

Welcome to this overview of the University of Ottawa's group benefits program for the APUO members and those governed by the APUO benefits program.

This overview provides information on your group benefits effective May 1, 2017.

You can follow this overview in the order it is presented, or select any topic in the Table of Contents on the left side of your screen to jump to that section.

Also, at any time you can click on the navigation buttons on your screen to pause, return to a previous screen or skip ahead.

You can also click on the "Transcript" tab to view the script.

In addition to this overview, you can refer to the benefit descriptions available on the University of Ottawa's Human Resources website, under My info.

Your group benefits program

- Important part of your total compensation
- Competitive and comprehensive insurance
- Provides basic insurance
- Flexibility to also choose from a range of optional insurance
- Benefits – other than long term disability insurance – continue to apply if you work past age 65

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Your group benefits program is a key part of the total compensation you receive from the University of Ottawa.

The University is committed to ensuring that the program remains competitive and continues to provide the comprehensive insurance that you and your family need.

We also believe that a basic level of insurance is essential for our employees, which is why some group benefits are required.

At the same time, your program offers you flexibility to select other optional insurance that you think suits you best.

Another advantage of your group benefits program is that coverage (except for long term disability insurance) continues if you stay employed with the University past age 65.

Let's take a closer look now at how the group benefits program works.

How the program works

- Eligibility
 - Permanent employees
- Categories of coverage
 - Individual or family
- Coverage lock-in
 - Two years
 - Unless you experience an eligible life event, such as a change in marital status or birth of a child
 - 31 days to make a coverage change

All permanent University employees are eligible for group benefits insurance.

You can choose between individual coverage, just for yourself, or family coverage if you have eligible dependents, such as a spouse or children.

The choices you make when you enrol in the program are locked in for two years or until the next re-enrolment period.

Please contact HR Benefits to confirm the timing of the next re-enrolment, which is usually held every two years.

There is an exception to this if you experience an eligible life event before the next re-enrolment period. This can include a change in your marital status, the birth or adoption of a child, or another eligible event. In such a case, you can change your coverage within 31 days of the life event.

How the program works

Basic insurance

- Extended health insurance
- Basic dental insurance
- Long term disability insurance (Bronze)
- Basic life insurance
- Basic dependent life insurance

Optional insurance

- Optional dental insurance
- Top-up for disability insurance (Silver, Gold)
- Optional life insurance
- Optional accidental death and dismemberment insurance

Other benefits

- Sick leave
- Health Care Spending Account
- Employee and Family Assistance Program

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As mentioned earlier, some basic insurance under the program is required, including extended health insurance, basic dental insurance, Bronze long term disability insurance, and basic life insurance for you and your dependents.

And as you see from the middle list on here, there is also a broad range of optional insurance that you can purchase if you wish.

Finally, the University also provides you with additional benefits in the way of sick leave, a Health Care Spending Account and an Employee and Family Assistance Program.

We'll look at each of these benefits in more detail in just a moment.

