



## **Summary of Benefits**

**CAW - Canada, Local 2107**

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## INTRODUCTION

The St. Francis Xavier University employee benefits program is designed to provide you and your family with basic income protection in the event of accident, illness, disability or death.

This Summary of Benefits has been prepared to give you a summary of the main features of your group insurance programs. It is not an insurance policy, and does not grant or confer any contractual rights. All rights under this program shall be governed by the provisions of the Master Policy and by applicable law.

This Summary of Benefits is for your reference. Please read it carefully and keep it for future use.

## EMPLOYEE AND FAMILY ASSISTANCE PROGRAM

St. Francis Xavier University is pleased to provide an Employee and Family Assistance Program (EFAP) to our group benefit program, offered by Medavie Blue Cross.

*inConfidence*, Medavie Blue Cross's EFAP, is available to all employees and their eligible dependents. Services are delivered by the professional counsellors and work/life consultants employed by Shepell-fgi, Medavie Blue Cross's EFAP service partner. *inConfidence* offers a range of services to assist people on a wide variety of personal and work-related issues, such as marital and family, child-related, alcohol/drug, other addictions, emotional, vocational/career-related, financial and legal.

Confidential counseling and work/life services are available, at no cost, to each employee or eligible family member. Should specialized assistance be required, your Shepell-fgi counselor or consultant will make an expert referral to appropriate professionals and agencies in the community. The fees for such referral services are the responsibility of the employee or family member. However, some of these services may be covered by your provincial health plan or your extended benefits plan.

To learn more about the services available and to access any of the counselling or work/life consultation services including child, elder and dependent care; legal and financial support; nutritional counselling and a health information service, call:

**1 866 347-2067**

- toll-free 7/24/365 service
- crisis counselling
- English- or French-language service

Confidentiality and privacy are assured, within the limits of the law, to each employee and family member who uses *inConfidence*. You are contacting Shepell-fgi directly, and they do not share any information on any individual case with St. FX or with Medavie Blue Cross.

This employee benefit reflects our continued commitment to the physical and emotional well-being of our employees and we trust that this additional form of assistance will serve you well as you contribute in unique and important ways to the success of St. Francis Xavier.

**inConfidence™**  
*Employee & Family Assistance Program*



## HEALTH PLAN

Plan Number: 903041

Plan Effective Date: January 1, 1992

### ELIGIBILITY

Permanent, full-time employees will become eligible for coverage on the later of the Plan Effective Date or the date employment commences.

Retired employees are not eligible for coverage.

Please refer to the General Provisions section in the back of this booklet for further information, including

WHEN YOUR COVERAGE STARTS  
WHEN YOUR COVERAGE TERMINATES  
HOW TO CLAIM

### SUPPLEMENTARY HEALTH EXPENSE

Deductible	-	\$5.00 per prescription for Drug Expenses. No deductible for all other eligible expenses.
Coinsurance	-	100% of eligible expenses, in excess of the deductible for Drug Expenses, are paid by Maritime Life.
Lifetime Maximum	-	Unlimited

### ELIGIBLE EXPENSES

The following is a list of eligible expenses.

#### Preferred Accommodation in Canadian Hospitals

The difference between the charges made for ward and semi-private or private room and board in a licensed Canadian hospital.

#### Drug Expenses

Any medically necessary drug or medicine which is administered by the plan.

#### Out of Province Expenses

If, while travelling outside your province of residence, hospitalization or medical treatment is required due to emergency and non-elective reasons, the following expenses in excess of any provincial government plan allowance are covered, provided they are eligible for reimbursement in whole or in part by any provincial government plan.

1. reasonable and customary charges for ward accommodation. (Coverage for charges in excess of the ward rate is specified under the Preferred Accommodation Benefit);
2. reasonable and customary charges for the services of a physician;
3. reasonable and customary charges for hospital services and supplies furnished during hospitalization, and for x-ray examinations and laboratory tests related to medical treatment rendered without hospitalization.

The charges listed above are covered when referred by a physician for non-emergency treatment outside Canada, when treatment is unavailable in Canada and for which there is no medically sufficient alternate treatment available in Canada. Only charges which are in excess of any provincial government plan and eligible for reimbursement in whole or in part by any provincial medical plan are covered.

