

This Collective Agreement made this day of _____, 1996.

BETWEEN:

BETHANY NURSING HOME OF CAMROSE, ALBERTA
Operating as
THE BETHANY GROUP
(hereinafter called "Bethany")

SOURCE	Company		
EFF.	96	04	01
TERM.	98	03	31
No. OF EMPLOYEES	170		
NO. NOMBRE D'EMPLOYÉS	CB.		

and

BETHANY LONG TERM CARE CENTRE STAFF ASSOCIATION
(hereinafter called "the Staff Association")

TERM OF AGREEMENT:

* This agreement shall be in force and effect from April 1, 1996 to March 31, 1998, and from year to year thereafter unless amended or terminated. Notification of desire to amend or terminate may be given in writing by either party during the period between 30 and 120 days prior to the expiration date.

ARTICLE 1
DEFINITIONS

1.01 An "Employee" shall mean any employee of **Bethany** for whom the Staff Association is voluntarily **recognized** as bargaining agent, employed in any of the classifications listed in Appendix A, and whose **employment** is designated as:

- a) "Regular Employee" is one who works on a full-time or part-time basis:
 - i) "Full-time Employee" shall mean an employee who is scheduled to work full time hours for those classifications as listed in Appendix A.
 - ii) "Part-time Employee" shall mean an employee who works regularly scheduled shifts, provided that scheduled hours shall be less than those of a full-time employee. A part-time employee will work a minimum of three (3) hours per shift and a minimum of **fifteen** and one half (15.5) hours per week averaged over a six (6) week period.
- b) Non-Regular:
 - (i) "Relief Employee" shall mean an employee who is hired to relieve the hours made temporarily vacant by a regular employee; and may work either full-time or part-time hours; or
 - (ii) "Temporary Employee" shall mean an employee who is hired for a period of up to twelve (12) months for a specific job. The term of employment for temporary employees may be extended only by mutual written agreement between the Staff Association and **Bethany**, or
 - (iii) "Casual employee" shall mean an employee who is regularly scheduled for less than fifteen and one half (15.5) hours per week averaged over six (6) weeks.
 - (iv) Non-regular employees shall work a minimum of three (3) hours per shift.
- c) "Project Staff" are hired for fixed periods of time from special funds to supplement regular staff and to provide employment for the unemployed. Project staff will not be used to replace regular staff, and will not be covered by this agreement.

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- 1.02 As much as possible, non-regular shifts will be offered to regular part-time employees before non-regular employees. Regular part-time employees who wish to be considered for additional hours of work shall advise their immediate supervisor in writing as to the extent of their availability.
- 1.03 Except as specifically stated otherwise, the provisions of this collective agreement shall apply to part-time employees.
- 1.04 Non-regular employees do not have a continuing employment relationship with **Bethany**, and except as specifically stated elsewhere in this agreement, the provisions of this agreement shall not apply .

ARTICLE 2
EMPLOYEES COMMITTEE RECOGNITION

- 2.01 **Bethany recognizes** the Employees Committee as the sole liaison agent for the employees covered by this agreement.
- 2.02 Employees Committee shall mean a representative group of staff members who shall represent the employees who are covered by this agreement. The Staff Association will advise **Bethany** once a year of the names of those on the Employees Committee.
- 2.03 No written or verbal agreement may be made which is in conflict with this agreement.

ARTICLE 3
MANAGEMENT RIGHTS

- 3.01 **Bethany** reserves all rights not specifically restricted or abrogated by the provisions of this Collective Agreement.

ARTICLE 4
DISASTER PLAN EXERCISES

- 4.01 Disaster plan exercises shall be considered a joint responsibility of **Bethany** and the employee in the public interest. Employees participating in a disaster plan exercise, outside of scheduled hours, shall do so on a volunteer basis.

ARTICLE 5
HOURS OF WORK

- 5.01 Regular hours of work for full-time employees, exclusive of meal periods, shall be:
 - a) seven and three quarters (**7.75**) consecutive hours per day;
 - b) two thousand twenty-two and three quarters (**2022.75**) hours per year.
- 5.02 Regular hours of work shall be deemed to:
 - a) include, as scheduled by **Bethany**, two (**2**) rest periods of fifteen (**15**) minutes during each full working shift of seven and three quarters (**7.75**) hours, or
 - b) include, as scheduled by **Bethany**, one rest period of thirty minutes during each working shift of seven and three quarters (**7.75**) hours if this is more compatible with operational requirements; this alternative to be applied at the discretion of the department head or designate; or
 - c) include, as scheduled by **Bethany**, one rest period of fifteen (**15**) minutes during each half shift of not less than four (**4**) hours; and

- d) exclude a meal period of thirty **(30)** minutes to be scheduled by **Bethany** during each working day on which the employee works in excess of four **(4)** hours. If an employee is recalled to duty during the meal period the time not taken shall be given later in the shift.
- 5.03 The shift schedule shall be posted at least six **(6)** weeks in advance and shall not be changed except by mutual written agreement between the employee and **Bethany**, or for such unusual circumstances as an employee returning early from Maternity Leave or from sick leave, **WCB** or **LTD** for rehabilitation purposes.
- 5.04 Except by mutual written agreement between the employee and **Bethany**, shift schedules shall provide for:
- a) at least fifteen and one half **(15.5)** hours off duty between shift changes, **eg** afternoons to days.
 - b) at least two **(2)** consecutive days of rest
 - c) one weekend off in each three week period, averaged over six **(6)** weeks. Weekend shall mean a Saturday and the following Sunday.
 - d) If an employee is required to change shifts without receiving fifteen and one half **(15.5)** hours off duty the employee shall be entitled to premium pay at time and one half **(1 1/2)** of basic rate for the first new shift or banked time off at one half **(1/2)** time of basic rate of pay in addition to the base rate of pay.
- 5.05 In the course of their duties employees may be required to work on various shifts throughout the twenty-four hour period of the day and the seven days of the week.
- 5.06 Employees who are required to rotate shifts shall be assigned day duty approximately one third of the time unless mutually agreed by **Bethany** and the employee, provided that in the event of an emergency or unusual circumstances, an employee may be assigned to such shift as may be necessary.
- 5.07 An employee will not be scheduled to work more than seven **(7)** consecutive shifts except by mutual written agreement between the employee and **Bethany**.

ARTICLE 6
OVERTIME

- 6.01 Overtime is all time **authorized** in advance by **Bethany** and worked by an employee in excess of seven and three quarters **(7.75)** hours per day. An employee who works overtime shall:
- a) be paid the actual hours worked at one and one half **(1 1/2)** times the basic rate of pay, or
 - b) be paid at the basic rate of pay plus time off at one half **(1/2)** the actual time worked, or
 - c) take time off at one and one-half **(1 1/2)** times the actual time worked.
- 6.02 Failing mutual agreement under a), b) or c) above, **Bethany** shall effect payment of overtime according to a).

ARTICLE 7
SENIORITY

- 7.01 Seniority means accumulated service (paid hours) in Bethany's employ at **Bethany** Long Term Care Centre. There will be neither loss nor accumulation of seniority while on an **authorized** leave of absence in excess of one **(1)** month.
- 7.02 Seniority shall accrue during:
- a) **authorized** leaves of absence of up to one month,
 - b) absences during which the employee is entitled to Workers' Compensation payments.
 - c) any period of absence with pay.
- 7.03 Seniority will be considered broken when employment is interrupted.

ARTICLE 8
SALARIES

- 8.01 The basic rates of pay for each classification shall be in hourly terms as in the attached Appendix A and shall be effective from April **01, 1996** to Mar **31, 1998**. It is understood that the rates may be amended, with written agreement, for year two **(2)**.
- 8.02 New employees shall normally commence at Step One, and upon completion of two thousand twenty-two and three quarters **(2022.75)** hours will progress to Step Two. In those classifications with more than two pay steps the employee will progress to each further step upon completion of an additional thousand twenty-two and three quarters **(2022.75)** hours.

ARTICLE 9
SHIFT PREMIUM

- 9.01 Shift Premium of **\$1.00** /hour will be paid to an employee working a shift if the major portion (not less than one-half) of such shift is worked between **1800** hours and **0700** hours.

ARTICLE 10
WEEKEND PREMIUM

- 10.01 Weekend premium of **\$0.50/** hour will be paid to an employee working a shift if the major portion (not less than one-half) of such shift is worked between **1500** hours Friday and **0700** hours Monday.

ARTICLE 11
PAYDAYS

- 11.01 The pay period shall be monthly and paydays shall be not later than the **10th** of the following month.
- 11.02 Salary advances will be paid regularly on the second to last banking day of each month to those employees who request an advance.

ARTICLE 12

PROMOTIONS and TRANSFERS

- 12.01 All applications for transfer or promotion shall be made to **Bethany** in writing.
- 12.02 Promotions and transfers will be made considering appropriate factors; and where these factors are considered by **Bethany** to be relatively equal, seniority shall be the deciding factor.

ARTICLE 13

JOB POSTINGS

- 13.01 Where vacant regular hours occur which are covered by this agreement, such vacancy shall be posted for a least five **(5)** calendar days throughout **Bethany**. Priority will be given to **Bethany** Long Term Care employees. Where appropriate factors are considered by **Bethany** to be relatively equal, seniority shall be the deciding factor.

ARTICLE 14

PROBATION

- 14.01 New, regular employees shall serve a probationary period of six **(6)** calendar months from the date of commencement of work. If a probationary employee is found unsatisfactory, such employee may be dismissed at any time during the probationary period without notice or recourse to the grievance procedure.
- 14.02 A probation period may be extended by the number of work days which the probationary employee is absent. Probationary employees shall be kept advised of their progress while serving their probationary period.

ARTICLE 15

RECLASSIFICATION

- 15.01 When an employee is reclassified to a higher classification, the basic rate of pay shall be advanced to the start rate of the higher classification. Where the start rate of the higher classification is lower than the employee's existing rate, the employee's pay shall be advanced to the next rate of the higher classification which exceeds the existing rate of pay.
- 15.02 The employee's basic rate of pay is then advanced to the next step of the higher classification after the accumulation of two thousand twenty-two and three quarters **(2022.75)** paid hours.
- 15.03 When an employee is reclassified to a lower rated classification, the employee's basic rate of pay shall move to the equivalent Step in the lower rated classification, and
- (a) the anniversary date of a full-time employee shall not be changed; or
 - (b) the accumulated hours of a part-time employee shall not be changed.

