



The Anglican Diocese of Edmonton

EMPLOYEE BENEFITS BOOKLET

All Employees

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Get the most out of your Benefit Plan

Welcome to your Benefit Plan. In this booklet you will find a Benefit Summary and the details of the insurance products included in your Group Plan.

CONTACT LIST

Employee Plan Administrator

The Anglican Diocese of Edmonton
10035 – 103 St., Edmonton, AB T5J 0X5
P: 780.439.7344 | F: 780.439.6549

Benefits Consultant

Alberta Benefits Ltd.
#202, 10235 – 124 St., Edmonton, AB T5N 1P9
P: 780.944.9167 | F: 780.944.9168

Claims Adjudicator

Canadian Benefit Providers Inc.
#202, 10235 – 124 St., Edmonton, AB T5N 1P9
P: 780.944.9166 | F: 780.944.9168

Toll Free: 1.855.944.9166

claimsdept@cbproviders.ca

WEB PORTAL LOG-IN

The ProHealth Web Portal

What you can do here:

- Access your Benefit Booklet outlining the full details of your Benefit Plan
- Review your profile
- Review your payments and claim information.

How to log-in:

- Visit www.cbphealth.ca:8081
- Your **username** is your Member ID, which can be found on your Benefit card. Your **password** is your birthdate in the format yyyyymmdd. You will be prompted to change your password after your first login.

GROUP POLICY INFORMATION

Extended Health/Dental/Vision

Third Party Administrator: Canadian Benefit Providers Inc.

Policy Number: 1009201005

Effective Date: January 1, 2002

Short Term Leave

Third Party Administrator: Canadian Benefit Providers Inc.

Policy Number: 1009201005

Effective Date: January 1, 2002

Travel

Insurance Provider: AIG Insurance

Policy Number: SRG 9150079

Effective Date: November 1, 2015

Benefit Plan Summary

Benefit Plan Year: January 1 to December 31

Your Group Benefit Plan includes several insurance products which are underwritten by different companies. This summary lists the related company, rules around waiting period, related web portal and claims contact.

EXTENDED HEALTH CARE

ASO Plan Underwritten by The Anglican Diocese of Edmonton

Waiting Period: From the date an employee becomes Full Time (Average of 20 hours per week)

Description	Benefit Details	Web portal	Contact
Prescription Drugs, Hospital and other Health Expenses. Coverage Termination: At age 70.	Page 6	www.cbphealth.ca:8081	1.855.944.9166 claimsdept@cbproviders.ca

DENTAL CARE

ASO Plan Underwritten by The Anglican Diocese of Edmonton

Waiting Period: From the date an employee becomes Full Time (Average of 20 hours per week)

Description	Benefit Details	Web portal	Contact
Basic, major and orthodontic services. Coverage Termination: At age 70.	Page 10	www.cbphealth.ca:8081	1.855.944.9166 claimsdept@cbproviders.ca

VISION CARE

ASO Plan Underwritten by The Anglican Diocese of Edmonton

Waiting Period: From the date an employee becomes Full Time (Average of 20 hours per week)

Description	Benefit Details	Web portal	Contact
Glasses, Contact Lenses, Laser Eye Surgery, Eye Exam. Coverage Termination: At age 70.	Page 14	www.cbphealth.ca:8081	1.855.944.9166 claimsdept@cbproviders.ca

SHORT TERM LEAVE

ASO Plan Underwritten by The Anglican Diocese of Edmonton

Waiting Period: From the date an employee becomes Full Time (Average of 20 hours per week)

Description	Benefit Details	Web portal	Contact
Coverage for sick/injured employees unable to work. Coverage Termination: At age 70.	Web Portal	www.cbphealth.ca:8081	1.855.944.9166 claimsdept@cbproviders.ca

TRAVEL COVERAGE

Insurance provider: AIG Insurance

Waiting Period: From the date an employee becomes Full Time (Average of 20 hours per week)

Description	Benefit Details	Web portal	Contact
24/7 Emergency assistance services and travel-related claims through a worldwide communications network, when traveling out of the province or Canada for up-to 60 days. Coverage Termination: At age 70.	Web Portal	www.cbphealth.ca:8081	Assistance & Claims Canada and USA toll free: 1.877.204.2017 Outside Canada: Call collect 0.715.295.9967

