

# CITY OF RICHMOND HILL

Flex (Council)

## Benefit

### EMPLOYEE LIFE INSURANCE

*Sun Life #100751*

Core Benefit Amount	Two (2) times annual earnings, rounded to the next higher \$1,000
Optional Benefit Amounts	.5 / 1 / 1.5 / 2 times annual earnings
Overall Maximum	\$1,000,000
Evidence of Insurability Requirements	Optional Benefit Amounts Only
Reduction	Age 65 - \$300,000 max.; Age 70 - \$150,000 max.
Termination Age	Earlier of retirement or age 75 (Core); 65 (Optional)

### AD&D

*Chubb Insurance #9907-92-91 & #9907-92-92*

Core Benefit Amount	Two (2) times annual earnings, rounded to the next higher \$1,000
Optional Benefit Amount	.5 / 1 / 1.5 / 2 times annual earnings
Overall Maximum	\$1,000,000
Evidence of Insurability Requirements	None
Reduction	None
Termination Age	Earlier of age 70 or retirement

### OPTIONAL DEPENDENT LIFE INSURANCE

*Sun Life #100751*

Spousal Benefit Options	Units of \$25,000; \$200,000 maximum
Evidence of Insurability Requirements	Yes; all amounts
Termination Age	Earlier of age 65 (employee or spouse) or retirement (employee)
Dependent Children Options	\$2,500 / \$5,000 / \$10,000
Evidence of Insurability Requirements	None
Termination age	Earlier of age 65 or retirement

### Weekly Indemnity

Self-Insured

### LONG TERM DISABILITY

*Sun Life #100751*

Benefit Amount	75% of monthly earnings
Maximum	\$10,000
Non Evidence Maximum	N/A
Elimination Period	17 weeks
Maximum Benefit Period	Age 65
Definition of Disability	Own Occupation - 24 months
Taxability	Taxable
COLA	3% maximum (optional)
Termination age	Age 65 less elimination period or earlier of retirement

**EXTENDED HEALTH CARE**

**Sun Life #150151**

	BASIC	CORE	ENHANCED
Deductible	No deductible	No deductible	No deductible
Out of Pocket Maximum	None	None	\$5,000
Reimbursement	80%	100%	100%
Overall Maximum	Unlimited	Unlimited	Unlimited
Waiting Period	no waiting period for class	no waiting period for class	no waiting period for class
Dependent Age Limitation	21; 25 if in school full-time	21; 25 if in school full-time	21; 25 if in school full-time
Survivor Benefit	12 months	12 months	12 months
Termination age	Retirement	Retirement	Retirement
Vision Care	No coverage	\$400/24 months or	\$450/24 months or
Laser Eye Surgery	No coverage	laser eye surgery at \$750/48 months	laser eye surgery at \$900/48 months
Eye Examinations	No coverage	One (1) exam every 24 months (12 months if under age 18)	One (1) exam every 24 months (12 months if under age 18)
Hospital	n/a	Semi Private Room Accommodation	Semi Private Room Accommodation
Rehabilitation / Conval.Home/ Chronic Care	n/a	Semi Private Room Accommodation	Semi Private Room Accommodation
Drugs			
- Primary Drug Benefit	National Formulary	National Formulary	National Formulary
- Secondary Drug Benefit	SHNS 64G incl. life sustaining OTCs	SHNS 64G incl. life sustaining OTCs	SHNS 64G incl. life sustaining OTCs
- Drug Card	Yes	Yes	Yes
- Capped Dispensing Fee	\$10.00	\$11.99	None

