

**ONA FULL TIME
REGULARLY SCHEDULED 37.5 HRS PER WEEK
BENEFIT OVERVIEW**

EXTENDED HEALTH CARE (EHC)

CARRIER: Green Shield

PAY DIRECT WALLET CARD

Can be used at all HHS Retail Pharmacies, including McMaster Drugstore, Juravinski Cancer Centre Pharmacy and Hamilton General Drugstore – ALL revenue generated is used to support various initiatives throughout HHS. For location information and hours of operation, click [HERE](#)

ENROLLMENT OPTIONS:

- **Single**
- **Family**

Participation

- Mandatory unless employee has comparable, alternate coverage (proof required)
- Coverage is extended to the age of 80 for active full time employees

Dependent Eligibility

- Dependent children up to the age of 21

Coverage

- Commences on the 1st of the month following 90 days of continuous service
- Transfers: If already have a minimum of 3 months service at the time of transfer, coverage will take effect on the 1st day of the month following the transfer date

Premium

- 25% Employee; 75% Employer
- Deducted from the second pay deposit of each month
- Commences in the month the benefit coverage begins

| | Employee | Employer |
|---|-----------------|-----------------|
| Single | \$58.55 | \$175.65 |
| Family | \$161.81 | \$485.43 |
| Premiums effective April 1, 2024 | | |

Deductible

- Single Coverage - \$22.50 per calendar year
- Family Coverage - \$35.00 per calendar year

Drugs

- 100% reimbursement of eligible prescription drug charges in excess of the deductible
- Covers all drugs that **legally require** a medical doctor's prescription to receive them in Ontario **and** are listed in the Green Shield formularies
- Reimbursement for prescribed drugs covered by the Plan will be based on the cost of the lowest priced therapeutically equivalent generic version of the drug, unless there is a documented adverse reaction to the generic drug or unless the beneficiary's doctor stipulates that the generic drug is not an alternative, in which case the reimbursement will be for the prescribed drug
- Ontario Drug Benefit (ODB) program: first payer for prescription drug purchases for eligible individuals who are 65 years of age or older. The ODB co-payment/deductible are eligible for reimbursement through Green Shield

Private Room

- Difference between semi-private and private room (not a suite)

Private Hospital

- Up to \$10 per day for a lifetime maximum of 120 days

Paramedical professional services

- Physiotherapist or qualified sports therapist
- Speech Pathologist up to a maximum of \$200 per person per calendar year
- Psychologist Benefits (includes Registered Psychotherapist or Masters of Social Work). No annual maximum per insured person. GSC will continue to apply standard per visit Reasonable & Customary (R&C) limitations.
- Private Duty Nursing
- Registered Massage Therapist up to a maximum of \$450 per person per calendar year
- Chiropractic coverage up to a maximum of \$450 per person per calendar year

Compression Stockings

- Reimbursement from Green Shield for compression stocking claims will be from HHS Retail Pharmacies only
- Maximum of 6 pairs per calendar year

Hearing Aids

- Up to a maximum of \$700 per person every 36 months

Custom Molded Orthotics

- Up to \$475 per pair and 2 pairs every 3 consecutive calendar years

Vision Care

- Up to a maximum of \$450 every 24 months for persons 18 years of age or over. For dependents under age 18, every 12 months.
- Coverage includes laser eye surgery, prescription eye glasses or contact lenses.
- Eye examinations limited to one exam every 24 months for adults between the ages of 20 and 64 inclusive

Flash Glucose Monitoring Systems (FGMS)

- Up to an annual maximum of \$4,000 per person (every 12 months from the date of the first paid claim) for all FGMS equipment including but not limited to the cost of sensors and readers (glucometers).