EMPLOYEE ASSISTANCE PROGRAM

Insurance provider: Ceridian

Waiting Period: From the date an employee becomes Full Time (Average of 20 hours per week)

Description	Benefit Details	Web portal	Contact
Confidential emergency counselling services available 24/7 through telephone access to professional counsellors and online assistance. Coverage Termination: At age 70 or earlier retirement	Web Portal	www.lifeworks.com User ID: DioceseEdmonton Password: eap	1.877.207.8833

****Important Note:** In the event of a discrepancy between this booklet and the Policy, the terms of the Group Policy will apply. Possession of this booklet alone does not mean that you or your dependants are insured. The Group Policy must be in effect and you must satisfy all the requirements of the Policy for coverage to be in effect.**

****IMPORTANT: CHANGES IN YOUR INFORMATION****

Your insurance coverage is impacted when your personal information changes. When it happens, make sure to register all relevant changes with your Plan Administrator. Failure to do so may result in gaps in coverage for you and your dependants.

We strongly recommend that you register these changes as they occur.

How to register different types of changes		
How	With a form, submitted to your Plan Administrator	On the ProHealth Webportal www.cbphhealth.ca:8081
Type of Change	<ul style="list-style-type: none"> • Name • Marital status • Change in Dependant • Change in Beneficiary • Bank Account 	<ul style="list-style-type: none"> • Address • Phone • Email

Extended Health Care

ASO Plan Underwritten by The Anglican Diocese of Edmonton

TERMS

Deductible: \$0

Mandatory Generic Prescription Drug charges inside Canada reimbursed at: 100% of Provincial Formulary Pricing.

Drug Maximum per year: Not applicable

All Other Eligible Health Charges: 100% to specified maximums.

Note: You may waive health coverage if you are covered under your spouse's plan. If you waive coverage, the Vision and Out of Canada coverage is also waived.

It is recommended that a person submit a request for Pre-Determination for medical expenses that will cost \$200 or more. Your claim adjudicator will then calculate the benefits payable for the proposed medical expense so that you will know in advance the approximate portion of the cost you will have to pay.

ELIGIBLE EXPENSES

Charges incurred for medical care, services or supplies described below will be paid if:

- those charges are not covered under your provincial medical plan,
- the insurance is not in contravention of the legislation creating that provincial medical plan,
- the charges are incurred as the result of a sickness or Accidental Bodily Injury,
- the charges meet Canada Revenue Agency guidelines for eligible medical expenses,
- the treatment is Medically Necessary, and
- the treatment is given or ordered by a physician.

In addition to the above, the following medical care, services or supplies are covered under the plan subject to Reasonable and Customary pricing:

- **Accidental dental injury** charges up to a maximum of \$500 per Lifetime. Treatment of injury to sound natural teeth. The injury must result from an external blow to the mouth. Treatment must start within 60 days after the accident unless delayed by a medical condition.
- **Ambulance Services.**
- **Blood-glucose monitoring machines** (Glucometer). \$700 Lifetime.
- **Braces.** Custom made (recommendation of a physician is required). \$300 per 12 months.
- **Cast.** Unlimited but no more than \$200 per incident.

- **Compression Hose/ Surgical Stockings.** Custom fitted (recommendation of a physician is required). 3 per year up to a maximum of \$300 combined.
- **Convalescent care** in a convalescent care facility for a condition that will significantly improve as a result of the care and follows a 3-day hospital confinement for acute care, up to \$25/day for 180 days.
- **Crutches.** Once per year.
- **Diagnostic x-rays and lab tests** to a maximum of \$150 per year.
- **Drugs/Medicines/Supplies** which require the written prescription of a physician or dentist and are dispensed by a licensed pharmacist, as well as oral contraceptives, IUD and injectable drugs for self-administered injections, including insulin, syringes, Novolin pens, testing supplies. glucometer and insulin infusion sets when provided in Canada. Benefits for drug expenses outside Canada are payable only as provided under the out-of-country emergency care.
- **External Breast Prosthesis.** 2 per year.
- **Extremity Pumps for Lymphedema.** \$1,500 Lifetime.
- **Fertility Drugs.** Not covered.
- **Hearing aids including batteries,** tubing and ear molds provided at the time of purchase. \$500 per 36 months.
- **Hospital.** Semi-private room and board in a hospital in Canada up to the Provincial maximum.
- **Incontinence Supplies.** \$1,000 per year.
- **Mechanical or Hydraulic Patient Lifters** (excluding electric stair lifters). \$2,000 per 60 months.
- **Myoelectric arm.** \$5,000 per 60 months.
- **Nursing services.** Registered nurse, licensed practical nurse or registered nursing assistant who is not a member of your family, but only if the patient requires the specific skills of a trained nurse. \$25,000 per 36 months. **Note:** You should apply for a pre-care assessment at least 4 weeks before private home nursing begins.
- **Orthopedic shoes.** Custom made, including modifications to orthopedic footwear (recommendation of either a physician or podiatrist is required). \$300 per 12 months.
- **Orthotics.** Casted, custom-made (recommendation of either a physician or podiatrist is required). \$300 per 12 months.
- **Ostomy Supplies** (Ileostomy, Colostomy, Ostomy). \$300 per year combined.
- **Outdoor Wheelchair Ramps.** \$2,000 Lifetime.

