St. Mildred's – Lightbourn School

| | Life Insurance | | | | |
|-----------------------------------|--|--|---|--|--|
| | OPTION 1 | OPTION 2 | OPTION 3 | | |
| Benefit | 1 times annual earnings | 2 times annual earnings | 3 times annual earnings | | |
| Maximum | \$500,000 | | | | |
| Non-Evidence Maximum | \$400,000 | | | | |
| Reduction | 50% at age 65; further reduction of 50% at age 70 | | | | |
| Definition of Disability | 24 month own occupation; any occupation thereafter | | | | |
| Termination | Age 80 or retirement, whichever is earlier | | | | |
| | Accidental Death & Dismemberment | | | | |
| | OPTION 1 | OPTION 2 | OPTION 3 | | |
| Benefit | 1 times annual earnings | 2 times annual earnings | 3 times annual earnings | | |
| Maximum | | \$500,000 | | | |
| Definition of Disability | 24 month own occupation; any occupation thereafter | | | | |
| Termination | Age 75 or retirement, whichever is earlier | | | | |
| | Employee Optional Life | | | | |
| Benefit | Units of \$10,000 for employee and/or spouse | | | | |
| Combined Maximum | \$500,000 | | | | |
| Evidence of Insurability | All amounts require evidence of insurability | | | | |
| Termination | | Age 70 or retirement, whichever is earlier | | | |
| | | Optional Critical Illness | | | |
| Benefit | Units of \$10,000 to a maximum of \$250,000 | | | | |
| Evidence of Insurability | All amounts over \$20,000 require evidence of insurability | | | | |
| Termination | | Age 65 or retirement, whichever is earlier | | | |
| | | Long Term Disability | | | |
| | OPTION 1 | OPTION 2 | OPTION 3 | | |
| Benefit | 66.67% of the 1st \$2,000 of monthly earnings plus 50% of the remainder | | | | |
| Maximum | \$10,000 | | | | |
| Non Evidence Maximum | \$6,500 | | | | |
| Elimination Period | 120 calendar days | | | | |
| Definition of Disability | 24 month own occupation; any occupation thereafter | | | | |
| Maximum Benefit Duration | 5 years* | 10 years* | To age 65 | | |
| Taxable Status | | Non-Taxable | | | |
| Pre-Existing Condition Limitation | 3/12 | | | | |
| Termination | Age 65 or retirement, whichever is earlier | | | | |
| | | | | | |
| | *In selecting the 5 or 10 year LTD option, you understand that in the event of an injury or illness causing permanent disability, Canada Life will | | | | |
| | only provide income replacement benefits for a period of 5 years (10 years for the 10 year option). Following this period, there will be no further income replacement benefits paid. It is highly recommended you consider the potential impact of this decision on yourself and your family. | | | | |
| | income replacement benefits paid. It is highly rece | ommended you consider the potential impact of this | s decision on yourself and your family. | | |

