

**EXECUTIVE BENEFIT PLAN
REGULARLY SCHEDULED 20 HRS PER WEEK OR MORE
BENEFIT OVERVIEW**

EXTENDED HEALTH CARE (EHC)

CARRIER: Green Shield

PAY DIRECT WALLET CARD
Can be used at all HHS Retail Pharmacies, including McMaster Drugstore, Juravinski Cancer Centre Pharmacy and Hamilton General Drugstore – ALL revenue generated is used to support various initiatives throughout HHS. For location information and hours of operation, click [HERE](#)

ENROLLMENT OPTIONS:

- **Single**
- **Couple**
- **Family**

Participation

- Mandatory, unless employee has comparable, alternate coverage (proof required)

Dependent Eligibility

- Dependent children up to the age of 21

Coverage

- Commences on the 1st of the month following 90 days of continuous service
- Transfers: If already have a minimum of 3 months service at the time of transfer, coverage will take effect on the 1st day of the month following the transfer date

Premium

- 10% Employee; 90% Employer
- Deducted from the second pay deposit of each month
- Commences in the month the benefit coverage begins

	Employee	Employer
Single	\$10.16	\$91.45
Couple	\$19.92	\$179.28
Family	\$28.77	\$258.92
*premiums effective April 1, 2016		

Drugs

- Co-insurance: 90% (employee pays 10% of each eligible prescription drug expense)
- Covers all drugs that **legally require** a medical doctor's prescription to receive them in Ontario **and** are listed in the Green Shield formularies
- Ontario Drug Benefit (ODB) program: first payer for prescription drug purchases for eligible individuals who are 65 years of age or older. The ODB co-payment/deductible are not eligible for reimbursement through Green Shield.

Semi-Private

- 100% of the difference in amount between Standard Ward & Semi-Private room charge

Private Room

- 85% of the difference between semi-private and private room (not a suite)

Paramedical professional services

- Up to a maximum of \$500 per person per calendar year:
Speech Therapist, Registered Massage Therapist, Psychologist, Physiotherapist, Podiatrist, Chiropractor, Osteopath, Dietitian, Naturopath

Private Duty Nursing

- Up to a maximum of \$25,000 per person per calendar year

Compression Stockings

- **Effective November 1, 2017:** Reimbursement from Green Shield for compression stocking claims will be from HHS Retail Pharmacies only
- Up to a maximum of \$250 per person per calendar year

Hearing Aides

- Lifetime maximum of \$500 per person

Custom Molded Orthotics

- Up to a maximum of \$300 per person per calendar year

Vision Care

- Up to a maximum of \$250 every 24 months. Eye examinations limited to one exam every 24 months for adults between the ages of 20 and 64 inclusive.
- Coverage includes laser eye surgery, prescription eye glasses or contact lenses

HEALTH SERVICES SPENDING ACCOUNT (HSSA)

CARRIER: Green Shield

Eligibility

- Automatic coverage provided to Executives

Coverage

- Effective simultaneously with EHC coverage
- To be used for medical expenses recognized by Canada Revenue Agency as an approved expense

The complete listing of eligible expenses can be found in the CRA (Canada Revenue Agency) Income Tax Folio S1-F1-C1: Medical Expense Tax Credit, available on the internet site at <http://www.cra-arc.gc.ca/tx/tchncl/ncomtx/fls/s1/f1/s1-f1-c1-eng.html>

Amount

- For each calendar year enrolled in the HSSA, the company contributes funds to the executive's account each January
- Annual deposit amount is \$3,000