ARTICLE 16
LEAVES OF ABSENCE

GENERAL POLICIES GOVERNING LEAVES OF ABSENCE:

- 16.01 All applications for leave of absence shall be in writing to **Bethany** as soon as possible. Applications shall indicate the date of departure on leave of absence and the anticipated date of return.
- 16.02 An employee who has been granted leave of absence of any kind and who overstays that leave without Bethany's agreement shall be considered to have terminated employment at **Bethany**.
- 16.03 An employee who has been granted leave of absence of more than one month's duration shall make prior arrangements for the payment of the full premium of any appropriate contributory benefit plans.
- 16.04 In the case of leaves of absence of more than one month, employees shall retain existing seniority, but shall cease to accrue further seniority, as well as sick leave and earned vacation. The employee's increment date shall also be adjusted by the same amount of time as the leave of absence and the new increment date shall prevail thereafter.
- 16.05 Employees shall not be entitled to named holidays with pay which may fall during the period of the leave of absence.
- 16.06 Entitlements and benefits will not be affected for leaves of absence of less than one (1) month in duration.
- 16.07 An employee who is on leave of absence without pay in these circumstances shall provide **Bethany** with at least two (2) weeks notice before returning to work.

ARTICLE 17
GENERAL LEAVES

Leave of absence without pay may be granted to an employee at the discretion of **Bethany**.

17.01 BEREAVEMENT LEAVE:

Bereavement leave shall be granted without loss of pay in the event of the death of a member of the employee's immediate family, provided that such leave is taken within a seven (7) consecutive day period commencing with the date of death, as follows:

(a) Three (3) days for the death of a parent, guardian, husband, wife, common-law spouse, child, mother-in-law, father-in-law, brother, sister, fiancé, grandparent, grandchild, son-in-law, daughter-in-law, brother-in-law, or sister-in-law.

(b) Bereavement leave shall be extended by up to two (2) days if travel is necessary to a location in excess of 320 kilometres from the employee's residence.

17.02 FUNERAL ATTENDANCE

Bethany may grant up to one (1) working day off with pay to attend the funeral service and/or act as a pallbearer in the event of the death of a relative (not specified in Bereavement Leave), or of a friend.

17.03 MATERNITY / PATERNITY / ADOPTION LEAVE:

- (a) An employee who has completed twelve (12) months of continuous employment shall, upon written request, be granted up to nine (9) months leave. Such leaves shall be without pay and benefits.
- (b) Employees on such leaves for longer than one (1) month shall neither lose nor accumulate seniority.
- (c) Employees on such leaves shall provide **Bethany** with two (2) weeks written notice of readiness to return to work following which **Bethany** will reinstate the employee in the same position held immediately prior to taking leave and in the same step in the pay scale, or provide alternate work of a comparable nature at not less than the same step in the pay scale and other benefits that had accrued up to the date leave commenced.
- (d) In cases of maternity leave, if, in the opinion of **Bethany** the employee's ability to carry out normal work assignments becomes limited, she may be placed on maternity leave earlier.
- (e) Maternity leave shall be without pay and benefits except for that portion of maternity leave during which the employee has a valid health-related reason for being absent from work and is also in receipt of sick leave, **UIC** SUB Plan Benefits or LTD.

17.04 JURY DUTY:

When a regular employee serves as a juror, the employee shall be allowed leave at basic rate of pay, but any related fee received by the employee shall be paid to **Bethany**.

ARTICLE 18
ANNUAL VACATION

18.01 In this agreement,

- (a) "vacation" means annual vacation with pay based on regular service.
- (b) "vacation year" means the twelve (12) month period commencing on July 01 and concluding on June 30 of the following year.
- (c) "anniversary date" for the purposes of calculating annual vacation for a full-time employee means:
 - (i) in the case of an employee whose regular full-time employment commenced between the first and fifteenth days inclusive of any month, the first day of that calendar month;
 - (ii) in the case of an employee whose regular full-time employment commenced between the sixteenth and last days inclusive of any month, the first day of the following calendar month.

18.02 A regular full-time employee who has completed less than one (1) full vacation year of service shall earn the entitlement of one and one quarter (1 1/4) working days vacation with pay for each month worked, to be taken in the following vacation year.

- 18.03**
- (a) Upon completion of one (1) to four (4) full vacation years of service an employee shall earn the entitlement of fifteen (15) working days vacation with pay;
 - (b) Upon completion of five (5) to nine (9) full vacation years of service an employee shall earn the entitlement of twenty (20) working days vacation with pay;
 - (c) Upon completion of ten (10) full vacation years of service an employee shall earn the entitlement of twenty-one (21) working days vacation with pay; and
 - (d) Upon completion of each additional two (2) full vacation years of service an employee shall earn the entitlement of one (1) additional vacation day to a maximum of thirty (30) working days vacation with pay.

- 18.04 Vacation pay shall be at the rate effective immediately prior to the vacation period.
- 18.05 An employee leaving the service of **Bethany** at any time before exhausting the vacation entitlements shall be paid out for that entitlement.
- 18.06 All employees shall be granted the vacation period preferred by them at such time as may be mutually agreed upon by **Bethany** and the employee. Preference of vacation dates shall be determined by seniority of service in the employee's classification. However, in considering vacation requests for the period July 01 to September 30, if the employee fails to indicate a preference by April 15, then seniority is not a factor.
- 18.07 No employee may continue to work and draw vacation pay in lieu of taking their vacation up to twenty (20) days of annual vacation. Annual vacation days in excess of twenty (20) may be paid out in lieu of taking those vacation days. An employee shall request pay out of vacation no later than May 01.
- 18.08 Vacation earned in one vacation year shall be taken from July 01 of the following year to June 30 of the next year. **Bethany** shall grant the annual vacation to which an employee is entitled in one unbroken period. However, upon the request of the employee, **Bethany** may grant an employee's request to divide the vacation. This may include up to eight (8) days taken separately with the agreement of both employee and **Bethany**.
- 18.09 An employee may submit a written request to **Bethany** for vacation to be deferred or advanced.

ARTICLE 19
NAMED HOLIDAYS

- 19.01 The following are considered named holidays:
- | | |
|----------------------|------------------|
| New Year's Day | Labour Day |
| Family Day | Thanksgiving Day |
| Good Friday | Remembrance Day |
| Victoria Day | Christmas Day |
| Canada Day | Boxing Day |
| August Civic Holiday | |
- 19.02 To qualify for a named holiday with pay the employee must:
- (a) work the employee's scheduled shift immediately prior to and immediately following the holiday except where the employee is absent due to illness or other reasons acceptable to **Bethany**.
 - (b) work on the named holiday when scheduled or required to do so.
- 19.03 An employee required in the course of duty to work on a named holiday shall be paid for all hours worked on the named holiday at time and one-half (1 1/2) times the employee's regular rate plus a mutually agreeable day off with pay within one (1) month before or five (5) months after the named holiday.
- 19.04 Should a named holiday fall during an employee's vacation period the employee shall be allowed an alternate day for annual vacation.
- 19.05 When a named holiday falls on a day that would otherwise be an employee's regularly scheduled day off, the employee shall receive an alternate day off to be taken within one (1) month before or five (5) months after the named holiday.

ARTICLE 20
PREPAID HEALTH BENEFITS

- 20.01 **Bethany** provides coverage under Alberta Health Care, Supplementary Health Care and Dental. Dental coverage will provide for the reimbursement of **80%** of eligible basic services, **50%** of eligible extensive services, and **50%** of eligible orthodontic services.
- 20.02 A maximum reimbursement of **\$1,500** per insured person per benefit year shall apply to extensive dental services. Orthodontic services shall be subject to a lifetime maximum reimbursement of **\$1,500** per insured person.
- 20.03 Regular employees will participate in the **P.H.A.A.** Benefits Plan, subject to the enrolment and other requirements of the insurers, inclusive of:
- a. Group Life Insurance
 - b. Accidental Death and Dismemberment (basic)
 - c. Long Term Disability Insurance (**66 2/3%** of basic monthly earnings.)
 - d. Short Term Disability Insurance (**66 2/3 %** of basic monthly earnings)
- 20.04 The premium costs of the coverage included in this article will be shared seventy-five percent (**75%**) by **Bethany** and twenty-five per cent (**25 %**) by participating regular employees.

ARTICLE 21
PENSION PLAN

- 21.01 All eligible employees shall participate in the Local Authorities Pension Plan.

ARTICLE 22
SICK LEAVE

- 22.01 Sick Leave is defined as a form of insurance against illness, quarantine by a medical officer of Alberta health, or an accident for which compensation is not payable under the Worker's Compensation Act.
- 22.02 The employee shall be allowed a credit for sick leave, computed from the date of employment, at the rate of one and one-half (**1 1/2**) working days for each full month of employment up to a maximum credit of one hundred and twenty (**120**) working days, provided that an employee shall not be entitled to apply sick leave credits prior to the completion of the probation period.
- 22.03 Sick Leave credits shall not accrue during any period of sick leave in excess of one (**1**) month.
- 22.04 An employee granted sick leave shall be paid for the period of leave at the employee's basic rate of pay, and the number of days thus paid will be deducted from credits accumulated at the time sick leave commenced.
- 22.05 Employees shall be required to submit proof satisfactory to **Bethany** of any absence in excess of three (**3**) consecutive days due to illness, non-occupational accident or quarantine.
- 22.06 When an employee has earned the maximum sick leave credit, that employee shall no longer accrue sick leave credits until such time as the total accumulation is reduced. At that time the employee shall recommence accumulating sick leave credits.

- 22.07 Sick leave shall not be granted for pregnancy, but sick leave may be granted for related complications.
- 22.08 Employees reporting sick shall do so to **Bethany** as soon as possible.
- 22.09 The Employees Committee will cooperate and work with management in controlling usage of sick leave. Employees who use excessive sick leave may be discharged.
- 22.10 Sick leave will be granted for dental and medical appointments.

