



Benefits Summary for Permanent Employees

SUNLIFE CONTRACT NUMBER: 100556

PARTICIPANT NUMBER TO ACCESS GROUP BENEFITS PLAN: Your GID number

SUN LIFE: MYSUNLIFE.CA OR 1-866-896-6976

Basic, Dependent and Optional Life Insurance, and AD&D			
Basic Life and AD&D Amount	2 x salary		
Dependent Life Amount	Spouse: \$5,000/Child: \$2,500		
Optional Life Amount	Employee: maximum of \$1,000,000 combined with basic life Spouse: maximum of \$300,000		
Short Term Disability and Long-Term Disability			
STD Amount	66.7% of weekly salary		
LTD Amount	60% of 1 st \$3,000 of monthly earnings plus 40% of excess		
MEDICAL	Option 1 BASIC	Option 2 STANDARD	Option 3 ENHANCED
Deductible	\$4 per DIN	\$3 per DIN	\$1.20 per DIN
Co-Insurance	75%	80%	100%
Drugs	Mandatory generic substitution	Mandatory generic substitution	Mandatory generic substitution
Hospital	100% Semi-Private Room	100% Semi-Private Room	100% Private Room
Out of Canada	100%, Lifetime Maximum \$3,000,000 Duration: 90 days	100%, Lifetime Maximum \$3,000,000 Duration: 90 days	100%, Lifetime Maximum \$3,000,000 Duration: 90 days
Physiotherapist, Occupational Therapist, Athletic Therapist and Physical Rehabilitation Specialist	Combined maximum of \$500 / year	Combined maximum of \$750 / year	Combined maximum of \$1,000 / year
Speech Therapist, Osteopath, Podiatrist, Naturopath and Massage Therapist	Not Covered	\$500 / year	\$750 / year
Chiropractor	Not Covered	\$500 / year	\$750 / year
Psychologists, Social Workers, Clinical Counsellors, Psychotherapists, Psychoanalysts, Marriage and Family Therapists	Combined maximum of \$500 / year	Combined maximum of \$750 / year	Combined maximum of \$1,000 / year
Vision Care	\$100 / 24 months Eye Exam: \$75 / 12 months	\$300 / 24 months Eye Exam: \$75 / 12 months	\$400 / 24 months Eye Exam: \$75 / 12 months
DENTAL	Option 1 BASIC	Option 2 STANDARD	Option 3 ENHANCED
Annual Deductible	None	None	None
Recall Examination	1 / 9 months	1 / 6 months	1 / 6 months
Preventive Care Co-Insurance	90%	100%	100%
Basic Care Co-Insurance	80%	90%	100%
Major Care Co-Insurance	60%	60%	60%
Combined Maximum with Basic, Preventive and Major Care	\$1,000 / year	\$1,500 / year	\$2,000 / year
Orthodontic Care Maximum	Not Covered	Not Covered	\$2,000 lifetime for children under 19
Orthodontic Care Co-Insurance	--	--	50%
Health Care Spending Account	Option 1 BASIC	Option 2 STANDARD	Option 3 ENHANCED
HSA ¹	Included	Not Included	Not Included

¹Employees opting out of the plan also have access to an HSA

If you have any questions please contact your local Human Resources Representative or you can always log on www.mysunlife.ca/technicolor

Document is for reference purposes only and does not replace the contractual documents. The contractual documents prevail in case of differences.