



**BENEFITS AT A GLANCE
OFFICE, CLERICAL AND TECHNICAL
EMPLOYEES
Great West Life Policy No. 136993
Division 103
Effective November 1, 2001**

This "Benefits at a Glance" provides brief highlights of your Group Insurance Benefit Coverage with the Board. If you have detailed questions, please contact your Benefits Department at the Board Office. If there is any discrepancy between this document and the Group Insurance Policy, the Policy will apply without exception.

BASIC LIFE INSURANCE (Mandatory for All Employees)	
Schedule of Coverage	\$50,000
Total Disability Benefit	Up to \$40,000 payable in 60 installments to age 65
Waiver of Premium when Disabled	Yes - to age 65
Coverage Ceases	- at age 65 - at retirement if you do not elect Retiree Life Insurance within 31 days - on termination of employment
Coverage at Early Retirement	Yes – must be elected within 31 days.

EMPLOYEE OPTIONAL LIFE INSURANCE	
Schedule of Coverage	You may purchase Units of \$25,000 Maximum of 6 units (\$150,000)
Waiver of Premium when Disabled	Yes – to age 65
Coverage Ceases	At retirement

DEPENDENT OPTIONAL LIFE INSURANCE	
Schedule of Coverage	Spouse - \$25,000 Each Child - \$10,000
Waiver of Premium when Disabled	Yes – to age 65
Coverage Ceases	At retirement

HOSPITAL BENEFIT	
Semi-Private Hospital	100% reimbursement - unlimited

EXTENDED HEALTH CARE	
Deductible Reimbursement Overall Maximums Per Benefit Year Lifetime	Nil 100% for all expenses Unlimited Unlimited

Vision Care	Reimbursement up to \$300 every two benefit years – one eye exam and laser surgery eligible
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Drugs Dispensing Fee Cap Definition	Pay-direct Card \$7.50 per prescription drugs prescribed by a physician or dentist including oral contraceptives, injected medications and excluding weight loss or dietary supplement products \$200 lifetime
Smoking Cessation Fertility Treatment Sexual Dysfunction	one 12-month period \$1,000 per benefit year

Private Hospital	Unlimited, 100% reimbursement
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Convalescent Care	Limited to \$3 per day; max. 120 days.
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Paramedical (per person)	
Chiropractor	\$15/visit
Osteopath	\$10/visit
Podiatrist	\$10/visit
Naturopath	\$10/visit
Masseur	\$10/visit
Physiotherapist	\$15/visit
Clinical Psychologist	\$15 per ½ hr. 1 st visit/

Speech Pathologist	\$15 subsequent visits. \$25 initial visit, \$10 subsequent visits Reimbursement for each above practitioner is limited to \$225 per Benefit Year per person
Hearing Aids	\$600 every 5 years
Ambulance	Covered including air ambulance to nearest hospital
Private Duty Nursing	\$10,000 in any 36 consecutive months.
Orthopedic Equipment	Braces, cervical collars, casts, splints, external electrosplinal stimulators, non-union bone stimulators, prone standers
Orthotics and Orthopedic shoes	\$700 every 24 rolling months effective Sept 1/04
Breathing Equipment	Oxygen and its administrative equipment, intermittent pressure breathing machines, apnea monitors, mist tents, nebulizers, chest percussors, drainage boards and sputum pumps, suction pumps, tracheostoma tubes, etc.
Prosthetic Equipment	Artificial eyes; limbs including repairs, stump socks, and shoulder harness; cleft palate obturators, myoelectric arms, including repairs, external breast prosthesis 1 per year; surgical brassieres 2 per year
Mobility Aids	Canes, walkers, crutches, parapodiums; mechanical or hydraulic patient lifters; wheelchair batteries; outdoor wheelchair ramps
Out of Province	Reasonable and customary expenses for



