

Flexible Benefits Plan

2022 Enrolment Guide for Non-Union Draught Services Employees



BEER STORE

BDL
BREWERS DISTRIBUTION LTD.

What is the *Flexible Benefits Plan*?

The *Flexible Benefits Plan* provides you with the flexibility to tailor your coverage to meet your specific needs. More coverage or less, the choice is yours to make. The plan offers a *core* level of coverage, plus optional coverage levels, where the costs are shared with those employees choosing this coverage.

Today, as in the past, the Company is committed to offering competitive benefits to its employees. We are also committed to managing benefit costs so that our benefits program continues to be valuable and sustainable into the future.

Together, we are partners in managing a benefits plan that is right for you and also aligned with our business. If you are comfortable with your current level of Long Term Disability, Extended Health Care and Dental coverage, you can maintain this coverage at no additional cost to you. But if you want to change the coverage, you have the freedom to do so.

We encourage you to read this guide carefully, to discuss the program with your family and to choose the coverage that best meets your needs in the coming year.

You enrol in the program annually, so the coverage you select now will be in place from **your date of hire to December 31, 2022**. Please remember that you will not be able to change your coverage until the next enrolment period (excluding *Lock-in Periods*) or unless you have a *Life Event*.

If you require additional information, please contact:

Canada Life

Website: www.canadalife.com > GroupNet for Plan Members

Customer Service Center: 1-800-957-9777. Monday to Friday 7:00 am to 6:00pm (CT)

tBS/BDL Pension & Benefits Department

Toll Free Line: [1-800-277-4392](tel:1-800-277-4392)

Email: mybenefits@thebeerstore.ca

Contents

How it Works.....	4
Coverage for You and Your Family.....	5
Health Care Options.....	6
Mandatory Generics	101
Dispensing Fee Cap	11
Dental Care Options.....	12
Disability Insurance.....	14
Life Insurance.....	15
Accidental Death and Dismemberment Insurance.....	15
Enrolling in the <i>Flexible Benefits Plan</i> Each Year and Making Changes.....	16
Five Easy Steps to Choosing Your Benefits	19
Vacation Purchase Program Guidelines.....	20
Excess Benefit Dollars	20
Health Care Spending Account	20
Let's look at some scenarios	22
For More Information	24

How it Works

The Flexible Benefits Plan gives you the flexibility to tailor your benefits to your needs and lifestyle.

The company offers Basic Life Insurance (1 times your base pay), and Basic Accidental and Death Dismemberment Insurance (2 times your base pay) at no cost to you.

You will receive enough *Benefit Dollars* to purchase the *Core* Health Care, Dental Care, and Long Term Disability Insurance options. In addition, the company also provides you with a number of customization *Options* which you can choose to enhance or reduce your *Core* coverage to meet your personal needs.

If your choice of options cost more than your total *Benefit Dollars*, you use payroll deductions to make up the difference. Alternatively, if your choice of options cost less than your total *Benefit Dollars*, you can direct your *Benefit Dollars* to other areas.

Every year (and after a *Life Event*) you can review and make changes to your benefit options (subject to any *Lock-in Period* requirements), so you always have coverage suited to your current situation. The table below provides a high level overview of your *Core* coverage and your *Options*. Descriptions of each benefit area begin on page 7.

	Minimum Coverage	Customization Options
Health Care	<ul style="list-style-type: none"> Provincial Health Insurance 100% Out-of-Country Emergency Coverage; Travel Assistance 	<ul style="list-style-type: none"> Four Options for coverage, or the opportunity to use <i>Benefit Dollars</i> elsewhere
Dental Care	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> Four Options for coverage, or the opportunity to use <i>Benefit Dollars</i> elsewhere
Disability Insurance	<ul style="list-style-type: none"> Short Term Disability <i>Core</i> Long Term Disability 	<ul style="list-style-type: none"> Long-Term Disability <i>Enhanced</i>, or the opportunity to use <i>Benefits Dollars</i> elsewhere
Life Insurance and Accident Insurance	<ul style="list-style-type: none"> Basic Life Insurance Basic Accidental Death and Dismemberment (AD&D) 	<ul style="list-style-type: none"> None

Note that all volumes for Basic Life Insurance which are currently in force which exceed the maximums set out in the *Core* Basic Life coverage will be grandfathered at the payment terms currently in place.

