

**for Regular Full-Time employees  
that are Members of the  
International Union of  
Operating Engineers, Local 772  
(IUOE 772)**

# INTRODUCTION

## INTRODUCTION

This booklet summarizes the key features of the Group Benefit Plans available to Regular Full-Time employees that are Members of the International Union of Operating Engineers, Local 772 (IUOE 772). Your benefits represent an important component of your overall compensation at Western University. These benefits have been strategically developed to provide protection against health and dental costs, protect your income if an illness or injury prevents you from working, and provide survivors with financial protection in the event of death.

While every effort has been made to ensure the accuracy of this outline, this booklet does not contain all of the plan provisions. Your benefits and rights are governed by the terms of the Group Master Contract providing the group benefit coverage and the Collective Agreement between Western University and the International Union of Operating Engineers. The contents of this booklet may also be viewed on the Human Resources - Benefits web site at <http://www.uwo.ca/humanresources>.

Human Resources - Benefits administers the Group Benefit Plans. Requests for information about coverage or relevant plan provisions of the governing document may be obtained by contacting a Human Resources - Benefits Representative.

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# **CONTACT US**

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Room 5100, Support Services Building  
London, Ontario  
N6A 3K7**

**CONTACT US**

**Inquiries: [hr-communication@uwo.ca](mailto:hr-communication@uwo.ca)**

**Hours of Operation: 8:30 a.m. to 4:30 p.m.  
Telephone: (519) 661-2194  
Fax: (519) 661-4104**

**Website: <http://www.uwo.ca/humanresources>**

**Please refer to our website for a list of  
Human Resources-Benefits representatives and email addresses.**

# BENEFITS AT A GLANCE

The following summary is intended to give a brief overview of the Group Benefit Plans available to Regular Full-Time employees that are Members of the International Union of Operating Engineers, Local 772 (IUOE 772).

## EXTENDED HEALTH PLAN

- compulsory; however, if you are covered for similar benefits under your spouse's plan you may exempt yourself
- coverage for you and your eligible dependents
- 85/15 Co-insurance Arrangement
- prescribed drugs legally requiring a prescription
- those drugs not legally requiring a prescription which are in an injectable format or life sustaining
- generic substitutions unless specifically prescribed by the attending physician or dentist
- semi-private/private hospital room
- medically necessary services and supplies
- services of a licensed chiropractor: \$15 a visit after the 15th visit per calendar year
- services of a licensed chiropractor, podiatrist, physiotherapist, naturopath, masseur and speech therapist
- a visioncare benefit: \$300 per person every two years
- out-of-country emergency medical and travel assistance: limited to \$200,000 per person per trip; 90 days per trip duration

## DENTAL PLAN

- compulsory; however, if you are covered for similar benefits under your spouse's plan you may exempt yourself
- coverage for you and your eligible dependents
- 85/15 Co-insurance Arrangement
- based on current year's Dental Society Fee Guide for General Practitioners and/or Specialists
- basic expenses - 85% reimbursement:
  - **Preventive services:** routine dental examination and cleaning once every nine consecutive months, root canal therapy, bitewing X-rays, fluoride treatment, restorations, etc.
- major expenses - 80% reimbursement:
  - **Restorative services:** inlays and crowns, dentures, periodontal surgery, fixed bridgework, etc.
- initial orthodontic consultation fee

## LIFE INSURANCE PLANS

### BASIC LIFE

- compulsory
- life insurance on your life
- 2 times your normal basic annual salary (minimum \$50,000)

### OPTIONAL LIFE

- optional
- additional life insurance on your life
- coverage levels vary between 1/2 times to 5 times your normal basic annual salary

### DEPENDENT LIFE

- optional
- life insurance on your eligible dependents
- \$40,000 coverage on your eligible spouse and \$10,000 coverage on your eligible dependent children

**VOLUNTARY PERSONAL ACCIDENT  
INSURANCE PLAN**

- optional
- coverage for you and your eligible dependents
- 24 hour protection against accidents worldwide
- level of coverage between \$20,000 and \$250,000 (in multiples of \$10,000)

**DISABILITY INCOME PROGRAM**

- compulsory
- protection against loss of income due to injury or illness
- Sick Leave-Salary Continuance Plan - 100% of your normal basic monthly salary, continued up to a maximum of 15 consecutive weeks
- Long Term Disability Insurance Plan - 70% of your normal basic monthly salary in effect immediately prior to the commencement of your Sick Leave

**ADMINISTRATIVE STAFF PENSION PLAN**

- optional
- your monthly contribution is 2.5% of your normal basic monthly salary
- Western University monthly contribution:

<b>Service</b>	<b>University's Contribution (as a % of basic monthly salary)</b>
<b>Under 10 years</b>	<b>7.5%</b>
<b>10 to 19 years</b>	<b>8.0%</b>
<b>20 or more years</b>	<b>8.5%</b>

- a wide range of investment options are available
- vesting is immediate upon enrollment
- monthly option to change investment direction
- option available to make additional pension contributions and transfer funds in from an RRSP

For a complete description, refer to the applicable section within this booklet or access the information on our website at <http://www.uwo.ca/humanresources>.

# CLAIM FORMS

Need a claim form? [Click here](#)

You can also log into the [Manulife website](#), any time to obtain a claim form. You will see the forms that are the right ones for you. The forms will be pre-filled with the new Plan Contract Number and Plan Sponsor Name every time you need a form.

After completion of the claim form(s), simply maintain a copy for your records and forward your claim with the original receipts directly to Manulife Financial at the following address:

Manulife Financial Group Benefits  
Health Claims  
PO Box 1653  
Waterloo ON N2J 4W1

# EXTENDED HEALTH PLAN

**T**he University's Extended Health benefit is issued as a supplement to the Ontario Health Insurance Plan (O.H.I.P.) or equivalent which includes the University Health Insurance Plan (U.H.I.P.). It provides payments towards usual and customary charges for medically necessary health services and supplies (incurred by you and your covered dependents) for which government legislation does not prohibit reimbursement.

## CO-INSURANCE ARRANGEMENT

Your Extended Health and Dental plans are subject to an 85/15 co-insurance arrangement. You are required to pay 15% of claims for eligible expenses submitted under these plans. The maximum you would pay in a calendar year is \$450 for Single coverage and \$900 for Family coverage. Once the maximum is reached in any given calendar year, you will no longer be required to pay 15% towards eligible claim expenses for the remainder of that calendar year. This co-insurance arrangement does not apply to the following:

- the \$6.11 dispensing fee cap
- any internal maximums already defined within the plans  
(i.e. Visioncare - \$300 Orthotics - \$400)
- the major restorative benefits under the Dental plan  
(already subject to an 80/20 co-insurance)

## PARTICIPATION IN THE PLAN

If you are a Regular Full-Time employee that is a Member of the International Union of Operating Engineers, Local 772 (IUOE 772), you are eligible to participate in the Extended Health benefit.

Participation is **compulsory**; however, if you are covered for similar benefits under your spouse's group plan, you may exempt yourself from our plan.

Coverage is effective on the first day of your Regular Full-Time appointment.

## COST OF THE PLAN

For a breakdown of the cost, refer to our web site or contact a Human Resources - Benefits Representative.

## ENROLLMENT PROCEDURE

Enrollment is initiated by the completion of an application form available in Human Resources - Benefits.

## DEFINITION OF DEPENDENTS

You may also cover your spouse and dependents, as defined below:

**Spouse/Partner:** A spouse is defined as a person who is legally married to the employee or, although not legally married, has continuously cohabited in a common-law like relationship of the same or opposite sex with the employee for not less than one full year.

**Dependent Children:** a dependent child is defined as unmarried (including legally adopted children, foster or step-children), not engaged in full-time employment, dependent on you for financial support under the age of 21 unless the child is registered as a full-time student in which case the child must be under the age of 25 or if incapable of self support due to mental or physical infirmity which began while the child was covered as the Employee's dependent will continue to be eligible.

## CHANGE IN STATUS

Coverage for an employee who acquires a spouse or dependent(s) after becoming covered may be changed upon notification to provide coverage for the spouse or dependent(s) effective as of the date of eligibility or the date of application, whichever is later. However, evidence of insurability is required if the change is not received within 31 days of the change.

**MAXIMUM BENEFIT**

There is no overall maximum benefit.