ARTICLE 23

WORKERS' COMPENSATION

- 23.01 An employee who is incapacitated and unable to work as a result of an accident sustained while on duty in the service of **Bethany** within the meaning of the Workers' Compensation Act shall continue to receive full net salary provided the employee assigns over to **Bethany**, the monies due from Workers' Compensation for time lost due to the accident.
- 23.02 A deduction of one tenth (1/10) day shall be charged against sick leave credits for each day an employee is off work. Employees shall only receive full net salary to the extent that one tenth (1/10) day can be deducted from accumulated sick leave, but thereafter shall receive **WCB** benefits as previously assigned.
- 23.03 An employee who has been receiving compensation under the Workers' Compensation Act and who is acceptable to the physician appointed by **Bethany** as being capable of performing the duties of that employee's former position, shall provide **Bethany** with two (2) weeks written notice of readiness to return to work, at which time **Bethany** will reinstate the employee in the same classification and at the current step in the pay scale as that held by the employee immediately prior to the sustained accident or injury.
- 23.04 Employees shall not be paid sick leave benefits when they are absent from work and drawing Workers' Compensation benefits.
- 23.05 An employee absent from work while on Workers' Compensation for a period in excess of one (1) month shall not accumulate sick leave or vacation entitlements during that period of absence.

ARTICLE 24

PART-TIME and NON-REGULAR EMPLOYEES

- 24.01 The basic rate of pay for regular part-time and non-regular employees in each classification shall be the equivalent of the rate specified for regular full-time employees.
- 24.02 Regular part-time and non-regular employees shall be entitled to salary increases upon the completion of two thousand twenty-two and three quarters (2022.75) hours of work.
- 24.03 Regular **part-time** and non-regular employees required to work on a named holiday shall be paid at one and one-half (1 1/2) times their basic rate of pay for all hours worked on the named holiday.
- 24.04 Regular part-time and non-regular employees shall be paid, in addition to their basic rate of pay, four and four tenths percent (4.4%) of their basic rate of pay in lieu of named holidays.
- 24.05 Regular part-time and non-regular employees shall be paid, in addition to their basic rate of pay, six

percent (6.0%) of their basic rate of pay in lieu of annual vacation,

- 24.06 (a) Upon completion of the equivalent of five (5) years full-time employment regular part-time and non-regular employees shall be paid an additional eight percent (8.0%) of their basic rate of pay in lieu of vacation.
(b) Upon completion of the equivalent of ten (10) years full-time employment regular part-time and non-regular employees shall be paid an additional ten percent (10%) of their basic rate of pay in lieu of vacation.
- 24.07 Regular part-time and non-regular employees shall be paid overtime in accordance with the terms of this agreement.
- 24.08 Regular part-time and non-regular employees shall be allowed up to three (3) weeks off, without pay, for their vacation or up to five (5) weeks off without pay as appropriate to vacation earnings. Of this time a minimum of two (2) weeks must be taken off each year.

ARTICLE 25
LAYOFF AND RECALL

- 25.01 In the event that it is necessary to reduce the number of regular employees within a classification and department, the regular employee(s) with the least seniority within the classification and department will be the first regular employees laid off.
- 25.02 Under normal circumstances **Bethany** shall provide two (2) weeks notice of layoff.
- 25.03 Recall of regular employees laid off will be by seniority, within each classification and department.
- 25.04 At time of layoff, a regular employee who has been laid off shall be entitled to severance pay in the amount of one and one-half (1 1/2) week's pay for each full year of continuous service as a regular employee, to a maximum of twenty-five (25) week's pay. Such severance pay shall be based on the employee's status at time of layoff.
- 25.05 Severance will not be paid to an employee who has resigned, or who has retired, or who is eligible for retirement, or who has been otherwise properly terminated.

ARTICLE 26
DISCIPLINE

- 26.01 The progressive disciplinary process will be followed as appropriate according to the nature and severity of the incident.
- 26.02 Unsatisfactory conduct and/or performance by an employee which is not considered by **Bethany** to be serious enough to warrant suspension or dismissal may result in a written warning to the employee. It shall state a definite period in which improvement or correction is expected. The employee shall be evaluated at the end of the period and, if improvement satisfactory to **Bethany** has not occurred, the employee may be suspended or dismissed subject to the grievance procedure.

- 26.03 A written warning will be removed from the employee's personnel file after:
- (a) a grievance has determined that it is unjustified; or
 - (b) two (2) years, with a written request to **Bethany**, provided there has been no reoccurrence of a similar nature within this time period.

ARTICLE 27

EMPLOYEE TERMINATION

- 27.01 An employee who wishes to resign in good standing from **Bethany** shall give notice in writing at least fourteen (14) days before the date of termination, exclusive of any vacation to be taken before the date of termination.
- 27.02 An employee absent without good and proper reason and without notifying **Bethany** shall be considered to have terminated employment with **Bethany**.

ARTICLE 28

GRIEVANCE PROCEDURE

- 28.01 A grievance shall be defined as any difference arising out of interpretation, application, administration or alleged violation of this agreement.
- 28.02 Any member of the Employees Committee will be **recognized** as grievance chair with authority to act on behalf of employees covered by this agreement. The chair will not be hindered, coerced or interfered with in the performance of this function of investigating **disputes**. The grievance chair will not leave work during normal working hours without permission of the supervisor, which shall not be unreasonably withheld.
- 28.03 Grievances shall be handled in the following manner:

Step One: An employee who has a grievance related to this agreement shall first discuss the matter with the immediate supervisor within one (1) week of the date the employee became aware of, or reasonably should have become aware of, the occurrence. An employee may be accompanied by a grievance chair if desired. A sincere attempt shall be made by both parties through discussion to resolve the problem at this level. If it is not resolved satisfactorily at this level within one (1) week of discussion with the immediate supervisor it may be advanced in accordance with the following steps.

Step Two: If a grievance chair considers the grievance to be justified the employee concerned together with a grievance chair shall present the grievance in writing, specifying the nature of the grievance and the redress sought to the next level of management within one (1) week of failing to reach a satisfactory settlement at the supervisory level. A decision shall be rendered within one (1) week of receipt of the written grievance.

Step Three: Failing a satisfactory settlement at Step Two within one (1) week of receiving that decision, the grievance shall be advanced to the next level of management who shall render a decision within one (1) week. If a grievance is not settled at this stage it shall proceed to Step Four.

Step Four: If the decision reached at Step Three is not acceptable to the Employees Committee, it will notify the president of its intent to submit the grievance to the Board of Directors.

- 28.04 The Board of Directors shall hear and determine the difference and shall issue an award in writing, and the decision is final and binding upon the parties and upon the employees affected by it. The decision of the Board is final and binding.
- 28.05 The Board by its decision shall not alter, amend or change the provisions of this Agreement.
- 28.06 In the event an employee alleges dismissal or suspension without just cause the grievance may be commenced at Step Three.
- 28.07 During any and all proceedings outlined in this section, the employee shall continue to faithfully perform regular duties unless the employee has been suspended or discharged.
- 28.08 The time limits specified throughout the steps of the grievance procedure may be extended by mutual written agreement between the Employees Committee and **Bethany**.
- 28.09 Should the Employees Committee or **Bethany** fail to comply with the time limits in the grievance procedure, the grievance will be considered conceded by the party failing to meet the time limits unless the parties have mutually agreed in writing to extend the time limits.
- 28.10 Replies to grievances shall be in writing at all stages.

IN WITNESS WHEREOF the parties hereto have caused these presents to be executed by their duly **authorized** officers on their behalf the day and year first written above.

The undersigned hereby certify that the foregoing Agreement sets out property the terms and conditions agreed upon by The **Bethany** Group, operators of **Bethany** Long Term Care Centre, and the **Bethany** Long Term Care Centre Staff Association.

ON BEHALF OF THE **BETHANY** GROUP,
OPERATORS OF **BETHANY** LONG TERM
CARE CENTRE:

ON BEHALF OF **BETHANY** LONG TERM
CARE CENTRE STAFF ASSOCIATION:

(signature)

(signature)

(signature)

(signature)

(signature)

(signature)

(signature)

(signature)

(date)

(date)

AGREEMENT

between

Bethany Nursing Home of Camrose, Alberta

Operating as

The Bethany Group

and

Bethany Long Term Care Centre Staff Association

Effective 1996 April 01

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Appendix

Appendix A: Basic Rates of Pay - Effective 1996 April 01

EMPLOYEE BENEFITS

For **The** Employees

Of

THE BETHANY GROUP

BETHANY LONG TERM CARE CENTRE

BASIC LIFE INSURANCE

If you are an eligible employee, you have Basic Life Insurance in the amount of one-times (1x) your basic annual earnings.

When you became eligible for the PHAA Employee Benefit Plan, you were asked to fill out and sign a number of forms related to your benefits. Under the Life Insurance coverage, the person(s) that you named as your beneficiary on your enrollment card will receive a Sum of money if you should die while insured.

You can change your beneficiary at any time by simply contacting your employer and completing a new enrollment card or appointment of beneficiary card.

WHEN DOES COVERAGE BEGIN?

When you have completed the necessary waiting period set by your employer, you will be covered under the Group Life Insurance Plan. It is important to remember that coverage cannot begin until you fill out all the enrollment forms.

If you are not actively at work on the date that your insurance would otherwise take effect, your coverage will not be effective until you return to work.

WHAT IF I BECOME DISABLED AND CANNOT PAY MY INSURANCE PREMIUMS?

If you become totally disabled, your Life Insurance coverage may continue with no further premium payments. This is known as a Waiver of Premium provision. It will continue until you are 65 as long as you are totally disabled and continue to receive Long Term disability benefits from this plan.

WHAT HAPPENS IF I BECOME TERMINALLY ILL?

If you are diagnosed as being terminally ill, you can apply to the insurance company to collect a portion of your life insurance benefits while you are still alive.

ARE THERE ANY LIMITATIONS TO MY COVERAGE?

Your Life Insurance will not cover you if you choose to travel in a known war zone or if you fail to leave an area once war has broken out.

HOW IS A CLAIM SUBMITTED?

Claim forms are available from your employer. Life Insurance Benefits will be paid to your beneficiary. You may wish to discuss this coverage with them, and advise them to contact your employer in the event of your death.

The insurance company that underwrites the PHAA Group Life Insurance Plan is the Great-West Life Assurance Company and the policy number is 17000.

OPTIONAL LIFE INSURANCE PLAN

WHEN DOES COVERAGE END?

