

My Flex Benefits-At-A-Glance

Basic Life (Core)	Schedule
Benefit Formula	2 times annual earnings rounded to next higher \$1,000
Benefit Maximum	\$1,000,000
Non-Evidence Maximum	\$900,000
Reduction	Reduces by 50% at age 65 and further reduces to \$10,000 at age 70
Employee Termination *	Employment termination or retirement
Cost Sharing	100% Employer Paid

Special Note for employees with Grandfathered Basic Life Coverage Only

If your Basic Life coverage prior to January 1, 2020 was greater than 2 times annual earnings your Basic Life coverage has been grandfathered to reflect the Basic Life coverage in place on December 31, 2019.

Dependent Life (Core)	Schedule
Benefit formula	Spouse \$10,000; Child \$5,000
Employee Termination*	Employment termination or retirement
Cost Sharing	100% Employer Paid

Short Term Disability (Core)

Please consult with your HR Department.

Long Term Disability (Core) – Cost Sharing 100% Employee Paid

Please consult with your HR Department.

Critical Illness Benefit	Core	Optional
Schedule	Employee: \$25,000 Partial Benefit Payment: 10% of the full benefit payment	Employee: Units of \$10,000, maximum \$200,000 (Non-evidence max \$20,000) Spouse: Units of \$10,000, maximum \$200,000 (Non-evidence max \$10,000) Child: Units of \$5,000 to a maximum of \$25,000 (Non-evidence max N/A) Partial Benefit Payment: 10% of the full benefit payment
Maximum Conditions Payable	-Up to 2 unrelated covered conditions eligible for full benefit payment/lifetime -1 covered condition eligible for partial benefit payment/lifetime -1 covered childhood condition/lifetime	
Termination*	The earlier of when the employee receives 2 full payments or upon employment termination, retirement or attainment of age 70	The earlier of when the Participant receives 2 full payments or upon the employee's employment termination, retirement or attainment of age 70. In addition, coverage for a spouse will terminate at age 70 and coverage for a child will terminate when a childhood condition payment is received.
Cost Sharing	100% Employer Paid	100% Employee Paid

My Flex Benefits-At-A-Glance

Optional Life	Employee	Spouse	Children
Benefit formula	Units of \$10,000	Units of \$10,000	Units of \$5,000
Benefit Maximum	\$500,000	\$500,000	\$50,000
Non-Evidence Maximum	\$20,000	\$10,000	N/A
Termination*	Employment termination, retirement or attainment of age 70	Employment termination, retirement or attainment of age 70 (employee or spouse)	Employment termination, retirement or attainment of age 70
Cost Sharing	100% Employee Paid	100% Employee Paid	100% Employee Paid

Optional AD&D	Employee Plan	Family Plan Spouse	Family Plan Dep Children
Benefit formula	Units of \$10,000		
Benefit Maximum	\$500,000	60% of the Employee's amount if there are no children 50% of the Employee's amount if there are children	15% of the Employee's amount for each child if there is a spouse 20% of the Employee's amount for each child if there is not a spouse Maximum of \$50,000
Termination*	Employment termination, retirement or attainment of age 70	Employment termination, retirement or attainment of age 70 (employee or spouse)	Employment termination, retirement or attainment of age 70
Cost Sharing	100% Employee Paid	100% Employee Paid	100% Employee Paid

Health Care	Basic	Enhanced	Premium
Enrolment: Annual	Annual		
Lock-in Period: One Year	One Year		
Option Changes	Subject to lock in period. Employees can change their option during the enrolment period or within 31 days of a life event change.		
Benefit Year	January to December		
Termination*	Employment termination or retirement	Employment termination or retirement	Employment termination or retirement
Reimbursement Summary			
Hospital (Semi-private)	100%	100%	100%
Travel (Emergency out of Province/Canada)	100%	100%	100%

