



Benefits for Employees Covered by Section 2-39 of *The Saskatchewan Employment Act*

Introduction

This booklet contains a summary of

1. Basic Life Insurance,
2. Business Travel Accident Insurance
3. Dental plan provisions, and
4. Formulary Drug coverage.

These programs represent an important part of your total compensation package.

Eligibility

Employees at the University of Saskatchewan who do not meet the requirements for the university's regular benefits program, but who meet the following eligibility requirements which are set out in the Labour Standards Regulations, are eligible for the coverage described in this booklet.

Qualifying Period

The initial qualifying period is 26 consecutive weeks of employment from your date of hire.

Commencement of Coverage

- ▷ Your coverage begins after you have worked at least 390 hours during the initial qualifying period.
- ▷ If you do not qualify for coverage at the end of the initial qualifying period, you will have your eligibility reviewed annually.

Qualifying for Ongoing Coverage

- ▷ Your coverage will also be reviewed at the end of each full calendar year. In order to remain eligible for coverage at each January 1, you must have worked at least 780 hours during the previous calendar year.

You will be advised **in writing** when your coverage begins, changes or terminates. (See Summary of Benefit Coverage.)

Break in Employment

If you have a break in employment of more than six months, your coverage or your eligibility will cease and you will not be eligible for benefits until after you have worked at least 390 hours during another qualifying period of 26 consecutive weeks of employment.

Please note that, notwithstanding any other plan provisions, you must be actively at work during a month in order to be covered by the benefits plan for that month.

Summary of Benefit Coverage

<p>Employment history:</p>	<ul style="list-style-type: none"> ▷ During the initial 26 week qualifying period: at least 390 hours, or ▷ Thereafter, in the previous calendar year: at least 780 hours
<p>Benefit:</p> <p>Basic Life Insurance</p> <p>Business Travel Insurance</p> <p>Dental Coverage for you</p> <p>Formulary Drug Coverage for you and your dependents</p>	<p>2 times annual basic earnings, adjusted to the next higher \$1,000 (if not already a multiple of \$1,000) subject to a maximum benefit of \$500,000.</p> <p style="text-align: center;">\$100,000</p> <p>100% of Basic Dental Coverage, member only, up to \$2,000 per calendar year</p> <p>100% of formulary drugs, member and dependent coverage, to a maximum of \$2,000 per calendar year</p>

Continuation of Coverage

Coverage under the Basic Life Insurance, Dental and Formulary Drug plans will continue while you are on:

- ▷ paid vacation;
- ▷ an approved leave of absence with pay;
- ▷ an approved leave of absence without pay for up to 36 months provided you pay the premiums; or
- ▷ if you die while insured under the formulary drug plan, coverage for your eligible dependents will continue for up to 24 months.

Termination of Coverage

Coverage for you will cease on the earliest of:

- ▷ the date your employment terminates,
- ▷ your retirement date,
- ▷ if you are deceased,
- ▷ the end of the period for which the last premium was paid,
- ▷ the date you are no longer an eligible employee, or
- ▷ the date the policy terminates.

Coverage will also terminate during any period of lay-off or during a strike.

Cost of Coverage

Cost sharing of your benefits coverage will remain consistent with that of the full-time group. You may be required to contribute to the cost of the plans by payroll deduction.

1. LIFE INSURANCE

Basic Life Insurance Plan

The Basic Life Insurance Plan provides a lump sum benefit to your beneficiary in the event of your death.

Benefits

In the event of your death from any cause at any time or place while you are insured, your beneficiary or estate will receive:

- 2 times basic annual earnings, adjusted to the next higher \$1,000 (if not already a multiple of \$1,000) subject to a maximum benefit of \$500,000.

Death benefits may be paid in one lump sum or, if elected, under settlement options offered by Sun Life.

Beneficiary

When you become eligible for the Basic Life Insurance plan, your beneficiary designation will automatically be your estate. You may change your beneficiary at any time by completing a *Beneficiary Nomination* form available on the Human Resources website. Any nominations you make are revocable, unless prohibited by law or you stipulate otherwise. It is your responsibility to keep your beneficiary designation up-to-date.

Disability Provision

If you become totally disabled before your 65th birthday and are unable to work at your own or any other job, you may apply to have your Basic Life Insurance continue without payment of premium until you recover, retire or reach age 65. Application must be made before the end of your first year of disability. You will be required to submit medical proof of your disability. Any amount of insurance continued is subject to the terms of the group contract.