#### Extended Health Expenses

1. Charges for the services of a licensed physiotherapist, subject to a maximum of 20 treatments, in excess of the provincial plan, per calendar year per individual;
2. Charges for the services of a Registered Nurse (RN), Registered Nursing Assistant (R.N.A.), Certified Nursing Assistant (C.N.A.) or a member of the Victorian Order of Nurses (V.O.N.) which are rendered while the covered individual is not confined to a hospital subject to an overall maximum eligible expense of \$5,000 in any calendar year provided such nurse is not a resident in your home or a relative of your family. These charges will be considered eligible expenses only if recommended by a physician and only if medically necessary;
3. Charges for rental (or, at Maritime Life's option, purchase) of durable medical or surgical equipment required for therapeutic purposes and as approved by Maritime Life;
4. Charges for rental (or, at Maritime Life's option, purchase) of braces and crutches and the purchase of prostheses. Charges for repair and adjustments of prosthetic appliances are covered subject to a maximum eligible expense of \$50.00 per calendar year;
5. Charges for professional ambulance service, other than airline, to and from the nearest hospital qualified to provide the necessary treatment, subject to a maximum eligible expense of \$50.00 per calendar year.

Emergency transportation by airline to and from the nearest hospital qualified to provide the necessary treatment. If medically required, travel expenses of a Registered Nurse (RN) who is neither a resident in your home nor a relative of your family are covered, subject to a maximum eligible expense of \$300 per calendar year.

6. Charges for necessary dental treatment required as the result of an accidental injury to natural teeth provided the accident occurred while protected under this coverage. As determined by Maritime Life, only such charges directly related to such an accidental injury are considered a covered medical expense. The dental work must be completed within 180 days of the accident to be considered a covered medical expense;
7. Charges for orthopaedic shoes (including repairs and adjustments) are covered, subject to a maximum eligible expense of \$200. in any calendar year. Charges for molded arch supports are covered when prescribed by a physician, subject to a maximum eligible expense of \$100. every 36 consecutive months, and excluding replacement except when required due to pathological change.

8. Charges for laboratory tests and x-rays not covered by any provincial government plan;
9. Charges for purchase of hearing aids (excluding batteries), subject to a maximum eligible expense of \$400. per person in any 7 consecutive years.
10. Charges for ancillary hospital services subject to a maximum benefit of \$1,000 per hospital admission.
11. Charges for essential diagnostic and outpatient services:
  - a) in the Atlantic Provinces in a hospital or private facility approved by Maritime Life;
  - b) outside the Atlantic Provinces in a general hospital up to an amount payable for similar services in the Atlantic Provinces.
12. Charges for blood or blood products when not provided by the Canadian Red Cross or other agencies.
13. Charges for essential ostomy supplies.
14. Charges for oxygen.
15. Charges for x-ray, radium and isotope therapy.
16. Charges for diabetic supplies to a maximum eligible expense of \$1,000 per calendar year.
17. Charges for the services of a licensed chiropractor, subject to an overall maximum eligible expense of \$500. per person per calendar year.

### **Vision Care Expenses**

Charges for vision care as follows:

- i) refractive eye examinations performed by a qualified optometrist or ophthalmologist, subject to a maximum benefit of \$50. per examination. No more than one eye examination will be covered in any period of 24 consecutive months (12 consecutive months for dependent children under 12 years of age);
- ii) lenses and frames for eyeglasses or medically required contact lenses, subject to a maximum benefit of \$200. per person in any period of 24 consecutive months (12 consecutive months for dependent children under 12 years of age).

