

**SUMMARY OF YOUR BENEFITS**

**CSI-CANADA  
INSURANCE PLAN**

	<b>Flexible Benefit Plan</b>	<b>Standard Plan</b>
School Choice and Employee Choice	If the school wishes to make only one Benefit Option available, the school can choose between Flex 1, Flex 2, or Flex 3 or If the school wishes to provide benefit choice to employees, each employee can choose between Flex 1, Flex 2, or Flex 3	Standard Plan option may be selected by the school only and is not an employee choice option
Participation Requirements	100% enrolment of eligible employees and dependents. However employees and dependents covered under a medical plan provided through a spouse's employer may decline full benefits and only need be enrolled in the Limited Benefit Plan.	100% enrolment of eligible employees. Same as Flex Plans

<b>LIFE AND DISABILITY BENEFITS: (Limited Benefit Plan):</b>		
Basic Life	1.5 x Annual Earnings	\$25,000
Dependent Life - Coverage begins after 24 hours of age and ends at 21st birthday (25th birthday if a full-time student)	Spouse: \$10,000 Child: \$5,000	Spouse: \$2,500 Child: \$2,500
Basic Accidental Death and Dismemberment (AD&D)	1.5 x Annual Earnings	\$25,000
Dependent Accidental Death and Dismemberment (AD&D) - Coverage begins after 24 hours of age and ends at 21st birthday (25th birthday if a full-time student)	Spouse: \$10,000 Child: \$5,000	Spouse: \$2,500 Child: \$2,500
Short Term Disability (STD) - qualifying period: 14 days - direct offsets: Workers' Compensation or comparable benefits	Taxable Benefit: 75% of Monthly Earnings Non-Taxable Benefit: 66 2/3% of Monthly Earnings	Taxable Benefit: 75% of Monthly Earnings. Non-Tax Benefit: 66 2/3% of Monthly Earnings
Long Term Disability (LTD) - qualifying period: 164 days - direct offsets: Workers' Compensation and CPP/QPP disability benefits, - All Source Maximum: 85% of net earnings	Taxable Benefit: 66 2/3% of Monthly Earnings Non-Taxable Benefit: 60% of Monthly Earnings \$6,000 Maximum Monthly Benefit	Taxable Benefit: 66 2/3% of Monthly Earnings. Non-Tax Benefit: 60% of Monthly Earnings. \$6,000 Maximum Monthly Benefit

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<b>DENTAL BENEFITS:</b>	<b>Flex 1</b>	<b>Flex 2</b>	<b>Flex 3</b>	
Annual deductible only for Preventive & Diagnostic and Minor Restorative benefits.	None	\$25 Single \$50 Family	\$50 Single \$100 Family	\$25 Single \$50 Family
Annual Maximum combined for Preventative & Diagnostic, Minor Restorative and Major Restorative	Combined maximum of \$2,000 per year per covered individual.			Combined maximum of \$2,000 per year per covered individual.
Preventive & Diagnostic	100% Reimbursement Employees and Dependents over age 18 are reimbursed for recall procedures, bite wing x-rays and cleanings on a 9 month frequency basis. Expenses for children aged 18 and under are reimbursed for these procedures based on a 6 month frequency basis.			100% Reimbursement Expenses for all Employees and dependents are reimbursed for recall procedures, x-rays and cleaning on a 6 month frequency basis.
Minor Restorative (Endodontic, Non-surgical Periodontic)	100% Reimbursement	90% Reimbursement	80% Reimbursement	100% Reimbursement
Major Restorative (Crowns, Bridgework, Dentures, Surgical Periodontic)	70% Reimbursement	60% Reimbursement	50% Reimbursement	50% Reimbursement
Orthodontics	50% Reimbursement \$2,000 per person lifetime maximum			50% Reimbursement \$1,500 per person lifetime maximum
Laboratory Charges	Laboratory charges are eligible expenses limited to 66 2/3% Reimbursement.			Laboratory charges are eligible expenses limited to 66 2/3% Reimbursement
Fee Schedule	Current Provincial Fee Guide			Current minus 1 year Provincial Fee Guide

