

Extended Health Care

Dental Care

Life Insurance

Optional Critical Illness

Disability Insurance

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## Benefits Information

for Executives

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**SickKids<sup>®</sup>**

## SICKKIDS BENEFITS PLAN

This brochure provides a brief description of the benefits plan offered by The Hospital for Sick Children. More detailed information can be found on the websites listed within this brochure.

**Note:** Neither the brochure nor the website pages listed contain reference to every provision of the contracts issued. Please remember that rights and obligations are determined in accordance with the contracts and not this brochure nor the website pages. If there is a discrepancy between the information in this brochure, the website pages and the contracts, the applicable contract will prevail. The hospital reserves the right to make changes to the benefits program.

Please see the back of this brochure for important contact information and websites.

Who is eligible to join?	<ul style="list-style-type: none"> <li>Active permanent full-time (0.8 to 1.0 FTE) employees.</li> <li>Active permanent part-time employees or fixed-term contract (greater than one year) employees working 50 per cent or more of the normal hours worked by a regular full-time employee in the same job classification.</li> </ul>																					
Am I eligible for all benefits offered?	<ul style="list-style-type: none"> <li>You may not be entitled to all of the benefits offered, depending on your employment classification. Please contact your manager for further details.</li> </ul>																					
When does my coverage start?	<ul style="list-style-type: none"> <li>Your coverage begins as of your start date. Remember: If a completed enrolment form is not received within 31 days of becoming eligible for coverage, you will be enrolled in default coverage (single health &amp; dental) and considered a late applicant for any future coverage changes.</li> </ul>																					
Am I able to opt out or waive my coverage?	<ul style="list-style-type: none"> <li>Eligible employees cannot opt out/waive life and/or long-term disability coverage.</li> <li>Eligible employees can opt out/waive health and/or dental coverage only if covered under another plan. Documentation of alternative coverage showing currently active health and dental coverage and listing your full name is required.</li> </ul>																					
Am I able to make changes?	<p>Changes can be made to your coverage depending on whether or not you experience one of the following life events within the last 31 days (note: a Group Enrolment/Change Form must be completed):</p> <ul style="list-style-type: none"> <li>Marriage</li> <li>Divorce</li> <li>Legal separation</li> <li>Birth of a child</li> <li>Attain common law status</li> <li>Death of a dependent</li> <li>Adoption of a child</li> <li>Loss of comparable coverage</li> </ul> <p>You can make the following changes provided Human Resources receives acceptable proof of the life event within 31 days of the life event:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="background-color: #D9E1F2;">Benefit</th> <th style="background-color: #D9E1F2;">Change</th> <th style="background-color: #D9E1F2;">Example</th> </tr> </thead> <tbody> <tr> <td>Health and/or Dental</td> <td>Change coverage</td> <td>Single to Family, waive or re-enrol</td> </tr> </tbody> </table> <p>You can enrol in Optional Child Life or Critical Illness coverage within 31 days of becoming eligible</p> <p>You can enrol or increase Optional AD&amp;D coverage at any time</p> <p>Any of the following changes are subject to approval by the benefits carrier, based on medical evidence of insurability (<b>note: changing dental coverage only is not permitted</b>):</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="background-color: #D9E1F2;">Benefit</th> <th style="background-color: #D9E1F2;">Change</th> <th style="background-color: #D9E1F2;">Example</th> </tr> </thead> <tbody> <tr> <td>Health &amp; Dental OR Health only</td> <td>Change coverage</td> <td>Single to Family, re-enrol</td> </tr> <tr> <td>Optional Spousal Life</td> <td>Enrol or increase coverage</td> <td>Between \$10,000 and \$200,000 of coverage</td> </tr> <tr> <td>Optional Child Life</td> <td>Enrol (late applicant) or increase coverage</td> <td>Between \$1,000 and \$10,000 of coverage</td> </tr> <tr> <td>Optional Critical Illness</td> <td>Enrol (late applicant) or increase coverage</td> <td>Single to Family, Opt A to Opt B</td> </tr> </tbody> </table> <p><b>Remember:</b> To ensure that your claims are submitted to the right insurance plan following a change to your Health or Dental coverage, make certain to update your policy information with any providers and use your new policy details when submitting online or paper claims. Once a claim is reimbursed, verify that the payment was made under the correct policy.</p>	Benefit	Change	Example	Health and/or Dental	Change coverage	Single to Family, waive or re-enrol	Benefit	Change	Example	Health & Dental OR Health only	Change coverage	Single to Family, re-enrol	Optional Spousal Life	Enrol or increase coverage	Between \$10,000 and \$200,000 of coverage	Optional Child Life	Enrol (late applicant) or increase coverage	Between \$1,000 and \$10,000 of coverage	Optional Critical Illness	Enrol (late applicant) or increase coverage	Single to Family, Opt A to Opt B
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I have had a life event within the last 31 days

