

## HSN ONA 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 for ONA members hired on or after January 1, 2006 and a twelve (12) month waiting period is applied for ONA members hired before January 1, 2006. 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"> <li>You are covered for 2x your base annual earnings, rounded to nearest \$500</li> </ul>	Must complete Benefits Enrolment Form <b>Section A</b>  Failure to complete this form will result in any life insurance proceeds being paid to your Estate
Accidental Death & Dismemberment Benefit	CHUBB		<ul style="list-style-type: none"> <li>You are covered for the same amount as under Custom Life Insurance</li> <li>Benefits are paid for accidental death and certain serious injuries</li> </ul>	
Sick Pay Benefit		100% employer paid	<ul style="list-style-type: none"> <li>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</li> </ul>	Review & Sign <ul style="list-style-type: none"> <li>Attendance Management Policy</li> <li>Sick Leave &amp; Short-Term Absence Policy</li> </ul>
LTD – Long-Term Disability <b>1992 Benefit</b> hired on or after January 1, 2006 <b>1980 Benefit</b> Hired prior to January 1, 2006	(SLF)	75% employer paid 25% employee paid	<ul style="list-style-type: none"> <li>There is a 30 week waiting period for long term disability benefits</li> <li>Provides income replacement of 60% to 75% of pre-disability base earnings based on service.</li> </ul>	
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 <b>Section B</b> – only if interested in transferring pension from a previous employer
Employee Assistance Program ( <b>EAP</b> )	ComPsych	100% employer paid	<ul style="list-style-type: none"> <li>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</li> </ul> <p><i>For EAP contact details visit <a href="#">GuidanceResources</a> Online at <a href="http://www.guidanceresources.com">www.guidanceresources.com</a> and enter your web ID: <b>EAP4HSN</b> or call 1-844-213-8968</i></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"> <li>You can choose units of \$10,000, to maximum of \$500,000, for you and/or your eligible spouse</li> </ul> <p><b>For Employees Only</b> – option to apply for coverage of \$30,000 or less within 31 days of eligibility without a review of your health status (<b>guaranteed coverage</b>)</p>	Complete Benefits Enrolment Form <b>Section C</b> – request Evidence of Insurability form
Custom Voluntary Accident Insurance	CHUBB	100% employee paid	<ul style="list-style-type: none"> <li>If you choose this coverage, the amount of coverage is equal to Voluntary Life Insurance, for you and/or your eligible spouse</li> <li>Benefits are paid for accidental death and certain serious injuries</li> </ul>	
Custom Voluntary Dependant Life Insurance	(SLF)	100% employee paid	<ul style="list-style-type: none"> <li>You can choose \$10,000 in coverage for each dependent child</li> </ul>	Complete Benefits Enrolment Form <b>Section D</b>
Group RRSP	Manulife Financial	Employee payroll deduction	<ul style="list-style-type: none"> <li>Can contribute through a payroll deduction</li> <li>Contributions taken from pre-tax earnings, resulting in an immediate tax savings</li> </ul>	

**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
<b>Extended Healthcare Coverage</b>				
Prescription Drugs	Sun Life Financial (SLF)	75% employer paid 25% employee paid	<ul style="list-style-type: none"> <li>You receive reimbursement of eligible drugs, legally requiring a prescription. Over-the-counter drugs are <b>not</b> covered (nor certain life-sustaining drugs and diabetes supplies that don't require a prescription) - after an annual deductible</li> </ul> <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 <b>Section E</b>
Supplementary Healthcare		<ul style="list-style-type: none"> <li>You receive reimbursement for various expenses that are medically necessary for the treatment of disease or bodily injury and prescribed by a physician</li> </ul>		
Vision Care		<ul style="list-style-type: none"> <li>You receive reimbursement per individual for prescription eyewear to a maximum of \$450, every 24 months and one eye exam within a 24 month period</li> </ul> <p><i>For further information and claim forms go to: <a href="http://www.mysunlife.ca">www.mysunlife.ca</a> or call 1-800-361-6212</i></p>		

<b>Dental Coverage</b>				
Dental Care	(SLF)	75% employer paid 25% employee paid	<ul style="list-style-type: none"> <li>You receive 100% reimbursement of basic services (recall examination limited to once every 9 months for covered persons age 19 or older)</li> <li>50% reimbursement of orthodontic services (to lifetime maximum of \$2,000)</li> <li>50% reimbursement of crowns, bridgework, and implants to a maximum of \$2,000 per person per calendar year</li> <li>50% reimbursement of complete and partial dentures, to a maximum of \$1,000 per person per calendar year</li> </ul> <p><i>All reimbursement based on current year's dental fee guide</i></p> <p><i>For further information and claim forms go to: <a href="http://www.mysunlife.ca">www.mysunlife.ca</a> or call 1-800-361-6212.</i></p>	Must complete Benefits Enrolment Form <b>Section F</b>

<b>Semi-Private Coverage</b>				
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: <a href="http://www.mysunlife.ca">www.mysunlife.ca</a> or call 1-800-361-6212</i></p>	Must complete Benefits Enrolment Form <b>Section G</b>

**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](http://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.**