CAPREIT

Benefits at a Glance

	OPTION 1	OPTION 2	OPTION 3	OPTION 4	OPTION 5
Life Insurance					
Benefit Sch	dule: 100% of annual earnings	200% of annual earnings	300% of annual earnings	400% of annual earnings	500% of annual earnings
	nefit: \$25,000	\$25,000	\$25,000	\$25,000	\$25,000
	nefit: \$1,000,000	\$1,000,000	\$1,000,000	\$1,500,000	\$1,500,000
Non-evidence Max		\$600,000	\$600,000	\$600,000	\$600,000
Reduction (ause: 50% at age 65	50% at age 65	50% at age 65	50% at age 65	50% at age 65
Waiver of Pre	nium: Included	Included	Included	Included	Included
Conv	rsion: Included	Included	Included	Included	Included
Terminatio	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
Optional Life	Units of:	Units of:	Units of:	Units of:	Units of:
Benefit Sch		\$10,000 Employee	\$10,000 Employee	\$10,000 Employee	\$10,000 Employee
Benefit Sch	, ,	\$10,000 Spouse	\$10,000 Spouse	\$10,000 Spouse	\$10,000 Spouse
Maximum B		\$500,000	\$500,000	\$500,000	\$500,000
Waiver of Pre	Tiene.	Included	Included	Included	Included
	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
AD&D Insurance	Tige. At age 70 of camer retirement	7 to age 70 or earner retirement	7tt age 70 of camer retirement	7tt age 70 of camer retirement	The age 70 of carner retirement
	ount: 100% of annual earnings	200% of annual earnings	300% of annual earnings	400% of annual earnings	500% of annual earnings
Minimum B		\$25,000	\$25,000	\$25,000	\$25,000
	nefit: \$1,000,000	\$1,000,000	\$1,000,000	\$1,500,000	\$1,500,000
Non-evidence Max		\$600,000	\$600,000	\$600,000	\$600,000
	nium: Included	Included	Included	Included	Included
	ause: 50% at age 65	50% at age 65		50% at age 65	50% at age 65
	Age: At age 70 or earlier retirement	At age 70 or earlier retirement	50% at age 65 At age 70 or earlier retirement	At age 70 or earlier retirement	At age 70 or earlier retirement
	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
LTD Insurance					
	66.67% of 1st \$3,750 of monthly	66.67% of 1st \$3,750 of monthly	66.67% of 1st \$3,750 of monthly	66.67% of 1st \$3,750 of monthly	
Benefit Ar	ount: earnings + 50% of next \$2,500 of	earnings + 50% of next \$2,500 of monthly earnings + 44% of	earnings + 50% of next \$2,500 of	earnings + 50% of next \$2,500 of	
	monthly earnings + 44% of monthly earnings thereafter	monthly earnings + 44% of monthly earnings thereafter	monthly earnings + 44% of monthly earnings thereafter	monthly earnings+ 44% of monthly earnings thereafter	
	, ,				
Minimum B		\$100	\$100	\$100	
	nefit: \$10,000	\$10,000	\$10,000	\$10,000	
Non-evidence Max		\$10,000	\$10,000	\$10,000	
Elimination F	must be disabled for 120 days before benefits begin	must be disabled for 120 days before benefits begin	must be disabled for 120 days before benefits begin	must be disabled for 120 days before benefits begin	
D-6 ''' (D'	Disabled from own occupation for	Disabled from own occupation for	Disabled from own occupation for	Disabled from own occupation for	
Definition of Dis	24 months	24 months	24 months	36 months	
	fsets: Primary CPP / QPP	Primary CPP / QPP	Primary CPP / QPP	Primary CPP / QPP	
Cost of	iving: None	None	3%	3%	
Tax	tatus: Taxable	Taxable	Taxable	Taxable *	
Maximum Benefit Du	ation: 2 years	To age 65	To age 65	To age 65	
Terminatio	Age: Age 65	Age 65	Age 65	Age 65	