- **Oxygen.**
- **Paramedical Services** for Out-of-hospital treatment (per calendar year):
 - Chiropractor: \$500, \$50 maximum per service
 - Massage Therapist: \$500, \$85 maximum per service
 - Naturopath: \$500, \$70 maximum per service
 - Physiotherapist: \$500, \$85 maximum per service
 - Psychologist/Social Worker: \$2,000 combined
- **Paramedical X-rays.** \$20 per calendar year for Out-of-hospital treatment.
- **Prosthetics and Supplies.** \$2,000 per 24 months
- **Rental of certain medical supplies,** appliances and prosthetic prescribed by a doctor or, at the discretion of the plan adjudicator their purchase
- **Sleep Apnea Machine.** \$1,500 Lifetime.
- **Sleep Apnea Mask and Supplies.** \$150 per year combined.
- **Smoking Cessation** (Gum/Lozenges/Patches/Mouth Spray). Not covered.
- **Speech Aids.** \$1,000 Lifetime.
- **Stump Stocking.** \$300 per year.
- **Surgical Brassieres.** \$200 per year.
- **Tracheostomy Supplies**
- **Transcutaneous Nerve Stimulators** (TENS Machine). \$2,000 Lifetime.
- **Vaccines.** Not covered.
- **Wheel Chair Equipment/Walkers.** \$250 per 24 months.
- **Wigs & Hairpieces for Cancer Patients.** \$500 per year.

LIMITATIONS

Unless specified under eligible expenses, no amount will be paid under this benefit for:

- eye refractions, or for the cost or fitting of eyeglasses, or contacts, optomaps
- diaphragms, condoms, contraceptive jellies, foams, sponges, suppositories, contraceptive implants or appliances, **except** for the cost of an intrauterine device (IUD);

- in vitro or in vivo procedures, or any other fertility procedures and or fertility drugs, unless otherwise specifically allowed in this policy, made by a physician in Canada;
- medical care, drugs or services which are considered cosmetic unless it is reconstructive
- surgery to restore tissue damaged by sickness or bodily injury;
- dental care or services, other than Hospital charges (not including accidental injury)
- expenses incurred for personal comfort items or a change in gender
- myoelectric and electric prostheses
- expenses private insurers are not permitted to cover by law
- oral vitamins, minerals, dietary supplements, homeopathic preparations, infant formulas, even if prescribed by a doctor
- injectable total parenteral nutrition solutions; and first aid or diagnostic supplies or testing equipment
- non-disposable insulin delivery devices or spring loaded devices used to hold blood-letting devices
- any drug which does not have a drug identification number as defined by the Food and Drugs Act or proprietary or patent medicines registered under the Food and Drugs Act, Canada
- Lifestyle drugs, Fertility Drugs, Anti-Obesity, Smoking Cessation and Erectile Dysfunction products.
- laser and hypnotherapy for smoking cessation.
- drugs dispensed during treatment as an in-patient or an out-patient in a hospital
- non-injectable allergy extracts and atomizers, delivery or extension devices for inhaled medications
- preventative immunization vaccines and toxoids.

