



# SUMMARY OF COVERAGE

This document was prepared to help you understand the coverage offered to you and your family under the Flex plan. It will allow you to easily compare the different coverage options by summarizing the key features of the plan or coverage, such as the covered benefits and coverage limitations. This easy-to-understand summary is about helping you to make the plan yours.

## COVERAGE OVERVIEW

HEALTH CARE	Basic	Coordination	Comprehensive	Enhanced
<b>HCSA flex dollars<sup>1</sup></b>	\$500	\$500	Not applicable	Not applicable
<b>Deductible</b>	\$1,200/single coverage \$2,400/family coverage	None	None	None
<b>Pay-Direct drug card</b>	Yes	Yes	Yes	Yes
<b>Reimbursement</b>	Out-of-province: 100% Prescription drugs: 100% after deductible	Out-of-province: 100% All other services: 20%	Prescription drugs: 80% (Pref./Specialty) 65% (Non-pref.) All other services: 90%	Prescription drugs: 95% (Pref./Specialty) 80% (Non-pref.) All other services: 100%
<b>Dispensing fee max</b>	\$7.50/script	\$7.50/script	\$7.50/script	\$7.50/script
<b>Smoking cessation</b>	One course of treatment in any 12 month period	One course of treatment in any 12 month period	One course of treatment in any 12 month period	One course of treatment in any 12 month period
<b>Fertility drugs</b>	\$5,000 lifetime max.	\$5,000 lifetime max.	\$5,000 lifetime max.	\$5,000 lifetime max.
<b>Ambulance</b>	Not covered	Covered	Covered	Covered
<b>Hospital</b>	Not covered	Semi-private	Semi-private	Semi-private
<b>Private nursing</b>	Not covered	Max. \$5,000	Max. \$15,000	Max. \$25,000
<b>Hearing aids</b>	Not covered	Max. \$300 every 5 calendar years	Max. \$500 every 5 calendar years	Max. \$750 every 5 calendar years
<b>Equipment &amp; supplies</b>	Not covered	Covered	Covered	Covered
<b>Health practitioners*</b>	Not covered	20%; max. \$250/year/ practitioner	90%; max. \$500/year/ practitioner	100%; max. \$750/ year/practitioner
<b>Vision care</b>	Not covered	Max. \$100 every 2 calendar years	Max. \$200 every 2 calendar years	Max. \$350 every 2 calendar years
<b>Eye exam</b>	Not covered	Once every 2 calendar years	Once every 2 calendar years	Once every 2 calendar years
<b>Out-of-province emergency coverage</b>	100%; no deductible, max. \$5,000,000/ covered individual	100%; max. \$5,000,000/ covered individual	100%; max. \$5,000,000/ covered individual	100%; max. \$5,000,000/ covered individual

\* Health practitioner services include: chiropractor, massage therapist, naturopath, osteopath, physiotherapist, podiatrist, psychologist and speech therapist.

DENTAL CARE	Opt-out	Coordination	Comprehensive	Enhanced
<b>HCSA flex dollars<sup>1</sup></b>	\$350	\$250	Not applicable	Not applicable
<b>Recall exams</b>	Not covered	Every 9 months	Every 9 months	Every 9 months
<b>Basic and preventive dental care</b>	Not covered	20%; max. \$1,000/year	80%; max. \$1,500/year	90%; max. \$2,500/year
<b>Major restorative services</b>	Not covered	50%; max. \$1,000/year	50%; max. \$1,500/year	50%; max. \$2,500/year
<b>Orthodontics (Age 17 and under)</b>	Not covered	50%; \$2,500 lifetime max./person	Not covered	50%; \$2,500 lifetime max./person

### <sup>1</sup> HCSA flex dollars – For health and dental care

If you select the Opt-out, Basic or Coordination option, unused flex dollars (after selecting your health and dental care coverage) will be deposited in a Health Care Spending Account (HCSA) set up in your name. The HCSA provides you with maximum flexibility to help you pay for health and dental care expenses not totally reimbursed by the plan (and/or your spouse's plan), including some expenses not covered by the plan at all. Should you choose a higher level of coverage such as Comprehensive or Enhanced, you will share the premium cost with BrokerLink and your portion will be paid through payroll deductions.