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	<p>Automatic Coordination</p> <ul style="list-style-type: none"> With prior authorization, employees are eligible to have claims auto-coordinated with their HSSA. Green Shield will automatically pay any additional amounts (not covered by the plan) through the HSSA. <p>Carry-Forward Provision</p> <ul style="list-style-type: none"> Balance in account is carried forward for a maximum of one year. At the end of the second year, the balance from the previous year is forfeited. All expenses need to be claimed within the calendar year in which they were purchased; however, to ensure you have the opportunity to submit all claims, a 90-day grace period has been provided. Therefore, you will be able to submit those expenses from the previous year within the first 90 days of the new plan year (assuming you have a carry-forward balance). All claims incurred in the previous calendar year must be received by Green Shield no later than March 20th of each year to ensure processing within the 90-day grace period. <p>Eligible Expenses</p> <ul style="list-style-type: none"> For a sampling of eligible expenses, please refer to the Green Shield online benefit booklet at www.greenshield.ca 															
<p>DELUXE TRAVEL</p> <p>CARRIER: Green Shield</p>	<p>Participation</p> <ul style="list-style-type: none"> Automatic when enrolled in Extended Health Care benefits <p>Coverage</p> <ul style="list-style-type: none"> Effective simultaneously with EHC benefits Plan pays the cost of eligible medical and hospital expenses during the first 60 days of travel Out-of-Province/Out-of-Canada Emergency Services coverage up to a maximum of \$1,000,000 per covered person per calendar year <p>Premium</p> <ul style="list-style-type: none"> 100% Employer-paid <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th></th> <th>Employee</th> <th>Employer</th> </tr> </thead> <tbody> <tr> <td>Single</td> <td>\$0</td> <td>\$2.81</td> </tr> <tr> <td>Family</td> <td>\$0</td> <td>\$5.62</td> </tr> <tr> <td colspan="3" style="text-align: center;">*premiums effective April 1, 2018</td> </tr> </tbody> </table>		Employee	Employer	Single	\$0	\$2.81	Family	\$0	\$5.62	*premiums effective April 1, 2018					
	Employee	Employer														
Single	\$0	\$2.81														
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*premiums effective April 1, 2018																
<p>DENTAL</p> <p>CARRIER: Green Shield</p> <p>FEE GUIDE:</p> <ul style="list-style-type: none"> Current ODA Fee Guide less one year <p>ENROLLMENT OPTIONS:</p> <ul style="list-style-type: none"> Single Couple Family 	<p>Participation</p> <ul style="list-style-type: none"> Mandatory, unless employee has comparable, alternate coverage (proof required) <p>Coverage</p> <ul style="list-style-type: none"> Commences on the 1st of the month following 90 days of continuous service Transfers: If already have a minimum of 3 months service at the time of transfer, coverage will take effect on the 1st day of the month following the transfer date <p>Premium</p> <ul style="list-style-type: none"> 25% Employee; 75% Employer Deducted from the second pay deposit of each month Commences in the month the benefit coverage begins <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th></th> <th>Employee</th> <th>Employer</th> </tr> </thead> <tbody> <tr> <td>Single</td> <td>\$14.99</td> <td>\$44.97</td> </tr> <tr> <td>Couple</td> <td>\$29.39</td> <td>\$88.17</td> </tr> <tr> <td>Family</td> <td>\$42.44</td> <td>\$127.33</td> </tr> <tr> <td colspan="3" style="text-align: center;">*premiums effective April 1, 2018</td> </tr> </tbody> </table> <p>Deductible</p> <ul style="list-style-type: none"> Nil <p>Basic and Comprehensive Services</p> <ul style="list-style-type: none"> Co-insurance: 100% (plan pays 100% of the cost of eligible expenses) Polishing, preventive recall, oral hygiene instruction and re-instruction once every 9 months (once every 6 months for dependent children <18) <p>Major Restorative Services</p> <ul style="list-style-type: none"> Co-insurance: 50% (employee pays 50% of the cost of eligible expenses) Complete and partial dentures - \$1,000 annual maximum per insured Crown, bridgework and repairs - \$1,000 annual maximum per insured <p>Orthodontic Services</p> <ul style="list-style-type: none"> Co-Insurance: 50% (employee pays 50% of the cost of eligible expenses) Lifetime maximum of \$2,000 per insured 		Employee	Employer	Single	\$14.99	\$44.97	Couple	\$29.39	\$88.17	Family	\$42.44	\$127.33	*premiums effective April 1, 2018		
	Employee	Employer														
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<p>SHORT TERM DISABILITY</p>	<p>Participation</p> <ul style="list-style-type: none"> Mandatory 															

