



Management/Excluded Employees and NSGEU Members Group Benefit Plans **Effective January 1, 2015**

REQUIRED BENEFITS

LATE APPLICATION - HEALTH AND DENTAL BENEFITS – If application has not been made for Health/Travel and/or Dental coverage within 31 days of the date you and/or your dependents first become eligible either through your employment status or as the result of a *life change, you and/or your dependents will be subject to the following late provisions for the first 6 months of coverage:

- Extended Health Benefits - Eye Refraction only;
- Prescription Drug Benefits;
- Dental Benefits - Recall examinations, Bite-wing x-rays, fluoride application, one time unit of scaling, and polishing only.

*Life Change: marriage, common-law (after 12 months of cohabitation), divorce, separation, retirement, birth/adoption of your first child, involuntary loss of spousal coverage (due to termination, layoff, death, etc.). In the case of the loss of spousal coverage, proof of the loss must be provided in the form of a letter from the insurer (or the employer if the plan is self-administered) indicating the date benefits were terminated and the reason for benefits termination.

HEALTH/TRAVEL BENEFITS

Health Benefits:

- **The health benefit is required (unless proof of other coverage is provided) and is available to permanent or casual long assignment employees, working at least 0.4 full-time status.** Health benefits are provided through Great-West Life and this benefit is cost-shared with the Employer (Capital Health pays 65% of the total premium cost). Coverage begins after a thirty-day waiting period. **(See late application information above.)**

Coverage includes:

- **Hospital Benefit** – includes Semi-private Hospital Accommodation, and Professional Ambulance Service (covers actual charges for licensed professional ground ambulance (up to the government set maximums) for emergency transportation to or from the nearest hospital able to provide the care required).
- **Extended Health Benefit** - includes Paramedical Practitioners (\$1,500 per calendar year maximum – all practitioners combined); Nursing Services (\$10,000 per calendar year); Medical Equipment (\$10,000 lifetime maximum); Hearing and Speech aids (\$1000 in 3 calendar years); Orthopaedic shoes (\$150 per 2 calendar years or each calendar year if participant is under age 18); Orthotics (\$150 per 2 calendar years or each calendar year if participant is under age 18); Oxygen; Accidental Dental; and Vision Care (\$150 per 24 months or 12 months for dependent children).
- **Prescription Drug Benefit** - \$3.00 co-pay on prescription drugs – limited to generic equivalent.

Employee Health Cost is:
Single: \$17.69/pay
Family: \$44.02/pay

Travel Benefits:

- Participation is automatic for employees who enroll in the Health Benefit through Capital Health. Provided through SSQ Insurance Company Inc., this benefit is cost-shared with the Employer (Capital Health pays 65% of the total premium cost). This plan is available 24 hours a day, during the course of any trip outside Canada, business or pleasure (please see the group insurance booklet for a list of exclusions); subject to a maximum of 60 days per trip. Coverage begins after a thirty-day waiting period.

Employee Travel Cost is: **Single: \$ 0.15/pay**
 Family: \$ 0.31/pay

DENTAL BENEFITS – **This benefit is mandatory (unless proof of other coverage is provided) and is available to permanent or casual long assignment employees, working at least 0.4 full-time status.** Provided through Great-West Life, this benefit is cost-shared by the Employer (CAPITAL HEALTH pays 65% of the total premium cost). Coverage begins after a thirty-day waiting period. (See late application information above)

Coverage includes:

- **100% - Basic Services** – Diagnostic, Preventative, Oral Surgery, and Minor Restorative
- **80% - Major Restorative** – Endodontics, Periodontics, Prosthodontics, and Major Restorative (Basic and Major Restorative - combined maximum of \$1500 per calendar year)
- **50% - Orthodontics** – Orthodontic Appliances, Orthodontic Observations and Adjustments (Orthodontic - \$1500 lifetime maximum. Limited to children under the age of 18 only)

Employee Cost is: **Single: \$ 6.99/pay**
 Family: \$14.93/pay

LONG-TERM DISABILITY (LTD) – **Participation is mandatory for all permanent employees of at least 0.4 full-time status.** LTD premiums are cost-shared with the Employer, with Capital Health contributing 50% of the cost. This benefit is administered through the Health Association of Nova Scotia (HANS). Claims are adjudicated by Manulife Financial. The amount of benefit payable to a covered employee under the Plan shall be 70% of his/her salary up to a maximum benefit of \$20,000 monthly (amounts in excess of \$15,000 require evidence of insurability). Coverage begins after a three-month waiting period.

