



BENEFIT PLAN

JTI-Macdonald Corp.

Classification: Active Salaried Market
Active Salaried Global Supply Chain
JTI Canada Tech Inc.
Active Salaried Contract
Disabled – Global Supply Chain

Billing Division: 001, 002, 003, 701, 800

Effective Date: January 1, 2019

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WELCOME TO YOUR BENEFIT PLAN

This summary contains information about your group benefits with **JTI-Macdonald Corp.**, your plan sponsor, available through the group contract with Green Shield Canada (GSC), effective January 1, 2019. You are covered for only the specific Option for which you have enrolled.

HEALTH SUMMARY

The [health benefits](#) are intended to supplement your provincial health insurance plan. The benefits shown below will be eligible if they are medically necessary for the treatment of an illness or injury, and reimbursement will be limited to [reasonable and customary](#) charges, in addition to any specific limitations and maximums stated below.

	Core Option	Moderate Option	Comprehensive Option
Calendar Year Deductible: (per person/per family)	No Deductible	No Deductible	No Deductible
Maximums			
Overall Health Maximum:	Unlimited	Unlimited	Unlimited
Smoking cessation drugs:	\$500 per lifetime	\$500 per lifetime	\$500 per lifetime
Fertility drugs:	No coverage	No coverage	\$2,500 per lifetime
Erectile dysfunction drugs:	No coverage	No coverage	\$1,200 per calendar year
Your Co-pay			
Prescription Drugs:	25%, until \$750 for single coverage (\$1,500 for family coverage) in out of pocket expenses incurred per calendar year; thereafter 0%	10% for generic drugs, 20% for brand drugs, until \$500 for single coverage (\$1,000 for family coverage) in out of pocket expenses incurred per calendar year; thereafter 0%	0% for generic drugs, 10% for brand drugs, until \$500 for single coverage (\$1,000 for family coverage) in out of pocket expenses incurred per calendar year; thereafter 0%
Hospital Accommodations:	0%	0%	0%
Vision:	No coverage	0%	0%
All Other Health Benefits:	25%	20%	10%
Your Plan Covers	Maximum Plan Pays		
Prescription Drugs	Unlimited, except as stated above	Unlimited, except as stated above	Unlimited, except as stated above
Hospital Accommodation	Semi-private room	Semi-private room	Semi-private or private room
Hearing Care	No coverage	\$500 every 60 months	\$650 every 60 months
Orthotics/Orthopedic Footwear			
Custom boots or shoes or custom orthotics or orthopedic shoes or modification/repairs to orthopedic shoes:	No coverage	\$250 every calendar year combined	\$500 every calendar year combined
Private Duty Nursing	\$5,000 every calendar year	\$10,000 every calendar year	\$15,000 every calendar year

DENTAL SUMMARY

The [dental benefits](#) shown below will be eligible if they are necessary for the prevention of dental disease or treatment of dental disease or injury and reimbursement will be limited to the amount stated in the Provincial Dental Association Fee Guide indicated below.

	Core Option	Moderate Option	Comprehensive Option
Calendar Year Deductible: (per person/per family)	No deductible	No deductible	No deductible
Dental Fee Guide: General Practitioners	Current province of treatment	Current province of treatment	Current province of treatment
Specialist	No coverage	No coverage	Included
Your Co-pay Basic Services:	20%	0%	0%
Comprehensive Basic Services:	20%	20%	10%
Major Services:	50%	40%	20%
Orthodontics:	No coverage	50%	20%
Your Plan Covers			
Basic, Comprehensive Basic and Major Services	\$1,000 every calendar year combined	\$1,500 every calendar year combined	\$2,000 every calendar year combined
Orthodontics	No coverage	\$2,000 per lifetime for dependent children age 25 and under	\$3,000 per lifetime for dependent children age 25 and under
Summary of Covered Benefits			
Basic Services include recall visits twice every 12 months, fillings and extractions			
Comprehensive Basic Services include root canal therapy, periodontal scaling/root planing and denture relining/rebasing, repairs, or adjustments			
Major Services include crowns, dentures and/or bridgework (replacements of each limited to once every 5 years)			
Orthodontics includes treatment to straighten teeth/correct the bite.			

HEALTH CARE SPENDING ACCOUNT SUMMARY

This [Health Care Spending Account \(HCSA\)](#) is funded by your plan sponsor and administered by GSC. It can be used to pay for health and dental expenses that are not covered by your group benefit plan or your provincial health plan.

Excess credits remaining after benefits selection - per plan member per benefit year	As determined by your plan sponsor
Benefit Year: January 1 st to December 31 st	

PERSONAL SPENDING ACCOUNT

This [Personal Spending Account \(PSA\)](#) is a spending account funded by your plan sponsor that you can use to pay for a range of personal wellness related expenses not covered by your group benefit plan or provincial health plan. Expenses claimed are subject to income tax as outlined by the Canada Revenue Agency

Excess credits remaining after benefits selection - per plan member per benefit year	As determined by your plan sponsor
Benefit Year: January 1 st to December 31 st	

ABOUT THIS SUMMARY

This information is intended to provide an overview of the coverage available. Detailed benefit information about your coverage, including limitations and exclusions applicable to the benefits appearing in this summary, which will form part of your Benefit Plan Booklet, will be available online at greenshield.ca.

This summary describes the [deductibles](#), [co-pays](#) and maximums that may be applicable to your coverage if you are included in the Billing Division shown on the cover of this summary. All dollar maximums stated in this summary are expressed in Canadian dollars.

You are covered for only those specific benefits for which you have applied and for which your plan sponsor has certified you are eligible. You must be covered in order for your dependents to be covered. Your coverage will terminate upon the earlier of the date you retire or the date your plan sponsor advises GSC that you are no longer eligible for coverage. Coverage for your dependents will terminate upon the earlier of termination of your coverage or the date your dependent no longer satisfies the definition of a [dependent](#).

You will receive Identification Cards showing your GSC Identification Number to be used on all claims and correspondence, and for identification purposes when speaking with our Customer Service Centre. Your number will appear on the front of the card and end in -00, while each of your dependents with their numbers will be shown on the back.

PLAN MEMBER ONLINE SERVICES – INFORMATION YOUR WAY

In addition to this summary, and our Customer Service Centre, we also provide you with access to our secure website. Self-service through the GSC website makes things quick, convenient and easy. Register with GSC to:

- View your Benefit Plan Booklet
- Access your personal claims information, including a breakdown of how your claims were processed
- Simulate a claim to instantly find out what portion of a claim will be covered
- Submit certain claims online
- Search for a drug to get information specific to your own coverage (or coverage for your family)
- Search for eligible dental, paramedical, and vision care providers in a particular location (within Canada)
- Search for vision and hearing care providers who offer discounts to GSC plan members through our Preferred Provider Network
- Arrange for claim payments to be deposited directly into your bank account
- Print personalized claim forms and replacement Identification Cards
- Print personal Explanation of Benefits statements for when you need to co-ordinate benefits

Register online at greenshield.ca and see what our website can do for you!

OUR COMMITMENT TO PRIVACY

The GSC Privacy Code balances the privacy rights of our group and benefit plan members and their dependents, and our employees, with the legitimate information requirements to provide customer service.

To read our privacy policies and procedures, please visit us at greenshield.ca.