

## Definitions

### Conversion option

When any of your life insurance or that of your spouse ends, as long as you are under age 65, you or your eligible dependent spouse have 31 days to purchase individual coverage of up to \$200,000 directly from the insurer, without providing evidence of good health. Certain conditions apply. Conversion is not available on life insurance for your children.

If any of your Basic and Optional Accidental Death and Dismemberment Insurance ends before you reach age 65, you also have 31 days to purchase individual accidental coverage to a maximum of \$250,000. Certain conditions apply.

### Deductible

The amount of eligible expenses for which you are responsible before the plan begins reimbursing expenses.

### Eligible dependents

#### Spouse

- ✦ the person to whom you are legally married, or
- ✦ the person with whom you have been living in a common-law relationship, whether a person of the same or opposite sex, for at least 12 consecutive months
- ✦ for purposes of health and dental coverage, your former spouse may be covered—that is, a divorced or ex-common-law spouse for whom insurance protection is mandated by court order, however only one spouse may be covered at a time

#### Children

- ✦ the unmarried children of you or your spouse, including stepchildren, adopted and foster children, and children for whom you or your spouse have been appointed legal guardian, who are residing in Canada and are:
  - under age 21 and working less than 30 hours a week (unless a full-time student)
  - under age 25 if a full-time student
  - of any age, and incapable of self-support because of a physical or mental disability, as long as they became disabled while eligible for coverage

A stepchild of a common-law relationship must be living with the employee to be eligible for coverage.

Children are covered from birth under the health, dental, and accident insurance plans, but must be a minimum of 15 days of age to be covered under Optional Term Life Insurance.

### Evidence of good health

Generally, a health questionnaire and, depending on the information you provide, possibly a medical or paramedical examination.

### Medically necessary

Broadly accepted and recognized by the standards of the Canadian medical profession as effective, appropriate and essential in the treatment of a sickness or injury.

### Reasonable and customary expenses

Within the usual range of fees and prices generally charged by others of similar standing in the area in which the charge is incurred when providing the same or comparable services or supplies.

## Termination of benefits

All coverage under your Benefits Program end on the last day of the month in which your employment with the Board ends.

## Your monthly premiums costs

To find out the current monthly premiums for the plans in which you share the cost with OCDSB, refer to the "Benefits" folder on BEAM (click "ADMIN AREA", "HR/Personnel", "Benefits", "Employee Group Benefit Premium Rates", then click on the attachment for your employee group).



# Employee benefits



## at a glance

Elementary Teachers

This document summarizes your Benefits Program as an Elementary Teacher employed on a regular full-time or part-time basis (subject to the terms of your collective agreement). Together with your *Employee Benefits Booklet*, it makes up an information package designed to help you understand the coverage available to you and your family and what you must do to benefit from it. The booklet offers a more detailed description of this coverage and will also assist you with certain processes, for example, filing your claims. The information included in this package, however, is for your information only. Final interpretation of your benefits is governed by the terms of the official policies. For more information, please contact Manulife Financial by telephone at 1 800 268-6195, or visit their website at [www.manulife.ca/groupbenefits](http://www.manulife.ca/groupbenefits). Alternatively, you may call Employee Support Services/Benefits Division at 613-596-8250. To facilitate understanding, certain words in this brochure are defined in the **Definitions** section on the back. The plans in the grey-shaded boxes are compulsory.