**EXPENSES FOR WHICH PAYMENTS ARE MADE INCLUDE THE FOLLOWING:**

**Services and Supplies of a Licensed Hospital**

For services and supplies of a licensed hospital such as:

**Hospital Accommodation** - the difference between ward and semi-private or private accommodation:

In Canada - no limit

Out of Canada (for Canadian residents only)

- if an emergency while travelling or on vacation, or while on leave of absence from employer - no limit
- if a non-emergency or elective - limited to \$200 a day
- if a referral (approved by O.H.I.P. or equivalent) - no limit

**Services of Physicians & Surgeons**

For services of physicians & surgeons such as:

Out of Province for Canadian residents, over the amount allowed under O.H.I.P. or equivalent:

- if an emergency while travelling or on vacation, or while on leave of absence from employer - unlimited less the amount covered by O.H.I.P. or equivalent
- if a non-emergency - unlimited less the amount covered by O.H.I.P. or equivalent
- if elective - up to the amount in the Medical Fee Schedule of the province where you reside
- if a referral (approved by O.H.I.P. or equivalent) - unlimited less the amount covered by O.H.I.P. or equivalent

**Note:** All expenses are paid in Canadian funds.

**Other Services**

**Diagnostic and X-Ray Services** - eligible charges for diagnostic and x-ray services when carried out by a hospital or private laboratory such as:

- laboratory services
- x-ray examination

**Licensed Psychologist**

- group therapy (limited to \$6 per hour per person)
- family therapy (limited to \$18 per half hour)
- individual therapy and testing (limited to \$15 per half hour)
- all other visits (limited to \$15 per visit)

**Licensed Osteopath, Naturopath, Chiropractor/Podiatrist, Acupuncturist, Speech Therapist, Physiotherapist, and Massage Therapist**

- up to \$15 a visit
- includes X-rays by a chiropractor (limited to \$35 a person per calendar year)
- surgery performed by a licensed podiatrist (limited to \$200 a calendar year per person)

**Licensed Chiropractor**

- up to \$15 a visit after the 15th visit per calendar year

**Note:** Any difference between the benefits paid by O.H.I.P. or equivalent for services rendered and the fees charged by the above practitioners is not eligible.

**Optometrist/Ophthalmologist**

- eye examinations not covered under O.H.I.P. or equivalent (limited to \$25 per visit)
- for visual training and remedial eye exercises (limited to \$10 per half hour)
- contact lenses or eyeglasses due to a medical condition such as after cataract surgery (limited to \$100 per eye per lifetime)

**Note:** For information on additional benefits for visioncare see **Visioncare Benefit** section on page 5.

**Dentist**

- for accidental injury to natural teeth from an external blow (excluding biting accident)

within twelve (12) months of the accident

**Ambulance**

- if condition requires it, to the nearest hospital where treatment facilities are available

**Registered Nurse**

Written recommendation of a physician is required for:

- private duty nursing in your home
- private duty nursing in hospital outside of Canada for Canadian residents

**Note:** The Registered Nurse cannot ordinarily be a resident in your home or related to you or your dependents. No payment will be allowed if the service could have been performed by a person of lesser qualifications.

**Prosthetic Appliances & Supplies**

Prosthetic appliances and supplies such as:

- artificial limbs
- splints
- braces
- cervical collars
- surgical brassieres (limited to six (6) per calendar year)
- stump socks (limited to six (6) per calendar year)
- tracheotomy supplies
- surgical elastic stocking (limited to two (2) pairs per calendar year)
- wigs for permanent or temporary hair loss (limited to \$700 lifetime maximum)

**Note:** Replacement will not be a benefit unless the replacement is required due to normal wear and tear or pathological change.

**Medical Supplies and Assistive Devices**

Medical supplies and assistive devices such as:

- surgical bandages/dressings
- burn pressure garments
- rental of a hospital bed
- rental of a wheelchair
- equipment for the treatment of cystic fibrosis
- equipment for the treatment and control of diabetes such as: glucometer (limited to \$200 per claim) or Preci-Jet insulin injector (limited to \$350 per calendar year)

- respirators
- dialysis equipment
- equipment for the administration of oxygen
- obus formes (limited to \$100 per five (5) calendar years)
- crutches, canes, walkers
- transcutaneous nerve stimulator referred to as a TENS machine (limited to payment at 50%)
- essential ostomy supplies
- custom made orthopaedic shoes (limited to one (1) pair per calendar year minus a \$75 deductible) **or** modifications to street shoes such as insoles or molded arch supports (limited to one (1) pair per calendar year)
- orthotics (limited to \$400 for one (1) pair per calendar year)
- hearing aid and repairs

**Note:** Many of the above prosthetic devices and medical supplies may require a written recommendation of a physician. As well, if due to an extended illness or disability it is felt the need for any of the above-mentioned items will be long term, a purchase may be approved rather than a rental.

**CO-ORDINATION OF BENEFITS**

If you or your dependent(s) are entitled to benefits under this plan and any other plan for the same expense, the amount payable under this plan will be reduced to ensure that the total amount payable under all plans does not exceed the actual expense incurred.

**DRUGS AND MEDICINES**

**Prescription Drugs**

In the treatment of an injury or illness, the following drugs will be considered eligible expenses if dispensed by a licensed physician or dentist, or by a licensed pharmacist on the written prescription of a licensed physician or dentist:

- drugs legally requiring a prescription, in accordance with the Food and Drug Act, Canada or similar provincial legislation
- eligible fertility drugs (limited to a lifetime maximum of \$12,000)

- contraceptive devices (limited to \$50 per calendar year per person)
- eligible smoking cessation products (limited to a lifetime maximum of \$500)
- drugs not legally requiring a prescription, but which are in an injectable format, or are life sustaining and identified under the following headings in the Therapeutic Guide section of the then current Compendium of Pharmaceutical and Specialities:

anti-anginal agents  
 anticholinergic preparations  
 antiparkinsonism agents  
 anti-arrhythmic agents  
 bronchodilators  
 glaucoma therapy  
 antihyperlipidemic agents  
 insulin preparations  
 hyperthyroidism therapy  
 oral fibrinolytic agents  
 parasympathomimetic agents  
 potassium replacement therapy  
 tuberculosis therapy  
 topical enzymatic debriding agents  
 anti-inflammatories  
 anti-histamines

### **Generic Substitutions**

Where the drug dispensed is interchangeable with any other drug, the charges will not exceed the cost of the lowest priced interchangeable drug, unless specifically prescribed by the attending physician or dentist.

### **Dispensing Fee**

You may visit any pharmacy to have your prescription filled, however, the maximum allowed for reimbursement is \$6.11.

A partnership has been set up with various pharmacies referred to as the Southwestern Ontario Health Care Partnership (HCP). HCP pharmacies charge less for dispensing/professional fees while providing competitive drug ingredient prices and professional advice. For further details on participating pharmacies such as: address, telephone number, hours of operation, delivery services available and agreed dispensing fee, please refer to the Health Care Partnership

(HCP) Pharmacy Component brochure available in Human Resources - Benefits or access information on our web site: [www.uwo.ca/humanresources](http://www.uwo.ca/humanresources).

### **EXAMPLES OF EXPENSES NOT COVERED**

Listed below are a few examples of expenses not eligible for coverage:

- duplicate payments from the Provincial Health Insurance or any Worker's Compensation Coverage - this limitation does not apply to the differences between ward and semi-private or private accommodations in a licensed hospital
- food and dietary supplements
- cosmetic or hygienic products
- experimental drugs
- any hospitalization or service rendered concerning general health examinations for "check-up" purposes
- travel for health, dental services, or cosmetic surgery
- expenses resulting from an act of war or hostilities of any kind
- any health services provided without cost to you or your dependent(s) or expenses for which coverage is provided under any other insurance plan or policy to the extent of such coverage
- drugs not considered by the Canadian Medical Association, or by the Medical Association of the province of residence of the employee, to be therapeutically useful
- services rendered by a person who resides in the patient's home or is a member of the patient's immediate family

### **VISIONCARE BENEFIT**

The Extended Health plan provides a Visioncare benefit for reasonable and customary charges for necessary expenses for eyeglass lenses or contact lenses prescribed by a physician or surgeon legally licensed to practice medicine or an optometrist for the correction of impaired vision, and frames for such lenses recommended by a physician or optometrist. Eye examinations can be claimed against the Visioncare benefit. These examinations should be claimed first under the Eye Examination benefit (maximum \$25) and then the balance submitted under the Visioncare benefit, if eligible. Laser Eye Surgery may also be claimed as an expense under the Visioncare benefit.

