



Summary of Plan Options

Effective Sept 1, 2021 - Aug 31, 2022

Eligibility and Participation: Schools choose the level of eligibility for their employees. All eligible employees must be enrolled in either Full Benefits or Basic Benefits. Employees may be enrolled in Basic Benefits only if they have extended health and dental coverage through their spouse's employer's plan or their own other group employer plan.

School Choice of Plans: Schools choose which Flex plans to offer their eligible employees, the level of life and disability benefits, and whether to offer Employee Assistance Program (EAP), LTD Cost of Living Allowance, a Health Care Spending Account, Occupational Benefits, Co-Op Student Coverage, or International Student Coverage.

Employee Choice of Plans: Eligible employees choose from the plans their school has selected to offer. Full Benefits include health and dental (a Flex plan), life, AD&D, and disability. Basic Benefits include life, AD&D, and disability. Optional Life and Optional Critical Illness coverage are also available to employees.

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FULL BENEFITS HEALTH:	Flex 1	Flex 2	Flex 3	Flex 4	Flex 5
Annual Deductibles	None	\$15 Single \$30 Family	\$25 Single \$50 Family	\$600 per individual or up to max \$1600 per Family	None
Annual Out-of-Pocket Maximums	\$150 per family	\$200 per family	\$250 per family	\$1,000 Single \$2,000 Family	None
	Once the out-of-pocket maximum is reached, eligible expenses are then reimbursed at 100% for the remainder of the plan year, excluding vision care and out-of-country emergency medical treatment. Out-of-Pocket Maximum refers to the amount participants pay when the insurance reimbursement is less than 100%. For example: if insurance reimbursement is 90% and a charge of \$100 is incurred, the out-of-pocket payment is 10% x \$100 = \$10. The deductible also counts towards satisfying the out-of-pocket maximum.				N/A
Health Care Spending Account	School chooses level of funding for each class of employee.			\$600 Individual \$1,200 Family School may increase level of HCSA funding	\$1,000 Individual \$2,000 Family School may increase level of HCSA funding
Semi-Private Hospital / All Other Eligible Expenses. Note – Caps/Maximums may apply.	100% Reimbursement	100% Reimbursement	90% Reimbursement	Use HCSA credits	20% Reimbursement
Private Duty Nursing	\$25,000 per year	\$25,000 per year	90% up to \$15,000 per year	\$10,000 per year	20% up to \$10,000 per year
Vision Care	\$250 every 24 months	\$200 every 24 months	90% up to \$150 every 24 months	Use HCSA credits	Use HCSA credits
Hearing Aids Cost, installation, repair and maintenance; batteries.	\$1,500 every five years	\$500 every five years	90% up to \$500 every five years	Use HCSA credits	20% up to \$500 every five years
Orthotics Casted, custom-made; recommendation/referral from physician, podiatrist or chiropractor required.	\$500 per pair; 1 pair every 12 mo for persons under 18; 1 pair every 24 mo for 18 and older.	\$500 per pair; 1 pair every 12 mo for persons under 18; 1 pair every 24 mo for 18 and older.	90% up to \$500 per pair; 1 pair every 12 mo for persons under 18; 1 pair every 24 mo for 18 and older.	Use HCSA credits	20% up to \$500 per pair; 1 pair every 12 mo for persons under 18; 1 pair every 24 mo for 18 and older.



FULL BENEFITS HEALTH: (continued)	Flex 1	Flex 2	Flex 3	Flex 4	Flex 5
<p>Prescription Drugs</p> <p>Drugs which legally require a written prescription.</p> <p>Manulife card is a Pay Direct Drug Card.</p>	DTF Reimbursement 100% Non-DTF Reimbursement 80%	DTF Reimbursement 100% Non-DTF Reimbursement 80%	DTF Reimbursement 90% Non-DTF Reimbursement 70%	DTF Reimbursement 100% Non-DTF Reimbursement 80%	DTF Reimbursement 20% Non-DTF Reimbursement 20%
<p>Eligible dependent claims are generally 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.</p>	<p>DTF stands for Dynamic Therapeutic Formulary. Information can be found at www.manulife.ca. Manulife determines the drugs that are eligible on the formulary based on clinical and cost effectiveness. Dispensing Fee Cap of \$9. The Plan will pay the first \$9 of the dispensing fee. Costs may be minimized by getting a 90 day supply of drugs, where appropriate, and shopping around for pharmacies with lower dispensing fees. The Plan requires generic substitution. Where generic alternatives exist, the plan will generally cover up to the cost of the generic or lowest cost equivalent drug.</p>				
<p>Practitioners: (Professional Services)</p> <p>Physiotherapist, Speech Therapist, Chiropractor, Podiatrist, Naturopath, Massage Therapist, Osteopath, Psychologist/Master of Social Work/Psychotherapist/Clinical Counselor</p>	<p>\$1,000 combined annual maximum</p> <p>Separate \$1,250 annual maximum for psychologist / master of social work / psychotherapist / clinical counselor</p>	<p>\$750 per practitioner if: physiotherapist, speech therapist, psychologist /master of social work / psychotherapist / clinical counselor.</p> <p>\$300 per practitioner if: massage therapist, chiropractor, naturopath, osteopath, podiatrist.</p>	<p>90% up to \$400 per practitioner; \$750 combined annual maximum.</p> <p>Separate \$500 annual maximum for psychologist / master of social work / psychotherapist / clinical counselor</p>	<p>Use HCSA credits</p>	<p>20% up to \$300 per practitioner \$500 combined annual maximum</p> <p>Separate \$300 annual maximum for psychologist / master of social work / psychotherapist / clinical counselor</p>
<p>Medical Supplies and Services: Eg: Durable equipment, trusses, crutches, braces, artificial limbs, oxygen, diagnostic lab and x-ray, ambulance (ground and emergency air), accidental dental.</p>	100%	100%	90%	100%	20%
<p>Out of Province/Canada:</p>	<p>Available with all Flex Options Emergency & Travel Assistance 100% Reimbursement; \$5,000,000 lifetime maximum Referral 50% reimbursement up to \$3,000 every three years</p>				