Plus Other Options...

Once you have chosen your *Options* for Disability, Health and Dental coverage, if you have any leftover *Benefit Dollars*, you can allocate them to one or more of the following:

- *Health Care Spending Account (HCSA)* – a tax-effective way to pay for health and dental related expenses not covered under the Health Care and Dental Care coverage you have chosen. When you direct *Benefit Dollars* to the *HCSA*, an account will be set up with Canada Life. Expenses submitted to the *HCSA* are then reimbursed (see page 21).
- Taxable Cash – a taxable amount paid to you on a per pay basis (see page 21).

Coverage for You and Your Family

Depending on whether you have an eligible dependent(s), you can choose *Employee*, *Employee plus one* or *Employee plus two or more* coverage under your *Flexible Benefits Plan*.

Employee Only Coverage: coverage only for you.

Employee Plus One Coverage: coverage for you plus one other eligible dependent, either a spouse/partner or a dependent child.

Employee plus Two or More Coverage: coverage for you plus two or more eligible dependents, such as: you, your spouse/partner and one or more dependent children; or you and two or more dependent children.

Your dependents are your spouse/partner and children, as described here:

Spouse: the employee's legal or common law spouse. A person will be considered a common-law spouse after one year of cohabitation.

Child: the employee's natural, legally adopted, or step child who is dependent on the employee for maintenance, or of the employee's spouse/partner, providing the spouse/partner is living with the employee and has custody of the child and the child is dependent on the employee for maintenance, and:

- Whose permanent residence is in Canada;
- Who is less than 21 years of age and not in full-time employment; or
- Who is less than 25 years old other than in Quebec (which is 26) if a full-time student in an accredited institution for learning; or
- Who is unable to sustain employment by reason of a mental or physical disability, and is chiefly dependent upon the employee for maintenance and support.



Health Care Options

Core Coverage

Your *Core* Health Care coverage is made up of two company-paid plans: Provincial Health Insurance and Out-of-Province/Canada Emergency Medical Assistance.

Provincial Health Insurance

Your provincial health insurance plan pays for many basic medical and hospital expenses. Coverage varies from province to province, but most plans pay for:

- Doctors' and surgeons' fees;
- Specialists' fees, when referred by a general practitioner;
- Diagnostic procedures, including X-rays and lab tests;
- Standard ward hospital accommodation;
- Maternity care; and
- Out-patient treatment.

For further information about eligibility requirements and eligible expenses, contact your local provincial health insurance office.

Out -of-Province/Canada Emergency Medical Assistance

This plan covers 100% of the costs for emergency medical treatment, over what provincial health insurance covers (to a maximum of \$1,000,000 per person per lifetime), while you are travelling outside your province of residence. This plan is subject to a maximum period of 180 days, beginning with the first day of the trip.

Your Health Plan Options

You can choose from four Health Care *Options*, designed to meet a wide variety of expenses not covered by provincial health insurance.

The four *Options* can be summarized as follows:

High Deductible plan— designed to maximize *Benefit Dollars* to be directed to an *HCSA* or taxable cash, while still offering drug coverage protection in case health care needs change after enrolment and drug expenses exceed \$3,000 in the plan year. This option would be most beneficial for employees who generally do not utilize the plan.

Co-ordination plan – designed for employees with access to a partner/spouse's plan. The 20% coinsurance level allows you to coordinate with your partner/spouse's plan (generally 80% coinsurance) to receive full reimbursement, while unlocking additional *Benefit Dollars* to be directed to an *HCSA* or taxable cash. It is worth remembering that *HCSA* amounts can be used towards member contributions on your partner/spouse's plan.

Core plan – designed as the basic plan offering 80% coinsurance level for employees and eligible dependents. Employees are given enough *Benefit Dollars* to fully cover the cost of this plan resulting in a net-neutral situation.

Enhanced plan – designed as the most rich plan design, offering higher coinsurance and maximums. This option is most suited for those who highly utilize the plan. This option may require additional contributions from you.

Benefit Dollars

Depending on how many eligible dependents you have, you will have access to the following *Benefit Dollars*.

	Employee	Employee plus one	Employee plus two or more
Benefit Dollars	\$1,075	\$1,925	\$3,000

High level summary of Health Options

The following table highlights the coverage available under the four *Options*. The limits outlined apply to each person, and apply on a plan year basis.