**VISIONCARE BENEFIT:**

\$300 per person every two years.

**General Limitations for the Visioncare benefit**

Visioncare benefits are designed to reimburse you only for your out-of-pocket expenses. No reimbursement will be made for the following expenses:

- safety glasses (paid through Occupational Health & Safety)
- non-corrective glasses or sunglasses, whether prescribed or not
- glasses or contact lenses for cosmetic or decorative purposes

**DELUXE TRAVEL**

Deluxe Travel provides various benefits as a result of an accident or a sudden unexpected illness incurred outside the employee's province of residence in Canada or outside Canada up to \$200,000 per person per trip. Coverage is only for the first 90 days of being out of the country. These benefits include:

**Medical Assistance Services**

- provides emergency response in any major language
- referrals to an appropriate physician, clinic or hospital
- confirms you have coverage
- guarantees or arranges payment to the hospital or physician for eligible expenses
- provides assistance in contacting your family, place of business or family physician
- supervises the medical treatment and keeps the family informed
- arranges for transportation of a family member to the patient's bedside
- arranges for transportation home of the patient

**Non-Medical Assistance Services**

- arranges for local care of dependent child(ren) and coordinates the safe return home if the person is hospitalized
- arranges the transmission of urgent messages to family members
- provides assistance in the event of loss of passport(s) or airline ticket(s)
- provides legal counsel referral in the event of

- a serious accident
- coordinates claims processing and negotiation of health care provider discounts
- provides pre-departure information concerning Visa's and Vaccines

**Note:** If hospitalization occurs due to accident or a sudden unexpected illness, the Assistance Centre must be contacted within 24 hours of the admission. Your coverage will be validated and payment to the health care provider guaranteed.

**As well, Deluxe Travel pays for the reasonable and customary charges for the following eligible expenses:**

**Repatriation**

Extra costs of return economy fare by the most direct route (air, bus, train) when an illness is such that the covered person must return home and be accompanied by a qualified medical attendant (not a relative). Written authorization is required from the attending physician. On a commercial aircraft this coverage includes:

- two economy seats by most direct route to the covered person's home city in Canada (one for the covered person and one round trip fare for a medical attendant)
- the number of economy seats required to accommodate the covered person if on a stretcher and one round trip for a medical attendant, and the attendant's overnight hotel and meal expenses if required
- economy seats to return any covered person of the immediate family who is travelling with the patient

**Vehicle Return**

An allowance of up to \$1,000 Canadian will be reimbursed for the cost of driving the patient's vehicle, either private or rental, to the patient's residence or nearest appropriate vehicle rental agency when the patient or any travelling companion is unable to return it due to sickness or accident.

**RETURN OF DECEASED**

Up to \$5,000 Canadian towards the cost or preparation (including cremation) and homeward transportation of a deceased covered person (excluding the cost of a coffin) to the point of departure in Canada by the most direct route. Up to \$2,000 Canadian towards these same costs

if the deceased is not returned to Canada.

**Meals & Accommodation Allowance**

Up to \$1,500 Canadian (\$150 per day) per calendar year for extra costs of commercial accommodation and meals incurred by the employee or by a covered dependent when the trip is delayed due to illness or accident to a covered person. This must be verified by the attending physician and supported with receipts from commercial organizations.

**Transportation to Visit the Covered Person**

One return economy fare by the most direct route for transportation costs (air, bus, train) when the covered person is confined to hospital for at least seven days or has died and the attending physician advised the necessary attendance of a family member or close friend of the covered person.

**BENEFITS WHILE ON LEAVE OF ABSENCE OR TRAVELLING**

If you are going on a leave of absence, you may arrange to continue your coverage by contacting Human Resources - Benefits to cover the cost of your benefits prior to leaving.

When travelling outside of the country, you and your dependent(s) will continue to be covered.

Reimbursement for any eligible claims will be made in Canadian funds.

**TERMINATION OF COVERAGE**

Coverage will terminate on the earlier of one of the following:

- (1) the end of the month in which you terminate your employment
- (2) the date on which you are no longer eligible to participate in the plan
- (3) the date the plan is cancelled for any reason

**DEPENDENT TERMINATION OF COVERAGE**

A dependent's coverage ceases on the earlier of: the date the person is no longer an eligible dependent under Definition of Dependents, and/or the date your coverage terminates.

If you should die prior to termination, benefits for your covered dependent(s) will be continued for an additional thirty-six (36) months at no additional cost to the surviving dependent(s).

**BENEFITS AFTER TERMINATION OF COVERAGE**

If you are totally disabled at the time your coverage terminates and disability continues, this benefit may be continued for a period up to ninety (90) days.

If any of your dependents are confined in a licensed hospital when this coverage terminates, the benefit for that dependent may be continued, during the period of hospital confinement, for a period up to ninety (90) days.

If following termination you are interested in purchasing alternate coverage, our current insurance carrier offers a Group Conversion Program for employees who have recently left a Group Benefit Plan. The benefits available include: Extended Health benefits, prescription drugs, semi-private hospital and dental benefits.

***Did you know...***

If you are planning on leaving Canada for a period exceeding six months, the Ministry of Health in your province of residence must be notified to request approval for continued Provincial Health Insurance. You must complete a Change of Information form for you and/or your dependents. To obtain this form or to request further information, contact the Ministry of Health branch below:

Ministry of Health  
217 York Street, 5<sup>th</sup> Floor  
PO Box 5700, Station A  
London, ON N6A 5P9  
519 675-6800

Forms are available on the OHIP web site at  
[http://www.health.on.ca/english/public/forms/form\\_menu/s/ohip\\_fm.html](http://www.health.on.ca/english/public/forms/form_menu/s/ohip_fm.html)

It is your responsibility to maintain your Provincial Health Insurance.

# DENTAL PLAN

## DENTAL PLAN

*The University's Dental benefit provides payment towards usual and customary charges for necessary dental services (incurred by you and your covered dependents) up to the current Fee Guide.*

### CO-INSURANCE ARRANGEMENT

The Extended Health and Dental plans are subject to an 85/15 co-insurance arrangement. You are required to pay 15% of claims for eligible expenses submitted under these plans. The maximum you would pay in a calendar year is \$450 for Single coverage and \$900 for Family coverage. Once the maximum is reached in any given calendar year, you will no longer be required to pay 15% towards eligible claim expenses for the remainder of that calendar year. This co-insurance arrangement does not apply to the following:

- the major restorative benefits under the Dental plan (already subject to an 80/20 co-insurance)

### PARTICIPATION IN THE PLAN

If you are a Regular Full-Time employee that is a Member of the International Union of Operating Engineers, Local 772 (IUOE 772), you are eligible to participate in the Dental benefit.

Participation is **compulsory**; however, if you are covered for similar benefits under your spouse's group plan, you may exempt yourself from our plan.

Coverage is effective on the first day of your Regular Full-Time appointment.

### COST OF THE PLAN

For a breakdown of the cost, refer to our web site or contact a Human Resources - Benefits Representative.

### ENROLLMENT PROCEDURE

Enrollment is initiated by the completion of an application form available in Human Resources - Benefits.

### DEFINITION OF DEPENDENTS

You may also cover your spouse and dependents, as defined below:

**Spouse/Partner:** A spouse is defined as a person who is legally married to the employee or, although not legally married, has continuously cohabited in a common-law like relationship of the same or opposite sex with the employee for not less than one full year.

**Dependent Children:** a dependent child is defined as unmarried (including legally adopted children, foster or step-children), not engaged in full-time employment, dependent on you for financial support under the age of 21 unless the child is registered as a full-time student in which case the child must be under the age of 25 or if incapable of self support due to mental or physical infirmity which began while the child was covered as the Employee's dependent will continue to be eligible.

### CHANGE IN STATUS

Coverage for an employee who acquires a spouse or dependent(s) after becoming covered may be changed upon notification to provide coverage for the spouse or dependent(s) effective as of the date of eligibility, or the date of application, whichever is later. However, evidence of insurability is required if the change is not received within 31 days of the change.

