

Your 2019/2020 Benefits At-a-Glance

Part-Time and Casual Employees



This document provides a summary of the coverage available to eligible regular part-time and casual employees under the LottoFlex Benefits Program as of December 1, 2019. Your benefits will be locked in for one calendar year. Coverage can only be changed if you experience a life change. Eligible expenses are covered to the extent that they are reasonable and customary, as determined by Medavie Blue Cross or plan limits. In the event there is a discrepancy between this document and the formal plan or policy documents, the formal plan or policy documents will take precedence. See the **LottoFlex Overview** for details on how to enroll in the program, the annual re-enrollment, default coverage and the current Flex Credit allocation.

Refer to your benefits booklet or contract for full coverage details, as well as exclusions and limitations.

HEALTH

Medavie Blue Cross Policy 14014

	BASIC* Family Basic Option is only available if you provide proof of coverage under another plan	OPTIMUM	PREMIUM
Deductible	None		
Lock-in Period	1 year		
Lifetime Maximum	Unlimited		
Dependent Eligibility	Eligible child dependents can be covered until the age of 21 (or 25 if a full-time student)		
Survivor Benefit	24 months		
Termination Age	Earlier of age 70 or retirement		
Covered Expenses			
Prescription Drugs (legally requiring a prescription and subject to mandatory generic substitution)	<ul style="list-style-type: none"> • Managed Formulary with Mandatory Generic Substitution • With pay-direct drug card • Dispensing fee maximum – to reasonable and customary limits • 100 days maximum supply (30 days supply may apply to some drugs) 		
Drugs (excluding Diabetic Supplies)	20%	80% to an out-of-pocket maximum of \$45 per prescription / 100% thereafter	80% to an out-of-pocket maximum of \$15 per prescription / 100% thereafter
– Vaccines	– To a maximum of \$700 per 5 plan years	– To a maximum of \$700 per 5 plan years	– To a maximum of \$700 per 5 plan years
– Smoking Cessation Drugs	– Not covered	– \$300 lifetime maximum on smoking cessation drugs	– \$300 lifetime maximum on smoking cessation drugs
– Fertility Drugs	– Not covered	– \$1,500 per plan year and lifetime maximum of \$3,000	– \$1,500 per plan year and lifetime maximum of \$3,000
– Allergy Sera	– Included	– Included	– Included
– Aspirin Therapy (ASA)	– \$75 maximum per plan year	– \$75 maximum per plan year	– \$75 maximum per plan year
– Intrauterine Contraceptive Devices	– Included	– Included	– Included
– Diaphragm	– Included	– Included	– Included
– Erectile Dysfunction Treatments	– Not covered	– \$250 maximum per plan year	– \$250 maximum per plan year
– Weight Loss Treatment	– Pre-authorization required	– Pre-authorization required	– Pre-authorization required

