

Waypoint Centre for Mental Health Care

Benefits Summary for Full-Time Management & Non-Union Employees

Waiting Period	Two months of continuous service
Dependent Children	< age 21 Full-Time Student until 26 th birthday

LIFE INSURANCE	
Life Insurance	Coverage equal to 200% of annual salary <i>Employer pays 100% of premium</i>
Supplementary Life (Optional)	Coverage equal to 1, 2 or 3 times annual salary No Medical Evidence required for amounts under \$300,000* <i>Employee pays 100% of premium</i>
Dependent Life (Optional)	Spouse: Units of \$10,000 to max of \$200,000 (Medical Evidence required for amounts above \$20,000)* Child: \$1,000; \$5,000; \$7,500; or \$10,000 No Medical Evidence required* <i>Employee pays 100% of premium</i>

*No Medical Evidence applicable if applied for within 31 days of hire, or within 31 days of a 'life-changing event' (ex. birth, marriage, adoption). Please see contract for full details.

LONG TERM INCOME PROTECTION (LTIP)	
Long Term Income Protection	Benefits equal to 66 and 2/3 per cent of gross salary at date of disability Qualifying Period: 6 months Own Occupation Period: 24 months + 6 month waiting period Benefit Period: To Age 65 Indexed to average annual CPI increase up to 2% <i>Employer pays 85% of premium; Employee pays 15%</i>

CRITICAL ILLNESS INSURANCE	
Critical Illness Insurance	Lump Sum Payment of \$20,000 Payment is dependent upon meeting clear medical definitions. 17 illnesses are covered: heart attack, coronary artery bypass surgery, stroke, life-threatening, alzheimer's disease, coma, HIV infection, kidney failure, loss of hearing in both ears, loss of sight of both eyes, loss of speech, major burns, major organ transplant, multiple sclerosis, muscular dystrophy, paralysis, parkinson's disease Please see your Plan booklet for full details. <i>Employer pays 100% of premium</i>

SUPPLEMENTARY HEALTH & HOSPITAL <i>Employer pays 75% of premium; Employee pays 25%</i>	
Drugs	100% reimbursement for prescribed drugs and medicines that require a physician's prescription (over-the-counter drugs are not covered); \$9 dispensing fee cap Mandatory generic substitution where one exists (if brand name is purchased, employee pays the difference)
Hospital	Hospital accommodation to a maximum of \$130/day over the cost of standard ward care

Paramedical Practitioners	\$35/Visit to max \$1,200 annually (Includes Chiropractor, Osteopath, Chiropodist, Naturopath, Podiatrist, Massage Therapist, Physiotherapist) Psychologist - \$40/Half Hour to \$1,400 annual Speech Therapy - \$35/Half Hour to \$1,200 annual
Orthopaedic Shoes (custom made)	One pair at 75% to a maximum of \$500 per calendar year
Orthotics	One pair at 100% to a maximum of \$500 per calendar year
Private Duty Nursing	\$75,000 maximum
Out of Province	Services within Canada Out-of-Province, covering costs surpassing OHIP up to the Ontario Medical Association (O.M.A) fee schedule. Out-of-Country coverage is not included.
Vision	\$340 per person every 24 months, and includes contact lenses, eye glasses (including repairs), and one routine eye examination Deductible: \$10/Single; \$20/Family (combined with Hearing)
Hearing	\$2,500 / 5 years Deductible: \$10/Single; \$20/Family (combined with Vision)

DENTAL CARE	
<i>Employer pays 75% of premium; Employee pays 25%</i>	
Basic Dental Care	100% coverage Current ODA Fee Guide Recall Exams: 9 months (for children 12 and <; it is 6 months)
Major Restorative	50% to \$2,000 / year per covered person
Dentures	50% to \$3,000 lifetime per covered person
Orthodontics	50% to \$3,000 lifetime per dependent child (age 6 to 18)

Note: The benefits referenced above are for information purposes. For complete details of plan coverage, exclusions and limitations, please refer to the contract and employee booklet. The master contract for each policy will govern and take precedence over anything contained in this Guide.

For claims inquiries, the Great-West Life 800 number is:
Great-West Life: 1-800-957-9777

Your Employee Assistance Program is with Shepell-FGI. To access the EAP program, you can call toll-free 24 hours a day, 1-800-268-5211.

Supplementary Life Rates

(Per \$1,000 of benefit)

<35 years	\$0.05
35 – 44	\$0.08
45 – 49	\$0.15
50 – 54	\$0.27
55 – 59	\$0.42
60 – 64	\$0.62
65 – 69	\$0.79
70 – 74	\$2.13

Optional Dependent Life Rates

\$1,000	\$0.12
\$5,000	\$0.60
\$7,500	\$0.90
\$10,000	\$1.20