My Flex Benefits-At-A-Glance

Health Care	Basic	Enhanced	Premium
Prescription Drug Benefit (Mandatory Generic Substitution)	70%	80%	100%
Extended Health Care	No coverage	100%	100%
Vision Care	No coverage	100%	100%
Deductible	None	None	None
Semi-Private Hospital:	Within province of residence		
Convalescent/Chronic Hospital:	120 days per condition to \$75 per day for participants under age 65 120 days per condition to \$35 per day for employees and spouse over age 65		
Travel (emergency out of province/country):	\$2,000,000 per incident per participant 180 day trip maximum (Under age 75) 60 day trip maximum (Age 75 and over)		
Prescription Drug Benefit (Mandatory Generic Substitution)			
Reimbursement	70%	80%	100%
Fertility	No coverage	\$20,000 per person lifetime max	\$20,000 per person lifetime max
Health Practitioners			
Eligible Practitioners	No Coverage	Acupuncturist, Chiropracist/Podiatrist (combined), Chiropractor, Naturopath, Massage Therapist, Osteopath, Physiotherapist/Occupational Therapist (combined), Psychologist/Master Social Worker/Psychotherapist/Marriage Counsellor), Speech Therapist/Language Pathologist. Note a prescription may be required for some services.	
Maximum	No coverage	100% -Psychologist/Master Social Work (MSA)/Psychotherapist/Marriage Counsellor combined: \$1,000/calendar year -Speech Therapist/Language Pathologist combined: \$500/calendar year -All other practitioners: \$500/calendar year/practitioner to a combined maximum of \$1,500/calendar year	100% -Psychologist/Master Social Work (MSA)/Psychotherapist/Marriage Counsellor combined: \$1,500/calendar year -Speech Therapist/Language Pathologist combined: \$700/calendar year -All other practitioners: \$700/calendar year/practitioner to a combined maximum of \$2,100/calendar year
Medical Services & Supplies			
Private Duty Nursing	No coverage	\$10,000/calendar year	\$25,000/calendar year

My Flex Benefits-At-A-Glance

Health Care	Basic	Enhanced	Premium
Custom-made Orthotics and Custom-fitted Orthopaedic Shoes	No coverage	\$300/2 calendar years combined	\$400/2 calendar years combined
Hearing Aids	No coverage	\$500 every 3 calendar years	\$700 every 3 calendar years
Vision Care			
Benefit Maximum	No coverage	\$200/24 consecutive months	\$300/24 consecutive months
Eye Exams: Adult/Child	No Coverage	\$100/24 consecutive months	\$100/24 consecutive months

Dental	Basic	Enhanced	Premium
Preventive/Basic Care	70% reimbursement \$1,000/calendar year Recall exam 1 every 9 months	80% reimbursement \$1,500/calendar year combined with Major Restorative Recall exam 1 every 9 months	100% reimbursement \$2,500/calendar year combined with Major Restorative Recall exam 1 every 9 months
Major Restorative Care	No coverage	50% reimbursement \$1,500/calendar year combined with Preventive/Basic Care	60% reimbursement \$2,500/calendar year combined with Preventive/Basic Care
Orthodontic Services (Adult and Child)	No coverage	50% reimbursement \$1,500 lifetime maximum	60% reimbursement \$2,500 lifetime maximum
Oral Hygiene Instruction (Under Age 19 only)	No Coverage	Once every 12 months	Once every 12 months
Scaling & Root Planing Max	6 units/12 consecutive months	12 units/12 consecutive months	16 units/12 consecutive months
Dental Fee Guide	Current GP	Current GP	Current GP & Specialist
Lock-in period	1 year	1 year	1 year
Termination*	Employment termination or retirement	Employment termination or retirement	Employment termination or retirement

Health Spending Account & Taxable Wellness Account: Left-over credits can be directed to these accounts. Credit Carry Forward.

Employee and Family Assistance Program and Medical Second Opinion are also included.

*A complete list of termination provisions can be found in the employee booklet under "When Does My Coverage End?"

The information provided in this document is for general information purposes only. If the information in this document is different than what is in the official plan text, the official plan text and any applicable legislation will govern in all cases.

October 8, 2020