I have not had a life event within the last 31 days

OR

Life events do not apply to the change I wish to make

<p>Is my family covered?</p>	<p>If you choose family coverage for health and/or dental your dependents are eligible for coverage. A dependent is defined as the following:</p> <p><b>Spouse</b></p> <ul style="list-style-type: none"> <li>· Legally married</li> <li>· Common law partner (same or opposite sex)-12 months living together</li> </ul> <p><b>Child</b></p> <ul style="list-style-type: none"> <li>· Each unmarried, natural or adopted child, step-child, foster child, or child of your spouse under age 22</li> <li>· <b>Student:</b> Each “child” between ages 22 and 25 still attending school. Proof of full-time student status is required within 31 days of the child turning 22 to maintain coverage.</li> <li>· <b>Disabled:</b> If a dependent child becomes disabled before the limiting age, their coverage may continue after the limiting age. Sun Life must be notified within 31 days of the date the child attains the limiting age.</li> </ul>																					
<p>If my spouse has other coverage, what can I do?</p>	<ul style="list-style-type: none"> <li>· Opt out/waive health and/or dental coverage. Please refer to the question “Am I able to opt out or waive my coverage?”</li> <li>· Coordinate your benefits to be covered under both plans and submit claims as follows:</li> </ul> <table border="1" data-bbox="467 642 1503 831"> <thead> <tr> <th>Claim is for</th> <th>SickKids Plan</th> <th>Spouse's Plan</th> </tr> </thead> <tbody> <tr> <td>Myself</td> <td>1<sup>st</sup></td> <td>2<sup>nd</sup></td> </tr> <tr> <td>Spouse</td> <td>2<sup>nd</sup></td> <td>1<sup>st</sup></td> </tr> <tr> <td>Child-if your birthday is <u>later</u> than your spouse's</td> <td>2<sup>nd</sup></td> <td>1<sup>st</sup></td> </tr> <tr> <td>Child-if your birthday is <u>earlier</u> than your spouse's</td> <td>1<sup>st</sup></td> <td>2<sup>nd</sup></td> </tr> </tbody> </table>	Claim is for	SickKids Plan	Spouse's Plan	Myself	1 <sup>st</sup>	2 <sup>nd</sup>	Spouse	2 <sup>nd</sup>	1 <sup>st</sup>	Child-if your birthday is <u>later</u> than your spouse's	2 <sup>nd</sup>	1 <sup>st</sup>	Child-if your birthday is <u>earlier</u> than your spouse's	1 <sup>st</sup>	2 <sup>nd</sup>						
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<p>How do I submit claims?</p>	<table border="1" data-bbox="467 852 1503 999"> <thead> <tr> <th></th> <th>Dental</th> <th>Drugs</th> <th>Orthotics</th> <th>Other Health</th> <th>Disability</th> <th>Life</th> </tr> </thead> <tbody> <tr> <td>Paper claim</td> <td>✓</td> <td>✓</td> <td>✓*</td> <td>✓</td> <td>✓</td> <td>✓</td> </tr> <tr> <td>Electronically</td> <td>✓*</td> <td>✓*</td> <td></td> <td>✓*</td> <td></td> <td></td> </tr> </tbody> </table> <p>* <b>Dental:</b> Electronically from dentist office</p> <p>* <b>Drugs:</b> Electronically only when using pay direct drug card</p> <p>* <b>Orthotics/Orthopaedic Shoes:</b> Payment can be made directly to the SickKids Centre for Orthotics when purchased from the Centre</p> <p>* <b>Other health:</b> Electronically from service providers registered with Telus Health E-claims, ask your physiotherapists, chiropractors, optometrists or opticians if this service is available.</p>		Dental	Drugs	Orthotics	Other Health	Disability	Life	Paper claim	✓	✓	✓*	✓	✓	✓	Electronically	✓*	✓*		✓*		
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<p>Where can I get claim forms?</p>	<p>Health and/or dental claim forms can be obtained from the following:</p> <ul style="list-style-type: none"> <li>· Internet (register on-line to access pre-filled claim forms): <a href="https://www.sunnet.sunlife.com/member/signin/index.aspx">https://www.sunnet.sunlife.com/member/signin/index.aspx</a></li> <li>· SickKids intranet (follow links): <a href="http://my.sickkids.ca/staff-support-resources/hr/employee/benefits-plans/Pages/default.aspx">my.sickkids.ca/staff-support-resources/hr/employee/benefits-plans/Pages/default.aspx</a></li> </ul>																					
<p>Who do I contact if I have questions?</p>	<table border="1" data-bbox="467 1430 1503 1587"> <thead> <tr> <th>Type of Question</th> <th>Sun Life</th> <th>HR</th> </tr> </thead> <tbody> <tr> <td>Coverage details</td> <td>✓</td> <td></td> </tr> <tr> <td>Claims</td> <td>✓</td> <td></td> </tr> <tr> <td>Changes to coverage</td> <td></td> <td>✓</td> </tr> </tbody> </table>	Type of Question	Sun Life	HR	Coverage details	✓		Claims	✓		Changes to coverage		✓									
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<p>Are there time limits to submit claims?</p>	<p>Yes, the time limits to submit claims are as follows:</p> <p><b>Health and/or dental</b></p> <ul style="list-style-type: none"> <li>· No later than 365 days from the date the expense is incurred, or 90 days if coverage is terminated</li> </ul> <p><b>Long-term disability</b></p> <ul style="list-style-type: none"> <li>· 90 days following the end of the elimination period or within 30 days from coverage termination</li> </ul>																					

