



YOUR FLEX BENEFITS PROGRAM, YOUR CHOICE 2019

BENEFITS & INSURERS

Benefit	Insurer	Policy number
Basic Employee Life Insurance ***	Sun Life Financial	43438
Short Term Disability ***	High Liner Foods	401
Long Term Disability ***	Sun Life Financial	43438
Employee Assistance Program ***	Sun Life Financial	43438
Medical Care : <div style="padding-left: 20px;">Prescription Drugs</div> <div style="padding-left: 20px;">Medical services & supplies</div> <div style="padding-left: 20px;">Vision & paramedical services</div>	Green Shield Canada	HLFS
Dental Care	Green Shield Canada	HLFS
Health Care Spending Account	Green Shield Canada	HLFS
Personal Spending Account	Green Shield Canada	HLFS
Out of Country Coverage	Green Shield Canada	HLFS
Optional Life Insurance	Sun Life Financial	43438
Optional AD & D (Accidental death and dismemberment)	SSQ Financial Group	1GS95
Optional Critical Illness	SSQ Financial Group	1N400

*** Core coverage's that you receive automatically and that are paid for by your employer.

Other coverage's are flexible and you can choose the level of coverage you need for each one.

FLEX CREDITS (flex dollars) : To help pay for your flexible benefits coverage options, your employer provides you with a pool of funds called **flex dollars** when you first enroll in the program and at each regular re-enrollment period.

The flex dollars allocated are based on your employee status (full time, part time, etc.), and your health and dental coverage category (single, two-person, or family).

You will receive \$400 in additional flex credits if you are a non-smoker. You can also receive \$100 in additional flex credits by completing the voluntary online Health Risk Assessment (HRA) questionnaire when you first join the program and during the regular re-enrollment periods.

AUTOMATIC CORE BENEFITS COVERAGE

CORE BENEFITS	
Basic Employee Life Insurance	1.5 times your annual base earnings
Short Term Disability	Please refer to your High Liner STD policy for details
Long Term Disability	70% of your base monthly earnings, up to a maximum of \$10,000 per month
Employee Assistance Program	Available for you and for your eligible family members. Please refer to your booklet for more information

FLEXIBLE COVERAGE OPTIONS

HEALTH BENEFITS			
Prescription Drugs	Level 1	Level 2	Level 3
Reimbursement	75%	85%	95%
Per script deductible	\$12	\$10	\$8
Smoking cessation products	\$800 lifetime max	\$800 lifetime max	\$800 lifetime max
Fertility treatments	Not applicable	\$1,500 lifetime max	\$2,500 lifetime max
100 % `safety net` coverage begins after you pay this amount out of your own pocket	Not applicable	Not applicable	\$750

Medical Services and Supplies	Level 1	Level 2	Level 3
Reimbursement	100 %	100 %	100 %
Hospital	Semi-private	Semi-private	Semi-private
Convalescent care	\$20 per day, maximum 180 days	\$20 per day, maximum 180 days	\$20 per day, maximum 180 days
In-home nursing care	\$5,000 per 12 months	\$7,500 per 12 months	\$10,000 per 36 months
Hearing aids	\$500 every 5 years	\$700 every 5 years	\$700 every 4 years
Orthopedic shoes and orthotics combined	\$200 per 12 months	\$300 per 12 months	\$400 per 12 months
Miscellaneous supplies and services	Covered at the reimbursement level	Covered at the reimbursement level	Covered at the reimbursement level
Out-of-province emergency medical coverage	\$5 million per incident Coverage is in effect for a maximum of 180 days per trip	\$5 million per incident Coverage is in effect for a maximum of 180 days per trip	\$5 million per incident Coverage is in effect for a maximum of 180 days per trip

Vision Care and Paramedical Services			
Vision Care	Level 1	Level 2	Level 3
Eye exams	\$75 every 24 months for adults, 12 months for children under age 19	\$75 every 24 months for adults, 12 months for children under age 19	\$75 every 24 months for adults, 12 months for children under age 19
Glasses, contact lenses	No coverage for prescription glasses and contact lenses	\$175 per 24 months for adults, 12 months for children under age 19	\$200 per 24 months for adults, 12 months for children under age 19
Laser eye surgery	50%, up to a lifetime maximum of \$500 per person	50%, up to a lifetime maximum of \$500 per person	50%, up to a lifetime maximum of \$500 per person

Paramedical Services	Level 1	Level 2	Level 3
Basic : Dietician / Psychologist / Social worker / Speech therapist	\$500 per calendar year for all practitioners combined	\$600 per calendar year for all practitioners combined	\$700 per calendar year per practitioner
Additional : Acupuncturist / Audiologist / Naturopath / Occupational therapist / Osteopath / Podiatrist / Chiropodist	\$400 per calendar year for all practitioners combined	\$500 per calendar year for all practitioners combined	\$600 per calendar year per practitioner
Comprehensive : Chiropractor / Massage therapist / Physiotherapist	\$300 per calendar year for all practitioners combined	\$400 per calendar year for all practitioners combined	\$500 per calendar year per practitioner

DENTAL CARE	Level 1	Level 2	Level 3
Reimbursement			
Preventive and basic services	80%	80%	70%
Periodontal services	70%	70%	70%
Major services, including implants	50%	50%	60%
Orthodontic services (children under 19)	Not covered	50%	60%
Maximums			
Basic and Major services	\$1,500 maximum per person, per calendar year combined	\$1,500 maximum per person, per calendar year combined	\$2,000 maximum per person, per calendar year combined
Orthodontic services	Not covered	\$1,500 per person per lifetime	\$2,000 per person per lifetime
Dental implants	Not covered	Not covered	\$500 per calendar year
Recall exam	Every 12 months for adults, every 6 months for children	Every 9 months for adults, every 6 months for children	Every 6 months for adults and children

OPTIONAL COVERAGE

You may choose to elect the following insurance coverage on an optional basis.

OPTIONAL LIFE INSURANCE	
Employee	Units of \$10,000 up to a maximum of \$500,000 Proof of insurability required if the amount of insurance is greater than \$50,000
Spouse	Units of \$10,000 up to a maximum of \$250,000 Proof of insurability is mandatory
Dependent children	Units of \$5,000 up to a maximum of \$25,000 per child

OPTIONAL AD&D INSURANCE	
Employee	Units of \$10,000 up to a maximum of \$350,000
Spouse	Units of \$10,000 up to a maximum of \$350,000
Dependent children	Units of \$5,000 up to a maximum of \$50,000 per child

OPTIONAL CRITICAL ILLNESS	
Employee	Units of \$10,000 up to a maximum of \$150,000 Proof of insurability required if the amount of insurance is greater than \$10,000
Spouse	Units of \$10,000 up to a maximum of \$150,000 Proof of insurability required if the amount of insurance is greater than \$10,000
Dependent children	Units of \$5,000 up to a maximum of \$25,000 per child