Policy # 99999	Option 1	Option 2	Option 3	Option 4	Option 5	
Life Insurance			·		·	
Benefit Schedule:	100% of annual earnings	200% of annual earnings	300% of annual earnings	400% of annual earnings	500% of annual earnings	
Minimum Benefit:	\$25,000	\$25,000	\$25,000	\$25,000	\$25,000	
Maximum Benefits:	\$1,000,000	\$1,000,000	\$1,000,000	\$1,500,000	\$1,500,000	
Non-Evidence	\$600,000	\$600,000	\$600,000	\$600,000	\$600,000	
Maximum:						
Reduction Clause:	50% at age 65	50% at age 65	50% at age 65	50% at age 65	50% at age 65	
Waiver of Premium:	Included	Included	Included	Included	Included	
Conversion:	Included	Included	Included	Included	Included	
Termination Age:	At age 70 or earlier	At age 70 or earlier	At age 70 or earlier	At age 70 or earlier	At age 70 or earlier	
	retirement	retirement	retirement	retirement	retirement	
Policy # 99999	Option 1					
Optional Life Insurance	 :e					
•	Units of:					
Benefit Schedule:	\$10,000 Employee					
	\$10,000 Spouse					
Maximum Benefits:	\$500,000					
Waiver of Premium:	Included					
Termination Age:	At age 65 or earlier retirement					
Policy # 99999	Option 1	Option 2	Option 3	Option 4	Option 5	
Accidental Death & D	ismemberment Insura	nce				
Benefit Schedule:	100% of annual earnings	200% of annual earnings	300% of annual earnings	400% of annual earnings	500% of annual earnings	
Minimum Benefit:	\$25,000	\$25,000	\$25,000	\$25,000	\$25,000	
Maximum Benefits:	\$1,000,000	\$1,000,000	\$1,000,000	\$1,500,000	\$1,500,000	
Non-Evidence	\$600,000	\$600,000	\$600,000	\$600,000	\$600,000	
Maximum:						
Reduction Clause:	50% at age 65	50% at age 65	50% at age 65	50% at age 65	50% at age 65	
Waiver of Premium:	Included	Included	Included	Included	Included	
Conversion:	Included	Included	Included	Included	Included	
Termination Age:	At age 70 or earlier	At age 70 or earlier	At age 70 or earlier	At age 70 or earlier	At age 70 or earlier	
	retirement	retirement	retirement	retirement	retirement	

	Option 1					
Short-Term Disability	Insurance					
Benefit Schedule:	Salary Continuation					
	Program from Company					
Adjudication:	By Insurer					
Termination:	At age 70 or earlier					
	retirement					
Policy # 99999	Option 1	Option 2	Option 3	Option 4		
Long-Term Disability		- p		- Билен		
Benefit Schedule:	66.67% of 1 st \$3,750 of	66.67% of 1 st \$3.750 of	66.67% of 1 st \$3.750 of	66.67% of 1 st \$3.750 of		
benefit Schedule.	monthly earnings + 50% of					
	the next \$2,500 of monthly					
	earnings + 44% of monthly					
	earnings thereafter	earnings thereafter	earnings thereafter	earnings thereafter		
Minimum Benefit:	\$100	\$100	\$100	\$100		
Maximum Benefits:	\$10,000	\$10,000	\$10,000	\$10,000		
Non-Evidence	\$10,000	\$10,000	\$10,000	\$10,000		
Maximum:						
Elimination Period:	Must be totally disabled for					
	120 days before benefits					
	begin	begin	begin	begin		
Definition of Disability:	Disabled from own	Disabled from own	Disabled from own	Disabled from own		
(1st Assessment)	occupation for 24 months	occupation for 24 months	occupation for 24 months	occupation for 36 months		
Definition of Disability:	Disabled from any	Disabled from any	Disabled from any	Disabled from any		
(2 nd Assessment)	occupation	occupation	occupation	occupation		
Offsets:	Primary CPP/ QPP	Primary CPP/ QPP	Primary CPP/ QPP	Primary CPP/ QPP		
Cost of Living	None		3%	3%		
Adjustment:						
Tax Status:	Taxable	Taxable	Taxable	Taxable		
Maximum Benefit	2 years	To age 65	To age 65	To age 65		
Duration:						
Termination:	Age 65	Age 65	Age 65	Age 65		