How the program works

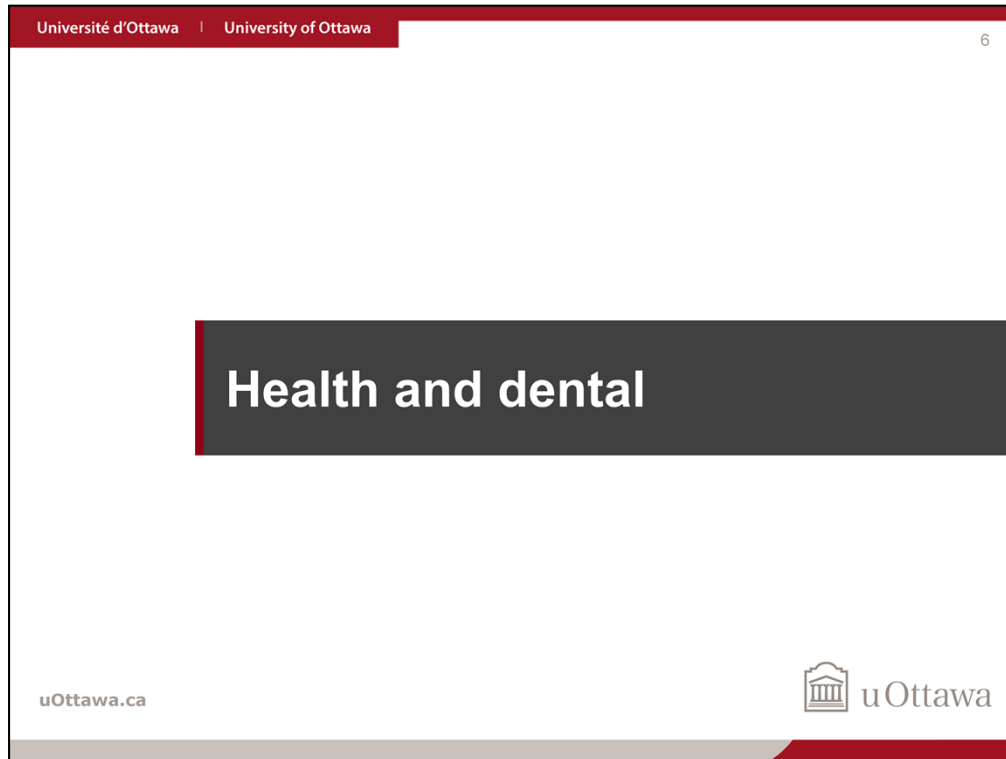
Who pays for what?	
University	You
<ul style="list-style-type: none"> • Extended health insurance • Basic dental insurance • Sick leave • Long term disability insurance (Bronze) • Health Care Spending Account • Employee and Family Assistance Program 	<ul style="list-style-type: none"> • Optional dental insurance • Top-up disability insurance (Silver and Gold) • Basic life insurance • Optional life insurance • Basic dependent life insurance • Optional dependent life insurance • Optional accidental death and dismemberment insurance

But first, here is a breakdown of the cost sharing under the program.

Your group benefits program is based on the philosophy that benefits are a shared responsibility. That's why the University pays for some types and you are responsible for the cost of others.

Also, the University provides you with a Health Care Spending Account and benefit dollars to help you pay for certain health and dental expenses. We'll see how this works a little later in the overview.

Let's move on and take a closer look at the coverage offered under the group benefits program.



We'll begin with health and dental insurance. One thing to keep in mind is that the amounts shown in the following section are for **each** insured person.

Extended health insurance

Prescription drugs	Coverage per person
Covered drugs	<ul style="list-style-type: none"> Drugs legally requiring a prescription Life-sustaining drugs not legally requiring a prescription
Reimbursement level	<ul style="list-style-type: none"> 80%
Deductible/ dispensing fee	<ul style="list-style-type: none"> Quebec: \$3 deductible per prescription Ontario: No deductible; maximum dispensing fee of \$6.11 per prescription (except at Campus Pharmacy where maximum is \$10.99)
Generic drug substitution	<ul style="list-style-type: none"> Yes, unless no generic drug exists or your doctor provides written direction
Pay-direct drug card	<ul style="list-style-type: none"> Yes

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The extended health insurance reimburses certain medical expenses not covered by the Ontario and Quebec provincial health insurance plans.

For drugs that require a prescription or that are considered life-sustaining, the program reimburses 80% of the cost. Depending on if you live in Quebec or Ontario, a deductible or maximum dispensing fee applies.

In all cases, reimbursements are based on generic drug substitution, which means that if you are prescribed a brand name drug, the amount reimbursed will be based on the cost of the lowest cost generic equivalent drug. The only exceptions to this rule are if no equivalent generic drug exists for the brand name drug you are prescribed, or if the prescription contains a written direction from the physician that the prescribed drug is not to be substituted with another product.

It's important to understand that Health Canada imposes the same standards and tests on generic drugs as it does on brand name drugs. This means generic drugs are as effective and safe as brand name drugs, while costing considerably less. That's because the cost of a generic drug doesn't include the cost of the research that's already been carried out on the brand name drug.

If you still choose to buy a brand name drug even though a generic equivalent exists and you don't have a valid medical reason, you'll have to pay the difference in price between the two drugs, on top of the portion of the cost that you normally have to pay.

Under the program, you also receive a pay-direct drug card that you can use at the pharmacy. The pharmacist will use your card to electronically submit to the insurance company the details of your drug purchase and you will pay only your portion of the cost, which is the portion not covered by the program.