**MAXIMUM BENEFIT**

There is no overall maximum benefit.

**FEE SCHEDULE**

All eligible expenses are based on the current Dental Society Fee Guide for General Practitioners and/or Specialists in the provider's province of residence. Claims for specialists will be payable up to 120% of the General Practitioners Fee Guide amount with the exception of Denturists which will be payable based on the current Denturists Fee Guide in the provider's province of residence. Claims incurred outside Canada will be reimbursed at the current Dental Society Fee Guide for General Practitioners and/or Specialists in the employee's province of residence.

**BASIC DENTAL EXPENSES**

You may recover the usual and customary charges for Basic Dental such as:

**PREVENTIVE DENTAL SERVICES****Diagnostics**

Clinical Oral Examination:

- complete oral examination of a new patient (limited to once every three (3) calendar years)
- recall oral examination (limited to once every nine (9) consecutive months)
- emergency oral examination
- specific oral examination

**Radiographs**

- periapical
- sialography
- postero-anterior and lateral skull and facial bone
- use of radiopaque dyes
- cephalometric films
- cephalometric tracing
- tomography
- full mouth series, including bitewings (limited to once every five (5) years)
- panoramic (limited to once every five (5) calendar years)
- occlusal
- bitewing (limited to once every nine (9) consecutive months)

- extraoral
- tests and laboratory examinations
- microbiological tests
- pulp vitality tests
- lab reports
- emergency services

**Preventive Services**

- polishing (limited to once every nine (9) consecutive months)
- fluoride treatment (limited to once every nine (9) consecutive months)
- scaling
- preventive recall packages (limited to once every nine (9) consecutive months)
- pit and fissure sealants
- space maintainer appliances - including maintenance and repair
- interproximal diskings of teeth
- recontouring of teeth for functional reasons (not associated with delivery of prosthesis)

**Restorative Services (Basic)**

- amalgam (metal) and tooth coloured (plastic) restorations
- tooth coloured veneer applications
- porcelain staining (chairside)
- prefabricated steel crowns (primary teeth)

**Endodontics Services**

- treatment of pulp chamber - pulpotomy and pulpectomy
- root canal therapy - root canals and apexification
- periapical services - root amputation, retrofilling, exploratory endodontics surgery, canal and/or pulp chamber enlargement, surgical and non-surgical root repair or pulp chamber repair

**Periodontic Services (Basic)**

- non-surgical services - application of displacement dressings, management of oral infections, desensitization
- adjunctive periodontal services - occlusal adjustment, root planning, topical application of antimicrobial agent

**Oral Surgery (Basic)**

- extractions of erupted teeth, impacted teeth, residual roots, surgical exposure of teeth, surgical movement of teeth

- oral surgical procedures including the removal of teeth, but excluding periodontal surgery
- surgical excisions and incisions
- other oral surgery services such as: post surgical care, repairs, lacerations, fractures, replantation of avulsed teeth, repositioning of traumatically displaced teeth

**Adjunctive General Services**

- local anaesthesia (not in conjunction with operative or surgical procedures)
- general anaesthesia
- provisions of dental and anaesthetic facilities, equipment and supplies
- conscious sedation - inhalation technique, intravenous sedation, intramuscular injections of sedative drugs

**MAJOR DENTAL EXPENSES**

You may recover up to **80%** of the reasonable customary charges for Major Dental expenses such as:

**RESTORATIVE SERVICES**

**Restorative Services (Major)**

- inlay and onlay restorations (limited to once per tooth per five (5) consecutive years) - metal, composite and porcelain/ceramic
- retentive pins and posts
- indirect overdenture restorative services
- crowns (limited to once per tooth per five (5) consecutive years)
- recontouring of existing crowns
- removal of inlays, onlays and crowns

**Prostodontics Services**

- complete dentures (limited to one (1) complete upper and one (1) complete lower denture in five (5) calendar years)
- partial dentures (limited to one (1) partial upper and one (1) partial lower denture in five (5) calendar years)
- transitional dentures (limited to one (1) complete upper and one (1) complete lower denture in five (5) calendar years)
- denture adjustments, repairs and additions
- denture relines and rebase
- denture remake
- fixed bridge

- fixed bridge repairs

**Oral Surgery (Major)**

- remodelling and recontouring oral tissues

**Periodontic Services (Major)**

- periodontic surgical services
- adjunctive periodontic services
- periodontal appliances - maintenance, adjustments, repairs and relines (limited to any one (1) maxillary (upper) and any one (1) mandibular (lower) appliance in two (2) calendar years)

**Miscellaneous Services**

- diagnostic casts
- initial orthodontic consultation

**CO-ORDINATION OF BENEFITS**

If you or your dependent(s) are entitled to benefits under this plan and any other plan for the same expense, the amount payable under this plan will be reduced to ensure that the total amount payable under all plans does not exceed the actual expense incurred.

**EXAMPLES OF EXPENSES NOT COVERED**

Listed below are a few examples of expenses not eligible for coverage:

- services other than those provided by a dentist, except those services which may be performed by legally qualified auxiliary personnel under the supervision of a dentist, or those services which may be performed by periodontal practitioner under the terms of the practitioner's license
- cosmetic services
- dentures and bridgework (including crowns and inlays forming the abutments) to replace any teeth removed before the covered person became insured under this benefit
- dentures which have been lost, stolen or mislaid
- prosthetic devices which were ordered before the covered person was insured under this benefit
- replacement of an existing partial or full denture or fixed bridgework unless (i) the existing denture or bridgework is at least five (5) years old, OR

- (ii) the replacement is required to replace an immediate temporary denture which was installed while the covered person was insured under this benefit
- the addition of teeth to an existing partial denture or fixed bridgework unless the addition is required to replace one or more teeth removed while the covered person is insured under this benefit
- orthodontic services other than initial consultation
- services rendered by a person who resides in the patient's home or is a member of the patient's immediate family

#### **PREDETERMINATION OF DENTAL CLAIMS**

If your dentist has recommended dental treatment that is expected to cost more than \$500, you should have your dentist prepare a pre-treatment plan. This will allow you to determine your own financial obligation prior to the commencement of treatment.

#### **GENERAL LIMITATIONS**

Dental benefits are designed to reimburse you only for your out-of-pocket expenses. Listed below are a few examples of expenses not eligible for coverage:

- services payable under any Workers Compensation Act or any other statute
- self-inflicted injuries
- services required as a result of war or hostilities of any kind
- services required as a result of your participation in a criminal offence
- services performed by a person who is ordinarily a resident in the covered person's home
- services for which reimbursement is payable due to the legal liability of any other party, to the extent of such reimbursement

#### **BENEFITS WHILE ON LEAVE OF ABSENCE OR TRAVELLING**

If you are going on a leave of absence, you may arrange to continue your coverage by contacting Human Resources - Benefits to cover the cost of your benefits prior to leaving.

When travelling outside of the country, you and your dependent(s) will continue to be covered.

Reimbursement for any eligible claims will be made in Canadian funds.

#### **TERMINATION OF COVERAGE**

Coverage will terminate on the earlier of one of the following:

- (1) the end of the month in which you terminate your employment
- (2) the date on which you are no longer eligible to participate in the plan
- (3) the date the plan is cancelled for any reason

#### **DEPENDENT TERMINATION OF COVERAGE**

A dependent's coverage ceases on the earlier of: the date the person is no longer an eligible dependent under Definition of Dependents, and/or the date your coverage terminates.

If you should die prior to termination, benefits for your covered dependent(s) will be continued for an additional thirty-six (36) months at no additional cost to the surviving dependent(s).

#### **BENEFITS AFTER TERMINATION OF COVERAGE**

If you are totally disabled at the time your coverage terminates and disability continues, this benefit may be continued for a period up to ninety (90) days.

If following termination you are interested in purchasing alternate coverage, our current insurance carrier offers a Group Conversion Program for employees who have recently left a Group Benefit Plan. The benefits available include: Extended Health benefits, prescription drugs, semi-private hospital and Dental benefits.