	High Deductible Plan	Co-ordination Plan	Core Plan	Enhanced Plan
Deductible	\$3,000 per person each calendar year (prescription drugs only)	n/a	n/a	n/a
Reimbursement Levels				
Chronic Care	n/a	100%	100%	100%
Out-of-Country Expenses	100%	100%	100%	100%
Global Medical Assistance Expenses	100%	100%	100%	100%
All Other Covered Expenses	100% (in Canada prescription drugs)*	20%	80% until \$500 of out-of-pocket expenses have been incurred in the calendar year, and 100% for the remainder of the calendar year	90% until \$500 of out-of-pocket expenses have been incurred in the calendar year, and 100% for the remainder of the calendar year
Vision Care				
Eye Examinations	n/a	1 every 24 months (persons between ages 19 and 64)		
Glasses, Contact Lenses and Laser Eye Surgery	n/a	\$200 every 24 months		\$300 every 24 months
Basic Expense Maximum				

Prescription Drugs	Included. The plan will cover only the cost of the lowest priced equivalent generic drug.	
Dispensing Fee Limit	\$8	
Hospital	n/a	Semi-private hospital room

	High Deductible Plan	Co-ordination Plan	Core Plan	Enhanced Plan
Chiropractors, Podiatrists/Chiropodists, Naturopaths, Osteopaths, Psychologists, Speech Therapists, Massage Therapists and Acupuncturists	n/a	\$300 per practitioner to a combined maximum of \$750 each calendar year	\$300 per practitioner to a combined maximum of \$1,000 each calendar year	\$500 per practitioner to a combined maximum of \$1,500 each calendar year
Home Nursing Care	n/a	\$25,000 each calendar year		
Chronic Care	n/a	\$50 per day to a maximum of 120 days per confinement		
Drugs Used to Treat Erectile Dysfunction	\$1,200 each calendar year*	\$1,200 each calendar year		
Smoking Cessation Products	\$300 lifetime*	\$300 lifetime		
Fertility Drugs	\$15,000 lifetime*	\$15,000 lifetime		
Anti-Obesity Drugs	Included			
Hearing Aids	n/a	\$250 each calendar year		
Insulin Infusion Pumps	n/a	\$5,000 per pump once every 5 years		
Incontinence Supplies	n/a	Included		
Stock Item Orthopedic Shoes Without a Brace	n/a	2 pairs each calendar year to the greater of the cost of the adjustment or 50% of the total cost of the shoe		
Custom Made Foot Orthotics	n/a	2 pairs every 3 calendar years to a maximum of \$400/ per pair		
Myoelectric Arms	n/a	\$10,000 per prosthesis		
External Breast Prosthesis	n/a	1 every 12 months		
Surgical Brassieres	n/a	2 every 12 months		
Blood Glucose Monitoring Machines	n/a	1 every 4 years		
Transcutaneous Nerve Stimulators	n/a	\$700 lifetime		
Extremity Pumps for Lymphedema or Severe Postphlebitic Syndrome	n/a	\$1,500 lifetime		
Graduated Compression Hose	n/a	\$100 each calendar year		
Diagnostic X-rays and Lab Tests	n/a	Included		
Intrauterine Devices (IUD)	n/a	1 every 3 years		
Diaphragms	n/a	1 each calendar year		
Oral Contraceptives	n/a	Included		
Dental Accident Treatment	n/a	Included		
Mechanical or Hydraulic Patient Lifters	n/a	\$2,000 per lifter once every 5 years		
Outdoor Wheelchair Ramps	n/a	\$2,000 lifetime		

Physiotherapists (requires a doctor's referral)	n/a	\$60 for the initial assessment visit each calendar year, and \$38 for any subsequent visit for the remainder of the calendar year.
---	-----	---

* after \$3,000 in prescription drugs expenses incurred in plan year

	High Deductible Plan	Co-ordination Plan	Core Plan	Enhanced Plan
Out-of-Country Care Expenses	\$1,000,000 lifetime			
Healthcare Lifetime Maximum	Unlimited			

2022 Price Tags

	High Deductible Plan	Co-ordination Plan	Core Plan	Enhanced Plan
Employee	\$775	\$875	\$1,075	\$1,325
Employee plus one	\$1,400	\$1,575	\$1,925	\$2,375
Employee plus two or more	\$2,175	\$2,450	\$3,000	\$3,700

Note: your chosen *Option* will be effective for one plan year, except in the case of the *Enhanced* option. If you elect *Enhanced*, you are required to maintain this level of coverage for two plan years, unless you have a qualified *Life Event* that affects your coverage needs. However, note that the Price Tags are not guaranteed and could change.

