



# **Staff Association Main**

Term Specific Employees

# **1.** Supplementary Health and Vision Coverage Summary Chart

#### Sun Life Group # 16440

The following chart summarizes some of the frequently used services covered under this plan:

| Service                         | % of<br>Coverage | Description   |  |
|---------------------------------|------------------|---|--|
| In-province hospitalization     | 100%             | Semi-private accommodation  |  |
| Out-of-province hospitalization | 100%             | Semi-private accommodation  |  |
| Out-of-country hospitalization  | 100%             | Emergency services only<br>For details, refer to the Medi-Passport<br>on the Sun Life members site  |  |
| Out-of-country physician fees   | 100%             |   |  |
| Prescription drugs              | 80%              | \$25.00 annual deductible (single/family)<br>Pay-Direct Drug Plan Card is sent from<br>Sun Life.<br>For details, see the Benefit Booklets on <i>Insite</i>  |  |
| Vision care                     | 100%             | <ul> <li>\$250.00 every 24 months with prescription change</li> <li>\$250.00 every 48 months without prescription change</li> <li>\$150.00 every 12 months for dependents up to 19 years old</li> </ul> |  |

| Service                                     | % of<br>Coverage  | Description  |
|---|---|--|
| Eye exam                                    | 80%   | \$25.00 every two years  |
| Hearing aids                                | 80%   | \$500.00 every five years  |
| Ambulance                                   | 80%   | If medically necessary — response and transportation, including air  |
| Paramedical services                        | 80%   | 80% of the costs to a maximum of \$500.00 per<br>person in each calendar year for each of the<br>paramedical specialists.<br>Some per visit maximums apply |
| Psychologist or<br>registered social worker | 50% Up to \$400.00 per person in each calendar year   |  |
| Health Spending Account<br>(HSA)            | Annual amount of \$500, prorated based on your Full Time<br>Employment (FTE).<br>Note: A term specific employee will not receive additional<br>contributions if their term is extended or the employee<br>commences a second term in the same calendar year.<br>For eligibility visit<br>Insite → Manage your Career →<br>Compensation and Benefits → Group Benefits → Health<br>Spending Account |  |

# 2. Life insurance and Accidental Death and Dismemberment

#### Sun Life Group #83943

| Service        | Description  |
|----------------|--|
| Life insurance | Coverage equal to two times your annual earnings to a maximum benefit of \$300,000 |

| Service                             | Description  |
|-------------------------------------|--|
| Accidental Death &<br>Dismemberment | Coverage equal to two times your annual earnings to a maximum benefit of \$300,000 |

### 3. Dental Cost Summary Chart

#### Sun Life Group # 25286

Limits – the Calgary Board of Education is using the provincial Dental Fee Guide from the previous calendar year to define maximum reimbursement for dental services rendered.

Your dentist may charge you above these limits.

Charges over the fee guide are the responsibility of the employee.

The following chart summarizes some of the frequently used dental care services (see the benefits booklet for additional information on yearly visit/service occurrence limits):

| Benefit                   | Deductible | % of<br>Reimbursement | Maximum  |
|---------------------------|------------|-----------------------|--|
| Diagnostic/<br>Preventive | None       | 100%                  | None   |
| Restorative               | None       | 100%                  | None   |
| Orthodontic               | None       | 50%                   | \$1,500 per person maximum payable<br>in a lifetime<br>Only for covered dependent children<br>under age 19 |
| Periodontic               | None       | 100%                  | None   |
| Denture                   | None       | 60%                   | \$1,500 per person maximum payable for expenses incurred in a calendar                                     |
| Bridge                    | None       | 60%                   | year for you and your covered dependents   |

| Crown    | None   | 60%  |      |
|----------|--------|------|------|
| Endodont | c None | 100% | None |

# 4. Sick Leave and Long Term Disability Plan

This is a brief summary that is not intended to cover all situations.

| Sick Leave   |  |  |
|--|--|--|
| If you are unable to work due to accident or illness, sick leave will pay you 100% of your regular salary.   |  |  |
| <ul> <li>Sick leave is accumulated at the rate of one day per complete pay period to a maximum of:</li> <li>200 days for ten month employees</li> <li>240 days for twelve month employees</li> </ul> |  |  |
| Long term disability   |  |  |
| Term specific employees are not eligible for Long Term Disability coverage   |  |  |
|  |  |  |

Please refer to your Collective Agreement for specific details on sick leave with pay.

# 5. Benefit Booklets

Further information on benefit coverage is available on *Insite* in the *Sun Life Benefit Booklets*.

### 6. Pension

Term specific employees are not eligible for enrollment in the Local Authorities Pension Plan.

### 7. Contact Information

1. If you have questions about your coverage contact the Employee Contact Centre at:

403-817-7333

2. Sun Life Member Services:

www.sunlife.ca