Conversion Privilege

If your Basic Life Insurance is reduced (e.g., because your hours are reduced) or terminated (e.g., because you retire or terminate employment), your coverage will be continued without cost for a 31-day conversion period. During this time, you may convert your coverage to an individual policy without providing medical evidence. For information on conversion, contact Human Resources for the insurance company agent's name and phone number within the 31 day conversion period.

In the event of your death during the 31-day conversion period, the full amount of your coverage will be paid to your beneficiary or estate.

Claims

In the event of your death, Human Resources will assist your beneficiary or executor in submitting a claim. Claims should be submitted as soon as possible.

Government Plans

Canada Pension Plan

A lump sum death benefit may be payable to your spouse or estate. In addition, a survivor's pension may be payable to your spouse or an orphan's pension may be payable to your dependent children.

Workers' Compensation

If your death is the result of a work-related accident, a lump sum death benefit will be paid to your spouse. In addition, a specified monthly amount may be paid to your spouse or dependent children.

2. BUSINESS TRAVEL ACCIDENT INSURANCE

Business Travel Accident Insurance Benefits

In the event of your accidental death while travelling on authorized university business, your estate will receive \$100,000. This benefit is in addition to other life and accident insurance benefits which may be payable.

There is an overall maximum of \$500,000 payable for all losses resulting from the same accident, regardless of the number of insured persons involved. In the event of a single accident resulting in the death of more than one employee, the benefit will be pro-rated among the estates within the \$500,000 maximum.

Benefits are also provided for accidental loss of limb, sight or hearing while travelling on authorized university business. These benefits are detailed in the Specific Loss Accident Indemnity section of the Business Travel Accident Insurance Plan policy.

The Corporate Administration Office has the necessary claim forms and will provide assistance in completing them.

Business Travel does not include everyday travel to and from work.

3. DENTAL PLAN

Benefits

The Dental Plan will reimburse you for:

▷ 100% of basic dental services - to a maximum of \$2,000 annually.

The plan has no deductible.

Dependants are not covered for dental benefits.

Reimbursement for dental benefits is based on the usual and customary charges established for general practitioners by the college of Dental Surgeons in the member's province of residence. If alternative dental procedures would provide professionally adequate results, reimbursement will be based on the lowest cost alternative.

Basic Services

Preventive dental procedures

- complete exam once every three benefit years
- recall exam once every five months, to a maximum of two exams per benefit year
- emergency or specific exams limited to two per benefit year per type of exam
- complete series of X-rays OR one panorex once every three benefit years
- bitewing x-ray once every five months, to a maximum of two sets per benefit year
- radiograph to diagnose or examine progress
- required consultations with another dentist
- polishing/cleaning and topical fluoride treatment every five months, to a maximum of two per benefit year
- emergency or palliative services
- diagnostic tests and lab exams
- removal of impacted teeth and anesthesia
- space maintainers for primary teeth
- pit and fissure sealants
- oral hygiene instruction once per benefit year

Basic procedures

- fillings:
 - amalgam (silver)
 - composite (white) on all teeth
 - acrylic (replaced by composite)
- removal of teeth (except impacted teeth)
- prefab metal restorations/crowns and repairs (not custom made)
- surgery and related anesthesia (except removal of impacted teeth)
- repair of bridges or dentures
- rebase or reline denture

General Exclusions and Limitations

The following services are not covered:

- ▷ Services covered by the Canada Health Act, Saskatchewan Medical Care Insurance Act, or Saskatchewan hospital Services Plan as of July 1, 1991 whether such services continue to be provided pursuant to legislation.
- ▷ Medical examinations or routine general check-ups required for the use of a third party.
- ▷ Charges for rest cures, convalescent care, custodial care, rehabilitation services in a hospital for the chronically ill or a chronic care unit of a general hospital, or charges incurred by the participant when, in the opinion of Sun Life, proper treatment should be in a chronic care unit or institution for the chronically ill.
- ▷ Charges relating to elective services obtained by a participant outside his province of residence when his provincial government health care programs have not accepted liability for those items normally covered in the participant's province of residence.
- ▷ Any services and supplies to which the participant is entitled under any Workers' Compensation statute or any other legislation.
- ▷ Charges which normally would not be made if the participant were not covered by this plan.
- ▷ Services for cosmetic purposes or conditions not detrimental to one's health.
- ▷ Any services and supplies normally available without cost, or at a nominal cost, under any government statute on the effective date of this plan.
- ▷ Mileage and/or delivery charges to or from a hospital, physician, dentist or other provider of services and supplies.
- ▷ Services in connection with an injury or disease resulting from riot, insurrection or war, whether war be declared or not. This includes any condition caused directly or indirectly by any armed forces.
- ▷ Any item or service not listed as a benefit in this plan.
- ▷ Medications restricted under federal or provincial legislation which are prescribed and/or dispensed despite such regulations.
- ▷ Registration charges or non-resident surcharges in any hospital.
- ▷ Services required as a result of attempting to commit a criminal act.
- ▷ Services performed by an unqualified practitioner.
- ▷ Charges for missed appointments or the completion of claim forms.
- ▷ Services which are normally paid for directly or indirectly by the employer.
- ▷ Dental implants and/or services performed in conjunction with implants.