Benefits at a Glance

	OPTION 1	OPTION 2	OPTION 3	OPTION 4	OPTION 5
Short-Term Disability					
Benefit Amou	Self-Insured using Salary nt: Continuation Plan and adjudication services of Insurer	Self-Insured using Salary Continuation Plan and adjudication services of Insurer	Self-Insured using Salary Continuation Plan and adjudication services of Insurer	Self-Insured using Salary Continuation Plan and adjudication services of Insurer	Self-Insured using Salary Continuation Plan and adjudication services of Insurer
-lealthcare Insurance					
Deductik Pay Direct Dru	gs: No Coverage	An amount equal to the Dispensing Fee portion of the drug charge	None	None	None
		If you fill your prescription at Loblaw, the Dispensing Fee will be \$8.50 (does not apply in Quebec)			
All Other Expens	es: No Coverage	None	None	None	None
Co-insuran	ce:				
Prescription Dru	gs: No Coverage	80%	90%	95%	100%
		If you fill your prescription at Costco, you will be reimbursed at 90% (does not apply in Quebec)	If you fill your prescription at Costco, you will be reimbursed at 100% (does not apply in Quebec)	If you fill your prescription at Costco, you will be reimbursed at 100% (does not apply in Quebec)	
		Drug plan will cover the lowe	st priced generic unless GWL is prov	ided with medical approval why a br	rand name must be prescribed
In-Canada Hospi	tal: No Coverage	No Coverage	100%	100%	100%
Paramedical Practition	ers: No Coverage	No Coverage	90%	95%	100%
Out of Country Emergency Services and Glo Medical Assistar	1100%	100%	100%	100%	100%
Out of Country Referral Service	es: 100%	100%	100%	100%	100%
Chronic Care Expens	es: No Coverage	No Coverage	100%	100%	100%
All Other Healthcare Expens	es: No Coverage	80%	90%	100%	100%
Basic Expense Maximur	ns:				
Pay Direct Dru	gs: No Coverage	Unlimited	Unlimited	Unlimited	Unlimited
Pay Direct Drug Dispensing Fee Lir	nit: No Coverage	None	The covered expenses for the dispensing fee portion of a prescription drug charge is limited to \$7.00	The covered expenses for the dispensing fee portion of a prescription drug charge is limited to \$7.00	None
Smoking Cessati	on: No Coverage	\$500 lifetime	\$500 lifetime	\$500 lifetime	\$500 lifetime
Anti-Obesity Dru	gs: No Coverage	No Coverage	No Coverage	No Coverage	No Coverage
Fertility Dru	gs: No Coverage	No Coverage	No Coverage	No Coverage	No Coverage

Benefits at a Glance

	OPTION 1	OPTION 2	OPTION 3	OPTION 4	OPTION 5
Other Health Expenses:					
Ambulance:	No Coverage	Included	Included	Included	Included
In-Canada Hospital:	No Coverage	No Coverage	Semi-Private Room	Semi-Private Room	Private Room
Out of Canada Hospital:	Semi-Private Room	Semi-Private Room	Semi-Private Room	Semi-Private Room	Private Room
Convalescent Care:	No Coverage	No Coverage	\$20 per day to a maximum of 90 days	\$20 per day to a maximum of 90 days	\$20 per day to a maximum of 90 days
Home Nursing Care:	No Coverage	\$10,000 for a maximum of 12 months per condition	\$10,000 for a maximum of 12 months per condition	\$10,000 for a maximum of 12 months per condition	\$10,000 for a maximum of 12 months per condition
Chronic Care:	No Coverage	No Coverage	\$25 per day	\$25 per day	\$25 per day
Hearing Aids:	No Coverage	\$500 every 5 years	\$500 every 5 years	\$500 every 5 years	\$500 every 5 years
Custom-Fitted Orthopedic Shoes and Custom-made Foot Orthotics:	No Coverage	\$150 per plan year	\$200 per plan year	\$300 per plan year	\$400 per plan year
Myoelectric Arms:	No Coverage	\$10,000 per prosthesis	\$10,000 per prosthesis	\$10,000 per prosthesis	\$10,000 per prosthesis
External Breast Prosthesis:	No Coverage	1 every 12 months	1 every 12 months	1 every 12 months	1 every 12 months
Surgical Brassieres:	No Coverage	2 every 12 months	2 every 12 months	2 every 12 months	2 every 12 months
Mechanical or Hydraulic Patient Lifters:	No Coverage	\$2,000 per lifter once every 5 years	\$2,000 per lifter once every 5 years	\$2,000 per lifter once every 5 years	\$2,000 per lifter once every 5 years
Outdoor Wheelchair Ramps:	No Coverage	\$2,000 lifetime	\$2,000 lifetime	\$2,000 lifetime	\$2,000 lifetime
Blood-Glucose Monitoring Machines:	No Coverage	1 every 4 years	1 every 4 years	1 every 4 years	1 every 4 years
Transcutaneous Nerve Stimulators:	No Coverage	\$700 lifetime	\$700 lifetime	\$700 lifetime	\$700 lifetime
Extremity Pumps for Lymphedema:	No Coverage	\$1,500 lifetime	\$1,500 lifetime	\$1,500 lifetime	\$1,500 lifetime
Custom-made Compression Hose:	No Coverage	\$250 per plan year	\$250 per plan year	\$250 per plan year	\$250 per plan year
Wigs:	No Coverage	\$200 lifetime	\$200 lifetime	\$200 lifetime	\$200 lifetime
Diagnostic X-Rays and Lab Tests:	No Coverage	Included	Included	Included	Included
Paramedical Practitioner Expenses:					
Acupuncturists	No Coverage	No Coverage			
Chiropractors	No Coverage	No Coverage		\$500 each plan year combined for all paramedical practitioners	\$1,000 each plan year combined for all paramedical practitioners
Physiotherapists	No Coverage	No Coverage			
Podiatrists / Chiropodists	No Coverage	No Coverage	\$400 each plan year combined for all paramedical practitioners		
Psychologists / Social Workers	No Coverage	No Coverage	ali paramedicai practitioners		
Speech Therapists	No Coverage	No Coverage			
Massage Therapist	No Coverage	No Coverage			
Out of Country Care:	Included	Included	Included	Included	Included
Global Medical Assistance:	Included	Included	Included	Included	Included
Lifetime Healthcare Maximum:	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Termination Age:	the attainment of age 70 or earlier	9	_	the attainment of age 70 or earlier	_
Termination Age	retirement	retirement	retirement	retirement	retirement

