BENEFITS POLICY

<Organization Name> is pleased to provide employee group benefits to eligible employees. The purpose of this policy is to outline these benefits.

POLICY

<Organization Name>’s employee group benefits are provided by [ insert insurance provider ] in Canada. These benefits are mandatory for all employees unless the employee signs a benefits waiver during their probationary period.

There will be a 90-day waiting period from enrollment. Employees will receive information directly from the carrier with their plan number and benefits card, including how to submit claims for benefit reimbursement. They will also receive a full booklet with detailed information about the specifics of each type of coverage. Employees are encouraged to place this information in a safe place for future reference.

Employees with questions about their plan may reach out to the [Insert Title] or reach out to [insert insurance provider] in Canada.

**Eligibility**

Full-time staff are eligible for enrollment in the benefits program [Insert e.g., three (3)] months from their date of hire. Their coverage begins X months after enrollment.

Full-time staff is defined as working XX hours per week.

**Benefits**

Employees of <Organization Name> who are enrolled in the benefits program have access to the following types of benefits/coverage:

1. Medical
2. Dental
3. Basic Life
4. Accidental Death and Dismemberment (AD&D)
5. Long-Term Disability (LTD)

The plan payment guidelines are as follows:

* <Organization Name> pays [Insert %] of the cost for medical, dental, basic life, and AD&D.
* Employees pay the cost for the LTD plan in full (100%)

Medical

Medical benefits are available after [Insert e.g., three (3)] of continuous employment. There is no maximum amount for this benefit; it depends on what is required. Items in this category include:

* Drugs
* Vision
* Health Care Professionals (Professional Services)
* Medical Supplies and Services
* Hospital
* Medical and Non-medical Travel Emergencies

*Drugs*

Drugs are covered up to XX%. There are limitations on the drugs that will be covered based on their total cost; coverage may depend on the selection of a generic drug rather than a name brand drug.

Not all drugs prescribed by a doctor will automatically be eligible for coverage; it is important to verify whether the drug they have prescribed is eligible. There are occasions when a drug is too new to be considered reimbursable by benefits coverage. In this instance, typically there may be alternatives that the pharmacist can offer.

*Vision*

The coverage is $XXX per calendar year and may be reimbursed for the purchase of prescription glasses, elective contact lenses, repairs, and elective laser vision correction procedures.

This also covers an eye exam once every two calendar years.

*Health Care Professionals*

Health care professionals may be classified as any of the following:

* Chiropractor
* Osteopath
* Podiatrist/Chiropodist
* Massage Therapist
* Naturopath/Dietician
* Speech Therapist/Audiologist
* Physiotherapist/Athletic Therapist
* Psychologist/Social Worker/Clinical Counsellor/Marriage and Family Therapist/Psychoanalyst/Psychotherapist
* Acupuncturist

Coverage may also include:

* Medical service and supplies (e.g., hearing aids, orthopaedic shoes, etc.)
* Hospital coverage
* Emergency travel coverage

Dental

Dental coverage begins X months after enrollment in the plan. Employees are eligible for coverage of up to $XXXX per year. Different types of dental services have different amounts of coverage, meaning you will be eligible for full coverage ([Insert %]) up to the maximum amount for some dental procedures but only partial coverage [Insert %] for others. If a dental service is only partially covered, you will need to pay your portion of the expense out of pocket.

Please refer to the plan booklet to find out the specifics of each dental treatment. Your dentist may be able to run a quote for you using your plan information as well. Also, pay attention to the items for which there is no coverage. Certain exceptions do apply. Generally, the exceptions have to do with cosmetic procedures, missed appointments, or services required due to negligence or fault on the part of the insured person.

Life Insurance

Life insurance is available for employees to a total benefit amount of $XXXX and the non-evidence limit is $XXXX. There are reductions in coverage at age 65 (50%) and coverage will cease at the earlier of either age 70 or retirement.

Beneficiaries must submit the necessary paperwork within specified time frames when submitting claims. It is advisable to inform your beneficiaries of the specifics.

Long-Term Disability

Long-term disability may be available for eligible employees and will provide a benefit amount of XX% of an employee’s monthly earnings, to a maximum of $XXXX. The qualifying period is X days.

Employees should refer to their benefits booklet for specifics regarding long-term disability.

Accidental Death and Dismemberment

The Accidental Death and Dismemberment insurance coverage amounts to $XXXX. Covered losses must be:

* A direct result of accidental injury
* Have occurred within 365 days from the date of the accidental injury
* Be total and irreversible or irrecoverable

Examples of items covered are loss of sight, loss of both hands or both feet, loss of speech or hearing in both ears. For the full list and additional details employees should consult the benefits booklet.

Claims must be submitted within X days of the date of injury or death.

The benefit amount reduces by [Insert %] at age [Insert] and terminates at age [Insert] or retirement, whichever is earlier.

**Terminations**

Health insurance benefits end on the final day of the month if an employee resigns. If employment is terminated, coverage will coincide with the notice period.

The employee must have worked at least one full planned day in the month prior to being terminated in order to be covered for that month.

**Life Events/Enrollment Changes**

All enrollment adjustments outside of open enrollment must be done within 30 days from the date of the event.

Changes in eligibility and premium due to a marriage, divorce or over-age dependents will take effect the first of the month that follows the qualifying event date.

Changes in eligibility and premiums related to the birth of a child occur immediately, but only take effect the next month. When a child is placed in a family for adoption, eligibility changes take effect immediately, but premium modifications take effect the first of the month after the adoption date.

**Returning from Leave of Absence**

<Organization Name> paid benefits will begin the first of the month following the employee’s return to full-time employment. Health insurance premiums are the responsibility of the employee while on unpaid leave.

While on unpaid leave, <Organization Name> paid benefits will start on the first day of the next month following the employee’s return to full-time employment. When employees return, they may see a change in their insurance premiums on their paycheck.

If the employee has been on unpaid leave for more than XX months, their benefits will be terminated.