

OSSTF ELHT Plan Design Summary June 1, 2016

| BASIC LIFE | Benefit |
|---|--|
| Funding | 100% Funded by the Trust |
| Benefit Amount | 2 x salary |
| Reduction Clause | 50% at age 65 |
| Maximum | \$400,000 |
| Termination | Retirement |
| Premium Waiver Provision | For the 2 year own occupation period of LTD |
| Waiver Termination | Earlier of retirement or end of the month age 65 |
| MEMBER OPTIONAL LIFE | |
| Funding | 100% funded by the Member |
| Benefit details | Standard, Age Banded, Gender Based, Units of \$10,000 |
| Maximum | \$400,000 |
| Termination | Retirement |
| Waiver of Premium | For the 2 year own occupation period of LTD |
| Waiver Termination | Earlier of retirement or age 65 |
| SPOUSAL OPTIONAL LIFE | |
| Benefit details | Standard, Age Banded, Gender Based, Units of \$10,000 |
| Maximum | \$400,000 |
| Termination | Earlier of member's retirement or spouse attaining age 65 |
| Waiver of Premium | For the 2 year own occupation period of LTD |
| Waiver Termination | Earlier of retirement or age 65 |
| BASIC AD&D (Lump Sum Benefits) | |
| Loss of Life | Yes |
| Loss of Limb(s) | Yes |
| Loss of Sight in Eye(s) | Yes |
| Loss of Hearing | Yes |
| Loss of Speech | Yes |
| Loss of Use (Arms, Hands, Legs) | Yes |
| Paralysis | Yes |
| Termination | Earlier of retirement or age 70 |
| Reduction Clause | 50% at age 65 |
| MEMBER OPTIONAL AD&D | |
| Benefit details -aligns to optional life | Based on Optional Life Principal Sum |
| Termination | Earlier of retirement or age 70 |
| SPOUSAL OPTIONAL AD&D | |
| Benefit details - aligns to optional AD&D | Based on Spousal Optional Life Principal Sum |
| Termination | Earlier of retirement or member or spouse attaining age 70 |
| OVERALL HEALTH | Benefit |
| Funding | 94% Funded by the Trust 6% Funded by the Member |

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| Claiming Period | School Year |
| Positive Enrollment & Mandatory Coordination of Benefits | Yes |
| Health Deductible Amount | No overall deductible |
| Reimbursement | 100% |
| Overall Health Maximum | Unlimited |
| Termination | Retirement |
| Waiting Period | None |
| Survivor Benefit | 24 months, no survivor premium required |
| DRUG BENEFIT | |
| Pay Direct Benefit Card | Yes |
| Formulary | Legally Requiring a Prescription + Life Sustaining |
| Generic Substitution | Mandatory Generic with Appeal |
| Per Prescription Deductible | No |
| Dispensing Fee Cap | No cap, subject to Carrier's Reasonable & Customary Limits; currently \$12 |
| Number of Dispensing fees | 6 per year eligible, for maintenance medications |
| Maximum Pharmacy Mark-Up Allowance | 10% |
| Ontario Drug Benefit Deductible and Co-pay Covered | Yes |
| Fertility drugs | \$18,000/ Lifetime |
| Sexual Dysfunction drugs | \$500 per school year |
| Smoking Cessation drugs | No coverage |
| Anti-Obesity drugs | No coverage |
| Injectable Vitamins | Yes |
| Preventive Vaccines | Carrier Standard |
| HOSPITAL BENEFIT | |
| Reimbursement Level | 100% |
| Hospital Deductible | Nil |
| Semi-Private Room | Yes |
| Private Room | No |
| Private Hospital | Includes semi-private hospital coverage in facilities funded or partially funded by OHIP (e.g. Homewood, Shouldice, etc.) |
| Homewood, Shouldice, Donwood covered under general | |
| VISION BENEFIT | Benefits |
| Glasses and Contacts Benefit | 100% |
| Amount | \$500 adults and children every 2 school years |
| Visual Training | \$200 lifetime |

