

Transit Union Early Retiree Benefits at a Glance

| Rules and Regulations | Details | | | | | | | | | |
|--|--|-----------------------------|-------------------------------|-----------------------------|--------|----------|----------|--------|----------|----------|
| Eligibility | <ul style="list-style-type: none"> • You must be between the ages of 55 to 65; • Retire directly to an OMERS monthly pension and • You must elect coverage with 31 days of retirement • If you opt out of the early retiree plan, you cannot opt back in at a later date | | | | | | | | | |
| Coverage Termination Date | <ul style="list-style-type: none"> • Life Insurance terminates at age 65 • Health and Dental coverage terminates at the end of the month following age 65 | | | | | | | | | |
| 2021 Core Benefit Plan Premium Cost | <ul style="list-style-type: none"> • City pays 2/3 of monthly premium cost; Retiree pays 1/3 of monthly premium cost <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Monthly Cost by Status</th> <th style="text-align: left;">Life, Health and Basic Dental</th> <th style="text-align: left;">Life, Health and Opt Dental</th> </tr> </thead> <tbody> <tr> <td>Single</td> <td>\$ 66.22</td> <td>\$ 73.32</td> </tr> <tr> <td>Family</td> <td>\$144.92</td> <td>\$158.40</td> </tr> </tbody> </table> | Monthly Cost by Status | Life, Health and Basic Dental | Life, Health and Opt Dental | Single | \$ 66.22 | \$ 73.32 | Family | \$144.92 | \$158.40 |
| Monthly Cost by Status | Life, Health and Basic Dental | Life, Health and Opt Dental | | | | | | | | |
| Single | \$ 66.22 | \$ 73.32 | | | | | | | | |
| Family | \$144.92 | \$158.40 | | | | | | | | |
| 2021 Optional Life Insurance Monthly Premium Cost | <ul style="list-style-type: none"> • Retirees pay 100% of the Optional Life Insurance premium- add this premium to the core benefit plan monthly cost to calculate your total monthly cost • Premium cost per \$1,000 of coverage is \$0.386 <ul style="list-style-type: none"> ○ For example; coverage of \$50,000 will cost \$19.30 per month | | | | | | | | | |
| Payment of Monthly Premium | <ul style="list-style-type: none"> • If you purchase the Core Benefit Plan and Optional Life Insurance, please add the two premiums together to determine your monthly total premium cost • You pay the premium for your retiree benefit plan directly to the City of Mississauga by credit card • It is your responsibility to advise the City of any changes to your card number, expiry date, cancellation or change of Credit Card Company. Please read the fine print on the Recurring Credit Card form • Rejected charges are subject to a \$40 service charge | | | | | | | | | |
| Plan Management | <ul style="list-style-type: none"> • Premium costs are subject to change from time to time as determined by the City | | | | | | | | | |
| Employee and Family Assistance Program | <ul style="list-style-type: none"> • Coverage for the retiree and their eligible dependents until the earlier of one year from date of retirement or attainment of age 65. For more information please visit the Inside Mississauga Website • If you are outside the City please send an email to askhr@mississauga.ca | | | | | | | | | |
| Fitness Discount | <ul style="list-style-type: none"> • A 20% discount for all membership types for early retirees (up to the age of 65). For more information please visit the Inside Mississauga Website. • If you are outside the City please send an email to askhr@mississauga.ca • | | | | | | | | | |

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| Health Coverage | Details |
|------------------------------------|---|
| Deductible | \$25 per benefit year |
| % of Reimbursement | <ul style="list-style-type: none"> For all Health Care expenses (except SP Hospital) 80% applies to following out of pocket expenses - the first \$200 per person per benefit year or \$400 per family per benefit year, and thereafter any eligible expenses are reimbursed at 100%. Sun Life will automatically start paying at 100% when you reach that out of pocket maximum |
| In-Province Hospital Only | Up to the difference between the ward and semi-private room limit |
| Pay Direct Drug Plan | <ul style="list-style-type: none"> Drugs that legally require a prescription Drug Substitution Limit: charges in excess of the lowest priced equivalent drug will not be covered unless your doctor specifies in writing that no substitution for the prescribed drug may be made. |
| Paramedical Practitioners | <ul style="list-style-type: none"> Up to \$60 per visit to a calendar year maximum of \$2,000 for Speech Therapist ; Up to \$90 per visit to a calendar year maximum of \$2,000 for Clinical Psychologist; Up to \$40 per visit to a calendar year maximum of \$2,000 for Chiropractor; Up to \$30 per visit to a calendar year maximum of \$500 for Osteopath, Naturopath, Podiatrist and Chiropodist; Up to \$40 per visit for Physiotherapist; Up to \$60 per visit to a calendar year maximum of \$500 for Massage Therapist |
| Vision Care | Up to a maximum of \$425/24 consecutive months |
| Orthotics/Orthopaedic Shoes | Up to a maximum of \$500 each every benefit year (Jan to Dec) |
| Hearing Care | Up to a maximum of \$500/24 months |
| Dental Coverage | Details |
| Deductible | <ul style="list-style-type: none"> Basic Dental expenses – No deductible Optional Dental - \$25 per person to a family limit of \$50 |
| Fee Guide | <ul style="list-style-type: none"> Fee Guide in accordance with the Union Agreement Based on the Ontario Dental Association Schedule of Fees for General Practitioner |
| % of Reimbursement | <ul style="list-style-type: none"> For Basic Dental Expenses 80% applies to following out of pocket expenses - the first \$200 per person per benefit year or \$400 per family per benefit year, and thereafter any eligible expenses are reimbursed at 100%. Sun Life will automatically start paying at 100% when you reach that out of pocket maximum For Optional Dental Plan 50% (Major Restorative and Orthodontia) |
| Calendar Year Maximum | <ul style="list-style-type: none"> Unlimited for Basic Dental \$2,500 for Optional Dental (Major Restorative and Orthodontia) |
| Lifetime Maximum | <ul style="list-style-type: none"> 4,000 for Orthodontia expenses |

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