Extended Health Care
Dental Care
Life Insurance
Optional Critical Illness
Disability Insurance
Benefits Information

for Executives



SICKKIDS BENEFITS PLAN

This brochure provides a brief description of the benefits plan offered by The Hospital for Sick Children. More detailed information can be found on the websites listed within this brochure.

Note: Neither the brochure nor the website pages listed contain reference to every provision of the contracts issued. Please remember that rights and obligations are determined in accordance with the contracts and not this brochure nor the website pages. If there is a discrepancy between the information in this brochure, the website pages and the contracts, the applicable contract will prevail. The hospital reserves the right to make changes to the benefits program.

Please see the back of this brochure for important contact information and websites.

Who is eligible to join?	Active permanent full-time (0.8 to 1.0 FTE) employees.			
		nployees or fixed-term contract (gro mal hours worked by a regular full	eater than one year) employees worki -time employee in the same job	
m I eligible for all	You may not be entitled to all of the benefits offered, depending on your employment classification.			
enefits offered?	Please contact your manager for further details.			
Vhen does my	Your coverage begins the first day of your employment with the hospital.			
overage start?	Remember: If a completed enrolment form is not received within 31 days of becoming eligible for coverage, you will be enrolled in default coverage (single health & dental) and considered a late applicant for any future coverage changes.			
m I able to opt out or waive	Eligible employees cannot opt	out/waive life and/or long-term di	sability coverage	
ny coverage?	 Eligible employees can opt out/waive health and/or dental coverage only if covered under another planer proof of alternate coverage is required. 			
Am I able to make changes?	Changes can be made to your coverage depending on whether or not you experience one of the following life events within the last 31 days (note: a Group Enrolment/Change Form must be completed):			
I have had a life event within the	 Marriage Divorce Legal separation Death of a dependent You can make the following changes provided Human Resources receives acceptable proof of the life event within 31 days of the life event: Adoption of a child Loss of comparable coverage Loss of comparable coverage 			
last 31 days	Benefit	Change	Example	
	Health and/or Dental	Change coverage	Single to Family, waive or re-enrol	
I have <u>not</u> had a life event within the last 31 days	You can enrol or increase Option. Any of the following changes are		s carrier, based on medical evidence	
OR	Benefit	Change	Example	
Life events do	Health & Dental OR Health only	Change coverage	Single to Family, re-enrol	
not apply to the change I wish	Optional Spousal Life	Enrol or increase coverage	Between \$10,000 and \$200,000 of coverage	
not apply to the	Optional Spousal Life Optional Child Life	Enrol or increase coverage Enrol (late applicant) or increase coverage		

payment was made under the correct policy.

your Health or Dental coverage, make certain to update your policy information with any providers and use your new policy details when submitting online or paper claims. Once a claim is reimbursed, verify that the

Is my family covered? If you choose family coverage for health and/or dental your dependents are					s are eligible fo	or coverage		
	A dependent is defined as the following		. ,					
	Spouse • Legally married							
Common law partner (same or opposite sex) – 12 month					iving together			
	Child • Each unmarried, natural or					d of vour		
	spouse under age 22							
	• Student: Each "child" betw status is required within 31						me studen	
	 Disabled: If a dependent child becomes disabled before the limiting age, their covcontinue after the limiting age. Sun Life must be notified within 31 days of the datattains the limiting age. 							
If my spouse has other coverage, what can I do?						ut		
	Coordinate your benefits to be covere	d under both	plans and	submit	claims as follo	WS:		
	Claim is for				SickKids Plar	Spou	Spouse's Plan	
	Myself				1 st		2 nd	
	Spouse				2 nd	2 nd 1 st		
	Child-if your birthday is <u>later</u> than your sp	Child-if your birthday is <u>later</u> than your spouse's				2 nd 1 st		
	Child-if your birthday is <u>earlier</u> than your	spouse's			1 st		2 nd	
How do I submit claims?		Dental	Drugs	Orthoti	cs Other Health	Disability	Life	
	Paper claim	1	1	/ *	1	1	1	
	Electronically	/ *	/ *		/ *			
	*Dental: Electronically from dentist offic	e						
	*Drugs: Electronically only when using pay direct drug card							
	*Orthotics/Orthopaedic Shoes: Payment can be made directly to the SickKids Centre for Orthotics when purchased from the Centre							
	*Other health: Electronically from service providers registered with Telus Health E-claims, ask your physiotherapists, chiropractors, optometrists or opticians if this service is available.							
Where can I get claim forms?	Health and/or dental claim forms can b	e obtained fr	om the follo	owing:				
	 Internet (register on-line to access pre-filled claim forms): https://www.sunnet.sunlife.com/member/signin/index.aspx 							
	SickKids intranet (follow links): my.sickkids.ca/staff-support-resources/hr/employee/benefits-plans/Pages/default.aspx							
Who do I contact if	Type of Question				Sun Life	;	HR	
I have questions?	Coverage details				1			
	Claims				1			
	Changes to coverage						1	
Are there time limits to	Yes, the time limits to submit claims are	as follows:						
submit claims?			from the	date the	expense			
	• No later than 365 days from the date the expense is incurred, or 90 days if coverage is terminated							
 Long-term disability 90 days following the end of the elimination period or within 30 days from coverage termination 				liminati	ion poriod or v	ithin		

