



Your Benefits at a Glance

We are pleased to present an overview of the benefits and services available to you and your dependents through your group benefits plan with Great-West Life. More detailed information on plan design, online services, and how to access and use your benefits, will be provided shortly.

Greater Sudbury Housing – Full-time Members of CUPE

Group Policy Nos 172503 and 172505

Effective: January 1, 2018

Basic Life Insurance	
Employee Benefit Formula	200% of your annual earnings to a maximum of \$150,000
Spouse Flat Amount	\$2,000
Child Flat Formula	\$1,000
Optional Life Insurance	
Employee Multiple Amount	\$10,000 to a maximum of \$200,000
Spouse Multiple Amount	\$10,000 to a maximum of \$200,000
Short Term Disability	
Waiting Period	
Injury	No waiting period
Disease	3 working days If you are hospitalized or have day surgery before the last day of the waiting period for disease, benefits will begin on the day you are hospitalized or the surgery is performed
Maximum Benefit Period	6 months
Benefit Formula	75% of your weekly earnings to a maximum of \$1,700
Long Term Disability	
Benefit Waiting Period	6 months or expiration of 130 days of paid sick leave, whichever is later
Maximum Benefit Period	To age 65
Benefit Formula	75% of your monthly earnings to a maximum of \$5,000

This is a summary of how Great-West Life will make claim decisions to help you understand how your benefit plan works. Keep in mind that this is a summary – it's not possible to describe every possible claim situation. We encourage you to check your Booklet when you receive it to see the full terms and conditions that apply to your plan. If there is a conflict in the information contained here and in your Booklet and/or Contract, the Booklet and/or Contract overrules any information in this Summary.

Healthcare	
Deductibles	
Individual	\$10 each calendar year
Family	\$20 each calendar year
The deductible does not apply to Out-of-Country Emergency, Global Medical Assistance, Hospital and Visioncare expenses	
Reimbursement Level	100%
In-Canada Prescription Drugs	Included
Smoking Cessation, including Natural Health Products	\$500 lifetime
Basic Expense Maximums	
Out-of-Country Emergency Care Expenses	\$1,000,000 per trip
Hospital Care	Private room
Convalescent Care	\$25 per day to a maximum of 120 days each calendar year
Home Nursing Care	\$25,000 each calendar year
Dental Accident	Included
Hearing Aids	\$650 every 60 months
Blood-glucose Monitoring Machines	\$500 each calendar year
Custom-fitted Orthopedic Shoes and modifications to stock-item orthopedic shoes or regular footwear	Included
Custom-made Shoes and Foot Orthotics	Included
Myoelectric Arms	\$10,000 per prosthesis
Surgical Brassieres	2 every 12 months
External Breast Prosthesis (post mastectomy)	1 each calendar year
Leg Orthosis (brace)	Included
Trusses	Included
Mechanical or Hydraulic Patient Lifters	\$2,000 per lifter once every 5 years
Outdoor Wheelchair Ramps	\$2,000 lifetime
Transcutaneous Nerve Stimulators	\$700 lifetime
Extremity Pumps for Lymphedema	\$1,500 lifetime
Custom-made Compression Hose	4 pairs each calendar year
Wigs	\$200 lifetime
Incontinence Supplies	Included
Diagnostic Services	Included

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Paramedical Practitioners	
Chiropractors	\$20 each visit
Osteopaths	\$20 each visit to a maximum of \$100 each calendar year
Podiatrists/Chiropractists	\$20 each visit to a maximum of \$100 each calendar year
Psychologists/Social Workers	\$35 for the 1 st visit then \$20 for each subsequent visit to a maximum of \$200 each calendar year
Speech Therapists	\$200 each calendar year
Visioncare Expense Maximums	
Eye Examinations	\$85 every 24 months
Eyeglasses and Contact Lenses	\$390 every 24 months
Lifetime Healthcare Maximum	
	Unlimited
Dentalcare	
Payment Basis	The Ontario Dental Association Fee Guide in effect on the date treatment is rendered Payment for denturists' charges is based on denturist fee guides. Payment for charges by hygienists practising independently is based on hygienist fee guides. Specialists' charges are limited to general practitioner fees
Deductibles	Nil
Reimbursement Levels	
Basic	100%
Dentures	50%
Plan Maximums	
Basic	Unlimited
Dentures	\$1,000 each calendar year

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