CAPREIT

Benefits at a Glance

		OPTION 1	OPTION 2	OPTION 3	OPTION 4	OPTION 5
Vision Insurance						
	Deductible:	No Coverage	None	None	None	
	Co-insurance:	No Coverage	100%	100%	100%	
	Benefit Amount:	No Coverage	\$150 every 24 months	\$300 every 24 months	\$500 every 24 months	
	Eye Exams:	No Coverage	\$50 every 24 months	\$75 every 24 months	\$100 every 24 months	
	Termination:	No Coverage	the attainment of age 70 or earlier retirement	the attainment of age 70 or earlier retirement	the attainment of age 70 or earlier retirement	
Dental Care Insurance						
	Deductible:	No Coverage	None	None	None	None
	Co-insurance:					
Basic	and Preventative Services:	No Coverage	80%	90%	100%	100%
N	Major Restorative Services:	No Coverage	No Coverage	No Coverage	50%	50%
Chi	ild Orthodontia Coverage:	No Coverage	No Coverage	No Coverage	50%	60%
Accident	tal Dental Injury Coverage:	No Coverage	100%	100%	100%	100%
	Plan Maximums:					
Basic	and Preventative Services:	No Coverage	\$500 each plan year	\$1,500 each plan year	\$2,500 per plan Combined with year Major	\$5,000 per plan Combined with year Major
N	Major Restorative Services:	No Coverage	No Coverage	No Coverage	\$2,500 per plan Combined with year Basic	\$5,000 per plan Combined with year Basic
Child Orthodontics (lifetime maximum): No Coverage		No Coverage	No Coverage	No Coverage	\$2,500 lifetime	\$2,500 lifetime
Accident	tal Dental Injury Coverage:	No Coverage	Unlimited	Unlimited	Unlimited	Unlimited
	Fee Guide:	No Coverage	Current Province of Residence	Current Province of Residence	Current Province of Residence	Current Province of Residence
	Complete Examination:	No Coverage	1 every 9 months	1 every 9 months	1 every 9 months	1 every 6 months
Recall Examination: No Coverage		1 every 9 months	1 every 9 months	1 every 9 months	1 every 6 months	
	Polishing:	No Coverage	1 every 9 months	1 every 9 months	1 every 9 months	1 every 6 months
	Topical Fluoride:	No Coverage	1 every 9 months	1 every 9 months	1 every 9 months	1 every 6 months
	Scaling Units:	No Coverage	10 units of 15 minutes per plan year	10 units of 15 minutes per plan year	10 units of 15 minutes per plan year	12 units of 15 minutes per plan year
Termination: No Coverage		the attainment of age 70 or earlier retirement	the attainment of age 70 or earlier retirement	the attainment of age 70 or earlier retirement	the attainment of age 70 or earlie retirement	

SPECIALTY BENEFITS

		OPTION 1	OPTION 2	OPTION 3	OPTION 4	OPTION 5
Best Doctors						
	Benefit Amount:	Included	Included	Included	Included	Included
Termination:		earlier of retirement or attainment				
		of age 70				
Employee Assistance Pgm						
	Benefit Amount:	Covered	Covered	Covered	Covered	Covered
Termination:	earlier of retirement or attainment					
	Terrimation.	of age 70				