## Your benefits at-a-glance



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

YOUR CORE BENEFITS		
Long Term Disability (LTD)	<ul> <li>67% of monthly earnings up to a maximum benefit of \$5,000</li> <li>Payable after 189 days (27 weeks) of disability</li> <li>Benefits are integrated with any disability benefits payable to you under the Canada Pension Plan</li> <li>Benefit payments are taxable</li> </ul>	
Accidental Death and Dismemberment (AD&D)	<ul> <li>Provides a lump-sum cash benefit of up to \$25,000 if you suffer a serious injury or death because of an accident</li> </ul>	
Healthcare Online by Consult+	<ul> <li>Consult+ provides you and your family with unlimited 24/7 secure online access to         Canadian healthcare professionals — when and where you need it</li> <li>Includes: diagnoses and advice; prescriptions (new and renewals); lab and imaging orders; and specialist referrals</li> </ul>	
Employee Assistance Program (EAP—Contact)	Provides you and your dependents with access to confidential counselling and information services	
Teledoc (formerly Best Doctors)	<ul> <li>Provides you and your dependents with access to a network of medical specialists if you are diagnosed with a serious illness</li> <li>Allows you to get a complete explanation of your medical condition, verify a diagnosis, and confirm best treatment options</li> </ul>	

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> <li>Formulary drugs</li> </ul>	70%	80%	90%	
<ul> <li>Non-formulary drugs</li> </ul>	50%	60%	70%	
	For first \$2,000/year paid out-of-pocket, per person, then 100% thereafter	For first \$1,000/year paid out-of-pocket, per person, then 100% thereafter	For first \$500/year paid out-of-pocket, per person, then 100% thereafter	
Dispensing fee cap	\$5 per prescription			
Drug card	Included			
Paramedical services	70% reimbursement	80% reimbursement	90% reimbursement	
<ul><li>Physiotherapist</li><li>Speech Therapist</li><li>Psychologist/Social Worker</li></ul>	\$1,500 per year for each service	\$1,500 per year for each service	\$1,500 per year for each service	
<ul> <li>Registered Massage Therapist (RMT)</li> <li>Osteopath</li> </ul>	Up to \$200 per year for each service	Up to \$500 per year for each service	Up to \$750 per year for each service	
	There is a combined annual maximum of \$600 in addition to the specific per practitioner maximum indicated above	There is a combined annual maximum of \$1,500 in addition to the specific per practitioner maximum indicated above	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 continued			
• Chiropractor	Up to \$200 per year for	Up to \$500 per year for each service	Up to \$750 per year for
<ul> <li>Naturopath</li> </ul>	each service		each service
<ul> <li>Podiatrist/Chiropodist</li> </ul>	Not included; can be claimed		
Acupuncturist	under your HCSA*		
<ul> <li>Homeopath</li> </ul>		Not included; can be claimed	
Occupational Therapist		under your HCSA*	
Travel insurance			
Emergency out-of-country medical insurance	Up to \$1,000,000 per person, p	er 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 (HC	CSA): annual deposit		
Member only	\$500	\$250	Not included
Member + 1 dependent	\$1,000	\$500	
Member + 2 or more dependents	\$1,600	\$700	

<sup>\*</sup> 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.

OPTIONAL CRITICAL ILLNESS INSURANCE				
Member Optional Critical Illness	Units of \$5,000 to a maximum of \$150,000 (minimum benefit of \$10,000)	Your benefit amount reduces by 50% at your age 65, to a maximum of \$50,000 (minimum benefit of \$10,000), and terminates at the earliest of age 70, your retirement, or your Critical Illness benefit is paid out		
Spousal Optional Critical Illness	Units of \$5,000 to a maximum of \$150,000 (minimum benefit of \$10,000)	Your spouse's benefit amount reduces by 50% at your spouse's age 65, to a maximum of \$50,000 (minimum benefit of \$10,000), and terminates at the earliest of your age 70, your retirement, or your Spousal Critical Illness benefit is paid out.		