Your coverage under the Optional Life Insurance plan terminates on the earliest of the following:

- a. the date the policy ends;
- b. the date your employment terminates;
- c. your 65th birthday;
- d. the date that your employment status changes so that you are no longer eligible for coverage; or
- e. the premium due date on which you fail to contribute your share of the premiums.

WHAT HAPPENS WHEN COVERAGE ENDS?

If your group insurance terminates, you will still have life insurance protection for 31 days following the date of termination. During those 31 days you can buy an individual policy without supplying medical evidence of good health. However, this opportunity is subject to the following conditions.

You can convert your insurance coverage to:

- a. an individual preliminary one-year term policy;
- b. an individual term policy to age 65; or
- c. any life plan which is regularly issued by the insurance company.

The premiums for the individual policy will be based on your age and the type and amount of the policy being issued.

There will be certain limits placed on the amounts of the individual policy to which you can convert. The amount of the individual policy will not exceed the lesser of:

- a. the amount of insurance you had under the group policy; or
- b. the difference between the amount you had under the PHAA plan and the amount of any replacement insurance provided by your new employer.

If the group insurance policy terminates or if your employer ceases to participate in the PHAA Benefit Plan prior to you completing your conversion, then the amount of the individual policy which you will be able to obtain is further limited to three times your maximum pensionable earnings for the Canada Pension Plan.

In order to convert your life insurance coverage to an individual policy within 31 days after the termination of your group insurance, you must apply to the insurance company in writing and submit your first premium payment.

This insert is intended as a summary of your Life Insurance benefits. If there is a variance between this summary and the plan documents, the latter will prevail.

VOLUNTARY DEPENDENT LIFE INSURANCE

WHAT IS VOLUNTARY DEPENDENT LIFE INSURANCE?

This life insurance plan allows you to take out insurance coverage on the lives of your dependents, as follows:

	<u>Amount of Coverage</u>
Spouse	\$10,000
Each dependent child	\$5,000

Under the Voluntary Dependent Life Insurance plan, you, the employee, are always automatically the beneficiary.

WHICH DEPENDENTS CAN BE COVERED?

If you have a spouse to whom you are legally married or a common-law spouse of the opposite sex that you have cohabited with for at least 12 months, then you can buy additional insurance for that person.

The Voluntary Dependent Life Insurance Plan also covers your children, as long as:

- they are your natural or adopted children; or
- they are the natural, adopted or stepchildren of your spouse and they are in your care and control; or
- you are their legal guardian;

and provided that the child is:

- unmarried; and
- normally resident in Canada; and
- under 21 years of age and not employed more than 30 hours per week; or
- under 25 years of age and a full-time student; or
- over 21 and dependent on you due to a physical or mental handicap.

Coverage for children begins at the time of live birth.

WHEN DOES COVERAGE BEGIN?

If your employer offers Voluntary Dependent Life Insurance, you must enroll within 31 days of first becoming eligible, or within 31 days of acquiring your first new dependent - a spouse or child. If you do not purchase Voluntary Dependent Life Insurance within one of these two time periods, and then wish to purchase it at a later date, you will have to provide evidence of insurability for each eligible dependent.

If you are not actively at work on the date this insurance would otherwise take effect, your dependents will not be covered until you return to work.

WHO PAYS THE PREMIUMS?

If you choose to purchase Voluntary Dependent Life coverage, you will be responsible for paying the premiums. Current premium rates are available from your employer.

BASIC LIFE INSURANCE

WHEN DOES COVERAGE END?

Your coverage under the Basic Life Insurance plan terminates on the earliest of the following:

- a. the date the policy ends;
- b. the date your employment terminates;
- c. your 65th birthday;
- d. the date that your employment status changes so that you are no longer eligible for coverage; or
- e. the premium due date on which you fail to contribute your share of the premiums.

WHAT HAPPENS WHEN COVERAGE ENDS?

If your group insurance terminates, you will still have life insurance protection for 31 days following the date of termination. During those 31 days you can buy an individual policy without supplying medical evidence of good health. However, this opportunity is subject to the following conditions.

You can convert your insurance coverage to:

- a. an individual preliminary one-year term policy;
- b. an individual term policy to age 65; or
- c. any life plan which is regularly issued by the insurance company.

The premiums for the individual policy will be based on your age and the type and amount of the policy being issued.

There will be certain limits placed on the amounts of the individual policy to which you can convert. The amount of the individual policy will not exceed the lesser of:

- a. the amount of insurance you had under the group policy; or
- b. the difference between the amount you had under the PHAA plan and the amount of any replacement insurance provided by your new employer.

If the group insurance policy terminates or if your employer ceases to participate in the PHAA Benefit Plan prior to you completing your conversion, then the amount of the individual policy which you will be able to obtain is further limited to three times your maximum pensionable earnings for the Canada Pension Plan.

In order to convert your life insurance coverage to an individual policy within 31 days after the termination of your group insurance, you must apply to the insurance company in writing and submit your first premium payment.

This insert is intended as a summary of your Life Insurance benefits. If there is a variance between this summary and the plan documents, the latter will prevail.

OPTIONAL LIFE INSURANCE PLAN

If you are an eligible employee, you have the option to choose Optional Life Insurance in the amount of one-times (1x) your basic annual earnings.

Under the Life Insurance coverage, the person(s) that you named as your beneficiary on your enrollment card will receive a Sum of money if you should die while insured.

You can change your beneficiary at any time by simply contacting your employer and completing a new appointment of beneficiary card,

WHEN DOES COVERAGE BEGIN?

If you decide to purchase Optional Life Insurance in addition to Basic Life Insurance you have another 1x your basic annual earnings in coverage. You must enroll in the Optional Life Insurance Plan within 31 days of becoming eligible for the Employee Benefit Plan, or within 31 days of acquiring your first new dependent spouse or child. If you do not enroll within one of these two time periods and decide at a later date that you would like Optional Life Insurance, you will have to submit evidence of your insurability to the insurance company. Your Optional Life Insurance will not become effective until the insurance company has approved your application.

WHAT IF I BECOME DISABLED AND CANNOT PAY MY INSURANCE PREMIUMS?

If you become totally disabled, your Life Insurance coverage may continue with no further premium payments. This is known as a Waiver of Premium provision. It will continue until you are age 65 as long as you are totally disabled and continue to receive Long Term disability benefits from this plan.

WHAT HAPPENS IF I BECOME TERMINALLY ILL?

If you are diagnosed as being terminally ill, you can apply to the insurance company to collect a portion of your life insurance benefits while you are still alive.

ARE THERE ANY LIMITATIONS TO MY COVERAGE?

Your Life Insurance will not cover you if you choose to travel in a known war zone or if you fail to leave an area once war has broken out.

HOW IS A CLAIM SUBMITTED?

Claim forms are available from your employer. Life Insurance Benefits will be paid to your beneficiary. You may wish to discuss this coverage with them, and advise them to contact your employer in the event of your death.

The insurance company that underwrites the PHAA Group Life Insurance Plan is the Great-West Life Assurance Company and the policy number is 17000.

VOLUNTARY GROUP TERM LIFE INSURANCE

WHEN DOES COVERAGE END?

Coverage for you and/or your spouse, if applicable, under the Voluntary Group Term Life Insurance Plan terminates on the earliest of the following:

- a. the date the policy terminates;
- b. the date your employment terminates;
- c. your 65th birthday;
- d. the date your employment status changes so that you are no longer eligible for coverage;
- e. the premium due date on which you fail to pay your premium; or
- f. for a spouse, the date on which your spouse no longer qualifies as eligible.

WHAT HAPPENS WHEN COVERAGE ENDS?

If your insurance terminates, your Voluntary Group Term Life Insurance protection will remain in effect without charge for 31 days. During that time, you or your spouse may convert this insurance to an individual policy without supplying medical evidence of good health. Insurance for your spouse can be applied for by either you or your spouse. However, this option to convert is subject to the following provisions.

- 1. The policy may be converted to:
 - a. an individual one-year term policy;
 - b. an individual term policy to age 65; or
 - c. any life plan which is regularly issued by the insurance company.

The individual policy will not contain a total disability or accidental death provision.
- 2. The premium rate for the individual policy will be based on the age of you or your spouse and the type of policy being issued.
- 3. The amount of insurance under the individual policy will not exceed \$200,000, less the amount of any group life insurance for which you or your spouse becomes eligible within 31 days.

The conversion option is not available to a spouse for whom insurance terminates because you stop paying premiums, your spouse ceases to be an insurable spouse or you choose to insure a different spouse.

For more information on the Voluntary Group Term Life Insurance Plan, please contact your employer.

This insert is intended as a summary of your Voluntary Group Term Life Insurance benefits. If there is a variance between this summary and the Plan documents, the latter will prevail.

BASIC ACCIDENTAL DEATH AND DISMEMBERMENT: INSURANCE

WHEN DOES COVERAGE BEGIN?

Coverage begins when your Basic Life Insurance begins. If you are not actively at work on the date your insurance would otherwise take effect, you will not be covered until you return to work.

WHAT IS COVERED UNDER THIS PLAN?

If you should die as a result of an accident while you are insured, the person(s) that you named as your beneficiary on your PHAA Benefit Plan Enrollment Card, or your estate, will receive a sum of money equal to the amount of your basic life insurance coverage.

If, as the result of an accident, you experience an injury that results in a loss of, or permanent and total loss of use as described in the table below, then you will receive a sum of money in accordance with the table.

<u>Loss</u>	<u>Amount of Coverage</u>
Both hands or both feet	The Principal Sum
Entire sight of both eyes	The Principal Sum
One hand and one foot	The Principal Sum
One hand and the entire sight of one eye	The Principal Sum
One foot and the entire sight of one eye	The Principal Sum
Speech and hearing	The Principal Sum
One arm or one leg	3/4 Principal Sum
One hand or one foot	2/3 Principal Sum
Entire sight of one eye	2/3 Principal Sum
Speech or hearing	1/2 Principal Sum
Thumb and index finger of either hand	1/2 Principal Sum

The Principal Sum is an amount that is equal to the amount of insurance that you have under your Basic Life Insurance. If more than one of the above losses occurs as the result of a single accident, this policy will pay only the largest specified amount.

There are some definitions that must be adhered to in order for you to receive benefits.

