E	xtended Health Care
	Dental Care
	Life Insurance
Ор	otional Critical Illness
	Disability Insurance
Benefits Information	

**for Executives** 

**SickKids** 

## **SICKKIDS BENEFITS PLAN**

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

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

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

Who is eligible to join?	· Active permanent full-time (0.8 t	to 1.0 FTE) employees.		
	Active permanent part-time employees or fixed-term contract (greater than one year) employees we per cent or more of the normal hours worked by a regular full-time employee in the same job class.			
Am I eligible for all benefits offered?	· You may not be entitled to all of the benefits offered, depending on your employment classification.  Please contact your manager for further details.			
When does my				
coverage start?	<ul> <li>Your coverage begins as of your start date.</li> <li>Remember: If a completed enrolment form is not received within 31 days of becoming eligible for coverage, you will be enrolled in default coverage (single health &amp; dental) and considered a late applicant for any future coverage changes.</li> </ul>			
Am I able to opt out or waive	· Eligible employees cannot opt ou	ut/waive life and/or long-term disa	bility coverage.	
my coverage?	<ul> <li>Eligible employees can opt out/waive health and/or dental coverage only if covered under another plan.</li> <li>Documentation of alternative coverage showing currently active health and dental coverage and listing you full name is required.</li> </ul>			
Am I able to make changes?	, ,	erage depending on whether or not (note: a Group Enrolment/Change	you experience one of the following Form must be completed):	
	· Divorce · Atta		option of a child s of comparable coverage	
I have had a life event within the	You can make the following changes provided Human Resources receives acceptable proof of the life event within 31 days of the life event:			
last 31 days	Benefit	Change	Example	
	Health and/or Dental	Change coverage	Single to Family, waive or re-enrol	
I have <u>not</u> had a life event within the last 31 days	life event within  Any of the following changes are subject to approval by the benefits carrier, based on medical evid			
OR	Benefit	Change	Example	
Life events do	Health & Dental OR Health only	Change coverage	Single to Family, re-enrol	
		Enval or ingresses assumed	Between \$10,000 and \$200,000	
not apply to the change I wish	Optional Spousal Life	Enrol or increase coverage	of coverage	
not apply to the	Optional Spousal Life Optional Child Life	Enrol (late applicant) or increase coverage		

payment was made under the correct policy.

your new policy details when submitting online or paper claims. Once a claim is reimbursed, verify that the

Is my family covered?	If you choose family coverage for health and/or dental your dependents are eligible for coverage.						
	A dependent is defined as the following:						
	Spouse · Legally married						
	· Common law partner (sai	ne or opposite s	ex)-12 mo	nths liv	ing together		
	Child · Each unmarried, natural					of your	
	spouse under age 22		-105 -RH		arahaal Daa	6 - 6 6 - II - 1 <sup>2</sup>	
	• Student: Each "child" bet status is required within 3	_			_		e student
	<ul> <li>Disabled: If a dependent continue after the limiting attains the limiting age.</li> </ul>						-
If my spouse has other coverage, what can I do?	<ul> <li>Opt out/waive health and/or denta or waive my coverage?"</li> </ul>	l coverage. Pleas	e refer to t	he ques	stion "Am I able	e to opt out	
	· Coordinate your benefits to be cover	red under both p	olans and s	ubmit o	claims as follow	vs:	
	Claim is for				SickKids Plar	Spou	se's Plan
	Myself				1 <sup>st</sup>		2 <sup>nd</sup>
	Spouse				2 <sup>nd</sup>		1 <sup>st</sup>
	Child-if your birthday is later than your	Child-if your birthday is <u>later</u> than your spouse's			2 <sup>nd</sup>	2 <sup>nd</sup> 1 <sup>st</sup>	
	Child-if your birthday is <u>earlier</u> than yo	Child-if your birthday is earlier than your spouse's				1 <sup>st</sup> 2 <sup>nd</sup>	
How do I submit claims?		Dental	Drugs	Orthotics Other Health		Disability	Life
	Paper claim	✓	✓	✓*		✓	✓
	Electronically	✓*	<b>√</b> *		<b>√</b> *		
	*Dental: Electronically from dentist office						
	*Drugs: Electronically only when using pay direct drug card						
	*Orthotics/Orthopaedic Shoes: Payment can be made directly to the SickKids Centre for Orthotics when purchased from the Centre						
	*Other health: Electronically from service providers registered with Telus Health E-claims, ask your physiotherapists, chiropractors, optometrists or opticians if this service is available.						
Where can I get claim forms?	Health and/or dental claim forms ca	n be obtained fro	om the follo	owing:			
	Internet (register on-line to access pre-filled claim forms):     https://www.sunnet.sunlife.com/member/signin/index.aspx						
	<ul> <li>SickKids intranet (follow links): my.sickkids.ca/staff-support-resources/hr/employee/benefits-plans/Pages/default.aspx</li> </ul>						
Who do I contact if	Type of Question				Sun Life	)	HR
I have questions?	Coverage details				1		
	Claims				1		
	Changes to coverage						✓
Are there time limits to	Yes, the time limits to submit claims	are as follows:					
submit claims?	Health and/or dental · No later	than 365 days f	rom the da	ite the e	evnense		
		ed, or 90 days if					