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<p>(STD)</p> <p>CARRIER: Desjardins Insurance (DFS)</p>	<ul style="list-style-type: none"> • Ceases at age 70 <p>Coverage</p> <ul style="list-style-type: none"> • Provides income replacement for non-occupational absences due to illness or injury • Consists of a Salary Continuance component and Weekly Indemnity component • Eligibility for paid sick days commences immediately <p>Salary Continuance</p> <ul style="list-style-type: none"> • 100% funded by Hospital <p>Weekly Indemnity Premium</p> <ul style="list-style-type: none"> • 100% Employer-paid <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th></th> <th style="text-align: center;">Employee</th> <th style="text-align: center;">Employer</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Rate per \$100 of monthly benefit (75% of regular earnings)</td> <td style="text-align: center;">\$0.00</td> <td style="text-align: center;">\$0.377</td> </tr> <tr> <td colspan="3" style="text-align: center;">*premium effective April 11, 2019</td> </tr> </tbody> </table> <p>Amount of Benefit</p> <ul style="list-style-type: none"> • Salary Continuance - 100% for weeks 1 through 10 (paid by Hospital) • Weekly Indemnity - 75% of regular earnings for weeks 11 through 20 (administered by Desjardins Insurance) <p>Maximum Duration</p> <ul style="list-style-type: none"> • 20 weeks 		Employee	Employer	Rate per \$100 of monthly benefit (75% of regular earnings)	\$0.00	\$0.377	*premium effective April 11, 2019		
	Employee	Employer								
Rate per \$100 of monthly benefit (75% of regular earnings)	\$0.00	\$0.377								
*premium effective April 11, 2019										
<p>LONG TERM DISABILITY (LTD)</p> <p>CARRIER: Desjardins Insurance (DFS)</p>	<p>Participation</p> <ul style="list-style-type: none"> • Mandatory • Ceases at age 65 (less the Qualifying Period of 20 weeks) <p>Coverage</p> <ul style="list-style-type: none"> • Provides income replacement for long-term absences that extend beyond the 20-week STD period, if approved by Desjardins Insurance • Commences immediately <p>Premium</p> <ul style="list-style-type: none"> • 25% Employee; 75% Employer <ul style="list-style-type: none"> • Capped at monthly gross salary of \$35,714.29 • Deducted from the first pay deposit of each month • Commences in the month the benefit coverage begins <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th></th> <th style="text-align: center;">Employee</th> <th style="text-align: center;">Employer</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">% of monthly gross salary</td> <td style="text-align: center;">0.4725%</td> <td style="text-align: center;">1.4175%</td> </tr> <tr> <td colspan="3" style="text-align: center;">*premium effective April 11, 2019</td> </tr> </tbody> </table> <p>Amount of Benefit</p> <ul style="list-style-type: none"> • 70% of pre-disability regular earnings up to \$25,000/month • Benefits are offset by income received from HOOPP, CPP, or other government plans <p>Definition of Total Disability</p> <ul style="list-style-type: none"> • During the first 2 years of disability, employee is not fit to perform the essential duties of their normal occupation. • Thereafter, up to the age of 65, employee is not fit to perform essential duties of any other occupation 		Employee	Employer	% of monthly gross salary	0.4725%	1.4175%	*premium effective April 11, 2019		
	Employee	Employer								
% of monthly gross salary	0.4725%	1.4175%								
*premium effective April 11, 2019										
<p>GROUP LIFE</p> <p>CARRIER: Desjardins Insurance (DFS)</p>	<p>Participation</p> <ul style="list-style-type: none"> • Mandatory <p>Coverage</p> <ul style="list-style-type: none"> • Provides financial assistance to the listed beneficiary in the event of the employee's loss of life • Commences immediately upon hire/transfer <p>Premium</p> <ul style="list-style-type: none"> • 100% Employer-paid <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th></th> <th style="text-align: center;">Employee</th> <th style="text-align: center;">Employer</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Rate per \$1,000</td> <td style="text-align: center;">\$0</td> <td style="text-align: center;">\$0.1069</td> </tr> <tr> <td colspan="3" style="text-align: center;">*premium effective April 11, 2019</td> </tr> </tbody> </table> <p>Amount of Benefit</p> <ul style="list-style-type: none"> • 3x annual salary, to a maximum limit of \$1,000,000 (without evidence of insurability) <p>Conversion Option</p> <ul style="list-style-type: none"> • If under age 65, you have the option to convert coverage within 31 days of termination/ retirement, to a combined Life maximum of \$200,000 <p>Coverage when retired</p> <ul style="list-style-type: none"> • \$300 per completed year of service to a maximum benefit amount of \$4,500 		Employee	Employer	Rate per \$1,000	\$0	\$0.1069	*premium effective April 11, 2019		
