



Your Benefits Enrollment Guide

HEALTH INSURANCE

OPTIONAL LIFE INSURANCE

OPTIONAL ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE (UPDATED AUGUST 1, 2012)

The following is a summary of benefits and is intended solely to help you make your enrollment choices. It does not provide all the information on which benefit payments will be determined. This summary is based on the plans' insurance contracts, which contain all the terms and conditions of the plans and which will govern in case of any discrepancy with this summary. These plans are subject to change.

HEALTH CARE

You may choose Option A or Option B. Your choice of health care coverage remains in effect for a minimum of two years, or the next enrollment scheduled every 2nd year in July. However, you may change your coverage within two years if a major life event occurs (e.g., marriage, divorce, loss of coverage under spousal plan).

Also note that reimbursement applies solely to reasonable and customary expenses.

Please note: Medical coverage is a mandatory benefit unless you provide a policy number in which you are currently covered.

BENEFITS	OPTION A	OPTION B
Eligible Prescription Drugs	100% once you pay the dispensing fee (amount charged by pharmacists to fill a prescription) <i>less</i> \$2 for each drug.	100% once you pay the dispensing fee (amount charged by pharmacists to fill a prescription) <i>plus</i> \$2 for each drug.
Vision Care	80% for eye refractions, prescription contact lenses, or frames and prescription lenses, up to \$150 every 2 calendar years per person 18 or over, or every calendar year per person under age 18.	100% for prescription lenses and contact lenses (disposable lenses covered up to cost of regular contact lenses) if there is a half diopter change in prescription. All expenses must be recommended and approved by the attending ophthalmologist and optometrist.
Hospital	100% for a semi-private room.	MSI coverage (government program).
Other Eligible Expenses	Same coverage for both Option A and Option B: 80% of cost of certain eligible expenses such as nursing services, eye exams, special contact lenses, orthopedic shoes, physiotherapy, acupuncture, speech therapists, psychologists, chiropractors, podiatrists, chiropodists, occupational therapists, certain medical equipment and supplies, certain medical prostheses, oxygen and oxygen supplies, orthotic devices, emergency transportation, diagnostic X-rays, laboratory tests, dental in event of an accident, hearing aids, and speech aids. <i>Please note that certain limitations and maximums apply to these eligible expenses, in accordance with the insurance policy. Before you incur any expenses, however, be sure to verify with the Human Resources Department for coverage information.</i>	

Same coverage for both Option A and Option B:

**Coverage
Outside the
Province or
Country**

100% of cost of hospital in-patient, hospital out-patient, physician services, nursing services, transportation expenses, boarding and lodging, diagnostic services, return-of-vehicle expenses, and repatriation expenses.

Please note that certain limitations and maximums apply to these eligible expenses, in accordance with the insurance policy.

YOUR BI-WEEKLY COST	PLAN A		PLAN B	
	Your Cost	Employer Cost	Your Cost	Employer Cost
	Single: \$ 18.77	\$18.77	Single: \$ 9.44	\$ 18.77
	Family: \$ 48.46	\$ 48.46	Family: \$ 24.35	\$ 48.46

BASIC LIFE INSURANCE

All employees are eligible for an amount of insurance equal to 2 times their annual earnings. The benefit is rounded to the next higher \$1000 if not already a multiple thereof. No evidence required to a limit of \$400,000 of coverage.

Coverage terminates on the date you attain age 65 for all active employees and retired employees. For early retirees between ages 60 - 65 coverage reduces 8% at the age of retirement date and 8% each year thereafter. If you retire prior to age 60, the benefit reduction commences with age 60 is obtained.

Basic Life Insurance is a mandatory benefit.

Your Cost – 0.118/\$1,000 coverage/month (employee share only, employer 50/50 cost shares)

DEPENDANT LIFE INSURANCE

Spouse -> \$10,000 (fixed coverage)

Each Child -> \$10,000 (fixed coverage)

Coverage terminates in the date you attain age 65. Early retirement coverage is available if Dependent Life Coverage was elected prior to the early retirement date.

Your Cost - \$1.045 fixed \$10,000coverage/ month (Employee share only, employer 50/50 cost shares)

This is a mandatory benefit if you have a dependant.

LONG TERM DISABILITY

This benefit is equal to 74% of monthly earnings. The qualifying disability period starts when you first become totally disabled and ends after 180 consecutive calendar days or the expiry of sick leave, provided your disability is continuous and you are under age 65.

Maximum benefit without evidence \$8000.00

This is a mandatory benefit for regular employees after working 60 days or temporary employees which have worked for 14 consecutive months.

Your Cost - \$1.186 / 100.00 monthly benefit / month (Employee share only, employer 50/50 cost share)

OPTIONAL LIFE INSURANCE

Optional Life insurance coverage is available for both you and your spouse upon evidence of insurability. Benefits are payable regardless of the cause of death, except suicide, for the first two years of coverage.

If you choose coverage for yourself, you must designate a beneficiary on the attached enrollment form. If you choose to cover your spouse, you automatically become the beneficiary of benefits payable in the event of your spouse's death.

