

**PARO – Residents
FULL TIME
BENEFIT OVERVIEW**

EXTENDED HEALTH CARE (EHC)

CARRIER: Manulife Financial

PAY DIRECT WALLET CARD

Can be used at all HHS Retail Pharmacies, including McMaster Drugstore, Juravinski Cancer Centre Pharmacy and Hamilton General Drugstore – ALL revenue generated is used to support various initiatives throughout HHS. For location information and hours of operation, click [HERE](#)

ENROLLMENT OPTIONS:

- **Single**
- **Family**

Participation

- Mandatory unless the employee has comparable, alternate spousal coverage (proof required)
- If an employee declines to enroll when first eligible because he/she is covered for comparable benefits under a spouse's group plan, he/she will be eligible for coverage under this policy on the date immediately following the termination date of coverage under the spouse's plan, provided written application is submitted within the 31-day period following such termination date
- Ceases at employee's age 70

Dependent Eligibility

- Legally married spouse or, a person of the opposite or same sex living together for at least one year in a conjugal relationship outside of marriage
- Unmarried, unemployed children under the age of 21 years, including newborns
- Unmarried, unemployed dependent children to any age who are incapable of self-sustaining support or employment by reason of mental or physical disability

Coverage

- Commences on date of hire

Monthly Premium

- 100% Employer-paid
- Commences in the month the benefit coverage begins

	Employee	Employer
Single	\$0	\$140.98
Family	\$0	\$368.46
*Premiums effective July 1, 2019		

Deductible

- Single Coverage - \$15 per benefit year (July 1 to June 30)
- Family Coverage - \$25 per benefit year (July 1 to June 30)

Drugs

- 100% reimbursement of eligible prescription drug charges in excess of the deductible
- Covers all drugs that **legally require** a medical doctor's prescription to receive them in Ontario **and** are listed in the Manulife Financial Formulary 3
- Generic drug substitution is mandatory. If the claimant has tried the generic substitution and has had an adverse reaction that is documented with their physician, the physician must complete the "Adverse Reaction Monitoring Program" form. The claimant would need to provide the completed form to Manulife, along with any original paid receipts.

Hospital Room Coverage

- Ward only

Private Hospital

- Up to \$10 per day to a maximum of 120 days per person while coverage is in force for care in a licensed private hospital

Paramedical professional services

- Physiotherapist - up to a maximum of \$500 per person per benefit year
- Clinical Psychologist (or social worker with masters degree) – up to a maximum of \$500 per person per benefit year
- Massage Therapist (medical referral required) - up to a maximum of \$500 per person per benefit year
- Speech Therapist – up to a maximum of \$500 per person per benefit year
- Acupuncturist – up to a maximum of \$500 per person per benefit year
- Chiropractor – up to a maximum of \$500 per person per benefit year
- Chiropracist or Podiatrist – up to a maximum of \$500 per person per benefit year. Payment for the services of a Podiatrist will only be made after any annual allowance under the provincial health insurance plan has been exhausted

Private Duty Nursing

- Pre-determination of benefits required before services begin

Chronic Care

- Maximum of \$3 per day for semi-private for a total of 120 days per 12 consecutive months

Vision Care

- **Effective July 1, 2018:** Up to a maximum of \$300 per person in any 24 consecutive months, including prescription glasses, contact lenses, and laser vision correction procedures
- One eye examination in any 24 consecutive months

DENTAL

Participation

- Mandatory unless employee has comparable, alternate spousal coverage (proof required)

**PARO – Residents
FULL TIME
BENEFIT OVERVIEW**

<p>DENTAL, cont'd</p> <p>CARRIER: Manulife Financial</p> <p>FEE GUIDE:</p> <ul style="list-style-type: none"> Current ODA Fee Guide 	<ul style="list-style-type: none"> If an employee declines to enroll when first eligible because he/she is covered for comparable benefits under a spouse's group plan, he/she will be eligible for coverage under this policy on the date immediately following the termination date of coverage under the spouse's plan, provided written application is submitted within the 31 day period following such termination date Ceases at employee's age 70 <p>Coverage</p> <ul style="list-style-type: none"> Commences on date of hire <p>Monthly Premium</p> <ul style="list-style-type: none"> 100% Employer-paid Commences in the month the benefit coverage begins <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th></th> <th>Employee</th> <th>Employer</th> </tr> </thead> <tbody> <tr> <td>Single</td> <td>\$0</td> <td>\$56.31</td> </tr> <tr> <td>Family</td> <td>\$0</td> <td>\$121.54</td> </tr> </tbody> </table> <p align="center">*Premiums effective July 1, 2019</p> <p>Deductible</p> <ul style="list-style-type: none"> Nil <p>Basic Services</p> <ul style="list-style-type: none"> Co-insurance: 85% (plan pays 85% of the cost of eligible expenses) Complete oral examinations once every 36 months Fluoride treatment, oral recall, and oral hygiene instruction are covered once every 9 months for adults, or once every 6 months for dependent children under age 18 Coverage also includes: endodontic services, periodontal services, composite/acrylic fillings, pit and fissure sealants, oral surgery, and denture repairs 		Employee	Employer	Single	\$0	\$56.31	Family	\$0	\$121.54
	Employee	Employer								
Single	\$0	\$56.31								
Family	\$0	\$121.54								

