GREAT WEST LIFE	OPTION 1	OPTION 2	OPTION 3	OPTION 4	
<u>Drug Insurance</u>		I	I	1	
<u>Deductible:</u>	No Coverage	\$5/ prescription	\$10/ prescription	\$10/ prescription	
		If you fill your prescription at Loblaw, the Dispensing Fee will be \$8.50			
<u>Co-insurance:</u>	No Coverage	80%	100%	100%	
<u>Calendar Year Maximum:</u>	No Coverage	Unlimited	Unlimited	Unlimited	
<u>Lifestyle Drug coverage:</u>					
Smoking Cessation:	No Coverage	No Coverage	No Coverage	\$500 Lifetime	
Anti-Obesity Drugs:	No Coverage	No Coverage	No Coverage	No Coverage	
Fertility Drugs:	No Coverage	No Coverage	No Coverage	\$15,000 Lifetime	
Vaccines:	No Coverage	\$300 per plan year	\$300 per plan year	\$300 per plan year	
Termination Age:	No Coverage	the attainment of age 70 or earlier retirement If you fill your prescription at Costco, you will be reimbursed at	the attainment of age 70 or earlier retirement	the attainment of age 70 or earlier retirement	
		90%	red generic unless GWL is provided name must be prescribed	with medical approval why a brand	

GREAT WEST LIFE	OPTION 1	OPTION 2		N 2 OPTION 3		OPTION 4					
<u>Healthcare Insurance</u>	ı	I		I		I	'				
<u>Deductible:</u>											
	No Coverage	\$0.00	Employee	\$0.00	Employee	\$0.00	Employee				
		\$0.00	Employee + 1	\$0.00	Employee + 1	\$0.00	Employee + 1				
		\$0.00	Family	\$0.00	Family	\$0.00	Family				
Co-insurance:											
In-Canada Hospital:	No Coverage	1	100%	1	100%	100%					
Chronic Care Expenses:	No Coverage	1	100%	1	100%	1	00%				
All Other Healthcare Expenses:	No Coverage		80%		90%	1	00%				
<u>Hospital Expenses:</u>											
In-Canada Hospital:	No Coverage	Semi-Pi	rivate Room	Semi-Pi	Semi-Private Room		vate Room				
Chronic Care:	No Coverage	\$25	per day	\$25 per day		\$25 per day					
Convalescent Care:	No Coverage	maximum of 120 days		maximum of 120 days		maximum of 120 days					
Other Health Expenses:											
Ambulance:	No Coverage	In	cluded	Included		Included					
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					
Hearing Aids:	No Coverage		\$500 every 5 years \$500 every 5 years			ery 5 years					
Custom-Fitted Orthopedic Shoes:	No Coverage	\$300 pc	\$300 per plan year \$400 per plan year		\$500 pe	r plan year					
Custom-made Foot Orthotics:	No Coverage	\$200 pc	er plan year	\$300 per plan year		\$400 per plan year					
External Breast Prosthesis:	No Coverage	1 every	24 months	1 every 24 months		1 every 24 months					
Surgical Brassieres:	No Coverage	2 every	12 months	months 2 every 12 months		2 every	12 months				
Mechanical or Hydraulic Patient Lifters:	No Coverage	\$2,000 per lifter	r once every 5 years	\$2,000 per lifter once every 5 years		rs \$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		\$2,000 lifetime			
Blood-Glucose Monitoring Machines:	No Coverage	\$1,000 lifetime		\$1,000 lifetime		\$1,000 lifetime		\$1,000 lifetime		\$1,000 lifetime	
Transcutaneous Nerve Stimulators:	No Coverage	\$700 lifetime		\$700 lifetime		\$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		0 lifetime	\$1,500) lifetime	
Custom-made Compression Hose:	No Coverage	\$100 per plan year		\$100 per plan year		\$100 per plan year \$100 per plan year		\$100 pe	r plan year		
Wigs:	No Coverage	\$500 lifetime		\$500 lifetime		\$500 lifetime \$500 lifetime		\$500 lifetime			
Lifetime Healthcare Maximum:	Unlimited	Unlimited		Unlimited		Unlimited					
Termination Age:	the attainment of age 70 or earlier		9		3		J				
: _:d.to/.gc.	retirement	reti	rement	reti	rement	reti	rement				

