



**Welcome to GroupHEALTH Benefit Solutions!**

We have prepared the below plan summary so that you can familiarize yourself with the coverage. Complete details of coverage will be included in your electronic benefit booklet, which is available for download.

In the upcoming weeks, you will receive an email instructing you to complete online enrollment. Enrollment is quick and easy and can be done from a computer or smart phone.

**Please note, during online enrollment, you will have the option to select \$50,000 of optional Critical Illness Insurance. This is in addition to the company sponsored benefit plan (NOT SUBSIDIZED BY ARKAY). Your premiums for this optional benefit will be shown during online enrollment and these amounts will be collected via payroll deductions.**

Benefit Summary	
General Information	
Waiting Period for new employees	4 months
Minimum Hours worked per week	20 hours
Age for Dependent Children	22 (26 if full-time student)
Co-Habitation Waiting Period	12 months
Group Life Insurance	
Schedule	\$25,000
Non-Evidence Maximum	\$25,000
Living Benefit	Yes – 50% of principal amount up to \$50,000
Reduction Clause	Reduces by 50% at age 65
Termination Age	70 or earlier retirement
Accidental & Serious Illness Insurance	
Schedule	Equal to group life
Non-Evidence Maximum	Equal to group life
Critical Disease Benefit	10% of principal sum (to a max of \$50,000)
Serious Illness Benefit	10% of principal sum (to a max of \$10,000)
Termination Age	70 or earlier retirement

<b>Critical Illness</b>	
<b>Basic Amount</b>	Employee \$10,000 / Spouse \$10,000 / Child \$5,000
<b>Termination</b>	65 or earlier retirement
<b>Extended Health Care</b>	
<b>Calendar Year Deductible</b>	None
<b>Termination Age</b>	70 or earlier retirement
<b>Prescription Drug Coverage</b>	80%
<b>Drug Plan</b>	Mandatory Generic Drugs FormuCARE – This plan does not cover specialty drugs that may have a potential annual cost of \$10,000 or more
<b>Medical Supplies and Services</b>	100% reimbursement
<b>Foot Orthotics</b>	\$300 per calendar year
<b>Hearing Aids</b>	\$500 per 36 months
<b>Support Hose</b>	4 pairs per calendar year
<b>Surgical Brassieres</b>	4 unit(s) per person per calendar year
<b>External Breast Prosthesis</b>	1 per breast per calendar year
<b>Stump Socks</b>	5 pairs per calendar year
<b>Mobility Aids</b>	Scooters and wheelchairs to an overall maximum of \$3,000 combined every 60 consecutive months
<b>Special Vision Benefit after Cataract Surgery</b>	Lifetime maximum \$300
<b>Electric Hospital Bed</b>	\$3,000 every 60 consecutive months
<b>Vision Care</b>	Maximum \$200/24 months for adults Maximum \$200/12 months for dependent children
<b>Private Duty Nursing</b>	\$10,000 per calendar year with 100% coinsurance
<b>Magnetic Resonance Imaging (MRI)</b>	\$1,000 per calendar year (except in provinces where prohibited)
<b>Ambulance</b>	Included
<b>Hospital (Semi-Private Room)</b>	100%
<b>Eye Exams</b>	1 exam/24 months for adults and 12 months for children
<b>Hospital Indemnity Benefit</b>	\$40 per day commencing on the 5th consecutive day or hospitalization. Maximum of 180 days per calendar year
<b>Out of Country Emergency</b>	100%
<b>Maximum Trip Duration</b>	180 days
<b>Out of Country Emergency Maximum</b>	\$5,000,000 per trip
<b>Trip Cancellation Coverage</b>	\$5,000 per trip
<b>Out -of-Province Medical Referral</b>	\$10,000 per calendar year 100% reimbursement

<b>Paramedical Practitioners</b>	100% reimbursement
<b>Acupuncturist</b>	\$500 per calendar year
<b>Chiropractor (includes x-rays)</b>	\$500 per calendar year
<b>Psychologist / Social Worker / Clinical Counsellor</b>	\$500 per calendar year combined
<b>Naturopath</b>	\$500 per calendar year
<b>Osteopath</b>	\$500 per calendar year
<b>Massage Therapist</b>	\$500 per calendar year
<b>Physiotherapist</b>	\$500 per calendar year
<b>Speech Therapist</b>	\$500 per calendar year
<b>Podiatrist / Chiropodist</b>	\$500 per calendar year
<b>Health Spending Account</b>	
In addition to your benefit plan, you may also have access to a Health Spending Account (H.S.A) An H.S.A. can be used to claim expenses that are not covered under your benefit plan. Eligible expenses are determined by the CRA.	To confirm if you are eligible for this benefit, please contact your Plan Administrator
<b>Termination Age</b>	70 or earlier retirement
<b>Basic/Major Services</b>	80%
<b>Orthodontic Services</b>	50%
<b>Basic/Major Services Annual Maximum</b>	\$1,500 per person
<b>Orthodontic Services Annual Maximum</b>	\$1,500 lifetime
<b>Recall Frequency</b>	Once every 6 months
<b>Additional Benefits</b>	
<b>Employee &amp; Family Assistance Program</b>	Included - LifeWorks
<b>Disability Management Services</b>	Disability Management Institute
<b>Virtual Healthcare</b>	Akira
<b>Medical Second Opinion</b>	Best Doctors
<b>Dental Care</b>	
<b>Annual Deductible</b>	None
<b>Termination Age</b>	70 or earlier retirement
<b>Basic/Major Services</b>	80%
<b>Orthodontic Services</b>	50%
<b>Basic/Major Services Annual Maximum</b>	\$1,500 per person
<b>Orthodontic Services Annual Maximum</b>	\$1,500 lifetime
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This document is an overview of coverage, for complete details, please refer to your benefit booklet.