

## CAEAS-ECAB benefits



## **CAEAS-ECAB Benefits Plan Design Summary**

The following provides a high-level overview of the CAEAS-ECAB benefits plan. More plan details will soon be provided in your plan booklet and benefits at a glance.

| OVERALL BENEFITS PLAN | COVERAGE DETAILS  |
|-----------------------|---|
| Funding               | <ul> <li>Health, dental, basic life and AD&amp;D premiums are 95% paid by the employer and 5% paid<br/>by the member</li> </ul> |
|                       | Optional benefits are member-paid (or subject to any applicable personal services contracts)                                    |
| Eligibility           | <ul> <li>Mandatory health and dental, basic life and AD&amp;D for permanent full-time employees</li> </ul>                      |
|                       | • Can opt out of health and dental with comparable coverage (e.g., under a spouse's plan)                                       |
| Reimbursement         | <ul> <li>100% of eligible claims, unless otherwise stated<br/>(subject to reasonable and customary limits)</li> </ul>           |

| BENEFIT   | COVERAGE DETAILS  |
|---|---|
| Prescription Drugs  |   |
| <b>Prescription Formulary</b><br>(including life-sustaining<br>drugs, diabetic supplies and<br>preventive vaccines) | <ul> <li>100% coverage of eligible drugs</li> <li>No deductible</li> <li>Includes life-sustaining drugs, diabetic supplies and preventive vaccines<br/>(except for over-the-counter (OTC) vaccines that are non-life sustaining)</li> <li>May be subject to prior authorization</li> <li>Pay-direct drug card available</li> <li>Mandatory generic substitution</li> <li>\$6 maximum dispensing fee</li> <li>Limit of 5 dispensing fees paid by the plan per chronic medication per year</li> <li>\$5,000 lifetime maximum for fertility drugs</li> </ul> |



| Dental  |   |  |
|---|---|--|
| Reimbursement Guide                             | Based on current fee guide for province of treatment  |  |
| Basic Services                                  | <ul> <li>100% of checkups, x-rays, fillings, etc.</li> <li>No annual maximum</li> <li>Recall exams every 9 months for adults; every 6 months for children under age 19</li> <li>10 units of basic/periodontal scaling (combined) per rolling 12 months</li> </ul> |  |
| Major Restorative Services                      | <ul><li> 60%</li><li>\$2,500 maximum per benefit year</li></ul>   |  |
| Periodontics/Endodontics                        | <ul> <li>100% coverage of root canals and related services</li> <li>100% coverage of scaling, root planing, gum treatments, etc.</li> </ul>   |  |
| Orthodontics                                    | <ul> <li>50% coverage for adults and children</li> <li>\$3,000 lifetime maximum</li> </ul>  |  |
| Paramedical Services                            |   |  |
| Chiropodist/Podiatrist                          | Maximum \$500 per benefit year  |  |
| Naturopath                                      | Maximum \$500 per benefit year  |  |
| Chiropractor                                    | Maximum \$500 per benefit year  |  |
| Osteopath                                       | Maximum \$500 per benefit year  |  |
| Psychologist & Social<br>Worker                 | <ul> <li>Maximum \$750 per benefit year (combined)</li> </ul>   |  |
| Registered Massage<br>Therapist                 | • Maximum \$500 per benefit year  |  |
| Speech Therapist/Speech<br>Language Pathologist | Maximum \$500 per benefit year combined with Audiologist  |  |
| Physiotherapist                                 | <ul> <li>Maximum \$1,500 per benefit year combined with<br/>Occupational Therapist and Athletic Therapist</li> </ul>  |  |
| Vision Care                                     |   |  |
| Glasses and Contacts                            | Maximum \$450 per 24 months   |  |
| Eye Exam  | Maximum \$120 per 24 months   |  |
| Medical Services and Supplies                   |   |  |
| Orthotics                                       | • \$700 maximum per rolling 24 months, 1 pair limit   |  |
| Orthopedic shoes                                | Combined with orthotics   |  |
| Hearing Aids                                    | • \$1,000 per 60 months   |  |
| Ambulance                                       | <ul><li>Transport to nearest facility</li><li>Includes air ambulance</li></ul>  |  |
| Emergency Travel Medical                        | <ul> <li>100% coverage</li> <li>Up to 60 days per trip</li> <li>\$1 million per trip</li> </ul>   |  |
| Private Duty Nursing                            | • \$25,000 per 36 months  |  |
| Semi-private Hospital                           | Covered (the trust will pay the difference between semi-private and ward accommodation)   |  |

| Life Insurance                       |  |  |
|--------------------------------------|--|--|
| <b>Basic Life</b><br>(member only)   | <ul> <li>2x annual salary, up to \$1,000,000 combined maximum with Member Optional Life</li> <li>No reduction at age 65</li> <li>Ends at retirement</li> </ul> |  |
| Member Optional Life                 | <ul> <li>Member-paid, based on gender and age</li> <li>Up to \$300,000, in units of \$10,000</li> </ul>  |  |
| Spousal Optional Life                | <ul> <li>Member-paid, based on gender and age</li> <li>Up to \$300,000, in units of \$10,000</li> </ul>  |  |
| Child Optional Life                  | <ul><li>Member-paid</li><li>Up to \$25,000, in units of \$5,000</li></ul>  |  |
| Critical Illness                     |  |  |
| Member Optional Critical<br>Illness  | <ul> <li>Up to \$250,000, in units of \$10,000</li> <li>\$50,000 non-evidence maximum</li> </ul>   |  |
| Spousal Optional Critical<br>Illness | <ul> <li>Up to \$250,000, in units of \$10,000</li> <li>\$50,000 non-evidence maximum</li> </ul>   |  |
| Accident (AD&D) Insurance            |  |  |
| Basic AD&D (member only)             | <ul> <li>2x annual salary, up to \$500,000 maximum</li> <li>No reduction</li> <li>Ends at retirement</li> </ul>  |  |
| Member Optional AD&D                 | <ul> <li>Member-paid</li> <li>Up to \$250,000, in units of \$10,000</li> </ul>   |  |

## Notes:

- The benefit year starts September 1 and ends on August 31, except where otherwise indicated.
- Provincial coverage will be first payer where applicable.