### **EXCLUSIONS**

The foregoing list of eligible expenses shall not include any of the following:

1. charges which are considered an insured service of any provincial government plan;
2. charges for general health examinations, and examinations required for use of third party;
3. charges for a surgical procedure or treatment performed primarily for beautification, or charges for hospital confinement for such surgical procedure or treatment;

4. charges for medical treatment or surgical procedure by a physician other than as provided under Out of Province Expenses;
5. charges for transport or travel, other than as specifically provided under eligible expenses;
6. charges not specified in the foregoing list of eligible medical expenses;
7. charges for services or supplies which are furnished without the recommendation and approval of a physician acting within the scope of his license;
8. charges which are not medically necessary to the care and treatment of any existing or suspected injury, disease or pregnancy;
9. charges which are from an occupational injury or disease covered by any Workers' Compensation law or similar legislation;
10. charges which would not normally have been incurred but for the presence of this coverage or for which you are not legally obligated to pay;
11. charges which Maritime Life is not permitted, by any law or regulation, to cover;
12. charges for dental work where a third party is responsible for payment for such charges;
13. charges for bodily injury resulting directly or indirectly from war or act of war (whether declared or undeclared), insurrection or riot, or hostilities of any kind;
14. charges for services or supplies resulting from any intentionally self-inflicted wound;
15. charges for a convalescent care facility;
16. charges for elastic stockings;
17. charges for drugs, sera, injectable drugs or supplies which are not approved by Health and Welfare - Canada or are experimental or limited in use whether or not so approved;
18. charges for experimental medical procedures or treatment not approved by the Canadian Medical Association or the appropriate medical specialty society;
19. charges made by a physician for travel, broken appointments, communication costs, filling in of forms, or physician's supplies.

## GENERAL PROVISIONS Health Plan

### WHEN YOUR COVERAGE STARTS

Your coverage comes into effect on the latest of the following dates if you are actively at work on that date.

- the date you become eligible;
- the date you apply; or
- if evidence of good health is required the date it is approved by the Insurer.

### EVIDENCE OF GOOD HEALTH

Evidence of good health is required if:

- you apply for coverage more than 31 days after becoming eligible to apply; or
- you reapply after your coverage has terminated due to non-payment of premium.

### TERMINATION OF COVERAGE

Your coverage terminates in the event of:

- non-payment of premium;
- a change in your classification to one not covered;
- termination of your employment;
- termination or amendment of the Master Policy and/or Administrative Services Agreement;
- your commencing active duty in any armed forces;
- your attainment of age 65 with respect to Emergency Travel Assistance;
- your retirement.

Note: In the event you are absent from work due to sickness, injury, layoff or leave of absence, your coverage may continue for a period as outlined in the Master Policy and/or Administrative Services Agreement, but only if the required premiums are paid.

### COORDINATION OF BENEFITS

Payment of Supplementary Health benefits shall be coordinated so that benefits from all plans do not exceed 100% of the eligible claim. For this purpose, the Insurer has a right to receive and release information on benefits and if necessary, collect any overpayments made by it.

### DUAL COVERAGE EXCLUDED

Eligible children shall be covered as dependents of only one employee even though both parents may be covered as eligible employees. A spouse cannot be covered for supplementary health expense coverage as a dependent if also covered as an employee.

## ELIGIBLE DEPENDENTS

Dependent shall include only the following persons who are residents in Canada:

- a) each child of an employee. A dependent child shall include children of the marriage, legally adopted children and step children. To be considered a dependent, the child must be unmarried, not employed on a regular and full-time basis, and under 20\* years of age (21 years of age if the child qualifies as a dependent according to the Federal Income Tax Act). A child age 20 to 24 inclusive will be considered a dependent if in full-time attendance at an accredited school, college or university. A student whose normal residence is in Canada, except when attending school outside Canada, will also be considered a dependent.

\*up to December 31st of the year in which the dependent child attains the age of 19.

Any mentally or physically handicapped child who was insured as a dependent shall remain insured to December 31st of the year in which the child attains age 25, provided the child is incapable of self-sustaining employment and is wholly dependent upon the employee for support and maintenance.

- b) the spouse of an employee, which includes a person married to the employee as a result of a valid civil or religious ceremony;

a person who can establish to the satisfaction of the Insurer that there existed a relationship with the employee for a period of 12 consecutive months immediately prior to the date of services for which claim is made. Such relationship must include continuous cohabitation and public representation of married status.

If the employee has been married to more than one person, the term spouse shall mean only the person to whom the employee was most recently married, using the above criteria.

## CHANGE IN AMOUNTS OF COVERAGE

A change in the amount of your coverage shall become effective on the date of change, if you are actively at work for that full scheduled working day, otherwise on the first day thereafter on which you are.

