

# EMPLOYEE BENEFITS GUIDE

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# GENERAL INFORMATION

## **Insurance Carrier: The Canada Life Assurance Company**

Policy 138921 – Health, Dental, Basic Life, Consult+

Policy 151909 – Optional Life Insurance Plans

## **Contact Information:**

1-800-874-5899

[www.Canadalife.com](http://www.Canadalife.com)

## **MyCanadaLifeatWork – Plan Member Portal**

Registration for online services with MyCanadaLifeatWork is available on the Canada Life website [www.mycanadalifeatwork.com](http://www.mycanadalifeatwork.com). Follow the links to the Plan Member registration page to access a variety of claims services and health information.

Once you are registered, you can access the following services from any computer:

- Submit claims online for certain health and dental expenses
- Check the status of recent health and dental claims
- Register for Direct Deposit for faster reimbursement of claim payments
- View previous claims history
- Access links to health-related articles and resources

# Overview of the OLG Employee Benefits Guide

Your **Employee Benefits Guide** provides details in three areas:

<b>BENEFITS</b>	introduces you to Health, Dental, Disability and Life Insurance Plans
<b>TIME AWAY FROM WORK</b>	discusses company benefits such as vacation, personal time off and leaves of absences
<b>RETIREMENT</b>	provides an overview of the retirement program and benefits that are available to you after retirement

This guide summarizes the principle features of OLG's benefits, time away from work and pension plan.

*NOTE: Employees represented by a union should refer to their collective agreement for information pertaining to benefits, life events and retirement.*

# BENEFITS PLANS

## ELIGIBILITY

### Regular Full-time Employees

Regular full-time employees become eligible for the following benefits on the first day of employment at OLG or transferring to full time status:

- Supplemental Health Plan
- Dental Plan
- Basic Life Insurance
- Supplemental Life Insurance (optional)
- Dependent Life Insurance (optional)
- Long-term Disability Plan

Employees enrolled in the above benefit plans also have access to Consult+ which provides on-line access to health care professionals. Services provided through Consult+ are described on page 16 of this guide.

After working 20 consecutive days/shifts of full-time employment you also become eligible for Short-term Sickness benefits.

Your dependents become eligible for the Supplemental Health and Dental Plans, as well as Supplemental and Dependent Life Insurance, when you do.

You and your dependents must be Canadian residents and have OHIP (Ontario Health Insurance Plan) or OHIP equivalent coverage in order to be eligible for OLG's benefits plans.

### Refusing Coverage

You may refuse Supplemental Health and Dental Plan coverage (combined) if you or your dependents are covered under another group plan.

If at a later date the other coverage ends, you may enroll for coverage under this plan without evidence of insurability (i.e., proof of good health), if you provide proof of loss of coverage to [HRSupport@olg.ca](mailto:HRSupport@olg.ca) within 31 days. Coverage will begin on the first of the month following the date proof of good health is approved by the insurer.

## Eligibility Cont'd ...

### Part-time Employees

Part-time employees may become eligible for the following benefits (if they qualify) based on the Qualifying Period described below:

- Supplemental Health Plan
- Dental Plan
- Basic Life Insurance

The part-time benefits plan comes as one package. You do not have the option to pick and choose within the plan. Your dependents become eligible for the Supplemental Health and Dental Plans when you do.

Participating in the part-time benefit plan gives you access to Consult+ which provides on-line access to health care professionals. Services provided through Consult+ are described on page 16 of this guide.

### Qualifying Period for Part-time Employees

The following eligibility criteria applies:

<b>New Enrollments (75% OLG Paid / 25% Employee Paid)</b>	<b>Eligibility Review at Two Years (100% OLG Paid Premiums)</b>
<ul style="list-style-type: none"><li>• Eligibility for benefits is reviewed after 6 months of continuous employment</li><li>• Must have worked 520 hours in the previous 6 months to be eligible</li><li>• If less than 520 hours in the previous 6 months, eligibility will be reviewed again at the next six-month interval</li><li>• Once "new enrollment" criteria is met and employee is enrolled, the next eligibility review date is 2 years from enrollment date</li></ul>	<ul style="list-style-type: none"><li>• Eligibility review date 2 years from enrollment date</li><li>• Minimum of 1040 hours in each of the 2 years and continued enrollment must be maintained to be eligible for 100% OLG paid premiums</li><li>• If hours fall below 1040, premiums will be paid 75% by OLG; next review date 2 years</li><li>• If hours fall below 832 for any of the 2 years, benefit coverage will cease</li><li>• Eligibility may be reinstated if "new enrollment" criteria is met</li></ul>

### Refusing Coverage

Part-time employees may refuse Supplemental Health, Dental and Basic Life Insurance coverage (combined) at any time since you share in the cost of coverage for these plans. If you refuse participation in the benefits plan you have the option to enroll within the same six-month period.

## ELIGIBILITY cont'd...

### Eligible Dependents

Eligible dependents include your spouse and your children, provided they meet the following requirements:

#### **Spouse**

Your spouse is a person of the opposite or same sex to whom you are legally married or are living with in a conjugal relationship for at least three months. Your spouse must reside in Canada to be eligible for benefits. Only one person can be recognized as your spouse under OLG's group benefits plan.

#### **Child**

For the purpose of these plans, your child is someone who is related to you legally, by blood, marriage or adoption, and is less than 21 years old, unmarried and dependent on you for support. Your child must reside in Canada to be eligible for benefits.

Specifically, the term child includes:

- a natural or legally adopted child
- a child living with you during a period preceding adoption
- a stepchild
- a child of whom you are a legal guardian, or
- a child under the custody of your spouse, who is living with you
- resides in Canada

An unmarried child over 21 years of age is eligible for coverage, provided the child is dependent on you for support and is a full-time student attending, or on vacation from, an educational institution. Full-time students are considered dependents until they reach their 26th birthday. Annual confirmation of full-time student status is required to maintain coverage.

A child with a physical or mental handicap, who was insured prior to age 21, will continue to be covered after age 21 if they are incapable of self-sustaining employment and are wholly dependent on you for support and maintenance. Please contact Canada Life prior to the date your dependent turns 21 to ensure there is no break in coverage.

#### **Important!**

If you have a change in marital status or dependent information, you must update your benefits immediately. Keeping your dependent information up to date will prevent a claim from being rejected.

# HOW TO SUBMIT A CLAIM

## Prescription Drug Claims

When filling prescriptions, present your **pay-direct drug card** and prescription to your pharmacist. The pharmacist will process your claim directly with Canada Life. You are required to pay a \$1.00 co-pay charge per prescription.

If you are coordinating benefits with your spouse, please refer to the section on Coordinating Your Benefits.

## Health Claims

You must submit all claims no later than one year following the end of the calendar year in which the expenses were incurred either via hardcopy or through electronic claims submission at [www.mycanadalife.com](http://www.mycanadalife.com). Bills or receipts must include the following information:

- name of person who received the services
- date the services were provided
- nature of the services
- name/address and registration number of practitioners

When submitting electronically, you must maintain copies of receipts in the event Canada Life conducts an audit on your claim submissions.

**Note:** In the case of private or semi-private hospital room accommodations, the hospital may submit the completed claim form directly to Canada Life and will receive payment directly from them.

For **out-of-country emergency medical claims**, please attach all original receipts to a completed Out-of-Country Expenses Form by logging on to MyCanadaLifeatWork at **[www.canadalife.com](http://www.canadalife.com)** and forward to the Canada Life Out-of-Country Claims Department address listed on the form as soon as possible after incurring the expense as OHIP has very strict time limitations. Canada Life will pay all eligible claims including the OHIP portion and will be reimbursed directly from OHIP for their share of the expenses.

If you are not registered with MyCanadaLifeatWork, claim forms are also available at **[www.canadalife.com](http://www.canadalife.com)**.