Plan	What's provided	What happens to my benefits...			Who pays the premium cost?	Policy #
		...in case of disability?	...in case of death?	...at retirement?		
<b>Health Plan</b>	<ul style="list-style-type: none"> <li>100% reimbursement, no <i>deductible</i>, for the following <i>reasonable and customary</i> and <i>medically necessary</i> expenses:                             <ul style="list-style-type: none"> <li>Semi-private hospital room accommodation</li> <li>Vision Care—prescription eye/sun glasses, contact lenses or laser vision correction—maximum \$250 every 24 months</li> <li>Out-of-country emergency care, including ManuAssist</li> </ul> </li> <li>100% reimbursement, after a <i>deductible</i> of \$25/person or \$50/family, for the following <i>reasonable, customary</i> and <i>medically necessary</i> expenses:                             <ul style="list-style-type: none"> <li>The difference between semi-private and private room—up to \$6.00 a day</li> <li>Drugs that require a prescription, including certain life-sustaining drugs (but not over-the-counter drugs). Reimbursement based on cost of generic equivalent, unless your doctor completes the Generic Drug Exception Form (see BEAM, Benefits folder, Online Forms)</li> <li>Paramedical services of the following practitioners, provided they are fully licensed in the province services are rendered:                                     <ul style="list-style-type: none"> <li>Chiropractor—maximum \$20/visit and \$400/calendar year/person</li> <li>Registered massage therapist—maximum \$20/visit and \$400/calendar year/person</li> <li>Naturopath and speech therapist—maximum \$20/visit and \$400/calendar year/person for each practitioner</li> <li>Osteopath, chiropract/podiatrist—maximum \$20/visit and \$400/calendar year/person for each practitioner (podiatric surgery is not limited to per visit maximum), after OHIP annual maximum payment has been reached</li> <li>Physiotherapist—maximum \$20/visit and \$400/calendar year/person</li> <li>Registered psychologist—maximum \$30/first half hour and \$25/each subsequent half hour, maximum \$500/calendar year/person</li> </ul> </li> <li>Orthopedic shoes—maximum \$125/calendar year/person</li> <li>Orthotic appliances—one pair, to a maximum of \$575 per person every two calendar years (if the appliances are required as a result of surgery, a new maximum applies)</li> <li>Private duty nursing (only with prior written approval from Manulife Financial)</li> <li>Ambulance to nearest medical facility</li> <li>Hearing aids—one per ear every 60 consecutive months, including repairs and maintenance but excluding batteries</li> <li>Certain other medical supplies and services as indicated in your benefits booklet</li> </ul> </li> </ul>	Coverage continues, without premium payment, as long as you are receiving Long Term Disability benefits, until you recover, retire, or reach age 65, whichever occurs first.	<ul style="list-style-type: none"> <li>Your coverage ends</li> <li>Family coverage continues without premium payment:                             <ul style="list-style-type: none"> <li>for <i>spouse</i> (with no <i>children</i>)—for a maximum of 3 months</li> <li>for <i>spouse</i> (if any) and <i>children</i>—for a maximum of 2 years</li> </ul> </li> </ul>	Coverage ends.	<ul style="list-style-type: none"> <li>OCDSB pays 85%</li> <li>You pay 15%</li> </ul> Cost is prorated if you work less than full-time, as defined in your collective agreement.	Manulife Financial 38550
<b>Dental Plan</b>	<ul style="list-style-type: none"> <li>No <i>deductible</i></li> <li>100% reimbursement                             <ul style="list-style-type: none"> <li>Routine services (for example, one recall exam every 9 months, X-rays, fillings, root canals, treatment of gum disease)—to certain maximums</li> </ul> </li> <li>50% reimbursement                             <ul style="list-style-type: none"> <li>Major restorative services                                     <ul style="list-style-type: none"> <li>crowns—maximum \$1,200/calendar year/person</li> <li>other major restorative services (for example, bridges and dentures)—a maximum of \$1,300/calendar year/person</li> </ul> </li> <li>Orthodontics—maximum \$1,000/calendar year/person</li> </ul> </li> <li>Reimbursement based on previous year's Ontario Dental Association fee guide</li> </ul>	Coverage continues, as long as you are receiving Long Term Disability benefits and continue to pay the required premium, until you recover, retire, or reach age 65, whichever occurs first.	<ul style="list-style-type: none"> <li>Your coverage ends</li> <li>Family coverage continues:                             <ul style="list-style-type: none"> <li>for <i>spouse</i> (with no <i>children</i>)—for a maximum of 3 months, without premium payment</li> <li>for <i>spouse</i> (if any) and <i>children</i>—for a maximum of 2 years, if they pay the full premium</li> </ul> </li> </ul>	Coverage ends.	<ul style="list-style-type: none"> <li>OCDSB pays 85%</li> <li>You pay 15%</li> </ul> Cost is prorated if you work less than full-time, as defined in your collective agreement.	Manulife Financial 38551
