



HANS Group Benefits Summary

April 1, 2024

Health Association Nova Scotia: A not-for-profit, non-government, membership-based association with over 60 years' experience in delivering shared services. Serving over 130 health and health-related organizations from across Nova Scotia, dedicated to achieving service excellence through innovation, outstanding performance and an exceptional customer experience. One of the core service offerings, Group Benefits Solutions, provide a range of comprehensive and cost-effective employee benefits plans, designed to help protect plan members and their families. This summary is specifically for HANS Benefits.

This benefits summary outlines your coverage as an **active** employee. This is a high-level summary of all Health Association Nova Scotia benefits.

Your employer may offer only some or all of the following benefits. **You may be enrolled in all or some of the benefits offered by your employer.**

Total monthly premium costs are available on the HANS Website.

Eligibility

You must be actively at work on the coverage effective date in order for coverage to become effective.

If you have been hired as a permanent employee to work at least 40% of a regular work week, you are entitled to coverage for you, your spouse and dependents.

If you have been hired for a term (temporary) position for a period of no less than 12 months, to work at least 40% of a regular work week, you are entitled to health, dental, and basic life coverage for you, your spouse and dependents. Your employer will advise you of your coverage start date.

If you do not elect to enroll when first eligible/offered benefits and want to enroll at a later date, please contact your Employer Benefits Administrator to confirm eligibility and complete the required paperwork. Please note late restrictions may apply.

Your spouse is defined as someone to whom you are married legally or common law (defined as having lived with your partner for 12 months or more; the 12 month cohabitation period is waived in the event a child is born of such relationship). This includes a spouse of the same sex.

Your dependent child is defined as an employee's or spouse's child who:

- is either under age 21 or under age 26 and a full-time student at an accredited school, college, or university; and
- is unmarried (legally or common law); and
- is not employed on a full-time basis; and
- is not eligible for benefits as an employee under this or any other group plan.

A child who is incapable of employment due to a mental or physical condition that occurred before reaching the maximum age will continue to be covered if approved by the insurance company.

Note: Dependents between ages 21 and 26 have the same coverage and restrictions as adults and not the same as dependents under age 21.

If you meet the eligibility requirements you **MUST** participate in this benefit unless you have other group or association plan coverage.

When does my coverage start?

Health and Dental coverage are mandatory and you will be enrolled in single coverage, unless you provide proof of other group or association plan coverage. Coverage starts the first of the month after your eligibility date.

Basic life and LTD are mandatory and you may have a three-month waiting period before coverage begins.

Your optional coverages (if elected) will start once your employer receives your application for evidence free coverage. All other amounts are effective on the date the insurer approves coverage.

When does my coverage end?

| Plan | End |
|---|--|
| Health Plan: Prescription Drug coverage | For you: you reach age 70 For your spouse: your spouse reaches age 70 |
| Basic Dependent Life Insurance | You reach age 70 |
| Long Term Disability | The date you reach age 65, or age 60 with 30 years of NSHEPP pensionable service (less elimination period), whichever is first |
| Optional Coverage | For you and your dependent child(ren): you reach age 70 For your spouse: you or your spouse reaches age 70, whichever is earlier. |

Coverage ceases when you no longer hold an eligible position or you reach the maximum age as noted below, or your employment ends, whichever comes first.

Refer to the website for more information on retirement benefits.

Benefits Details

| Health | |
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| Provider | Medavie Blue Cross |
| <ul style="list-style-type: none"> ▪ Prescription Drug coverage (pay-direct) <ul style="list-style-type: none"> – Eligible drugs | Managed Formulary, based on provider-approved list of eligible drug expenses (Prior authorization required for some drugs) Certain categories are subject to Step Therapy requiring new patients to try cost effective first-line therapies first - for many conditions, such as high blood pressure, diabetes, gout, high cholesterol and depression, Supplements Government Health Care Coverage Payment for a specialty high-cost drug may be reduced by financial assistance available under a Patient Support Program |
| <ul style="list-style-type: none"> – Co-payment | You pay the dispensing fee |
| <ul style="list-style-type: none"> – Out-of-pocket maximum | \$492 / family / calendar year |