# LIFE INSURANCE PLANS

The University's Life Insurance plans provide life insurance on your life and on your dependent's life payable to your beneficiary in the event of death. The plans available are:

- **Basic Life**
- **Optional Life**
- **Dependent Life**

If you are a Regular Full-Time employee that is a Member of the International Union of Operating Engineers, Local 772 (IUOE 772), you are eligible to participate in the following Life Insurance plans:

## BASIC LIFE

### PARTICIPATION IN THE PLAN

- participation is **compulsory**
- coverage is effective on the first day of your Regular Full-Time appointment

### COVERAGE AMOUNT

The Basic Life Insurance plan provides coverage on your life based on two times your annual basic salary rounded to the next higher \$1,000 with minimum coverage of \$50,000.

### COST OF THE PLAN

- the University pays the full cost of the first \$25,000 of coverage

*As the University provides a Sick Leave Benefit that qualifies for a reduction in Employment Insurance Premiums, a portion of the reduction (5/12) is used to pay the full cost of an additional amount of the Basic Life Insurance plan. Currently this reduction amount provides sufficient funding for an additional \$25,000 of coverage. (For the most up-to-date additional amount of Basic Life being funded through this arrangement, refer to our web site or contact a Human Resources - Benefits Representative)*

- you pay the remaining cost of the coverage
- the cost being paid by the University is a taxable benefit
- for a breakdown of the cost, refer to our web site or contact a Human Resources - Benefits Representative

## OPTIONAL LIFE

### PARTICIPATION IN THE PLAN

- participation is **optional**
- you are eligible to participate on the first day of your Regular Full-Time appointment, however, if you do not make an application within 31 days of first becoming eligible, evidence of health is required and is subject to approval by the insurance carrier
- to increase optional life amounts, evidence of health may be required

### COVERAGE AMOUNT

The Optional Life Insurance plan provides you with the opportunity to purchase additional life insurance coverage on your life at a level of one half times, one times, one and a half times, two times, three times, four times or five times your annual basic salary rounded to the next higher \$1,000. Subject to a combined (basic and optional) coverage of \$1,000,000.

### COST OF THE PLAN

You pay the full cost of the coverage which is dependent on your age, gender, and whether you are a smoker or non-smoker. For a breakdown of the cost, refer to our web site or contact a Human Resources - Benefits Representative.

## DEPENDENT LIFE

### PARTICIPATION IN THE PLAN

- participation is **optional**
- if you have eligible dependent(s), you may participate in the plan on the first day of your Regular Full-Time appointment, however, if you do not make an application within 31 days of first becoming eligible, evidence of health is required on your dependent(s) and is subject to approval by the insurance carrier
- if you do not have a dependent(s) when you

first became eligible to participate in the plan as outlined above, you may make an application when you have a dependent(s), however, if you do not make an application within 31 days of the dependent(s) becoming eligible, evidence of health is required on your dependent(s) and is subject to approval by the insurance carrier

**COVERAGE AMOUNT**

The Dependent Life Insurance plan provides you with the opportunity to purchase life insurance on your spouse's life at \$40,000 and for each of your eligible dependent children at \$10,000.

**COST OF THE PLAN**

You pay the full cost of the coverage. For a breakdown of the cost, refer to our web site or contact a Human Resources - Benefits Representative.

**DEFINITION OF ELIGIBLE DEPENDENTS FOR THE DEPENDENT LIFE PLAN**

**Spouse/Partner:** A spouse is defined as a person who is legally married to the employee or, although not legally married, has continuously cohabited in a common-law like relationship of the same or opposite sex with the employee for not less than one full year.

**Dependent Children:** a dependent child is defined as unmarried (including legally adopted children, foster or step-children), not engaged in full-time employment, dependent on you for financial support under the age of 21 unless the child is registered as a full-time student in which case the child must be under the age of 25 or if incapable of self support due to mental or physical infirmity which began while the child was covered as the Employee's dependent will continue to be eligible.

**Note:** A dependent child confined to hospital when becoming eligible is not insured until released from the hospital. Children confined to hospital since birth will be insured when they are 15 days old.

**GENERAL PLAN PROVISIONS FOR ALL LIFE PLANS:**

**(BASIC, OPTIONAL AND DEPENDENT LIFE) ENROLLMENT PROCEDURE**

Enrollment is initiated on the completion of an application form available in Human Resources - Benefits.

**AMOUNT OF BENEFIT PAYABLE**

The Life benefit pays 100% up to the maximum benefits provided by the plans.

**MAXIMUM BENEFIT**

The combined maximum benefit for the Basic and Optional Life Insurance plans is \$1,000,000.

**BENEFICIARY DESIGNATION**

You may designate whomever you wish as your named beneficiary and may initiate a change at any time. However, if the named beneficiary is under the age of 18, a trustee must be designated.

You are automatically the named beneficiary for the Dependent Life plan.

**DELAYED EFFECTIVE DATES IN CASE OF DISABILITY**

Employees not actively at work on the date the life insurance plan becomes effective are not entitled to coverage at that time. In such cases, coverage will commence upon return to active full-time employment.

## CHANGES IN AMOUNTS OF COVERAGE

### Basic and Optional Life

The total amount of Basic and Optional Life Insurance coverage changes whenever your basic annual salary is adjusted. If you are not at work at that time, the change will be made on the date you return to work.

### Optional Life

- you may elect to change the level of your Optional Life Insurance coverage without evidence of health when any change in marital status takes place provided you make application within 31 days of the date of the change
- you may elect to increase or apply for new coverage for any other reason, however, evidence of health is required and is subject to approval of the insurance carrier
- you may elect to decrease or cancel coverage at any time

### Dependent Life

- there is not an option to change the level of coverage as outlined above in the "Changes in Amounts of Coverage" section
- you may elect to cancel your coverage at any time

## BENEFITS WHILE ON LEAVE OF ABSENCE OR TRAVELLING

If you are going on a leave of absence, you may arrange to continue your coverage by contacting the Human Resources - Benefits to cover the cost of your benefits prior to leaving.

When travelling outside of the country, you and your dependent(s) will continue to be covered.

Reimbursement for any eligible claims will be made in Canadian funds.

## TOTAL DISABILITY BENEFIT

If you become totally disabled before your normal retirement date, your life benefits continue as follows:

- your Basic Life Insurance plan will be kept in

force without cost to you

- your Optional Life and Dependent Life insurance plans may be kept in force without cost to you if the premiums are waived by the insurance carrier based on acceptable proof of disability. If the premiums are not waived by the carrier, the plans may be continued at full cost to you.

## DEATH BENEFIT

### Basic and Optional Life

In the event of your death, the Basic and Optional Life Insurance plan coverage amount in effect prior to your death will be paid to your named beneficiary. Note: If death is a result of suicide or any attempt thereof, sane or insane, a limitation clause applies. A Human Resources - Benefits Representative will assist beneficiaries with the processing of the claim.

### Dependent Life

In the event of the death of your dependent(s), the Dependent Life Insurance plan coverage amount in effect prior to the dependent's death will be paid to you directly. A Human Resources - Benefits Representative will assist you with the processing of the claim.

## TERMINATION OF COVERAGE

### Basic and Optional Life

Your Basic and Optional Life Insurance plans cease on the earlier of one of the following dates:

- (1) 31 days after you terminate your employment or retire
- (2) on your Normal Retirement Date
- (3) on your death
- (4) the date the plan is cancelled for any reason

If you are still actively employed after your Normal Retirement Date, then Basic Life insurance, which is 100% employer paid, will continue with a coverage amount of \$15,000.

### Dependent Life

Your Dependent Life Insurance plan ceases on the earlier of one of the following dates:

- (1) 31 days after you terminate your employment or retire
- (2) on your Normal Retirement Date
- (3) on your death (*Note: Dependents continue to be covered for an additional three months*)
- (4) when your dependent(s) are no longer eligible
- (5) the date the plan is cancelled for any reason

### **BENEFITS AFTER TERMINATION OF COVERAGE**

#### **Basic and Optional Life**

- your life insurance coverage may be converted to an individual policy
- application for this individual policy must be made within 31 days of termination of employment or retirement
- the individual policy issued will be without disability or double indemnity benefits and not in excess of the amount of your group life insurance
- no medical examination is necessary to convert your insurance and the premium rate will be the same as would apply to a new policy

#### **Dependent Life**

- the life insurance coverage you have on your spouse can be converted to an individual policy
- no medical evidence is required providing an application for the individual insurance is made within 31 days of termination of employment, retirement or death
- the conversion privilege does not apply to the coverage on your children

# VOLUNTARY PERSONAL ACCIDENT INSURANCE PLAN

**T**here are two Voluntary Personal Accident Insurance Plans available. You may purchase any amount of insurance in multiples of \$10,000 subject to a minimum of \$20,000 and a maximum of \$250,000 covering yourself, or yourself and your dependents.

