

OSSTF ELHT Plan Design Summary June 1, 2016

BASIC LIFE	Benefit
Funding	100% Funded by the Trust
Benefit Amount	2 x salary
Reduction Clause	50% at age 65
Maximum	\$400,000
Termination	Retirement
Premium Waiver Provision	For the 2 year own occupation period of LTD
Waiver Termination	Earlier of retirement or end of the month age 65
MEMBER OPTIONAL LIFE	
Funding	100% funded by the Member
Benefit details	Standard, Age Banded, Gender Based, Units of \$10,000
Maximum	\$400,000
Termination	Retirement
Waiver of Premium	For the 2 year own occupation period of LTD
Waiver Termination	Earlier of retirement or age 65
SPOUSAL OPTIONAL LIFE	
Benefit details	Standard, Age Banded, Gender Based, Units of \$10,000
Maximum	\$400,000
Termination	Earlier of member's retirement or spouse attaining age 65
Waiver of Premium	For the 2 year own occupation period of LTD
Waiver Termination	Earlier of retirement or age 65
BASIC AD&D (Lump Sum Benefits)	
Loss of Life	Yes
Loss of Limb(s)	Yes
Loss of Sight in Eye(s)	Yes
Loss of Hearing	Yes
Loss of Speech	Yes
Loss of Use (Arms, Hands, Legs)	Yes
Paralysis	Yes
Termination	Earlier of retirement or age 70
Reduction Clause	50% at age 65
MEMBER OPTIONAL AD&D	
Benefit details -aligns to optional life	Based on Optional Life Principal Sum
Termination	Earlier of retirement or age 70
SPOUSAL OPTIONAL AD&D	
Benefit details - aligns to optional AD&D	Based on Spousal Optional Life Principal Sum
Termination	Earlier of retirement or member or spouse attaining age 70
OVERALL HEALTH	Benefit
Funding	94% Funded by the Trust 6% Funded by the Member

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Claiming Period	School Year
Positive Enrollment & Mandatory Coordination of Benefits	Yes
Health Deductible Amount	No overall deductible
Reimbursement	100%
Overall Health Maximum	Unlimited
Termination	Retirement
Waiting Period	None
Survivor Benefit	24 months, no survivor premium required
DRUG BENEFIT	
Pay Direct Benefit Card	Yes
Formulary	Legally Requiring a Prescription + Life Sustaining
Generic Substitution	Mandatory Generic with Appeal
Per Prescription Deductible	No
Dispensing Fee Cap	No cap, subject to Carrier's Reasonable & Customary Limits; currently \$12
Number of Dispensing fees	6 per year eligible, for maintenance medications
Maximum Pharmacy Mark-Up Allowance	10%
Ontario Drug Benefit Deductible and Co-pay Covered	Yes
Fertility drugs	\$18,000/ Lifetime
Sexual Dysfunction drugs	\$500 per school year
Smoking Cessation drugs	No coverage
Anti-Obesity drugs	No coverage
Injectable Vitamins	Yes
Preventive Vaccines	Carrier Standard
HOSPITAL BENEFIT	
Reimbursement Level	100%
Hospital Deductible	Nil
Semi-Private Room	Yes
Private Room	No
Private Hospital	Includes semi-private hospital coverage in facilities funded or partially funded by OHIP (e.g. Homewood, Shouldice, etc.)
Homewood, Shouldice, Donwood covered under general	
VISION BENEFIT	Benefits
Glasses and Contacts Benefit	100%
Amount	\$500 adults and children every 2 school years
Visual Training	\$200 lifetime