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|--|---|----------|----------|----------|--------|---------|---------|--------|---------|----------|---|--|--|
| | <ul style="list-style-type: none"> Coverage amount is subject to GSC's reasonable and customary limits and annual maximums. A valid prescription is required for this benefit. Please contact GSC directly to confirm eligibility prior to submitting a claim. <p>Semi-Private</p> <ul style="list-style-type: none"> 100% of the difference in amount between Standard Ward & Semi-Private room charge Premiums 100% Employer-paid <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th></th> <th>Employee</th> <th>Employer</th> </tr> </thead> <tbody> <tr> <td>Single</td> <td>\$0</td> <td>\$16.83</td> </tr> <tr> <td>Family</td> <td>\$0</td> <td>\$33.48</td> </tr> <tr> <td colspan="3" style="text-align: center;">Premiums effective April 1, 2024</td> </tr> </tbody> </table> | | Employee | Employer | Single | \$0 | \$16.83 | Family | \$0 | \$33.48 | Premiums effective April 1, 2024 | | |
| | Employee | Employer | | | | | | | | | | | |
| Single | \$0 | \$16.83 | | | | | | | | | | | |
| Family | \$0 | \$33.48 | | | | | | | | | | | |
| Premiums effective April 1, 2024 | | | | | | | | | | | | | |
| <p>DENTAL</p> <p>CARRIER: Green Shield</p> <p>DENTAL FEE GUIDE:</p> <ul style="list-style-type: none"> Current ODA Fee Guide | <p>Participation</p> <ul style="list-style-type: none"> Mandatory unless employee has comparable, alternate coverage (proof required) Coverage is extended to the age of 80 for active full time employees <p>Coverage</p> <ul style="list-style-type: none"> Commences on the 1st of the month following 90 days of continuous service Transfers: If already have a minimum of 3 months service at the time of transfer, coverage will take effect on the 1st day of the month following the transfer date <p>Premium</p> <ul style="list-style-type: none"> 25% Employee; 75% Employer Deducted from the second pay deposit of each month Commences in the month the benefit coverage begins <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th></th> <th>Employee</th> <th>Employer</th> </tr> </thead> <tbody> <tr> <td>Single</td> <td>\$18.12</td> <td>\$54.37</td> </tr> <tr> <td>Family</td> <td>\$51.31</td> <td>\$153.92</td> </tr> <tr> <td colspan="3" style="text-align: center;">Premiums effective April 1, 2024</td> </tr> </tbody> </table> <p>Deductible</p> <ul style="list-style-type: none"> Nil <p>Basic and Comprehensive Services</p> <ul style="list-style-type: none"> Co-insurance: 100% (plan pays 100% of the cost of eligible expenses) Includes recalls and x-rays Polishing, preventive recall, oral hygiene instruction and re-instruction covered once every 9 months for adults (age 18 and over), or once every 6 months for dependent children under age 18 <p>Major Restorative Services</p> <ul style="list-style-type: none"> Co-insurance: 50% (employee pays 50% of the cost of eligible expenses) Complete and partial dentures - \$1,000 annual maximum per insured Crowns, bridgework, implants and repairs - \$2,000 annual maximum per insured <p>Orthodontic Services</p> <ul style="list-style-type: none"> Co-insurance: 50% (employee pays 50% of the cost of eligible expenses) Lifetime maximum of \$2,000 per insured | | Employee | Employer | Single | \$18.12 | \$54.37 | Family | \$51.31 | \$153.92 | Premiums effective April 1, 2024 | | |
| | Employee | Employer | | | | | | | | | | | |
| Single | \$18.12 | \$54.37 | | | | | | | | | | | |
| Family | \$51.31 | \$153.92 | | | | | | | | | | | |
| Premiums effective April 1, 2024 | | | | | | | | | | | | | |
| <p>SHORT TERM DISABILITY (STD)</p> <p>HOODIP 1980 (hired before January 1, 2006)</p> <p>HOODIP 1992 (hired on or after January 1, 2006)</p> | <p>Participation</p> <ul style="list-style-type: none"> Mandatory <p>Coverage</p> <ul style="list-style-type: none"> Eligibility for paid sick days commences following 3-months of service Transfers: If you have a minimum of 3 months service at the time of transfer, coverage will take effect immediately <p>Premium</p> <ul style="list-style-type: none"> 100% funded by Hospital <p>Amount of Benefit</p> <ul style="list-style-type: none"> Based on length of service: <ul style="list-style-type: none"> At least 3 months = 66 2/3% of regular earnings At least 1 year = 70% of regular earnings At least 2 years = 80% of regular earnings At least 3 years = 90% of regular earnings At least 4 years = 100% of regular earnings Note: regular earnings are those in effect on the last day you are actively at work <p>Payment Eligibility:</p> <ul style="list-style-type: none"> Benefits are payable during the first 15 calendar weeks. Sick pay benefits for the 16th to 30th week are provided by Employment Insurance (EI) Sick pay benefits are not payable for the first fifteen (15) hours of absence for the sixth (6th) and subsequent period(s) of absence in the same fiscal year (April 1st through March 31st) | | | | | | | | | | | | |