Injury means bodily injury caused by an accident which results, directly and independently of all other causes, in loss. You must be insured when this accident occurs in order to be covered.

Loss of a hand or foot means complete severance at or above the wrist or ankle joint, but below the elbow or knee joint. **Loss of an arm or leg** means complete severance at or above the elbow or knee joint. **Loss of a thumb and index finger** means complete severance at or above the first phalange. **Loss of sight of an eye** means the irrecoverable loss of the entire sight; **loss of speech** means the total and irrecoverable loss; likewise, **loss of hearing** means the total and irrecoverable loss of hearing in both ears.

**BASIC
ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE**

Loss of use means a permanent, total and irrecoverable loss of use which has been continuous for a period of 12 months from the date of the accident.

AM I COVERED DURING AIR TRAVEL?

Yes. If you are a passenger, pilot or crew member and receive injuries while traveling by air, you are covered. Please note that the aircraft must have a valid airworthiness certificate, and must be piloted by a person holding a current, valid pilot's license.

AM I COVERED FOR INJURIES OR DEATH DUE TO EXPOSURE?

You will receive payment for covered losses sustained during the unavoidable exposure to the elements as a result of an accident, provided the loss occurs within 365 days of the accident.

WHAT HAPPENS IF I DISAPPEAR?

If you disappear due to the sinking or disappearance of a conveyance in which you were a passenger, and your body is not found within 365 days of the disappearance, it will be assumed that you have died and the Principle Sum will be paid to your beneficiary or estate.

ARE THERE ANY EXCLUSIONS AND LIMITATIONS TO THIS COVERAGE?

Yes. No benefits will be paid for losses resulting from:

- a. suicide or attempted suicide while sane or insane;
- b. intentionally self-inflicted injury;
- c. injury sustained while riding as a passenger, or otherwise, in any vehicle for air travel except as specified above;
- d. declared or undeclared war or any act of war; and
- e. full-time active service in the armed services of any country.

HOW DO I SUBMIT A CLAIM?

Claim forms can be obtained from your employer and must be submitted within one year of the loss. As death benefits under this plan will be paid to your designated beneficiary or estate, you may want to review your benefit package with them and advise them to contact your employer in the event of your death.

**BASIC
ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE**

WHEN DOES INSURANCE COVERAGE END?

Your coverage under the Basic Accidental Death and Dismemberment Insurance plan terminates on the earliest of the following:

- a. the date the policy terminates;
- b. the date your employment terminates;
- c. your 65th birthday;
- d. the date your employment status changes so that you are no longer eligible for coverage; or
- e. the premium due date on which you fail to contribute your share of premiums.

This insert is intended as a summary of your Basic Accidental Death and Dismemberment benefits. If there is a difference between this summary and the actual insurance policies, the latter will prevail.

**OPTIONAL
ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE**

WHEN DOES COVERAGE BEGIN?

Coverage begins when your Optional Life Insurance begins. If you are not actively at work on the date your insurance would otherwise take effect, you will not be covered until you return to work.

WHAT IS COVERED UNDER THIS PLAN?

If you should die as a result of an accident while you are insured, the person(s) that you named as your beneficiary on your PHAA Benefit Plan Enrollment Card, or your estate, will receive a sum of money equal to the amount of your basic life insurance coverage.

If, as the result of an accident, you experience an injury that results in a loss of, or permanent and total loss of use as described in the table below, then you will receive a sum of money in accordance with the table.

<u>Loss</u>	<u>Amount of Coverage</u>
Both hands or both feet	The Principal Sum
Entire sight of both eyes	The Principal Sum
One hand and one foot	The Principal Sum
One hand and the entire sight of one eye	The Principal Sum
One foot and the entire sight of one eye	The Principal Sum
Speech and hearing	The Principal Sum
One arm or one leg	3/4 Principal Sum
One hand or one foot	2/3 Principal Sum
Entire sight of one eye	2/3 Principal Sum
Speech or hearing	1/2 Principal Sum
Thumb and index finger of either hand	1/2 Principal Sum

The Principal Sum is an amount that is equal to the amount of insurance that you have under your Optional Life Insurance. If more than one of the above losses occurs as the result of a single accident, this policy will pay only the largest specified amount.

There are some definitions that must be adhered to in order for you to receive benefits.

Injury means bodily injury caused by an accident which results, directly and independently of all other causes, in loss. You must be insured when this accident occurs in order to be covered.

Loss of a hand or foot means complete severance at or above the wrist or ankle joint, but below the elbow or knee joint. Loss of an arm or leg means complete severance at or above the elbow or knee joint. Loss of a thumb and index finger means complete severance at or above the first phalange. Loss of sight of an eye means the irrecoverable loss of the entire sight; loss of speech means the total and irrecoverable loss; likewise, loss of hearing means the total and irrecoverable loss of hearing in both ears.

**OPTIONAL
ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE**

Loss of use means a permanent, total and irrecoverable loss of use which has been continuous for a period of 12 months from the date of the accident.

AM I COVERED DURING AIR TRAVEL?

Yes. If you are a passenger, pilot or crew member and receive injuries while traveling by air, you are covered. Please note that the aircraft must have a valid airworthiness certificate, and must be piloted by a person holding a current, valid pilot's license.

AM I COVERED FOR INJURIES OR DEATH DUE TO EXPOSURE?

You will receive payment for covered losses sustained during the unavoidable exposure to the elements as a result of an accident, provided the loss occurs within 365 days of the accident.

WHAT HAPPENS IF I DISAPPEAR?

If you disappear due to the sinking or disappearance of a conveyance in which you were a passenger, and your body is not found within 365 days of the disappearance, it will be assumed that you have died and the Principle Sum will be paid to your beneficiary or estate.

ARE THERE ANY EXCLUSIONS AND LIMITATIONS TO THIS COVERAGE?

Yes. No benefits will be paid for losses resulting from:

- a. suicide or attempted suicide while sane or insane;
- b. intentionally self-inflicted injury;
- c. injury sustained while riding as a passenger, or otherwise, in any vehicle for air travel except as specified above;
- d. declared or undeclared war or any act of war; and
- e. full-time active service in the armed services of any country.

HOW DO I SUBMIT A CLAIM?

Claim forms can be obtained from your employer and must be submitted within one year of the loss. As death benefits under this plan will be paid to your designated beneficiary or estate, you may want to review your benefit package with them and advise them to contact your employer in the event of your death.

**OPTIONAL
ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE**

WHEN DOES INSURANCE COVERAGE END?

Your coverage under the Optional Accidental Death and Dismemberment Insurance plan terminates on the earliest of the following:

- a. the date the policy terminates;
- b. the date your employment terminates;
- c. your 65th birthday;
- d. the date your employment status changes so that you are no longer eligible for coverage; or
- e. the premium due date on which you fail to contribute your share of premiums.

This insert is intended as a summary of your Optional Accidental Death and Dismemberment benefits. If there is a difference between this summary and the actual insurance policies, the latter will prevail.

**VOLUNTARY
ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE**

This plan allows you to purchase additional Accidental Death and Dismemberment coverage for you and your eligible dependents.

AWE MY DEPENDENTS ELIGIBLE?

Dependents that meet the following definitions are eligible for coverage under the Voluntary Accidental Death and Dismemberment plan.

- Spouse - The person to whom you are legally married or a common-law spouse with whom you have lived for at least 12 months.

- Child - your natural or adopted child; or
the natural, adopted or stepchild of your spouse that is in your care and control; or
a child for whom you are the legal guardian;
as long as the child is:
unmarried; and
normally resident in Canada; and
under 21 years of age and not employed more than 30 hours a week; or
under 25 years of age and a full-time student; or
over 21 and dependent on you due to a physical or mental handicap.

WHAT DOES IT COVER?

Any death, dismemberment, loss of sight, or permanent and total loss of use of specified limb(s) or faculties resulting from an accident. Coverage is continuous 24 hours a day, on or off the job, anywhere in the world.

WHAT BENEFITS ARE PROVIDED?

The policy provides benefits for injury resulting in loss, or permanent and total loss of use, which occurs within one year after the date of the accident as follows:

Life	The Principal Sum
Both Hands	The Principal Sum
Both Feet	The Principal Sum
Entire Sight of Both Eyes	The Principal Sum
One Hand and One Foot	The Principal Sum
One Hand and the Entire Sight of One Eye	The Principal Sum
One Foot and the Entire Sight of One Eye	The Principal Sum
Speech and Hearing	The Principal Sum
One Arm	Three-Quarters of The Principal Sum
One Leg	Three-Quarters of The Principal Sum
One Hand	Two-Thirds of The Principal Sum
One Foot	Two-Thirds of The Principal Sum
Entire Sight of One Eye	Two-Thirds of The Principal Sum
Speech or Hearing	One-Half of The Principal Sum
Thumb & Index Finger of Either Hand	One-Third of The Principal Sum

**VOLUNTARY
ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE**

“Loss” as above used with reference to hand or foot means complete severance at or above the wrist or ankle joint but below the elbow or knee joint; as used with reference to arm or leg means complete severance at or above the elbow or knee joint; as used with reference to thumb and index finger means complete severance at or above the metacarpophalangeal joint; as used with reference to eye means the irrecoverable loss of the entire sight thereof; as used with reference to speech means the total and irrecoverable loss thereof; and as used with reference to hearing means the total and irrecoverable loss thereof. Indemnity provided under this part will not be paid under any circumstances for more than one of the losses, the greatest, sustained by any one Insured Person as the result of any one accident.

Any benefit payable for Loss of Use shall be paid only if such loss is permanent total and irrecoverable and shall have been continuous for a period of twelve months from the date of the accident.

“Injury” means bodily injury caused by an accident while insurance is in force with respect to the Employee or dependents for whom a claim is presented and resulting in a loss covered by the policy.

WHAT AMOUNTS ARE AVAILABLE?

You may elect to insure yourself only or yourself and your family for one of these plans outlined herein:

A. Employee Only Plan:

You may select any amount of benefit desired from a minimum of \$10,000 to a maximum of \$350,000 in units of \$10,000.

B. Family Plan:

You may select any amounts of Insurance from a minimum of \$10,000 to a maximum of \$350,000 in units of \$10,000. You will be covered for the full amount and your family will automatically be insured for the following:

1. Spouse

Your Spouse will be insured for 40% of the benefit you elect for yourself if you have children, or 50% if you do not.