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FULL BENEFITS DENTAL:	Flex 1	Flex 2	Flex 3	Flex 4	Flex 5
Annual deductible	None	\$25 Single \$50 Family	\$50 Single \$100 Family	\$50 Single \$100 Family	None
Annual Maximum Combined for Preventative & Diagnostic, Minor Restorative and Major Restorative	\$2,500 per year per covered individual	\$2,000 per year per covered individual	\$1,500 per year per covered individual	\$1,000 per year per covered individual	\$1,000 per year per covered individual
Preventive & Diagnostic	100%	100%	90%	90% for check-ups and cleanings only; X-rays covered every 2 years	20%
Minor Restorative (Endodontic, Non-surgical Periodontics)	100%	100%	90%	Use HCSA credits	20%
Major Restorative (Crowns, Bridgework, Dentures, Surgical Periodontics)	50% Reimbursement	50% Reimbursement	50% Reimbursement	Use HCSA credits	50% Reimbursement
Orthodontics	50% Reimbursement \$2,500 per person lifetime maximum	50% Reimbursement \$1,500 per person lifetime maximum	50% Reimbursement \$1,500 per person lifetime maximum	Use HCSA credits	50% Reimbursement \$1,000 per person lifetime maximum
Fee Schedule	Current Year Provincial Fee Guide	Last Year Provincial Fee Guide			Current Year Provincial Fee Guide

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BASIC BENEFITS LIFE, AD&D, DISABILITY:

Employee Basic Life	\$25,000 or 1.5 x Annual Earnings (\$250,000 maximum)
Dependent Life	Spouse: \$2,500 / Child \$2,500 or Spouse: \$10,000 / Child: \$5,000
Employee Basic Accidental Death and Dismemberment (AD&D)	Same as Basic Life
Dependent Accidental Death and Dismemberment (AD&D)	Same as Dependent Life
Short Term Disability (STD) Qualifying period: 7 days	Non-Taxable Benefit: STD 66.7% LTD 60% LTD monthly max of \$6,000 Non-Taxable Benefit: STD 75% LTD 66.7% LTD monthly max of \$6,000 Taxable Benefit: STD 75% LTD 66.7% LTD monthly max of \$6,000
Long Term Disability (LTD) Qualifying period: 164 days	

OPTIONAL BENEFITS: (Employee Choice Only)

OPTIONAL LIFE COVERAGE For Employee, Spouse, and/or Child	Employee and/or Spouse: Units of \$10,000; Maximum \$500,000 Evidence of Insurability may be required. Child: Units of \$5,000, Maximum \$50,000, Evidence of Insurability not required.
OPTIONAL CRITICAL ILLNESS COVERAGE For Employee, Spouse and/or Child	Units of \$5,000; Maximum \$150,000 Evidence of insurability may be required

OPTIONAL BENEFITS: (School Choice Only)

EMPLOYEE ASSISTANCE PROGRAM (EAP)	Confidential employee and family support program offering consultation, information and personalized community referrals. EAP coverage is issued by Ceridian.
LTD COST OF LIVING ALLOWANCE (COLA)	Applies to all employees with LTD coverage. If receiving LTD payments, monthly benefit is increased at the annual CPI level with a maximum of 3%.
HEALTH CARE SPENDING ACCOUNT	Schools may choose to provide HCSA funding their eligible employees. Account value must be the same for all employees.
CO-OP STUDENT OCCUPATIONAL COVERAGE	Coverage is available for high school student work co-op arrangement or college student practicum. Coverage includes AD&D, Short Term Disability, Permanent Total Disability, and Medical Coverage for accidents that occur during student work assignments.
OCCUPATIONAL COVERAGE (AB, MB, & ON ONLY)	Coverage is available to schools that opt out of worker's compensation; covers staff not eligible for coverage by the Christian Education Health Plan. Coverage includes: \$25,000 AD&D; Short Term Disability 75% of earnings up to \$1,000/week subject to tax; Permanent Total Disability benefit \$25,000; Medical Coverage up to \$20,000.
INTERNATIONAL STUDENT COVERAGE	Insurance coverage is available for foreign students studying in our schools. Coverage includes medical, emergency out-of-province/country, and accidental death and dismemberment coverage.

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