Policy # 99999	Option 1	Option 2	Option 3	Option 4	Option 5
Healthcare Insurance					
Deductible:	n/a	None	None	None	None
Co-Insurance:					
In-Canada Hospital:	n/a	n/a	100%	100%	100%
Chronic Care Expenses:	n/a	n/a	100%	100%	100%
All Other Healthcare:	n/a	80%	90%	100%	100%
Hospital Expenses:					
In-Canada Hospital:	n/a	Semi-Private Hospital	Semi-Private Hospital	Semi-Private Hospital	Private Hospital
Chronic Care:	n/a	n/a	\$25 per day	\$25 per day	\$25 per day
Convalescent Care:	n/a	n/a	\$20 per day to maximum 90 days	\$20 per day to maximum 90 days	\$20 per day to maximum 90 days
Other Health Expenses:					
Ambulance:	n/a	Included	Included	Included	Included
Home Nursing Care:	n/a	\$10,000 to a maximum of 12 months per condition	\$10,000 to a maximum of 12 months per condition	\$10,000 to a maximum of 12 months per condition	\$10,000 to a maximum of 12 months per condition
Hearing Aids:	n/a	\$500 every 5 years			
Custom-Fitted	n/a	\$150 per plan year	\$200 per plan year	\$300 per plan year	\$400 per plan year
Orthopedic Shoes:					
Custom-made Foot	n/a	\$150 per plan year	\$200 per plan year	\$300 per plan year	\$400 per plan year
Orthotics:					
External Breast	n/a	1 per 12 months			
Prothesis:					
Surgical Brassieres:	n/a	2 per 12 months			
Wigs:	n/a	\$200 lifetime	\$200 lifetime	\$200 lifetime	\$200 lifetime
Diagnostic X-Rays:	n/a	Included	Included	Included	Included
Outdoor Wheelchair	n/a	\$2,000 lifetime	\$2,000 lifetime	\$2,000 lifetime	\$2,000 lifetime
Ramps:					
Blood-Glucose	n/a	1 every 4 years			
Monitoring Machine:					
Transcutaneous Nerve	n/a	\$700 lifetime	\$700 lifetime	\$700 lifetime	\$700 lifetime
Stimulators:					
Extremity Pumps for	n/a	\$1,500 lifetime	\$1,500 lifetime	\$1,500 lifetime	\$1,500 lifetime
Lymphedema:					
Custom-made	n/a	\$250 per plan year			
Compression Hose:					
Termination Age:	At age 70 or earlier retirement	At age 70 or earlier retirement	At age 70 or earlier retirement	At age 70 or earlier retirement	At age 70 or earlier retirement