## DEFINITION

Full-time Employee - A permanent Employee who works a regularly scheduled work week of at least 20 hours.

## How to Claim

When you have a claim you should complete the proper form (i.e. Supplementary Health Expense Form) and mail it to:

Group Claims Department  
Manulife Financial  
P. O. Box 1030  
Halifax, NS B3J 2X5

These forms are available from Human Resources or online at <http://www.stfx.ca/administration/hr/>

In order to quickly process your claim, all claim forms should clearly indicate the following:

- full name and address.
- the name of your Employer.
- Certificate Number (Employee ID)
- Group Plan Number (903041)

#### TIME LIMITATIONS

Claims for benefits must be submitted within 12 months of the date incurred.

#### **Plan Member e-Services**

If you are a member of the StFX health plan, you can access your account at Manulife Financial to review your personal information and check your health claims history. You may register for Plan Member e-Services as follows:

Go to: Manulife Group Benefits

Step 1 – I am a . . . **Plan Member**

Step 2 – My Plan contract number is . . . **903041**

Press “Go”

Go to Register (top left hand corner)

Complete form and hit Submit.

Your Plan Member/Certificate Number is your Employee ID. This number can be found on the bottom right-hand corner of your pay stub or on your Group Benefits Card from Manulife Financial (or Maritime Life in the case of older cards).

If you have any questions or need assistance registering for this service, please contact Human Resources

## **GROUP LIFE INSURANCE**

### **Eligibility**

All regular, full-time union staff must participate in the Group Life Insurance Plan as a condition of employment.

### **Life Insurance for Members**

The amount of your Life Insurance benefit will be \$25,000. paid to your beneficiary upon your death, regardless of the cause.

When you enroll in the plan, you should name a beneficiary to whom you wish your Life Insurance proceeds paid. Your estate will be your beneficiary if you do not name one. Subject to provincial laws, you may change your beneficiary at any time.

### **Claims Procedure**

Life claim forms will be provided by Human Resources.

Keep this summary in a place where your beneficiary may refer to it. Taking a lump sum settlement is only one of the ways of settling a Life claim. A settlement option such as a life income should be considered. If you do not make a settlement option election, your beneficiary may do so at the time of claim. Make sure that your beneficiary knows that these options are available.

Life claims must be submitted within three months of the loss.

## LONG TERM DISABILITY

### Benefit Summary

Income Benefit - 75% of regular monthly earnings

Maximum Income Benefit - \$2,500.

Elimination Period - 105 days

Maximum Benefit Duration - To age 65

### Commencement and Termination of Coverage

You are required to participate in the plan after three months of employment if you are a full-time employee. If you are a part-time employee you are eligible to participate in the plan after six months of employment.

- You will be covered as soon as you become eligible.
- You must be actively at work when coverage takes effect, otherwise the coverage will not be effective until you return to work. Increases in your benefits while you are covered by this plan will not become effective unless you are actively at work.
- Temporary, seasonal and part-time employees who work less than 20 hours per week may not join the plan.

Your coverage terminates when your employment ends, you are no longer eligible, or the policy terminates, whichever is earliest.

### Income Benefits

The plan provides you with regular income to replace income lost because of a lengthy disability due to illness or injury. Benefits begin after the waiting period is over, and continue until you are no longer disabled as defined by the policy or you reach age 65, whichever is earlier. Check the Benefit Summary for the benefit amount and waiting period.

- If disability is not continuous, the days you are disabled can be accumulated to satisfy the waiting period as long as no interruption is longer than 2 weeks and the disabilities arise from the same disease or injury. If your employer provides short term disability or sick leave benefits that are still being paid when the waiting period ends, the waiting period will be extended to the date the short term disability or sick leave benefits end, but no longer than one year after your disability starts.
- After the waiting period, successive disabilities are considered to be in the same disability period if they arise from the same disease or injury and the later disability starts within 6 months after the previous disability ends.
- LTD benefits are payable for the first 24 months following the waiting period if injury or disease prevents you from doing your own job. You are not considered disabled if you can perform a combination of duties that regularly took at least 60% of your time to complete.
- After 24 months, LTD benefits will continue only if your disability prevents you from being gainfully employed in any job. Gainful employment is work you are medically able to perform, for which you have at least the minimum qualifications, and provides you with an income of at least 60% of your indexed monthly earnings before disability.
- Because your employer contributes to the cost of LTD coverage, benefits are taxable.
- Your LTD insurance terminates when you reach age 65.