Health Care Protection: A Shared Responsibility

You and the company share the costs of your Health Care protection. Your share of the cost will depend on the Option you choose. Note that your out-of-pocket maximums apply to a plan year.

Eligible expenses are defined as reasonable and customary charges for the items covered under each *Option*. These items must be medically necessary. The program will be administered to satisfy all applicable legislation.

Making Your Decisions

You can choose different *Options* and participate at different coverage levels for Health Care and Dental Care coverage.

When considering which *Option* is best for you take a moment to examine the following questions. Your responses can assist you in making a decision:

- How much of your own money did you spend on health care expenses in the past year?
 - If you had few or no health care expenses, you may want to choose the *High Deductible* or *Co-ordination* Plan, and use your *Benefit Dollars* for the *HCSA* or direct your *Benefit Dollars* elsewhere. On the other hand, if your expenses are more significant, you may want to participate in either the *Core* or *Enhanced Plan*, which provide more comprehensive protection.
- Are you covered under your spouse/partner's health care plan?
If so, what kind of coverage does this plan offer – and at what price? You may be better off using your *Benefit Dollars* to increase coverage through the *HCSA* or in another area.



Mandatory Generics

Mandatory generic drugs are part of our plan for all levels of coverage.

What is a “generic” drug?

“Generic” is the term used to describe a drug product that is equivalent to a brand-name drug and has identical active ingredients.

The only difference is the inactive ingredients; the binders, fillers and dyes. Generic drugs are not lower quality than brand-name drugs.

What does this mean?

Our drug plan will reimburse drug claims up to the cost of the lowest-priced alternative which is typically a “generic” drug.

- Currently covered brand-name maintenance drugs will be “grandfathered” into the new plan (e.g. cholesterol lowering drugs or ongoing medication used to treat Diabetes, etc.).
- If you have a legitimate medical reason for requiring a brand-name drug, you may request coverage by submitting a completed Request for Brand Name Drug Coverage form.

Dispensing Fee Cap

What is a dispensing fee?

Pharmacists receive a dispensing fee for filling your prescription(s). This fee covers services such as: discussing your treatment with you, maintaining and checking your medication records, providing drug information to your doctors.

A dispensing fee cap of \$8 per prescription is in place for all levels of coverage.

A dispensing fee cap encourages “smart shopping” and promotes cost sharing and drug cost management for both employees and employers.

Ways to save on dispensing fees:

- Shop around (check on-line, call ahead, negotiate)
- If possible, when you fill a maintenance prescription using your drug card, ask for a 90 to 100-day supply. Please contact your Pension and Benefits Department for more information.



Dental Care Options

Your Options

The *Flexible Benefits Plan* offers four Dental Care *Options*, with varying levels of coverage, plus the opportunity to use *Benefit Dollars* elsewhere.

The four *Options* can be summarized as follows:

Opt-out plan– designed to maximize *Benefit Dollars* to be directed to an *HCSA* or taxable cash. This option would be most beneficial for employees who generally do not utilize the plan or use less than \$600 annually (amount of *Benefit Dollars* available to you to direct to an *HCSA* to be used for expenses).

Co-ordination plan – designed for employees with access to a partner/spouse’s plan. The 20% coinsurance level allows you to coordinate with your partner/spouse’s plan (generally 80% coinsurance) to receive full reimbursement, while unlocking additional *Benefit Dollars* to be directed to an *HCSA* or taxable cash. It is worth remembering that *HCSA* amounts can be used towards member contributions on your partner/spouse’s plan.

Core plan – designed as the basic plan offering 80% coinsurance level for employees and eligible dependents. Employees are given enough *Benefit Dollars* to fully cover the cost of this plan resulting in a net-neutral situation.

Enhanced plan – designed as the most rich plan design, offering higher coinsurance and maximums. This option is most suited for those who highly utilize the plan.

Benefit Dollars

Depending on how many eligible dependents you have, you will have access to the following *Benefit Dollars*.

