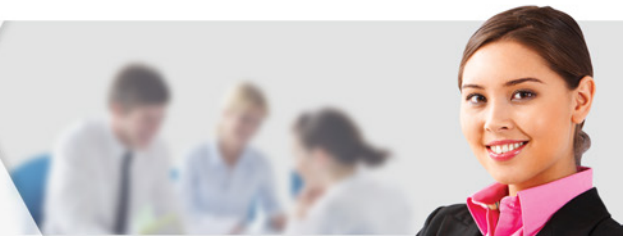


## My Benefits: My Choice. **Benefits-at-a-Glance**



This document provides an overview of the CMHC Group Insurance Benefits Plan for regular employees. The CMHC benefits plan provides you with the flexibility to choose the level of coverage that best suits your needs and those of your family. Please view the current Benefits Rate Sheet for the associated premiums and your Benefits Handbook for CMHC Employees for details of the coverage, conditions and limitations under each plan.

### **Flex Credit Allocation:**

CMHC provides you with an annual allocation of Group Insurance Flex Credits to help pay the cost of the benefits you choose, including an annual \$400 Wellness Flex Credit for eligible employees. The number of credits required for each plan varies, and is also based on whether you select coverage for yourself, your spouse or your family.

Any unused credits can be transferred to a Health Care Spending Account (HCSA) (minimum allocation is \$50 annually), taken as cash (maximum annual allocation of \$1,000 and applicable taxes would apply) or transferred to your Group RRSP account. Any additional costs that are not covered by your credit allocation are paid through payroll deductions.

### **Lock-in Period:**

Once you enrol for health or dental coverage, if you have chosen the highest option there is a two-year lock-in period before you can decrease your level of coverage. If you choose to enrol in a lower plan, at the next enrolment you will only be able to decrease your coverage one level at a time, however you may increase your coverage during the enrolment without restriction.

When you experience a major life event, you may change your coverage status (i.e. single, couple or family), and your level of coverage (i.e. option level), provided you request these changes within 31 days of the major event. You can enrol for optional Life, Accidental Death & Dismemberment and Critical Illness coverage at any time.

### **Health Care Plan\***

Reimbursement amounts and maximums listed are per person per benefit year, unless specified otherwise. Conditions and limitations may apply. You may opt out of the Health Care Plan and receive \$730 in opt out credits in lieu of plan coverage without proof of coverage under another plan (i.e. a spouse's plan). Residents of Quebec must provide proof of coverage elsewhere, due to provincial requirements for minimum drug coverage.

*\* Expenses under the Health Care Plan are reimbursed based on the group insurance provider's assessment of reasonable and customary fees.*

Updated July 1, 2019

My Benefits: My Choice.  
**Benefits-at-a-Glance**

	Option 1	Option 2	Option 3	Option 4	Option 5	Option 6
Annual deductible (excluding drugs)	N/A	N/A	\$100/person \$200/family	\$50/person \$100/family	\$0	\$0
Out-of-country/out-of-province emergency medical (including travel assistance)	N/A	100%				
Best Doctors®, Dialogue	N/A	Included				

Reimbursement of expenses

Annual out-of-pocket maximum (for services grouped in the following section)	N/A	N/A	N/A	N/A	85% to out-of-pocket maximum of \$4,500, then 100%	90% to out-of-pocket maximum of \$1,500, then 100%
Drugs (legally requiring a prescription)	N/A	70%	75%	80%	85%	90%
Drug dispensing fee allowance (per prescription)	N/A	N/A	\$4	\$8	\$10	\$12
Medical equipment and services	N/A	N/A	75%	80%	85%	90%
Private hospital room	N/A	N/A	N/A	N/A	85% \$25/day	90% \$50/day
Professional services						
Physiotherapist/athletic therapist	N/A	N/A	75% up to \$500	80% up to \$800	85% up to \$800	90% up to \$1,000
Psychologist/social worker/psychoanalyst	N/A	100% up to \$5,000	100% up to \$5,000	100% up to \$5,000	100% up to \$5,000	100% up to \$5,000
Other – combined** (excluding massage)	N/A	N/A	75% up to \$400	80% up to \$600	N/A	N/A
Other – combined** (including massage)	N/A	N/A	N/A	N/A	85% up to \$800	90% up to \$1,000
Hearing aids (maximum reimbursement every 5 benefit years)	N/A	N/A	75% up to \$500	80% up to \$700	85% up to \$900	90% up to \$1,100
Hospital (semi-private hospital room)	N/A	N/A	100%	100%	100%	100%
Orthotics (custom-made)	N/A	N/A	75% up to 3 pairs	80% up to 3 pairs	85% up to 3 pairs	90% up to 3 pairs
Private duty nursing	N/A	N/A	75% up to \$10,000	80% up to \$15,000	85% up to \$15,000	90% up to \$25,000
Vision care (maximum reimbursement every 24 months)	N/A	N/A	N/A	100% up to \$250	100% up to \$350	100% up to \$500

\*\* Other professional services include: services of a licensed acupuncturist, chiroprapist, chiropractor, dietician/nutritional counsellor, massage therapist, naturopath, osteopath, podiatrist and speech therapist.