BENEFITS **You:** Up to \$150,000, in units of \$10,000.
Your spouse: Up to \$150,000, in units of \$10,000.

Benefits in the event of your death are payable in addition to your Basic Life insurance coverage equal to 2 x your earnings (excluding overtime, bonuses and commissions).

Benefits in the event of your spouse's death are payable in addition to your Dependent Life coverage of \$10,000.

YOUR COST The following table applies separately to you and to your spouse. For your coverage, use your age and smoker status. For your spouse's coverage, use the table again but based on your spouse's age and smoker status. Someone is considered a smoker if he or she has used any form of tobacco or cannabis in the last 12 months.

Bi-weekly Rates per \$10,000 of Coverage		
Age	Smoker	Non-smoker
<29	\$0.33	\$0.22
30-34	0.37	0.24
35-39	0.48	0.27
40-44	0.78	0.43
45-49	1.35	0.73
50-54	2.20	1.23
55-59	3.60	2.06
60-64	5.18	3.16

ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

This Benefit covers any accident resulting in Death, Dismemberment, Paralysis, and Loss of limbs and Loss of sight, speech or hearing on or off the job. All employees are eligible for an amount of insurance up to 2 times their annual earnings. The benefit is rounded to the next higher \$1000 if not already a multiple thereof. No evidence required to a limit of \$400,000 of coverage.

This is a compulsory benefit.

The cost to you is;

Current bi weekly rates per \$10,000 are \$ 0.042 (employee share only, employer 50/50 cost share)

OPTIONAL ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

Optional Accidental Death & Dismemberment (AD&D) insurance is available to both you and your family.

BENEFITS **You:** Up to \$300,000, in units of \$10,000, for your accidental death. This benefit would be payable in addition to basic AD&D insurance benefits of 2 x earnings (excluding overtime, bonuses, and commissions), Basic Life insurance benefits and, if applicable, Optional Life insurance benefits.

Your family: Coverage depends on your family composition, as follows:

- Spouse but no children: 60% of your amount.
- Children but no spouse: 20% of your amount for each child.
- Spouse and children: 50% of your amount for your spouse and 10% for each child.

If your spouse or dependent child dies: a benefit of \$10,000 will be payable from your Dependent Life insurance plan.

Benefits are also paid for accidental loss of limb, hearing, or sight as well as for paralysis.

YOUR COST Bi-weekly rates per \$10,000. of coverage
 Single: \$0.092
 Family: \$0.148

BEFORE YOU MAKE A DECISION ...

Before you make any enrollment choices, here is a list of questions to help you determine your needs and those of your family.

HEALTH CARE

- What is the general state of your health and your family's health?
- Have your health care expenses been typically low, moderate, or significant in the past?
- Do you have an idea of what your medical expenses are likely to be in the next two years? If so, which level of coverage (A or B) do you think is likely to provide you with the greatest value?
- Are you or your children accident-prone or actively involved in sports and activities that are considered risky?
- Is it likely that you or a covered dependent will require hospitalization, surgery, or other special medical care in the foreseeable future?
- Are there any expenses that you can budget ahead of time, such as prescription drugs, eyeglasses, and contact lenses? For instance, family coverage Option B is \$517 cheaper (annually) than Option A.
- If you have any a spouse who is employed, does he or she have coverage at work? If so, do you feel you need as much coverage under your Health Care Plan?
- Do you know what your local pharmacy charges as their dispensing fee?
- How far away do you live from a pharmacy that charges a lower dispensing fee?
- Did you know that dispensing fees vary by pharmacy? For a regular prescription, the dispensing fee can range from about \$3 to \$10.
- Did you know that in Nova Scotia, if your physician recommends semi-private coverage, MSI would cover it?

OPTIONAL LIFE INSURANCE

If you die:

- How much income do you and your family currently live on?
- If your spouse also works, how much of your income will need to be replaced?
- If you have a mortgage, do you have mortgage insurance that would wipe the mortgage debt clean in the event of your death?
- What other sources of income could your family rely on after your death? Examples: RRSP's, your pension plan at work, personal savings, insurance plans sponsored by professional associations, the Canada Pension Plan, and automobile insurance plans.
- Are there any large expenses in the future, such as your children's education?
- If you are single and have no dependents, are there any reasons why you should have more coverage than what the Basic Life Insurance Plan provides.
- If you are a single parent or support your parents during their retirement, would someone else be financially able to care for them after your death? If not, how much money would you need to ensure their continued care?

If your spouse dies:

- Is your spouse employed? If so, do you and your family rely heavily on your spouse's income?
- If your spouse is employed, does he or she have life insurance and a pension plan at work?
- If your spouse is not employed, does he or she currently take care of your children, if any? If so, would you have to pay for child care should your spouse die?

OPTIONAL ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

- Are your family's financial needs any different if you should die accidentally as opposed to natural causes? If not, you should first consider meeting these needs with Optional Life insurance, which is payable whether or not the death is accidental.
- Do you have significant financial obligations? If you become seriously injured because of an accident, how will your family meet these financial responsibilities?
- If you have children, are they very active in sports and thus more likely to be injured?
- Would you be able to handle the expenses if your spouse or a dependent child becomes disabled because of an accident?