**EXTENDED HEALTH CARE** (Policy No. 45197, Insurance Carrier: Sun Life)

- All items below are covered at 100% (except for drugs) and may be subject to plan maximums or reasonable/customary reimbursement limits.
- You may “waive” extended health care coverage with proof of other coverage.
- To verify whether your service provider or medical supplier is covered and to review the reasonable/customary reimbursement limits, log in to [mysunlife.ca](https://mysunlife.ca). View the most recent “Delisted providers list” prior to your appointment or purchase.

Category	Details
<b>Drugs</b> By law are only available with a prescription Must be prescribed by a doctor or dentist Prior authorization required for certain drugs Also included are: - Intrauterine - devices (IUDs) - Diabetic supplies - Colostomy supplies	<ul style="list-style-type: none"> <li>• Covered at 90% for the first \$1,000 of eligible expenses per family, per benefit year and 100% thereafter.</li> <li>• Dispensing fee is covered only when the drugs are dispensed through the SickKids Shoppers Drug Mart pharmacy. If drugs are dispensed at any other pharmacy, the dispensing fee is <u>not</u> covered.</li> </ul> <p><b>Prior Authorization (PA):</b> Some, but not all, drugs used to treat specific conditions (such as cancer, heart disease, rare diseases, others) and biologics need to be pre-approved by the insurance carrier in order to be covered. The complete list of the drugs requiring PA and PA forms are available at <a href="https://mysunlife.ca/priorauthorization">mysunlife.ca/priorauthorization</a></p> <p>Under the plan, certain limitations and exclusions apply. Lifetime maximums apply to others: smoking cessation \$500, pharmacogenomic \$500. Gender affirmation has a \$10,000 annual limit with a \$50,000 lifetime limit. Charges in excess of the lowest priced equivalent generic product are not covered unless the doctor specifies in writing that no substitution for the prescribed drug may be made. Treatments for weight loss are not covered. Please refer to the SickKids intranet for further details.</p>
<b>Family Building</b>	Surrogacy and fertility treatments: \$15,000 lifetime maximum per family. Adoption expenses: \$15,000 lifetime maximum per family.
<b>Hospital</b>	Covered at 100% for the following: <ul style="list-style-type: none"> <li>• Semi-private room accommodation and out-patient services in a licensed hospital.</li> <li>• Convalescent hospital to a maximum of \$20 per day for up to 120 days if ordered by a doctor.</li> </ul>