	Option 1	Option 2	Option 3	Option 4	Option 5
Prescription Drug Car	e Insurance				
Deductible:	n/a	An amount equal to the pharmacist's dispensing fee	None	None	None
Dispensing Fee Maximum:	n/a	None	\$7 per prescription maximum	\$7 per prescription maximum	None
Co-Insurance:	n/a	80% 90% at Costco Pharmacy (except Quebec)	90% 100% at Costco Pharmacy (except Quebec)	95% 100% at Costco Pharmacy (except Quebec)	100%
Plan Year Maximum:	n/a	Unlimited	Unlimited	Unlimited	Unlimited
Lifestyle Drug Coverage	•				
Smoking Cessation:	n/a	\$500 lifetime	\$500 lifetime	\$500 lifetime	\$500 lifetime
Anti-Obesity Drugs:	n/a	n/a	n/a	n/a	n/a
Fertility Drugs:	n/a	n/a	n/a	n/a	n/a
Termination Age:	At age 70 or earlier retirement	At age 70 or earlier retirement	At age 70 or earlier retirement	At age 70 or earlier retirement	At age 70 or earlier retirement
Dolicy # 00000	O+:1	O-1	O-a-ti-a-a-3	O-+: 1	
	Option 1 ner Insurance	Option 2	Option 3	Option 4	
		Option 2 None	Option 3 None	Option 4 None	
Paramedical Practitio	ner Insurance		·	•	
Paramedical Practition Deductible: Co-Insurance:	ner Insurance	None	None	None	
Paramedical Practition Deductible: Co-Insurance:	ner Insurance	None	None	None	
Paramedical Practition Deductible: Co-Insurance: Plan Year Maximums:	ner Insurance n/a n/a	None 90% \$500 per plan year* \$500 per plan year*	None 95% \$750 per plan year* \$750 per plan year*	None 100% \$1,000 per plan year* \$1,000 per plan year*	
Paramedical Practition Deductible: Co-Insurance: Plan Year Maximums: Acupuncturist: Chiropractors: Physiotherapist:	ner Insurance n/a n/a n/a	None 90% \$500 per plan year* \$500 per plan year* \$500 per plan year*	None 95% \$750 per plan year* \$750 per plan year* \$750 per plan year*	None 100% \$1,000 per plan year* \$1,000 per plan year* \$1,000 per plan year*	
Paramedical Practition Deductible: Co-Insurance: Plan Year Maximums: Acupuncturist: Chiropractors: Physiotherapist: Podiatrist/ Chiropodist:	ner Insurance n/a n/a n/a n/a	None 90% \$500 per plan year* \$500 per plan year* \$500 per plan year* \$500 per plan year*	None 95% \$750 per plan year* \$750 per plan year* \$750 per plan year* \$750 per plan year*	None 100% \$1,000 per plan year* \$1,000 per plan year* \$1,000 per plan year* \$1,000 per plan year*	
Paramedical Practition Deductible: Co-Insurance: Plan Year Maximums: Acupuncturist: Chiropractors: Physiotherapist:	n/a n/a n/a n/a n/a n/a n/a	None 90% \$500 per plan year* \$500 per plan year* \$500 per plan year*	None 95% \$750 per plan year* \$750 per plan year* \$750 per plan year*	None 100% \$1,000 per plan year* \$1,000 per plan year* \$1,000 per plan year*	
Paramedical Practitio Deductible: Co-Insurance: Plan Year Maximums: Acupuncturist: Chiropractors: Physiotherapist: Podiatrist/ Chiropodist: Psychologist/ Social	ner Insurance n/a	None 90% \$500 per plan year* \$500 per plan year* \$500 per plan year* \$500 per plan year*	None 95% \$750 per plan year* \$750 per plan year* \$750 per plan year* \$750 per plan year*	None 100% \$1,000 per plan year* \$1,000 per plan year* \$1,000 per plan year* \$1,000 per plan year*	
Paramedical Practition Deductible: Co-Insurance: Plan Year Maximums: Acupuncturist: Chiropractors: Physiotherapist: Podiatrist/ Chiropodist: Psychologist/ Social Workers:	ner Insurance n/a	None 90% \$500 per plan year*	None 95% \$750 per plan year*	None 100% \$1,000 per plan year*	
Paramedical Practitio Deductible: Co-Insurance: Plan Year Maximums: Acupuncturist: Chiropractors: Physiotherapist: Podiatrist/ Chiropodist: Psychologist/ Social Workers: Speech Therapist:	n/a	None 90% \$500 per plan year*	None 95% \$750 per plan year*	None 100% \$1,000 per plan year*	
Paramedical Practition Deductible: Co-Insurance: Plan Year Maximums: Acupuncturist: Chiropractors: Physiotherapist: Podiatrist/ Chiropodist: Psychologist/ Social Workers: Speech Therapist: Massage Therapist:	n/a	None 90% \$500 per plan year*	None 95% \$750 per plan year*	None 100% \$1,000 per plan year*	
Co-Insurance: Plan Year Maximums: Acupuncturist: Chiropractors: Physiotherapist: Podiatrist/ Chiropodist: Psychologist/ Social Workers: Speech Therapist: Massage Therapist: Naturopath:	ner Insurance n/a n/a n/a n/a n/a n/a n/a n/	None 90% \$500 per plan year*	None 95% \$750 per plan year*	None 100% \$1,000 per plan year*	