- All items listed below are covered at 100% (except for drugs and hospital) and may be subject to plan maximums or reasonable/customary reimbursement limits.
- To verify whether your service provider or medical supplier is covered, log in to mysunlife.ca to view the most recent "Delisted providers list" prior to your appointment or purchase.
- You may "waive" extended health care coverage with proof of other coverage.

Category	Details		
Drugs By law are only available with	• Covered at 90% for the first \$1,000 of eligible expenses per family, per benefit year and 100% thereafter.		
a prescription Must be prescribed by a doctor or dentist Prior authorization required for certain drugs Also included are: - Intrauterine - devices (IUDs) - Diabetic supplies - Colostomy supplies	 Dispensing fee is covered only when the drugs are dispensed through the SickKids Shoppers Drug Mart pharmacy. If drugs are dispensed at any other pharmacy, the dispensing fee is <u>not</u> covered. 		
	Prior Authorization (PA): Some, but not all, drugs used to treat specific conditions (such as cancer, heart disease, rare diseases, others) and biologics need to be pre-approved by the insurance carrier in order to be covered. The complete list of the drugs requiring PA and PA forms are available at mysunlife.ca/priorauthorization		
	Under the plan, certain limitations and exclusions apply (example: treatments for weight loss and products to help you quit smoking are not covered, drugs for the treatment of infertility are covered to a lifetime maximum of \$2,400 per person). Charges in excess of the lowest priced equivalent generic product are not covered unless the doctor specifies in writing that no substitution for the prescribed drug may be made. Please refer to the SickKids intranet for further details.		
Hospital	Covered at 90% for the following:		
	Semi-private room accommodation and out-patient services in a licensed hospital.		
	Convalescent hospital to a maximum of \$20 per day for up to 120 days.		
Medical Services and Equipment	Orthotic inserts for shoes or orthopaedic shoes , which are custom-made and prescribed by a doctor, podiatrist or chiropodist. To dispense custom orthotics, the provider must employ a podiatrist, chiropodist, pedorthist, orthotist or chiropractor on site. Coverage up to \$200 per person every two benefit years.		
	Detailed information about additional medical services and equipment such as ambulance transportation, accidental dental, hearing aids, medically necessary equipment, etc. can be found on the websites.		
	Eligibility of certain supplies may be subject to additional administrative requirements by the insurance carrier (example: the doctor's referral for compression stockings must include the medical diagnosis).		
Out-of-Country/Travel Assistance	Emergency services during the first 60 days of travel are covered to a maximum of \$1,000,000 per lifetime for each person.		
	Referral expenses are covered up to \$100,000 per lifetime for each person.		
Paramedical Services	Eligible for coverage up to \$300 per practitioner, per person, per benefit year:		
	 Chiropractor Naturopath Massage therapist Osteopath Osteopath 		
	The cost for a physiotherapist is covered up to \$500 per person, per benefit year.		
	The following are covered up to \$1,500 per practitioner, per person, per benefit year:		
	Psychologist & Psychotherapist & Social Worker, combined Speech therapist		
Private Duty Nursing	\$25,000 per lifetime for each person.		
Vision Care Note: Prescription by ophthalmologist or optometrist is required.	The costs of contact lenses, eyeglasses or laser eye correction surgery. \$300 plus one eye exam (to a maximum of \$100) per person every two benefit years.		
When coverage ends	Coverage will end on the date your employment ends, or you retire, or age 70, whichever occurs first		

- · There is no deductible for this coverage.
- If the cost of treatment will exceed \$500, you should submit a completed dental claim form that shows the treatment the dentist is planning and the cost to Sun Life Financial <u>before</u> the date treatment starts.
- To verify whether your service provider or medical supplier is covered, log in to mysunlife.ca to view the most recent "Delisted providers list" prior to your appointment or purchase.
- You may "waive" dental coverage with proof of other coverage.