<b>Group Life Insurance</b>	<ul style="list-style-type: none"> <li>Basic coverage                             <ul style="list-style-type: none"> <li>\$45,000</li> </ul> </li> <li>Voluntary difference (grandparented for those who had this coverage before April 1, 1999)                             <ul style="list-style-type: none"> <li>The difference between \$45,000 and 3 times your annual salary as of April 1, 1999</li> </ul> </li> </ul>	Coverage continues, without premium payment, as long as you are receiving Long Term Disability benefits, until you recover, retire, or reach age 65, whichever occurs first.	<ul style="list-style-type: none"> <li>Your beneficiaries receive the insured amount on your death from any cause</li> </ul>	Coverage ends. You may choose the <i>Conversion option</i> .	<ul style="list-style-type: none"> <li>OCDSB pays 85%</li> <li>You pay 15%</li> </ul> Cost is prorated if you work less than full-time, as defined in your collective agreement.	Manulife Financial 91650
<b>Optional Term Life Insurance</b>	<ul style="list-style-type: none"> <li>You may purchase additional coverage for you and your eligible dependents of:                             <ul style="list-style-type: none"> <li>For you and your <i>spouse</i>—1, 2, 3 or 4 times your annual salary, maximum \$300,000</li> <li>For each eligible <i>child</i>—multiples of \$5,000, maximum of \$25,000 (same amount for each <i>child</i>); <i>children's</i> coverage may not exceed <i>spouse's</i> coverage</li> </ul> </li> <li><i>Evidence of good health</i> must be submitted with application, if you apply more than 31 days after your date of hire</li> </ul>	Coverage continues, as long as you are receiving Long Term Disability benefits and continue to pay the required premium, until you recover, retire, or reach age 65, whichever occurs first.	<ul style="list-style-type: none"> <li>If you die:                             <ul style="list-style-type: none"> <li>Optional Term Life Insurance benefit is paid to your beneficiary, and</li> <li>family coverage continues without premium payment:                                     <ul style="list-style-type: none"> <li>for <i>spouse</i> (with no <i>children</i>)—for a maximum of 3 months</li> <li>for <i>spouse</i> (if any) and <i>children</i>—for a maximum of 2 years</li> </ul> </li> <li><i>spouse</i> may choose the <i>Conversion option</i> for his or her own policy, without <i>evidence of good health</i>, within 31 days of the date coverage ends.</li> </ul> </li> <li>If one of your <i>eligible dependents</i> dies:                             <ul style="list-style-type: none"> <li>Optional Term Life Insurance benefit is paid to you.</li> </ul> </li> </ul>	Coverage ends. You may choose the <i>Conversion option</i> .	<ul style="list-style-type: none"> <li>You pay 100% (amount varies depending on how much coverage you choose, your age, gender and smoking status)</li> </ul>	Manulife Financial 91650
<b>Basic Accidental Death and Dismemberment Insurance</b>	<ul style="list-style-type: none"> <li>For loss within a year of a covered accident occurring anywhere in the world                             <ul style="list-style-type: none"> <li>Death—\$15,000</li> <li>Serious accidental injuries—percentage of amount payable on death</li> <li>Additional benefits, to certain limits, for repatriation, rehabilitation, education and daycare for your <i>children</i>, <i>spouse's</i> occupational training, home alteration and vehicle modification, seat belt, accident hospital indemnity, family transportation, and exposure to elements</li> </ul> </li> </ul>	Coverage continues, without premium payment, as long as you are receiving Long Term Disability benefits, until you recover, retire, or reach age 65, whichever occurs first.	<ul style="list-style-type: none"> <li>Your coverage ends</li> <li>Your beneficiaries receive the insured amount if you die from a covered accident</li> </ul>	Coverage ends. You may choose the <i>Conversion option</i> .	<ul style="list-style-type: none"> <li>OCDSB pays 85%</li> <li>You pay 15%</li> </ul> Cost is prorated if you work less than full-time, as defined in your collective agreement.	RBC A-808184
<b>Optional Accidental Death and Dismemberment Insurance</b>	<ul style="list-style-type: none"> <li>For death and certain serious accidental injuries                             <ul style="list-style-type: none"> <li>For you only—multiples of \$5,000, between \$10,000 and maximum \$250,000</li> <li>For you and your <i>spouse</i>—multiples of \$5,000, between \$10,000 and maximum \$250,000 for you and \$125,000 for your <i>spouse</i> (your <i>spouse's</i> coverage may not exceed yours)</li> <li>For family coverage                                     <ul style="list-style-type: none"> <li>For you—multiples of \$5,000, between \$10,000 and maximum \$250,000</li> <li>For <i>spouse</i> with no <i>children</i>—60% of your coverage</li> <li>For <i>spouse</i> with <i>children</i>—50% of your coverage for <i>spouse</i> and 15% of your coverage for each dependent <i>child</i></li> <li>For <i>children</i> with no <i>spouse</i>—20% of your coverage for each <i>child</i></li> </ul> </li> </ul> </li> </ul>	Coverage continues, without premium payment, as long as you are receiving Long Term Disability benefits, until you recover, retire, or reach age 65, whichever occurs first.	<ul style="list-style-type: none"> <li>Your coverage ends</li> <li>Your beneficiaries receive the insured amount if you die from a covered accident. Family coverage continues without premium payment for a maximum of 1 year</li> </ul>	Coverage ends. You may choose the <i>Conversion option</i> .	<ul style="list-style-type: none"> <li>You pay 100%</li> </ul>	RBC D-808185
<b>Long Term Disability Plan</b>	<ul style="list-style-type: none"> <li>Details of your coverage under this plan can be obtained from your Federation office</li> </ul>				<ul style="list-style-type: none"> <li>You pay 100%</li> </ul>	