## PARTICIPATION IN THE PLAN

If you are a Regular Full-Time employee that is a Member of the International Union of Operating Engineers, Local 772 (IUOE 772), you are eligible to participate in the Voluntary Personal Accident Insurance benefit.

Participation is **optional**.

Coverage may be effective on the first day of your Regular Full-Time appointment.

## COST OF THE PLAN

You pay the full cost of the coverage. For a breakdown of the cost, refer to our web site or contact a Human Resources - Benefits Representative.

## ENROLLMENT PROCEDURE

Enrollment is initiated by the completion of an application form available in Human Resources - Benefits.

**Spouse/Partner:** A spouse is defined as a person who is legally married to the employee or, although not legally married, has continuously cohabited in a common-law like relationship of the same or opposite sex with the employee for not less than one full year.

**Dependent Children:** a dependent child is defined as unmarried (including legally adopted children, foster or step-children), not engaged in full-time employment, dependent on you for financial support under the age of 21 unless the child is registered as a full-time student in which case the child must be under the age of 25 or if incapable of self support due to mental or physical infirmity which began while the child was covered as the Employee's dependent will continue to be eligible.

## THE PLANS

The Plans offer 24 hour, full year protection against accidents anywhere in the world, whether you are on or off the job.

### Plan 1 - Staff Member Only

You may purchase any amount of insurance in multiples of \$10,000 subject to a minimum of \$20,000 and a maximum of \$250,000. You are insured for the principal sum elected.

### Plan 2 - Staff Member and Family

You may purchase any amount of insurance in multiples of \$10,000 subject to a minimum of \$20,000 and a maximum of \$250,000. You are insured for the principal sum elected. Your spouse and children will be insured as follows:

- if there are no eligible children, your spouse will be insured for a spouse's principal sum which is equal to 60% of your principal sum
- if there are eligible children, your spouse will be insured for a spouse's principal sum which is equal to 50% of your benefit, and each eligible dependent child will be insured for a child's principal sum which is equal to 15% of your principal sum to a maximum of \$100,000
- if there is no spouse, each eligible dependent child will be insured for a child's principal sum which is 20% of your principal sum to a maximum of \$100,000

### An example:

#### Under Plan 2 - Staff Member and Family

You elect \$50,000 on your life and wish to insure your family consisting of spouse and three children. The amounts insured would be as follows:

Employee.....\$50,000 (Employee's Principal Sum)  
Spouse.....\$25,000 (Spouse's Principal Sum)  
Each Child.....\$ 7,500 (Child's Principal Sum)

**BENEFITS**

If injuries result in death, dismemberment or loss of use within 365 days after the date of the accident, the plan provides the following benefits:

<b>Benefit Entitlement</b>	<b>You or Your Spouse</b> (based on you or your spouse's your spouse's principal sum)	<b>Your Child</b> (based on your child's principal sum)
Loss of Life	Principal Sum	2x Principal Sum
Loss of Both Hands, Both Feet or Both Eyes	Principal Sum	4x Principal Sum
Loss of One Hand and One Foot	Principal Sum	4x Principal Sum
Loss of One Hand and One Eye or One Foot and One Eye	Principal Sum	4x Principal Sum
Loss of Speech & Hearing in Both Ears	Principal Sum	4x Principal Sum
Loss of Use of Both Arms or Both Hands	Principal Sum	4x Principal Sum
Loss of Use of Both Feet	Principal Sum	4x Principal Sum
Loss of One Arm or One Leg	Principal Sum	2x Principal Sum
Loss of Use of One Hand or One Foot	2/3 of Principal Sum	1.5x Principal Sum
Loss of Use of One Arm or One Leg	3/4 of Principal Sum	2x Principal Sum
Loss of One Hand or One Foot	2/3 of Principal Sum	2x Principal Sum
Loss of One Eye	2/3 of Principal Sum	2x Principal Sum
Loss of Speech or Hearing in Both Ears	2/3 of Principal Sum	1x Principal Sum
Loss of Thumb and Index Finger of Same Hand or at least Four Fingers	1/3 of Principal Sum	1/2x Principal Sum
Loss of Hearing in One Ear	1/3 of Principal Sum	1/4x Principal Sum
Loss of All Toes of the Same Foot	1/4 of Principal Sum	1/2 of Principal Sum
Loss of Both Arms or Both Legs	Principal Sum	4x Principal Sum
Quadriplegia ( <i>total Paralysis of both Upper and Lower Limbs</i> )	2x Principal Sum	4x Principal Sum
Paraplegia ( <i>total Paralysis of both Lower Limbs</i> )	2x Principal Sum	4x Principal Sum
Hemiplegia ( <i>total Paralysis of both Upper and Lower Limbs of One Side of the Body</i> )	2x Principal Sum	4x Principal Sum

The definition of “**Loss**” in the previous chart shall mean:

- with respect to hand or foot, the actual severance through or above the wrist or ankle joint but below the elbow or knee joint
- with respect to arm or leg, the actual severance through or above the elbow or knee joint
- with respect to eye, the total and irrecoverable loss of sight
- with respect to speech, the total and irrecoverable loss of speech which does not allow audible communication in any degree
- with respect to hearing, the total and irrecoverable loss of hearing which cannot be corrected by any hearing aid or device
- with respect to thumb, the actual severance through or above the first phalange
- with respect to fingers, the complete loss of two (2) entire phalanges of the finger
- with regard to toes, the complete loss of one (1) entire phalanx of the big toe, and all phalanges of the other toes

The definition of “**Loss**” in the previous chart shall mean the complete and irrecoverable paralysis by:

- quadriplegia (paralysis of both upper and lower limbs)
- paraplegia (paralysis of both lower limbs)
- hemiplegia (total paralysis of both upper and lower limbs of one side of the body)

The definition of “**Loss of Use**” in the previous chart shall mean:

- the total and irrecoverable loss of function of an arm, hand or leg, provided such loss of function is continuous for twelve (12) consecutive months and such loss of function is thereafter determined on evidence satisfactory to the carrier to be permanent

**AMOUNT OF BENEFIT PAYABLE**

The Voluntary Personal Accident Insurance benefit pays 100% up to the maximum benefit provided by the plan.

**COMMON DISASTER**

If as a result of a “common accident” you and your spouse should both lose your lives, the spouse’s loss of life benefit shall be increased to equal 100% of the insured employee’s Principal Sum to a maximum of \$1,000,000.

“Common accident” means the same accident or separate accidents occurring within the same 24 hour period.

**REHABILITATION BENEFIT**

When “injuries” to you shall result in a payment being made by the Plan under the “specific loss benefits” section of the policy, the Plan will pay in addition:

The reasonable and necessary expenses actually incurred up to a limit of \$10,000 for your special training provided:

- (a) such training is required because of such “injuries” and in order for you to be qualified to engage in an occupation in which you would not have been engaged except for such “injuries”
- (b) expenses be incurred within two (2) years from the date of the accident
- (c) no payment will be made for ordinary living, travelling or clothing expenses

**OCCUPATIONAL TRAINING BENEFIT (FOR YOUR SPOUSE)**

When injuries to you shall result in a payment being made by the Plan under the section entitled “Benefits”, of this policy, the Plan will pay in addition:

The expenses actually incurred by your spouse, within 365 days of the date of accident, for a formal occupational training program for the purpose of specifically qualifying your spouse to gain active employment in an occupation for which your spouse would otherwise not have sufficient qualifications. The maximum payable hereunder is \$10,000.

**SPECIAL EDUCATION BENEFIT**

If you die within 365 days of the date of accident, a covered dependent may be eligible for an education benefit equal to 5% of the insured employee's Principal Sum up to a maximum of \$5,000 annually for up to four consecutive years.

Enrollment must be at an institution of higher learning as a full-time student, above grade 12 level and within 365 days of your death.

If at the time of loss you had no covered dependent(s) eligible for the Education Benefit, the designated beneficiary will receive an additional \$2,500 under this benefit or the Day Care Benefit.