## HOW TO SUBMIT A CLAIM cont'd...

### Dental Claims

You must submit all claims no later than one year following the end of the calendar year in which expenses were incurred.

To be reimbursed, have your dentist complete a claim form after your appointment. When completed, you or your dentist should send the form directly to the insurer.

You may also authorize **direct payment** to your dentist by signing the appropriate section of your dental form. Canada Life will send you a statement and will pay your dentist directly.

**Note:** In some cases, your dentist may be able to send your claim electronically. Otherwise, dental claim forms are available at [www.canadalife.com](http://www.canadalife.com).

### Vision Claims

You must submit all claims no later than one year following the end of the calendar year in which expenses were incurred. To be reimbursed submit the claim online at [www.canadalife.com](http://www.canadalife.com) or complete the health claim form with any applicable receipts and send the form directly to Canada Life.

**Note:** In some cases, your Optometrist may be able to submit your claim electronically.

### Basic, Supplemental and Dependent Life Insurance

Life insurance claims must be submitted within one year of death. Claim forms are available through your HR Business Partner.

### Short-term Sickness Plan (STSP)

Notify your supervisor immediately if you will not be able to work due to an illness or injury. You will be required to provide proof of disability from your physician to receive benefits. A failure to provide proof can result in a loss of benefits. For more information about this benefit, please see the STSP policy, available on InsideOLG.

### Long-term Disability Plan (LTD)

In the event of a long-term disability, People and Culture will provide claim forms to you. For more information about this benefit, please see the Long-Term Disability Policy, available on InsideOLG.

## COORDINATING BENEFITS CLAIMS

Coordination of benefits allows you to receive 100% reimbursement of the actual health and dental expenses you incur. If you or your dependents are covered under another health or dental contract, policy or plan, your benefits will be coordinated with the other plan following insurance industry standards.

These standards determine where you should send a claim first. Coordinating which plan pays first is done as follows:

- If you are claiming expenses for yourself, you must send the claim to your OLG plan first. Any remaining expenses may then be submitted to your spouse's plan.
- If you are claiming expenses for your spouse, and your spouse is covered for those expenses as an employee of OLG or under the same insurance provider, Canada Life will coordinate payments on your behalf.
- If you are claiming expenses for your spouse, and your spouse is covered for those expenses under another group plan, you must send the claim to your spouse's plan first. Any remaining expenses may then be submitted to the OLG plan.
- If you are claiming expenses for your children, and both you and your spouse have coverage under different plans, you must claim under the plan of the parent with the earlier birthday (month and day). For example, if your birthday is May 1 and your spouse's birthday is June 5, you must claim expenses for your children under your plan first.
- In event of joint custody with an ex-spouse, contact Canada Life directly to arrange coordination of benefits.

**Note:** You are required to provide proof of payment from the first insurance company when submitting the claim to the second insurance company.

## COORDINATING PRESCRIPTION DRUG CLAIMS

In situations where both spouses have coverage under a pay-direct drug plan, pharmacists may submit the full amount of the claim under the primary plan and send the remaining balance (if applicable) to the secondary plan electronically.

In most cases, the entire transaction may be completed at the pharmacy, allowing you to avoid having to submit expenses to your spousal plan for reimbursement.

- Present the drug card that is appropriate to the plan where primary coverage applies to the pharmacist first.
- Present the spousal card to determine assessment of the balance of the claim (if applicable).

For dependent child (ren) claims, the order of payment is the same. The parent whose birthday falls first in the year is required to submit under their plan first. The secondary card should be presented to determine the balance of the claim.

The maximum amount that an individual can receive from all plans for eligible expenses is 100%.

# BENEFITS COVERAGE DURING DISABILITY OR LEAVE OF ABSENCE

## Disability

As an employee of OLG, coverage for you and your dependents will continue while you receive benefits under the Short-term Sickness Plan (STSP) or Long-term Disability Plan (LTD). When you are on an approved STSP absence you will be required to continue to pay for any premiums that you would have been paying prior to your disability. When you are on an approved LTD absence OLG will continue to pay the premiums for supplemental health and dental. Basic life, supplemental life insurance and LTD premiums are waived by the insurance carrier. You will be required to submit the premiums for any dependent life insurance coverage you may have.

## Leave of Absence

If you are on an approved leave of absence (with or without pay), legislated leaves, coverage is maintained provided you continue to make the applicable premium payments.

- If you are a **regular full-time employee** and are on an unpaid leave of absence for more than one month (other than for an approved legislated leave of absence), benefits coverage will be maintained provided you pay the full cost of the benefit premiums for each full month of absence, (i.e., your share and OLG's share of the premiums).
- If you are a **part-time employee** and are on an unpaid leave of absence for more than one month (other than for an approved legislated leave of absence), benefits coverage will be maintained provided you pay the full cost of the benefit premiums for each full month of absence, i.e., your share and OLG's share of the premiums. Coverage will continue as long as eligibility criteria are met (see Eligibility section for more details).

**Note:** You may only maintain benefits coverage and pay for the premiums for one year following the date of the approved leave (unless you are on an approved legislated leave of absence).

# SUPPLEMENTAL HEALTH PLAN

## Eligibility

- All regular full-time and eligible part-time employees

## Premium Cost

Full-time Employees:

- OLG pays 100% of the cost of premiums

Part-time Employees:

- OLG pays 75% of the cost of premiums for eligible new hires and new enrollments
- OLG pays 100% of the cost of premiums for eligible employees after two years at 75% (See page 4 for more information on qualifying period)

## Your Coverage

The Plan pays for some expenses not covered by the Ontario Health Insurance Plan (OHIP). The following chart provides a general overview of your coverage (a more detailed list of eligible services follows):

OVERVIEW	<b>Annual Deductible</b>	None
	<b>Overall Maximum</b>	Unlimited
	<b>Hospital Charges</b>	100% reimbursed up to a maximum of \$150/day for a private or semi-private hospital room
	<b>Prescription Drugs</b> (with pay-direct card)	100% reimbursed with \$1.00 co-pay per prescription for drugs that legally require a medical prescription and are dispensed by a pharmacist (i.e. over the counter drugs are not included); mandatory generic substitution required
	<b>Medical Services</b> (ambulance, medical supplies, appliances and prosthetic devices such as, but not limited to, wheelchairs, walkers, crutches, casts, braces, orthopedic shoes, etc.)	90% reimbursed up to various maximums
	<b>Paramedical Services</b> (i.e., chiropractor, chiropodist, massage therapist, naturopath, osteopath, physiotherapist, podiatrist, speech therapist, acupuncturist)	100% reimbursed up to a calendar maximum of \$500 per each type of practitioner for each covered person (If expenses are not covered by OHIP); reasonable and customary charges apply
	<b>Mental Health Services</b>	100% reimbursed up to a combined maximum of \$3,000 per calendar year, per covered person, for services rendered by a Psychologist, Psychotherapist or Social Worker
	<b>Vision Care</b>	100% reimbursed up to a maximum of \$350/24 consecutive months for each covered person for the cost of lenses, frames, contact lenses or eye laser surgery. \$75.00 per 24 consecutive months for the cost of eye examinations
	<b>Out-of-country/Out-of-province Emergency Medical Care</b>	90% reimbursed of reasonable and customary charges for medically necessary services and supplies

## SUPPLEMENTAL HEALTH PLAN cont'd...

### HOSPITALIZATION benefits

You are reimbursed up to a maximum of \$150/day of the cost for a private or semi-private hospital room, including any in-patient admission charge or hospital fee charged by your province of residence.

### PRESCRIPTION DRUGS

OLG's group benefits plan pays 100% of the following eligible expenses, subject to \$1.00 co-pay per prescription and requires mandatory generic substitution:

- drugs and medicines that require the prescription of a physician or dentist and are dispensed by a licensed pharmacist
- injectable drugs and insulin
- extemporaneous preparations or compounds where one of the ingredients is an eligible benefit
- all disposable needles (including disposable needles only, for non-disposable insulin delivery devices), disposable syringes, lancets and chemical reagent testing materials used for monitoring diabetes.