Extended health insurance

Other expenses	Coverage per person
Reimbursement level	<ul style="list-style-type: none"> 100%
Deductible	<ul style="list-style-type: none"> None
Hospital	<ul style="list-style-type: none"> Up to private room
Private-duty nursing	<ul style="list-style-type: none"> When referred by a doctor Maximum: \$25,000 per year
Nursing home	<ul style="list-style-type: none"> Maximum: \$25 per day
Hearing aids	<ul style="list-style-type: none"> Maximum: \$2,000 every 5 years
Vision care	<ul style="list-style-type: none"> Examination <ul style="list-style-type: none"> Maximum: \$80 every two years Laser eye surgery, prescription glasses and contact lenses <ul style="list-style-type: none"> Maximum: \$250 every two years

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In addition to coverage for prescription drugs, the program reimburses 100% of the cost of other eligible medical expenses, such as a hospital room, private-duty nursing and vision care.

There is no deductible, but maximums may apply.

Use the “pause” button on your screen to review the coverage here, and then start the presentation again.

Extended health insurance

Other expenses	Coverage per person
Emergency dental	<ul style="list-style-type: none"> When required following an accident
Paramedical <ul style="list-style-type: none"> Chiropractor, naturopath, osteopath, podiatrist/chiroprapist 	<ul style="list-style-type: none"> No medical referral required Maximum: \$400 per practitioner per calendar year For chiropractor, osteopath, and podiatrist/chiroprapist: one x-ray per practitioner per calendar year
<ul style="list-style-type: none"> Physiotherapist, speech therapist and massage therapist 	<ul style="list-style-type: none"> With medical referral Maximum: \$400 per practitioner per calendar year
<ul style="list-style-type: none"> Psychologist 	<ul style="list-style-type: none"> With medical referral Maximum: 50% per visit, up to \$1,000 per year

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Your health insurance also covers dental services required as a result of accidental injury to sound natural teeth, provided the treatment is completed within twelve months of the accident.

Paramedical services provided by a range of practitioners are also reimbursed under the program. Again, you can use the “pause” button on your screen to review the coverage here, and then start the presentation again. You will notice that for some services, you need a medical referral for them to be covered.

Extended health insurance

Other expenses	Coverage per person
Vaccines	<ul style="list-style-type: none"> Maximum: \$2,500 per year
Medical supplies and services (e.g., laboratory, x-rays, orthopedic shoes, orthotics)	<ul style="list-style-type: none"> To specified maximums
Out-of-Canada medical	<ul style="list-style-type: none"> Lifetime maximum: \$5 million
Emergency travel assistance	<ul style="list-style-type: none"> Maximum stay: 180 days

Other expenses covered by your health insurance include vaccines, certain medical supplies and services, such as x-rays and orthopedic shoes, and certain medical services when you are traveling or studying outside Canada.

You also benefit from emergency travel assistance for periods of travel up to 180 days outside the country. This includes services such as multilingual telephone assistance, transportation home following hospitalization, and meals and accommodation.

Before incurring any out-of-Canada medical or non-medical expenses, you should always get approval from our benefits carrier, Manulife, by phoning the emergency travel assistance hotline. The number appears on the Manulife card you are issued.

Extended health insurance

- Chance to opt out of the University's basic health insurance
 - If you have health care insurance under another private plan, such as your spouse's plan
 - Cannot opt back in until next re-enrolment or eligible life event
 - Will increase amount of benefit dollars you receive for your Health Care Spending Account
 - If you opt out, you will not be eligible for Out-of-Canada coverage

You can choose to opt out of the health insurance provided by the University if you can show that you're covered under another health plan, such as your spouse's plan.

It's important to understand that if you opt out of this insurance, you will lose all benefits under the extended health insurance and you won't be able to opt back in until the next re-enrolment period. However, if you experience an eligible life event before the next re-enrolment period, such as a change in your marital status, the birth or adoption of a child, or another eligible event, you'll be able to opt back in without evidence of insurability.

When you opt out of the University's extended health insurance, you receive additional benefit dollars in your Health Care Spending Account. Again, we'll look at the Health Care Spending Account and benefit dollars a little later in this overview.

If you choose to opt out of the extended health insurance, you will not be eligible for out-of-Canada coverage.