**PRIVATE AUTOMOBILE SEAT BELT  
COVERAGE**

In the event an insured person sustains an injury which results in a payment being made under the section entitled "Benefits", the insured person's amount of Principal Sum will be increased by ten percent (10%) if, at the time of the accident, the insured person was driving or riding in a vehicle and wearing a properly fastened seat belt. Due proof of seat belt use must be provided as part of the written proof of loss.

**REPATRIATION BENEFIT**

When injuries covered by the policy result in loss of life of an insured person outside 200 Km from their city of permanent residence or outside Canada and within 365 days from the date of the accident, the actual expense incurred for preparing the deceased for burial and shipment of the body to the city of residence of the deceased, but not to exceed \$10,000 will be paid.

**HOME ALTERATION AND VEHICLE  
MODIFICATION BENEFIT**

In the event an insured person sustains an injury which results in a payment being made under the section entitled "Benefits", excluding the Loss of Life Benefit, and such injury subsequently requires the use of a wheelchair to be ambulatory, the reasonable and necessary expenses actually incurred within 365 days from the date of the accident will be paid for:

- (a) the one-time cost of alterations to the insured person's residence to make it wheelchair accessible and habitable; and
- (b) the one-time cost of modifications necessary to a motor vehicle, owned by the injured person, to make the vehicle accessible or driveable for the insured person

Benefit payments herein will not be paid unless:

- (i) home alterations are made by a person or persons experienced in such alterations and recommended by a recognized organization, providing support and assistance to wheelchair users; and
- (ii) vehicle modifications are carried out by a person or persons with experience in such matters and modifications are approved by the provincial vehicle licensing authorities

The maximum payable under both items (a) and (b) combined will not exceed \$10,000.

**FAMILY TRANSPORT BENEFIT**

When injuries covered under this policy confine an insured person as an in-patient in a hospital outside 150 km from the insured person's permanent residence and the attendance of an immediate family member is recommended by the attending physician, in writing, reasonable and necessary expenses incurred by the family member for transportation by the most direct route by a licensed common carrier, but not to exceed \$10,000 will be paid.

"Member of the immediate family" shall mean spouse (legal or common-law), parents, grandparents, children over 18, or a brother or sister of the insured person.

**DAY CARE BENEFIT**

If you die as a result of a covered accident and you have the Family Plan coverage, a Day Care Benefit equal to the reasonable and necessary expenses actually incurred will be paid, subject to the lesser of 5% of the principal sum amount or a maximum of \$5,000 per year to a maximum of four (4) consecutive years, in respect of any dependent

child thirteen (13) years of age and under who is enrolled in a legally licensed Day Care Centre within 365 days following date of the accident.

### **MAXIMUM BENEFIT**

The Voluntary Personal Accident Insurance benefit pays not more than one (the largest) of such benefit with respect to all injuries resulting from one accident provided by the plan.

The maximum benefit payable with respect to dependent children will be \$100,000.

### **BENEFICIARY DESIGNATION**

You may designate whomever you wish as your named beneficiary and may initiate a change at any time. However, if the named beneficiary is under the age of 18, a trustee must be designated. Benefits payable in the event of your death are paid to your named beneficiary. In the event of your losses under the dismemberment coverage, benefits are payable to you. Losses payable under the Family coverage are automatically paid directly to you.

### **CHANGES IN AMOUNT OF COVERAGE**

You may elect to change the level of your Voluntary Personal Accident Insurance or cancel coverage at any time.

### **EXTENDED FAMILY BENEFIT**

If you are enrolled in the Family Plan and you die as a result of a covered accident, coverage may be extended for your eligible spouse and dependent children for a maximum period of six (6) months.

### **EXCLUSIONS**

The plan does not cover:

- intentional self-inflicted injury
- suicide or any attempt thereof, sane or insane
- loss caused through act of declared or undeclared war, or loss sustained while in an armed service

### **AIR TRAVEL COVERAGE**

Coverage is included while travelling as a passenger (not a pilot or crew member) in a properly licensed and operated civil aircraft.

### **EXPOSURE AND DISAPPEARANCE**

If by reason of an accident an insured person is unavoidably exposed to the elements and as a result of such exposure suffers a loss, such loss will be covered under the terms of the plan.

### **WAIVER OF PREMIUM**

If you become totally and permanently disabled, your premiums may be waived upon receipt of approval from the carrier. If the premiums are not waived by the carrier, the plan may be continued at full cost to you.

### **BENEFITS WHILE ON LEAVE OF ABSENCE OR TRAVELLING**

If you are going on a leave of absence, you may arrange to continue your coverage by contacting the Human Resources - Benefits to cover the cost of your benefits prior to leaving.

When travelling outside of the country, you and your dependent(s) will continue to be covered.

Reimbursement for any eligible claims will be made in Canadian funds.

### **TERMINATION OF COVERAGE**

Coverage will terminate on the following:

- (1) the date you withdraw from participating in the plan
- (2) 31 days after you terminate employment
- (3) on your Normal Retirement Date
- (4) the date the plan is cancelled for any reason

### **BENEFITS AFTER TERMINATION OF COVERAGE**

The Voluntary Personal Accident Insurance coverage may be converted to an individual policy.

# DISABILITY INCOME PROGRAM

## DISABILITY INCOME PROGRAM

**T**he University's Disability Income Program is a comprehensive plan which protects against loss of income during periods of absence due to either injury or illness.

The program consists of the following two components:

- 1. Sick Leave-Salary Continuance Plan**
- 2. Long Term Disability Insurance Plan**

The University pays the entire cost of the short term Sick Leave-Salary Continuance Plan and the Long Term Disability Insurance Plan (hereafter referred to as the LOSS OF EARNINGS INSURANCE PLAN).

### SICK LEAVE-SALARY CONTINUANCE PLAN

#### PARTICIPATION IN THE PLAN

- if you are a Regular Full-Time employee that is a Member of the International Union of Operating Engineers, Local 772, you are automatically covered
- participation is **compulsory**
- coverage is effective on the first day of your Regular Full-Time appointment

#### BENEFITS

During periods of absence due to illness or injury, your income will be continued for up to a maximum of fifteen (15) consecutive weeks except as described below:

- if there is a recurrence of the same or related illness or injury during the first three (3) weeks following your return to work on a full-time basis, you are entitled to the unused portion of the original fifteen (15) week period of sick leave
- if you are able to return on a part-time basis during this sick leave period, your fifteen (15) week period of sick leave will be extended by any time worked

#### Notification

If you are unable to report to work because of illness or injury, you are required to notify your Supervisor of your absence and expected date of return to work.

#### Medical Certification

Refer to your Collective Agreement for details on reporting obligations to your Supervisor and the requirements for returning to work. The University reserves the right to require medical certification of illness or injury from you or your Health Care Professional, and/or a medical examination by a qualified Health Care Professional as arranged by the University, and agreed to by the union and yourself, any time that it considers such action necessary.

### LOSS OF EARNINGS INSURANCE PLAN

#### PARTICIPATION IN THE PLAN

- if you are a Regular Full-Time employee that is a Member of the International Union of Operating Engineers, Local 772, you are automatically covered
- participation is **compulsory**
- coverage is effective on the first day of your Regular Full-Time appointment

#### BENEFITS

During the first twenty-four (24) months of absence you are eligible for monthly benefits if you are unable to perform your own occupation. Beyond the twenty-four (24) months you continue to be eligible for benefits if you are not able to perform the duties of your own or any other occupation for which you are reasonably fitted by education, training or experience and which have salary rates equal to at least 75% of your indexed pre-disability monthly earnings.

#### A. TOTAL LOSS OF EARNINGS:

Following the fifteen (15) week qualification period as described above, if you are still unable to return to work as a result of an injury or illness, which commenced on or after July 1, 2002, you may qualify for a monthly benefit equal to 70% of your normal basic monthly compensation in effect immediately prior to the start of your sick leave.

Benefits are paid for as long as you are disabled and suffer a total loss of earnings, but cease whenever you recover or the end of the month you reach age 65, whichever occurs first.

**B. PARTIAL LOSS OF EARNINGS:**

“Partial Loss of Earnings” means a reduction in your normal basic compensation of more than 20% but not more than 79%.