**Note:** Certain drugs that do not require a prescription by law may also be covered. Check with your pharmacist or contact Canada Life for more information.

### MEDICAL services

You are reimbursed 90% of the following eligible medical services:

#### ***Professional services:***

- treatment by a dentist or oral surgeon for a fractured jaw or accidental injuries to natural teeth if the treatment is completed within two years of the accident
- out-patient treatment in a licensed hospital excluding physicians' and special nurses' fees but including outpatient visit charges

#### ***Professional services and supplies prescribed by a physician:***

- services of a graduate registered nurse in your home (other than a member of your family) up to \$10,000/calendar year
- ambulance services to the nearest hospital where adequate treatment is available, up to the maximum allowed under the schedule of fees established by the Ontario Medical Association and which is not covered by OHIP
- oxygen and its administration
- radioactive materials
- blood, blood products and their transfusion

## SUPPLEMENTAL HEALTH PLAN cont'd...

### ***Rentals (or purchase at the insurer's request) of:***

Hospital beds, wheelchairs and other medical equipment:

- standard hospital beds (where electric beds are prescribed, standard bed costs are allowed)
- wheelchairs (including electric wheelchairs when required)
- 50% of the cost of repair or modification of wheelchairs, up to a maximum of \$500 for any one repair or modification (includes batteries)
- splints (excluding dental splints), trusses, canes (including quad canes), walkers, crutches and casts
- braces with rigid supports including lumbar supports
- intermittent positive pressure breathing machines
- aerosol equipment, mist tents and nebulizers for cystic fibrosis, acute emphysema, chronic obstructive bronchitis, or chronic asthma
- iron lung (rental only)

Diabetic supplies:

- 90% of the cost of insulin and insulin syringes, Clinitest, Dextrose Sticks or similar home chemical testing supplies for diabetics, sensors for flash glucose monitoring machines, sensors for continuous glucose monitoring machines, supplies for blood glucose monitoring machines and blood letting devices
- 90% of the cost of flash glucose monitoring machines, continuous glucose monitoring machines, blood glucose monitoring machines and blood letting devices for persons with diabetes, up to \$2,000 per calendar year per covered person
- 50% of the cost of medijectors, preci-jets and insulin infusion pumps (including related supplies) for insulin dependent persons with diabetes, up to a lifetime maximum of \$1,000

Artificial limbs and prosthetics:

- artificial eyes, including repairs
- artificial limbs, including myoelectrical limbs and repair or replacement of same
- external breast prostheses and two post mastectomy bras per calendar year

Muscle and nerve stimulators:

- 50% of the cost of muscle stimulators (including related supplies), when prescribed for treatment of a medical condition, up to a maximum benefit of \$500 during the entire period you are insured for the person who requires the device
- 50% of the cost of a transcutaneous nerve stimulator and 90% of the cost of related supplies (including replacement electrodes) up to a maximum of \$500 during the entire period you are insured for the person who requires the device and related supplies (benefits for replacement electrodes are not subject to the maximum benefit of \$500)

## **SUPPLEMENTAL HEALTH PLAN cont'd...**

### **Miscellaneous:**

- eyeglasses and/or contact lenses following cataract surgery, up to a maximum benefit of \$50 per eye per instance of such surgery
- four pairs or four sides of Jobst support hose or other elastic support hose per calendar year
- six pairs of stump socks per calendar year
- cervical collars
- colostomy apparatus, ileostomy apparatus and catheters
- intra-uterine devices, diaphragms
- two wigs per calendar year, following chemotherapy/alopecia areata, alopecia genetica, alopecia totalis, up to a maximum benefit of \$100 per wig
- urinal tops and bottoms, plastic gloves, gauze, lubricating oils and jellies for paraplegics
- Dennis Browne night boots and Bebax bootees
- temporary pylon rental following loss of leg
- Jobst burn garments
- 25% of the cost of Apnea Monitors prescribed for infants who are considered at risk for Sudden Infant Death Syndrome, if the monitors are approved under the Ontario Assistive Devices Program
- touch Vacuum Constrictors up to a lifetime maximum benefit of \$500
- hydrocolloidal dressings (e.g. Duoderm)

### **HEARING AIDS**

- the purchase or repair of hearing aids (excluding batteries) prescribed by a certified otolaryngologist or a qualified audiologist up to a maximum of \$400 every 36 months for each covered person. (Some of the cost of hearing aids may be covered by the Ministry of Health Assistive Devices Program).

### **ORTHOTIC and ORTHOPEDIC FOOTWEAR**

- orthotic appliances up to a maximum of \$500 per person per calendar year, which are specifically designed and constructed for you or your covered dependent and are prescribed by a podiatrist, physician (M.D) or chiropodist.
- orthopedic shoes specifically designed and constructed for you or your covered dependent and are prescribed by a podiatrist, physician (M.D), or chiropodist, limited to one pair per person in any one calendar year, provided that benefits for these expenses shall not exceed \$500.



## SUPPLEMENTAL HEALTH PLAN cont'd...

### PARAMEDICAL services

You are reimbursed up to a \$500 calendar year maximum for each type of practitioner, per covered person, for eligible paramedical services. Treatment must be rendered by a legally licensed chiropractor, osteopath, chiropodist, podiatrist, naturopath, speech therapist, massage therapist, acupuncturist, or physiotherapist. Only expenses that exceed coverage available via OHIP are eligible.

You are reimbursed up to a maximum of \$100 per covered person in any one calendar year for surgery performed by a podiatrist in their office.

### Mental Health Services

Treatment by a Psychologist, Psychotherapist or Social Worker, including family or group therapy, for mental or emotional illness are reimbursed up to a **combined** calendar year maximum of \$3,000 per covered person.

### VISION Care

You are reimbursed up to a maximum of \$350/24 consecutive months per covered person for the cost of lenses, frames or contact lenses prescribed by an ophthalmologist or optometrist (including fitting and repairs). The maximum of \$350/24 months can also be used towards eye laser surgery.

In addition, you are reimbursed \$75.00 per 24 consecutive months for eye examinations.

### OUT-OF-COUNTRY or OUT-OF-PROVINCE MEDICAL CARE

You are reimbursed 90% of the cost for **emergency medical services** or an unexpected illness you may have when you travel outside the country or province. The plan pays reasonable and customary charges.

This coverage does not include treatment of a pre-existing condition or on-going routine medical treatment.

# CONSULT +

Participating in OLG's Group Benefits plan gives you access to Consult+ which provides you and your eligible dependents online access to health care professionals. You can talk to doctors, nurses or other health care professionals for any non-urgent medical care.

With Consult+ you can:

- Talk to health care professionals
- Get prescriptions or refills for most medications (some exclusions apply)
- Get referrals for lab work, if required
- Ask questions about your children's health
- Find health services such as psychologists
- See your account history (e.g. chats, prescriptions, care plans)

Registration is easy. Login to [mycanadalifeatwork.com](http://mycanadalifeatwork.com), go to Coverages and Balances, select Health, scroll down to Other Coverage and you'll find the link to Consult+. You can also download the Consult+ app to your phone or tablet. Create your account with Consult+ by following the simple instructions. Once you have created your personal account you can add any eligible dependents (spouse and children) so they may also access these services.