**Hamilton-Wentworth
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Revised sept/07

Emergency	physicians and hospital charges over and above what OHIP allows, limited to a maximum of \$500,000
Out of Province Referral	If approved by OHIP, includes hospital accommodation of \$75 per day, max. 60 days per year.
Survivor Benefits	Maximum 2 years or age 65 if earlier

Orthodontics	Space Maintainers and straightening of the teeth
Survivor Benefits	Yes – Maximum of 2 years or age 65 if earlier
Termination Date	At age 65
Coverage at Early Retirement	Yes

EXCLUSIONS & LIMITATIONS

No Benefit will be paid for charges incurred:

- **No claims will be paid if they are older than 15 months**
- for accommodation in a mental hospital or nursing home
- for services or supplies for cosmetic purposes unless required as a result of an accident or injury
- as a result of war, declared or not, participation in civil commotion, riot or insurrection or while serving in the armed forces
- for care, services or supplies with are not medically necessary
- for experimental treatment or supplies
- for non-prescription sun glasses or safety glasses
- as a result of temporomandibular joint related problems

DEFINITION OF DEPENDENT

Dependents include the employee's spouse or common-law spouse (partner) and dependent children from birth up to and including age 21, or while a full-time student, under the age of 25. Dependent children of any age are covered if physically or mentally disabled.

Spouse is the employee's legal spouse, common-law spouse, or former spouse. A

Common-law spouse (partner) means a person of the opposite or same sex who is living with the employee in a common-law relationship for at least 12 months and is represented as the employee's spouse. A former spouse means a divorced or ex-common-law spouse for whom insurance protection under the employer's benefit program is court mandated. Only one spouse may be covered at any time. Coverage for a court-mandated former spouse takes priority over a current legal or common-law spouse.

Dependent Child means an unmarried natural, adopted or step child of the employee or the insured spouse/partner and other unmarried children for whom the employee or the insured spouse has been appointed as guardian. A child under age 22 must not be working more than 30 hours per week unless they are a full-time student. A child of the insured spouse is covered if he is also the employee's child or the spouse is living with the employee and has custody of the child. For Dependent Life Insurance, a child is covered from living birth.

GENERAL CONTACTS

Your Benefits Department:

Hamilton-Wentworth District School Board
100 Main Street West
Hamilton, Ontario
L8N 3L1

Attention: Benefits Department
Telephone: (905) 527-5092
Fax: (905) 521-2543

Your Insurance Company:

GREAT WEST LIFE INSURANCE

Great West Life Health & Dental Claims
P.O. Box 6005, Station Main
Winnipeg, Manitoba
R3C 3B2

Toll Free Inquiry Number: (800) 957-9777

DENTAL									
Deductible	Nil								
Reimbursement	<table border="0"> <tr> <td>Basic</td> <td>100%</td> </tr> <tr> <td>Endodontic & Periodontal</td> <td>75%</td> </tr> <tr> <td>Major Restorative</td> <td>75%</td> </tr> <tr> <td>Orthodontics</td> <td>50%</td> </tr> </table>	Basic	100%	Endodontic & Periodontal	75%	Major Restorative	75%	Orthodontics	50%
Basic	100%								
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Endodontic & Periodontal	Unlimited								
Major Restorative	\$2,000 per calendar year eff sept 1/08 \$2500								
Orthodontics	\$2,000 lifetime eff sept 1/08 \$2500								
Fee Guide	Current fee guide								
Basic Services	Examinations, x-rays, tests and laboratory reports, sealants, fillings, prefabricated crowns for primary teeth, caries trauma and pain control, extractions, anesthesia Recall exams, bitewing x-rays, polishing, scaling, fluoride and oral hygiene instruction are limited to once every 9 months; full mouth exams and x-rays limited to once every 3 years.								
Endodontic & Periodontal Services	Root canal therapy and treatment of the gum tissue								
Major Restorative	Dentures, Crowns Bridges, repairs and maintenance of dentures, crowns and bridges.								