6 units (\$60,000)

Available only if Optional Dependent Life Insurance is elected.

WAIVER OF PREMIUM

Yes - to age 65.

COVERAGE CEASES ON EARLIER OF

• Age 65. • Termination of employment. • At retirement.

CRITICAL ILLNESS

SCHEDULE OF COVERAGE

Minimum - \$25,000
 Maximum - \$200,000
 Units of \$25,000

ELIGIBILITY - MEMBER AND SPOUSE

- 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.

BLONG 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 24 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 LATER OF

• Age 64 and 6 months. • Termination of employment. • At retirement.

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

To connect with a Benefits Specialist at Humber College, please contact the **HR Support Centre**.

YOUR INSURANCE COMPANY:

For direct contact information for Sun Life, visit **The 'Contact Us' section of the Sun Life website**.

HEALTH AND DENTAL CLAIMS TOLL FREE INQUIRY NUMBER: 1 (800) 361-6212

For a complete overview of your Administrative Employees benefits booklet, please visit the <u>Benefits section</u> on the <u>People(s)</u> & Culture website.



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