## **SUPPLEMENTAL HEALTH PLAN cont'd...**

### **Exclusions and Limitations**

#### ***Prescription Drug Exclusions and Limitations***

Reimbursements will not be made for:

- contraceptive preparations and devices (other than oral contraceptives and contraceptive implants)
- any single purchase of drugs or medicines which exceeds a 34-day supply (excluding the following maintenance drugs which may be dispensed up to a 100-day supply: antiasthmatics, anticoagulants, anticonvulsants, antibiotics for acne, antiparkinson, antituberculosis, cardiac agents, estrogens, hypoglycemics, oral contraceptives, potassium supplements and thyroid agents)
- any drug or item which does not have the Drug Identification Number as required by Section 005 of Division 1 of the Food and Drugs Act, Canada
- proprietary medicines bearing a GP (general product) number that are defined under Division 10 of the Food and Drugs Act
- oral vitamins, minerals, dietary supplements, infant formulas, or injectable total parental nutrition (TPN) solutions, whether or not a prescription is given for a medical reason, except where Federal or Provincial law requires a prescription for their sale
- prescriptions dispensed by a physician, clinic, dentist or in any non-accredited hospital, pharmacy, or for treatment as an inpatient or outpatient in a hospital, including emergency status and investigational status drugs (unless otherwise approved)
- homeopathic preparations
- preventative immunization vaccines and toxoids
- items which are deemed to be cosmetic (even if a prescription is legally required), such as topical minoxidil or sunscreens, whether or not such a prescription is given for medical reasons
- any medications that are eligible under the applicable Provincial Drug Benefit Plan

#### ***General Exclusions and Limitations***

Reimbursements will not be made for:

- charges for in-patient confinement in a chronic care facility or convalescent hospital
- expenses incurred for cosmetic purposes, as determined by Canada Life
- expenses for medical services and supplies covered under a government hospital or health plan, or any other government plan
- expenses due to injury or sickness for which you or your dependents are entitled to indemnity or compensation under workers' compensation or any similar law
- medical injuries which resulted from an act of war, riot, insurrection or hostilities of any kind

## SUPPLEMENTAL HEALTH PLAN cont'd...

- medical services and supplies which are necessary for recreation but not for daily living
- medical services and supplies received in a hospital owned or operated by the Canadian government or the United States government, unless you or your dependents are required to pay for the service regardless of the existence of insurance.

If you are unsure whether a service is considered an eligible expense, please consult Canada Life before starting treatment.

### Termination of Coverage

Coverage for you and your eligible dependents ends on the earliest of the following dates:

- the last day of the month in which you terminate employment
- the last day of the month you begin an approved leave of absence without pay for over 30 days and do not pay the required premiums
- the last day of the month in which you no longer qualify for full-time benefits due to status change reasons (i.e. full-time to part-time)
- the last day of the month in which you no longer qualify for part-time benefits
- the date you join the armed forces of any country on a full-time basis

### Supplemental Health Coverage

Please contact Canada Life at 1-800-565-4066 within 60 days of termination to discuss health coverage options or visit **[www.myinsuranceplan.ca](http://www.myinsuranceplan.ca)** to review options and receive a quote.

**Note:** In the event of your death, coverage continues for your dependents for an additional three months.

# DENTAL PLAN

## Eligibility

- All regular full-time and eligible part-time employees

## Premium Cost

Full-time Employees:

- OLG pays 100% of the cost of premiums

Part-time Employees:

- OLG pays 75% of the cost of premiums for eligible new hires and new enrollments
- OLG pays 100% of the cost of premiums for eligible employees after two years at 75% (See page 4 for more information on qualifying period).

## Your Coverage

Your Dental Plan covers the costs of basic dental care expenses, and a portion of the cost of major restorative services and orthodontic treatment for children between the ages of 6 to 26, subject to plan maximums.

The following chart provides a general overview of your coverage (a more detailed list of eligible services follows):

OVERVIEW	Annual Deductible	None
	Fee Guide	Covered expenses are based on rates set out in the Ontario Dental Association (ODA) Guide in effect on the day of the treatment.  If your dentist charges more than those rates, you are responsible for paying the balance. Before receiving treatment, we encourage you to submit a treatment plan to Canada Life for approval of expenses that are expected to cost more than \$500.
	Basic Services	100% reimbursed up to a maximum of \$2,000/calendar year per covered person
	Major Restorative Services	50% reimbursed up to a maximum of \$2,000/calendar year per covered person
	Dentures	50% reimbursed up to a maximum of \$3,000/lifetime per covered person
	Orthodontics	50% reimbursed up to a maximum of \$2,000/lifetime per child (for children ages 6 to 26 only)

# DENTAL PLAN cont'd...

## BASIC services

### **Oral examinations:**

- one complete oral exam every 36 months
- one recall exam every nine months
- limited periodontal examinations
- oral pathology, surgical, prosthodontic and endodontic exams
- specific and emergency examinations

### **X-rays:**

- one complete series of intra-oral radiographs (once in any 24 consecutive calendar month period)
- one set of bitewing x-rays once every nine months
- intra-oral radiographs to a maximum of 15 films once every 36 months
- one panoramic radiograph once every three years
- sialography
- extra-oral radiographs other than panoramic and sialography
- radiopaque dyes used to demonstrate lesions
- interpretation of radiographs or models from another source

### **Tests:**

- microbiological, histological, cytological and pulp vitality tests

### **Preventative services:**

- polishing once every nine months
- scaling, limited to a maximum combined with periodontal root planning of 12 units every 12 months
- one fluoride treatment every nine months
- oral hygiene instruction once in a lifetime per person
- pit and fissure sealants on bicuspid and permanent molars, once every 60 months
- space maintainers and their maintenance (includes acid etched pontic type space maintainers only for missing central and lateral teeth)
- appliances for the control of harmful habits, including related observations, adjustments, repairs, alterations and removal
- interproximal discing of teeth
- recontouring of teeth

## DENTAL PLAN cont'd...

### **Minor restorative services:**

- caries, trauma and pain control
- amalgam restorations
- tooth-coloured restorations
- replacement fillings
- retentive pins
- prefabricated posts for fillings
- prefabricated crowns for primary teeth

### **Endodontic services:**

- treatment of the pulp chamber
- root canal therapy for permanent teeth, limited to one course of treatment per tooth (repeat treatment is covered only if the original therapy fails after the first 18 months)
- apexification
- periapical services (apicoectomies for permanent teeth only)

### **Periodontal services:**

- root planning up to a maximum combined with preventative scaling of 12 time units once every 12 months
- periodontal surgery
- occlusal adjustment and equilibration limited to a combined maximum of eight time units once every 12 months
- periodontal appliances, adjustments, relines and repairs

### **Denture maintenance:**

- denture relines once every 36 months for dentures that are at least six months old
- denture rebases once every 36 months for dentures that are at least two years old
- resilient liner in relined or rebased dentures once every 36 months after the three-month post- insertion care period has elapsed

### **Oral surgery:**

- removal and surgical exposure of teeth
- procedures for remodelling and recontouring of oral tissue: minor alveoplasty, gingivoplasty and stomatoplasty
- surgical incisions and excisions of tumors, cysts and granulomas
- treatment of fractures, including related bone grafts to the jaw
- treatment of maxillofacial deformities, including related bone grafts to the jaw and cheiloplasty
- palatal obturators, excluding cleft palate obturators

## DENTAL PLAN cont'd...

### ***Adjunctive services:***

- minor relief for dental pain on an emergency basis, therapeutic injections and anesthesia for covered services. The provision of general anesthetic facilities, equipment and supplies is covered only when a separate anesthetist is required.

## **MAJOR RESTORATIVE services**

### ***Crowns, onlays and bridgework:***

- metal, plastic, porcelain and ceramic crowns for teeth with extensive structural loss that cannot be restored using other procedures
- posts, cores, pins and copings for covered crowns
- repairs to covered tooth-coloured materials
- removal and recementation of crowns and onlays
- replacement of five-year old existing restorations that cannot be made serviceable
- pontics, metal inlay and only retainers, abutments and retainers for bridgework when required to replace one or more teeth extracted while you (or your dependents) are insured
- replacement appliances when the existing appliance is at least five years old and cannot be made serviceable
- retentive pins for fixed prosthetics
- overdentures

**Note:** Benefits will not be paid for veneers, recontouring existing crowns, staining porcelain or inlays, except as provided under alternative benefits.

