

**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

	<b>Employee</b>	<b>Employer</b>
Single	\$0	\$163.44
Family	\$0	\$427.12
*Premiums effective December 1, 2023		

**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
- Mental Health Coverage (includes Clinical Psychologist, Social Worker with Masters Degree and Psychotherapist) – **Effective November 13, 2023:** up to a maximum of \$2000 per person per benefit year
- Massage Therapist (medical referral required) - up to a maximum of \$650 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 November 13, 2023:** Up to a maximum of \$450 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

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<p><b>DENTAL</b></p> <p><b>DENTAL, cont'd</b></p> <p><b>CARRIER: Manulife Financial</b></p> <p><b>FEE GUIDE:</b></p> <ul style="list-style-type: none"> <li>Current ODA Fee Guide</li> </ul>	<p><b>Participation</b></p> <ul style="list-style-type: none"> <li>Mandatory unless employee has comparable, alternate spousal coverage (proof required)</li> <li>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</li> <li>Ceases at employee's age 70</li> </ul> <p><b>Coverage</b></p> <ul style="list-style-type: none"> <li>Commences on date of hire</li> </ul> <p><b>Monthly Premium</b></p> <ul style="list-style-type: none"> <li>100% Employer-paid</li> <li>Commences in the month the benefit coverage begins</li> </ul> <table border="1" data-bbox="768 653 1198 762"> <thead> <tr> <th></th> <th>Employee</th> <th>Employer</th> </tr> </thead> <tbody> <tr> <td>Single</td> <td>\$0</td> <td>\$66.01</td> </tr> <tr> <td>Family</td> <td>\$0</td> <td>\$142.47</td> </tr> <tr> <td colspan="3" style="text-align: center;">*Premiums effective July 1, 2023</td> </tr> </tbody> </table> <p><b>Deductible</b></p> <ul style="list-style-type: none"> <li>Nil</li> </ul> <p><b>Basic Services</b></p> <ul style="list-style-type: none"> <li>Co-insurance: 85% (plan pays 85% of the cost of eligible expenses)</li> <li>Complete oral examinations once every 36 months</li> <li>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</li> <li>Coverage also includes: endodontic services, periodontal services, composite/acrylic fillings, pit and fissure sealants, oral surgery, and denture repairs</li> </ul>		Employee	Employer	Single	\$0	\$66.01	Family	\$0	\$142.47	*Premiums effective July 1, 2023		
	Employee	Employer											
Single	\$0	\$66.01											
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<p><b>SHORT TERM DISABILITY (STD)</b></p>	<p><b>Participation</b></p> <ul style="list-style-type: none"> <li>Mandatory</li> </ul> <p><b>Coverage</b></p> <ul style="list-style-type: none"> <li>Provides income replacement for non-occupational absences due to illness or injury</li> <li>Consists of a Salary Continuance component</li> <li>Eligibility for paid sick days commences on date of hire</li> </ul> <p><b>Premium</b></p> <ul style="list-style-type: none"> <li>100% Employer-paid</li> </ul> <p><b>Amount of Benefit</b></p> <ul style="list-style-type: none"> <li>Salary continuance will be maintained and continued until the end of the appointment or for 6 months, whichever occurs first</li> </ul> <p><b>Maximum Duration</b></p> <ul style="list-style-type: none"> <li>6 months</li> </ul>												
