

Partial Benefits: At a Glance

Rotational Employees

Benefit	Coverage
Basic Life Insurance Provider: Desjardins	1 times regular annual earnings to a maximum of \$850,000 - Definition of regular annual earnings is regular hourly rate multiplied by 2080 hours
Extended Health Care Provider: Manulife Contract #65857 1-800-268-6195	100% coverage, no deductible \$25,000 annual prescription drug maximum (per person) - Enhanced Generic Substitution - Pay direct card; \$8 dispensing fee maximum - Out-of-province and out-of-Canada Emergency Medical services coverage \$500/practitioner per calendar year (chiropractor, osteopath, podiatrist, massage therapist, naturopath, speech therapist, physiotherapist, psychologist) - Prescription Smoking Cessation; \$500 lifetime max \$200 Vision (glasses, contact lenses, laser surgery) plus eye exam every 24 consecutive months - Semi Private room hospitalization
Dental Care Provider: Manulife Contract #65857 1-800-268-6195	- Basic Services 100% coverage and Major Services 50% coverage; combined annual maximum of \$2,500 (per person) - Child Orthodontic 50% coverage; lifetime maximum \$2,500 - Regular cleaning and check-up for a child every 6 months, for an adult every 9 months (no coverage for adult fluoride)
Prescription Safety Glasses Provider: Manulife	- Employee only, if required to wear PPE safety glasses to perform job - Reimburse up to \$200 every 24 consecutive months for CSA approved prescription safety glasses
Employee & Family Assistance Program (EFAP) Provider: Homewood Health Inc. 1-800-663-1142	- Services are available to employees and eligible dependents - Confidential, professional counseling for a broad range of personal and professional problems, expert advice, support and resource material
Enrolment & Claims	- Enrolment forms will be sent by email - Claims can be submitted online through your Manulife account - Reimbursement of expenses will be based on what Manulife deems reasonable and customary
Costs	- Health and Dental Cost Sharing – payroll deduction of \$20/month for single coverage; \$40/month for family coverage - CEDA pays 100% of all other program costs
Contact	- Benefits 403-218-2436 or 403-218-2437 benefits@cedagroup.com