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<b>HOSPITAL AND MEDICAL:</b>		<b>Flex 1</b>	<b>Flex 2</b>	<b>Flex 3</b>		
Deductibles			None			
Out-of-Pocket Co-payment maximum  Out-of-Pocket Co-payment is the amount participants pay when the insurance reimbursement is less than 100%, i.e., if insurance reimbursement is 90% and a charge of \$100 is incurred the out-of-pocket payment is 10% x \$100 = \$10.		None  All expenses incurred in this option are reimbursed, subject to the stated benefit maximums, at 100%	\$250 per family  All expenses incurred in excess of this amount are reimbursed, subject to the stated benefit maximums, at 100%	\$750 per family  All expenses incurred in excess of this amount are reimbursed, subject to the stated benefit maximums, at 100%		
Prescribed Drugs  • Drugs which legally require a written prescription. • Pay Direct Drug Card • Dispensing Fee Cap of \$8.00. You can maximize the number of dispensing fees by getting a 90-day supply of regular, maintenance drugs. • Eligible dependent claims are not paid with the card when spousal coverage should pay first. • Claims not covered under the spousal coverage can be submitted under this Plan through the current Co-ordination of Benefits provision, on a paper claim basis.		Tier 1 Reimbursement 100% Tier 2 Reimbursement 80%	Tier 1 Reimbursement 90% Tier 2 Reimbursement 70%	Tier 1 Reimbursement 80% Tier 2 Reimbursement 60%		
		<ul style="list-style-type: none"> <li>• The primary benefit is the Manulife Dynamic Therapeutic Formulary (DTF), where eligible drugs are placed by Manulife on two tiers. Tier 1 drugs are clinically effective and cost effective and are reimbursed at a higher level. Tier 2 drugs are reimbursed at a lower level.</li> <li>• Take the DTF information package supplied by Manulife to your doctor. That way, your doctor will know whether the medication prescribed is a Tier 1 drug.</li> <li>• Ingredient costs and dispensing fees are reimbursed at the levels shown, except that the maximum reimbursable dispensing fee is \$8.</li> <li>• There is optional coverage available to purchase the current level of prescription drug coverage. See the “Benefit Options” section of the rate sheet.</li> </ul>				
Semi-Private Hospital		100% Reimbursement	90% Reimbursement	80% Reimbursement		
Private Duty Nursing - \$25,000 per year		100% Reimbursement	90% Reimbursement	80% Reimbursement		
Supplemental Health Care Benefits: Including: Hearing Aids, durable equipment, truces, crutches, braces, artificial limbs, oxygen, diag. lab & x-ray, ambulance (ground & emergency air), accidental dental		100% Reimbursement	90% Reimbursement	80% Reimbursement		
Practitioners: Physiotherapy Psychologist* Speech Therapist Chiropractor * Includes Masters of Social Work		\$500 per year per practitioner \$1,000 maximum for all practitioners combined Reimbursed once the provincial plan is exhausted				

<b>Standard Plan</b>
\$15 Single and \$30 family applies only to Supplemental Health Care & Out-of-Province Referral  None  All expenses incurred in this option are reimbursed, subject to the stated benefit maximums, at 100%
100% Reimbursement
Drug eligibility is based on Manuscript Generic Drug Plan 2. It includes most drugs that require a prescription and certain other drugs. Where generic alternatives exist, the plan will generally cover only the cost of the generic equivalent product.
100% Reimbursement
100% Reimbursement
100% Reimbursement
\$500 per year for Physiotherapy, Psychologist & Speech Therapist  All others \$ 300/year

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	Flex 1	Flex 2	Flex 3	
<b>OUT OF PROVINCE:</b>				
Out-of-Province Emergency & Travel Assistance	100% Reimbursement; \$1,000,000 lifetime maximum			100% Reimbursement; \$1,000,000 lifetime max
Out-of Province Referral	50% reimbursement up to \$3,000 every three years			50% reimbursement up to \$3,000 every three years
<b>OPTIONAL BENEFITS: (School Choice Only)</b> These benefits may only be selected by the school for all employees.				
<b>FOR STANDARD AND FLEX PLANS:</b>				
• <b>EMPLOYEE ASSISTANCE PROGRAM (EAP):</b> Confidential employee and family support program	Offers consultation, information and personalized community referrals			Same as Flex Plans
• <b>NON-TAXABLE DISABILITY BENEFIT UPGRADE:</b>	Non-tax STD benefit level increased to 75% of Monthly Earnings Non-tax LTD benefit level increased to 66 2/3% of Monthly Earnings			Same as Flex Plans
<b>FOR FLEX PLANS ONLY:</b>				
• <b>VISION CARE:</b> Applies to all employees having health coverage. If a school selects this benefit option and chooses to opt out at some point in the future, there is a five year waiting period before the school is eligible to reenroll in this benefit.	Coverage is for eye exams, frames, lenses and contact lenses. 100% Reimbursement up to \$200 every 24 months for adults and \$200 every 12 months for children age 18 and under			N/A
• <b>LTD COST OF LIVING ALLOWANCE (COLA):</b> Applies to all employees having LTD coverage.	Annual CPI level, Maximum 3%			N/A
• <b>DENTAL 6 MONTH RECALL:</b> Applies to all employees having dental coverage.	Includes 6 month basis for recall procedure, x-rays and cleanings for all employees and dependents			Included
• <b>HEALTH CARE SPENDING ACCOUNT</b>	School chooses level of funding for each class of employees			N/A
• <b>DRUG PLAN OPTION:</b>	Drug coverage is not based on the ESI Canada Dynamic Therapeutic Formulary			Included
<b>OPTIONAL BENEFITS: (Employee Choice Only)</b> These benefits are provided on an individual basis.				
• <b>Optional Employee Life Coverage</b>	Units of \$10,000 Subject to evidence of insurability, except for the first \$10,000 if applied for within 31 days of hire date.	Maximum \$500,000		Units of \$10,000 Maximum \$500,000
• <b>Optional Spousal Life Coverage</b>	Units of \$10,000 Subject to evidence of insurability	Maximum \$500,000		Units of \$10,000 Maximum \$500,000
• <b>Optional Critical Illness Coverage</b> For employee, spouse and/or child	Units of \$5,000 Subject to evidence of insurability, except for the first \$25,000 if applied for within 31 days of hire date.	Maximum \$150,000		Units of \$5,000 Maximum \$150,000

Note: In this schedule, we have attempted to summarize as clearly as possible the benefits available to you under the CSI-Canada Insurance Plan. All the provisions of the Plan are contained in the master policy issued by Manulife Financial. Since the master policy is complete in detail, the final interpretation of any specific provision is governed by it. Employee Assistance Program coverage is issued by Ceridian.