

Benefits summary

Regional Municipality of Wood Buffalo – Policy number: 644492
Class 007 – Active Transit CUPE Members

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.
- Go to the plan members' secure site at 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

Prescription drugs		Maximum
Prescription drugs (Reimbursement according to the lowest priced generic equivalent available on the market, unless the prescription states "No Substitution")	100%	No annual maximum
Paramedical services		Maximum
Acupuncture	100%	Maximum of \$500 per person per calendar year
Chiropractor		Maximum of \$500 per person per calendar year Maximum 1 x-ray per calendar year
Massage therapist		Maximum of \$500 per person per calendar year
Naturopath		Maximum of \$500 per person per calendar year
Osteopath		Maximum of \$500 per person per calendar year Maximum 1 x-ray per calendar year
Physiotherapist/physical rehab therapist and sports therapist		Combined maximum of \$500 per person per calendar year
Podiatrist		Maximum of \$500 per person per calendar year
Psychologist		Maximum of \$1,000 per person per calendar year
Speech therapist		Maximum of \$1,000 per person per calendar year
Vision care		Maximum
Eye exams	100%	One exam per person in any 12 months period
Eyeglasses, contact lenses and laser eye surgery		\$300 per person in any 24 months period
Hospitalization		Maximum
Short-term hospitalization	100%	Semi-private room \$100 per day up to a maximum of \$360 per person per calendar year
Private nursing care		Maximum
Nursing care (outside of hospital)	100%	\$10,000 per person per calendar year
Medical equipment and supplies		Maximum
Spinal brace; brace for limb, truss or cast; conventional hospital bed	100%	Covered
Orthopaedic shoes and modifications to orthopaedic shoes		\$150 per person per calendar year
Orthotics		\$300 per person per calendar year
External breast prosthesis		4 per person in any 12 months period
Surgical brassieres		4 per person per calendar year
Hearing aids (excluding batteries)		\$500 per person every 4 calendar year
Glucometer		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		CPAP: Lifetime maximum of \$2,500 per person Insulin Pump: \$2,000 per person every 5 calendar years TENS: Lifetime maximum of \$700 per person Other equipment: Combined lifetime maximum of \$10,000 per person
Surgical stockings		4 pairs per person per calendar year

Travel insurance	Reimbursement	Maximum
Travel insurance	100%	Maximum - \$3,000,000 per person for life

*DENTAL CARE INSURANCE			
Basic services	Reimbursement	Maximum	
Diagnostic (x-rays)	90%	All services combined:	\$1,000 per person per calendar year
Preventive (cleaning)			
Restoration (fillings)		Recall visit frequency:	2 visits every 12 months
Endodontics			
Periodontics			
Minor surgery (extraction)			


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

	Basic life insurance	Optional life insurance (employee)
Amount of insurance	2 times annual base salary (minimum \$10,000)	Multiples of \$10,000
Maximum	\$100,000	\$500,000 (evidence of insurability is required for each amount)
Reduction and Termination	50% at age 65 **End of employment, 70 or retirement	**End of employment, age 70 or retirement
	Dependent life insurance	Optional life insurance (spouse)
Amount of insurance	Spouse - \$5,000 Each eligible child - \$2,500	Multiples of \$10,000
Maximum	N/A	\$500,000 (evidence of insurability is required for each amount)
Termination	**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)
Amount of insurance	\$10,000	Multiples of \$10,000
Maximum	N/A	\$300,000 (evidence of insurability is required for each amount)
Termination	**End of employment, age 70 or retirement	**End of employment, age 75 or retirement
	Long-term disability	
Benefit amount	67% of monthly earnings	
Maximum benefit	\$5,000 per month	
Elimination period	119 days	
Termination	**End of employment, age 65 or retirement	

	*Accidental death & dismemberment (AIG- #BSC 9425435)	*Accidental death & dismemberment Optional (AIG #PAI 9425436)
Amount of insurance	2 times annual base salary (minimum \$5,000)	Multiples of \$10,000
Maximum	\$100,000	\$300,000 combined with basic accidental death and dismemberment
Termination	**End of employment, age 70 or retirement	**End of employment, age 70 or retirement
	*Accidental death & dismemberment Optional (spouse and children) (AIG #PAI 9425436)	
Amount of insurance	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	
Termination	**End of employment, age 70 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 or visit the RMWB Intranet benefits page or contact Benefits for more information.