Carillion Flex Benefits at a Glance

Basic Life	Option 1	Option 2	Option 3	Option 4			
Benefit formula	1 times the annual salary	2 times the annual salary	3 times the annual salary	4 times the annual salary			
Benefit Maximum	\$500,000	\$500,000	\$500,000	\$500,000			
Lock-in period	1 year	1 year	1 year	1 year			
·	Hire 2016	Hire2016	Hire2016	Hire2016			
Plans		Corp2	Corp3	Corp4			
		Roads2	Roads2	Roads2			
Plans	Name of Group and Class Des	Name of Group and Class Description					
Hire2016	Carillion Ontario Roads: Emplo	oyees hired prior to January 1, 201	16				
	Carillion Ontario Roads: Emplo	Carillion Ontario Roads: Employees hired on or after January 1, 2016					
	Carillion Canada Inc.: Employe	Carillion Canada Inc.: Employees hired on or after January 1, 2016					
	Carillion Alberta Roads: Emplo	Carillion Alberta Roads: Employees hired on or after January 1, 2016					
Corp2	Carillion Canada Inc.: Employe	ees hired prior to January 1, 2016 v	with less than 2 years of service				
Corp3	Carillion Canada Inc.: Employe	ees hired prior to January 1, 2016 v	with 2 years but less than 5 years	s of service			
Corp4	Carillion Canada Inc.: Employe	ees hired prior to January 1, 2016 v	with 5 years of service or more				
Roads2	Carillion Alberta Roads: Emplo	Carillion Alberta Roads: Employees hired prior to January 1, 2016					
Corp UK	Carillion Canada Inc.: UK empl	Carillion Canada Inc.: UK employees					
AD&D	Option 1	Option 2	Option 3	Option 4			
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Benefit formula	1 times the annual salary	2 times the annual salary	3 times the annual salary				
Benefit Maximum	\$500,000	\$500,000	\$500,000	N/A			
Lock-in period	1 year	1 year	1 year				
Dependent Life	Option 1	Option 2	Option 3	Option 4			
Donafit formula	No coveres	Spouse \$10,000	Spouse \$20,000				
Benefit formula	No coverage	Child \$5,000	Child \$10,000	N/A			
Lock-in period	1 year	1 year	1 year				
Optional Life	Option 1	Option 2	Option 3	Option 4			
Benefit formula	No Coverage	Employee & Spouse		N/A			
Benefit formula	No Coverage	Units of \$10,000	N/A				
Lock-in period	1 year	1 year					
Long Term Disability	Option 1	Option 2	Option 3	Option 4			
Benefit formula	50% of monthly salary	60% of monthly salary	60% of monthly salary				
Benefit Maximum	\$8,000/month	\$8,000/month	\$10,000/month				
Benefit Period		Lesser of 10 years or age 65 Lesser of 10 years or age 65 To age 65 N/A 119 days 119 days 119 days		N/A			
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Elimination Period	1 1 19 0avs	1 119 0avs	1 1 1 9 0 a v S				

Vision	Option 1	Option 2	Option 3	Option 4	Option 5
Eye Examination	No coverage	\$75 every 24 months	\$120 every 24 months	N/A	N/A
Eye Wear	No coverage	\$200 every 24 months	\$300 every 24 months		
Lock-in period	1 year	2 years	2 years		
Extended Health	Option 1	Option 2	Option 3	Option 4	Option 5
Drug Benefit (Mandator	y Generic Substitutio	on)			
Reimbursement	No coverage	20% \$7.50 dispensing fee max	60% \$7.50 dispensing fee max	80% \$7.50 dispensing fee max	100% \$7.50 dispensing fee max
Smoking Cessation Aids	No coverage	\$300 lifetime max	\$300 lifetime max	\$300 lifetime max	\$500 lifetime max
Travel Benefit	•	•			
Reimbursement	100%	100%	100%	100%	100%
Emergency Medical Coverage	\$2,000,000 per incident	\$2,000,000 per incident	\$2,000,000 per incident	\$2,000,000 per incident	\$2,000,000 per incident
Referral Outside of Canada	\$500,000 per lifetime	\$500,000 per lifetime	\$500,000 per lifetime	\$500,000 per lifetime	\$500,000 per lifetime
Hospitalization	c		I .	<u> </u>	
Reimbursement	No coverage	100% for semi-private	100% for semi-private	100% for semi-private	100% for semi-private
Health Practitioners		'		·	'
Eligible practitioners	Acupuncturist, Auc Psychologist/Socia Note ¹ Prescription	erapist ¹ , Podiatrist/Chiropodist,			
Maximum	No coverage	\$400/policy year/practitioner	100% \$400/policy year/practitioner	100% \$500/policy year/practitioner	100% \$600/policy year/practitioner
Chiropractic X-ray	No coverage	1 x-ray/policy year \$25 per x-ray max	1 x-ray/policy year \$25 per x-ray max	2 x-ray/policy year \$25 per x-ray max	2 x-ray/policy year \$25 per x-ray
Custom Orthopedic Sho	es & Custom Made F		,	,	
Benefit Maximum	No coverage	100% \$250/policy year	100% \$250/policy year	100% \$400/policy year	100% \$500/policy year
Graduated Compression	Garments				
Benefit Maximum	No coverage	100% up to 2 pairs/policy year	100% up to 2 pairs/ policy year	100% up to 4 pairs/policy year	100% up to 4 pairs/policy year
Lock-in period	1 year	1 year	1 year	1 year	2 years

Dental	Option 1	Option 2	Option 3	Option 4	Option 5
Preventive and Basic Care	No coverage	20% reimbursement \$2,000/policy year combined with Major Restoration Recall exam 1 every 9 months	60% reimbursement \$2,000/policy year combined with Major Restoration Recall exam 1 every 9 months	80% reimbursement Unlimited Recall exam 1 every 9 months	100% reimbursement Unlimited Recall exam 1 every 6 months
Major Restoration	No coverage	50% reimbursement \$2,000/policy year combined with Preventive and Basic Care	50% reimbursement \$2,000/policy year combined with Preventive & Basic Care	50% reimbursement level \$1,500/policy year	50% reimbursement level \$2,000/policy year
Orthodontic Services	No coverage	No coverage	No coverage	50% reimbursement \$1,500 lifetime maximum Participants under age 19 only	50% reimbursement \$2,000 lifetime maximum Adults & Children
Dental Fee Guide	No coverage	Current less one year	Current less one year	Current less one year	Current year
Lock-in period	1 year	1 year	1 year	1 year	2 years

Health Spending Account	Option 1	Option 2	Option 3	Option 4	Option 5
Account Type	Credit Carry Forward	Credit Carry Forward	Credit Carry Forward	Credit Carry Forward	Credit Carry Forward