## **DENTURES**

### ***Dentures:***

- dentures when required to replace one or more teeth extracted while you (or your dependents) are insured
- replacement dentures when the existing denture is a covered temporary appliance or is at least five years old and cannot be made serviceable

If the existing appliance is less than five years old, a replacement will still be covered if the existing appliance becomes unserviceable while you or your dependents are insured as a result of the placement of an initial opposing appliance or the extraction of additional teeth. If additional teeth are extracted but the existing appliance can be made serviceable, coverage is limited to the replacement of the additional teeth.



## DENTAL PLAN cont'd...

### ***Denture-related surgery:***

- remodelling, excision, removal, reduction or augmentation of the alveolar bone
- remodelling of the floor of the mouth
- vestibuloplasty
- reconstruction of the alveolar ridge
- extensions of mucous folds
- related surgical grafts
- related stents

### ***Appliance maintenance starting after the three month elapse of the post-insertion care period:***

- denture remakes once every 36 months
- denture adjustments once every 12 months
- denture repairs, additions, tissue conditioning and resetting of denture teeth
- repairs, removal and recementation of bridgework
- removal and reinsertion of implant-retained prostheses for repair

## ORTHODONTICS

**(For children 6 to 26 years of age)**

### ***Diagnostic services:***

- orthodontic examinations, cephalometric radiographs, hand and wrist radiographs, diagnostic photographs and orthodontic diagnostic casts

### ***Treatment:***

- fixed and removable orthodontic appliances, including adjustments, repairs, alterations, removal, retention and observation

## DENTAL PLAN cont'd...

### Exclusions and Limitations

***Reimbursements will not be made for:***

- missed or broken appointments
- experimental dental treatments not yet approved by the Canadian Dental Association
- expenses incurred for cosmetic purposes, as determined by the Canada Life
- expenses for dental services and supplies covered under a government hospital or health plan, or any other government plan
- expenses incurred due to injury or sickness for which you or your dependents are entitled to indemnity or compensation under workers' compensation or any similar law
- dental injuries which resulted from an act of war, riot, insurrection or hostilities of any kind
- services and supplies rendered for dietary planning for the control of dental caries or plaque control
- services and supplies received in a hospital owned or operated by the Canadian government or the United States government, unless you or your dependent had to pay for the service regardless of the existence of insurance
- temporomandibular joint-related problems
- duplicate radiographs, other than those listed above
- custom fluoride appliances, audio-visual oral hygiene instruction or nutritional counseling
- root canal therapy for primary teeth, isolation of teeth, enlargement of pulp chambers or endosseous intra coronal implants
- desensitization, topical application of antimicrobial agents, subgingival periodontal irrigation, charges for post surgical treatment or periodontal re-evaluations
- surgical movement of teeth, services performed to remodel or recontour oral tissues, other than those listed above or alveoplasty or gingivoplasty performed in conjunction with extractions
- hypnosis or acupuncture

## DENTAL PLAN cont'd...

### Termination of Coverage

Coverage for you and your eligible dependents ends on the earliest of the following dates:

- the day you terminate employment
- the last day of the month you are on an approved leave of absence without pay for over 30 days and do not pay the required premiums
- the last day of the month in which you no longer qualify for full-time benefits due to status change reasons (i.e., full-time to part-time)
- the last day of the month in which you no longer qualify for part-time benefits
- the date you join the armed forces of any country on a full-time basis

### Dental Coverage

Please contact Canada Life at 1-800-565-4066 within 60 days of termination to discuss health and dental coverage options or visit **[www.myinsuranceplan.ca](http://www.myinsuranceplan.ca)** to review options and receive a quote.

**Note:** In the event of your death, coverage continues for your dependents for an additional three months.

#### **Important!**

If you are unsure whether a service is considered an eligible expense, please consult Canada Life before starting treatment. Prior to starting treatment, we encourage you to submit a treatment plan to Canada Life for approval of expenses that are expected to cost more than \$500.

In addition, if you decide to change dentists you should note that you have the right to transfer your dental records and avoid the unnecessary time or expense related to beginning treatment with a new dentist.

# LIFE INSURANCE PLANS

## Eligibility

### ***Basic Life Insurance***

- all regular full-time and eligible part-time employees

### ***Supplemental Life Insurance (Optional)***

- all regular full-time employees

### ***Dependent Life Insurance (Optional)***

- all regular full-time employees

### ***Accidental Death & Dismemberment (AD&D) – Travel Accident Insurance***

- all regular full-time and eligible part-time employees

## Benefits

### ***Basic Life Insurance***

- regular full-time employees: 1X annual salary\*
- eligible part-time employees: \$20,000

### ***Supplemental Life Insurance*** (regular full-time employees only):

- 1, 2 or 3X annual salary\*

### ***Dependent Life Insurance*** (regular full-time employees only):

- \$5,000, \$10,000 or \$15,000 for your spouse and/or each dependent

### ***Accidental Death & Dismemberment (AD&D) – Travel Accident Insurance***

- \$100,000 maximum (Grades 20 – 22)
- \$150,000 maximum (Grades 23 and above)

\*Combined maximum coverage for Basic and Supplemental Life Insurance is \$1 million.

## Premium Cost

### ***Basic Life Insurance***

Full-time Employees:

- OLG pays 100% of the cost of premiums

Part-time Employees:

- OLG pays 75% of the cost of premiums for eligible new hires and new enrollments
- OLG pays 100% of the cost of premiums for eligible employees after two years at 75%  
(See page 4 for more information on qualifying period).

### ***Supplemental Life Insurance (Optional)*** – (regular full-time employees only):

- you pay the cost of coverage

### ***Dependent Life Insurance (Optional)*** – (regular full-time employees only):

- you pay the cost of coverage

### ***Accidental Death & Dismemberment (AD&D) – Travel Accident Insurance***

- OLG pays the cost of coverage

# BASIC LIFE INSURANCE

Basic Life Insurance offers your family financial security in the event of your death.

Regular full-time employees become eligible for Basic Life insurance on the first day of employment at OLG or transferring to full time status. Part-time employees may become eligible for Basic Life Insurance the first of the month after completing six months of continuous employment at OLG. Please see the Part-Time Eligibility section on page 4 of this guide.

## Coverage

If you are a regular full-time employee, the Basic Life Insurance provides coverage equal to 1X your annual base salary (excluding overtime or any other payment that is not considered part of your base salary). The maximum amount of coverage is \$1 million (for Basic and Supplemental Life Insurance combined).

If you are a part-time employee, Basic Life insurance provides coverage equal to \$20,000 once you become eligible for benefits.

If you are absent from work due to illness or injury on the day coverage is to begin, coverage does not become effective until you return to work for at least one regular work day/shift.

Premiums paid by OLG on your behalf are considered a taxable income to you.

## Salary Adjustments

One special feature of your plan is that your insurance amount adjusts automatically to reflect increases in your base salary if you are a **regular full-time employee**. Your new benefit takes effect on the first of the month following the increase in your salary.

## Terminal Illness Benefit

Under the plan, you will be able to receive up to 50% of your life insurance benefit in the event of terminal illness (i.e., a life expectancy of 12 months or less). The maximum amount payable is \$25,000.

## Beneficiary

You can name one or more persons to receive your life insurance in the event of your death. If no beneficiary is named, your benefit will be paid to your estate. You may change your beneficiary at any time as long as you respect any laws governing the designation of beneficiaries. Beneficiary change forms are available on InsideOLG.

## **BASIC LIFE INSURANCE cont'd...**

### **Termination of Coverage**

Your coverage ends on the earliest of the following dates:

- the last day of the month in which you terminate employment
- the last day of the month in which you begin an approved leave of absence without pay for over 30 days and do not pay the required premium
- the last day of the month in which you no longer qualify for benefits

### **Conversion**

If you terminate your employment or retire, you have 31 days from the benefit termination date to convert your group life insurance into an individual policy without evidence of insurability (maximum of \$200,000).