Dental insurance

Basic insurance	Coverage per person
Reimbursement level	<ul style="list-style-type: none"> 80%, no annual maximum
Deductible	<ul style="list-style-type: none"> None
Eligible expenses	<ul style="list-style-type: none"> Basic services to specified maximums Examples: <ul style="list-style-type: none"> Oral exam – 1 every 36 months Recall exams – 2 per calendar year Extractions Root canal therapy Gum treatments
Dental fee guide	<ul style="list-style-type: none"> Ontario guide for previous year Reimbursement also based on least expensive treatment giving professionally adequate results

Under the basic dental insurance, you are reimbursed for 80% of the cost of eligible dental procedures, with no annual maximum.

There is no deductible for basic dental insurance.

Examples of the types of expenses reimbursed are complete oral exams, tooth extractions and root canals.

Reimbursements are based on the Ontario Dental Association Fee Guide for General Practitioners in effect for the year previous to the treatment, and on the least expensive treatment that will produce professionally adequate results.

Basic dental insurance

- Chance to opt out of the University's basic dental insurance
 - Will increase amount of benefit dollars you receive for your Health Care Spending Account

As with extended health insurance, you can also opt out of the University's basic dental insurance. However, you do not have to provide proof of coverage under another plan to opt out.

Again, keep in mind that if you opt out, you won't be able to opt back in until the next re-enrolment period, unless you experience an eligible life event before then, such as a change in your marital status, the birth or adoption of a child, or another eligible event.

When you opt out of the University's basic dental insurance, you also receive additional benefit dollars in your Health Care Spending Account, which we'll look at a little later.

Dental insurance

Optional insurance	Coverage per person
Eligibility	<ul style="list-style-type: none"> • Must have basic dental insurance • 12-month waiting period if you apply more than 31 days after becoming eligible
Reimbursement level	<ul style="list-style-type: none"> • 50%
Deductible	<ul style="list-style-type: none"> • None
Major services (e.g., crowns, inlays, outlays, bridges, dentures)	<ul style="list-style-type: none"> • Maximum: \$1,500 per calendar year
Orthodontic services	<ul style="list-style-type: none"> • Lifetime maximum: \$2,500

If you join the Basic Dental Insurance Plan, you can also choose to purchase optional dental insurance for yourself and your family. If you opt out of basic dental insurance, you cannot keep the optional dental insurance.

However, if you don't apply for optional dental insurance within 31 days of becoming eligible for this insurance, you'll have a twelve-month waiting period before your optional insurance will begin.

Eligible dental services are reimbursed at 50%, subject to applicable maximums, with no deductible.

Major services that are covered include, for example, crowns, bridges and dentures. The maximum reimbursement for each calendar year is \$1,500 for each covered person.

For orthodontic services, a lifetime maximum of \$2,500 applies per insured person.

Dental insurance

Optional insurance	Coverage per person
Dental fee guide	<ul style="list-style-type: none"> • Ontario guide for previous year • Reimbursement also based on least expensive treatment giving professionally adequate results
Ending coverage	<ul style="list-style-type: none"> • Optional dental insurance must be maintained for at least two years before it can be cancelled

As with basic dental insurance, reimbursements under optional dental insurance are based on the Ontario Dental Association Fee Guide for General Practitioners in effect for the year previous to the treatment, and on the least expensive treatment that will produce professionally adequate results.

If you purchase optional dental insurance, you must keep it for at least two years before you can cancel it.

Now let's move on to look at the Health Care Spending Account and the benefit dollars the University provides for you.

Health Care Spending Account (HCSA)

- Personal account set up in your name at Manulife
 - University deposits “benefit dollars” each year
 - Additional benefit dollars if you opt out of:
 - Health insurance - \$864
 - Dental insurance - \$243
- Works like expense account
 - Each time you submit an eligible HCSA claim, you can ask Manulife to reimburse you up to your HCSA account balance

The Health Care Spending Account, or HCSA, is a personal account opened in your name at Manulife and into which the University deposits a basic amount of benefit dollars each year.

If you opt out of the University’s extended health insurance and/or basic dental insurance, the University also deposits additional benefit dollars into your HCSA, on top of the basic amount.

Your HCSA works like an expense account. Each time you submit an eligible HCSA claim, you can ask Manulife to reimburse you up to your HCSA account balance.

Health Care Spending Account (HCSA)

- Use benefit dollars to pay for:
 - Your portion of health and dental expenses, for you and your dependents (e.g., deductibles, co-insurance, amounts above plan maximums)
 - Expenses not reimbursed by program but eligible under *Income Tax Act*

The HCSA offers certain advantages.