Dental Care Expenses

ASO Plan Underwritten by The Anglican Diocese of Edmonton

TERMS

Deductible: \$0

Reimbursement Levels (basic services): 80%

Reimbursement Levels (major services): 50%

Annual Maximum Combined Basic and Major: \$1,500 per person

Orthodontic Services: 50% to \$1,500 Lifetime per child

This dental care plan covers reasonable and customary dental charges to the extent they do not exceed the General Practitioner's Fee Guide or Denturist Schedule for the current year and province of residence.

Late Applicant

The Maximum Amount will be \$250.00 in the first 12 months of coverage if application is made 31 days after eligibility.

Note: You may waive dental coverage if you are covered under your spouse's plan.

Treatment Plan

Before incurring any large dental expenses, ask your dentist to complete a treatment plan (Pre-Determination) and submit it to your Insurance Provider. It is recommended that a person submit a treatment plan before having dental treatment that will cost \$500 or more. Your Insurance Provider will then calculate the benefits payable for the proposed treatment, so that you will know in advance the approximate portion of the cost you will have to pay.

BASIC COVERAGE

The following expenses are covered:

Diagnostic services, including:

- One complete oral examination every 24 months and one complete series of x-rays every 24 months.
- One limited oral examination every 9 months for adults and children unless a complete oral examination is also performed in the same period.
- One limited periodontal examination every 9 months for adults and children.
- Intra-oral bitewing x-rays 1 every 9 months for adults and children.
- Intra-oral x-rays, except bitewing x-rays, to a maximum of 15 films every 24 months and a panoramic x-ray every 24 months. Services provided in the same 12 months as a complete series are not covered.

Preventative services, including:

- Polishing 1 unit every 9 months for adults and children.
- Topical application of fluoride once every 9 months for adults and children.
- Scaling, limited to a maximum combined with root planing of 6 time units every 12 months. (A time unit is considered to be a 15-minute interval or any portion of a 15-minute interval.)
- Pit and fissure sealants on bicuspid and permanent molars every 60 months.
- Space maintainers including appliances for the control of harmful habits.
- Finishing restorations, interproximal diskings and recontouring of teeth.
- Oral hygiene instruction once per lifetime for adults and children.

Minor restorative services, including:

- Caries, trauma, and pain control.
- Amalgam and tooth-coloured fillings. Replacement fillings are covered only if the existing filling is at least 2 years old or the existing filling was not covered under this plan.
- Retentive pins, prefabricated posts for fillings and prefabricated crowns for primary teeth.

Endodontics. Root canal therapy for permanent teeth will be limited to one course of treatment per tooth. Repeat treatment is covered only if the original treatment fails after the first 18 months.

Periodontal services, including:

- Root planing, limited to a maximum combined with scaling of 8 time units every 12 months.
- Occlusal adjustment and equilibration, limited to a combined maximum of 4 time units every 12 months.

Denture maintenance, after the 3-month post-insertion care period, including:

- Denture relines for dentures at least 6 months old, once every 36 months.
- Denture rebases for dentures at least 2 years old, once every 36 months.
- Resilient liner in relined or rebased dentures, once every 36 months.

Oral surgery and adjunctive services.

MAJOR COVERAGE

The following expenses are covered:

Crowns. Coverage for crowns on molars is limited to the cost of metal crowns. Coverage for complicated crowns is limited to the cost of standard crowns.

Onlays. Coverage for tooth-coloured onlays on molars is limited to the cost of metal onlays.

Replacement crowns and onlays are covered when the existing restoration is at least 5 years old and cannot be made serviceable.

Denture-related surgical services for remodelling and recontouring oral tissues

Denture and bridgework maintenance following the 3-month post-insertion period including:

- denture remakes, once every 36 months
- denture adjustments, once every 12 month
- denture repairs and additions, tissue conditioning and resetting of denture teeth

Bridgework expenses will be limited to repairs, removals and re-cementation of bridgework

Standard complete dentures, standard cast or acrylic partial dentures or complete overdentures or bridgework (when standard complete or partial dentures are not viable treatment options) when required to replace one or more teeth extracted while the person is covered. Replacement appliances are covered only when:

- The existing appliance is a covered temporary appliance
- The existing appliance is at least 5 years old and cannot be made serviceable. If the existing appliance is less than 5 years old, a replacement will still be covered if the existing appliance becomes unserviceable while the person is covered and as a result of the placement of an initial opposing appliance or the extraction of additional teeth.
- If additional teeth are extracted but the existing appliance can be made serviceable, coverage is limited to the replacement of the additional teeth.