If you should die within these 31 days, your insurance will be paid as a death benefit to your beneficiary.

# SUPPLEMENTAL LIFE INSURANCE

## Coverage

You can purchase additional insurance for yourself equal to 1, 2 or 3 times your current base salary (excluding overtime or any other payment that is not part of your base salary). The maximum amount of coverage is \$1 million (for Basic and Supplemental Life Insurance combined).

Premiums are based on your age, current base salary and the amount of insurance you purchase. Premium rates for purchasing coverage are available on InsideOLG.

If you purchase this insurance when you first become eligible (new hire), coverage becomes effective on the first date of employment at OLG, similar to your other benefits.

If you purchase this insurance within 31 days of a status change (such as appointment to a full-time position) or a life event (such as marriage or the birth of a child), coverage becomes effective the first of the month following your application.

If you purchase this coverage after 31 days of hire, status change or life event, evidence of Insurability is required and coverage becomes effective on the first of the month following approval by Canada Life.

If you are absent from work due to illness or injury on the day coverage is to begin, coverage does not become effective until you return to work for at least one regular work day/shift.

## Salary Adjustments

One special feature of your plan is that your insurance amount adjusts automatically to reflect increases in your salary. Your new benefit takes effect on the first of the month following the increase in your salary.

## Making Changes

Changes can be made at any time of the year. Complete the Group Benefits Application or Change Form which is available on InsideOLG.

Evidence of insurability will not be required if you apply for a change within 31 days of a life event (marriage, divorce, birth or adoption of a child) or a change in benefits eligibility such as a status change (e.g. part-time/contract to full-time).

In all other cases, evidence of insurability will be required, unless the change is a reduction in insurance.

## **SUPPLEMENTAL LIFE INSURANCE cont'd...**

### **Beneficiary**

You can name one or more persons to receive your Supplemental Life Insurance in the event of your death. If no beneficiary is named, your benefit will be paid to your estate.

You may change your beneficiary at any time as long as you respect any laws governing the designation of beneficiaries. Beneficiary change forms are available on InsideOLG.

### **Termination of Coverage**

Your coverage ends on the earliest of the following dates:

- the last day of the month in which you terminate employment
- the last day of the month in which you begin an approved leave of absence without pay for over 30 days and do not pay the required premium
- the last day of the month in which you reach age 65

### **Conversion**

If you terminate your employment or retire, you have 31 days to convert your Supplemental Life Insurance into an individual policy without evidence of insurability (maximum of \$200,000 combined with Basic Life).

If you should die within these 31 days, your insurance will be paid as a death benefit to your beneficiary.



# DEPENDENT LIFE INSURANCE

## Coverage

You can purchase insurance coverage for your spouse and/or dependent children in the following amounts:

SPOUSE	FOR EACH CHILD
\$5,000	\$5,000
\$10,000	\$10,000
\$15,000	\$15,000

**Note:** The amount of coverage you choose for your children will be the same for each child.

Premium rates for purchasing coverage are available on InsideOLG.

## Making Changes

You can make changes to your Dependent Life Insurance at any time of the year. Complete the Group Benefits Application or Change From which is available on InsideOLG.

Evidence of insurability will not be required if you apply for a change within 31 days of a life event (marriage, divorce, birth or adoption of a child) or a change in benefits eligibility such as a status change (e.g. part-time/contract to full-time).

In all other cases, evidence of insurability will be required, unless the change is a reduction in insurance.

## Beneficiary

You are automatically the beneficiary for Dependent Life Insurance.

## Termination of Coverage

Your dependents' coverage ends on the earliest of the following dates:

- the last day of the month in which you terminate employment
- the last day of the month in which you begin an approved leave of absence without pay for over 30 days and do not pay the required premium
- the last day of the month in which you reach age 65
- the date a dependent ceases to be an eligible dependent

## DEPENDENT LIFE INSURANCE cont'd...

### Conversion

If you terminate your employment or retire, you have 31 days to convert your Dependent Life Insurance (for your spouse only) into an individual policy without evidence of insurability.

If your spouse should die within these 31 days, the insurance will be paid as a death benefit.

## ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) – TRAVEL ACCIDENT INSURANCE

AD&D covers regular full-time and part-time employees that are enrolled in basic life insurance in Grades 20–22 for any accident or injury that happens while you are traveling on business. You are covered up to a maximum of \$100,000 for accidental injury. In the event of accidental death, \$100,000 is paid to the beneficiary you named under your Group Life Insurance Plan. If you did not name a beneficiary, the benefit will be paid to your estate.

**Note:** AD&D does not apply for travel to and from work, nor does it apply if you are operating a motor vehicle or machinery as part of your normal work duties.

AD&D covers employees that are enrolled in basic life insurance in Grades 23 and above for any accident or injury that happens during OLG business or during leisure hours. You are covered up to a maximum of \$150,000 for accidental injury 24 hours a day, 7 days a week. In the event of accidental death, \$150,000 is paid to the beneficiary you named under your Group Life Insurance Plan. If you did not name a beneficiary, the benefit will be paid to your estate.

**Note:** This is considered a taxable benefit for employees in Grades 23 and above.

OLG pays the entire cost of this plan.

# DISABILITY PLANS

## Eligibility

- All regular full-time employees

## Benefits

- Short-term Sickness Plan (STSP): 100% of salary for the first 10 days of absence; 75% of salary for the following 120 days\*
- Long-term Disability Plan (LTD): 66 2/3% of your base monthly salary

For more information on both the STSP and LTD policies, please review the respective policies available on InsideOLG.

## Cost

- OLG pays the entire cost of coverage for the Short-term Sickness Plan
- OLG pays 100% of the cost of the premium for the Long-term Disability Plan

\*Sick days are based on OLG's standard hours of work

## SHORT-TERM SICKNESS PLAN (STSP)

If you are a regular full-time employee, the Short-term Sickness Plan (STSP) provides you with income for up to six months of either continuous or intermittent absence from your regularly scheduled work due to illness or injury.

You will receive **100% of your base salary for the first ten (10) days of absence** and **75% for the following 120 days**. After ten days, you can "top up" the 75% STSP benefit to 100% of your base salary by using accumulated credits, such as vacation. Your salary is your base salary (excluding overtime or any other payment that is not part of your base salary).

If your disability extends past 130 days, your Long-term Disability Plan takes effect, upon approval from Canada Life.

## Payments

Your STSP payments will be made through OLG.

**Note:** You will be required to provide satisfactory proof of your illness or injury periodically throughout your absence. A failure to furnish such evidence on a timely basis can result in a loss of benefits.

## SHORT-TERM SICKNESS PLAN (STSP) cont'd ...

### STSP Qualifying Period for New Employees

New regular full-time employees qualify for STSP benefits after completing **20 consecutive working days or shifts of full-time employment**. Any sick days you take before completing 20 consecutive shifts are not paid for.

Consecutive days do not include vacation, lieu time or any leaves of absences without pay, but days worked before and after such leave will count towards consecutive days. Where an employee is unable to attend to their duties due to sickness or injury, the days worked before and after such absence shall not be considered consecutive.

After meeting the initial qualification period, your annual STSP is automatically reinstated at the beginning of each calendar year. There are a few exclusions, however, which are explained in the next section.