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Eye Exam Coverage - eligible	Yes
Adult/Child	1 exam every 2 school years
Included in vision care maximum	No
Laser Eye Surgery - eligible	Yes
Included in vision care maximum	Yes
Intraocular lenses following cataract surgery	Carrier standard
PARAMEDICAL BENEFIT	
Reimbursement	100%
Psychologist	\$2,000 per school year combined
Registered Family Therapist	
Registered Social Worker	
Physiotherapist	\$1,500 per school year
Massage Therapist	\$750 per school year, requires the referral of a Physician or Nurse Practitioner
Naturopath	\$750 per school year
Chiropractor	\$750 per school year
Osteopath	\$500 per school year
Podiatrist/Chiropodist	\$300 per school year
Speech Therapist	\$1,000 per school year
Dietitian/Nutritionist	\$300 per school year
Acupuncturist	No coverage
Audiologist	No coverage
Occupational Therapist	No coverage
Athletic Therapist	No coverage
Private Duty Nursing	\$50,000 per school year
MEDICAL SERVICES AND SUPPLIES	Benefits
Reimbursement	100%
Diabetic Supplies	Reasonable and Customary
Orthotics	\$750/school year
Custom Made Orthopaedic Shoes	2 pairs per school year, maximum of \$500 per pair
Stock-Item Orthopaedic Shoes	\$500 per school year, includes modifications and adjustments

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Wigs	\$500 lifetime, for permanent and temporary hair loss
Hearing Aids	\$4,000 every 48 months
Support Stockings maximum	6 pairs per school year
Surgical Bras	6 per school year
Ambulance	Transportation to the nearest facility
Diabetic Supplies	Reasonable and Customary
Insulin Pumps (after Assistive Devices Program)	Reasonable and Customary
Glucometers	\$150 per school year
Artificial Prosthesis	Reasonable and Customary
Oxygen	Reasonable and Customary
Mobility Equipment	Reasonable and Customary
Diagnostic	Reasonable and Customary
Accidental Dental	R & C; treatment must be rendered within 12 months of the accident
Medicated dressings, Burn garments	Reasonable and Customary
Ileostomy, Colostomy, Incontinence Supplies	Reasonable and Customary

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TRAVEL BENEFIT	Benefit
Out of Canada Emergency	Yes
Pre-existing condition exclusion	Yes
Number of days per trip/max	60 days/5 million lifetime
Out of Canada Referral	Yes
If not available in Canada	Yes
Maximum	50%, \$3,000 for every 3 calendar years
Travel Assistance	Yes
DENTAL	
Fee Guide	Current
Specialists Fee Guide included (Y/N)	No
Dental Deductible	No overall deductible
Claiming Period	School Year
Termination	Retirement
Late Application Maximum	\$200 first year
Survivor Benefit	24 months, no survivor premium required
Dental Co-insurance	
Basic Services	100%
Periodontal	100%
Endodontic	100%
Major Restorative	80%
Dentures	80%
Orthodontics	50%
Dental Maximums	
Basic Services	Unlimited
Major Restorative	\$4,000/school year
Orthodontia	\$3,500/Lifetime

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Basic and Supplementary Dental Services	Benefit
Recall Exams Frequency	9 months
Periodontal Scaling	10 units
Occulusal Equilibrium	8 units / school year
Diagnostic Tests	Complete exams eligible 1 every 24 months;
Preventive Services	Oral hygiene instruction/1 per lifetime, Pit and Fissure Sealants for adults and children/1 every 36 months Fillings: composite, amalgam, acrylic or bonded covered
Endodontic Services	Chemical bleaching of an endodontically-treated tooth is eligible
Periodontal Services	Guided Tissue Regeneration is excluded
Fluoride Treatment	Yes
Full Mouth X-Rays (Adult/Child)	1/24 months
Panoramic X-Rays	1/24 months
Denture Repairs, Relines, Rebase	Yes
Surgical Services	Fractures are eligible; Sedation and Anesthesia covered
Space Maintainers	Eligible under Level 1 for children 14 years or under; Myofunctional therapy is excluded
Major Dental Services Details	
Bridges, Crowns, Inlay, Onlays	Yes
Diagnostic Casts	Yes
Denture Adjustments	Yes
Denture Repairs/Rebasing, Relining and Remakes	Yes
Tissue Conditioning (Resetting of Teeth)	Yes
Open space limitations	Yes
Major Restorative Dental Services Details	
Crown replacement	1 per tooth every three years
Onlay replacement	1 per tooth every three years
Denture replacement	1 per tooth every three years
Dental Implants	Covered, subject to Alternate Benefit Clause
Orthodontic Dental Services	Benefit

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Orthodontics	Yes
Coverage for children	Yes
Coverage for adults	Yes
Age limit for coverage for children	N/A