<b>Medical Services and Equipment</b>	<p><b>Orthotic inserts</b> for shoes or <b>orthopaedic shoes</b>, which are custom-made and prescribed by a doctor, podiatrist or chiropodist. To dispense custom orthotics, the provider must employ a podiatrist, chiropodist, pedorthist, orthotist or chiropractor on site. Coverage up to 1 pair per each plan year.</p> <p>Detailed information about additional medical services and equipment such as ambulance transportation, accidental dental, hearing aids, medically necessary equipment, etc. can be found on the websites.</p> <p>Eligibility of certain supplies may be subject to additional administrative requirements by the insurance carrier (example: the doctor's referral for compression stockings must include the medical diagnosis).</p>
<b>Out-of-Country/Travel Assistance</b>	Emergency services during the first 60 days of travel are covered to a maximum of \$1,000,000 per lifetime for each person. Referral expenses are covered up to \$100,000 per lifetime for each person.
<b>Paramedical Services</b>	Eligible for coverage up to \$500 per practitioner, per person, per benefit year: <ul style="list-style-type: none"> <li>• Chiropractor</li> <li>• Dietician</li> <li>• Osteopath</li> <li>• Naturopath</li> <li>• Occupational Therapist</li> <li>• Acupuncture</li> <li>• Chiropodist &amp; Podiatrist (combined)</li> </ul> <p>The following are covered up to, per person, per benefit year:</p> <ul style="list-style-type: none"> <li>• Psychologist &amp; Psychotherapist &amp; Social Worker (combined) ..... \$3,000</li> <li>• Physiotherapist ..... \$1,000</li> <li>• Speech Therapist ..... \$1,500</li> <li>• Massage Therapy ..... \$600</li> </ul>
<b>Private Duty Nursing</b>	\$25,000 per lifetime for each person when medically necessary.
<b>Vision Care</b> Note: Prescription by ophthalmologist or optometrist is required.	The costs of contact lenses, eyeglasses or laser eye correction surgery. \$450 plus one eye exam per person every two years.
<b>When coverage ends</b>	Coverage will end on the date your employment ends, or you retire, or age 70, whichever occurs first

Premiums (including 8% provincial sales tax)				
These are shared by the employee and The Hospital for Sick Children	The monthly rates as of April 1, 2024 are as follows:			<b>Note:</b> All deductions provided throughout the brochure are monthly costs. Benefit deductions are only taken from the first two pays in each month. To determine your deduction per pay, divide the monthly premium by two.
		<b>Single</b>	<b>Family</b>	
	Employee	\$ 63.26	\$ 125.98	
	Hospital	\$ 189.78	\$ 377.90	
	<b>Total</b>	<b>\$ 253.04</b>	<b>\$ 503.88</b>	

## DENTAL CARE (Policy number: 45197, Insurance Carrier: Sun Life)

- There is no deductible for this coverage.
- If the cost of treatment will exceed \$500, you should submit a completed dental claim form that shows the treatment the dentist is planning and the cost to Sun Life Financial before the date treatment starts.
- To verify whether your service provider or medical supplier is covered, log in to [mysunlife.ca](https://mysunlife.ca) to view the most recent “Delisted providers list” prior to your appointment or purchase.
- You may “waive” dental coverage with proof of other coverage.