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| – Generic substitution | Limited to the cost of the least expensive interchangeable (usually generic) drug, unless medical basis for brand-name drug |
| – Pharmacy partnership | Arrangement with Sobeys/Lawtons Prescription Drug Discounts will be automatic when using your Medavie pay-direct card at all participating pharmacies |
| – Diabetic supplies | Covered – including insulin pump supplies |
| – Glucose Monitoring Systems | For insulin dependent: continuous glucose monitoring (CGM) receivers, transmitters or sensors |
| – Weight Management Drugs | \$5,000 / calendar year, subject to prior authorization and annual re-qualification |
| – Fertility Drugs | \$15,000 lifetime maximum |
| – Sexual dysfunction | \$1,200 / calendar year |
| – Smoking cessation | \$500 / 24 months |
| – Vaccines | 50%, \$500 lifetime maximum |
| – Allergy serums | 100% |
| – Gender Affirmation | \$10,000 / calendar year with a \$20,000 lifetime maximum. This benefit provides supplemental coverage to government funded programs. |
| ▪ Vision Care | |
| – Eye exams | Once / 2 calendar years Once calendar year for participants under age 21 |
| – Frames & Lenses Laser-eye surgery | \$345/ 2 calendar years Once calendar year for participants under age 21 |
| ▪ Ambulance | \$1,000 / calendar year |
| ▪ Hospital Accommodations | Private/semi-private room |
| ▪ Paramedical practitioners | |
| – Mental health practitioners | Combined maximum of \$1,800 / calendar year Includes: Counselling therapist, psychologist, psychotherapist and social worker |
| – All other practitioners | Combined maximum of \$1,500 / calendar year Includes: Acupuncturist, chiropractor, chiropodist or podiatrist, dietician, homeopath, massage therapist, naturopath, occupational therapist, osteopath, physiotherapist, speech therapist |
| ▪ Extended Health Benefits | |
| – Nursing & personal care services | \$10,000 / calendar year |
| – Accidental dental | Covered |
| – Diabetic equipment | \$700 / 5 calendar years (insulin pumps see Medical Equipment) |
| – Hearing aids | \$1,000 / ear / 3 calendar years includes batteries and repairs |
| – Orthopedic shoes and supplies | \$200 / calendar year \$300 for employees/dependents under age 21 |
| – Orthotics | \$300 / 3 calendar years \$400 / calendar year for employees/dependents under age 21 |
| – Compression / Surgical Stockings | \$200 / Calendar year |
| – Ostomy Supplies | Covered |

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| <ul style="list-style-type: none"> - Durable medical equipment | <p>Durable Medical equipment: the rental or, when approved by Medavie Blue Cross, purchase of:</p> <ul style="list-style-type: none"> - manual or electric wheelchair, including cushions and inserts; - manual or electric hospital bed, including mattress & safety side rails; - equipment for the administration of oxygen, nebulizer, percussor, suction pump, bi-level positive air pressure (BiPAP), continuous positive airway pressure (CPAP) and ventilator; - BiPAP and CPAP supplies to a maximum of \$150 per calendar year. Masks are covered 2/calendar year - insulin pump for the Treatment of type 1 diabetes; - compression pump, traction equipment; and - patient lifter. <p>The purchase of durable medical equipment requires pre-approval from Blue Cross, otherwise it may be ineligible for payment in whole or in part.</p> |
| <ul style="list-style-type: none"> - Medical supplies | <p>Medical Supplies: includes but not limited to</p> <ul style="list-style-type: none"> - insulin pumps, compression pumps, continuous passive motion machines up to a maximum of \$4,500 every 5 consecutive calendar years or rental cost up to a maximum of \$450 per 5 consecutive calendar months, - TENS machines to a maximum of \$300 in 5 consecutive calendar years, - medicated dressings & burn garments up to a maximum of \$500 per calendar year |

Travel

| Provider | SSQ |
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| <ul style="list-style-type: none"> ▪ Emergency out-of-province/country health care | <p>\$5,000,000 / incident / person</p> <p>Up to 60 days per trip</p> |
| <ul style="list-style-type: none"> ▪ Travel assistance | <p>24/7 services</p> |
| <ul style="list-style-type: none"> ▪ Referrals | <p>\$500,000 lifetime maximum / person (medical services must be unavailable in Canada and approved by provincial health plan)</p> |
| <p>Pre-existing condition limitations</p> | <p>No exclusions for pre-existing conditions; however, claim must be as a result of an emergency</p> |

Note: most expenses are reimbursed based on the insurer's assessment of reasonable and customary fees

Dental

| Provider | Medavie Blue Cross |
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| <ul style="list-style-type: none"> ▪ Basic services (e.g., oral exams, cleaning, fillings and x-rays) | <p>100%</p> |
| <ul style="list-style-type: none"> - Recall exams | <p>1 / calendar year</p> <p>2 / calendar year for employees/dependents under age 21</p> |
| <ul style="list-style-type: none"> - Scaling maximum | <p>2 units / calendar year</p> |
| <ul style="list-style-type: none"> ▪ Endodontic/Periodontic services (e.g. root canals) | <p>80%</p> |
| <ul style="list-style-type: none"> - Scaling maximum | <p>10 units / calendar year (combined with Basic)</p> |