Pre-treatment Plan

If your dentist recommends any dental procedure that is expected to cost over \$500, you should have your dentist complete a pre-treatment plan. Submit this plan to the insurer, and you will be advised of the benefits payable for the course of treatment. Submitting a pre-treatment plan ensures that there are no misunderstandings about what reimbursement you will receive for expensive courses of treatment.

CLAIM PROCEDURES

Claims must be submitted within 90 days of the end of the calendar year of receiving the service

or supplies. Claims incurred prior to employment terminating must be submitted within 90 days of the date of termination. If you have a dental expense that is either fully or partially covered by the plan, you can submit your claim in one of three ways:

Electronic Submission: Many dentists choose to submit claims electronically on behalf of their patients and will agree to have the reimbursement made directly to the dentist's office. This means you won't need to complete a claim form. However, you should remember that having the reimbursement paid directly to your dentist does not discharge your obligation to the dentist should the reimbursement be less than the dentist's fee.

Online/Mobile App: Sign up to *my Sun Life* at www.mysunlife.ca and enter your access ID and password. If you do not have an access ID, click on **Register** and follow the steps. You will need your member ID (your university employee number) and contract number (150798). Once you have logged in sign up for direct deposit. You can submit claims online and have your payment deposited directly into your bank account, usually within 24 to 48 hours from the time your claim has been processed. Please retain your original receipts for 12 months as they may be required to support your online claim. When your claim has been processed, Sun Life will send you an e-mail to notify you about the status of your claim.

Mail: All eligible expenses can be claimed by mailing your claim submissions. Complete Sun Life's "Dental and Health Spending Account Claim Form", enclose the original receipts and mail it to the address below. Be sure to keep a copy of the claim form and receipts for your records.

When completing your claim, please note

- Policy Number - the University's group policy number is 150798.
- Member ID – your employee ID number.

ALL MAIL CLAIM FORMS ARE TO BE FORWARDED TO:

Sun Life Assurance Company of Canada
PO Box 2010 Stn Waterloo
Waterloo, ON N2J 0A6
Telephone: 1-800-361-6212

Benefit Period

Each benefit period covers one calendar year. Limits apply on a calendar year basis.

4. FORMULARY DRUG COVERAGE

Benefits

The Formulary Drug Plan will reimburse you and each of your eligible dependants for:

- ▷ 100% of formulary drugs, member and dependent coverage - reimbursement to a maximum of \$2,000 annually.

The plan has no deductible.

Eligible Dependents

All dependents must be residents of Canada and be eligible under the provincial government health care programs in their province of residence.

Your eligible dependents include:

Your Spouse – legal or common-law spouse provided your common-law spouse is publicly represented as your spouse and you have cohabited for one year.

Dependent Child – means an unmarried natural, adopted, or stepchild who is dependent upon you for financial support and who is:

- 1) Under 21 years of age,
- 2) Under 26 years of age and attending a College or University full-time,
- 3) Or physically or mentally incapable of self-support and became incapable to that extent while entirely dependent on the member for maintenance and support under 1) or 2) above.

Covered Formulary Drugs

The Plan reimburses prescribed formulary drugs which:

- ▷ have been approved by the Federal Drug Information Division, Health Protection Branch, for resale by licensed retail pharmacies,
- ▷ have been assigned a drug identification number in Canada,
- ▷ are listed in the current Saskatchewan Prescription Drug Plan Formulary,
- ▷ have been prescribed by a physician or dentist and dispensed by a licensed retail pharmacy or attending physician, and
- ▷ are not normally available over the counter.

Sun Life will cover the cost of the following generic drugs and supplies that are prescribed by a doctor or dentist and are obtained from a pharmacist. As mandatory generic substitution is a feature of your drug plan, the plan will only reimburse your prescription drugs up to the lowest priced (usually generic) equivalent, if one exists.