2. Children

Each dependent child will be insured for 5% of your benefit if you have a spouse, or 10% if you do not.

You may not be covered both as an employee and a spouse for more than \$350,000.

**VOLUNTARY
ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE**

TO WHOM ARE BENEFITS PAID?

Benefits for loss of life will be paid to your already named beneficiary on your Group Insurance Enrollment Card otherwise to your Estate. Benefits for any other loss will be paid to you.

IS AIR TRAVEL COVERED?

Coverage is provided for injuries sustained while riding as a passenger, pilot or crew member in an aircraft having a valid airworthiness certificate and piloted by a person holding a current and valid pilot's license.

WHEN DOES THIS INSURANCE NOT APPLY?

death from natural causes such as illness;
in case of suicide or any attempt thereat while sane or insane;
intentional self-inflicted injury;
declared or undeclared war of any act thereof;
full-time active service in the armed forces of any country;
while riding as a passenger or otherwise, in any vehicle for air travel except as specified in the above Air Travel section.

WHO SHOULD WE CONTACTED IN THE EVENT OF A CLAIM?

You or your beneficiary should promptly advise your employer of an injury which results in a claim under the plan. Claim forms are available from your employer and must be submitted within one year of loss.

WHEN DOES THE INSURANCE TERMINATE?

Your coverage terminates on the earliest of the following:

- a) the date the policy terminates
- b) the date your service terminates;
- c) your 65th birthday;
- d) the date your employment status changes so that you are no longer eligible for coverage;
- e) the premium due date on which you fail to contribute premiums;
- f) the date you cancel this coverage;
- g) for your dependents, the date they no longer qualify as eligible dependents.

**VOLUNTARY
ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE**

HOW DO I SUBMIT A CLAIM?

Claim forms can be obtained from your employer and must be submitted within one year of the loss. As death benefits under this plan will be paid to your designated beneficiary or estate, you may want to review your benefit package with them and advise them to contact your employer in the event of your death.

WHEN DOES INSURANCE COVERAGE END?

Your coverage under the Voluntary Accidental Death and Dismemberment Insurance plans terminates on the earliest of the following:

- a. the date the policy terminates;
- b. the date your employment terminates;
- c. your 65th birthday;
- d. the date your employment status changes so that you are no longer eligible for coverage; or
- e. the premium due date on which you fail to contribute your share of premiums.

insurance will cease on the following dates, if earlier than those described above:

- a. the date you cancel this coverage; or
- b. for your dependents, the date they no longer qualify as eligible dependents.

This insert is intended as a summary of your Voluntary Accidental Death and Dismemberment benefits. If there is a difference between this summary and the actual insurance policies, the latter will prevail.

LONG TERM DISABILITY INSURANCE

66 2/3 %

WHEN DOES COVERAGE BEGIN?

Your coverage in the Long Term Disability plan will be effective upon completion of the waiting period specified by your employer. Remember, you must complete the necessary enrollment documentation before coverage can begin.

If you are not actively at work on the date your coverage would commence, it will not be effective until you return to work.

WHAT IS LONG TERM DISABILITY (LTD)?

This is a benefit that begins, after 24 weeks of total disability, if you are still unable to work. If the disability is not continuous, the days you are disabled can be accumulated to satisfy the 24 week qualifying period as long as no interruption is longer than 31 days and the disabilities arise from the same illness or injury. It is not necessary for you to be confined to your home during the period of your disability, but you must be under the care of a physician.

Within the 24-week qualifying period, and for the next 24 months, you will be considered totally disabled if illness or injury prevent you from performing most of the regular duties of your own job. By most of your regular duties, the insurance company means that you must be unable to perform duties that took up at least 60% of your time. Duties include only those you regularly performed prior to your disability.

After you have received LTD benefits for 24 months, you are considered totally disabled if you are unable to perform any gainful employment for which you are reasonably suited by education, training, or experience. Gainful employment includes work that you are medically able to perform for which you have at least the minimum qualifications, and that provides you with an income of at least 60% of your monthly earnings before your disability.

WHAT AMOUNT WILL I RECEIVE AND FOR HOW LONG?

The LTD benefit amount is 66 2/3% of your regular monthly earnings, rounded to the next highest dollar. The maximum monthly benefit is \$6,670.

You monthly LTD benefit may be reduced by other income to which you are entitled to during your disability. Your LTD benefit will first be reduced by:

disability or retirement benefits that you are entitled to under the Canada or Quebec Pension Plan. If you have been receiving early retirement benefits under one of these plans for less than 12 months before your disability occurs, your LTD benefit will be reduced by the early retirement benefits.

- benefits received under any Workers' Compensation Act.

LONG TERM DISABILITY INSURANCE
66 2/3 %

Your LTD benefit will then be reduced to the extent that it, together with the other income listed below, exceeds 80% of your indexed pre-disability monthly earnings:

- dependent's benefits received by another member of your family on the basis of your disability;
- loss of income benefits available through legislation which you and any other members of your family are entitled to on the basis of your disability, including automobile insurance benefits where permitted by law;
- disability benefits under a plan of insurance available through membership in an association;
- employment income, disability benefits or retirement benefits related to any employment, except an approved rehabilitation program or deferred compensation benefits;
- early retirement benefits under any plan which you were receiving for 12 months or more before your disability.

If your employer contributes a portion of the premium charged for LTD coverage, benefits received under the LTD Plan are considered taxable income. LTD benefits are not considered taxable income if you pay 100% of the premium for this plan.

The monthly payments will continue as long as you are totally disabled. Payments will end when you reach the age of 65, or when:

- you fail to submit proof of continuing disability to the insurance company if requested;
- you do not submit to a medical examination as requested by the insurance company;
- you refuse to participate in an approved rehabilitation program; or
- you die.

WILL LTD BENEFITS RESUME IF MY DISABILITY RECURS?

Yes. If you recover and return to work after receiving LTD benefits, but within six months are again disabled due to the same or related causes, your LTD benefits will resume immediately.

WILL ANY REHABILITATION INCOME BE USED TO REDUCE MY LTD BENEFITS?

No. If you enter an approved rehabilitation program, your rehabilitation earnings will not be used to reduce your monthly LTD benefit, unless your total income while participating in a rehabilitation program exceeds 100% of your regular monthly earnings before disability. If so, your LTD benefit will be reduced by any amount in excess of 100%. Participating in an approved rehabilitation program allows you to get yourself back into the same financial position you were in before the disability occurred, as soon as possible.

LONG TERM DISABILITY INSURANCE

66 2/3 %

WHAT IS A REHABILITATION PROGRAM?

A rehabilitation program is designed to help you, as a disabled person, return to gainful employment and therefore a more independent lifestyle.

The program will allow you to train or practice a work-related activity that will help you to return to your own or another job. In order for the rehabilitation program not to disrupt your receipt of disability benefits, the program must be recommended or approved by the insurer.

The insurer will look at various rehabilitation programs and, in selecting one for you, will consider things such as a how long you will be off work and what activities will best help you get back into the workforce.

WHAT IF I CHOOSE NOT TO PARTICIPATE IN THE REHABILITATION PROGRAM?

If you decide not to participate in a rehabilitation program that has been recommended or approved by the insurer, your LTD benefits will cease.

On the other hand, if as a result of the program, you change jobs, you will remain eligible for benefits for at least 24 months as long as you continue in the program.

WHO WILL FUND REHABILITATION PROGRAM EXPENSES?

You may receive payment for expenses, other than usual employment expenses associated with a rehabilitation program. To determine whether or not you are eligible for reimbursement of such expenses, contact your employer or the insurance company, before making the expenditure.

WHAT HAPPENS IF THE PROGRAM LEADS TO A CHANGE OF EMPLOYMENT?

If, because of the rehabilitation program, you are required to change employers and your insurance terminates, you may convert your group LTD coverage to an individual LTD insurance policy without medical evidence of good health. Your employer has further details on obtaining an individual policy.

ARE THERE ANY EXCLUSIONS?

Long Term Disability benefits are not payable for:

- any disability that begins before your insurance coverage starts or after it ends;
- any condition for which you are not under the care of a physician;
- any period in which you do not cooperate with a reasonable treatment program.

LONG TERM DISABILITY INSURANCE
66 2/3 %

Depending on the severity of your condition, the plan may require you to be under the care of a specialist, For substance abuse, treatment must include participation in a recognized substance abuse withdrawal program;
the scheduled duration of a temporary lay-off or leave of absence;
any disability that is the result of self-inflicted injuries;
disabilities arising from war, insurrection or voluntary participation in a riot;
any period of prison confinement;
any period during which you are receiving income under a deferred compensation leave unless payment of deferred compensation is required under the Income Tax Act.

HOW DO I SUBMIT A CLAIM?

Submit your disability claim as soon as possible. This will help prevent delays and allow you to participate in a rehabilitation program as soon as possible. Please be aware that LTD claim forms must be submitted to the insurer within six months after the end of the qualifying period or, if earlier, within six months after the policy termination. LTD claim forms can be obtained from your employer.

The insurer for the LTD Plan is Great-West Life Assurance Company, under Policy Number 17000.

WHEN DOES DISABILITY INSURANCE COVERAGE END?

Your coverage under the LTD Plan terminates at the earliest of the following:

- a. the date the policy terminates;
- b. the date your employment terminates;
- c. your 65th birthday;
- d. the date your employment status changes so that you are no longer eligible for coverage; or
- e. the premium due date on which you fail to contribute your share of the premiums.

This insert is intended as a summary of your Long Term Disability Insurance Plan. If there is a difference between this summary and the actual insurance policy, the latter will prevail.

SHORT TERM DISABILITY INSURANCE

66 2/3 %

WHEN DOES COVERAGE BEGIN?

Your coverage in the Short Term Disability plan will be effective upon completion of the waiting period specified by your employer. Remember, you must complete the necessary enrollment documentation before coverage can begin.

If you are not actively at work on the date your coverage would commence, it will not be effective until you return to work.

WHAT IS SHORT TERM DISABILITY (STD)?

Short Term Disability (STD) benefits may be available if you are absent ^{or} disabled from work due to illness or injury. They begin after your sick leave benefits end.

If your disability is due to illness and you are not hospitalized, STD benefits will begin after your sick leave benefits end, or after 14 calendar days, whichever is later. If you are placed in hospital, or if your disability is due to an accident, STD benefits begin immediately after the expiry of your sick leave benefits.