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

Category	Details
<b>Drugs</b> By law are only available with a prescription	<ul> <li>Covered at 90% for the first \$1,000 of eligible expenses per family, per benefit year and 100% thereafter.</li> <li>Dispensing fee is waived only if the drug card is used, and drugs are dispensed through the SickKids Shoppers Drug Mart pharmacy. At all other pharmacies, the dispensing fee will not be waived.</li> </ul>
Must be prescribed by a doctor or dentist  Prior authorization required for certain drugs	<b>Prior Authorization (PA):</b> Some, but not all, drugs used to treat specific conditions (such as cancer, heart disease, rare diseases, others) and biologics need to be pre-approved by the insurance carrier in order to be covered. The complete list of the drugs requiring PA and PA forms are available at <b>mysunlife.ca/priorauthorization</b>
Also included are: - Intrauterine-devices (IUDs) - Diabetic supplies - Colostomy supplies	Under the plan, certain limitations and exclusions apply. Lifetime maximums apply to others: smoking cessation \$500, pharmacogenomic \$500. Gender affirmation has a \$10,000 annual limit with a \$50,000 lifetime limit. Charges in excess of the lowest priced equivalent generic product are not covered unless the doctor specifies in writing that no substitution for the prescribed drug may be made. Treatments for weight loss are not covered. Please refer to the SickKids intranet for further details.
Family Building	Surrogacy and fertility treatments: \$15,000 lifetime maximum per family.  Adoption expenses: \$15,000 lifetime maximum per family.
Hospital	Covered at 100% for the following:
	· Semi-private room accommodation and out-patient services in a licensed hospital.
	· Convalescent hospital to a maximum of \$20 per day for up to 120 days if ordered by a doctor.
Medical Services and Equipment	Orthotic inserts for shoes or orthopaedic shoes, which are custom-made and prescribed by a doctor, podiatrist or chiropodist. To dispense custom orthotics, the provider must employ a podiatrist, chiropodist, pedorthist, orthotist or chiropractor on site. Reasonable and customary limits apply to custom-made and non-custom-made items and vary by expense. Please contact Sun Life Client Care Centre for more information. Coverage up to 1 pair per each plan year. Detailed information about additional medical services and equipment such as ambulance transportation, accidental dental, hearing aids, medically necessary equipment, etc. can be found on the websites.
	Eligibility of certain supplies may be subject to additional administrative requirements by the insurance carrier (example: the doctor's referral for compression stockings must include the medical diagnosis).
Out-of-Country/ Travel Assistance	Emergency services during the first 60 days of travel are covered to a maximum of \$1,000,000 per lifetime for each person.  Referral expenses are covered up to \$100,000 per lifetime for each person.
Paramedical Services	Eligible for coverage up to \$500 per practitioner, per person, per benefit year:
	· Chiropodist & Podiatrist (combined)
	The following are covered up to, per person, per benefit year:  • Psychologist & Psychotherapist & Social Worked (combined)
	• Physiotherapist
	· Speech Therapist
	· Massage Therapy\$600
Private Duty Nursing	\$25,000 per lifetime for each person when medically necessary.
Vision Care	The costs of contact lenses, eyeglasses or laser eye correction surgery.
Note: Prescription by ophthalmologist or optometrist is required.	\$450 plus one eye exam per person every two years.
When coverage ends	Coverage will end on the date your employment ends, or you retire, or age 80, whichever occurs first