Employee Cost is 1.45% of bi-weekly salary and is deducted from every pay.

PENSION PLAN – **Participation is optional* on date of eligibility and mandatory after three months of service for all permanent and casual long assignment employees with at least .5 full-time status. Also included are short assignments .5 or greater for more than 90** days; or, consecutive and continuous short assignments greater than 90 days. Also mandatory for those employed elsewhere and already a member of the NSHEPP (formerly NSAHQ Pension Plan).** Cost-shared with the Employer. Administered through Nova Scotia Health Employees Pension Plan (NSHEPP), employees pay 7.82% of earnings up to the YMPE (Yearly Maximum Pensionable Earnings) and 10.18% on amounts over the YMPE (YMPE for 2015 is \$53,600) Employer pays 9.22% up to the YMPE and 11.58% on any earnings over the YMPE.

**Optional three month wait is not available if you are already participating in the NSHEPP under another employer. **For short assignments meeting eligibility, enrolment occurs on day 91; immediate enrolment is not possible.*

If you have previously been a member of the NSHEPP and received a refund of contributions or transferred NSHEPP funds to an RRSP, please contact the NSHEPP if you are interested in purchasing this previous service. Such a purchase must be completed within one year of joining the plan. If you were a member of another pension plan prior to your enrolment to the NSHEPP, contact a Benefits Advisor within 90 days of joining the NSHEPP if you are interested in transferring the pension monies from your previous pension to NSHEPP. The pension plans will determine if a transfer is possible and the amounts available and required. You are not committed to a transfer, i.e. you will have an opportunity to review the amounts prior to making a final decision.

If you are not eligible to join the pension plan please note that once you have completed 24 consecutive months of continuous service with either 700 hours of earnings or your earnings equal 35% of the Year's Maximum Pensionable Earnings (YMPE) under the Canada Pension Plan in the preceding two calendar years, you will be eligible and will be offered the option to participate in the NSHEPP.

BASIC LIFE INSURANCE – Participation is mandatory for permanent or casual long assignment employees, with at least 0.4 full-time status. The monthly premium is \$0.174/\$1000. Premiums are deducted twice per month (24 deductions per year). Employees pay one-half this rate (Capital Health cost-shares 50/50). Employees are covered for 2 times their annual salary (up to a maximum of \$100,000 for unionized employees and \$500,000 for non-unionized employees) rounded up to the nearest thousand. Coverage is provided through Manulife Financial. Coverage begins after a thirty-day waiting period.

Employee Cost is: \$0.087/\$1000 per month

BASIC ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE – Participation is mandatory for permanent or casual long assignment employees, working at least 0.4 full-time status. The monthly premium is \$0.0141/\$1000. Employees pay one-half this rate (Capital Health cost-shares 50/50). Employees are covered for 2 times their annual salary (up to a maximum of \$100,000 for unionized employees and \$500,000 for non-unionized employees) rounded up to the next thousand. Coverage is provided through AXA Assurances. Coverage begins after a thirty-day waiting period. Premiums are deducted every pay.

Employee Cost is: \$0.00705/\$1000 per month

OPTIONAL BENEFITS

If you wish to apply for any of the benefits below, please contact a benefit administrator to confirm eligibility and to request the required paperwork.

*Please note that Dependent Life Insurance can be applied for during your initial enrollment in the benefits. If applying after 31 days, you will be required to complete additional paperwork.

