

Summary of Benefits

LIFE INSURANCE

FOR YOU	Up to 7 × your salary ¹ , in units of 0.5 of your salary (Minimum mandatory coverage of 0.5 × your salary)
FOR YOUR SPOUSE	Up to \$250,000, in units of \$10,000
FOR YOUR DEPENDENT CHILDREN	Up to \$50,000, in units of \$5,000

ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

FOR YOU	Up to 7 × your salary ¹ , in units of 0.5 of your salary (Minimum mandatory coverage of 0.5 × your salary)
FOR YOUR SPOUSE	Up to \$250,000, in units of \$10,000
FOR YOUR DEPENDENT CHILDREN	Up to \$50,000, in units of \$5,000

SHORT-TERM DISABILITY

	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
PAID SICK LEAVE PAID BY RESOLUTE FOREST PRODUCTS	100% of your salary ¹ for the first 2 weeks 70% of your 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, up to 3% per year	
MAXIMUM TERM OF BENEFITS Until the earliest of the following events:	<ul style="list-style-type: none"> You are no longer totally disabled according to the plan's definition you return to work you are age 60 and have received 2 years of benefits you reach age 65 you retire you die 		<ul style="list-style-type: none"> You are no longer totally disabled according to the plan's definition you return to work you reach age 65 you retire you die

¹ Salary means your annual base salary. If your salary changes during the year, your coverage and payroll deductions will automatically be adjusted

HEALTH CARE

	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 YEAR¹	\$900 per person \$1,800 per family	\$750 per family	\$500 per family
REIMBURSEMENT OF ELIGIBLE EXPENSES²			
Hospitalization in the province of residence	100% semi-private room		
Generic drugs ³	100%		
Brand-name drugs ³	100%	75%	90%
Out-of-province emergency care	100% up to a lifetime maximum of \$5,000,000, maximum stay 6 weeks		
REIMBURSEMENT OF OTHER EXPENSES²	No	75% up to the maximums below	90% up to the maximums below
Vision care	No	\$150 / 24 months ⁴	\$250 / 24 months ⁴
Eye Exam	No	\$40 / year ¹	
Paramedical services (excluding physiotherapist and psychologist)	No	\$300 / year ¹ / specialist Combined maximum of \$600 / year ¹	\$600 / year ¹ / specialist Combined maximum of \$1,200 / year ¹
Physiotherapist	No	\$300 / year ¹	\$600 / year ¹
Psychologist	No	\$300 / year ¹	\$600 / year ¹
Ambulance service	No	Covered	

DENTAL CARE

	OPTION 1	OPTION 2	OPTION 3
FEE GUIDE	Previous year		Current year
EXAMINATIONS	1 every 9 months		1 every 6 months
REIMBURSEMENT			
Preventive	75%	90%	100%
Minor restorative services	75%	80%	90%
Endodontics and periodontics	50%	80%	90%
Major restorative services	50%	50%	60%
Orthodontics	Not covered	50%	60%
MAXIMUM REIMBURSEMENT			
All dental services (except orthodontics)	\$1,000 / year ¹	\$2,000 / year ¹	\$2,500 / year ¹
Orthodontics	Not covered	\$2,500 lifetime	\$3,000 lifetime

- ¹ One year corresponds to one calendar year
- ² Amounts per insured person
- ³ Deferred payment card is provided / Requiring a prescription
- ⁴ 12 months for children under 18 years old or for keratoconus