### Exclusions

No benefits will be payable for disabilities resulting from the following:

- war, riot, insurrection or civil commotion
- medical or surgical care which is cosmetic
- committing or attempting to commit a criminal act
- substance abuse unless the employee is actively participating in an approved treatment program

### STSP Period

Your STSP benefits continue for as long as you are a regular full-time employee except under the following circumstances:

- 1** Your illness continues from one calendar year into the next: Your STSP benefits will only be reinstated after you have returned to work for a full 20 consecutive working days or shifts of regular duties and full-time hours.
- 2** You have exhausted your STSP benefits during a calendar year: Your benefits will not be reinstated the next calendar year until you meet eligibility requirements (i.e. you meet the 20 consecutive full working days or shifts of regular duties and full-time hours) following the date your STSP benefits were exhausted.
- 3** You return to work on a part-time basis from a sick leave: The time you spend at work is not considered full-time and therefore is not counted as part of the qualifying period.

If your illness continues into the next calendar year and you use your vacation to cover the absence, you are **not** eligible for STSP benefits until you have returned to work for a full 20 consecutive working days or shifts of regular duties and full-time hours.

# LONG-TERM DISABILITY PLAN (LTD)

If you become totally disabled for a continuous period longer than six months, you can apply for Long-term Disability (LTD) benefits. (See below for a definition of “totally disabled”.)

Your LTD benefits will be **66 2/3% of your base monthly salary**.

To apply, contact People and Culture Department before the end of the fourth month of your disability to ensure no interruption in earnings. LTD is subject to approval from Canada Life.

## Payments

Your LTD payments begin after you have been totally disabled for the longer of an uninterrupted period of six months, or after the last day benefits are payable under STSP.

**Note:** LTD benefits are considered taxable income. This means that you will have to pay tax on any LTD benefit you receive.

## Reductions

Your LTD benefits will be reduced by the total income you receive from other sources as a result of your disability, such as CPP retirement or disability benefits, Workplace Safety and Insurance Board and any retirement or other disability benefits.

In addition, if you engage in an approved rehabilitative employment program, 50% of the salary you receive from that program is deducted from your LTD benefits. A rehabilitative employment program includes returning to your regular work on a part-time basis, or to another occupation that is less demanding than your regular job. If you do not participate or cooperate in a rehabilitation plan/program that has been recommended/approved by OLG, you will no longer be eligible for benefits.

Your LTD benefits will also be reduced if your total income from all sources of rehabilitative employment exceeds 100% of your pre-disability earnings during participation in such a program.

Your LTD benefits continue until the earliest of the following:

- you recover or engage in any occupation for wage or profit, other than a rehabilitative employment program
- you fail to furnish proof of total disability or fail to submit to an examination requested by Canada Life (see “Total Disability” definition below)
- you reach age 65
- you become eligible for any plan that replaces the benefits provided under this plan

# **LONG-TERM DISABILITY PLAN (LTD) cont'd...**

## **Total Disability**

You are considered “totally disabled” if you are wholly and continuously unable to perform your normal work due to an illness or injury during the first 30 months following the date of disability. You must be under the personal treatment of a physician during the entire period of total disability.

After the first 30 months, benefits will only be paid if you cannot perform any occupation for which you are, or may become reasonably qualified for, by education, training or experience. With respect to a disability due to a mental or nervous disorder, benefits will only be paid beyond 30 months if you are receiving continuing treatment from a neurologist or psychiatrist.

## **Recurrence of Disability**

If your disability recurs due to the same or related causes within three months after your LTD benefits end, your previous benefits will start again immediately if you are covered when the disability re-occurs.

Your benefits will be considered a continuation of your previous disability and will be based on the same earnings level as on the date of your original disability. In other words, you would not have to meet the six-month qualifying period.

In all other cases, an occurrence of disability would be treated as a new disability and normal eligibility requirements would apply.

## **Cost of Living Adjustment**

Any LTD benefits you receive are adjusted for cost of living during your period of total disability. The adjustment to your monthly benefits will take place every year on January 1.

## **Exclusions and Limitations**

You will not receive LTD benefits if your disability results from:

- a bodily injury or sickness which results from committing or attempting to commit an assault or crime
- riot, civil commotion, insurrection, hostilities of any kind, or any similar incident
- war, whether the war is declared or not

## **LONG-TERM DISABILITY PLAN cont'd...**

### **Termination of Coverage**

Your coverage ends on the earliest of the following dates:

- on the last day in which you terminate employment
- on the day you reach age 64 and 6 months of age
- on the last day of the month you are on an approved leave of absence without pay for more than 30 days and do not pay the required premium
- on the day you join the armed forces of any country on a full-time basis
- on the day you die

## **OCCUPATIONAL INJURIES**

In addition to your short-term and long-term disability plans, if you are injured at work you may be eligible to receive benefits from the Workplace Safety and Insurance Board (WSIB) Plan. For more information, please contact your People and Culture Department.

# TIME AWAY FROM WORK

## VACATION

The amount of vacation credits you receive are based on your job grade and years of continuous service with OLG. You are encouraged to use your vacation credits within the calendar year in which it is earned. In 2023, only two weeks of vacation credits (10 days) may be carried over into the following calendar year. Additional information on accruing vacation credits and carryover are available in the Vacation Policy found on InsideOLG.

### Regular Full-time Employees/ Contract Employees

#### Grade 20–22

You are eligible for the following paid vacation if you are a regular full-time or contract employee:

YEARS OF EMPLOYMENT	VACATION DAYS*
First 8 years	15 days (108.75 hours)
At 8 years	20 days (145 hours)
At 15 years	25 days (181.25 hours)
At 26 years	30 days (217.50 hours)

#### Grade 23 and Above

YEARS OF EMPLOYMENT	VACATION DAYS*
First 15 years	20 days (145 hours)
At 15 years	25 days (181.25 hours)
At 26 years	30 days (217.50 hours)

\* Vacation days are based on OLG's standard hours of work (7.25 hours).

### Part-time Employees

Your vacation is paid bi-weekly and is calculated on the total earnings for the bi-weekly pay period. You may take "unpaid" vacation time each calendar year. Vacation payment and "unpaid" vacation time is based on years of continuous service with OLG.

YEARS OF EMPLOYMENT	VACATION PAYMENT	TOTAL WEEKS
First 8 years	6%	3 weeks (2 weeks + 5 days)
At 8 years	8%	4 weeks (3 weeks + 5 days)
At 15 years	10%	5 weeks (3 weeks + 10 days)
At 26 years	12%	6 weeks (4 weeks + 10 days)



## PERSONAL DAYS OFF

Regular, full-time employees are entitled to a maximum of two (2) paid Personal Days per calendar year.

Personal days can be used for many reasons that require you to take time off work during your regular working day, including:

- Personal or family medical, professional, or legal appointments
- Home/car service appointments
- Family responsibilities
- Religious holidays
- Attending a citizenship ceremony
- Any other situation that requires you to take time off work during your regular working day.

For added flexibility, personal days can be taken in hourly increments or as a full day.

Part-time and contract employees will be granted leaves in accordance legal requirements including the requirements outlined in the Employment Standards Act, 2000 (as may be amended) ("ESA") and the Ontario Human Rights Code.

Additional information is available on the Personal Time Off policy found on InsideOLG.

## MANAGEMENT COMPENSATION OPTION (MCO)

Regular full time and contract employees in salary grades 22 and above are eligible for five (5) days of MCO pay per calendar year (January 1 to December 31).

You are encouraged to use your MCO credits within the calendar year in which it is earned. MCO credits are forfeited at the end of each calendar year and upon your employment ceasing with OLG.

Additional information on accruing MCO credits and carryover are available in the Management Compensation Option (MCO) Policy found on InsideOLG.

## **PUBLIC/PAID HOLIDAYS**

OLG recognizes the following 12 public and paid holidays:

### Public Holidays

- New Year's Day
- Family Day
- Good Friday
- Victoria Day
- Canada Day
- Labour Day
- Thanksgiving Day
- Christmas Day
- Boxing Day

### Paid Holidays

- Easter Monday
- Civic Holiday (August)
- Remembrance Day

## **VOLUNTEER LEAVE PROGRAM (VLP)**

OLG's Volunteer Leave Program (VLP) offers employees paid time off to support and participate in causes that are important to them while helping charitable / not for-profit organizations make a difference in the communities they serve.