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

Category	Details			
Reimbursement	Reimbursement is based on:			
	• The Dental Association Fee Guide for General Practitioners in the province where the employee lives and the current fee guide at the time treatment is received			
	· The reasonable cost of the least expensive alternate procedure			
	· Extra fees for specialists are <u>not covered</u>			
Recall Frequency	Covered up to once every five months			
Preventative Services	Covered at 90% for:			
	· examinations · X-rays · polishing · additional services			
Basic Services	Covered for 100% for:			
	· fillings · extractions			
	· endodontic (root canals) · periodontic (gum disease)			
	· oral surgery · related services			
Major Services	Covered at 50% for:			
	· crowns · denture construction and insertion · inlays and onlays			
	· bridges · denture repair, relining, rebasing			
	<b>Note:</b> Charges for a replacement bridge or replacement standard denture are covered, provided the existing appliance is at least three years old.			
Benefit Year Maximum	\$2,500 per person, per benefit year for preventative services, basic services and major services combined.			
Orthodontics	Covered at 50%, up to \$2,500 per person, lifetime.			
When coverage ends	Coverage will end on the date your employment ends, or you retire, or age 80, whichever occurs first.			

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

- \$4,500 per benefit year (April 1 March 31). Any unused amount will be lost and not carried over to another benefit year.
- · Coverage includes items provided they qualify as tax deductible medical expenses under the Income Tax Act (Canada) and are not payable under any other private or governmental plan.
- Eligible expenses incurred by a dependent are included in the total amount. A dependent is any person for whom you may claim a medical expense tax credit on your federal tax return in the taxation year. For example, this could include members of your extended family, such as your parents, grandparents or grandchildren.
- · Claims must be received by Sun Life no later than 90 days after the end of the benefit year during which the expenses were incurred.
- · Coverage will end on the date your employment ends, or you retire, or age 80, whichever occurs first.

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

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

- · You may select additional insurance as indicated below (participation is optional).
- · Premiums (including taxes) are paid 100% by the employee.
- · Optional Accidental Death & Dismemberment (AD&D) is insured by Chubb (policy number: OE 10161501)

Category	Details
Optional Spousal Life	· Your spouse can be insured for amounts between \$10,000 and \$200,000. Coverage is available in units of \$10,000
	· Coverage will end on the date your employment ends, or you retire, or you reach age 65, or your spouse reaches age 65, whichever occurs first
	· Coverage is subject to medical evidence and approval from the insurance carrier
Optional Child Life Note: For late applicants,	<ul> <li>Your children can be insured for amounts between \$1,000 and \$10,000. Coverage is available in units of \$1,000</li> </ul>
coverage is subject to medical evidence and approval from the insurance carrier.	· Coverage will end on the date your employment ends, or you retire, or reach age 65 or the date your child no longer qualifies as an eligible dependent, whichever occurs first.
Optional AD&D Employee Only	<ul> <li>You can be insured for amounts between \$10,000 and \$250,000. Coverage is available in units of \$10,000</li> </ul>
	· Coverage will end on the date your employment ends, or you retire, or age 80, whichever occurs first
Optional AD&D Family Plan	<ul> <li>You can be insured for amounts between \$10,000 and \$250,000. Coverage is available in units of \$10,000</li> </ul>
	<ul> <li>Your spouse and/or your children will be insured for a percentage of the amount of your coverage, depending on which dependents you have</li> </ul>
	· Coverage will end on the date your employment ends, or you retire, or age 80, whichever occurs first

- · You may select additional insurance as indicated below (participation is optional).
- · Benefit is payable after an elimination period of 30 days as long as the covered person is still living or as specified in each covered condition
- · If a benefit payment was already received under a previous carrier, that Critical Illness condition is excluded from coverage.