Category	Details			
Reimbursement	Reimbursement is based on:			
	 The Dental Association Fee Guide for General Practitioners in the province where the employee lives and the current fee guide at the time treatment is received 			
	The reasonable cost of the least expensive alternate procedure			
	Extra fees for specialists are <u>not covered</u>			
Recall Frequency	Covered up to once every six months			
Preventative Services	Covered at 90% for:			
	• examinations • X-rays • polishing • additional services			
Basic Services	Covered at 90% for:			
	• fillings • extractions			
	endodontic (root canals)			
	oral surgery related services			
Major Services	Covered at 50% for:			
	• crowns • denture construction and insertion • inlays and onlays			
	bridges denture repair, relining, rebasing			
	Note: Charges for a replacement bridge or replacement standard denture are covered, provided the existing appliance is at least three years old.			
Benefit Year Maximum	\$2,000 per person, per benefit year for preventative services, basic services and major services combined			
Orthodontics	Covered at 50%, up to \$1,500 per person, per lifetime			
When coverage ends	Coverage will end on the date your employment ends, or you retire, or age 70, whichever occurs first			

HEALTH SPENDING ACCOUNT (Policy No. 45197, Insurance Carrier: Sun Life)

- \$4,500 per benefit year (April 1 March 31). Any unused amount will be lost and not carried over to another benefit year.
- Coverage includes items provided they qualify as tax deductible medical expenses under the Income Tax Act (Canada) and are not payable under any other private or governmental plan.
- Eligible expenses incurred by a dependent are included in the total amount. A dependent is any person for whom you may claim a medical expense tax credit on your federal tax return in the taxation year. For example, this could include members of your extended family, such as your parents, grandparents or grandchildren.
- Claims must be received by Sun Life no later than 90 days after the end of the benefit year during which the expenses
 were incurred.
- · Coverage will end on the date your employment ends, or you retire, or age 70, whichever occurs first.

• Premiums (including taxes) are paid 100% by SickKids. This premium cost represents a taxable benefit to you.

Category	Details
Coverage Amount	• \$1,000,000
	• If you continue working beyond age 65, this coverage will reduce to \$250,000
Conversion Option	The maximum amount you may convert is \$200,000
	Conversion must be done within 31 days of your termination date
	The premium required for the new policy will be based on your age and class of risk at the time of conversion
	The conversion option is not available after the age of 65
When coverage ends	Coverage will end on the date your employment ends, or you retire, or age 70, whichever occurs first

- You may select additional insurance as indicated below (participation is optional).
- Premiums (including taxes) are paid 100% by the employee.
- Optional Accidental Death & Dismemberment (AD&D) is insured by Chubb (Policy No. OKE 101615)

Category	Details
Optional Spousal Life	• Your spouse can be insured for amounts between \$10,000 and \$200,000. Coverage is available in units of \$10,000
	• Coverage will end on the date your employment ends, or you retire, or you reach age 65, or your spouse reaches age 65, whichever occurs first
	Coverage is subject to medical evidence and approval from the insurance carrier
Optional Child Life	• Your children can be insured for amounts between \$1,000 and \$10,000. Coverage is available
Note: For late applicants,	in units of \$1,000
coverage is subject to medical	• Coverage will end on the date your employment ends, or you retire, or reach age 65 or the date your
evidence and approval from the insurance carrier.	child no longer qualifies as an eligible dependent, whichever occurs first.
Optional AD&D	• You can be insured for amounts between \$10,000 and \$250,000. Coverage is available in units
Employee Only	of \$10,000
	• Coverage will end on the date your employment ends, or you retire, or reach age 70, whichever occurs first
Optional AD&D	• You can be insured for amounts between \$10,000 and \$250,000. Coverage is available in units
Family Plan	of \$10,000
	 Your spouse and/or your children will be insured for a percentage of the amount of your coverage, depending on which dependents you have
	• Coverage will end on the date your employment ends, or you retire, or reach age 70, whichever occurs first

- You may select additional insurance as indicated below (participation is optional).
- Premiums (including taxes) are paid 100% by the employee.
- Benefit is payable after an elimination period of 30 days as long as the covered person is still living or as specified in each covered condition