ORTHODONTIC COVERAGE

For Orthodontic Treatment: 50%

Maximum Lifetime Coverage: \$1,500 per child

Note: Orthodontic treatment is eligible for children age 6 to 18 when treatment starts. Adult orthodontic treatment is NOT covered under the plan.

LIMITATIONS

Unless specified under coverage details, no benefits are paid for:

- Duplicated x-rays, custom fluoride appliances, any oral hygiene instruction and nutritional counselling.
- The following endodontic services – root canal therapy for primary teeth, isolation of teeth, enlargement of pulp chambers, and endosseous intra-coronal implants.
- The following periodontal services – topical application of antimicrobial agents, subgingival periodontal irrigation, charges for post surgical treatment and periodontal re-evaluations
- The following oral surgery services – surgical movement of teeth, services performed to remodel or recontour oral tissues (other than minor alveoloplasty, gingivoplasty, and stomatoplasty) and alveoplasty or gingivoplasty performed in conjunction with extractions. Services for remodelling and recontouring oral tissues will be covered under Major Coverage.
- Hypnosis or acupuncture and treatment performed for cosmetic purposes only.

- Veneers, recontouring existing crowns, staining porcelain, temporomandibular joint disorder, vertical dimension correction or myofascial pain. Also congenital defects or developmental malformations in people 19 years of age or over.
- Crowns or onlays if the tooth could have been restored using other procedures. If crowns, onlays, or inlays are provided, benefits will be based on coverage for fillings.
- Initial bridgework if provided when standard complete or partial dentures would have been a viable treatment option. Or if initial bridgework is provided, coverage will be limited to a standard cast partial denture & restoration of abutment teeth when required for purposes other than bridgework.
- If overdentures are provided, coverage will be limited to standard complete dentures.
- If additional bridgework is performed in the same arch within 60 months, coverage will be limited to the addition of teeth to a denture and restoration of abutment teeth when required for purposes other than bridgework.
- Benefits will be limited to standard dentures or bridgework when equilibrated and gnathological dentures, dentures with stress breaker, precision and semi-precision attachments, dentures with swing lock connectors, and dentures or bridgework related to implants are preformed.
- Adult orthodontic services.
- Expenses covered under another group plan's extension of benefits provision.
- Accidental dental injury expenses are covered by your health plan.
- Services and supplies the person is entitled to without charge by law or for which a charge is made only because the person has insurance coverage.
- Services or supplies that do not represent reasonable treatment or expenses that private plans are not permitted to cover by law.
- Expenses arising from war, insurrection, or voluntary participation in a riot.

Vision Expenses

ASO Plan Underwritten by The Anglican Diocese of Edmonton

Eye Exam (Adult): \$75 per 12 months

Eye Exam (Under 18): Covered by the Province

Glasses/Contact Lenses/Laser Eye Surgery (Adult): \$400 per 24 months

Glasses/Contact Lenses/Laser Eye Surgery (Under 18): \$400 per 12 months

Short-Term Leave

ASO Plan Underwritten by The Anglican Diocese of Edmonton

TERMS

The Short Term Leave Plan is a self-insured plan that is administered by Canadian Benefit Providers Inc. on behalf of your employer. As a member of this plan you will receive benefits if you are sick or disabled and cannot work for a period of up to 17 weeks (119 days).

For the first four weeks of leave, your benefit is paid by your employer in the form of salary continuation to a maximum of 100% of income. During this period, the normal payroll deductions (statutory and group benefits) will be applied to your income.

After 4 weeks, the benefit is paid by Canadian Benefit Providers Inc. at a rate of 66.67% of your normal salary up to a maximum of \$750/week. This part of the benefit is tax-free because you (the employee) pay the Short Term Leave premiums. The payments from Canadian Benefit Providers Inc. will continue for a maximum of 13 weeks until the Long Term Leave coverage begins. Premiums for Short Term Leave will be waived after 4 weeks of receiving benefits.

During the short-term leave period, you will still be required to pay the employee share of premiums for Basic (& Optional) Life Insurance, Dependant Life Insurance, Health and Dental benefits, and Pension. The employer will continue to pay their share of premiums Basic (& Optional) Life Insurance, Dependant Life Insurance, Long Term Disability, Health and Dental benefits, and Pension.