	Opt-out	Employee	Employee plus one	Employee plus two or more
Benefit Dollars	\$600	\$500	\$900	\$1,250



High Level Summary of Dental Options

Eligible expenses are based on your province’s current dental association fee guide. If alternative procedures are available, expenses will be reimbursed for the procedure involving the lowest fee. All plans except the *Opt-Out* Plan cover a nine-month recall for routine check-ups.

The following table highlights the coverage and reimbursement levels under the four *Options*.

	Opt-out Plan	Co-ordination Plan	Core Plan	Enhanced Plan
Reimbursement Levels				
Basic Coverage	n/a	20%	80%	90%
Major Coverage	n/a	50%	80%	80%
Orthodontic Coverage	n/a	n/a	50%	50%
Plan Maximums				
Orthodontic Treatment	n/a	n/a	\$2,500 lifetime	\$3,000 lifetime
All Other Treatment	n/a	\$1,000 per calendar year	\$1,500 per calendar year	\$2,000 per calendar year

2022 Price Tags

	Opt Out Plan	Co-ordination Plan	Core Plan	Enhanced Plan
Employee	\$0	\$300	\$500	\$725
Employee plus one		\$550	\$900	\$1,300
Employee plus two or more		\$775	\$1,250	\$1,800

Note: your chosen Option will be effective for one plan year, except in the case of the Enhanced option. If you elect Enhanced, you are required to maintain this level of coverage for two plan years, unless you have a qualified *Life Event* that affects your coverage needs. However, note that the Price Tags are not guaranteed and could change.

Making Your Decision

When considering which *Option* is best for you, or whether you want to opt out of coverage altogether, take a moment to examine the following questions. Your responses can assist you in making a decision:

- Will you require major dental treatments, such as crowns or bridges during the next year?
 - If the answer is yes, you may wish to consider the *Core* or *Enhanced* Plans, which provide coverage for major restorative care.
- Will eligible dependents need dental coverage?
 - If your answer is yes, you should take a moment to ensure you select the appropriate *Option*.
- Are you covered under your spouse/partner’s dental care plan?
 - If so, what kind of coverage does this plan offer – and at what price? You may be better off using your *Benefit Dollars* to increase coverage through the *HCSA* or in another area. You can also use your *HCSA* allocation to pay for any contributions associated with your spouse/partner’s dental care plan.

Disability Insurance

Short Term Disability

In the event you are unable to work due to illness or injury, you may be entitled to receive 70% of your pre-disability base pay, to a maximum of six months.

Long Term Disability (LTD)

Under the provisions of the LTD plan, if you are totally disabled from work due to illness or injury, you may be entitled to receive 50% of your pre-disability base pay if you elect the *Core* option.

In addition, you will receive 0.4% of your base pay (in effect at enrolment) as *Benefit Dollars*. You may use these *Benefit Dollars* to buy up to the *Enhanced* option of 66.67% coverage or you can direct your *Benefit Dollars* to other areas.

Evidence of Insurability –Enhanced Long-Term Disability (LTD) Option

Note carefully: if you select the *Core* LTD option (50% of your pre-disability regular earnings) and you wish to increase your coverage to the *Enhanced* option (66.67% of your pre-disability regular earnings) in subsequent years, you must complete an Evidence of Insurability form, which will be assessed by Canada Life Underwriting and could be declined.

Life Insurance

The company pays for your basic life insurance coverage.

Your coverage is calculated as 1 times your annual base pay to a maximum of \$600,000, reducing by 15% at age 65 and further reducing by 15% each year thereafter to a minimum amount of 25% of the amount of insurance prior to age 65.

Accidental Death and Dismemberment Insurance

The company pays for your basic accidental death and dismemberment insurance coverage.

You are insured for an amount equal to 2 times your annual base pay, to a maximum of \$600,000.

“Loss of life” benefits are paid only in the case of a covered accident and are paid in addition to life insurance benefits. If your death is a result of an accident in the workplace, additional benefits may be payable under the Workers’ Compensation Act.

Your Accidental Death & Dismemberment (AD&D) policy also provides a lump sum payment in the case of a specified loss as a direct result of a covered accident. The portion paid varies according to the severity of the loss. Contact the Pension & Benefits department for details.