You can use your benefit dollars to pay for the portion of health and dental expenses that you would normally pay out of your pocket for yourself and your dependents, such as deductibles, co-insurance, the premium for optional dental insurance, and amounts above the maximums specified in the plans. However, if you are covered under another plan, you can choose to coordinate benefits with that plan before claiming from your HCSA.

You can also use them to pay for health and dental expenses that are not covered under the University's group benefits program, but that are eligible under the *Income Tax Act*. You can find a complete list of eligible expenses under the *Income Tax Act* on the Canada Revenue Agency website, under "eligible medical expenses."

Health Care Spending Account (HCSA)

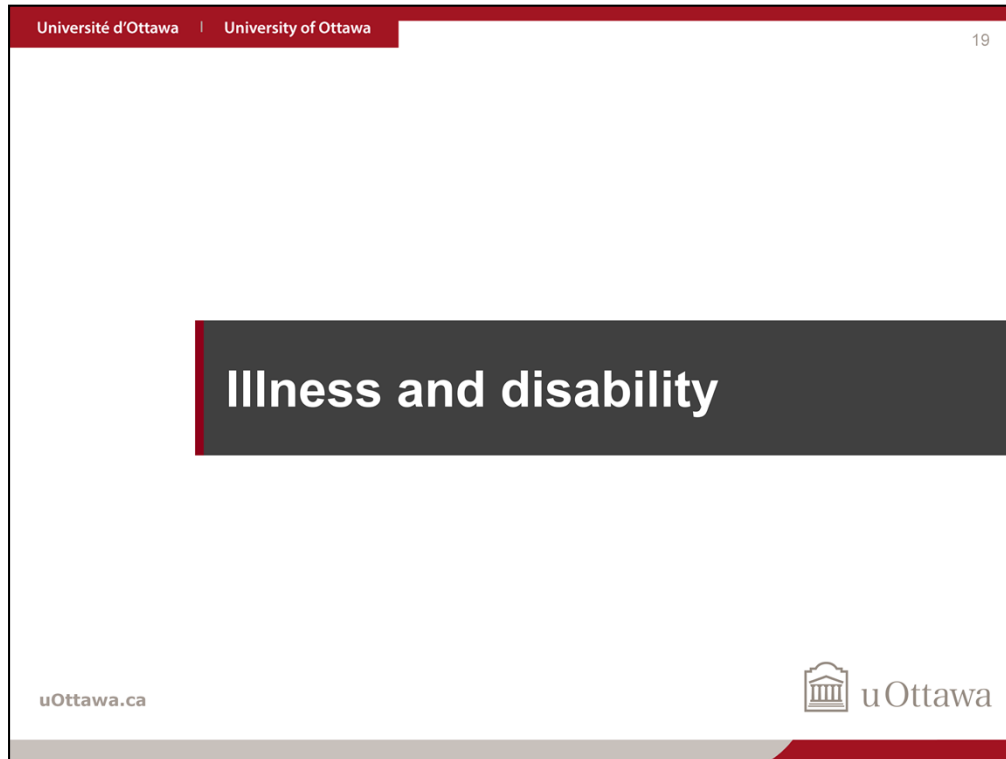
- Benefit dollars must be used within a specified time
 - At end of year, any unused benefit dollars can be carried over for a maximum of one year
 - You have 365 days to submit a reimbursement
 - If still unused at end of second year, you forfeit them
- Tax considerations
 - Ontario: no federal or provincial income tax on benefit dollars used
 - Quebec: provincial income tax on benefit dollars used

You have two years to use your benefit dollars. This is a rule established by the Canada Revenue Agency.

It means that unused benefit dollars can be carried forward for one year. However, if they are not used by the end of the second year, you forfeit them.

Ontario residents do not pay federal or provincial income tax on the benefit dollars used in their HCSA.

In Quebec, however, expenses reimbursed by the HCSA are considered a taxable benefit and must be included in income.



Let's move on now to the coverage for illness and disability that is available under the program.

Sick leave

- Available when non-work-related illness or accident prevent you from performing your regular work duties
- Entitled to 100% of base salary and benefits for 119 calendar days
 - Reduced by government agency benefits, if applicable
- Medical certificate may be required
- If sick leave exceeds 10 consecutive work days, you must notify University of when you will return to work

Here's what happens if you're unable to work because of a non-work-related illness or accident.