You may receive STD benefits for up to 24 weeks from your date of disability. After that, you may be eligible to receive Long Term Disability benefits.

WHAT AMOUNT WILL I RECEIVE?

The STD benefit is 66 2/3% of your regular weekly earnings, to a maximum of \$1,539 per week.

There are limits on the amounts of certain incomes you can receive while receiving STD benefits. Your weekly STD benefit may be reduced by other income that you receive during your disability.

Your STD benefit will first be reduced by:

disability or retirement benefits that you are entitled to under the Canada or Quebec Pension Plan;
benefits received under any Workers' Compensation Act;
accrued sick leave benefits paid by your employer.

Your STD benefit will then be reduced to the extent that it, together with the other income listed below, exceeds 100% of your total regular weekly earnings.

- loss of income benefits available through legislation to which you and/or any other members of your family are entitled to for your disability, including automobile insurance benefits where permitted by law;

SHORT TERM DISABILITY INSURANCE
66 2/3 %

disability benefits under a plan of insurance available through membership in an association;
employment income, disability benefits or retirement benefits related to any employment, except for deferred compensation benefits.

WILL STD BENEFITS RESUME IF MY DISABILITY RECURS?

Yes, if you recover and return to work after receiving STD benefits, but within 14 days are again disabled due to the same or related causes, your benefits will resume immediately.

ARE THERE ANY EXCLUSIONS?

STD benefits will not be available if:

- the disability occurs before your coverage starts or after it ends;
- you choose not to participate in a recommended rehabilitation program;
- you are not under the care of a physician or you are not actively participating in a reasonable treatment program. Depending on the nature and severity of your disability, the plan may require that you be under the care of a specialist. For substance abuse, treatment must include participation in a recognized substance withdrawal program;
- the disability occurs during the scheduled duration of a temporary lay-off or leave of absence;
- the disability is the result of self-inflicted injuries;
- the disability arises from war, insurrection, or voluntary participation in a riot;
- you are unavailable for work due to prison confinement;
- you are receiving income under a deferred compensation leave approved by your employer, unless payment of such deferred compensation is required by the Income Tax Act.

HOW DO I SUBMIT A CLAIM?

Submit your disability claim as soon as possible. This will help prevent delays and allow you to participate in a rehabilitation program as soon as possible. Please be aware that STD claim forms must be submitted to the insurer within six months of the date of disability or expiry of sick leave benefits, whichever is later. STD claim forms can be obtained from your employer.

The insurer for the STD Plan is Great-West Life Assurance Company, under Policy Number 17000.

SHORT TERM DISABILITY INSURANCE
66 2/3 %

WHEN DOES DISABILITY INSURANCE COVERAGE END?

Your coverage under the STD Plan terminates at the earliest of the following:

- a. the date the policy terminates;
- b. the date your employment terminates;
- c. your 65th birthday;
- d. the date your employment status changes so that you are no longer eligible for coverage; or
- e. the premium due date on which you fail to contribute your share of the premiums.

This insert is intended as a summary of your Short Term Disability Insurance Plan. If there is a difference between this summary and the actual insurance policy, the latter will prevail.

SUPPLEMENTARY HEALTH CARE BENEFITS
80% REIMBURSEMENT

The Supplementary Health Care Benefit Plan helps you pay for expenses incurred by you or your eligible dependents that are over and above those that are covered by Alberta Health Care. Prescription drugs, hospital services and other related health services are among the services included in this Plan.

The insurance company that underwrites the Supplementary Health Care Benefit Plan is Alberta Blue Cross. The Benefit Year for payment of health benefits is from July 1 of one year to June 30 of the following year.

WHEN DOES COVERAGE BEGIN?

You will automatically be enrolled in the Supplementary Health Care Benefit Plan once you have completed the required waiting period set by your employer. Remember, you have to fill out an enrollment card before your coverage can commence.

If you are not actively at work on the date that your insurance under this benefit plan would otherwise take effect, then your coverage will not become effective until you return to work.

WHEN DOES COVERAGE BEGIN FOR MY ELIGIBLE DEPENDENTS?

Coverage for your eligible dependents will begin at the same time that your coverage takes effect.

Eligible dependents fall into two categories: spouse and child.

Your spouse can be either your legally married spouse or your common-law spouse of the opposite sex with whom you have lived for at least 12 months.

Children are insurable if:

- they are your natural or adopted children; or
- they are the natural, adopted or stepchildren of your spouse and are in your care and control; or
- you are the legal guardian; and
- as long as the child is:
 - unmarried; and
 - normally resident in Canada; and
 - under 21 years of age and not employed more than 30 hours a week; or
 - under 25 year of age and a full-time student; or
 - over 21 and dependent on you due to a physical or mental handicap.

ARE PRESCRIPTION DRUGS COVERED?

The plan provides for coverage of 80% of the cost of your prescription drugs.

SUPPLEMENTARY HEALTH CARE BENEFITS
80% REIMBURSEMENT

Coverage is based on the actual charge made or the recommended charge of the Schedule of Fees of the Alberta Pharmaceutical Association, whichever is less, for products prescribed by a physician or dentist.

The plan covers the cost of insulin products, whether or not they are supplied by prescription.

WHAT HOSPITAL SERVICES WILL I WE COVERED FOR?

You are covered for 100% of the following hospital expenses:

- a. charges in excess of public ward accommodation for semi-private or private ward accommodation in public general active treatment hospitals in Canada;
- b. out-patient charges above those reimbursed by Alberta Health Care incurred outside Alberta, and outside Canada;
- c. hospital expenses for active treatment care received in a public active treatment hospital outside of Canada, up to a maximum of \$250 per day; and
- d. treatment received in an auxiliary hospital up to a maximum of \$360 per benefit year under a single or family class of coverage.

WHAT OTHER SERVICES ARE COVERED UNDER THIS PLAN?

You are also covered for 100% of the following expenses, subject to the described limits:

Accidental dental care - the amount charged to a participant for the repair, extraction and/or replacement of natural teeth damaged by a direct accidental external blow to the mouth, when repair, extraction and/or replacement takes place within 12 months of the accidental injury, and then only if the injury occurs after the date on which you became eligible for benefits. There is a maximum amount of coverage for accidental dental care of \$1,000 per accident.

Ambulance Service - usual and reasonable charges for transportation to or from hospital in an ambulance.

Ancillary benefits - reasonable and customary charges for laboratory testing and diagnostic procedures, radium, and radioactive isotopes, oxygen and its administration, blood and blood plasma.

Appliances** - charges for the provision of and repair to artificial limbs (except myoelectric controlled prosthesis), artificial eyes and rigid plastic or metal permanent braces.

Cervical collars and traction kits** - where insurable, reasonable and customary charges for purchase of cervical collars or traction kits.

SUPPLEMENTARY HEALTH CARE BENEFITS
80% REIMBURSEMENT

Chartered psychologist - charges for services of a chartered psychologist up to a maximum of \$50 per visit and \$500 per participant each benefit year.

Diabetic supplies** - where insurable, reasonable and customary charges to a participant for needles, syringes and urine and blood glucose testing supplies for monitoring and treatment of diabetes, up to a maximum of \$175 towards the purchase of a blood testing monitor once in any consecutive five year period.

Foot orthotics** - where insurable, reasonable and customary charges for foot orthotics up to \$200 per participant each benefit year.

Hearing aids** - purchase or repair of hearing aids to a maximum of \$500 per participant in any consecutive three year period.

Home Nursing Care** - charges for services provided by a registered nurse who is not a blood relative of the patient, up to a maximum of \$10,000 per participant in any three year consecutive period.

Mastectomy prosthesis - the usual charge for the purchase of an external mastectomy prosthesis, up to \$200 per single prosthesis or \$400 per double prosthesis once in any 24 month consecutive period. However, there is no coverage for the cost of a supporting brassiere.

Medical aids - where insurable, reasonable and customary charges for splints, trusses, crutches, casts, canes, illeostomy and colostomy supplies.

Optical examinations - where insurable, reimbursement for eye examinations up to \$40 per participant, payable once in any 24 month consecutive period.

Orthopaedic shoes** - where insurable, reasonable and customary charges for orthopaedic shoes to a maximum of one pair per participant each benefit year (stock item footwear excluded).

Paramedical practitioners - Chiropractor, Physiotherapist, Speech therapist, Masseur, Osteopath, Chiropodist, and Podiatrist. This plan provides for reimbursement up to \$35 per visit, to a maximum of 20 visits per practitioner per participant each Benefit Year. Charges for services provided by a chiropractor or osteopath will only be covered once the provincial government's annual maximum has been reached.

Physicians and surgeons - fees for emergency medical care received outside Canada which are in excess of the amount reimbursed by Alberta Health Care according to the Alberta College of Physicians and Surgeons fee schedule. Under no circumstances will the payments under this benefit exceed the rates contained in this schedule.

Rentals** - where insurable, rental or purchase of wheelchairs, iron lungs and hospital beds.

stump socks** - where insurable, reasonable and customary charges for stump socks, up to a maximum of six pair per participant each benefit year.

SUPPLEMENTARY HEALTH CARE BENEFITS
80% REIMBURSEMENT

Surgical stockings** - where insurable, reasonable and customary charges to a maximum of two pair per participant each benefit year.

****Benefits must be purchased on the written order of a physician in order to be covered.**

ARE THERE ANY LIMITATIONS ON THE COVERAGES PROVIDED UNDER THIS BENEFIT PLAN?

Yes, there are some limitations with respect to coverages and limits of coverages.