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| Eye Exam Coverage - eligible | Yes |
| Adult/Child | 1 exam every 2 school years |
| Included in vision care maximum | No |
| Laser Eye Surgery - eligible | Yes |
| Included in vision care maximum | Yes |
| Intraocular lenses following cataract surgery | Carrier standard |
| PARAMEDICAL BENEFIT | |
| Reimbursement | 100% |
| Psychologist | \$2,000 per school year combined |
| Registered Family Therapist | |
| Registered Social Worker | |
| Physiotherapist | \$1,500 per school year |
| Massage Therapist | \$750 per school year, requires the referral of a Physician or Nurse Practitioner |
| Naturopath | \$750 per school year |
| Chiropractor | \$750 per school year |
| Osteopath | \$500 per school year |
| Podiatrist/Chiropodist | \$300 per school year |
| Speech Therapist | \$1,000 per school year |
| Dietitian/Nutritionist | \$300 per school year |
| Acupuncturist | No coverage |
| Audiologist | No coverage |
| Occupational Therapist | No coverage |
| Athletic Therapist | No coverage |
| Private Duty Nursing | \$50,000 per school year |
| MEDICAL SERVICES AND SUPPLIES | Benefits |
| Reimbursement | 100% |
| Diabetic Supplies | Reasonable and Customary |
| Orthotics | \$750/school year |
| Custom Made Orthopaedic Shoes | 2 pairs per school year, maximum of \$500 per pair |
| Stock-Item Orthopaedic Shoes | \$500 per school year, includes modifications and adjustments |

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| Wigs | \$500 lifetime, for permanent and temporary hair loss |
| Hearing Aids | \$4,000 every 48 months |
| Support Stockings maximum | 6 pairs per school year |
| Surgical Bras | 6 per school year |
| Ambulance | Transportation to the nearest facility |
| Diabetic Supplies | Reasonable and Customary |
| Insulin Pumps (after Assistive Devices Program) | Reasonable and Customary |
| Glucometers | \$150 per school year |
| Artificial Prosthesis | Reasonable and Customary |
| Oxygen | Reasonable and Customary |
| Mobility Equipment | Reasonable and Customary |
| Diagnostic | Reasonable and Customary |
| Accidental Dental | R & C; treatment must be rendered within 12 months of the accident |
| Medicated dressings, Burn garments | Reasonable and Customary |
| Illeostomy, Colostomy, Incontinence Supplies | Reasonable and Customary |

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| TRAVEL BENEFIT | Benefit |
|--------------------------------------|---|
| Out of Canada Emergency | Yes |
| Pre-existing condition exclusion | Yes |
| Number of days per trip/max | 60 days/5 million lifetime |
| Out of Canada Referral | Yes |
| If not available in Canada | Yes |
| Maximum | 50%, \$3,000 for every 3 calendar years |
| Travel Assistance | Yes |
| DENTAL | |
| Fee Guide | Current |
| Specialists Fee Guide included (Y/N) | No |
| Dental Deductible | No overall deductible |
| Claiming Period | School Year |
| Termination | Retirement |
| Late Application Maximum | \$200 first year |
| Survivor Benefit | 24 months, no survivor premium required |
| Dental Co-insurance | |
| Basic Services | 100% |
| Periodontal | 100% |
| Endodontic | 100% |
| Major Restorative | 80% |
| Dentures | 80% |
| Orthodontics | 50% |
| Dental Maximums | |
| Basic Services | Unlimited |
| Major Restorative | \$4,000/school year |
| Orthodontia | \$3,500/Lifetime |

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| Basic and Supplementary Dental Services | Benefit |
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| Recall Exams Frequency | 9 months |
| Periodontal Scaling | 10 units |
| Occulusal Equilibrium | 8 units / school year |
| Diagnostic Tests | Complete exams eligible 1 every 24 months; |
| Preventive Services | Oral hygiene instruction/1 per lifetime, Pit and Fissure Sealants for adults and children/1 every 36 months Fillings: composite, amalgam, acrylic or bonded covered |
| Endodontic Services | Chemical bleaching of an endodontically-treated tooth is eligible |
| Periodontal Services | Guided Tissue Regeneration is excluded |
| Fluoride Treatment | Yes |
| Full Mouth X-Rays (Adult/Child) | 1/24 months |
| Panoramic X-Rays | 1/24 months |
| Denture Repairs, Relines, Rebase | Yes |
| Surgical Services | Fractures are eligible; Sedation and Anesthesia covered |
| Space Maintainers | Eligible under Level 1 for children 14 years or under; Myofunctional therapy is excluded |
| Major Dental Services Details | |
| Bridges, Crowns, Inlay, Onlays | Yes |
| Diagnostic Casts | Yes |
| Denture Adjustments | Yes |
| Denture Repairs/Rebasing, Relining and Remakes | Yes |
| Tissue Conditioning (Resetting of Teeth) | Yes |
| Open space limitations | Yes |
| Major Restorative Dental Services Details | |
| Crown replacement | 1 per tooth every three years |
| Onlay replacement | 1 per tooth every three years |
| Denture replacement | 1 per tooth every three years |
| Dental Implants | Covered, subject to Alternate Benefit Clause |
| Orthodontic Dental Services | Benefit |

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| Orthodontics | Yes |
| Coverage for children | Yes |
| Coverage for adults | Yes |
| Age limit for coverage for children | N/A |