Benefits At A Glance

GREAT WEST LIFE	OPTION 1	OPTION 2 OPTION 3		TION 3	OPTION 4		
Paramedical Practitioner:		1		ı		I	ı
<u>Deductible:</u>							
	No Coverage	\$25.00	Employee	\$0.00	Employee	\$0.00	Employee
		\$50.00	Employee + 1	\$0.00	Employee + 1	\$0.00	Employee + 1
		\$50.00	Family	\$0.00	Family	\$0.00	Family
<u>Co-insurance:</u>	No Coverage	80%		90%		100%	
Annual Maximums:							
Acupuncturists:	No Coverage	\$500	per plan year	\$750	per plan year	\$1,000	per plan year
Chiropractors:	No Coverage	\$500	per plan year	\$750	per plan year	\$1,000	per plan year
Physiotherapists:	No Coverage	\$500	per plan year	\$750	per plan year	\$1,000	per plan year
Podiatrists / Chiropodists:	No Coverage	\$500	per plan year	\$750	per plan year	\$1,000	per plan year
Naturopaths:	No Coverage	\$500	per plan year	\$750	per plan year	\$1,000	per plan year
Osteopaths:	No Coverage	\$500	per plan year	\$750	per plan year	\$1,000	per plan year
Psychologists / Social Workers:	No Coverage	\$500	per plan year	\$750	per plan year	\$1,000	per plan year
Speech Therapists:	No Coverage	\$500	per plan year	\$750	per plan year	\$1,000	per plan year
Massage Therapist:	No Coverage	\$500	per plan year	\$750	per plan year	\$1,000	per plan year
Termination Age:	No Coverage	the attainment	of age 70 or earlier	the attainment	of age 70 or earlier	the attainment	of age 70 or earlier
Terrimation Age.	No Coverage	retirement		retirement		retirement	

GREAT WEST LIFE	OPTION 1	OP	ΠΟΝ 2	OPTION 3		OPTION 4		
Emergency Out of Country		1		I			ı	
<u>Deductible:</u>	\$0.00 Employee							
		\$0.00 Employee + 1						
			\$0.00	Family				
<u>Co-insurance:</u>								
Out of Country Emergency Services:			10	0%				
Out of Country Referral Services:			10	0%				
Out of Canada Hospital:			Semi-Priv	ate Room				
Maximum:			Unlir	nited				
Termination:		the	attainment of age	70 or earlier retire	ement			
Global Medical Assistance/Best Doctors								
Benefit:		Included						
Termination:		the	attainment of age	70 or earlier retire	ement			
Vision Insurance								
<u>Deductible:</u>								
	No Coverage	\$0.00	Employee	\$0.00	Employee	\$0.00	Employee	
		\$0.00	Employee + 1	\$0.00	Employee + 1	\$0.00	Employee + 1	
		\$0.00	Family	\$0.00	Family	\$0.00	Family	
<u>Co-insurance:</u>	No Coverage	1	100%	100% 100%			.00%	
<u>Annual Maximums:</u>								
Benefit Amount:	No Coverage \$200 every 24 months \$300 every 24 months \$500 every 24 months					, I		
	\$200 per 12 months (under age \$300 per 12 months (under age \$500 per 12 months (under a							
Eye Exams:	No Coverage	19) 19) se \$80 every 24 months \$100 every 24 mo			•	19)		
Lye Lians.	ino coverage		· 12 months	\$100 every 24 months \$100 per 12 months		\$125 every 24 months \$125 per 12 months		
		(under age 19) (under age 19) (under age 19)						
Termination Age:	the attainment of age 70 or earlier	attainment of age 70 or earlier the attainment of age 70 or earlie						
remination Age.	retirement	reti	rement	retire	ement	reti	rement	

Benefits At A Glance

GREAT WEST LIFE	OPTION 1	OPTION 2		OPTION 3		OPTION 4		OPTION 5	
Dental Care Insurance	I	1		l	'				'
<u>Deductible:</u>									
	No Coverage	\$25.00	Employee	\$25.00	Employee	\$0.00	Employee	\$0.00	Employee
		\$50.00	Employee + 1	\$50.00	Employee + 1	\$0.00	Employee + 1	\$0.00	Employee + 1
		\$50.00	Family	\$50.00	Family	\$0.00	Family	\$0.00	Family
<u>Co-insurance:</u>									
Minor Restorative & Preventative Services:	No Coverage		30%	1	.00%	1	100%	1	00%
Endodontic & Periodontic:	No Coverage		30%	8	80%	100%		1	00%
Major Restorative Services:	No Coverage	No C	overage	!	50%	50%		50%	
Child Orthodontia Coverage:	No Coverage	No C	overage	No Coverage		No Coverage		50%	
Accidental Dental Injury Coverage:	No Coverage		30%	80%		100%		100%	
Annual Maximums:									
Minor Restorative & Preventative Services:	No Coverage	\$1,500 each plan year		\$1,500 each plan year		\$2,000 per plan year		\$2,500 per plan year	
Major Restorative Services:	No Coverage	Combined with Minor Restorative & Preventative Services		Combined with Minor Restorative & Preventative Services		Combined with Minor Restorative & Preventative Services		Combined with Minor Restorative & Preventative Services	
Child Orthodontics (lifetime maximum):	No Coverage	No C	overage	No C	Coverage	No Coverage		\$3,000	Lifetime
Accidental Dental Injury Coverage:	No Coverage	Uni	imited	Unlimited		Unlimited		Unlimited	
Fee Guide:	No Coverage	Current Provi	nce of Residence	Current Province of Residence		Current Province of Residence		Current Province of Residence	
Complete Examination:	No Coverage	1 every 6 months		1 every 6 months		1 every 6 months		1 every 6 months	
Recall Examination:	No Coverage	1 every 6 months		1 every 6 months		1 every 6 months		1 every 6 months	
Polishing:	No Coverage	1 every 6 months		1 every 6 months		1 every 6 months		1 every 6 months	
Topical Fluoride:	No Coverage	1 every 6 months		1 every 6 months		1 every 6 months		1 every 6 months	
Scaling Units:	No Coverage	8 units of 15 minutes per plan year		8 units of 15 minutes per plan year		8 units of 15 minutes per plan year		8 units of 15 minutes per plan year	
Termination:			9	the attainment of age 70 or earlier		the attainment of age 70 or earlier		the attainment of age 70 or earlier	
	retirement	ement retirement retiren		tirement retirement		retirement			

