## Management/Non-Union Retirement Benefit Plan Grandparented North York

Benefit ELIGIBILITY	Former City of North York Under age 6.	S Forma City And
LIEFTAG	to age 65	5 Former City of North York Over age 65
LIFE INS.		Lifetime Lifetime Lifetime
Coverage	If hired before May 6/93	
	2 v annual act	If hired before May 6/93
	2 x annual salary subject to max of	2 x annual salary subject to
	\$50,000. If hired after May 6/93 - Nil	may of \$50,000 Yell 1 0
Optional Life	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	max of \$50,000. If hired after May 6/93 - Nil
Spatial Life	Nil	A. T. C.
Danaud 1710	1344	Nil
Dependent Life	If hired before May 6/93 \$5,000 spouse	9
	\$1,500 dependent child (over 15 days)	If hired before May 6/93, \$5,000 spouse, \$1,500
	If hired after May 6/93 - Nil	dependent child (over 15 days)
AD&D	A filled after May 6/93 - Nil	If hired after May 6/93 - Nil
Coverage	Nil	John Till
Cost	N/A	Nil .
LTD	IVA	N/A
Coverage	NIII.	
Maximum	Nii	Nil
Tax Status of Disability	N/A	N/A
Income	N/A	N/A
Inflationary Adjustment	N/A	N/A
Amusonary Adjustment		IVA
HEALTH		
Point.		
Reimbursement of Eligible	100%	4000
Expenses	25	100%
Deductible	\$15 single/\$30 family	
	410 augle 430 ramily	\$15 single/\$30 family
Drug Coverage	Count D	J
	Generic Prescription	Generic Prescription
	\$7.75 cap on dispensing fee	\$7.75 can on diamensing for the
Hospital "		\$7.75 cap on dispensing fee for maintenance drugs
rospitat	Semi-Private	Com! Dul
Wales B. W.	1	Semi-Private
Vision Benefit	\$185/24 mos.	
	1 11111	\$185/24 mos.
Hearing Aids	\$400/2 years	
	4 100/2 years	\$400/2 years
Out of Country	Vac. Province	
·	Yes - Emergency Only	Yes - Emergency Only
Private Duty Nursing	#10.000 W.c.	
Traising	\$10,000/lifetime	\$10,000/lifetlme
aramedical		\$10,000/HOLINIO
aramedical		
for m		
Massage Therapy	Maximum \$7.00 per visit to a maximum	12 S 1
	of 12 visits per year	Maximum \$7.00 per visit to a maximum of 12
		visits per year
<sup>o</sup> sychologist	\$35.00 Initial visit. Maximum \$20.00	32 (57)
41	each subsequent visit to an overall	\$35.00 Initial visit. Maximum \$20.00 each
	maximum of \$200 m	Subsequent visit to an overall maximum of \$200
	maximum of \$200 per year (after OHIP)	per year (after OHIP)
Chiropractor	Maximum 010 mg	Total Company
-	Maximum \$18.75 per visit to an overall	Maximum \$18.75 per visit to an overall maximum
	maximum of \$225 per year (after OHIP)	of \$225 per year (after OHIP)
steopath	NU	(mil omi)
•	Nii	Nil
peech Therapist	1 2 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Param Inotuplat	Maximum \$200/year	Maximum \$200/year
hysiotherapist		
nystotnerapist	Unlimited	Unlimited
adiatriat	SACOS	- Committeet
odiatrist	Nil	Nil
ENTAL		INI
9		
asic Coverage	Nil	l
e, fillings, cleaning)		Nil
fajor Coverage -	Nil	L
e. crowns, bridge work)	****	Nil
		I
rthodontic Coverage e. braces)	Nil	Nil