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Rate per \$1,000	\$0	\$0.1069								
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<p>ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)</p> <p>CARRIER: Desjardins Insurance (DFS)</p>	<p>Participation</p> <ul style="list-style-type: none"> Mandatory Ceases at age 65 <p>Coverage</p> <ul style="list-style-type: none"> Provides financial assistance to the employee or their beneficiary in the event the employee sustains an accidental injury while insured, and suffers a loss specified in the Schedule of Losses, including, but not limited to, loss of life, or loss of body limb, or permanent and total loss of use of body limb. Commences immediately upon hire/transfer Effective simultaneously with Group Life benefit <p>Premium</p> <ul style="list-style-type: none"> 100% Employer-paid <table border="1" data-bbox="727 598 1211 678"> <thead> <tr> <th></th> <th>Employee</th> <th>Employer</th> </tr> </thead> <tbody> <tr> <td>Rate per \$1,000</td> <td>\$0</td> <td>\$0.0162</td> </tr> <tr> <td colspan="3" style="text-align: center;">*premium effective October 1, 2015</td> </tr> </tbody> </table> <p>Amount of Benefit</p> <ul style="list-style-type: none"> 2x annual salary (for loss of life) Benefit amount for loss of limb, sight, speech, and/or hearing is dependent on a Schedule of Losses <p>Conversion Option</p> <ul style="list-style-type: none"> If under age 65, you have the option to convert coverage within 31 days of termination/retirement, to a maximum of \$200,000 		Employee	Employer	Rate per \$1,000	\$0	\$0.0162	*premium effective October 1, 2015		
	Employee	Employer								
Rate per \$1,000	\$0	\$0.0162								
*premium effective October 1, 2015										
<p>SUPPLEMENTAL LIFE</p> <p>CARRIER: Desjardins Insurance (DFS)</p>	<p>Participation</p> <ul style="list-style-type: none"> Optional <p>Coverage</p> <ul style="list-style-type: none"> Employees may choose to purchase coverage for themselves 1x annual salary or 2x annual salary <p>Premium</p> <ul style="list-style-type: none"> Employee pays 100% of the premium for the additional 1x annual salary or 2x annual salary coverage <table border="1" data-bbox="727 1037 1211 1117"> <thead> <tr> <th></th> <th>Employee</th> <th>Employer</th> </tr> </thead> <tbody> <tr> <td>Rate per \$1,000</td> <td>\$0.1069</td> <td>\$0</td> </tr> <tr> <td colspan="3" style="text-align: center;">*premium effective April 11, 2019</td> </tr> </tbody> </table> <p>Maximum Combined Basic & Supplemental Life</p> <ul style="list-style-type: none"> Maximum benefit of \$2,500,000 (with satisfactory evidence of insurability) <p>Conversion Option</p> <ul style="list-style-type: none"> If under age 65, you have the option to convert coverage within 31 days of termination/ retirement, to a combined Life maximum of \$200,000 		Employee	Employer	Rate per \$1,000	\$0.1069	\$0	*premium effective April 11, 2019		
	Employee	Employer								
Rate per \$1,000	\$0.1069	\$0								
*premium effective April 11, 2019										
<p>OPTIONAL LIFE</p> <p>CARRIER: Desjardins Insurance (DFS)</p>	<p>Participation</p> <ul style="list-style-type: none"> Optional <p>Coverage</p> <ul style="list-style-type: none"> Employees may choose to purchase coverage for themselves, or their spouse, in multiples of \$10,000 to a maximum of \$500,000; or, for their dependent children (14 days to 19 years) in multiples of \$10,000 to a maximum of \$50,000 <p>Premium</p> <ul style="list-style-type: none"> Employee pays 100% of the premium for the additional coverage <p>Conversion Option</p> <ul style="list-style-type: none"> If under age 65, you have the option to convert coverage within 31 days of termination/ retirement, to a combined Life maximum of \$200,000 									
<p>MATERNITY & PARENTAL LEAVE: TOP-UP BENEFITS</p>	<p>Top-Up Amount</p> <p>Upon proof of receipt of Employment Insurance (EI) benefits, an employee will receive the following top-up benefit:</p> <ul style="list-style-type: none"> EI waiting period at 84% of regular weekly earnings, plus The difference between 84% of regular weekly earnings and the sum of EI benefits and any other earnings <p>Top-Up Duration</p> <ul style="list-style-type: none"> 1-week EI waiting period is paid Up to a maximum of 15 weeks for pregnancy leave Up to a maximum of 10 weeks for parental leave* <p><i>*The parental leave top-up will be calculated without any regard to any election by the employee to receive EI parental benefits over 61 weeks at a lower benefit rate. For purposes of calculating the benefit paid as top-up, the employee shall be deemed to have elected to receive EI parental benefits over a 35-week period.</i></p>									