Category	Details
Reimbursement	Reimbursement is based on: <ul style="list-style-type: none"> <li>• The Dental Association Fee Guide for General Practitioners in the province where the employee lives and the current fee guide at the time treatment is received</li> <li>• The reasonable cost of the least expensive alternate procedure</li> <li>• Extra fees for specialists are <u>not covered</u></li> </ul>
Recall Frequency	Covered up to once every five months
Preventative Services	Covered for 100% for: <ul style="list-style-type: none"> <li>• examinations</li> <li>• X-rays</li> <li>• polishing</li> <li>• additional services</li> </ul>
Basic Services	Covered for 100% for: <ul style="list-style-type: none"> <li>• fillings</li> <li>• endodontic (root canals)</li> <li>• oral surgery</li> <li>• extractions</li> <li>• periodontic (gum disease)</li> <li>• related services</li> </ul>
Major Services	Covered at 50% for: <ul style="list-style-type: none"> <li>• crowns</li> <li>• bridges</li> <li>• denture construction and insertion</li> <li>• denture repair, relining, rebasing</li> <li>• inlays and onlays</li> </ul> <p><b>Note:</b> Charges for a replacement bridge or replacement standard denture are covered, provided the existing appliance is at least three years old.</p>
Benefit Year Maximum	\$2,500 per person, per benefit year for preventative services, basic services and major services combined.
Orthodontics	Covered at 50%, up to \$2,500 per person, lifetime.
When coverage ends	Coverage will end on the date your employment ends, or you retire, or age 70, whichever occurs first.

### Premiums (including 8% provincial sales tax)

These are shared by the employee and The Hospital for Sick Children	The monthly rates as of April 1, 2024 are as follows:			<b>Note:</b> All deductions provided throughout the brochure are monthly costs. Benefit deductions are only taken from the first two pays in each month. To determine your deduction per pay, divide the monthly premium by two.
		Single	Family	
	Employee	\$ 18.56	\$ 49.66	
	Hospital	\$ 55.66	\$ 148.96	
	<b>Total</b>	<b>\$ 74.22</b>	<b>\$ 198.62</b>	

## HEALTH SPENDING ACCOUNT (Policy No. 45197, Insurance Carrier: Sun Life)

- \$4,500 per benefit year (April 1 – March 31). Any unused amount will be lost and not carried over to another benefit year.
- Coverage includes items provided they qualify as tax deductible medical expenses under the Income Tax Act (Canada) and are not payable under any other private or governmental plan.
- Eligible expenses incurred by a dependent are included in the total amount. A dependent is any person for whom you may claim a medical expense tax credit on your federal tax return in the taxation year. For example, this could include members of your extended family, such as your parents, grandparents or grandchildren.
- Claims must be received by Sun Life no later than 90 days after the end of the benefit year during which the expenses were incurred.
- Coverage will end on the date your employment ends, or you retire, or age 70, whichever occurs first.

**LIFE INSURANCE** (Policy Number: 101982, Insurance Carrier: Sun Life)

- Premiums (including taxes) are paid 100% by SickKids. This premium cost represents a taxable benefit to you.

Category	Details
<b>Coverage Amount</b>	<ul style="list-style-type: none"> <li>• \$1,000,000</li> <li>• If you continue working beyond age 65, this coverage will reduce to \$250,000</li> </ul>
<b>Conversion Option</b>	<ul style="list-style-type: none"> <li>• The maximum amount you may convert is \$200,000</li> <li>• Conversion must be done within 31 days of your termination date</li> <li>• The premium required for the new policy will be based on your age and class of risk at the time of conversion</li> <li>• The conversion option is not available after the age of 65</li> </ul>
<b>When coverage ends</b>	Coverage will end on the date your employment ends, or you retire, or age 70, whichever occurs first

- You may select additional insurance as indicated below (participation is optional).
- Premiums (including taxes) are paid 100% by the employee.
- Optional Accidental Death & Dismemberment (AD&D) is insured by Chubb (policy number: OE 10161501)