	BASIC*	OPTIMUM	PREMIUM
Ambulance Transportation	To a maximum of \$1,000 per plan year		
Out-of-province/Canada Medical Emergency	Out of Country coverage is provided by SSQ. Details are listed on the following page		
Hospital Coverage / Chronic Care	None	None	Semi-private – 100%
Convalescent Care / Physical Rehabilitation	None	None	100% to a maximum of \$50 per day and 120 days per plan year
Vision	20%	80%	90%
– Lenses/Frames/Contact Lenses/Laser Eye Surgery (combined)	To a maximum of: <ul style="list-style-type: none"> Age 19 and over: <ul style="list-style-type: none"> \$50 per 2 plan years Under age 19: <ul style="list-style-type: none"> \$50 per plan year (combined with visual training) 	To a maximum of: <ul style="list-style-type: none"> Age 19 and over: <ul style="list-style-type: none"> \$200 per 2 plan years Under age 19: <ul style="list-style-type: none"> \$200 per plan year 	To a maximum of: <ul style="list-style-type: none"> Age 19 and over: <ul style="list-style-type: none"> \$300 per 2 plan years Under age 19: <ul style="list-style-type: none"> \$300 per plan year
– Eye Exams*	<ul style="list-style-type: none"> Age 19 and over: <ul style="list-style-type: none"> 1 exam per 2 plan years Under age 19: <ul style="list-style-type: none"> 1 exam per plan year 	<ul style="list-style-type: none"> Age 19 and over: <ul style="list-style-type: none"> 1 exam per 2 plan years Under age 19: <ul style="list-style-type: none"> 1 exam per plan year 	<ul style="list-style-type: none"> Age 19 and over: <ul style="list-style-type: none"> 1 exam per 2 plan years Under age 19: <ul style="list-style-type: none"> 1 exam per plan year
– Visual Training	To a maximum of: <ul style="list-style-type: none"> Age 19 and over: <ul style="list-style-type: none"> \$50 per 2 plan years Under age 19: <ul style="list-style-type: none"> \$50 per plan year (combined with lenses, frames, contact lenses and laser eye surgery) 	To a maximum of: <ul style="list-style-type: none"> Age 19 and over: <ul style="list-style-type: none"> \$150 per lifetime Under age 19: <ul style="list-style-type: none"> \$150 per lifetime 	To a maximum of: <ul style="list-style-type: none"> Age 19 and over: <ul style="list-style-type: none"> \$150 per lifetime Under age 19: <ul style="list-style-type: none"> \$150 per lifetime
Medical Supplies and Services	20%	80%	80%
– Diabetic Supplies	20%	80%	80%
– Glucose Monitoring Systems	To a maximum of \$4,000 per plan year	To a maximum of \$4,000 per plan year	To a maximum of \$4,000 per plan year
– Glucometer	To a maximum of \$200 per plan year		
– Private Duty Nursing	To a maximum of \$2,500 per plan year	To a maximum of \$10,000 per plan year	To a maximum of \$10,000 per plan year
– Hearing Aids	To a maximum of \$125 per 5 plan years	To a maximum of \$500 per 5 plan years	To a maximum of \$500 per 5 plan years
– Diagnostic Tests	Included	Included	Included
– Durable Medical Equipment**	1 per month for rental, once per 5 plan years for approved purchase		
– Mobility Aids and Orthopedic Appliances	Included	Included	Included
– Orthopedic Shoe Supplies	To a maximum of \$50 per plan year	To a maximum of \$150 per plan year	To a maximum of \$150 per plan year
– Custom-Made Foot Orthotics	To a maximum of 4 pairs and a maximum of \$400 per 3 plan years	To a maximum of \$400 per 3 plan years	To a maximum of \$400 per 3 plan years
– Custom Orthopedic Shoes	1 pair per plan year		
– Prostheses	Included	Included	Included
– Accidental Dental	Predetermination of claim required		
– Other Medical Services and Supplies	Included to certain maximums and reasonable and customary charges		

Paramedical Services*	20%	80%	80%
– Physiotherapist	To a maximum of 20 visits per plan year	To a maximum of 20 visits per plan year	To a maximum of 40 visits per plan year
– Psychologist, Psychotherapist, Psychoanalyst, Social Worker, Counselling Therapist, Marriage and Family Therapist	To a combined maximum of \$1,000 per plan year	To a combined maximum of \$1,000 per plan year	To a combined maximum of \$1,000 per plan year
– Osteopath, Podiatrist / Chiropodist, Chiropractor, Speech Therapist, Massage Therapy, Naturopath and Acupuncturist	To a maximum of \$60 per practitioner to a combined maximum of \$200 per plan year	To a maximum of \$250 per practitioner to a combined maximum of \$800 per plan year	To a maximum of \$600 per practitioner to a combined maximum of \$1,500 per plan year
– X-rays	Included (Chiropractor, Osteopath, Naturopath, Chiropodist/Podiatrist)		

*Reimbursement per visit is limited to usual, customary and reasonable charges.

**Pre-authorization required.

OUT OF COUNTRY/EMERGENCY TRAVEL ASSISTANCE

SSQ Policy 1BK50

Coverage	
Out-of-province/ Canada Medical Emergency	100% with a maximum of \$1,000,000 per event
Travel Assistance	Included
Termination Age	Earlier of age 70 or retirement

For more information on this coverage, please contact your HR representative.