DESJARDINS FINANCIAL	OPTION 1	OPTION 2	OPTION 3	OPTION 4
Basic Life Insurance	I	I	I	1
Benefit Schedule:	100% of annual earnings	200% of annual earnings	300% of annual earnings	
Maximum Benefit:	\$750,000	\$750,000	\$750,000	
Non-evidence Maximum:	\$670,000	\$670,000	\$670,000	
Reduction Clause:	50% reduction at age 65	50% reduction at age 65	50% reduction at age 65	
Waiver of Premium:	Included	Included	Included	
Conversion:	Included	Included	Included	
Termination Age:	At age 70 or earlier retirement	At age 70 or earlier retirement	At age 70 or earlier retirement	
Optional Life Insurance	Units of:			•
Benefit Schedule:	\$10,000 Employee			
Benefit Schedule:	\$10,000 Spouse			
Maximum Benefit:	\$500,000			
Waiver of Premium:	Included			
Termination Age:	At Age 70 or earlier retirement			
Basic AD&D Insurance				-
Benefit Amount:	100% of annual earnings	200% of annual earnings	300% of annual earnings	
Maximum Benefit:	\$750,000	\$750,000	\$750,000	
Non-evidence Maximum:	\$670,000	\$670,000	\$670,000	
Waiver of Premium:	Included	Included	Included	
Reduction Clause:	50% reduction at age 65	50% reduction at age 65	50% reduction at age 65	
Termination Age:	At age 70 or earlier retirement	At age 70 or earlier retirement	At age 70 or earlier retirement	
Long Town Disability Insurance				
Long Term Disability Insurance				
Benefit Amount:	65.0% of the 1st \$2,500 + 50% of	65.0% of the 1st \$2,500 + 50% of	65.0% of the 1st \$2,500 + 50% of	65.0% of the 1st \$2,500 + 50% of
2313117 11103111	the next \$1,500 + 40% of balance			
Max	\$8,000	\$8,000	\$8,000	\$12,000
Non-evidence Maximum:	\$8,000	\$8,000	\$8,000	\$8,000
Elimination Period:	must be disabled for 120 days			
Limitation i eriod.	before benefits begin	before benefits begin	before benefits begin	before benefits begin
Definition of Disability:	'	Disabled from own occupation for	'	·
	24 months	24 months	36 months	36 months
Offsets:	Primary CPP / QPP			
Cost of Living:	None Non-Tayabla	None Non-Tayabla	None Non-Tayabla	None Non Tayabla
Tax Status:	Non-Taxable	Non-Taxable	Non-Taxable	Non-Taxable
Maximum Benefit Duration:	5 years	10 years	To age 65	To age 65
Conversion: Pre-existing Conditions:	Included 90 days / 12 months	Included 90 days / 12 months	Included 90 days / 12 months	Included 90 days / 12 months
Termination Age:	At age 65 or earlier retirement	1	At age 65 or earlier retirement	'
remination Age:	At age 65 or earlier retirement			

Benefits At A Glance

ACE INA	OPTION 1	OPTION 2	OPTION 3	OPTION 4	
Basic Critical Illness Insurance	l	ı	l	ı	
Benefit Amount:	\$5,000	\$10,000	\$15,000	\$20,000	
Termination:	At age 65 or earlier retirement	At age 65 or earlier retirement		At age 65 or earlier retirement	
Optional Critical Illness Insurance					
Voluntary CI Insurance/ Employee:	Units of \$5,000				
Voluntary CI Insurance/ Spouse:	Units of \$5,000				
Voluntary CI Minimum:	\$10,000				
Voluntary CI Maximum:	20 units or \$100,000				
Voluntary CI Insurance/ Child(ren):	Flat \$3,000				
Termination:	At age 65 or earlier retirement				