1. The maximum amount payable for all services is \$1,000,000 per person per benefit year.
2. The plan only recognizes hospital services if they are provided upon the recommendation of a qualified, licensed physician or surgeon.
3. There is a 100 day benefit limit on prescription drugs. This means that where a drug or medication is provided in a quantity which, if consumed and used according to the directions of the prescription, would supply the patient for more than 100 days, benefits are payable only for the charge that would apply to a 100 day supply.
4. The following supplies are not covered unless a prescription is required by law:
 - a. contact lens care products;
 - b. diagnostic aids;
 - c. diets, salt substitutes, sugar substitutes;
 - d. infant foods;
 - e. lozenges, mouthwashes;
 - f. non-medicated shampoos, skin cleansers, including soap;
 - g. skin protectives and emollients; **and**
 - h. surgical supplies.
5. Coverage for insured smoking cessation products is limited to \$200 per participant per lifetime.
6. The following items are not covered under the Supplementary Health Care Benefit Plan:
 - a. expenses for services provided before coverage becomes effective. Also, hospital services provided during a hospital stay which begun before coverage became effective;
 - b. hospitalization which is primarily for bed rest, rest cures, custodial or domiciliary care;
 - c. eyeglasses, frames, contact lenses, eye refractions **or** eye examinations connected with the correction of vision, or charges for the fitting of eyeglasses;

SUPPLEMENTARY HEALTH CARE BENEFITS
80% REIMBURSEMENT

- d. tooth extractions or dental care except as provided above;
- e. the furnishing or replacement of dental prosthetic appliances;
- f. services provided by a government-operated program;
- g. charges for drugs that are injected or materials administered by a physician or nurse and charges for drugs and medications supplied directly and charged for by the physician; and
- h. hospital registration or admission fees.

WOW DO I CO-ORDINATE MY FAMILY'S BENEFITS?

If you and/or your eligible dependents are also covered under your spouse's Supplementary Health Care Benefit Plan, you can co-ordinate a claim in order to obtain up to 100% coverage of eligible expenses. For details on how to co-ordinate your benefits, please contact your employer.

HOW DO I SUBMIT A CLAIM?

First of all, obtain a claim form from your employer, Alberta Blue Cross or your pharmacy. Complete the claim form in accordance with the instructions provided and submit the form, along with the original receipts to Alberta Blue Cross within 12 months of the date that the expense was incurred. For assistance with your claim, or for more detailed information, please contact your employer.

WHEN DOES COVERAGE END?

There are a number of circumstances under which your coverage under the Supplementary Health Care Benefit Plan will end. These include:

- a. the date the policy terminates;
- b. the date your employment terminates;
- c. your 65th birthday;
- d. the date on which your employment status changes so that you are no longer eligible for coverage; and
- e. the premium due date on which you fail to contribute your share of the premium.

If earlier than above, coverage for your dependents will terminate on the date that they are no longer eligible dependents.

This insert is intended as a summary of your Supplementary Health Care Benefits. If there is a difference between this summary and the actual Plan document, the latter will prevail.

DENTAL PLAN
80% BASIC SERVICES
50% EXTENSIVE SERVICES
50% ORTHODONTIC SERVICES

The PHAA Dental Plan has been carefully designed to help you pay for your family's preventative and routine dental expenses.

WHEN DOES COVERAGE BEGIN?

As soon as you have completed the waiting period specified by your employer, you will be enrolled in the Dental Plan. Please note that you must complete an enrollment card before dental coverage begins. Coverage will become effective on the first month following the completion of the waiting period.

If you are not actively at work on the date your insurance would otherwise take effect, you will not be covered until you return to work.

WHAT ABOUT DEPENDENTS?

If you have a family, dental coverage for your eligible dependents will begin at the same time that your coverage does.

Your eligible dependents are:

Spouse - legally married spouse or common-law spouse of the opposite sex with whom you have lived for at least 12 months.

Child - your natural or adopted child; or
the natural, adopted or stepchild of your spouse that is in your care and control; or
a child for whom you are the legal guardian;

as long as the child is:

unmarried; and
normally resident in Canada; and
under 21 years of age and not employed more than 30 hours a week;
or
under 25 years of age and a full-time student; or
over 21 and dependent on you due to a physical or mental handicap.

DENTAL PLAN
80% BASIC SERVICES
50% EXTENSIVE SERVICES
50% ORTHODONTIC SERVICES

WHAT BENEFITS WILL I RECEIVE UNDER THE DENTAL PLAN?

Basic Dental Services

For basic dental services, you will be reimbursed for up to 80 % of the cost of the following treatments. Please note that to be eligible for coverage the treatments must be provided by a dentist or, if applicable, a dental mechanic.

1. Necessary procedures to prevent tooth decay including:
 - scaling and polishing (Prophylaxis) once in any six -month period;
 - topical fluoride treatment once in any six-month period; and
 - space maintainers if provided to maintain space, and not regain space.
2. Necessary procedures to assist the dentist in evaluating existing conditions in order to determine the required treatment, including:
 - oral examinations once in any six-month period;
 - consultations;
 - emergency examinations;
 - bite-wing X-rays once in every six-month period and full mouth series of X-rays once every two years unless special need is shown and approved by the insurance company.
3. Surgical procedures, including:
 - all necessary procedures involved in the extraction of teeth, including internal and external sutures, medicated dressings, and drainage of infection.
4. All necessary procedures for the filling of teeth, including:
 - amalgam fillings;
 - silicate and plastic composite fillings;
 - stainless steel crowns only when the tooth cannot be adequately restored by a filling.
5. All necessary procedures required for pulpal therapy and root canal therapy (Endodontics).
6. All necessary procedures for the treatment of oral tissue (Periodontics).
7. All necessary procedures required to repair dentures when an impression is not required.

DENTAL PLAN
80% BASIC SERVICES
50% EXTENSIVE SERVICES
50% ORTHODONTIC SERVICES

8. Relining and rebasing of existing dentures once in a N-month period and adjustment to dentures.

Extensive Dental Services

Under the plan, you will be reimbursed for up to 50 % of the cost the following treatments to a maximum of \$1,500 per insured person per benefit year.

1. Crowns and bridges.
2. Dentures (partial and complete).
3. Major denture repairs.

The benefit year is from July 1 to June 30.

If you have a gold fixture on a tooth which needs replacing, replacement(s) will be provided only after five years from the time a benefit was paid for that service. Coverage and payment is limited to the cost of non-precious metals. However, there are some exceptions. If the underwriter decides that a non-precious metal will not be adequate, a precious metal will be covered.

Replacements for prosthetic appliances will be covered only after five years from the time a benefit was paid for this type of appliance. However, if there is such a loss of remaining teeth, or change in supporting tissue that the existing appliance cannot be made satisfactory, coverage will apply.

If you or your dependent(s) require partial dentures, coverage will be limited to the cost of a standard cast chrome or acrylic partial denture. Coverage and payment for a complete denture will be limited to the cost of a standard complete denture.

If you decide to have an implant, coverage and payment are limited to the cost of a standard complete or partial denture.

Please note that crowns will be covered only when it is determined that fillings will not adequately restore the teeth. Veneers or similar crown materials will only be covered when used on the ten upper and ten lower teeth.

Orthodontic Services

The plan provides reimbursement for up to 50 % of the cost of orthodontic services (procedures for the treatment of malposed teeth) to a lifetime maximum of \$1,500 for each insured person.

DENTAL PLAN
80% BASIC SERVICES
50% EXTENSIVE SERVICES
50% ORTHODONTIC SERVICES

DOES A DENTAL SERVICE REQUIRE PREAUTHORIZATION?

For most dental services, the answer is no. However, any dental service expected to cost more than \$500 must be preauthorized by the underwriter in the form or a treatment plan written by the dentist. In this plan, your dentist must describe his course of treatment. This allows the underwriter to determine the extent of the services covered and to advise you of your share of the cost. If you do not submit a treatment plan when required, you may find that the expenses covered under the plan are less than you expected.

You and your dentist should note that if treatment outlined in the plan does not begin within 120 days of approval by the underwriter, another treatment plan is required for approval.

ARE THERE ANY LIMITATIONS?

The charge for a particular service must be reasonable and customary for the service provided if that charge is to be considered a covered expense. Charges will be limited to the maximums outlined in the current Alberta Dental Association Fee Guide and, where applicable, the current Alberta Certified Dental Mechanics Fee Guide.

If you select treatment that is more expensive than that ordinarily deemed necessary and adequate, payment and coverage will be based on the lesser fee.

ARE THERE ANY EXCLUSIONS?

The following expenses are not covered and no reimbursement is made for:

- dental treatment required as a result of a self-inflicted injury, war, or your participation in a riot or insurrection;
- charges for broken appointments or the completion of insurance forms;
- fees for dental hygiene instruction and nutritional counseling, dietary planning, cosmetic or experimental treatment, plaque control;
- services with respect to congenital or developmental malformation and procedures, appliances or restorations necessary to increase vertical dimension and/or restore or maintain occlusion;
- administration of anaesthesia or drugs;
- hypnosis;
- replacement of lost or stolen orthodontic appliances or devices;
- replacement of lost or stolen prosthetic devices or spare or duplicates of these devices;
- surgical removal of an implant;
- any procedures started before the patient became eligible for services under this dental plan; and
- dental treatment which is furnished without charge or is paid for by the government, or for which the government prohibits the payment of benefits.

DENTAL PLAN
80% BASIC SERVICES
50% EXTENSIVE SERVICES
50% ORTHODONTIC SERVICES

WOW DO I CO-ORDINATE MY BENEFITS?

You can co-ordinate your benefits if you or your eligible dependents are also covered under your spouse's Dental Plan. This means that a claim may be co-ordinated to provide up to 100 % of covered expenses. For details on how to co-ordinate your benefits, please contact your employer.

HOW DO I SUBMIT A CLAIM?

A claim must be submitted within 12 months of the date the covered expense was incurred. A claim must be completed by the dentist at the time treatment is provided. Claim forms are available from the underwriter, your dentist, or your employer.

The underwriter for the PHAA Dental Plan is Alberta Blue Cross.

Your dentist or dental mechanic may bill Alberta Blue Cross directly for the covered portion of your treatment, or you can pay the dentist in full and be reimbursed by Alberta Blue Cross. If you choose to pay the dentist, then it is your responsibility to send the completed claim form to Alberta Blue Cross for reimbursement.

WHEN DOES COVERAGE END?

Coverage under the Dental Plan will terminate on the earliest of the following:

- a. the date the policy terminates;
- b. the date your employment terminates;
- c. your 65th birthday;
- d. the date your employment status changes so that you are no longer eligible for coverage; or
- e. the premium due date on which you fail to contribute your share of premiums.

Coverage for your dependents will terminate on the date that they are no longer eligible dependents, if that occurs earlier than any of the above noted events.

This insert is intended as a summary of your Dental Benefits. If there is a difference between this summary and the plan documents, the latter will prevail.