All regular full-time and contract employees are eligible for one full day paid time off per year to give back to their communities by supporting charitable or non-profit organizations.

Additional information on how to participate in this program is available in the Volunteer Leave Program Policy and Volunteer Leave Program Guidelines found on InsideOLG.

# LEAVES OF ABSENCE

These plans provide you with time off under special circumstances. You may be granted a leave of absence in accordance with eligibility criteria outlined in the Employment Standards Act, 2000 (as may be amended) (“ESA”). Unless provided for in the ESA or in OLG policy, leaves of absence under the ESA are unpaid.

## Eligibility

- All regular full-time and part-time employees

## Leave Types

Statutory leaves available for eligible employees are:

- Family Caregiver Leave
- Family Medical Leave
- Critical Illness Leave
- Child Death Leave
- Crime-Related Child Disappearance Leave
- Domestic or Sexual Violence Leave
- Organ Donor Leave
- Pregnancy/Parental Leave
- Reservist Leave
- Emergency Leave, Declared Emergencies

## Impacts to Benefits, Pension, Vacation

Benefits will be maintained during a legislated leave noted above. You will be required to maintain the employee portion of any applicable monthly premiums, if applicable and as required by the ESA.

Vacation credits continue to accrue during a legislated leave of absence.

You have the option to continue to participate in the Pension Plan (Ontario Pension Board) during their approved legislated leave and will be required to maintain your portion of pension contributions during this timeframe, as required by the ESA. Contributions can be made directly to the Ontario Pension Board.

# EMPLOYEE FAMILY ASSISTANCE PROGRAM (EFAP)

The Employee Family Assistance Program (EFAP) provides confidential assistance and short-term counseling for personal or work-related concerns.

## Benefits

- Confidential assistance for a wide range of personal and work-related issues
- Connects you to a comprehensive network of professional advisors available 24 hours a day, seven days a week

## Cost

- OLG pays 100% of the cost of the program for all employees

EFAP is your direct line to confidential assistance, information and short-term counseling. EFAP is a network of professional advisors available 24 hours a day, seven days a week to give you confidential assistance with concerns that affect your personal, family or work life. Best of all, you can take advantage of this service free of charge as an employee of OLG.

The EFAP provides professional assistance for a wide range of issues, including:

- |                                    |                                  |
|------------------------------------|----------------------------------|
| • Alcohol and drug abuse           | • Family and parenting concerns  |
| • Bereavement                      | • Financial concerns             |
| • Childcare issues                 | • Legal issues                   |
| • Couple and marital relationships | • Stress and anxiety             |
| • Crisis counselling               | • Trauma/critical incidents      |
| • Depression                       | • Work-related and career issues |
| • Eldercare concerns               | • Other concerns                 |

For more information on EFAP, please contact LifeWorks at 1-844-880-9142.

# RETIREMENT

## PENSION PLAN

As an employee of OLG, you may be eligible for membership under the Public Service Pension Plan (PSPP), assuming you are under the age restriction. Participation in the PSPP is mandatory for regular full-time employees and optional for part time and contract employees. Membership in the PSPP ends no later than November 30th of the calendar year in which you reach age 71.

The PSPP provides you with an income at retirement based on a pre-set formula.

*The Planning Today for Tomorrow: A Guide for Members* provides you with details on the PSPP. You can also visit [www.opb.ca](http://www.opb.ca) under the Current Members section for more information.

As a member of the Public Service Pension Plan there are many options available to you when considering retirement.

### Normal Retirement

Your normal retirement date is your 65<sup>th</sup> birthday. (This does not mean that you have to retire at age 65). If retiring at age 65, you receive a basic pension less the CPP integration amount.

### Unreduced Early Retirement

If you meet certain criteria, you can retire before age 65 with an unreduced pension.

- **60/20 Rule** – This rule allows you to retire early if you are at least 60 years of age and have a minimum of 20 years of pension credit in the plan.
- **Factor 90** – This factor allows you to retire early with an unreduced pension if your age plus pension credit equals a minimum of 90 years.

### Reduced Early Retirement

Reduced early retirement is available if you are under the age of 65 but over age 55 and do not qualify for an unreduced early retirement. Please note, under this option, your pension is reduced by 5% for each year that you retire before your 65<sup>th</sup> birthday. For example, if you retire at age 60 with 15 years of pension credit, your pension will be reduced by 25%.

## BENEFITS AFTER RETIREMENT

If you are a member of the PSPP you may be eligible for insured retirement benefits depending on the following criteria:

### **Hired prior to January 1, 2017 with more than 10 years of pension credit**

You have the option to access the following 2 benefit packages:

- Current “Legacy Plan” and pay 50% of the premium costs – package is equivalent to existing post-retirement benefits prior to January 1, 2017 changes
- Alternative “Retiree Focused Plan” with 100% premium costs paid by Government – a value based package that complements coverage available from other retiree benefit sources, such as Ontario Drug Benefits (ODB) and provides a level of coverage at a cost in line with 50 percent of the Legacy Plan.

### **Hired prior to January 1, 2017 with less than 10 years of pension credit**

- Must have 20 years of pension credit **and** retire with an immediate unreduced pension

You have the option to access the following 2 benefit packages:

- Current “Legacy Plan” and pay 50% of the premium costs – package is equivalent to existing post-retirement benefits prior to January 1, 2017 changes
- Alternative “Retiree Focused Plan” with 100% premium costs paid by Government – a value based package that complements coverage available from other retiree benefit sources, such as Ontario Drug Benefits (ODB) and provides a level of coverage at a cost in line with 50 percent of the Legacy Plan.

### **Hired on or after January 1, 2017**

- Must have 20 years of pension credit **and** retire with an immediate unreduced pension

You have the option to participate in the following benefit package only:

- Alternative “Retiree Focused Plan” with 100% premium costs paid by you

More information on meeting eligibility for retiree benefits is available on the Ontario Pension Board website.

The following section provides an overview of your benefits after retirement.

## **Health and Dental Plans**

Health and Dental Plan coverage with OLG ends for you and your dependents after retirement. However, you and your dependents may become eligible for health and dental coverage under the *Ontario Public Service Plan for Retirees* depending on the above criteria.

If you receive a deferred pension, coverage begins on the first of the month coinciding with or following the date payments begin.

## Benefits after Retirement Cont'd ...

At age 65, you may also become eligible for the *Ontario Drug Plan for Senior Citizens* if you have been living in Ontario for at least one year. The drug plan allows you free personal drug prescriptions that are listed in the *Ontario Drug Benefit Formula*.

### Basic Life Insurance Plan

Your Basic Life Insurance coverage reduces to \$2,000 after you retire. When you die, a death benefit will be paid to your beneficiary.

### Disability Plans

Your disability plans (Short-term Sickness and Long-term Income Plan) end on the day you leave OLG.

### Contact Information:

Ontario Pension Board – [www.opb.ca](http://www.opb.ca)

1-800-668-6203

[clientservice@opb.ca](mailto:clientservice@opb.ca)

This guide is intended to help you understand the OLG benefits that are available to you and your dependents. While the guide summarizes the principal features of the OLG benefits and pension plans, the official plan text is the governing document. In the event of any discrepancy between the information in this guide and the plan provisions, the latter will prevail.

## **AMENDMENT RIGHTS**

OLG reserves the right to amend, change or terminate any of the programs and policies described in this booklet. No oral or written statements can change the terms of any of the plans described here. Solely the provisions of the applicable program, benefits or policy determine the programs, benefits and policies to which employees are eligible. Absent an express delegation of authority, no one has the authority to:

- commit OLG to any program, benefits, policy or provision under a program, benefits or policy not provided for under the written terms of applicable programs, benefits or policies, or
- change the eligibility criteria or any other provisions of such programs, benefits or policies