Category	Details																																																						
<b>Optional Spousal Life</b>	<ul style="list-style-type: none"> <li>• Your spouse can be insured for amounts between \$10,000 and \$200,000. Coverage is available in units of \$10,000</li> <li>• Coverage will end on the date your employment ends, or you retire, or you reach age 65, or your spouse reaches age 65, whichever occurs first</li> <li>• Coverage is subject to medical evidence and approval from the insurance carrier</li> <li>• Rates are based on age, gender and smoking status</li> <li>• Rates are per \$1,000 of coverage</li> </ul> <table border="1" style="margin-left: 20px;"> <thead> <tr> <th rowspan="2">Age-Band</th> <th colspan="2">Male</th> <th colspan="2">Female</th> </tr> <tr> <th>Smoker</th> <th>Non-Smoker</th> <th>Smoker</th> <th>Non-Smoker</th> </tr> </thead> <tbody> <tr> <td>&lt;25</td> <td>0.0940</td> <td>0.0475</td> <td>0.0356</td> <td>0.0184</td> </tr> <tr> <td>25-29</td> <td>0.0788</td> <td>0.0400</td> <td>0.0432</td> <td>0.0216</td> </tr> <tr> <td>30-34</td> <td>0.0767</td> <td>0.0389</td> <td>0.0518</td> <td>0.0259</td> </tr> <tr> <td>35-39</td> <td>0.1015</td> <td>0.0518</td> <td>0.0767</td> <td>0.0389</td> </tr> <tr> <td>40-44</td> <td>0.1544</td> <td>0.0767</td> <td>0.1264</td> <td>0.0637</td> </tr> <tr> <td>45-49</td> <td>0.2754</td> <td>0.1382</td> <td>0.1868</td> <td>0.0940</td> </tr> <tr> <td>50-54</td> <td>0.4946</td> <td>0.2495</td> <td>0.3272</td> <td>0.1652</td> </tr> <tr> <td>55-59</td> <td>0.8165</td> <td>0.4115</td> <td>0.5324</td> <td>0.2689</td> </tr> <tr> <td>60-64</td> <td>1.1362</td> <td>0.5724</td> <td>0.6750</td> <td>0.3402</td> </tr> </tbody> </table> <p style="margin-left: 20px;"><i>Example:</i> Employee wants to purchase \$100,000 Optional Spousal Life Insurance for her husband who smokes and is 45 years old. = \$100,000 x 0.2754 / 1,000 = \$27.54</p>	Age-Band	Male		Female		Smoker	Non-Smoker	Smoker	Non-Smoker	<25	0.0940	0.0475	0.0356	0.0184	25-29	0.0788	0.0400	0.0432	0.0216	30-34	0.0767	0.0389	0.0518	0.0259	35-39	0.1015	0.0518	0.0767	0.0389	40-44	0.1544	0.0767	0.1264	0.0637	45-49	0.2754	0.1382	0.1868	0.0940	50-54	0.4946	0.2495	0.3272	0.1652	55-59	0.8165	0.4115	0.5324	0.2689	60-64	1.1362	0.5724	0.6750	0.3402
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<b>Optional Child Life</b> Note: For late applicants, coverage is subject to medical evidence and approval from the insurance carrier.	<ul style="list-style-type: none"> <li>• Your children can be insured for amounts between \$1,000 and \$10,000. Coverage is available in units of \$1,000</li> <li>• Coverage will end on the date your employment ends, or you retire, or reach age 65 or the date your child no longer qualifies as an eligible dependent, whichever occurs first.</li> <li>• Rate = \$0.2376 per \$1,000 of coverage for all children in the family <i>example: Employee wants to purchase \$10,000 Optional Child Life Insurance for his children.</i> = \$10,000 x 0.2376 / 1,000 = \$2.38</li> </ul>																																																						
<b>Optional AD&amp;D Employee Only</b>	<ul style="list-style-type: none"> <li>• You can be insured for amounts between \$10,000 and \$250,000. Coverage is available in units of \$10,000</li> <li>• Coverage will end on the date your employment ends, or you retire, or reach age 70, whichever occurs first</li> <li>• Rate = \$0.019 per \$1,000 of coverage</li> </ul>																																																						
<b>Optional AD&amp;D Family Plan</b>	<ul style="list-style-type: none"> <li>• You can be insured for amounts between \$10,000 and \$250,000. Coverage is available in units of \$10,000</li> <li>• Your spouse and/or your children will be insured for a percentage of the amount of your coverage, depending on which dependents you have</li> <li>• Coverage will end on the date your employment ends, or you retire, or reach age 70, whichever occurs first</li> <li>• Rate = \$0.035 per \$1,000 of coverage</li> </ul>																																																						

**OPTIONAL CRITICAL ILLNESS** (Policy Number: 105982, Insurance Carrier: Sun Life)

- You may select additional insurance as indicated below (participation is optional).
- Benefit is payable after an elimination period of 30 days as long as the covered person is still living or as specified in each covered condition
- If a benefit payment was already received under a previous carrier, that Critical Illness condition is excluded from coverage.