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| <ul style="list-style-type: none"> Major services (eg. dentures, crowns, bridges) | 80% |
| <ul style="list-style-type: none"> Maximum for Basic, Endodontic/ Periodontic and Major services | \$1,500 per calendar year |
| <ul style="list-style-type: none"> Orthodontics (braces) | 50% \$2,000 lifetime maximum - Adults and Children |
| Dental fee guide | Current General Practitioner Fee Guide |

Life Insurance

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| Provider | Manulife |
| Insured persons | You and your family |
| Coverage | |
| <ul style="list-style-type: none"> You | 2 X annual earnings \$1,500,000 maximum |
| <ul style="list-style-type: none"> Spouse | \$5,000 |
| <ul style="list-style-type: none"> Dependent children | \$2,500 |
| Evidence of insurability | Not required |

LTD Insurance

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| Provider | Long Term Disability Plan is a self-insured plan of HANS – Manulife is the Claims Adjudicator |
| Insured persons | You |
| Coverage begins | <p>If you are a permanent employee guaranteed to work at least 28 hours every two weeks, your coverage is effective after a three-month waiting period.</p> <p>If you are a permanent part-time employee, guaranteed to work less than 28 hours on a bi-weekly basis but who works on average at least 28 hours bi-weekly the previous calendar year your coverage becomes effective on the first day of February in the year following.</p> |
| Coverage ends | Coverage ends when you retiree, 5 months prior to your 65th birthday, 5 months prior following the date you reach age 60 or greater with 30 years pensionable service with NSHEPP, or employment ceases, no longer eligible, whichever happens first. |
| Coverage | |
| <ul style="list-style-type: none"> LTD Benefit | <p>If a full-time employee, you will be eligible to receive a monthly benefit equal to 70% of gross monthly salary at time of disability.</p> <p>If a part-time employee, you will be eligible to receive a monthly benefit equal to the gross monthly salary averaged over the six months preceding date of disability, or pro-rated over the number of months actually worked in that period if less than six months.</p> <p>The maximum monthly benefit is \$20,000. You must provide proof of good health and approved by Manulife for benefit amounts over \$15,000.</p> |

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| <ul style="list-style-type: none"> path Program | <p>The Personalized Assistance to Health (path) program is sponsored by the LTD Plan Trustees in keeping with your employer's commitment to create a healthy workplace. If you are enrolled in the LTD Plan and have been away from work for 7 days (or more) due to a non-work related injury or illness, the Personalized Assistance to Health (path) Program is available to you. path is an early intervention program which is voluntary and confidential.</p> |
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| Optional Life Insurance | |
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| Provider | Manulife |
| Insured persons | You and your family |
| Coverage | |
| <ul style="list-style-type: none"> You and spouse Dependent children | <p>\$500,000 maximum (in units of \$10,000)</p> <p>\$2,500, \$5,000, or \$10,000</p> |
| Evidence of insurability | Not required for first \$50,000 within 60 days of becoming eligible |

| Optional Accidental Death and Dismemberment (AD&D Insurance) | |
|---|---|
| Provider | SSQ |
| Insured persons | You and your family |
| Coverage | |
| <ul style="list-style-type: none"> You Spouse Dependent children | <p>\$500,000 maximum (in units of \$10,000)</p> <p>50% of employee amount, or 60% if no children</p> <p>10% of employee amount, or 20% if no spouse</p> |
| Evidence of insurability | Not required |

| Optional Critical Illness Insurance | |
|--|---|
| Provider | Manulife |
| Participation | Optional |
| Insured persons | You and your family |
| Coverage | |
| <ul style="list-style-type: none"> You and spouse Dependent children | <p>\$150,000 maximum (in units of \$5,000 starting at \$10,000)</p> <p>\$10,000</p> |
| Evidence of insurability | Not required for first \$25,000, pre-existing condition limitation applies |

If you have questions about your benefits, please talk to your Benefits Administrator. You can also call Health Association Nova Scotia at 1-866-886-7246.

For more information on benefits, please visit www.healthassociation.ns.ca and select the **Benefits Plan Member Information** button.

This benefits summary replaces any previous versions. Health Association Nova Scotia reserves the right to review the employee benefits program and to modify, amend, discontinue, and/or make exceptions to the program. All information is subject to change. This document provides a snapshot of the key benefits available to you under the Health Association Nova Scotia Single Group Benefits Plan. In the case of a discrepancy, the contracts will prevail.