

HALTON DISTRICT SCHOOL BOARD

Secondary Teachers

***EMPLOYEE
GROUP
CUSTOMIZER***

Effective Date: September 1 , 2010

Important: Keep this Schedule with your Employee Benefit Plan Booklet.

EMPLOYEE LIFE INSURANCE BENEFIT

Classification Basic

Amount

All eligible employees
under age 65:

Annual Earnings rounded to the
next higher \$1,000 multiplied by
1, 2, 3, 4 or 5

*subject to a Maximum of \$450,000.

Notes:

- Your Employee Life Insurance will terminate at age 65, upon retirement, resignation or termination. You may convert up to \$200,000 of your life insurance coverage without supplying evidence of good health if done within 31 days of termination.
- Earnings means annual rate of pay.
- A retroactive change in Earnings will be deemed to be effective on the date the change was determined.
- Late applicants will be required to complete a health questionnaire and may have to submit medical evidence of good health satisfactory to the insurer in order to be insured.
- If an employee dies while insured, employee life insurance will be paid to the named beneficiary(ies), if living, otherwise to the employee's estate.

DENTAL CARE BENEFITS

All claims must be submitted within 90 days following December 31 of the benefit year in which expense occurred.

Fee Guide

Payments under this plan will be based on the current Ontario Dental Association Fee Guide for Dental Practitioners.

Percentage Payable

Calendar Year Deductible	Nil
Routine Care	100%
Dentures	80%
Crowns and Bridgework	80%
Orthodontics	50%

Benefit Maximum (per calendar year)

- Routine Care, Dentures, Crowns and Bridgework (combined maximum) \$1,500
 - oral exams, including the cleaning of teeth, twice per calendar year, but not more than once every 9 months. Complete exams, once every 24 months;
 - scaling and root planing (limited to 9 units per calendar year, a maximum of 14 units if supported by dental evidence);
 - occlusal equilibration (limited to 8 units per calendar year);

DENTAL CARE BENEFITS

- topical application of sodium or stannous fluoride, twice per calendar year, but not more than once every 9 months;
- dental x-rays - complete x-rays once every 24 months; bite-wing x-rays twice per calendar year, but not more than once every 9 months;

Benefit Maximum (per lifetime)

Orthodontics (for dependent children only)** \$2,000

** Includes coverage for adult orthodontia, only when medically necessary. Medically necessary is considered to mean, as a result of a traumatic accident or surgery, the only means of restoring the teeth back to their original position is by active orthodontic treatment.

HEALTH CARE BENEFITS

	Amount
Overall Benefit Maximum	\$1,000,000
Calendar Year Deductible	\$10 per person \$30 per family
Drug Dispensing Fee Maximum	\$7.00 per prescription or refill Ingredient Costs Markup 10% Mandatory Generic Substitution No over the counter drugs* (Except for life-sustaining, e.g. insulin & supplies, Epinephrine Products)
Percentage Payable	
All Covered Charges	100%
Hospital (Within Home Province)	
Room and Board Limit	semi-private
Convalescent Hospital (Within Home Province)	
Room and Board Limit	semi-private
Maximum Stay (per period of disability)	Unlimited
Out-of-Hospital Nursing Benefit* Maximum (per lifetime)	\$25,000

HEALTH CARE BENEFITS

Amount

Health Practitioners' Benefit Maximum (per calendar year)

Chiropractor, Osteopath, Naturopath, Podiatrist or Chiropractist	\$250 per type of practitioner
Psychologist	\$500
Speech Therapist	\$200
Masseur	12 visits
Physiotherapy	\$55/visit cap

One x-ray per calendar year per practitioner is included in the Benefit Maximum for Chiropractor, Podiatrist and Osteopath.

Out-of-Province Benefit Maximum (Travel Assistance Plan)

\$500,000
(per lifetime)

Emergency Care

Hospital Maximum Stay	60 days
Hospital Room and Board Limit	
In Canada/Out of Canada	ward

On Referral

Benefit Duration (per occurrence)	60 days
Hospital Room and Board Limit	\$75 per day

HEALTH CARE BENEFITS

Amount

Vision Care Benefit Maximums (in any 24-month period)

Lenses and Frames or Contact Lenses

Eye Exams

- o September 1, 2010 \$475 every 24 months

Laser Eye Surgery \$2000/Lifetime cap

- For the non-surgical treatment of keratoconus, for the lifetime of the covered individual, no amount will be paid for charges in excess of \$150 and for expenses incurred within 6 months of each surgical procedure, no amount will be paid for charges in excess of \$150.
- One eye examination by an optometrist per 24-month period, 12 months if under age 18.

Hearing Care Benefit Maximum (in any 36-month period)

\$1,000

Wigs

\$500 lifetime max.
For cancer patients only.
Prescriptions for other severe
Medical conditions will be considered
on a case by case basis.

Maximum Drug Benefit

Sclerosing Agents	\$15 per visit
Viagra (per calendar year)	\$1,000/year/member
Obesity Drugs	\$300/year/member
Smoking Cessation	\$300/year/member

Fertility Drugs

\$6,000/lifetime/member

HEALTH CARE BENEFITS

Amount

**Durable Medical
Equipment & Supplies**

Reasonable and Customary charges
Contact insurer for details

Foot Care Benefit Maximums

Orthopedic Shoes (per calendar year) \$75

(24 month period, 12 months if under age 18)

Arch Supports, Molds or orthotic
Devices (24 month period, 12 months
if under age 18) \$250 per foot