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| | <p>Maximum Duration</p> <ul style="list-style-type: none"> • 562.5 hours (15 calendar weeks). If illness exceeds this period, employee makes application to Employment Insurance (EI) for an additional 15 weeks of payable EI sick benefits | | | | | | | | | |
|---|--|-----------------|-----------------|-----------------|-----------------------------|---------|---------|--|--|--|
| <p>LONG TERM DISABILITY (LTD)</p> <p>CARRIER: Desjardins Insurance (DFS)</p> <p>HOODIP 1980 (hired before January 1, 2006)</p> <p>HOODIP 1992 (hired on or after January 1, 2006)</p> | <p>Participation</p> <ul style="list-style-type: none"> • Mandatory • Ceases at age 65 (less the Qualifying Period of 30 calendar weeks) <p>Coverage</p> <ul style="list-style-type: none"> • Commences 6 months from your service date • Transfers: If already have a minimum of 6 months service at the time of transfer, coverage will take effect 6 months from your service date <p>Premium</p> <ul style="list-style-type: none"> • 25% Employee; 75% Employer • Deducted from the first pay deposit of each month • Commences in the month the benefit coverage begins <table border="1" data-bbox="630 646 1333 726"> <thead> <tr> <th></th> <th align="center">Employee</th> <th align="center">Employer</th> </tr> </thead> <tbody> <tr> <td align="center">• % of monthly gross salary</td> <td align="center">1.1047%</td> <td align="center">3.3143%</td> </tr> <tr> <td align="center" colspan="3">Premium effective April 1, 2024</td> </tr> </tbody> </table> <p>Hired before January 1, 2006:</p> <ul style="list-style-type: none"> • Amount of Benefit – based on length of service – HOODIP Plan 1980 <ul style="list-style-type: none"> ○ 1 year but < 10 years service = 60% of regular pay ○ 10 years but < 20 years = 65% of regular pay ○ 20 years but < 30 years = 70% of regular pay ○ Minimum monthly benefit for employees under 65 = \$50 ○ Benefits are offset by income received from HOOPP, CPP, or other government plans <p>Definition of Total Disability</p> <ul style="list-style-type: none"> • During the first 104 weeks you are absent from work, that you are unable to perform the regular duties pertaining to your occupation due to injury or illness, and that you are not engaged in any gainful occupation. • Benefits are payable until you cease to be totally disabled, or your 65th birthday, whichever comes first. If you qualify for LTD benefits after you reach age 64 and before age 65, benefits will be payable for 12 months or to the date of your recovery, if earlier. <p>Hired on or after January 1, 2006:</p> <ul style="list-style-type: none"> • Amount of Benefit – based on length of service – HOODIP Plan 1992 <ul style="list-style-type: none"> ○ 6 months but less than 20 yrs = 65% of regular earnings ○ 20 yrs but less than 30 yrs = 70% of regular earnings ○ 30 or more yrs = 75% of regular earnings • Note: regular earnings are those in effect on the last day you are actively at work • Minimum monthly benefit for employees under 65 = \$50 • Benefits are offset by income received from HOOPP, CPP, or other government plans <p>Definition of Total Disability</p> <ul style="list-style-type: none"> • Benefits payable up to your 65th birthday, if you become disabled before age 64 and you have completed fewer than 10 years of Continuous Service when you become totally disabled; the day 12 months after the Date of Disability, if you become disabled after age 64 but before age 65 (minus the qualifying period) and you have completed fewer than 10 years of Continuous Service when you become disabled; the date of death if you have completed 10 years of Continuous Service when you become disabled; the date you fail to undertake a medical examination at DFS' request, by a physician DFS appoints. | | Employee | Employer | • % of monthly gross salary | 1.1047% | 3.3143% | Premium effective April 1, 2024 | | |
| | Employee | Employer | | | | | | | | |
| • % of monthly gross salary | 1.1047% | 3.3143% | | | | | | | | |