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FAMILY MEDICAL LEAVE: TOP-UP BENEFITS	<p>Top-Up Amount Upon proof of receipt of Compassionate Care Employment Insurance (EI) benefits, an employee will receive the following top-up benefit:</p> <ul style="list-style-type: none"> • EI waiting period at 84% of regular weekly earnings, plus • The difference between 84% of regular weekly earnings and the sum of EI benefits and any other earnings <p>Top-Up Duration</p> <ul style="list-style-type: none"> • 1-week EI waiting period is paid • Up to a maximum of 6 weeks for family medical leave
VACATION	<p>Refer to contract for annual entitlement.</p> <p>Vacation is accrued on a monthly basis from January to December of each year. All vacation should be taken in the year that it is earned. Credit in the first year of hire is pro-rated and based on completed calendar months of service as at December 31.</p>
HOOPP (Healthcare of Ontario Pension Plan)	<p>Participation</p> <ul style="list-style-type: none"> • Full Time: Mandatory - enrollment is effective the date of hire • Regular Part Time (20 hrs/wk or greater): Voluntary. Eligible to enroll immediately upon date of hire <p>Coverage</p> <ul style="list-style-type: none"> • A defined benefit plan, HOOPP provides the employee with a retirement income based on a formula that takes into account earnings history and service. Once employees start receiving the pension, they receive it for life. <p>Premium</p> <ul style="list-style-type: none"> • Employee contributes 6.9% of regular biweekly earnings under the YMPE and 9.2% of regular biweekly earnings over the YMPE (the YMPE is determined each year by the Canada Revenue Agency) • Employer contributes 126% of the employee contribution • Contributions are based on regular biweekly earnings and are limited to a maximum of 1,950 hours worked per year
GROUP RRSP (Registered Retirement Savings Plan) CARRIER: Manulife Financial	<p>Participation</p> <ul style="list-style-type: none"> • Voluntary • Contribute through regular payroll deductions <p>Advantages</p> <ul style="list-style-type: none"> • Immediate tax savings • No front-end or deferred sales commissions • Lower investment management fees • Leading investment managers

This document is a summary of the group benefits and does not include all of the plan details, provisions, exclusions and limitations. It is not intended to create a contract between Hamilton Health Sciences and any of its employees or potential employees. In the event of a discrepancy between this document and either the Group Policy and/or Hamilton Health Sciences Non Union policies, the applicable policy language will prevail.

Contact Information:

Benefit	Carrier	Phone/Email	Website
Health, Dental and Deluxe Travel	Green Shield	1-888-711-1119	www.greenshield.ca
Pension	HOOPP	1-877-43HOOPP (46677) clientservices@hoopp.com	www.hoopp.com
Group RRSP	Manulife Financial	1-888-727-7766	www.manulife.ca
Human Resources Department		905-521-2100 ext.4myHR (46947) myhr@hpsc.ca	HHS Intranet > Human Resources