



GROUP INSURANCE PROGRAMMES - FULL-TIME MEMBERS

**Extended Health Care options**

	<b>Option 1</b>	<b>Option 2</b>	<b>Option 3</b>
<i>Prescription drugs</i>	100% with drug card plan	80% with drug card plan	100% after the deductible, with drug card plan
<i>Prescription drug deductible</i>	None	None	The deductible is equal to the dispensing fee for each prescription or refill.
<i>Drug substitution limit</i>	Charges in excess of the lowest priced equivalent drug are not covered unless specifically approved by Sun Life. To assess the medical necessity of a higher priced drug, Sun Life will require you and your doctor to complete and submit an exception form.	Charges in excess of the lowest priced equivalent drug are not covered unless specifically approved by Sun Life. To assess the medical necessity of a higher priced drug, Sun Life will require you and your doctor to complete and submit an exception form.	Charges in excess of the lowest priced equivalent drug are not covered unless specifically approved by Sun Life. To assess the medical necessity of a higher priced drug, Sun Life will require you and your doctor to complete and submit an exception form.
<i>Hospital expenses in your province</i>	100% semi-private room		
<i>Convalescent hospital</i>	100% of expenses payable		
<i>Expenses out of your province</i>	Semi-private hospital room All other expenses, up to the reasonable and usual rates in the locality where the services or supplies are provided		
<i>Medi-Passport</i>	Covered		
<i>Medical services and equipment</i>	100% of expenses payable		
<i>Non-emergency transportation</i>	\$0.50 per km / \$25 meals /\$75 accommodation . Receipts required. Medical referral required.		
	<b>Option 1</b>	<b>Option 2</b>	<b>Option 3</b>
<i>Paramedical services</i>	100% of expenses payable		
<i>Vision care</i>	100% of expenses payable		
<i>Benefit year</i>	January 1 to December 31		
<i>Coverage ends</i>	When you retire or reach age 70, whichever is earlier. Coverage may also end on an earlier date, as specified in <i>General Information</i> .		

### Your Dental Care options

	Option 1	Option 2
<i>Preventive</i>	80%	80%
<i>Basic</i>	80%	80%
<i>Major</i>	Not covered	70%
<i>Benefit year maximum</i>	\$1,000 for Preventive and Basic combined	Unlimited for Preventive and Basic. \$1,500 for Major
	If your coverage starts in the second half of a benefit year, the maximum amount for that benefit year will be reduced by 50%.	
<i>Benefit year</i>	January 1 to December 31	
<i>Coverage ends</i>	When you retire or reach age 70, whichever is earlier. Coverage may also end on an earlier date, as specified in <i>General Information</i> .	

### Your Short-Term Disability coverage – Core benefit

<i>Coverage</i>	66.67% of your weekly basic earnings rounded to the next higher \$1
<i>Maximum</i>	\$1,250
<i>Coverage ends</i>	When you retire or reach age 70, whichever is earlier. Coverage may also end on an earlier date, as specified in <i>General Information</i> .

### Your Long-Term Disability options

	Core	Option 1
<i>Coverage</i>	55% of your monthly basic earnings, rounded to the next higher \$1	60% of your monthly basic earnings, rounded to the next higher \$1
<i>Tax status</i>	Non-taxable	Taxable
<i>Own Occupation period</i>	12 months	12 months
<i>Maximum</i>	\$10,000	
<i>Proof of good health</i>	There are cases when you will be required to provide proof of good health when you request coverage, or an increase in coverage. Your employer will let you know when this is necessary as it may impact the amount of your coverage.	
<i>Coverage ends</i>	When you reach age 65 or the day you retire, whichever is earlier. Coverage may also end on an earlier date, as specified in <i>General Information</i> .	

### Your Basic Life coverage – Core benefit

<b>Coverage</b>	1 times your annual basic earnings rounded to the next higher \$1,000
<b>Minimum</b>	\$10,000
<b>Maximum</b>	\$1,000,000
<b>Proof of good health</b>	There are cases when you will be required to provide proof of good health when you request coverage, or an increase in coverage. Your employer will let you know when this is necessary as it may impact the amount of your coverage.
<b>Coverage reduces</b>	To 50% at age 65
<b>Coverage ends</b>	When you retire or reach age 70, whichever is earlier. Coverage may also end on an earlier date, as specified in <i>General Information</i> .

### Your Basic Life coverage – Option 1 benefit

<b>Coverage</b>	2 times your annual basic earnings rounded to the next higher \$1,000
<b>Minimum</b>	\$20,000
<b>Maximum</b>	\$1,000,000
<b>Proof of good health</b>	There are cases when you will be required to provide proof of good health when you request coverage, or an increase in coverage. Your employer will let you know when this is necessary as it may impact the amount of your coverage.
<b>Coverage reduces</b>	To 50% at age 65
<b>Coverage ends</b>	When you retire or reach age 70, whichever is earlier. Coverage may also end on an earlier date, as specified in <i>General Information</i> .

### Your Basic Life coverage – Option 2 benefit

<b>Coverage</b>	3 times your annual basic earnings rounded to the next higher \$1,000
<b>Minimum</b>	\$30,000
<b>Maximum</b>	\$1,000,000
<b>Proof of good health</b>	There are cases when you will be required to provide proof of good health when you request coverage, or an increase in coverage. Your employer will let you know when this is necessary as it may impact the amount of your coverage.
<b>Coverage reduces</b>	To 50% at age 65
<b>Coverage ends</b>	When you retire or reach age 70, whichever is earlier. Coverage may also end on an earlier date, as specified in <i>General Information</i> .

**Basic Life coverage for your dependents**

	<b>Core</b>	<b>Option 1</b>
<i>Child coverage</i>	\$2,500	\$5,000
<i>Spouse coverage</i>	\$5,000	\$10,000
<i>Proof of good health</i>	Not required	
<i>Coverage ends</i>	When you retire or reach age 70, whichever is earlier. Coverage may also end on an earlier date, as specified in <i>General Information</i> .	

**Your Optional Life coverage**

<i>Coverage</i>	As elected by the employee, units of \$10,000
<i>Maximum</i>	\$200,000
<i>Proof of good health</i>	Required on all optional amounts
<i>Coverage ends</i>	When you retire or reach age 65, whichever is earlier. Coverage may also end on an earlier date, as specified in <i>General Information</i> .

**Optional Critical Illness Coverage**

Subject to proof of good health, you may elect critical illness coverage as follows:	
<b>Member and Spouse:</b> Units of \$10,000 to a maximum of \$200,000	<b>Children:</b> Units of \$5,000 to a maximum of \$20,000