Following the fifteen (15) week qualification period, a benefit may be paid under the terms of the contract, reduced to the extent necessary so that total monthly income received and monthly disability benefits do not exceed 100% of the indexed pre-disability monthly earnings.

**LONG TERM DISABILITY EXCLUSIONS**

This Plan does not provide for disabilities or claims resulting from:

- any period of disability which commences while you are not insured under the plan, or during which you are not under the regular care of a legally licensed physician
- the period during which you are on a leave of absence, including Pregnancy Leave of Absence. If you become disabled while on a leave of absence, the leave of absence will be deemed to end on the day before the date on which you are scheduled to return to work
- any period while you are either permanently or temporarily outside of Canada or the United States, unless on an approved leave of absence, as indicated under General Definitions. If you become disabled while outside of Canada or the United States, your disability will not be deemed to commence until the date on which you return to Canada or the United States
- refusal or failure to undergo medical, psychiatric or psychological treatment or participate in a rehabilitation program or substance abuse treatment program considered beneficial to you as recommended by the carrier and your physician
- any period that you are incarcerated in a mental institution, jail, prison or other correctional facility, by authority of law
- intentionally self-inflicted injuries while sane or any self-inflicted injuries while insane

**INTEGRATION OF BENEFITS**

Any benefits payable will be reduced by the amount you are entitled to receive from the following sources:

- Workplace Safety and Insurance Act or similar legislation
- contributor benefits under the disability provision of the Canada/Quebec Pension Plan (no reduction for dependent benefits)
- any group insurance plan or any retirement or pension plan which is provided by your employer

Once the above reduction has been made, if your monthly gross income from all sources listed below still exceeds the Integration Level of 85% of your indexed pre-disability monthly earnings (85% of your indexed net pre-disability monthly earnings if receiving benefits under the Workplace Safety and Insurance Act), the benefit will be reduced to the extent necessary so that the total monthly income from all these sources is equal to the Integration Level.

**SOURCES SUBJECT TO INTEGRATION LEVEL**

- disability benefits payable under this provision
- disability benefits payable under any Workplace Safety and Insurance Act
- any indemnity for loss of time payable under any Government Legislated No-Fault Automobile Insurance Plan, unless prohibited from doing so
- any indemnity for loss of time payable under an insured or uninsured plan covering you on a group basis
- any retirement or pension plan which is provided by your employer
- any continuation of salary from your employer
- damages for loss of income recovered from a third party and arising out of the same circumstances that caused your disability
- income from any employment, other than as described in the other sections of this provision.

**COST OF LIVING ADJUSTMENT**

The amount of monthly income benefit payable shall be adjusted on each January 1st following the date of commencement of payment of benefits by the lesser of 6% or the ratio that the Cost of Living Index for the current year bears to the Cost of Living Index for the preceding year.

If you have received benefits for less than one full year, the Cost of Living Adjustment will be prorated in proportion to the number of months for which benefits have been paid.

**RECURRENT DISABILITY PROVISION**

If benefit payments cease because you are no longer disabled and become disabled again within six (6) consecutive months due to the same or related cause or causes, you will immediately be eligible for re-instatement of your benefits without having to complete a new fifteen (15) week waiting period.

**REHABILITATION BENEFITS**

Provision is contained within this contract for payment of benefits during approved rehabilitative employment. Under the conditions outlined in the policy, it would allow you to engage in rehabilitative employment without endangering your claim status.

**General Provisions**

**CONTINUANCE OF BENEFITS DURING DISABILITY**

During any period of disability for which Total Loss of Earnings benefits are paid, your premiums to maintain your benefits are fully paid by the University other than the following benefits:

- Optional Life Insurance
- Dependent Life Insurance
- Voluntary Personal Accident Insurance

If you are a participant in the University Pension Plan during total disability, the University will continue to make contributions to the plan for both the University's and your share.

**TERMINATION OF COVERAGE**

Your insurance will terminate on the earlier of the following dates:

- (1) the date you cease to be within the classes of persons eligible
- (2) the date of termination of employment
- (3) the date of your death
- (4) on your Normal Retirement Date
- (5) the date the Master Policy is discontinued

If your coverage is discontinued and at that time you are already receiving disability payments or have suffered a disability leading to a loss of earnings payments, your benefits will be continued in accordance with the terms of the policy regardless of the discontinuance of your coverage.

# POST-RETIREMENT BENEFITS

Individuals who are Full-Time Members on June 30, 2008, must have five (5) years of seniority and achieved the age of 55 to be eligible for Post-Retirement Benefits if they retire. Individuals who become Full-Time Members on or after July 1, 2008, must have ten years of seniority and attained the age of 55 to be eligible for Post-Retirement Benefits if they retire.

Your Extended Health and Dental plans are subject to an 85/15 co-insurance arrangement. You are required to pay 15% of claims for eligible expenses submitted under these plans. The maximum you would pay in a calendar year is \$450 for Single coverage and \$900 for Family coverage.

Once the maximum is reached in any given calendar year, you will no longer be required to pay 15% towards eligible claim expenses for the remainder of that calendar year. This co-insurance arrangement does not apply to the following:

- the \$6.11 dispensing fee cap
- any internal maximums already defined within the plans (i.e. Orthotics - \$400)
- the major restorative benefits under the Dental plan (already subject to a 80/20 co-insurance)

***Please note: Any Government health benefits which are reduced or eliminated are not covered by the University post-retirement benefits. For example, deductibles and dispensing fees applicable to the Ontario Drug Benefits (ODB) for individuals age 65 and over are not covered by the University benefits.***

For anyone retiring on or after July 1, 2008 your out-of-country emergency medical and travel assistance coverage is limited to \$200,000 per person per trip, 60 days per trip.

As well, the University provides you with a Retirement Death Benefit equal to the lesser of 50% of your Basic Life Insurance in place just prior to your retirement or \$15,000. As a retiring member, you may choose to continue your pre-retirement Basic Life Insurance under the group conversion option available with our carrier. However, you would be responsible for the cost associated with continuing the coverage between the \$15,000 and the amount in force prior to your retirement.

Further details may be obtained by contacting a Human Resources - Benefits Representative.

# OTHER BENEFITS

Your overall total compensation package includes various other benefits which your Group Benefit Plans booklet does not outline. A few of these “**Other Benefits**”, while not all inclusive, include:

## OTHER BENEFITS

- Administrative Staff Pension Plan
- Vacation Entitlement
- Educational Assistance Program
- Pregnancy, Parental and Adoption Leave
- Pregnancy/Adoption Leave Top Up  
- Supplemental Employment Insurance Benefits (S.E.B.) Plan

For information on “Other Benefits”, refer to your Collective Agreement or the Human Resources web site at <http://www.uwo.ca/humanresources> for information on the Administrative Staff Pension Plan.

## A Summary of Monthly Group Benefit Plan Premium Rates for the International Union of Operating Engineers - Local 772

Effective May 1, 2012

Monthly

Benefit Plan	Employee Premium	Employer Premium
Basic Life Insurance:	\$0.159 / \$1,000	\$0.159 / \$1,000
Extended Health (includes Visioncare):	Single: Nil Family: Nil	Single: \$47.79 Family: \$121.36
Dental:	Single: Nil Family: Nil	Single: \$36.66 Family: \$97.89
Dependent Life Insurance: Spouse: \$40,000 Eligible Child(ren): \$10,000	\$6.19	Nil
Optional Life Insurance:	Per: \$1,000	
<u>Age Band</u>	<u>Male/Female</u> <u>Smoker</u>	<u>Male/Female</u> <u>Non-Smoker</u>
Less than 24	0.068 / 0.029	0.029 / 0.019
24 - 34	0.078 / 0.039	0.039 / 0.029
35 - 39	0.087 / 0.058	0.049 / 0.039
40 - 44	0.126 / 0.078	0.068 / 0.049
45 - 49	0.253 / 0.136	0.117 / 0.078
50 - 54	0.447 / 0.233	0.224 / 0.136
55 - 59	0.739 / 0.369	0.369 / 0.224
60 - 64	1.069 / 0.593	0.535 / 0.360
65 - Normal Retirement	1.555 / 0.943	0.778 / 0.583
Voluntary Personal Accident Insurance:	Single: \$0.015 / \$1,000 Family: \$0.024 / \$1,000	Nil
Long Term Disability:	Nil	\$2.96 / \$100 benefit