

**ONA
TEMPORARY FULL TIME – NEW GRAD GUARANTEE & NURSING CAREER ORIENTATION
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 and – 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 3 months of 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	\$69.91	\$209.72
Family	\$193.21	\$579.64
Premiums effective April 1, 2026		

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

- 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 a maximum of \$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

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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).
- 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.

Continuous Glucose Monitoring Systems (CGMS)

- Up to an annual maximum of \$4,000 per person (every 12 months from the date of the first paid claim) for all Glucose Monitoring Systems equipment (which includes both CGMS & FGMS), including but not limited to the cost of sensors and readers (glucometers)
- Coverage for plan members and their dependents is subject to GSC’s reasonable and customary limits, which may be subject to change through the annual process review.

Semi-Private

- 100% of the difference in amount between Standard Ward & Semi-Private room charge
- Premiums 100% Employer-paid

	Employee	Employer
Single	\$0	\$18.85
Family	\$0	\$37.50
Premiums effective April 1, 2025		

DENTAL

CARRIER: Green Shield

DENTAL FEE GUIDE:

- Current ODA Fee Guide

Participation

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

Coverage

- Commences on the 1st of the month following 90 days of continuous service
- Transfers: If already have 3 months of 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	\$22.15	\$66.44
Family	\$62.71	\$188.12
Premiums effective April 1, 2026		

Deductible

- Nil

Basic and Comprehensive Services

- Co-insurance: 100% (plan pays 100% of the cost of eligible expenses)
- Polishing, preventive recall, oral hygiene instruction and re-instruction once every 9 months or every 6 months for dependent children under 18 yrs

Major Restorative Services

- 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 - increase to \$2,500 annual maximum per insured

Orthodontic Services

- Co-insurance: 50% (employee pays 50% of the cost of eligible expenses)
- Lifetime maximum of \$2,500 per insured

**SHORT TERM
DISABILITY**

HOODIP 1992

Participation

- Mandatory

Coverage

- Eligibility for paid sick days commences following 3 months of service
- Transfers: If already have a minimum of 3 months service at the time of transfer, coverage will take effect immediately.

Premium

- 100% funded by Hospital

Amount of Benefit

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	<ul style="list-style-type: none"> • Based on length of service: <ul style="list-style-type: none"> ○ At least 3 months = 66 2/3% ○ At least 1 year = 70% ○ At least 2 years = 80% ○ At least 3 years = 90% ○ At least 4 years = 100% <p>Payment Eligibility:</p> <ul style="list-style-type: none"> • 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) <p>Maximum Duration</p> <ul style="list-style-type: none"> • Calculated based on incumbent hours per week x 15 weeks, to a maximum of 562.5 hours. If illness exceeds this period, employee makes application to Employment Insurance (EI) for 15 weeks of EI benefits.
MATERNITY & PARENTAL LEAVE: SUPPLEMENTAL UNEMPLOYMENT BENEFIT (SUB) TOP UP	<p>SUB Top Up Amount</p> <ul style="list-style-type: none"> • Effective September 3, 2025: Upon proof of receipt of Employment Insurance (EI) benefits, an employee will receive top up to 93% 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 based on the ONA Central Collective Agreement. 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> <p>Full Time</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"> • Voluntary. Eligible to enroll immediately upon 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
<p>GROUP RRSP (Registered Retirement Savings Plan)</p> <p>CARRIER: Manulife Financial</p>	<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

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STEP INCREASES

- 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 Deluxe Travel	Green Shield	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
Human Resources Department		905-521-2100 ext.4myHR (46947) myHR@hhsc.ca	HHS Hub > Your HHS > Human Resources