## Other Income

Your monthly LTD benefit is reduced by other income to which you are entitled during disability. Your LTD benefit is first reduced by:

- Disability or retirement benefits you are entitled to on your own behalf under the Canada or Quebec Pension Plan
- Benefits under any Workers' Compensation Act or similar law.

Your LTD benefit is then reduced to the extent that it together with the other income listed below exceeds 80% of your indexed monthly earnings before disability.

- Benefits another member of your family is entitled to on the basis of your disability under the Canada or Quebec Pension Plan
- Loss of income benefits available through legislation which you and any other member of your family are entitled to on the basis of your disability, including automobile insurance benefits where permitted by law
- Disability benefits under a plan of insurance available through membership in an association
- Employment income, disability benefits, or retirement benefits related to any employment except an approved rehabilitation program.

## Rehabilitation Benefit

- If you are disabled, the rehabilitation benefit is designed to help you return to gainful employment and a more productive lifestyle. Great West Life will approve a program that facilitates your earliest possible return to work. Contact your employer for more information about this aspect of the plan.
- Earnings received from an approved rehabilitation program are not used to reduce your monthly LTD benefit unless those earnings, together with your income from this plan and the other income listed above, would exceed your indexed monthly earnings before disability.

## Limitations

No benefits are paid for:

- Disability that begins before your insurance starts or after it ends.
- Disability arising from a disease or injury for which you received medical care before your insurance started. This limitation does not apply if your disability starts after you have been continuously insured for one year, or you have not had medical care for the disease or injury for a continuous period of 90 days ending on or after the date of your insurance took effect.
- The scheduled duration of a temporary lay-off or leave of absence, including maternity leave.
- Disability arising from war, insurrection, or voluntary participation in a riot.
- Any period of prison confinement.
- Any period in which you do not cooperate with an approved rehabilitation program.
- Any period in which you do not cooperate with a reasonable treatment program. Depending on the severity of the condition, the plan may require you to be under the care of a specialist. For substance abuse, treatment must include participation in a recognized substance abuse withdrawal program.
- Any 12-month period during which you do not live in Canada for at least 6 months.

## Conversion Privilege

If you change jobs, you may apply for an individual LTD policy without any medical tests. You must apply and pay the first premium no later than 31 days after you start your new job, and you must start your new job no later than 6 months after you leave your present one. See your employer for details.

## How to Make a Claim

Forms on which to make claim will be sent to you. For assistance with all claims contact Human Resources.

## VOLUNTARY ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

### Eligibility

All permanent, active, full-time employees of St. Francis Xavier University and their spouses under the age of 65 and dependent children who are over 14 days old but under 21 years of age and unmarried, are eligible to participate in the Program. A child attending university or other school on a full-time basis will be eligible up to the 25th birthday, provided that the individual is not married and is dependent on the Insured Employee.

### Coverage

All accidents resulting in Death, Dismemberment, Loss of Speech, Loss of Hearing or Paralysis are covered - anywhere in the world - anytime - 24 hours per day.

### Schedule of Insurance Benefits

If within one year after the date of an accident, an Insured Person suffers a loss listed below, the Insurer will pay:

<b>For Loss or Loss of Use of:</b>	<b>Percentage of Principal Sum</b>
Life .....	100%
Both Hands .....	100%
Both Feet .....	100%
Entire Sight of Both Eyes .....	100%
One Hand and One Foot .....	100%
One Hand and the Entire Sight of One Eye .....	100%
One Foot and the Entire Sight of One Eye .....	100%
Speech and Hearing in Both Ears .....	100%
One Arm .....	75%
One Leg .....	75%
One Hand .....	66%
One Foot .....	66%
Entire Sight of One Eye .....	66%
Speech .....	66%
Hearing in Both Ears .....	66%
Thumb and Index Finger or at Least Four Fingers of One Hand .....	33%
 <b>For Loss of:</b>	
All Toes of One Foot .....	25%
Hearing in One Ear .....	25%
 <b>For Total Paralysis of:</b>	
Both Upper and Lower Limbs (Quadriplegia) ...	200%
Both Lower Limbs (Paraplegia) .....	200%
Upper and Lower Limbs of One Side of Body (Hemiplegia) .....	200%

Only one benefit, the largest to which you are entitled, is payable for all losses resulting from any one accident to a maximum of \$1,000,000.

