

HSN ONA Paramedical Full-Time Benefits

Waiting Periods and Premiums:

There is a three-month waiting period for all benefits with the **exception** of long term disability. A six (6) month waiting period is applied to long term disability benefits. HOOPP contributions begin immediately.

HSN employees, who are transferring from part-time to full-time status, will no longer be eligible for the percentage in lieu of benefits payment and will be enrolled in the Group Benefits Plan. An employee's HSN service is used towards the required waiting periods.

Each year, our benefit plans are reviewed for utilization and the cost of certain covered expenses. Premium rates are adjusted according to the results of this review. For monthly rate information please see enclosed payment schedule.

For more information on any of the benefits listed below, visit The Hub → Employee Services → [Benefits & Pension](#)

| Fixed Benefits – Full-Time Employees | | | | |
|--|--|--|---|--|
| Benefit | Benefit Provider | Cost Sharing | Highlights | Form to be Completed |
| Custom Life Insurance | Sun Life Financial (SLF) | 100% employer paid | <ul style="list-style-type: none"> You are covered for 2x your base annual earnings, rounded to nearest \$500 | Must complete Benefits Enrolment Form Section A |
| Accidental Death & Dismemberment Benefit | CHUBB | | <ul style="list-style-type: none"> You are covered for the same amount as under Custom Life Insurance Benefits are paid for accidental death and certain serious injuries | Failure to complete this form will result in any life insurance proceeds being paid to your Estate |
| Sick Pay Benefit | | 100% employer paid | <ul style="list-style-type: none"> Provides coverage if an eligible employee is not able to work due to illness or non-work related injury – if an employee misses three consecutive shifts medical evidence is required | Review & Sign <ul style="list-style-type: none"> Attendance Management Policy Sick Leave & Short-Term Absence Policy |
| LTD – Long-Term Disability | (SLF) | 75% employer paid 25% employee paid | <ul style="list-style-type: none"> There is a 30 week waiting period for long term disability benefits Provides income replacement of 65% to 75% of pre-disability base earnings based on service. | |
| Pension Plan | Healthcare of Ontario Pension Plan (HOOPP) | For every \$1.00 an employee contributes the employer contributes \$1.26 | A defined benefit plan which provides members with a retirement income based on a formula that takes into account a member's earnings history and length of service in the Plan. Once members start receiving a pension, they receive it for life. | Must complete Benefits Enrolment Form Section B – only if interested in transferring pension from a previous employer |
| Employee Assistance Program (EAP) | ComPsych | 100% employer paid | <ul style="list-style-type: none"> You and your family members can receive free confidential support over the telephone, in person or online for a variety of issue-based health and wellness concerns <p><i>For EAP contact details visit GuidanceResources Online at www.guidanceresources.com</i> and enter your web ID: EAP4HSN or call 1-844-213-8968</p> | No enrolment necessary |
| Optional Benefits – Employee Pays | | | | |
| Benefit | Benefit Provider | Cost Sharing | Highlights | Forms to be Completed |
| Custom Voluntary Life Insurance | (SLF) | 100% employee paid | <ul style="list-style-type: none"> You can choose units of \$10,000, to maximum of \$500,000, for you and/or your eligible spouse <p>For Employees Only – option to apply for coverage of \$30,000 or less within 31 days of eligibility without a review of your health status (guaranteed coverage)</p> | Complete Benefits Enrolment Form Section C – request Evidence of Insurability form |
| Custom Voluntary Accident Insurance | CHUBB | 100% employee paid | <ul style="list-style-type: none"> If you choose this coverage, the amount of coverage is equal to Voluntary Life Insurance, for you and/or your eligible spouse Benefits are paid for accidental death and certain serious injuries | Complete Benefits Enrolment Form Section D |
| Custom Voluntary Dependant Life Insurance | (SLF) | 100% employee paid | <ul style="list-style-type: none"> You can choose \$10,000 in coverage for each dependent child | |
| Group RRSP | Manulife Financial | Employee payroll deduction | <ul style="list-style-type: none"> Can contribute through a payroll deduction Contributions taken from pre-tax earnings, resulting in an immediate tax savings | |

Coordinated Benefits
(Mandatory unless proof of alternative coverage is provided)
i.e. coverage through a spouse

| Benefit | Benefit Provider | Cost Sharing | Highlights | Form to be Completed |
|-------------------------------------|--------------------------|--|---|--|
| Extended Healthcare Coverage | | | | |
| Prescription Drugs | Sun Life Financial (SLF) | 75% employer paid 25% employee paid | <ul style="list-style-type: none"> You receive reimbursement of eligible drugs, legally requiring a prescription. Over-the-counter drugs are not covered (nor certain life-sustaining drugs and diabetes supplies that don't require a prescription) - after an annual deductible <p><i>A health care partnership is in place between the HSN and various area pharmacies. Pharmacies that participate in the program are the only pharmacies with the authority to submit electronic claims. This partnership assists in managing costs associated with the group benefit plan</i></p> | Must complete Benefits Enrolment Form Section E |
| Supplementary Healthcare | | | | |
| Vision Care | | | | |

Dental Coverage

| | | | | |
|-------------|-------|--|--|--|
| Dental Care | (SLF) | 75% employer paid 25% employee paid | <ul style="list-style-type: none"> You receive 100% reimbursement of basic services (recall examination limited to once every 9 months) 50% reimbursement of orthodontic services (to lifetime maximum of \$1,500) 50% reimbursement of crowns and bridgework to a maximum of \$1,500 per person per calendar year 50% reimbursement of complete and partial dentures, to a maximum of \$1,000 per person per calendar year <p><i>All reimbursement based on current year's dental fee guide</i></p> <p><i>For further information and claim forms go to: www.mysunlife.ca or call 1-800-361-6212.</i></p> | Must complete Benefits Enrolment Form Section F |
|-------------|-------|--|--|--|

Semi-Private Coverage

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|-------------------------------------|-------|--------------------|---|--|
| Semi-Private Hospital Accommodation | (SLF) | 100% employer paid | <p>You receive 100% reimbursement of semi private room accommodation, above provincial ward rate</p> <p><i>For further information and claim forms go to: www.mysunlife.ca or call 1-800-361-6212</i></p> | Must complete Benefits Enrolment Form Section G |
|-------------------------------------|-------|--------------------|---|--|

Coordination of Benefits

Your coverage related to extended healthcare coverage/semi-private and dental has a coordination of benefits (COB) provision. The COB provision may allow you to receive up to 100% reimbursement of eligible expenses, if you, your spouse, or your dependent children have coverage under more than one group benefit plan.

The COB provision lets us know the order of paying benefits.

- If you and your spouse are covered by group plans, personal expenses should first be submitted to the plan that covers the person as an employee.
- If both spouses have family coverage, expenses for your dependent children should first be submitted to the plan of the spouse whose birthday falls earliest in the year.
- In both cases, above, any amounts not reimbursed may then be submitted to the other spouse's plan.

University students who are covered under a university plan must submit to that plan first. They can then submit remaining amounts, as per steps 2 and 3 above.

Benefit Confirmation Cards

For a complete detailed listing of healthcare and dental benefits and to obtain a benefit confirmation card please register online at www.mysunlife.ca. Registering for an Access ID and password allows you to sign in to the plan member website where you will find information and services for your specific plan. The website also provides the ability to submit various benefit claims online for direct deposit.

Please allow 2-4 weeks for your information to be transferred and accessible on the website. For login purposes you will require your Contract/Policy number (78180) and Certificate/Member ID number which is your employee number and is located in the top right portion of your pay stub.