PARENTAL LEAVE

The Parental Leave benefit offers a top-up of EI parental leave benefits, paid through the Short-Term Leave Plan. The portion of the benefit paid from STL is tax free. Precise details of the Parental Leave benefit are available from the Diocesan Treasurer.

COVERAGE

Percentage of Income Paid (weeks 1 – 4): 100% (taxable)

Percentage of Income Paid (weeks 5 – 17): 66.67% (non-taxable)

Maximum Length of Benefits Paid: 17 weeks

Maximum Weekly Payment: \$750

Waiting Period: 0 Days for Accident, Illness or Hospitalization

For all employees of the Diocese of Edmonton and its parishes.

- a) Coverage for benefit is effective immediately upon employment.
- b) Physician's statement required after 4 weeks of continued incapacity.

LIMITATIONS

Limitations to the payment of a short-term leave benefit are in effect if any of the following conditions apply:

- a) If evidence is not provided that the individual is under the care of a licensed physician after 4 weeks of continued incapacity.
- b) If illness or injury is covered by Workers Compensation or Canada Pension Plan.
- c) If the illness or injury is intentionally self-inflicted.

HOW TO SUBMIT A CLAIM

Claim forms can be obtained from your Plan Administrator for submission to Canadian Benefit Providers Inc. You, your doctor and your employer must complete all sections of the forms before your claim can be considered for payment. You may be required to undergo an independent medical examination. This would be at no cost to you.

LEAVE OF ABSENCE

On any approved leave of absence without pay, including maternity and parental leave, your coverage will be suspended unless you make premium payments that would normally be deducted from your pay cheque.

Subrogation (Third Party Liability)

If your medical and/or dental expenses result from an injury caused by another person and you have the legal right to recover damages, you may be requested to complete a subrogation reimbursement agreement when you submit a claim for such expenses.

Explanation of common insurance terms

The following is an explanation of the insurance terms used in this Booklet.

Accident: An unexpected or unforeseen happening or event involving an external force causing loss or injury

Accidental Bodily Injury: Any bodily injury, which is caused solely by external, violent means and independently of all other causes

Benefit Percentage (Co-insurance): The percentage of Covered Expenses that is payable by the Plan

Covered Expenses: Expenses that will be considered in the calculation of payment due under various benefits

Deductible: The amount of Covered Expenses that must be incurred and paid by you or your dependants before benefits are payable by the benefit plan provider

Dependant

- Your spouse, legal or common-law OR
- Your natural child, legally adopted child, or step-child that lives with you OR
- A developmentally or physically disabled Dependant, regardless of age, provided that you provide satisfactory proof to Alberta Benefits Ltd. of the Dependant's disability OR
- Your unmarried children under age 21 or under age 25 if they are full-time students attending an accredited institution (Note: children under age 21 are not covered if they are working more than 30 hours per week unless they are full-time students)

Government Plan: Any plan of insurance provided by or under the administrative control of any government or agency thereof in accordance with any law (other than the Employment Insurance Act of Canada) or any plan providing insurance coverage pursuant to the regulatory power of any government.

Hospital: An institution legally constituted in the jurisdiction in which it is located, excluding any institution which is, other than incidentally, a nursing home, a domiciliary care home, of a home for the aged.

Also, an institution that employs registered nurses who are in attendance and on duty on a 24-hour basis, and is equipped with facilities for:

- the diagnosis and treatment of sickness and injury; and
- surgery, except that surgical facilities are not required if the medical care or services are rendered in Canada in connection with nervous or mental disease or disorder.

Insured: You or your Dependant insured for the benefit or benefits for which the term is used, excluding:

- any person not residing in Canada
- any person who is not approved by Alberta Benefits Ltd (if a late applicant)
- any person on active full-time service in the armed forces of any country

Reasonable and Customary Charges: Charges for care, services or supplies of the level usually furnished for cases of the nature and severity of the case being treated and which are in accordance with representative fees and prices in the locality in which they were rendered as determined by Alberta Benefits Ltd.

Stop Loss Insurance: Catastrophic health claims over the Stop Loss Deductible of \$3,500. This is the maximum amount per calendar year that the employer is responsible for any one person. Thereafter, the Stop Loss Insurance pays for the eligible claims for the remainder of the year.