- Deductible	None	None	None
- Co-payment	80% Primary Drug Benefit; 60% Secondary Drug Benefit	95% Primary Drug Benefit; 75% Secondary Drug Benefit	100% Primary Drug Benefit; 80% Secondary Drug Benefit
- Generic requirement	Mandatory Generic with exception process	Mandatory Generic with exception process	Mandatory Generic with exception process
- ODB deductibles/copays	Not a Benefit	Not a Benefit	Not a Benefit
- Fertility Drugs	\$1,500 LT maximum (Secondary Drug Benefit)	\$1,500 LT maximum (Secondary Drug Benefit)	\$1,500 LT maximum (Secondary Drug Benefit)
- Smoking Cessation	Not a Benefit	Not a Benefit	Not a Benefit
- Anti-obesity	Yes (Secondary Drug Benefit)	Yes (Secondary Drug Benefit)	Yes (Secondary Drug Benefit)
-Erectile Dysfunction	\$1,200 cal. yr. max. (Secondary Drug Benefit)	\$1,200 cal. yr. max. (Secondary Drug Benefit)	\$1,200 cal. yr. max. (Secondary Drug Benefit)
Private Duty Nursing	\$5,000 per calendar year	\$5,000 per calendar year	\$10,000 per calendar year
Acupuncturist	\$200 per calendar year	\$375 per calendar year	\$600 per calendar year
Chiropractor	\$200 per calendar year	\$800 per calendar year combined with Massage	\$600 per calendar year
Osteopath	\$200 per calendar year	\$375 per calendar year	\$600 per calendar year
Podiatrist or Chiropodist	\$200 per calendar year	\$375 per calendar year	\$600 per calendar year
Naturopath	\$200 per calendar year	\$375 per calendar year	\$600 per calendar year
Speech Therapy	\$200 per calendar year	\$375 per calendar year	\$600 per calendar year
Psychologist/Psychotherapist/MSW	\$200 per calendar year	\$1,000 per calendar year	\$1,000 per calendar year
Physiotherapist	\$500 per calendar year	\$2,750 per calendar year	\$3,500 per calendar year
Massage (no referral required)	\$200 per calendar year	\$800 per calendar year combined with Chiropractor	\$600 per calendar year
Orthopaedic Shoes or Boots	Reasonable and customary charges	Reasonable and customary charges	Reasonable and customary charges
Custom-Moulded Orthotic's	\$500 per calendar year	\$500 per calendar year	\$500 per calendar year
Hearing Aids	\$400 /3 years	\$1,000 /3 years	\$1,000 /3 years
Ambulance	Covered	Covered	Covered
Medical Equip. & Supplies	Covered	Covered	Covered
<b>TRAVEL</b>			
Benefit Maximum (Emergency Services)	\$1,000,000 LT maximum	\$1,000,000 LT maximum	\$1,000,000 LT maximum
Trip Duration	1st 60 days	1st 60 days	1st 60 days
Referral Services	\$10,000 LT maximum	\$10,000 LT maximum	\$10,000 LT maximum

World Access Provider	Allianz	Allianz	Allianz
Termination age	Retirement	Retirement	Retirement
<b>DENTAL</b>	<b>Sun Life #150151</b>		
	<b>BASIC</b>	<b>CORE</b>	<b>ENHANCEMENT</b>
Benefit	80% - Diagnostic/Preventive, Restorative, Endodontic, Periodontic	100% - Diagnostic/Preventive, Restorative, Endodontic, Periodontic	100% - Diagnostic/Preventive, Restorative, Endodontic, Periodontic
	50% - Dentures, Bridges, Crowns	50% - Dentures, Bridges, Crowns	70% - Dentures, Bridges, Crowns
	No orthodontic coverage	50% - Orthodontic	60% - Orthodontic
Deductible	No Deductible	No Deductible	No Deductible
Maximums	\$1,500 - Diagnostic/Preventive; Restorative, Periodontic, and Endodontic	Unlimited - Diagnostic/Preventive; Restorative, Periodontic, and Endodontic	Unlimited - Diagnostic/Preventive; Restorative, Periodontic, and Endodontic
	No orthodontic coverage	\$2,250 combined calendar year - Dentures, Bridges and Crowns	\$3,000 combined calendar year - Dentures, Bridges and Crowns
		\$2,750 Lifetime maximum - Orthodontic	\$3,000 Lifetime maximum - Orthodontic
Orthodontic Age Restriction	n/a	Children from 6 up to and including age 19	Children from 6 and up including adults
ODA Fee Schedule	Current less 1 year	Current year	Current year
Recall Frequency	12 months	9 months	6 months
Survivor Benefit	12 months	12 months	12 months
Termination age	Retirement	Retirement	Retirement

*In the event of a discrepancy between this summary and the Policy, the terms of the Group Policy will apply.*