### **Repatriation Benefit**

If you or your insured dependents die as the result of a covered accident occurring at least 50 kilometers from home, the Insurer will pay up to \$10,000. for expenses incurred for the return home of the body (including preparation charges for transportation).

### **Child Education Benefit**

In the event of your accidental death, up to 5% of the principal sum (to a maximum of \$5,000.) will be payable for each insured qualifying child for post-secondary education expenses (provided the child is already in the program or will soon be entering the program). This is payable annually for each year for up to four consecutive years.

### **Rehabilitation Benefit**

The Insurer will pay for your approved occupational training, up to a maximum of \$10,000., within three years of the accident.

### **Spouse Occupational Training Benefit**

The Insurer will pay up to \$10,000., within three years of your accidental death, for formal occupational training for your spouse.

### **Extended Family Benefit**

Coverage for your dependents will be continued without further payment of premiums for six months following the date of your death from any cause.

### **Amount of Principal Sum**

- a) The employee may purchase, in units of \$10,000., any amount of insurance between a minimum of \$10,000 and a maximum of \$250,000.
- b) An employee's spouse and dependent children may be covered as follows:
  - 1) The amount of insurance on the spouse is 40% of the amount purchased by the employee and for each dependent child it is 10% of the amount purchased by the employee.
  - 2) For an employee who has no dependent children the amount of insurance on the spouse is 50% of the amount purchased by the employee.
  - 3) For an employee who has dependent children but no spouse the amount of insurance for each dependent child is 20% of the amount purchased by the employee.

### **Monthly Cost**

The rate for an employee is \$0.13 monthly for each \$10,000. of Principal Sum and the rate for an employee and family is \$0.23 monthly for each \$10,000. of Principal Sum of the employee. Your premiums are paid through payroll deductions.

## Examples of Cost (Per Pay)

Amount of Principal Sum	Employee Only Plan	Employee & Family Plan
\$ 10,000.	.08	.13
20,000.	.15	.27
30,000.	.23	.40
50,000.	.38	.67
70,000.	.53	.94
100,000.	.75	1.34
150,000.	1.13	2.01
200,000.	1.50	2.68
250,000.	1.88	3.35

## How May I Enroll

You may enroll by completing an application card which can be obtained from Human Resources or online on the STFX HR website. Insurance as to each eligible person who makes or for whom application is made shall become effective as follows:

- a) On the effective date of this Policy with respect to those employees whose application for insurance is received by the policyholder on or before the effective date of this Policy;
- b) On the first of the month coincident with or next following the date their application for insurance is received by the policyholder, with respect to those employees who apply after the effective date of this Policy.

Termination of employment, non-payment of premium, attainment of age 65 or retirement automatically terminates insurance at the end of the month in which the event occurred. The Family Option terminates on the same date that the Employee's insurance terminates.

## Limitations

No coverage will apply:

- a) While on service in the armed forces of any country;
- b) As the result of declared or undeclared war or act thereof;
- c) As the result of air travel, except as a passenger in any aircraft having a current and valid certificate of airworthiness;
- d) As the result of flying in any aircraft owned, operated or leased by your employee.
- e) In case of suicide or self-destruction or any attempt thereat while sane or insane.

## Beneficiary

The employee Loss of Life Benefit will be paid to the beneficiary designated on the application or revision card. All other employee benefits and all dependent benefits will be paid to the employee.

## Claims Procedure

Written notice of claim must be given to the Insurer, within 30 days after the occurrence of the accident or as soon thereafter as it is reasonably possible. Forms on which to make claim will be sent to you. For assistance with all claims contact Human Resources.