DEPENDENT LIFE INSURANCE – Participation is optional and available to all permanent or casual long assignment employees, working at least 0.4 full-time status. Eligibility is either through your employment status or as the result of a *life change. This is Life Insurance in the amount of \$5,000 for a spouse and \$2,500 for each dependent child. This insurance is provided through Manulife Financial. Coverage begins after a thirty-day waiting period. **Evidence of Insurability is required if you apply for insurance more than 31 days after becoming eligible to apply. Employees pay 100% of the premium. Premiums are deducted twice per month.**

Employee Cost is: \$2.41 per month

OPTIONAL LIFE INSURANCE – Participation is optional and available to all active permanent or casual long assignment employees, working at least 0.4 full-time status. Employees can apply for insurance for themselves and/or their spouse in units of \$10,000 to a maximum of \$300,000. Rates are based on age, sex, and smoking status, as shown in the chart below. Medical evidence is required on a form that is provided through Manulife Financial. **Employees pay 100% of the premium. Premiums are deducted twice per month.**

Optional Life Rates (MONTHLY RATES per \$10,000)				
Age Band	MALE		FEMALE	
	Smoker	Non-Smoker	Smoker	Non-Smoker
<25	0.734	0.542	0.248	0.202
25-29	0.624	0.404	0.248	0.202
30-34	0.624	0.377	0.359	0.276
35-39	0.892	0.560	0.542	0.359
40-44	1.524	0.955	0.863	0.569
45-49	2.791	1.680	1.396	0.863
50-54	4.747	2.846	2.360	1.478
55-59	8.015	4.811	4.260	2.681
60-64	13.201	8.125	7.024	4.278
65-69	19.876	12.238	10.374	6.426

VOLUNTARY ACCIDENTAL DEATH & DISMEMBERMENT – Participation is optional and available to all active permanent or casual long assignment employees, working at least 0.4 full-time status. This provides additional insurance in the event of loss of life, dismemberment, or paralysis. This is available to the Employee or to the Employee and Family, in units of \$10,000 to a maximum of \$300,000. Employees pay 100% of the premium. Premiums are deducted every pay.

Employee Cost is: \$0.0141/\$1,000 per month (employee plan)
 \$0.0253/\$1,000 per month (employee & family plan)

CRITICAL ILLNESS INSURANCE –Participation is optional and available to all active permanent employees under the age of 70, working at least 0.4 full-time status. An employee can apply for insurance for themselves and/or their spouse in units of \$5,000 from a minimum of \$10,000 to an overall maximum of \$150,000. Medical evidence is required for amounts over \$25,000. Rates are based on age, sex, and smoking status, as shown in the chart below. **Employees pay 100% of the premium. Premiums are deducted twice per month.**

Critical Illness Rates (MONTHLY RATES per \$5,000)				
Age Band	MALE		FEMALE	
	Non-Smoker	Smoker	Non-Smoker	Smoker
<20	0.220	0.220	0.255	0.255
20-24	0.365	0.395	0.395	0.395
25-29	0.545	0.690	0.690	0.835
30-34	0.620	0.940	0.940	1.305
35-39	0.760	1.410	1.160	1.845
40-44	1.195	2.935	1.630	3.295
45-49	2.030	5.760	2.135	5.255
50-54	3.190	9.670	2.970	8.145
55-59	4.820	14.995	3.545	10.360
60-64	7.500	22.855	5.655	16.305
65	8.250	25.140	6.220	17.940
66	9.080	27.660	6.850	19.730
67	9.990	30.420	7.530	21.700
68	10.980	33.460	8.280	23.870
69	12.080	36.810	9.110	26.260

DEPENDENT CRITICAL ILLNESS INSURANCE– Participation is optional and available to all active permanent employees under the age of 70, working at least 0.4 full-time status. An employee can apply for \$10,000 of insurance coverage for their dependent children. The cost is \$6.11 per month for \$10,000 of coverage per child. **Employees pay 100% of the premium. Premiums are deducted twice per month.**