Category	Details			
Coverage		Option A	Option B	
Note: Coverage for Option B	Single Coverage	\$50,000 (employee only)	\$100,000 (employee only)	
always requires medical evidence of insurability. Coverage A & B	Family Coverage	\$50,000 (employee)	\$100,000 (employee)	
re subject to medical evidence		\$10,000 (spouse)	\$20,000 (spouse)	
and approval from the insurance		\$5,000 (child)	\$10,000 (child)	
carrier if requested later than 31 days following your hire/transfer		φο,σσσ (σιιια)	410,000 (sima)	
or life event as listed on page 2.				
Covered Conditions	Aplastic Anemia	Dementia, including Alzheimer's	Major Organ Transplant	
lote: Additional information	Aorta Surgery	Heart Attack	Motor Neuron Disease	
egarding access to "best octors", covered conditions	Bacterial Meningitis	Heart Valve Replacement or Repair	Multiple Sclerosis	
or children, and moratorium	Benign Brain Tumor	Kidney Failure	Occupational HIV infection	
me frames can be found in	Blindness	Loss of Limbs	Paralysis	
he supplemental details on he intranet	Life Threatening Cancer	Loss of Speech	Parkinson's Disease	
ne muanet	Coma	Loss of Independent Existence	Severe Burns	
	Coronary Artery Bypass Surgery	Major Organ Failure on Waiting List	Stroke (Cerebrovascular Accident)	
	Deafness			
Pre-existing conditions  Note: No payments are made on a pre-existing condition unless the illness occurs after the	Pre-existing condition is defined as any condition for which, during the 12 months immediately before the effective date of coverage, and the first 12 months after the effective date of coverage (24 months in total), the Participant has:  • had a medical consultation;			
wenty-four (24) month period	been prescribed or taken medication; or			
	<ul> <li>been prescribed or taken medica</li> </ul>	ation: or		
		gnostic measures for any symptom o	r medical problem that leads	
Coverage Ends	· received treatment, including dia	gnostic measures for any symptom o r a Covered Condition	r medical problem that leads	
Coverage Ends	received treatment, including dia to a diagnosis of or treatment for	gnostic measures for any symptom o r a Covered Condition ill cease on the earliest of:	r medical problem that leads	
Coverage Ends	<ul> <li>received treatment, including dia to a diagnosis of or treatment for</li> <li>An insured Employee's coverage wi</li> <li>The date employment ends, emp</li> </ul>	gnostic measures for any symptom o r a Covered Condition ill cease on the earliest of:	<u> </u>	
Coverage Ends	<ul> <li>received treatment, including dia to a diagnosis of or treatment for</li> <li>An insured Employee's coverage with the date employment ends, emp</li> <li>Payment of the first eligible coverage</li> </ul>	gnostic measures for any symptom or r a Covered Condition ill cease on the earliest of: loyee retires or age 65, or	d employee	
Coverage Ends	<ul> <li>received treatment, including dia to a diagnosis of or treatment for An insured Employee's coverage with The date employment ends, emp</li> <li>Payment of the first eligible coverage on each insured dependent</li> </ul>	gnostic measures for any symptom or a Covered Condition  ill cease on the earliest of: loyee retires or age 65, or red condition on behalf of the insured	d employee ollowing dates:	
Coverage Ends	<ul> <li>received treatment, including dia to a diagnosis of or treatment for An insured Employee's coverage with The date employment ends, emp</li> <li>Payment of the first eligible cover Coverage on each insured dependent.</li> <li>The date the insured employee contents.</li> </ul>	gnostic measures for any symptom or a Covered Condition ill cease on the earliest of: loyee retires or age 65, or red condition on behalf of the insured ent will cease on the earliest of the fe	d employee ollowing dates:	
Coverage Ends	<ul> <li>received treatment, including dia to a diagnosis of or treatment for An insured Employee's coverage with The date employment ends, employment of the first eligible coverage on each insured dependent.</li> <li>The date the insured employee of the date the Dependent ceases to the content of the date the Dependent ceases to the content of the date the Dependent ceases to the content of the date the Dependent ceases to the date the Dependent ceases the Dep</li></ul>	gnostic measures for any symptom or a Covered Condition ill cease on the earliest of: loyee retires or age 65, or red condition on behalf of the insured ent will cease on the earliest of the fe eases to be insured under this policy to be an eligible dependent,	d employee ollowing dates:	
Coverage Ends	<ul> <li>received treatment, including dia to a diagnosis of or treatment for An insured Employee's coverage with The date employment ends, emp</li> <li>Payment of the first eligible cover Coverage on each insured dependent.</li> <li>The date the insured employee contents.</li> </ul>	gnostic measures for any symptom or a Covered Condition ill cease on the earliest of: loyee retires or age 65, or red condition on behalf of the insured ent will cease on the earliest of the fe eases to be insured under this policy, to be an eligible dependent, age 65,	d employee ollowing dates:	

## **DISABILITY INSURANCE**

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

#### **Short Term Disability**

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

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

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

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

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

## **Contact Information**

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

