

Flexible Benefits

Table of Contents

Eligibility	2
Definition of Dependents	
Extension of Benefits After Your Death	2
Fermination of Benefits	2
Major Life Events	3
_ife Insurance	4
Accidental Death and Dismemberment Insurance	4
Short Term Disability	4
ong Term Disability	4
Health Coverage	5
Dental Coverage	6

Eligibility

You are eligible for Flexible Benefits if you:

- are a permanent employee
- work full-time or part-time (at least 15 hours per week), and
- are covered by the provincial health insurance plan in your province

If you are eligible, your dependents (your spouse and dependent children as defined below) are also eligible, as long as they are covered by the provincial health insurance plan in your province.

Definition of Dependents

Your spouse (same sex or opposite sex) is the person:

- to whom you are married and from whom you have not been separated for more than 90 days as a result of the termination of your relationship, or
- with whom you have been living for at least 12 months (or less if a child was born of this union), whom you publicly present as your spouse and from whom you have not been separated for more than 90 days as a result of the termination of your relationship

Only one spouse is eligible for Flexible Benefits.

A dependent child is a natural child who is born alive or a legally adopted child, a child who is in a foster home, a stepchild or a child for whom you have legal custody. A dependent child must be single, dependent on you for support, and

- under age 21, or
- at least age 21 but under age 26 and a full-time student at an accredited institution, or
- totally and permanently disabled, provided the child was covered as your dependent when the disability began. No age restriction applies in this case.

Extension of Benefits After Your Death

Your dependents who have Flexible Benefits health and dental care coverages at the time of your death may remain insured for a maximum of 3 months. No contribution will be required. This extension of benefits will terminate when they no longer satisfy the definition of dependents. Your spouse's coverage will terminate upon remarriage.

Termination of Benefits

Your coverage and that of your insured dependents will terminate when the earliest of the following events occurs:

- the age stated in the coverage description in this guide
- your retirement date
- the date your employment terminates
- the date you are no longer eligible
- when you stop paying the required contributions

Also, coverage for your dependents will terminate on the date they are no longer eligible.

Major Life Events

If a major life event occurs, you have **31 days** to change your benefits. Major life events are the following:

- marriage or a new common-law spouse
- divorce or separation
- eligibility or loss of eligibility to coverage under the plan provided by your spouse's employer
- birth or adoption of your first child
- death of your spouse or a dependent child
- your last child no longer meets the definition of dependent child

When a major life event occurs, you may change the insurance amounts or levels of coverage for yourself and your dependents according to the following rules.

LIFE INSURANCE

For you	
FOR YOUR SPOUSE	Up to 7 x your salary ¹ , in units of 0.5 of your salary (Minimum compulsory coverage of 0.5 x your salary)
FOR YOUR DEPENDENT	Up to \$250,000, in units of \$10,000
CHILDREN	Up to \$50,000, in units of \$5,000

ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

For you	Up to 7 x your salary ¹ , in units of 0.5 of your salary (Minimum compulsory coverage of 0.5 x your salary)
FOR YOUR DEPENDENT	Up to \$250,000, in units of \$10,000
CHILDREN	Up to \$50,000, in units of \$5,000

SHORT-TERM DISABILITY

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Less than 2 YEARS OF SERVICE	2 YEARS OF SERVICE OR MORE, BUT LESS THAN 10 YEARS OF SERVICE	10 YEARS OF SERVICE OR MORE
100% of your salary ¹ for the first 2 weeks 70% of your r the fir salary ¹ for the following 24 weeks	100% of your salary ¹ for the first 12 weeks 70% of your salary ¹ for the following 14 weeks	100% of your salary ¹ during 26 weeks

LONG-TERM DISABILITY

	OPTION 1	OPTION 2	OPTION 3
BENEFIT	55% of your salary ¹	60% of your salary ¹	70% of your salary ¹
INDEXATION	No indexation	Indexation according to the Consumer Price Index (CPI) after 5 years of long-term disability benefits,	

MAXIMUM TERM OF BENEFITS

Until the earliest of the following events:

- You are no longer totally disabled according to the plan's definition
- you return to work
- you are age 60 or more and have received 2 years of benefits
- you reach age 65
- you retire
- you die

HEALTH

	OPTION 1	OPTION 2	OPTION 3		
Annual deductible	\$900 per person				
	\$1,800 per family	\$0			
MAXIMUM OUT-OF-POCKET AMOUNT FOR ELIGIBLE					
EXPENSES IN A GIVEN YEAR ¹	\$900 per person	\$750 per family	\$500 per family		
REIMBURSEMENT OF ELIGIBLE EXPENSES ²					
Hospitalization in the province of residence		100% semi-private room			
Generic drugs ³		100%			
requiring a prescription					
Brand-name drugs ³	100%	75%	90%		
requiring a prescription					
Out-of-province emergency care maximum stay	100%				
6 weeks					
REIMBURSEMENT		75% up to	90% up to		
OF OTHER EXPENSES ²	No	the maximums below	the maximums below		
Vision care	No	\$150 / 24 months (12 months for children under 18 years old or	\$250 / 24 months (12 months for children under 18 years old or		
		for keratoconus)	for keratoconus)		
Eye Exam	No \$40 / year ¹				
Paramedical services ⁴ excluding physiotherapist and		\$300 / year ¹ / specialist Combined maximum of	\$600 / year ¹ / specialist Combined maximum of		
psychologist	No	\$600 / year ¹	\$1,200 / year ¹		
Physiotherapist	No	\$300 / year ¹	\$600 / year ¹		

Psychologist	No	\$300 / year	\$600 / year
Private duty nursing at home	No	\$10,00	00 / year
Ambulance service	No	Covered	
Hearing aids	No	\$500 / 36 months	\$600 / 36 months
Other expenses	No	For details, refer to the	he <i>Health Care</i> section

DENTAL

	OPTION 1	OPTION 2	OPTION 3
ANNUAL DEDUCTIBLE	\$0	\$0	\$ 0
FEE GUIDE	Current year	Current year	Current year
EXAMINATIONS	1 every 9 months	1 every 6 months	1 every 6 months

REIMBURSEMENT

Preventive

Minor Restorative Services

Endodontics and Periodontics

Major Restorative Services

Orthodontics

75%	90%	100%
75%	80%	90%
50%	80%	90%
50%	50%	60%
Not covered	50%	60%

MAXIMUM REIMBURSEMENT

All dental services (except orthodontics)	\$ 1,000 / year	\$ 2,000 / year	\$ 2,500 / year
Orthodontics	Not covered	\$ 2,500 life time	\$ 3,000 life time