

Your benefits at-a-glance






Here is a high-level summary of your flexible benefits program.

YOUR CORE BENEFITS	
Long Term Disability (LTD)	<ul style="list-style-type: none"> 67% of monthly earnings up to a maximum benefit of \$5,000 Payable after 189 days (27 weeks) of disability Benefits are integrated with any disability benefits payable to you under the Canada Pension Plan Benefit payments are taxable
Accidental Death and Dismemberment (AD&D)	<ul style="list-style-type: none"> Provides a lump-sum cash benefit of up to \$25,000 if you suffer a serious injury or death because of an accident
Healthcare Online by Consult+	<ul style="list-style-type: none"> Consult+ provides you and your family with unlimited 24/7 secure online access to Canadian healthcare professionals – when and where you need it Includes: diagnoses and advice; prescriptions (new and renewals); lab and imaging orders; and specialist referrals
Employee Assistance Program (EAP – Contact)	<ul style="list-style-type: none"> Provides you and your dependents with access to confidential counselling and information services
Teledoc (formerly Best Doctors)	<ul style="list-style-type: none"> Provides you and your dependents with access to a network of medical specialists if you are diagnosed with a serious illness Allows you to get a complete explanation of your medical condition, verify a diagnosis, and confirm best treatment options

Note: No selection is required for the Core Benefits.

To help you choose the plan that best suits your needs and preferences, here is a summary of the coverage under each option.

COVERAGE	GREEN LEAF PLAN	ORANGE LEAF PLAN	BLUE LEAF PLAN
Life Insurance			
Employee Basic Life	\$25,000	\$40,000	2 x salary
Dependent Life (spouse)	\$20,000	\$20,000	\$20,000
Dependent Life (child)	\$8,000	\$8,000	\$8,000
Healthcare			
Prescription drugs			
Reimbursement of:			
<ul style="list-style-type: none"> Formulary drugs Non-formulary drugs 	70% 50% For first \$2,000/year paid out-of-pocket, per person, then 100% thereafter	80% 60% For first \$1,000/year paid out-of-pocket, per person, then 100% thereafter	90% 70% For first \$500/year paid out-of-pocket, per person, then 100% thereafter
<ul style="list-style-type: none"> Dispensing fee cap 	\$5 per prescription		
<ul style="list-style-type: none"> Drug card 	Included		
Paramedical services			
	70% reimbursement	80% reimbursement	90% reimbursement
<ul style="list-style-type: none"> Physiotherapist Speech Therapist Psychologist/Social Worker 	\$1,500 per year for each service	\$1,500 per year for each service	\$1,500 per year for each service
<ul style="list-style-type: none"> Registered Massage Therapist (RMT) Osteopath 	Up to \$200 per year for each service There is a combined annual maximum of \$600 in addition to the specific per practitioner maximum indicated above	Up to \$500 per year for each service There is a combined annual maximum of \$1,500 in addition to the specific per practitioner maximum indicated above	Up to \$750 per year for each service There is a combined annual maximum of \$2,000 in addition to the specific per practitioner maximum indicated above

COVERAGE	 GREEN LEAF PLAN	 ORANGE LEAF PLAN	 BLUE LEAF PLAN
Healthcare... <i>continued</i>			
<ul style="list-style-type: none"> Chiropractor Naturopath Podiatrist/Chiropodist Acupuncturist Homeopath Occupational Therapist 	Up to \$200 per year for each service	Up to \$500 per year for each service	Up to \$750 per year for each service
	Not included; can be claimed under your HCSA*		
		Not included; can be claimed under your HCSA*	
Travel insurance			
Emergency out-of-country medical insurance	Up to \$1,000,000 per person, per emergency		
Vision care			
Frames and lenses, contact lenses	Not included; can be claimed under your HCSA*	Up to \$150 every 2 years (every year for eligible child[ren])	Up to \$200 every 2 years (every year for eligible child[ren])
Eye exams		Up to \$50 every 2 years	Up to \$90 every 2 years
Medical services and supplies			
Ambulance services (including air ambulance)	Included		
Private-duty nursing	Up to \$5,000 every 3 years	Up to \$5,000 every 3 years	Up to \$10,000 every 3 years
Orthotics and orthopedic shoes	Not included; can be claimed under your HCSA	Up to \$300 per year	Up to \$300 per year
Hearing aids		Up to \$300 every 4 years	Up to \$600 every 5 years
Dental care (based on the current fee guide)			
Basic services (e.g., routine, preventive, endodontic, periodontic)	Not included; can be claimed under your HCSA*	80% reimbursement	90% reimbursement
Major restorative services (e.g., crowns, onlays, bridges, and dentures)		Not included; can be claimed under your HCSA	50% reimbursement
Annual maximum	Not applicable	\$2,000	\$2,000 for all basic and major services combined
Orthodontia	Not included; can be claimed under your HCSA*	Not included; can be claimed under your HCSA*	50% reimbursement (to a lifetime maximum of \$2,000 per person)
Recall exams	Not applicable	Once every 12 months (every 6 months for eligible child[ren])	Once every 12 months (every 6 months for eligible child[ren])
Healthcare Spending Account (HCSA): annual deposit			
Member only	\$500	\$250	Not included
Member + 1 dependent	\$1,000	\$500	
Member + 2 or more dependents	\$1,600	\$700	

* Remember, you can claim a wide range of services and procedures under your Healthcare Spending Account – up to the total dollar amount you have remaining in your account.