

## Benefits summary

Regional Municipality of Wood Buffalo – Policy number: 644492  
Class 001 – Active CUPE Members working at least 24 hours/week

Effective date of the policy: (07-01-2017)

As of July 1, 2017, for additional information on the below benefits or regarding services or medical supplies not listed here :

- Call our Customer Contact Centre at 1-800-263-1810 from 8:00 am to 5:00 pm, your local time, Monday to Friday.
- Send an email to [groupservice@dfs.ca](mailto:groupservice@dfs.ca).
- Go to the plan members' secure site at [desjardinslifeinsurance.com/planmember](http://desjardinslifeinsurance.com/planmember) and select *Contact us* in the banner at the top of the screen.

*This document gives you an overview of your coverage for your reference while you're waiting for your benefit booklet to be posted on the secure site for plan members. If there is a discrepancy between this overview and the booklet, the booklet will prevail.*

### EXTENDED HEALTHCARE

Paramedical services	Reimbursement	Maximum
Prescription drugs (Reimbursement according to the lowest priced generic equivalent available on the market, unless the prescription states "No Substitution")	100%	\$1,000,000 per person per calendar year (for all extended health care except travel insurance)
Paramedical services	Reimbursement	Maximum
Acupuncture	100%	20 visits per person up to a maximum of \$500 per calendar year
Audiologist	100%	<b>For each paramedical specialist:</b> Maximum of \$65 per visit, 10 visits per person per calendar year <b>Combined maximum for all paramedical specialists:</b> \$750 per person per calendar year
Chiropractor (incl. 1 x-ray per calendar year)		
Dietician		
Osteopath (incl. 1 x-ray per calendar year)		
Podiatrist (incl. 1 x-ray per calendar year)		
Speech therapist		
Massage therapist	100%	20 visits per person up to a maximum of \$2,000 per calendar year
Naturopath		20 visits per person up to a maximum of \$500 per calendar year
Homeopath		20 visits per person up to a maximum of \$500 per calendar year
Occupational Therapist		20 visits per person up to a maximum of \$1,000 per calendar year
Physiotherapist/physical rehab therapist and sports therapist		\$75 per visit, 20 visits per person up to a maximum of \$1,500 per calendar year
Psychologist		Maximum of \$1,000 per person per calendar year
Vision care	Reimbursement	Maximum
Eye exams	100%	\$100 per person in any 24 months period (12 months for children under 15 years old)
Eyeglasses and contact lenses		\$500 per person in any 24 months period (12 months for children under 15 years old)
Laser eye surgery		Lifetime maximum of \$1,500 per person
Hospitalization	Reimbursement	Maximum
Short-term hospitalization	100%	Private room / \$100 per day, \$360 per calendar year
Private nursing care	Reimbursement	Maximum
Nursing care (outside of hospital)	100%	\$25,000 per person every 3 calendar years
Medical equipment and supplies	Reimbursement	Maximum
Spinal brace; brace for limb, truss or cast; conventional hospital bed	100%	Covered
Orthopaedic shoes		One pair per person per calendar year
Orthotics	70%	\$350 per person per calendar year
External breast prosthesis	100%	1 per person per calendar year
Surgical brassieres		Two per person per calendar year
Hearing aids (excluding batteries)		\$500 per person every 3 calendar years

Glucometer	100%	\$150 for one device per person every 4 calendar years
CPAP, oxygen, insulin pump, TENS nerve stimulators. Additional equipment may be included as stipulated by the insurer	100%	CPAP: Lifetime maximum of \$2,500 per person Insulin Pump: Lifetime maximum of \$2,500 per person TENS: Lifetime maximum of \$700 per person Other equipment: Combined lifetime maximum of \$10,000 per person
Surgical stockings	100%	\$250 per person per calendar year
<b>Travel insurance</b>	<b>Reimbursement</b>	<b>Maximum</b>
Travel insurance	100%	Maximum - \$3,000,000 per person for life

<b>*DENTAL CARE INSURANCE</b>		
Basic services	Reimbursement	Maximum
Diagnostic (x-rays)	100%	<b>All basic and major services combined:</b> \$3,000 per person per calendar year  <b>Recall visit frequency:</b> Once every 9 months
Preventive (cleaning)		
Restoration (fillings)		
Endodontics		
Periodontics		
Minor surgery (extraction)		
Major services	Reimbursement	Maximum
Crowns, bridgework and dentures	80%	<b>All basic and major services combined:</b> \$3,000 per person per calendar year
Orthodontics	Reimbursement	Maximum
Orthodontics	50%	\$3,500 per person for life Applicable to children under 21 years old


\*Reasonable and Customary charges are applied for all dental services.

	Basic life insurance	Optional life insurance (employee)
<b>Amount of insurance</b>	3 times annual base salary (minimum \$5,000)	Multiples of \$10,000
<b>Maximum</b>	\$500,000	\$500,000 (evidence of insurability is required for each amount)
<b>Reduction and Termination</b>	\$5,000 at age 70 **End of employment or retirement	**End of employment, age 70 or retirement
	Dependent life insurance	Optional life insurance (spouse)
<b>Amount of insurance</b>	Spouse - \$10,000 Each eligible child - \$10,000	Multiples of \$10,000
<b>Maximum</b>	N/A	\$500,000 (evidence of insurability is required for each amount)
<b>Termination</b>	**End of employment or retirement	**End of employment, employee's age 70 or Spouse's age 70
	Basic critical illness	Optional critical illness (employee and spouse)
<b>Amount of insurance</b>	\$10,000	Multiples of \$10,000
<b>Maximum</b>	N/A	\$300,000 (evidence of insurability is required for each amount)
<b>Termination</b>	**End of employment, age 70 or retirement,	**End of employment, age 75 or retirement
	Short-term disability	Long-term disability
<b>Benefit amount</b>	66.67% of weekly earnings	66.67% of monthly earnings
<b>Maximum benefit</b>	\$1,000 per week	\$6,000
<b>Elimination period</b>	0 day for accident or hospitalization 7 days for illness	119 days
<b>Termination</b>	**End of employment, age 70 or retirement	**End of employment, age 65 or retirement

	*Accidental death & dismemberment (AIG- #BSC 9425435)	*Accidental death & dismemberment Optional (AIG #PAI 9425436)
<b>Amount of insurance</b>	3 times annual base salary (minimum \$5,000)	Multiples of \$10,000
<b>Maximum</b>	\$500,000	\$300,000 combined with basic accidental death and dismemberment
<b>Termination</b>	**End of employment, age 70 or retirement	**End of employment, age of 70 or retirement
	*Accidental death & dismemberment Optional (spouse and children) (AIG #PAI 9425436)	
<b>Amount of insurance</b>	Spouse and children: Spouse 50% of your coverage, Each child 15% of your coverage Spouse only: Spouse 60% of your coverage Children only: Each child 20% of your coverage	
<b>Termination</b>	**End of employment, age 65 or retirement	

\*If there is a discrepancy between this overview and AIG's booklet, AIG's booklet will prevail.

\*\*Whichever comes first.

 **Best Doctors** Whether you are dealing with a chronic condition, questioning surgery, need help finding the right specialist or just want your medical questions answered, Best Doctors can guide you in the right direction. Call 1 877 419 2378 or go online to [bestdoctors.com/Canada](http://bestdoctors.com/Canada) or visit the RMWB Intranet benefits page or contact Benefits for more information.