Benefits at a Glance

Benefit: Included

Termination Age: At age 70 or earlier

retirement

Policy # 99999	Option 1	Option 2	Option 3	Option 4
Vision Care Insurance				
Deductible:	n/a	None	None	None
Co-insurance:	n/a	100%	100%	100%
Benefit Amount:	n/a	\$150 every 2 plan years	\$300 every 2 plan years	\$500 every 2 plan years
Eye Exams:	n/a	\$50 every 2 plan years	\$75 every 2 plan years	\$100 every 2 plan years
Termination Age:	n/a	At age 70 or earlier retirement	At age 70 or earlier retirement	At age 70 or earlier retirement
Policy # 99999	Option 1			
Emergency Out-of-Co	untry			
Deductible:	None			
Co-insurance:				
Out-of-Country	100%			
Emergency Services:				
Out-of-Country Referral	100%			
Services:				
Out-of-Canada Hospital:	Semi-Private			
Maximum:	Unlimited			
Termination Age:	At age 70 or earlier retirement			
Policy # 99999	Option 1			
Global Medical Assista	ance/ Best Doctors		_	
Benefit:	Included			
Termination Age:	At age 70 or earlier retirement			
	Option 1			

Policy # 99999	Option 1	Option 2	Option 3	Option 4	Option 5
Dental Care Insurance		Οριίοπ 2	Οριίοπ 3	Орион	Орион э
Deductible:	n/a	None	None	None	None
Co-insurance:	<u> </u>				
Basic & Preventative:	n/a	80%	90%	100%	100%
Major Restorative:	n/a	n/a	n/a	50%	50%
Child Orthodontia:	n/a	n/a	n/a	50%	60%
Accidental Dental:	n/a	100%	100%	100%	100%
Plan Year Maximum:					
Basic & Preventative:	n/a	\$500	\$1,500	\$2,500 (combined with Major)	\$5,000 (combined with Major)
Major Restorative:	n/a	n/a	n/a	\$2,500 (combined with Basic)	\$5,000 (combined with Basic)
Child Orthodontia:	n/a	n/a	n/a	\$2,500 lifetime	\$2,500 lifetime
Accidental Dental:	n/a	Unlimited	Unlimited	Unlimited	Unlimited
Fee Guide:	n/a	Current Province of Residence	Current Province of Residence	Current Province of Residence	Current Province of Residence
Complete Examination:	n/a	1 every 9 months	1 every 9 months	1 every 9 months	1 every 6 months
Recall Examination:	n/a	1 every 9 months	1 every 9 months	1 every 9 months	1 every 6 months
Polishing:	n/a	1 every 9 months	1 every 9 months	1 every 9 months	1 every 6 months
Topical Fluoride:	n/a	1 every 9 months	1 every 9 months	1 every 9 months	1 every 6 months
Scaling units:	n/a	10 units of 15 minutes per plan year	10 units of 15 minutes per plan year	10 units of 15 minutes per plan year	10 units of 15 minutes per plan year
Termination Age:	At age 70 or earlier retirement	At age 70 or earlier retirement	At age 70 or earlier retirement	At age 70 or earlier retirement	At age 70 or earlier retirement

Flex Plan Enrolment Rules

If Drug Option 4 or 5 is elected, you will be locked into this selection for a two year period.

If Healthcare Option 4 or 5 is elected, you will be locked into this selection for a two year period.

If Paramedical Option 4 is elected, you will be locked into this selection for a two year period.

All Vision Care options with the exception of Option 1 (No Coverage) include a two year lock-in period.

If Dental Option 4 or Option 5 is elected, you will be locked into this selection for a two year period.

If you elect any other options than those shown above, you will be locked-in for a one year period only and at the next enrolment will be allowed to move up or down one option level.

These restrictions will be waived if you experience a life status change.

A life status change is defined as:

- o Acquiring your first dependent (spouse or child)
- o Loss of similar coverage through your spouse's group benefit plan (for example; because of a change in your spouse's employment status)
- o Death of your spouse or only child
- Your spouse or only child ceases to qualify for coverage (for example through divorce or your child's attainment of limiting age)

You will be able to waive Healthcare coverage, Prescription Drug coverage and Dental coverage only if your spouse has coverage under their employer's plan.