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| <p>GROUP LIFE (Effective September 1, 2016 - HOOGLIP)</p> <p>CARRIER: Desjardins Insurance (DFS)</p> | <p>Participation</p> <ul style="list-style-type: none"> Mandatory <p>Coverage</p> <ul style="list-style-type: none"> Provides financial assistance to the listed beneficiary in the event of the employee's loss of life Commences following a 3-month waiting period Transfers: If you have already completed the 3-month waiting period at the time of transfer, coverage will take effect immediately <p>Premium</p> <ul style="list-style-type: none"> 100% Employer-paid <table border="1" data-bbox="743 512 1253 592"> <thead> <tr> <th></th> <th>Employee</th> <th>Employer</th> </tr> </thead> <tbody> <tr> <td>Rate per \$1,000</td> <td>\$0</td> <td>\$0.0950</td> </tr> <tr> <td colspan="3" style="text-align: center;">Premium effective April 1, 2024</td> </tr> </tbody> </table> <p>Amount of Benefit</p> <ul style="list-style-type: none"> 2x annual earnings <p>Coverage at age 65</p> <ul style="list-style-type: none"> \$300 per completed year of service to a maximum benefit amount of \$4,500 <p>Conversion Option</p> <ul style="list-style-type: none"> If under age 65, you have the option to convert coverage within 31 days of termination/ retirement, to a combined Life maximum of \$200,000 | | Employee | Employer | Rate per \$1,000 | \$0 | \$0.0950 | Premium effective April 1, 2024 | | |
|---|---|----------|----------|----------|------------------|-----|----------|--|--|--|
| | Employee | Employer | | | | | | | | |
| Rate per \$1,000 | \$0 | \$0.0950 | | | | | | | | |
| Premium effective April 1, 2024 | | | | | | | | | | |
| <p>ACCIDENTAL DEATH & DISMEMBERMENT (Effective September 1, 2016 – OHA Plan)</p> <p>CARRIER: Desjardins Insurance (DFS)</p> | <p>Participation</p> <ul style="list-style-type: none"> Mandatory Ceases at age 80 for active full time employees <p>Coverage</p> <ul style="list-style-type: none"> Provides financial assistance to the employee or their beneficiary in the event the employee sustains an accidental injury while insured, and suffers a loss specified in the Schedule of Losses, including, but not limited to, loss of life, or loss of body limb, or permanent and total loss of use of body limb Commences following a 3-month waiting period Effective simultaneously with the Group Life (HOOGLIP) benefit <p>Premium</p> <ul style="list-style-type: none"> 100% Employer-paid <table border="1" data-bbox="743 1134 1253 1213"> <thead> <tr> <th></th> <th>Employee</th> <th>Employer</th> </tr> </thead> <tbody> <tr> <td>Rate per \$1,000</td> <td>\$0</td> <td>\$0.0184</td> </tr> <tr> <td colspan="3" style="text-align: center;">Premium effective April 1, 2024</td> </tr> </tbody> </table> <p>Amount of Benefit</p> <ul style="list-style-type: none"> 2x annual earnings (for loss of life) Benefit amount for loss of limb, sight, speech, and/or hearing is dependent on a Schedule of Losses <p>Conversion Option</p> <ul style="list-style-type: none"> If under age 65, you have the option to convert coverage within 31 days of termination/retirement, to a maximum of \$200,000 | | Employee | Employer | Rate per \$1,000 | \$0 | \$0.0184 | Premium effective April 1, 2024 | | |
| | Employee | Employer | | | | | | | | |
| Rate per \$1,000 | \$0 | \$0.0184 | | | | | | | | |
| Premium effective April 1, 2024 | | | | | | | | | | |
| <p>VOLUNTARY LIFE (Effective September 1, 2016 - HOOVLIP)</p> <p>CARRIER: Desjardins Insurance (DFS)</p> | <p>Participation</p> <ul style="list-style-type: none"> Optional Ceases at age 65 <p>Coverage</p> <ul style="list-style-type: none"> Eligibility for HOOVLIP coverage is coincident with the HOOGLIP coverage effective date <u>Employee</u> may apply to purchase the following coverage if insured under the Group Life (HOOGLIP) plan: <ul style="list-style-type: none"> Age 54 and under = 1, 2, or 3x annual earnings; Age 55 to 59 = 1 or 2x annual earnings; Age 60 to 64 = 1x annual earnings Medical Evidence of Insurability (EOI) is required, unless application is made within 31 days of eligibility for coverage of \$150,000 or less <u>Spouse</u> of an employee may apply to purchase the following coverage: <ul style="list-style-type: none"> 25% or 50% of the Employee's approved Voluntary Life (HOOVLIP) coverage Medical Evidence of Insurability (EOI) is required with application <p>Premium</p> <ul style="list-style-type: none"> Employee pays 100% of the premium for the additional coverage based on age, smoker/non-smoker status and gender. Please contact Human Resources for the HOOVLIP Brochure with rates. Deducted monthly from your paycheque <p>Conversion Option</p> <ul style="list-style-type: none"> If under age 65, you have the option to convert coverage within 31 days of termination/ retirement, to a combined Life maximum of \$200,000 | | | | | | | | | |