<p>SHORT TERM DISABILITY (STD)</p>	<p>Participation</p> <ul style="list-style-type: none"> Mandatory <p>Coverage</p> <ul style="list-style-type: none"> Provides income replacement for non-occupational absences due to illness or injury Consists of a Salary Continuance component Eligibility for paid sick days commences on date of hire <p>Premium</p> <ul style="list-style-type: none"> 100% Employer-paid <p>Amount of Benefit</p> <ul style="list-style-type: none"> Salary continuance will be maintained and continued until the end of the appointment or for 6 months, whichever occurs first <p>Maximum Duration</p> <ul style="list-style-type: none"> 6 months
---	---

<p>LONG TERM DISABILITY (LTD)</p> <p>CARRIER: Desjardins Insurance</p>	<p>Participation</p> <ul style="list-style-type: none"> Mandatory Ceases at age 65 <p>Coverage</p> <ul style="list-style-type: none"> Provides income replacement for long-term absences that extend beyond the STD period, if approved by Desjardins Insurance Commences on date of hire <p>Monthly Premium</p> <ul style="list-style-type: none"> 100% Employee-paid Deducted from the first pay deposit of the month Commences in the month the benefit coverage begins <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th></th> <th>Employee</th> <th>Employer</th> </tr> </thead> <tbody> <tr> <td>% of monthly gross salary</td> <td>1.2409%</td> <td>0%</td> </tr> </tbody> </table> <p align="center">*Premium effective December 1, 2019</p> <p>Amount of Benefit</p> <ul style="list-style-type: none"> 70% of monthly earnings, up to a maximum of \$6,000 Benefits are offset by income received from CPP or other government plans 		Employee	Employer	% of monthly gross salary	1.2409%	0%
	Employee	Employer					
% of monthly gross salary	1.2409%	0%					

PARO – Residents FULL TIME BENEFIT OVERVIEW										
GROUP LIFE CARRIER: Sun Life	Participation <ul style="list-style-type: none"> Mandatory Ceases at age 65 Coverage <ul style="list-style-type: none"> Immediate coverage of 2x annual earnings upon hire, to a maximum of \$300,000 Monthly Premium <ul style="list-style-type: none"> 100% Employer-paid <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th></th> <th style="text-align: center;">Employee</th> <th style="text-align: center;">Employer</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Rate per \$1,000</td> <td style="text-align: center;">\$0</td> <td style="text-align: center;">\$0.086</td> </tr> <tr> <td colspan="3" style="text-align: center;">*Premium effective July 1, 2011</td> </tr> </tbody> </table> Conversion Option <ul style="list-style-type: none"> Option to convert coverage upon termination/retirement to a life maximum of \$1,000,000 		Employee	Employer	Rate per \$1,000	\$0	\$0.086	*Premium effective July 1, 2011		
	Employee	Employer								
Rate per \$1,000	\$0	\$0.086								
*Premium effective July 1, 2011										
LIVING BENEFITS CARRIER: Sun Life	Participation <ul style="list-style-type: none"> Optional Coverage <ul style="list-style-type: none"> Available to members who are terminally ill and expected to live 24 months or less Option to collect up to 50% of the Basic Life benefit to a maximum of \$100,000 while still living Not eligible if application is made within five (5) years of the Life insurance benefit termination date 									
MATERNITY, PARENTAL/ ADOPTION LEAVE: SUB TOP-UP	SUB Top-Up Amount <ul style="list-style-type: none"> Upon proof of receipt of Employment Insurance (EI) benefits, an employee will receive top-up to 84% of their regular weekly earnings Top-Up Duration <ul style="list-style-type: none"> On confirmation by the Employment Insurance Commission of the appropriateness of the Hospital's Supplemental Unemployment Benefit (SUB) Plan, a resident who is in receipt of Employment Insurance or parental leave benefits, shall be paid a SUB benefit for: <ul style="list-style-type: none"> Up to a maximum of 15 weeks for pregnancy leave Up to a maximum of 12 weeks for parental leave 									
VACATION	<ul style="list-style-type: none"> Residents are entitled to 4 weeks paid vacation during each year 									
GROUP RRSP (Registered Retirement Savings Plan) CARRIER: Manulife Financial	Participation <ul style="list-style-type: none"> Voluntary Contribute through regular payroll deductions Advantages <ul style="list-style-type: none"> Immediate tax savings No front-end or deferred sales commissions Lower investment management fees Leading investment managers 									

This document is a summary of the group benefits and does not include all of the plan details, provisions, exclusions and limitations. It is not intended to create a contract between Hamilton Health Sciences and any of its employees or potential employees. In the event of a discrepancy between this document and either the Group Policy and/or Collective Agreement, the applicable policy or Collective Agreement language will prevail.

Contact Information:

Benefit	Carrier	Phone	Website
Health and Dental	Manulife Financial	1-866-769-5556	www.manulife.ca
Long Term Disability	Desjardins Financial	1-800-263-9641	www.dsf-dfs.com
Life Insurance	Sun Life Assurance	1-800-361-6212	www.sunlife.ca
Human Resources Department		905-521-2100 ext. 4myHR (46947) myhr@hpsc.ca	HHS Intranet > Human Resources
Group RRSP	Manulife Financial	1-888-727-7766	www.manulife.ca
Post Grad Office		905 525-9140 ext. 22118 or 22719	