St. Mildred's – Lightbourn School

| Extended Health Care General Provisions | | | | | |
|---|--|--|-------------------------------------|-------------------------------------|--|
| | OPTION 1 | OPTION 2 | OPTION 3 | OPTION 4 | |
| | | | Drugs & Medicines | | |
| Deductible | Amount equal to the Dispensing Fee | | | | |
| Co-insurance | No Coverage | 80% | 90% | 100% | |
| Maximum | | | Unlimited | | |
| Eligible Expenses | | Legally Requiring a Prescription, Lowest Cost Alternative | | | |
| | | Hospital | | | |
| Co-insurance | No Countage | 100% | | | |
| Hospitalization Coverage | No Coverage | Semi-Private | | | |
| | | Health Care | | | |
| Co-insurance | | 80% | 90% | 100% | |
| Private Duty Nursing Care | | \$10,000 for a maximum of 12 months per unrelated condition | | | |
| Hearing Aid Benefit | No Coverage | \$500 every 5 years | | | |
| Custom Made Orthopaedic | No Coverage | \$500 per plan year | | | |
| Shoes and Foot Orthotics | | \$500 per plan year | | | |
| Ambulance | | Included | | | |
| | | Paramedical Benefits | | | |
| Co-insurance | | 80% | 90% | 100% | |
| Acupuncturist | | \$500 each plan year combined for all | \$1,000 each plan year combined for | \$1,500 each plan year combined for | |
| Audiologist | | paramedical practitioners, | all paramedical practitioners, | all paramedical practitioners, | |
| Chiropractor | | including x-rays | including x-rays | including x-rays | |
| Massage Therapist | | | | | |
| Naturopath | No Coverage | Chiropractor, Osteopath and Podiatrist/Chiropodist x-rays are limited to a combined maximum of 4 per plan year subject to a maximum of \$25 per x-ray. Medical Referral is required for Massage Therapist, Osteopath and Physiotherapist. | | | |
| Osteopath | | | | | |
| Podiatrist/Chiropodist | | | | | |
| Physiotherapist | | | | | |
| Psychologist/Social Worker | | | | | |
| Speech Therapist | I | | | | |
| Survivor Benefit | | | 2 years | | |
| | | | Out of Province/ Country Emergenc | у | |
| Deductible | NIL | NIL | | | |
| Co-insurance | 100% | 100% | | | |
| Maximum | Unlimited | | Unlimited | | |
| | | | | | |
| Termination | Age 80 or retirement, whichever is earlier | | | | |



St. Mildred's – Lightbourn School

| | Vision Care | | | | |
|--------------------------------|-------------|--|------------------------|----------------------------|--|
| | OPTION 1 | OPTION 2 | OPTION 3 | OPTION 4 | |
| Deductible | | NIL | | | |
| Co-insurance | | 100% | | | |
| Eye Exams | No Coverage | \$50 every 24 months | \$75 every 24 months | | |
| Prescription Eye Glasses, | | \$150 every 24 months | \$300 every 24 months | No Coverage | |
| Contact Lenses | | \$150 every 24 months | \$500 every 24 months | | |
| Termination | | Age 80 or retirement, whichever is earlier | | | |
| | Dental Care | | | | |
| | OPTION 1 | OPTION 2 | OPTION 3 | OPTION 4 | |
| Deductible | | NIL | NIL | NIL | |
| Co-insurance | | | | | |
| Basic | | 80% | 90% | 100% | |
| Major | | No Coverage | | 50% | |
| Maximum | | | | | |
| Basic | | \$2,000 each plan year | \$2,500 each plan year | \$2,500 each plan year | |
| Major | No Coverage | No Coverage | | (Basic and Major combined) | |
| Oral Recall Examination | | 9 months | | 6 months | |
| Scaling / Root Planing | | 10 units | | | |
| General Practitioner Fee Guide | | Current | | | |
| Accidental Dental | Included | | | | |
| Survivor Benefit | | | 2 years | | |
| Termination | | Age 80 or retirement, whichever is earlier | | | |

| | Benefits Available to All | |
|---------------|--|--|
| | Employee & Family Assistance Program | |
| Carrier | Shepell | |
| Contact | 1-844-880-9142 or workhealthlife.com | |
| Termination | Age 80 or retirement, whichever is earlier | |
| | Best Doctors | |
| Benefit | Second Opinion Service for seriously ill Canadians | |
| Contact | 1-877-419-BEST (2378) | |
| | Consult+ | |
| Benefit | Virtual Health Care Services | |
| Online Access | Sign into GroupNet, go to Coverages & Balances, select Health, scroll down to Other coverage to find the link to Consult+. | |
| | Health Care Spending Account | |
| Benefit | Balance of unused Flex Credits | |
| Credits | Flex Credits maybe used within allocated year or one plan year following before forfeiture | |
| Termination | Age 80 or retirement, whichever is earlier | |