## Dental Care Plan

Reimbursement amounts and maximums listed are per person per benefit year, unless specified otherwise. Conditions and limitations may apply. You may opt out of the Dental Care Plan and receive \$460 in opt out credits in lieu of plan coverage, **without** proof of coverage elsewhere.

Reimbursement	Option 1	Option 2	Option 3	Option 4	Option 5
Basic Coverage* (i.e. check-ups, cleanings, x rays, fillings, periodontal treatment)	N/A	80%	90%	100%	100%
Dental recall frequency (i.e. check-ups, cleanings, x-rays)	N/A	9 months	9 months	6 months	6 months
Accidental Dental Injury Coverage	N/A	100%	100%	100%	100%
Major Coverage* (i.e. crowns, bridgework, dentures)	N/A	N/A	50%	60%	80%
Maximum reimbursement per year, per individual	N/A	\$1,000	\$1,500	\$2,000	\$3,000
Orthodontics* (children and adults)	N/A	N/A	50% to lifetime maximum of \$1,000	50% to lifetime maximum of \$2,000	60% to lifetime maximum of \$3,000

\* Reimbursement is based on the current dental fee guide in the province where the treatment is received.

## Disability Plans

CMHC provides you with income protection through the following plans should you become sick or disabled.

### Short Term Disability (STD) Plan

The STD Plan is provided directly by CMHC and administered by an independent third party. The plan provides income protection for up to 85 working days if you become sick or disabled. Group Insurance Flex Credits are not used to pay for this benefit. See your Benefits Handbook for CMHC Employees for more details on the STD Plan and benefit levels, based on your years of service and employment status.

### Long Term Disability (LTD) Plan

You must choose at least the minimum required coverage. You cannot opt out of the LTD Plan and must use your Group Insurance Flex Credits to cover the premium. If you choose additional coverage, you may use your Group Insurance Flex Credits or payroll deductions to pay for the incremental premium.



My Benefits: My Choice.  
**Benefits-at-a-Glance**

	Minimum Required Coverage	Other Coverage Options	Other Coverage Options
Benefit	50% of monthly salary (taxable income)	60% of monthly salary*	70% of monthly salary*
Cost of Living Adjustment	N/A	Maximum of 3% annually based on the Consumer Price Index (CPI)	Maximum of 3% annually based on the Consumer Price Index (CPI)
Maximum monthly benefit	\$15,000	\$15,000	\$15,000

\* Please note that the additional benefit of 10% of income or 20% of income may be considered as either taxable or non-taxable income depending on whether you purchase this additional protection using your Group Insurance Flex Credits or through payroll deductions.

### Life Insurance Plans

You must maintain a minimum level of Basic Life Insurance for you of 1 x your annual salary.

#### Basic Life Insurance

For...	Minimum Required Coverage
You only	1 x annual salary

#### Optional Life Insurance

You can purchase Optional Life Insurance for you, your spouse and your dependent children. Premiums can only be paid for through payroll deductions.

For...	Coverage
You	Units of \$10,000 to a maximum of \$500,000*
Your spouse	Units of \$10,000 to a maximum of \$500,000*
Your dependent children	Units of \$5,000 to a maximum of \$20,000*

\* Evidence of insurability is required for any amount of Optional Life Insurance for you or your spouse. Evidence of insurability is not required for Optional Child Life Insurance.



### Optional Accidental Death & Dismemberment (AD&D) Insurance Plan

You can purchase Optional AD&D Insurance for yourself and your spouse.

For...	Coverage
You	Units of \$10,000 to a maximum of \$500,000*
Your spouse	Units of \$10,000 to a maximum of \$500,000*

\* Evidence of insurability is not required for Optional AD&D Insurance.

### Optional Critical Illness Insurance Plan

You can purchase Optional Critical Illness Insurance for you, your spouse and your dependent children. Premiums can only be paid for through payroll deductions. See your Benefits Handbook for CMHC Employees for a list of covered conditions and coverage details.

For...	Coverage
You	Units of \$5,000 to a maximum of \$150,000*
Your spouse	Units of \$5,000 to a maximum of \$150,000*
Your dependent children	\$10,000*

\* Evidence of insurability is required for any amount of Optional Critical Illness Insurance for you or your spouse. Evidence of insurability is not required for Optional Critical Illness Insurance for a child. The minimum level of coverage per individual is \$10,000.



## About This Document

This summary is intended for information purposes only. Final interpretation of the group insurance plan provisions is governed by the terms of the group insurance policies and CMHC's contract with the group insurance provider. In the event of a discrepancy between CMHC documents, including this Benefits-at-a-Glance, and the terms of the group insurance policies or CMHC's contract with the group insurance provider, the terms of the group insurance policies and the contract with the group insurance provider will prevail. CMHC reserves the right to amend, alter or terminate the plan at any time.

***Please note that insurance coverage for you (and your dependents, if applicable) only commences once all conditions applicable to that type of insurance coverage have been satisfied.***

We recommend you read this *Benefits-at-a-Glance* and your Benefits Handbook for CMHC Employees carefully.

Any questions should be directed to Great West Life Benefits Administration Solutions (BAS) Department by calling 1-800-465-9932 or by sending an email to [bas@gwl.ca](mailto:bas@gwl.ca).