<b>SHORT-TERM DISABILITY</b>	<b>Coverage</b>
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<b>Benefit</b>	75% of your weekly basic earnings up to \$1,500/week for 17 weeks
<b>Taxability</b>	Taxable benefit since the premium cost is entirely paid by BrokerLink

<b>LONG-TERM DISABILITY</b>	<b>Coverage</b>
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<b>Benefit</b>	66.7% of monthly basic earnings up to \$3,000/month + 45% of monthly basic earnings over \$3,000/month
<b>Taxability</b>	Non-taxable benefit since the premium cost is entirely paid through payroll deductions

<b>LIFE INSURANCE</b>	<b>Basic coverage</b>	<b>Optional additional coverage</b>
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<b>For you</b>	1 x annual basic earnings <sup>1</sup>	Units of \$10,000/max. \$250,000
<b>For your spouse</b>	\$10,000	Units of \$10,000/max. \$250,000
<b>For your children</b>	\$5,000	None

<b>ACCIDENTAL DEATH &amp; DISMEMBERMENT (AD&amp;D)</b>	<b>Basic coverage</b>	<b>Optional additional coverage</b>
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<b>For you</b>	1 x annual basic earnings <sup>1</sup>	Units of \$10,000/max. \$250,000
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<b>WELLNESS PERSONAL SPENDING ACCOUNTS (WELLNESS PSA)</b>	<b>Coverage</b>
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<b>Benefit</b>	\$350 per calendar year
<b>Taxability</b>	Taxable benefit since the premium cost is entirely paid by BrokerLink

**RESILIENCE: A FULL-SERVICE EMPLOYEE ASSISTANCE PROGRAM**

Resilience is offered through Manulife’s professional services. It includes the support needed to resolve personal challenges before they become overwhelming. You may contact Resilience professionals for issues related to family and social relationships, personal problems, dependency issues, legal and financial advice, wellness issues, crisis, etc.

This program is fully paid by the Company. It’s completely confidential and available 24/7 for you and your immediate family members. To find out more about Resilience, please visit [www.myresilience.com](http://www.myresilience.com) or call **1 866 644-0326**.





## HOW TO SUBMIT CLAIMS

<b>Prescription drugs</b>	Present your Pay-Direct drug card to your pharmacist. Payment request is automatically submitted to our insurer for direct payment to the pharmacist. You only pay the deductible or the co-insurance amount, if applicable.
<b>Health and dental care</b>	For eligible paramedical, vision and dental expenses, claims can be submitted through the GSC self-serve website or the GSC on the Go app.
<b>Hospitalization</b>	If you are admitted to a hospital, you must present your GSC ID card. Green Shield Canada will reimburse eligible expenses directly to the hospital.
<b>Out-of-province/ emergency services</b>	24/7 travel assistance phone number is printed on your GSC ID card. If you need emergency medical assistance while travelling, call the toll-free/collect number within 48 hours of the beginning of treatment. Keep your card safe. Keep it with you!
<b>Coordination of benefits if you are covered under your spouse or common law partner's plan</b>	<p><b>Coordination of benefits</b> Coordination of benefits allows you to claim reimbursement from both plans, up to a combined maximum of 100% of the covered expense.</p> <p><b>Claims for you</b> If the expense was for you, file a claim under your own plan and then send a copy of the claim statement provided by Green Shield Canada, to your spouse or common law partner's insurance company. Please note: once you have filed a claim under your health or dental care plan and filed a subsequent claim under your spouse or common law partner's plan for the balance, you can cover any remaining expenses with your HCSA—as long as you have sufficient funds (flex dollars) in the account.</p> <p><b>Claims for your spouse or common law partner</b> If the expense was for your spouse or common law partner, and he/she is covered for those expenses under a separate plan, you must first send the claim to their plan provider.</p> <p><b>Claims for your children</b> If the expense was for your child, the claim must first be filed under the plan of the parent whose birthday falls earlier in the calendar year (for example, if your birthday is in January and your spouse or common law partner's birthday is in May, submit your child's claims to your plan first).</p>

## FOR QUESTIONS ABOUT

## CONTACT

<b>ENROLMENT</b> Once you are enrolled, go to <a href="http://www.websinc.ca/brokerlink">www.websinc.ca/brokerlink</a> if you need to update your covered dependents, your beneficiary information or change your coverage selections (if you experience a qualifying life event).	During open enrolment period	BrokerLink's Flex plan enrolment support team	1.855.834.4583 Monday to Friday From 8:30 a.m. to 6:30 p.m. ET <a href="mailto:Helpdesk_flexit360@telus.com">Helpdesk_flexit360@telus.com</a>
	Throughout the year	BrokerLink HR team	<a href="mailto:payrollbenefits@brokerlink.ca">payrollbenefits@brokerlink.ca</a>
<b>HEALTH AND DENTAL CARE COVERAGE + HCSA</b>	For general inquiries on the following topics, please contact providers directly.	Green Shield Canada (GSC)	1.888.711.1119 Monday to Friday From 8:30 a.m. to 8:30 p.m. ET
	<ul style="list-style-type: none"> <li>◆ Coverage options</li> <li>◆ Covered dependents</li> <li>◆ Life events</li> <li>◆ Beneficiary</li> <li>◆ Claims</li> </ul>	Manulife	1.800.268.6195 (general line) Monday to Friday From 8 a.m. to 8 p.m. ET
<b>AD&amp;D</b>		Industrial Alliance	1.877.422.6487 Monday to Friday From 8 a.m. to 5 p.m. ET

Note: this document is intended as a summary only and does not contain all pertinent information relevant to this plan and/or its provisions. For additional detailed information, please refer to the insurer's booklet or its website.