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|-----------------------------------------------------------------------------------|------------------------------|--------------------------------------------|
|  |                              | <b>POLICY</b>                              |
| <b>SECTION: HUMAN RESOURCES</b>                                                   | <b>NO: HR-BE-02</b>          |                                            |
| <b>REFERENCE: BENEFITS</b>                                                        | <b>Date: October 5, 2020</b> |                                            |
|                                                                                   |                              | <b>Next Review Date:<br/>October, 2022</b> |

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**TITLE: BENEFIT PLAN – NON UNION EMPLOYEES**

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**1. 0      Application**

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- 1.1 This policy applies to all permanent full time (and permanent part time, if eligible) non union employees of the City of Dryden.
- 1.2 The Employer reserves the right to change insurers from time to time provided the coverage under a new policy is equivalent to or superior to the replaced policy.

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**2. 0      Basic Life Insurance and Accidental Death and Dismemberment**

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- 2.1 The Basic Life Insurance policy covers two hundred percent (200%) of annual earnings to a maximum of \$500,000.00. The employer agrees to pay one hundred percent (100%) of the cost of the premiums. The insurance coverage will be revised as an employee's wages change.
- 2.2 The AD&D policy covers two hundred percent (200%) of annual earnings to a maximum of \$500,000.00. The employer agrees to pay one hundred percent (100%) of the cost of the premiums. The insurance coverage will be revised as an employee's wages change.
- 2.3 Annual earnings are defined as regular earnings not inclusive of overtime.

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### **3.0 Semi-Private Hospital**

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- 3.1 The employer agrees to pay one hundred percent (100%) of the premiums as per the current carrier's plan.

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### **4.0 Extended Health Care Drug Plan**

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- 4.1 The employer agrees to pay one hundred percent (100%) of the premiums. Coverage is based on a \$10/\$20 deductible.

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### **5.0 Vision Plan**

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- 5.1 The employer agrees to pay one hundred percent (100%) of the vision care premium which covers:
- A maximum of four hundred dollars (\$400.00), per family member, every twenty four (24) months for the purchase/repair of prescription glasses/corrective lenses, or towards corrective eye surgery, and
  - A maximum of one hundred dollars (\$100.00) per family member, every twenty four (24) months for an eye exam

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### **6.0 Dental Plan**

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- 6.1 The employer agrees to pay one hundred percent (100%) of the premiums of the dental plan based on the O.D.A fee schedule for the preceding year. The O.D.A fee schedule shall be adjusted January 1<sup>st</sup> of each year.

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### **7.0 Additional Paramedical Benefits**

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- 7.1 The following benefits will be covered:

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- a) Chiropractor coverage at twelve hundred dollars (\$1200.00) per calendar year, per eligible person, and
- b) Registered Massage Therapy (RMT) coverage to twelve hundred dollars (\$1200.00) per calendar year, per eligible person, and
- c) Physiotherapy coverage to twelve hundred dollars (\$1200.00) per calendar year, per eligible person.
- d) Effective January 1<sup>st</sup>, 2019 - Mental Health/Psychiatric Services at twelve hundred dollars (\$1200.00) per calendar year, per eligible person.

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## **8.0 Out of Country Medical Coverage**

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- 8.1 The employer agrees to pay one hundred percent (100%) of the premiums for out of country medical coverage; each employee will be issued an out of country coverage card.

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## **9.0 Long Term Disability (LTD) Insurance**

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- 9.1 The employer agrees to provide Long Term Disability Insurance presently in force under the terms of the current carrier and in accordance with the terms outlined in the Benefit Booklet. The employer agrees to pay one hundred percent (100%) of the premiums.

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## **10.0 Pension Plan (OMERS)**

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- 10.1 The employer and employees agree to participate in the Ontario Municipal Employees Retirement System (OMERS) – Basic Plan. Cost sharing will be in accordance with the OMERS regulations.

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## **11.0 Benefit Information**

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- 11.1 Further detailed information is available from the Group Benefit Plan Booklet or by contacting the Human Resources Department at 223-1117 or the applicable benefit carrier.

| History                |                |              |                  |
|------------------------|----------------|--------------|------------------|
| Approval Date:         | May 22, 2012   | Approved by: | By-law 3965-2012 |
| Review/Amendment Date: | March 20, 2017 | Approved by: | CAO              |

This policy is subject to any specific provisions of the Municipal Act, or other relevant legislation or Union agreement.

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|-------------------------------|-----------------|---------------------|--------------------------|
| <b>Review/Amendment Date:</b> | August 27, 2018 | <b>Approved by:</b> | Council By-law 4575-2018 |
| <b>Review/Amendment Date:</b> | October 5, 2020 | <b>Approved by:</b> | CAO                      |

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