Category	Details											
<b>Coverage</b> Note: Coverage for Options A & B are subject to medical evidence and approval from the insurance carrier if requested later than 31 days following your hire/transfer or life event as listed on page 2.			Option A		Option B							
	Single Coverage		\$50,000 (employee only)		\$100,000 (employee only)							
	Family Coverage		\$50,000 (employee) \$10,000 (spouse) \$5,000 (child)		\$100,000 (employee) \$20,000 (spouse) \$10,000 (child)							
<b>Covered Conditions</b> Note: Additional information regarding access to “best doctors”, covered conditions for children, and moratorium time frames can be found in the supplemental details on the intranet	Aplastic Anemia		Dementia, including Alzheimer’s		Major Organ Transplant							
	Aorta Surgery		Heart Attack		Motor Neuron Disease							
	Bacterial Meningitis		Heart Valve Replacement or Repair		Multiple Sclerosis							
	Benign Brain Tumor		Kidney Failure		Occupational HIV infection							
	Blindness		Loss of Limbs		Paralysis							
	Life Threatening Cancer		Loss of Speech		Parkinson’s Disease							
	Coma		Loss of Independent Existence		Severe Burns							
	Coronary Artery Bypass Surgery		Major Organ Failure on Waiting List		Stroke (Cerebrovascular Accident)							
	Deafness											
<b>Pre-existing conditions</b> Note: No payments are made on a pre-existing condition unless the illness occurs after the twenty-four (24) month period	Pre-existing condition is defined as any condition for which, during the 12 months immediately before the effective date of coverage, and the first 12 months after the effective date of coverage (24 months in total), the Participant has:											
	<ul style="list-style-type: none"> <li>· had a medical consultation;</li> <li>· been prescribed or taken medication; or</li> <li>· received treatment, including diagnostic measures for any symptom or medical problem that leads to a diagnosis of or treatment for a Covered Condition</li> </ul>											
<b>Coverage Ends</b>	An insured Employee’s coverage will cease on the earliest of:											
	<ul style="list-style-type: none"> <li>· The date employment ends, employee retires or age 65, or</li> <li>· Payment of the first eligible covered condition on behalf of the insured employee</li> </ul> Coverage on each insured dependent will cease on the earliest of the following dates:											
<ul style="list-style-type: none"> <li>· The date the insured employee ceases to be insured under this policy,</li> <li>· The date the Dependent ceases to be an eligible dependent,</li> <li>· The date the Dependent attains age 65,</li> <li>· The end of the month in which the insured employee dies, or</li> <li>· Payment of the first eligible covered condition on behalf of the insured dependent</li> </ul>												
<b>Rates</b> Premiums (including taxes) are paid 100% by the employee.  Rates are based on age and gender of the employee as outlined in the following charts:	Option A (\$50,000 coverage)				Option B (\$100,000 coverage)							
			Single		Family				Single		Family	
	Age Band	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
	0 to 24	6.48	6.48	10.26	10.26	12.96	12.96	20.52	20.52	12.96	12.96	
	25 to 29	6.48	6.48	10.26	10.26	12.96	12.96	20.52	20.52	12.96	12.96	
	30 to 34	10.26	11.88	15.12	16.20	20.52	23.76	30.24	32.40	20.52	23.76	
	35 to 39	12.96	16.20	18.36	20.52	25.92	32.40	36.72	41.04	25.92	32.40	
	40 to 44	21.06	25.92	28.62	32.94	42.12	51.84	57.24	65.88	42.12	51.84	
	45 to 49	39.42	37.80	49.14	48.06	78.84	75.60	98.28	96.12	78.84	75.60	
	50 to 54	68.58	54.54	82.62	71.28	137.16	109.08	165.24	142.56	137.16	109.08	
	55 to 59	107.46	69.66	123.66	94.50	214.92	139.32	247.32	189.00	214.92	139.32	
	60 to 64	172.26	92.88	193.32	130.68	344.52	185.76	386.64	261.36	344.52	185.76	
Example: Employee is a single male, 30 years old, and chooses Option A His monthly single benefit premium deductions would be \$10.26.												