<p><b>LONG TERM DISABILITY (LTD)</b></p> <p><b>CARRIER: Desjardins Insurance</b></p>	<p><b>Participation</b></p> <ul style="list-style-type: none"> <li>Mandatory</li> <li>Ceases at age 65</li> </ul> <p><b>Coverage</b></p> <ul style="list-style-type: none"> <li>Provides income replacement for long-term absences that extend beyond the STD period, if approved by Desjardins Insurance</li> <li>Commences on date of hire</li> </ul> <p><b>Monthly Premium</b></p> <ul style="list-style-type: none"> <li>100% Employee-paid</li> <li>Deducted from the first pay deposit of the month</li> <li>Commences in the month the benefit coverage begins</li> </ul> <table border="1" data-bbox="670 1696 1253 1776"> <thead> <tr> <th></th> <th>Employee</th> <th>Employer</th> </tr> </thead> <tbody> <tr> <td>% of monthly gross salary</td> <td>1.1329%</td> <td>0%</td> </tr> <tr> <td colspan="3" style="text-align: center;">*Premium effective December 1, 2022</td> </tr> </tbody> </table> <p><b>Amount of Benefit</b></p> <ul style="list-style-type: none"> <li>70% of monthly earnings, up to a maximum of \$6,000</li> <li>Benefits are offset by income received from CPP or other government plans</li> </ul>		Employee	Employer	% of monthly gross salary	1.1329%	0%	*Premium effective December 1, 2022					
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<b>PARO – Residents FULL TIME BENEFIT OVERVIEW</b>										
<b>GROUP LIFE</b>  <b>CARRIER: Sun Life</b>	<b>Participation</b> <ul style="list-style-type: none"> <li>Mandatory</li> <li>Ceases at age 65</li> </ul> <b>Coverage</b> <ul style="list-style-type: none"> <li>Immediate coverage of 2x annual earnings upon hire, to a maximum of \$300,000</li> </ul> <b>Monthly Premium</b> <ul style="list-style-type: none"> <li>100% Employer-paid</li> </ul> <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> <b>Conversion Option</b> <ul style="list-style-type: none"> <li>Option to convert coverage upon termination/retirement to a life maximum of \$1,000,000</li> </ul>		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										
<b>LIVING BENEFITS</b>  <b>CARRIER: Sun Life</b>	<b>Participation</b> <ul style="list-style-type: none"> <li>Optional</li> </ul> <b>Coverage</b> <ul style="list-style-type: none"> <li>Available to members who are terminally ill and expected to live 24 months or less</li> <li>Option to collect up to 50% of the Basic Life benefit to a maximum of \$100,000 while still living</li> <li>Not eligible if application is made within five (5) years of the Life insurance benefit termination date</li> </ul>									
<b>MATERNITY, PARENTAL/ ADOPTION LEAVE: SUB TOP-UP</b>	<b>SUB Top-Up Amount</b> <ul style="list-style-type: none"> <li>Upon proof of receipt of Employment Insurance (EI) benefits, an employee will receive top-up to 84% of their regular weekly earnings</li> </ul> <b>Top-Up Duration</b> <ul style="list-style-type: none"> <li>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"> <li>Up to a maximum of 15 weeks for pregnancy leave</li> <li>Up to a maximum of 12 weeks for parental leave</li> </ul> </li> </ul>									
<b>VACATION</b>	<ul style="list-style-type: none"> <li>Residents are entitled to 4 weeks paid vacation during each year</li> </ul>									
<b>GROUP RRSP (Registered Retirement Savings Plan)</b>  <b>CARRIER: Manulife Financial</b>	<b>Participation</b> <ul style="list-style-type: none"> <li>Voluntary</li> <li>Contribute through regular payroll deductions</li> </ul> <b>Advantages</b> <ul style="list-style-type: none"> <li>Immediate tax savings</li> <li>No front-end or deferred sales commissions</li> <li>Lower investment management fees</li> <li>Leading investment managers</li> </ul>									

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	<a href="http://www.manulife.ca">www.manulife.ca</a>
Long Term Disability	Desjardins Financial	1-800-263-9641	<a href="http://www.desjardins.com">www.desjardins.com</a>
Life Insurance	Sun Life Assurance	1-800-361-6212	<a href="http://www.sunlife.ca">www.sunlife.ca</a>
Human Resources Department		905-521-2100 ext.4myHR (46947) <a href="mailto:myHR@hhsc.ca">myHR@hhsc.ca</a>	HHS Hub > Your HHS > Human Resources
Group RRSP	Manulife Financial	1-888-727-7766	<a href="http://www.manulife.ca">www.manulife.ca</a>
Post Grad Office		905 525-9140 ext. 22118 or 22719	