MEDICAL SECOND OPINION

Medavie Blue Cross Policy 14014

Coverage	
Medical Second Opinion	Access will be provided for qualifying medical conditions
Termination Age	Earlier of member's or spouse's age 70 or retirement

DENTAL

Medavie Blue Cross Policy 14014

	Basic	Optimum	Premium
Deductible	Not covered	None	
Lock In Period		1 year	3 years
Dental Fee Guide		Current fee guide for General Practitioners	
Dependant Eligibility		Eligible child dependents can be covered until the age of 21 (or 25 if a full-time student)	
Survivor Benefits		24 months	
Termination Age		Earlier of age 70 or retirement	
Covered Expenses			
Basic and Preventative Services	Not covered	80%	90%
– Recall Examination Frequency		Adults: 1 per plan year Children under 19: 2 per plan year	Adults and children once per 6 months
– Teeth Polishing	Not covered	Adults: 1 per plan year Children under 19: 2 per plan year	Adults and children once per 6 months
– Fluoride Treatment		Adults: 1 per plan year Children under 19: 2 per plan year	Adults and children once per 6 months
– Scaling		17 units per plan year (combined with Root Planing)	17 units per plan year (combined with Root Planing)
– Endodontic Services		Included	Included
– Periodontic Services		Included	Included
▪ Root planing		17 units per plan year (combined with Scaling)	17 units per plan year (combined with Scaling)
▪ TMJ/Facial Pain		To a maximum of \$2,500 per lifetime	To a maximum of \$2,500 per lifetime
Major Services		70% to a maximum of \$1,000 per person per plan year	80% to a maximum of \$2,000 per person per plan year
Orthodontics		Not covered	50% to a lifetime maximum of \$2,000 for adults and children

LIFE INSURANCE – EMPLOYEE

Medavie Blue Cross Policy 14014

	Basic	Optimum	Premium	Select
Lock-In Period	1 year			
Coverage	\$20,000	1 x salary	1.5 x salary	2 x salary
Non-Evidence Maximum	\$20,000	\$750,000	\$750,000	\$750,000
Maximum	\$20,000	\$1,550,000	\$1,550,000	\$1,550,000
Benefit Reduction	50% at age 65			
Termination Age	Earlier of age 70 or retirement*			
Waiver of Premium - should you become disabled while you are enrolled for this benefit, your premiums may be waived (subject to approval).				
* Coverage may be continued under a corresponding Retiree Plan, ask your HR representative for details.				

LIFE INSURANCE – DEPENDENT

Medavie Blue Cross Policy 14014

	Optimum	Premium	Select
Lock-In Period	1 year		
Coverage	\$5,000 for spouse \$2,500 for dependent child	\$10,000 for spouse \$5,000 for dependent child	\$20,000 for spouse \$10,000 for dependent child
Benefit Reduction	None		
Termination Age	Earlier of employee's age 70 or retirement*		

Waiver of Premium - should you become disabled while you are enrolled for this benefit, your premiums may be waived (subject to approval).

* Coverage may be continued under a corresponding Retiree Plan, ask your HR representative for details.

OPTIONAL LIFE INSURANCE

Medavie Blue Cross Policy 14014

	EMPLOYEE	SPOUSE
Coverage	Available in units of \$10,000	Available in units of \$10,000
Maximum	\$300,000 (30 units)	\$300,000 (30 units)
Evidence of Insurability	Required for all amounts	
Termination Age	Earlier of age 70 or retirement*	Earlier of employee's or spouse's age 70 or employee's retirement*

Waiver of Premium - should you become disabled while you are enrolled for this benefit, your premiums may be waived (subject to approval).

* Coverage may be continued under a corresponding Retiree Plan, ask your HR representative for details.

OPTIONAL CRITICAL ILLNESS INSURANCE

SSQ Policy 1BK40

	EMPLOYEE	SPOUSE	CHILD
Coverage	In units of \$5,000 (minimum of 2 units)	In units of \$5,000 (minimum of 2 units)	\$10,000 per family
Non-Evidence Maximum	\$15,000	\$10,000	
Maximum	\$150,000 (30 units)	\$150,000 (30 units)	
Evidence of Insurability	Required for amounts above \$15,000	Required for amounts above \$10,000	Not required
Termination Age	Earlier of age 70 or retirement	Earlier of age 70 or retirement	Employee's age 70 or retirement

For more information on this coverage, please contact your HR representative.

ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE - EMPLOYEE

SSQ Policy 1BK35

	Basic	Optimum	Premium	Select
Lock-in Period	1 year			
Coverage	\$20,000	1 x salary	1.5 x salary	2 x salary
Maximum	\$20,000	\$1,500,000	\$1,500,000	\$1,500,000
Termination Age	Earlier of Age 70 or retirement*			

Waiver of Premium - should you become disabled while you are enrolled for this benefit, your premiums may be waived (subject to approval).

