



ILAC BENEFITS PLAN
ALL ELIGIBLE EMPLOYEES WITH LESS THAN
2 YEARS OF SERVICE

JANUARY 2018

AGENDA

- **Sick days after 6 months of employment**
- **Who is eligible under our Plan**
- **When does coverage terminate**
- **Plan Summary (Reasonable Customary Price)**
- **GRRSP summary**
- **Education Reimbursement Program**

PAID SICK DAYS

- You are eligible for 5 sick days/year.
- The number of sick days is prorated according to the eligibility date. One sick day will be accrued in approximately every 2.5 months.
- Sick hours can be used before you accrue enough by signing a waiver.
- Please talk to Academic Admin if you need the waiver.

WHO IS ELIGIBLE?

Employees

- Full-time employees
 - Must be covered under the Provincial health care plan;
 - Must have completed six (6) months of continuous active employment

- Dependents
 - Your spouse if legally married, or
 - Your common-law spouse provided you have co-habited for at least twelve (12) months

- Your unmarried children who are:
 - under age 21, or
 - under age 26 if a full-time student
 - includes natural, adopted and/or step children

WHEN DOES COVERAGE TERMINATE?

Optional Life Insurance

- Coverage for your spouse terminates on your spouse's 65th birthday or your prior retirement
- Coverage for you terminates on your 65th birthday or your prior retirement

All Other Benefits

- Coverage terminates on your 70th birthday or your prior retirement

N.B., All coverage terminates upon your termination of employment.

PLAN SUMMARY (REASONABLE CUSTOMARY PRICE)

Remember Reasonable and Customary Price (check your booklet)

Life/AD&D	
Benefit Amount	\$25,000.00 each
Dental Care	
Deductable	\$0.00
Coinsurance	80% for Basic Services, Major Services Not Covered
Fee Guide	Current GP minus 2 years
Recall Exam	Every 9 months
Scaling units	6 per year
Maximum	\$750.00
Extended Health Care	
Deductable	\$0.00
Coinsurance	100% excluding drugs
Hospital	100% Semi-Private room
Prescription Drugs	80% ingredient fee covered + dispensing fee (example: Shoppers Drug Mart \$11.99) 90% ingredient fee covered + dispensing fee (example: Costco \$3.89) \$5,000.00 annual max
Private Nursing	100% - to \$10,000 per year
Paramedical	\$300 max for all practitioners combined: acupuncturists, audiologists, chiropractors, massage therapists, occupational therapists, physiotherapists, clinical psychologists or social workers.
Vision	\$200 every 24 months adult, every 12 months if under 18 plus one eye exam every 24 months and 12 months if under 18 years old
Ortho shoes/inserts	No coverage
Out-of-country	100% travel medical

You do not need to be a Costco member to use a Costco pharmacy

GRSP PLAN – OPTIONAL

- Employee pays minimum of \$40 per month (\$20 per paycheque)
- ILAC matches \$40 per month maximum
- \$80 Total contribution if you take advantage of this.
- About \$500 per year from ILAC - **free**
- Check RRSP 2017 overview (attachment to email from Veronika or Anastasia)
- When you signed up RBC gives you a copy of application form, you need to scan it to Veronika at veronika@ilac.com or bring it to People and Culture Department office to Main Building 8 floor unit #804, - so we can start to transfer payments to your retirement saving account.

EDUCATION REIMBURSEMENT

ILAC values your professional and personal development

- \$300 reimbursement for all full time employees who have passed the 6 month mark per year for any course of the choice
- Course can be personal or professional, we want to encourage you to fulfill your own goals (approved by People and Culture Department)
- Please send the prove of payment, description of the course to veronika@ilac.com and in 1 to 2 weeks you will received a check for \$300 dollars.

FINAL STEP AFTER READING THIS SLIDES

- Please fill out the Group enrollment form section
 - 1.** *Employee Section*
 - 2.** *Refusal or co-ordination section*
 - 3.** *Dependent enrollment information section*
 - 4.** *Beneficiary designation section (life& AD&D – 100% to beneficiaries)*
 - 5.** *Authorizations and declarations*
- Take a look at the attachments for Group enrollment form – please fill out the form within 3-5 business days, sign and scan it back to veronika@ilac.com or Anastasia@ilac.com



THANK YOU!

IF YOU HAVE ANY QUESTIONS YOU CAN

EMAIL ANASTASIA@ILAC.COM OR

VERONIKA@ILAC.COM

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