There may be valid medical reasons for not substituting your brand name drug with a lowest priced equivalent. If so, you and your doctor will need to complete a Drug Exception Application form. If the reasons are accepted by Sun Life, the plan will cover the cost of the brand name drug. Drugs covered under this plan must have a Drug Identification Number (DIN) in order to be eligible.

General Exclusions and Limitations

Anti-smoking drugs are limited to a six month supply, once per lifetime.

Benefits will not be payable for charges in connection with the following:

- ▷ non-formulary drugs,

- ▷ vitamins, dietary aids, experimental drugs, fertility drugs, Rogaine, and any other drug required for cosmetic purposes,
- ▷ Services covered by the Canada Health Act, Saskatchewan Medical Care Insurance Act, or Saskatchewan hospital Services Plan as of July 1, 1991 whether such services continue to be provided pursuant to legislation.
- ▷ Medical examinations or routine general checkups required for the use of a third party.
- ▷ Charges for rest cures, convalescent care, custodial care, rehabilitation services in a hospital for the chronically ill or a chronic care unit of a general hospital, or charges incurred by the participant when, in the opinion of Sun Life, proper treatment should be in a chronic care unit or institution for the chronically ill.
- ▷ Charges relating to elective services obtained by a participant outside his province of residence when his provincial government health care programs have not accepted liability for those items normally covered in the participant's province of residence.
- ▷ Any services and supplies to which the participant is entitled under any Workers' Compensation statute or any other legislation.
- ▷ Charges which normally would not be made if the participant were not covered by this plan.
- ▷ Services for cosmetic purposes or conditions not detrimental to one's health.
- ▷ Any services and supplies normally available without cost, or at a nominal cost, under any government statute on the effective date of this plan.
- ▷ Mileage and/or delivery charges to or from a hospital, physician, dentist or other provider of services and supplies.
- ▷ Services in connection with an injury or disease resulting from riot, insurrection or war, whether war be declared or not. This includes any condition caused directly or indirectly by any armed forces.
- ▷ Any item or service not listed as a benefit in this plan.
- ▷ Medications restricted under federal or provincial legislation which are prescribed and/or dispensed despite such regulations.
- ▷ Registration charges or non-resident surcharges in any hospital.
- ▷ Services required as a result of attempting to commit a criminal act.
- ▷ Services performed by an unqualified practitioner.

Claim Procedures

With the pay-direct drug card that is provided to you, no claim forms are required. The pay-direct drug card must be presented to the pharmacist when members purchase eligible prescription drugs anywhere within Canada. The pharmacist will submit your claim for the covered amount electronically to Sun Life Financial so members only have to pay the balance if the drug cost is higher than the amount eligible under the plan. For detailed information regarding the pay-direct drug card, please contact Human Resources or Sun Life Financial.

Benefit Period

Each benefit period covers one calendar year. Limits apply on a calendar year basis.

Reimbursement for prescribed drugs will be made at the lowest priced interchangeable brand as listed in the Saskatchewan Drug Formulary, even if “no substitution” is prescribed by the attending physician.

Coordination of Benefits

If a covered person has similar benefits through any other policy or arrangement, the amount payable through this plan shall be coordinated so that total payment from all other sources will not exceed the actual expenses incurred.

Conversion Option

If your coverage ceases because of termination of employment or termination of membership in the class of employees eligible for coverage under this plan, then you may apply within 60 days of your termination date to convert to one of the programs available to individuals through Sun Life at that time.

The conversion option is also extended to dependents. In the event of loss of coverage due to a change in status, or your death, a spouse or dependent child may apply within 60 days of the change to convert to one of the programs available to individuals through Sun Life at that time.

The information in this booklet is important to you and your family and should be kept in a safe place. We suggest you familiarize yourself with the contents of the booklet and refer to it whenever you make a claim for group benefits. You may call Human Resources if you need further information.

This description is intended as a summary of the benefit plans sponsored by the University of Saskatchewan. In the event of any misunderstanding or discrepancy, benefits will be paid according to the terms of the official plan documents and applicable legislation.

The Dental Plan and the Formulary Drug Plan is underwritten by Sun Life, Policy Number 150798.

The Basic Life Insurance Plan is underwritten by Sun Life, Policy Number 101798

The Business Travel Accident Insurance Plan is underwritten by The Citadel, Policy No. 6987383.