For more information on this coverage, please contact your HR representative. * Coverage may be continued under a corresponding Retiree Plan, ask your HR representative for details.

OPTIONAL AD&D INSURANCE

SSQ Policy 1BK45

	EMPLOYEE	EMPLOYEE & SPOUSE	EMPLOYEE, SPOUSE & DEPENDENT CHILD(REN)	EMPLOYEE & DEPENDENT CHILD(REN) ONLY
Coverage	In units of \$10,000			
Maximum	\$300,000 (30 units)	50% of Employee's principal sum	Spouse - 40% of Employee's principal sum Each dependent child - 11% of Employee's principal sum	15% of Employee's principal sum
Termination Age	Earlier of age 70 or retirement*	Earlier of Employee's age 70 or retirement*	Earlier of Employee's age 70 or retirement*	Earlier of Employee's age 70 or retirement*

Waiver of Premium - should you become disabled while you are enrolled for this benefit, your premiums may be waived (subject to approval).

For more information on this coverage, please contact your HR representative.* Coverage may be continued under a corresponding Retiree Plan, ask your HR representative for details.

HEALTH CARE SPENDING ACCOUNT (HCSA)

Any excess Flex Credits you have remaining after choosing your benefits can be deposited into a Health Care Spending Account (HCSA). Your HCSA can be used to cover any medical or dental expense allowable as a deduction under the Income Tax Act provided they are not covered, or not covered in full, by your provincial health insurance or by any private health plan you participate in. You can claim expenses for yourself or anyone you claim as a dependent for income tax purposes, including elder care. See the table below for highlights about how the HCSA works.

HOW THE HCSA WORKS	
Covered person	You and anyone listed as a dependent on your income tax return
Contributions	The amount you designate for your HCSA will be deposited December 1
Supports the costs for	Eligible health and dental expenses
Covered expenses	100% of eligible expenses that are allowed under the <i>Income Tax Act</i> For more information on <i>Income Tax Act</i> eligible expenses under your HCSA, visit http://www.cra-arc.gc.ca/tx/tchncl/ncmtx/fls/s1/f1/s1-f1-c1-eng.html#N1043D
Unused balance at the end of the benefit year	Any balance remaining in the account at the end of the first 12 months can be carried forward for one additional year Any unused balance following 24 months will be lost
Tax considerations	Expenses reimbursed are tax deductible
HCSA claims	HCSA claims are reimbursed upon request. You simply submit your receipts to the carrier and the amount of the receipt will be deducted from the balance in your HCSA. You have 90 days after the end of the benefit year in which the claim was incurred (i.e. until Feb. 28) to submit expenses for payment from your HCSA, provided you have monies in the account to draw from.

EMPLOYEE AND FAMILY ASSISTANCE PROGRAM (EFAP)

This confidential service provided by Homewood is available to you and your dependents as part of your benefits program. The EFAP offers assistance and support for a full range of personal, family and work issues, including:

- family difficulties – relationship issues, separation or divorce, marital conflicts or parenting problems
- work-related difficulties – stress, burnout, interpersonal problems, difficulties adjusting to change
- personal problems – fatigue, anxiety, loss of motivation or self-esteem, depression or bereavement
- dependency problems – alcohol, drugs or medication abuse and gambling problems
- legal problems – support for family law matters, such as separation or divorce, child support and custody
- financial problems – credit and debt management and budget planning
- child and elder care – educational materials, research assistance for daycares, vacation camps, retirement homes, home care and psychological support

Once you register for the Homewood website, you can access a robust set of tools and resources. Whether you need more information on a specific health topic, want to try a self-directed e-learning course or need some help locating child or elder care services, you'll find valuable resources through the Homewood member services website. See the Who to Contact section below for contact information.