Under the University's sick leave policy, you're covered for up to 119 calendar days. During this period, you're entitled to 100% of your base salary and benefits. It's important to keep in mind that your salary from the University is reduced by any benefits you receive from any government agency, if applicable.

You could be required to provide the University with a medical certificate if your sick leave period exceeds 10 consecutive work days, or for shorter periods in some cases.

In any event, if your sick leave exceeds 10 consecutive work days, you must inform the University of when you plan to return to work. The University can also require you to be examined by a physician to determine if you are able to return to work.

Long term disability insurance

	Bronze	Silver	Gold
Waiting period	119 calendar days		
Benefit	60% of salary Max: \$8,500 / month	60% of salary + 4% top-up (64%)	60% of salary + 8% top-up (68%)
Premium	Fully paid by University	• Bronze insurance paid by University • Top-up paid by you	• Bronze insurance paid by University • Top-up paid by you
Cost of living adjustment	Up to 1%	Up to 2%	Up to 3%
Taxation	Taxable	Bronze – taxable Top-up – not taxable	Bronze – taxable Top-up – not taxable
Definition of disability	<ul style="list-style-type: none"> • First two years: own occupation • After two years: any occupation that generates at least 70% of indexed pre-disability earnings 		

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If, at the end of the 119-day sick leave period, you're unable to return to work, you may be eligible for long term disability benefits if approved by Manulife.

The University provides you with basic Bronze insurance, which you can choose to top up, if you wish, with optional Silver or Gold.

The University pays the full cost of Bronze, which provides a benefit equal to 60% of your pre-disability salary, to a maximum of \$8,500 a month.

With the Silver and Gold options, you can choose to top up the Bronze benefit with an additional 4% and 8%, respectively, of your pre-disability salary. There is no maximum monthly benefit under the Silver and Gold options, and the benefit you receive is over and above what you receive from your basic Bronze.

Benefits are paid as long as you are considered totally or partially disabled, until you recover or reach age 65, or in the event of your death, whichever occurs first.

Use the "pause" button on your screen to review the coverage here, noting the differences under the basic Bronze and Silver and Gold options in cost sharing, the cost-of-living adjustments and the taxation provisions. You can also see how "disability" is defined under the program. When you're ready, start the presentation again and we'll move on to life and accident insurance.

Life and accident insurance

Let's take a look now at the life and accident insurance available to you.

Life insurance

Premiums are paid by employee

Basic	Coverage
Employee	<ul style="list-style-type: none"> • 2 x annual salary • Maximum: \$300,000
Spouse	<ul style="list-style-type: none"> • \$10,000
Child	<ul style="list-style-type: none"> • \$5,000

Optional	Coverage
Employee and spouse	<ul style="list-style-type: none"> • Units of \$25,000 • Maximum for each: \$500,000
Child	<ul style="list-style-type: none"> • Units of \$10,000 • Maximum: \$50,000

Under the group benefits program, you're required to have basic life insurance for yourself and for your spouse and children, if you have declared eligible dependents.

If you wish, you can also choose to purchase additional optional life insurance for yourself, and for your spouse or child.

The premiums for both basic and optional life insurance are paid by the employee.

Again, use the "pause" button on your screen to review the coverage here, and then start the presentation again.

Accidental death and dismemberment insurance

Premiums are paid by employee

Optional	Coverage
Employee	<ul style="list-style-type: none"> Available in units of \$25,000 Maximum: \$500,000
Spouse and/or children	<ul style="list-style-type: none"> Spouse (no children): 60% of employee's amount Spouse (with children): 50% of employee's amount Children (with spouse): 15% of employee's amount (for each covered child) Children (without spouse): 20% of employee's amount (for each covered child)

Optional accidental death and dismemberment insurance, or AD&D insurance, is provided through the AIG Insurance Company of Canada. Optional AD&D insurance pays a benefit in the event of accidental death or serious injury. This benefit is payable in addition to any other insurance that may be in effect at the time of the accident.

If you wish to obtain optional AD&D insurance just for yourself, as an employee, you can buy up to \$500,000 in insurance, in units of \$25,000. In the event of a covered loss (other than your death), the benefit would be payable to you as a percentage of your coverage amount. In the event of your death, the full coverage amount would be payable to your designated beneficiary or estate.

If you want to have AD&D insurance for both yourself and your family, you can buy up to \$500,000 in employee insurance, in units of \$25,000. You would be the automatic beneficiary for any benefit payable due to the accidental death or covered injury of your spouse or dependent children. The benefit payable for your dependents would be a percentage of your coverage amount, as shown on the bottom part of this table. Again, in the event of your death, the full coverage amount would be payable to your designated beneficiary or estate.

