



GROUP INSURANCE OPTIONS FOR PART-TIME MEMBERS

Your Extended Health Care options

	Option 1	Option 2	Option 3
<i>Prescription drugs</i>	100% with drug card plan	80% with drug card plan	100% after the deductible, with drug card plan
<i>Prescription drug deductible</i>	None	None	The deductible is equal to the dispensing fee for each prescription or refill.
<i>Drug substitution limit</i>	Charges in excess of the lowest priced equivalent drug are not covered unless specifically approved by Sun Life. To assess the medical necessity of a higher priced drug, Sun Life will require you and your doctor to complete and submit an exception form.	Charges in excess of the lowest priced equivalent drug are not covered unless specifically approved by Sun Life. To assess the medical necessity of a higher priced drug, Sun Life will require you and your doctor to complete and submit an exception form.	Charges in excess of the lowest priced equivalent drug are not covered unless specifically approved by Sun Life. To assess the medical necessity of a higher priced drug, Sun Life will require you and your doctor to complete and submit an exception form.
<i>Hospital expenses in your province</i>	100% semi-private room		
<i>Convalescent hospital</i>	100% of expenses payable		
<i>Expenses out of your province</i>	Semi-private hospital room All other expenses, up to the reasonable and usual rates in the locality where the services or supplies are provided		
<i>Medi-Passport</i>	Covered		
<i>Medical services and equipment</i>	100% of expenses payable		
<i>Non emergency medical transportation</i>	\$0.50 per km / \$25 meals / \$75 accommodation. Receipts required. Medical referral required.		

	Option 1	Option 2	Option 3
<i>Paramedical services</i>	100% of expenses payable		
<i>Vision care</i>	100% of expenses payable		
<i>Benefit year</i>	January 1 to December 31		
<i>Coverage ends</i>	When you retire or reach age 70, whichever is earlier. Coverage may also end on an earlier date, as specified in <i>General Information</i> .		

Your Dental Care options

	Option 1	Option 2
<i>Preventive</i>	80%	80%
<i>Basic</i>	80%	80%
<i>Major</i>	Not covered	70%
<i>Benefit year maximum</i>	\$1,000 for Preventive and Basic combined	Unlimited for Preventive and Basic. \$1,500 for Major
	If your coverage starts in the second half of a benefit year, the maximum amount for that benefit year will be reduced by 50%.	
<i>Benefit year</i>	January 1 to December 31	
<i>Coverage ends</i>	When you retire or reach age 70, whichever is earlier. Coverage may also end on an earlier date, as specified in <i>General Information</i> .	

Your Basic Life coverage – Core benefit

<i>Coverage</i>	1 times your annual basic earnings rounded to the next higher \$1,000
<i>Minimum</i>	\$10,000
<i>Maximum</i>	\$1,000,000
<i>Proof of good health</i>	There are cases when you will be required to provide proof of good health when you request coverage, or an increase in coverage. Your employer will let you know when this is necessary as it may impact the amount of your coverage.
<i>Coverage reduces</i>	To 50% at age 65
<i>Coverage ends</i>	When you retire or reach age 70, whichever is earlier. Coverage may also end on an earlier date, as specified in <i>General Information</i> .

Your Basic Life coverage – Option 1 benefit

<i>Coverage</i>	2 times your annual basic earnings rounded to the next higher \$1,000
<i>Minimum</i>	\$20,000
<i>Maximum</i>	\$1,000,000
<i>Proof of good health</i>	There are cases when you will be required to provide proof of good health when you request coverage, or an increase in coverage. Your employer will let you know when this is necessary as it may impact the amount of your coverage.
<i>Coverage reduces</i>	To 50% at age 65
<i>Coverage ends</i>	When you retire or reach age 70, whichever is earlier. Coverage may also end on an earlier date, as specified in <i>General Information</i> .

Your Basic Life coverage – Option 2 benefit

Coverage	3 times your annual basic earnings rounded to the next higher \$1,000
Minimum	\$30,000
Maximum	\$1,000,000
Proof of good health	There are cases when you will be required to provide proof of good health when you request coverage, or an increase in coverage. Your employer will let you know when this is necessary as it may impact the amount of your coverage.
Coverage reduces	To 50% at age 65
Coverage ends	When you retire or reach age 70, whichever is earlier. Coverage may also end on an earlier date, as specified in <i>General Information</i> .

Basic Life coverage for your dependents

	Core	Option 1
Child coverage	\$2,500	\$5,000
Spouse coverage	\$5,000	\$10,000
Proof of good health	Not required	
Coverage ends	When you retire or reach age 70, whichever is earlier. Coverage may also end on an earlier date, as specified in <i>General Information</i> .	

Your Optional Life coverage

Coverage	As elected by the employee, units of \$10,000
Maximum	\$200,000
Proof of good health	Required on all optional amounts
Coverage ends	When you retire or reach age 65, whichever is earlier. Coverage may also end on an earlier date, as specified in <i>General Information</i> .

Optional Life coverage for your spouse

Coverage	As elected by the employee, units of \$10,000
Maximum	\$200,000
Proof of good health	Proof of good health of your spouse is required
Coverage ends	When you retire or reach age 65, or when your spouse reaches age 65, whichever is earlier. Coverage may also end on an earlier date, as specified in <i>General Information</i> .

Optional Critical Illness Coverage

Subject to proof of good health, you may elect critical illness coverage as follows:	
Member and Spouse: Units of \$10,000 to a maximum of \$200,000	Children: Units of \$5,000 to a maximum of \$20,000