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|---|---|
| MATERNITY & PARENTAL LEAVE: SUPPLEMENTAL UNEMPLOYMENT BENEFIT (SUB) TOP UP | <p>SUB Top Up Amount</p> <ul style="list-style-type: none"> Upon proof of receipt of Employment Insurance (EI) benefits, an employee will receive top up to 84% of their regular weekly earnings <p>Duration</p> <ul style="list-style-type: none"> EI waiting period (1 week) is unpaid Up to a maximum of 15 weeks for pregnancy leave Up to a maximum of 12 weeks for parental leave* <p><i>* Employees may choose between two different EI parental leave benefit periods, i.e. standard and extended. The standard benefit period is 35 weeks and the extended period is 61 weeks. The parental leave SUB top up benefit will be calculated the same regardless of the employee's election between the standard and extended EI benefit period. For purposes of calculating the SUB top up benefit amount, the employee shall be deemed to have elected to receive EI parental benefits over the EI standard period.</i></p> |
| VACATION | <p>Vacation is accrued from January to December of each year. All vacation should be taken in the year that it is earned. Credit in the first year of hire is pro-rated and based on completed calendar months of service as at December 31. NOTE: If you work or receive paid leave for less than 1,525 hours in the vacation year, Article 16.01 (g) will apply.</p> <ul style="list-style-type: none"> Less than 12 months = 9.375 hrs/month 1 yr at anniversary date = 3 weeks 3 yrs at anniversary date = 4 weeks 11 yrs at anniversary date = 5 weeks 20 yrs at anniversary date = 6 weeks 25 yrs at anniversary date = 7 weeks |
| HOOPP (Healthcare of Ontario Pension Plan) | <p>Participation</p> <ul style="list-style-type: none"> Mandatory - enrollment is effective the date of hire <p>Coverage</p> <ul style="list-style-type: none"> A defined benefit plan, HOOPP provides the employee with a retirement income based on a formula that takes into account earnings history and service. Once employees start receiving the pension, they receive it for life. <p>Premium</p> <ul style="list-style-type: none"> Employee contributes 6.9% of regular biweekly earnings under the Year's Maximum Pensionable Earnings (YMPE) and 9.2% of regular biweekly earnings over the YMPE (the YMPE is determined each year by the Canada Revenue Agency) Employer contributes 126% of the employee contribution Contributions are based on regular biweekly earnings and are limited to a maximum of 1,950 hours worked per year |
| GROUP RRSP (Registered Retirement Savings Plan) CARRIER: Manulife Financial or Standard Life | <p>Participation</p> <ul style="list-style-type: none"> Voluntary Contribute through regular payroll deductions <p>Advantages</p> <ul style="list-style-type: none"> Immediate tax savings No front-end or deferred sales commissions Lower investment management fees Leading investment managers |
| STEP INCREASES | <ul style="list-style-type: none"> Increments are based on every one year of service up to the salary plan maximum Refer to the ONA Collective Agreement |

This document is a summary of the group benefits and does not include all of the plan details, provisions, exclusions and limitations. It is not intended to create a contract between Hamilton Health Sciences and any of its employees or potential employees. In the event of a discrepancy between this document and either the Group Policy and/or Collective Agreement, the applicable policy or Collective Agreement language will prevail.

Contact Information:

| Benefit | Carrier | Phone/Email | Website |
|--|---------------------|---|--|
| Health, Dental and Semi-Private Hospital | Green Shield Canada | 1-888-711-1119 | www.greenshield.ca |
| Pension | HOOPP | 1-877-43HOOPP (46677) clientservices@hoopp.com | www.hoopp.com |
| Group RRSP | Manulife Financial | 1-888-727-7766 | www.manulife.ca |
| Group RRSP | Standard Life | 1-800-242-1704 | www.standardlife.ca |
| Human Resources Department | | 905-521-2100 ext.4myHR (46947) myHR@hhsc.ca | HHS Hub > Your HHS > Human Resources |