## DISABILITY INSURANCE

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SickKids provides financial assistance during periods of shorter and longer leaves of absence, due to illness or injury, through a variety of insurance programs.

### Short Term Disability

- During the first 26 weeks of disability, absences are paid at 100% salary continuance.

### Long Term Disability (Policy Number: 101982, Insurance Carrier: Sun Life)

- Premiums (including taxes) are paid 100% by The Hospital for Sick Children. All income you may receive as part of a disability claim will be taxable income.

Benefit Provision	Details
Monthly benefit	75% of monthly earnings up to a maximum of \$25,000
Benefit payments	<ul style="list-style-type: none"><li>· Commence after 26 weeks of total disability and are subject to approval by the insurance carrier.</li><li>· Adjusted to reflect CPI increases if required.</li><li>· Continue to the earlier of recovery, age 65, retirement or death.</li></ul>
Definition of "Total Disability"	<ul style="list-style-type: none"><li>· Because of bodily injury or sickness, an employee will be considered totally disabled while they are continuously unable to perform the essential duties of his or her own occupation.</li><li>· In addition, you must not be engaged in any occupation or employment for wage or profit except as part of a rehabilitation program.</li></ul>
Income from Other Sources	<ul style="list-style-type: none"><li>· Direct offsets include any disability payments from C/QPP (employee benefits only) and the Workers Compensation Act or similar legislation.</li><li>· Your monthly benefit together with income from all other sources cannot exceed 85% of your pre-disability earnings.</li></ul>
Pre-disability earnings	<ul style="list-style-type: none"><li>· Regular salary prior to the disability date including bonuses but excluding overtime.</li><li>· Bonus earnings are calculated on an average over a 2 year period as indicated on your T4. For employees with less than 2 years of service, earnings will be based on regular salary plus the target bonus amount.</li></ul>
Other provisions	<ul style="list-style-type: none"><li>· On each January 1, the monthly benefit will be increased by a cost of living adjustment (COLA) equal to the lesser of 4% or the increase in the Consumer Price Index for the 12-month period ending 3 months before the increase.</li></ul>
When coverage ends	Coverage will end on the date your employment ends, or you retire, or age 65 less the elimination period of 26 weeks, whichever occurs first.

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**Please note:** *If there is a discrepancy between the information in this brochure and the contract, the information found in the contract will apply.*



## Contact Information

	Sun Life	SickKids Human Resources Department
Website	<p><a href="http://www.sunnet.sunlife.com/signin/mysunlife/home.wca">www.sunnet.sunlife.com/signin/mysunlife/home.wca</a></p> <p>Additional functionality available online includes:</p> <ul style="list-style-type: none"> <li>· Sign up for direct deposit</li> <li>· Submit drug, dental, paramedical and vision care claims online</li> <li>· View a claim statement or claims history</li> <li>· Look up when you are eligible for your next paid of eyeglasses or dental recall exam</li> <li>· Print personalized claim forms</li> <li>· See full details of your medical and dental coverage</li> </ul>	<p><a href="#">Human Resources – Home (sharepoint.com)</a></p> <p>Additional program Information available online includes:</p> <ul style="list-style-type: none"> <li>· Supplemental brochure details for: <ul style="list-style-type: none"> <li>- Health &amp; Dental</li> <li>- Life insurance including beneficiary designation, contingent beneficiaries and conversion</li> <li>- Optional AD&amp;D</li> <li>- Optional Critical Illness</li> </ul> </li> <li>· Travel benefit (emergency medical coverage) brochure</li> </ul>
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