Category	Details				
Coverage		Option A	Option B		
Note: Coverage is subject to medical evidence and approval	Single Coverage	\$50,000 (employee only)	\$100,000 (employee only)		
rom the insurance carrier	Family Coverage	\$50,000 (employee)	\$100,000 (employee)		
s follows:		\$10,000 (spouse)	\$20,000 (spouse)		
Option A – Late Applicant		\$5,000 (child)	\$10,000 (child)		
Option B – Always					
Covered Conditions	Aplastic Anemia	Dementia, including Alzheimer's	Major Organ Transplant		
lote: Additional information egarding access to "best	Aorta Surgery	Heart Attack	Motor Neuron Disease		
octors", covered conditions	Bacterial Meningitis	Heart Valve Replacement or Repair	Multiple Sclerosis		
or children, and moratorium me frames can be found in	Benign Brain Tumor	Kidney Failure	Occupational HIV infection		
ne supplemental details on	Blindness	Loss of Limbs	Paralysis		
ne intranet	Life Threatening Cancer	Loss of Speech	Parkinson's Disease		
	Coma	Loss of Independent Existence	Severe Burns		
	Coronary Artery Bypass Surgery	Major Organ Failure on Waiting List	Stroke (Cerebrovascular Accident)		
	Deafness				
Pre-existing conditions Note: No payments are made on a pre-existing condition unless		s any condition for which, during the e first 12 months after the effective o			
he illness occurs after the wenty-four (24) month period	had a medical consultation;				
	been prescribed or taken medication; or				
	 received treatment, including diagnostic measures for any symptom or medical problem that to a diagnosis of or treatment for a Covered Condition 				
Coverage Ends	An insured Employee's coverage v	vill cease on the earliest of:			
	The date employment ends, en	nployee retires or age 65, or			
	Payment of the first eligible covered condition on behalf of the insured employee				
	Coverage on each insured depend	lent will cease on the earliest of the f	following dates:		
		ceases to be insured under this poli			
	The date the Dependent cease	·	∵ j,		
	The date the Dependent attain The and of the greath is a bight.				
	The end of the month in which the insured employee dies, or				
Payment of the first eligible covered condition on behalf of the insured dependent					

DISABILITY INSURANCE

SickKids provides financial assistance during periods of shorter and longer leaves of absence, due to illness or injury, through a variety of insurance programs.

Short Term Disability

• During the first 26 weeks of disability, absences are paid at 100% salary continuance.

Long Term Disability (Policy Number: 101982, Insurance Carrier: Sun Life)

• Premiums (including taxes) are paid 100% by The Hospital for Sick Children. All income you may receive as part of a disability claim will be taxable income.

Benefit Provision	Details
Monthly benefit	75% of monthly earnings up to a maximum of \$25,000
Benefit payments	Commence after 26 weeks of total disability and are subject to approval by the insurance carrier
	Continue to the earlier of recovery, age 65, retirement or death
Definition of "Total Disability"	Because of bodily injury or sickness, an employee will be considered totally disabled while they are continuously unable to perform the essential duties of his or her own occupation
	 In addition, you must not be engaged in any occupation or employment for wage or profit except as part of a rehabilitation program
Income from Other Sources	Direct offsets include any disability payments from C/QPP (employee benefits only) and the Workers Compensation Act or similar legislation
	 Your monthly benefit together with income from all other sources cannot exceed 85% of your pre-disability earnings.
Pre-disability earnings	Regular salary prior to the disability date including bonuses but excluding overtime
	 Bonus earnings are calculated on an average over a 2 year period as indicated on your T4. For employees with less than 2 years of service, earnings will be based on regular salary plus the target bonus amount.
Other provisions	• On each January 1, the monthly benefit will be increased by a cost of living adjustment (COLA) equal to the lesser of 4% or the increase in the Consumer Price Index for the 12-month period ending 3 months before the increase.
When coverage ends	Coverage will end on the date your employment ends, or you retire, or age 65, whichever occurs first.

Please note: If there is a discrepancy between the information in this brochure and the contract, the information found in the contract will apply.

Contact Information

	Sun Life	SickKids Human Resources Department
Website	www.sunnet.sunlife.com/signin/mysunlife/home.wca	my.sickkids.ca/staff-support-resources/hr/Pages/default.aspx
	Additional functionality available online includes:	Additional program Information available online includes:
	Sign up for direct deposit	Supplemental brochure details for:
	Submit drug, dental, paramedical and vision care claims	- Health & Dental
	online	- Life insurance including beneficiary designation,
	View a claim statement or claims history	contingent beneficiaries and conversion
	Look up when you are eligible for your next paid	- Optional AD&D
	of eyeglasses or dental recall exam	- Optional Critical Illness
	Print personalized claim forms	Travel benefit (emergency medical coverage) brochure
	See full details of your medical and dental coverage	
Phone	1 800 361 6212	416 813 6680
Address	PO Box 4023, Stn A	11th floor, 525 University Avenue
	Toronto, ON M5W 2P7	Toronto, ON M5G 1X8