WHO TO CONTACT

CONTACT	FOR QUESTIONS ABOUT...
<p>Medavie Blue Cross (Starting December 1, 2019) 1-888-873-9200</p> <p>medaviebc.ca/members</p>	<ul style="list-style-type: none"> • Your benefits coverage under the following plans: <ul style="list-style-type: none"> ○ Health ○ Dental ○ Life Insurance • Your benefits and claims for services incurred starting December 1, 2019 • Your HCSA balance and submitting HCSA claims • Benefits cards • Reporting a change of address or a life change • Assistance registering for online access to the Medavie Blue Cross member website
<p>SSQ 1-902-425-2729</p> <p>Out of Country Emergency Toll Free Number: 1-866-783-9473 (USA and Canada) 1-514-285-8195 (Collect from elsewhere)</p>	<ul style="list-style-type: none"> • Your benefits coverage under the following plans: <ul style="list-style-type: none"> ○ Out of Country/Emergency Travel Insurance ○ AD&D Insurance ○ Critical Illness Insurance
<p>Homewood 1-800-663-1142</p> <p>homeweb.ca</p>	<ul style="list-style-type: none"> • Accessing the EFAP • Assistance registering for online access to the Homewood member website
<p>Atlantic Lottery Corporation Colette.komst@alc.ca or at ext 5318 Kristen.Bastarache@alc.ca or at ext 5515 Ginette.landry@alc.ca or at ext 5622</p>	<ul style="list-style-type: none"> • Adding or removing dependents

2019/2020 RATES

December 1, 2019 to November 30, 2020



Rates shown are monthly

	BASIC	OPTIMUM	PREMIUM	SELECT
Health	Single: N/A Family: \$129.73	Single: \$88.68 Family: \$230.73	Single: \$110.62 Family: \$287.30	—
Out of Country Emergency Travel Assistance		Single: \$2.95 Family: \$5.90		—
Dental	None	Single: \$31.56 Family: \$78.88	Single: \$48.64 Family: \$121.60	—
Life Insurance – Employee		\$0.164 per \$1,000 of coverage		
Life Insurance - Dependent	—	\$1.27 per employee	\$2.53 per employee	\$5.02 per employee
AD&D Insurance - Employee		\$0.016 per \$1,000 of coverage		
Optional AD&D Insurance		Employee: \$0.0198 per \$1,000 / Family: \$0.0288 per \$1,000		

OPTIONAL LIFE INSURANCE – EMPLOYEE AND SPOUSE

Age of employee or spouse	Rates per month per unit of \$10,000			
	Non-Smoker		Smoker	
	Male	Female	Male	Female
Under 30	\$0.052	\$0.038	\$0.080	\$0.057
30-34	\$0.057	\$0.043	\$0.090	\$0.066
35-39	\$0.066	\$0.047	\$0.113	\$0.085
40-44	\$0.104	\$0.071	\$0.189	\$0.128
45-49	\$0.180	\$0.113	\$0.331	\$0.213
50-54	\$0.302	\$0.189	\$0.543	\$0.331
55-59	\$0.510	\$0.302	\$0.898	\$0.506
60-64	\$0.784	\$0.454	\$1.299	\$0.699
65-69	\$1.403	\$0.678	\$2.304	\$1.022

OPTIONAL CRITICAL ILLNESS – EMPLOYEE AND SPOUSE

Age of employee or spouse	Rates per month per unit of \$5,000			
	Non-Smoker		Smoker	
	Male	Female	Male	Female
0-19	\$0.305	\$0.259	\$0.342	\$0.287
20-24	\$0.324	\$0.250	\$0.361	\$0.278
25-29	\$0.472	\$0.453	\$0.546	\$0.537
30-34	\$0.500	\$0.601	\$0.620	\$0.786
35-39	\$0.583	\$0.731	\$0.814	\$1.119
40-44	\$0.842	\$0.953	\$1.388	\$1.748
45-49	\$1.462	\$1.406	\$2.877	\$2.923
50-54	\$2.294	\$1.896	\$5.245	\$4.181
55-59	\$3.885	\$2.507	\$9.703	\$5.458
60-64	\$6.595	\$3.654	\$16.336	\$7.252
65	\$8.778	\$4.856	\$21.738	\$9.648
66	\$9.648	\$5.337	\$23.911	\$10.619
67	\$10.591	\$5.874	\$26.298	\$11.674
68	\$11.674	\$6.457	\$28.925	\$12.839
69	\$12.839	\$7.104	\$31.820	\$14.116

CRITICAL ILLNESS – CHILD

Child	\$4.376 per \$10,000 in coverage per month
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