



BENEFITS SUMMARY

DISTRICT 29 OSSTF

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Our Schools Our Future Our Story

BENEFITS PLAN SUNLIFE

PLEASE NOTE THAT THE FOLLOWING LISTS SAMPLES ONLY FROM YOUR SUNLIFE EMPLOYEE BENEFITS PLAN BOOKLET

Your contract number: 50632
Your ID number: your HPEDSB employee #

OVERALL

- maximum benefit - unlimited
- drug plan: \$10 single / \$20 family deductible per calendar year
- termination at age 65

PRESCRIPTION DRUGS

- pay direct card
- 100% after deductible
- not covered: vitamins & supplements, viagra (and others see Medicare Supplement under "Ineligible Expenses")
- max. dispensing fee \$7
- smoking cessation: lifetime max. \$500
- fertility drugs: lifetime max. \$2,400
- weight loss treatment (drugs only): lifetime max. \$1,800
- erectile dysfunction: annual max. \$1,200
- no Over The Counter coverage

EXTENDED & EXTRA CARE

- immunization vaccines (most)
- 100% emergency services
- semi-private and private hospital room coverage

PARAMEDICALS

- physiotherapist: OHIP maximum (currently \$12.20 per treatment)
- speech therapist: max. \$200 in 12-mth period
- psychologist: max. \$200 in 12-mth period

-chiropractor, osteopath, podiatrist, chiropodist, naturopath: \$10 per treatment, max. \$200 in 12-mth period

NB more paramedicals are listed in your booklet

-orthotics: 2 pairs, max. \$225 per pair in 12-mth period

-orthopaedic shoes: max. 1 pair in calendar year

VISION

-glasses and contacts combined

-max. \$300 per person for fixed 24 mos. period (ex. Jan. 06-Dec.07)

DENTAL

-no deductible

-current ODA fee guide minus 1 yr.

-9 month recall

-preventive & diagnostic (oral exams), restorative (fillings, repairs), additional restorative (root canal, major surgery): 100%

-denture repair: 100%

-restorative on bridges, crowns: 50%

-dentures: 60% once every 5 yrs.

-orthodontics: 50% lifetime max. \$3,000 per person

PRIVATE DUTY NURSING

-100 8hr. shifts in 12-mth period

OUT OF COUNTRY / PROVINCE

-coverage for first 60 days

-includes dental care due to accidents

-use your Medi Passport card

- eligible dependents are covered (if you have family coverage)

LIFE INSURANCE

-\$100,000 maximum Basic Life, Optional Life (member paid) up to \$100,000

ACCIDENTAL DEATH & DISMEMBERMENT - \$100,000

REMEMBER:

ALL BENEFITS PREMIUMS ARE PAID DIRECTLY BY THE BOARD. SUNLIFE ADMINISTERS THE PLAN; THE BOARD PAYS FOR IT. WE ALL "BENEFIT" WHEN MEMBERS MAKE WISE CHOICES.

YOU CAN ALSO CHECK OUT THE FOLLOWING VIA THE SUNLIFE WEBSITE:

www.sunlife.ca/member:

- most recent claim payment
- the vision care amount you have available
- your next preventive dental recall date
- submit dental & vision claims on-line!
- your personal coverage information under “my info centre”
- print drug cards, travel cards and claim forms
- check out the new wellness component of the site called “my health”

YOU WILL NEED TO FOLLOW THE STEPS BELOW TO ACCESS THE INFORMATION FROM THE WEBSITE:

- enter your ACCESS ID and your PASSWORD
- remember your contract number is: **50632**
- remember your certificate / member ID is: (your HPEDSB employee #)

If you do not have an ACCESS ID or a PASSWORD phone: **1-877-521-8805**.
You will have to answer some ID verification questions in order for them to help you

**YOUR PENSIONS AND BENEFITS
COMMITTEE WISHES YOU GOOD
HEALTH!!!!**

*Concerns or questions? Contact the District
Office, 613-968-7003, ext. 25*