Use the "pause" button on your screen to review the coverage options available, and then start the presentation again.

Employee and Family Assistance Program (EFAP)

- Offers you, your spouse and dependent children access to professional counselling, information and support services (e.g., family, legal, financial, health)
- EFAP services, operated by Morneau Shepell, a professional EFAP provider, are:
 - 100% paid by the University
 - Completely confidential
- 24/7 access

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The University also provides – for you, your spouse and dependent children – professional counselling services through the Employee and Family Assistance Program, or EFAP.

The EFAP can help you face everyday issues and find solutions to all kinds of challenges regarding work, your health or life in general.

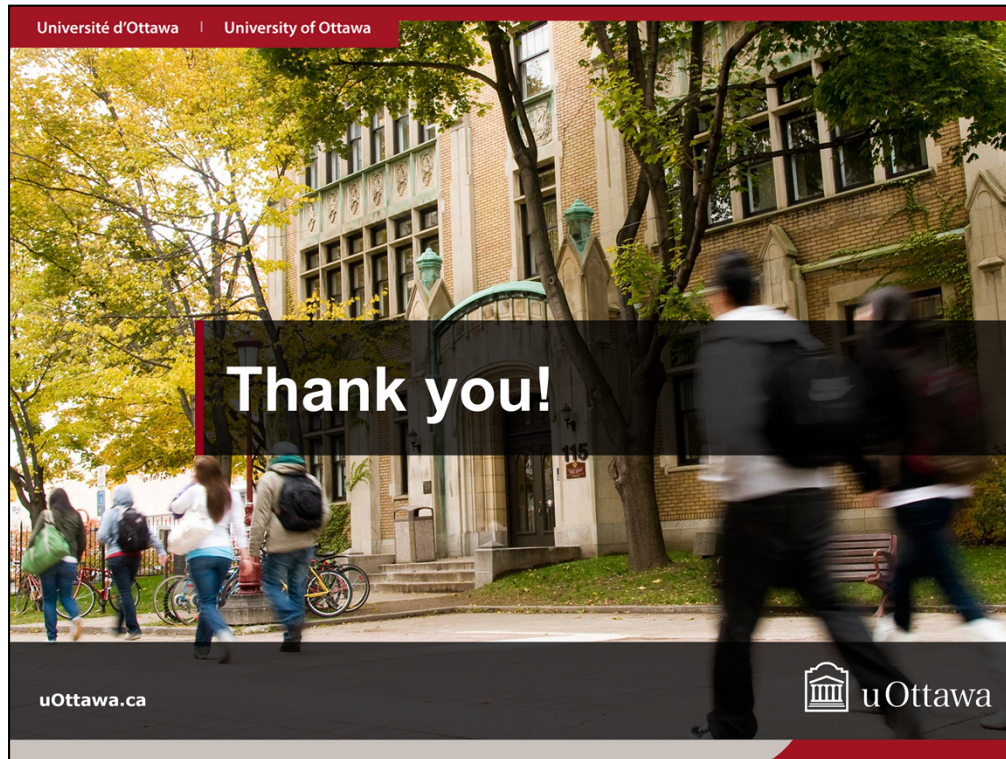
The services are offered through Morneau Shepell and its highly qualified and experienced professionals. The EFAP is fully paid for by the University and is completely confidential within the limits of the law. No one, including your supervisor, will ever know if you use the services.

You can contact Shepell to make an appointment at any time of the day or week, by calling them or visiting their website.

More information

For questions about	Contact
Accidental death and dismemberment insurance	University of Ottawa (hrbenefits) Click here to send an email
All other group benefits	Manulife 1-800-268-6195 Click here for Manulife website
Employee Family and Assistance Program	Morneau Shepell 1-844-880-9142 Click here for Morneau Shepell website
Other group insurance matters	University of Ottawa (hrbenefits) Click here to send an email or MyInfo

If you would like to have more information about your group benefits program and your options, here is some useful contact information.



Thank you for listening to this overview of your group benefits program. We hope you've found it useful.

Remember that you can refer to the detailed benefit descriptions on the University of Ottawa's Human Resources website – under My info – to know more about how the program works so that you can take full advantage of what it has to offer.