Enrolling in the *Flexible Benefits Plan* Each Year and Making Changes

Every year you will have an opportunity to review your benefits needs and make changes through our online enrolment tool. When you log in to the online *Flexit 360* tool, you will see the *Core* and *Optional* benefits available to you as well as your *Benefit Dollars* and *Price Tags* for tBS/BDL Benefits in the coming year. Your *Flexible Benefits Plan* runs from January 1 (or your hire date with the company) to December 31 each plan year.

Use the following URL to access the tool through your web browser:

<https://www.websinc.ca/Thebeerstore/Public/Login.aspx>

- Click on Forgot/Need My Password
- You will be prompted to enter your Login ID. This your Employee Number (no leading 0).
- Click SUBMIT, and an email will be sent to your work email address, providing you with a temporary password.
- Go back to the Login page, and enter your Login ID and temporary password. You will then be able to set your own custom password.
- In the tool, you can model different benefit options and save for further review and discussion.
- Be sure to check your beneficiary information.
- When you have completed your enrolment, press submit.

Once you have completed your enrolment you may print a statement confirming your benefits. If you notice any errors, contact tBS/BDL Pension and Benefits Department. You can revisit the site and review your coverage as often as you need to or access other benefits related information such as your benefits booklet.

Beneficiary and Dependent Designation

The online *Flexit 360* enrolment tool should be prepopulated with the beneficiary and dependent information that Canada Life currently has on file for you. Please ensure that your spouse/partner/dependent(s) information is accurate and update if required. After updating your beneficiary information you will be required to print and sign a system generated form and submit it to tBS/BDL Pension and Benefits Department. Your change will be not be approved until the original signed and completed form is received.



Leave

If you are on a leave at the time of the annual enrolment period (such as disability, parental/maternity leave), the coverage you elected at your last enrolment will remain until you return to active employment, at which point, you will make your option selections.

Lock-In Periods

If you choose to enrol in the *Enhanced* Health Care or *Enhanced* Dental Care Plan, you are required to keep this level of coverage for two plan years. This restriction is intended to keep the *Price Tags* for these *Options* at a reasonable level over time. Although your choice is locked in, the *Price Tags* are not guaranteed and could change for the second year you are in these *Options*. During this *Lock-in Period*, you will be able to change your coverage category (*Employee, Employee plus one, Employee plus two or more*) only if you have a qualified *Life Event* that affects your coverage needs.

Default Option – What happens if I don't re-enroll?

If you know that you will be away at the time of re-enrollment, please inform the Pension & Benefits Department as they may be able to extend your enrollment window.

If you miss your re-enrolment deadline, you will receive the same coverage as that of the previous year.



Life Event

You can change your benefit choices during the annual enrolment period, subject to any *Lock-in Period* requirements, or following a qualified *Life Event*, that is, a change in your personal situation (without waiting for the next enrolment period). Any of the following is considered a qualifying *Life Event*:

- Acquiring a new dependent (spouse/partner or child)
- Loss or gain of coverage through your spouse/partner's group benefit program (for example, because of a change in your spouse's employment status)
- Death of your dependent
- Your spouse/partner or child ceasing to qualify for coverage (for example, your child's attainment of a limiting age)

If you experience a qualified *Life Event*, you will have 31 days from the date of the event to notify tBS/BDL Pension and Benefits Department and make new benefit choices.

Five Easy Steps to Choosing Your Benefits

1. Be sure to have all the information you need.

Prior to your initial enrollment and with each plan year's *Flexible Benefits Plan* re-enrollment, you'll receive enrolment information and instructions, as well as a link to the online *Flexit 360* enrolment tool. Review the Health Care and Dental Care claims you submitted over the previous year or two (if applicable), so that you have a sense of what your benefit needs may be going forward.

2. Use the online Flexit 360 enrolment system

This online system streamlines your *Flexible Benefits Plan* decision-making and enrolment. For example, the online *Flexit 360* tool features a running tally of *Benefit Dollars* used versus total *Price Tags*, as well as any payroll deductions. This automatic calculation eliminates the need for paper, pencil and calculator – and speeds things up. You can also try out different “what if” scenarios. You may wish to review and discuss these scenarios with your family and explore opportunities to coordinate your benefits with your spouse/partner's plan if applicable. Answers to frequently asked questions are also found on the online *Flexit 360* tool.

3. Tap into other Company information resources

Background reading about the program from the Company (such as this guide) and information provided by Canada Life can be useful sources for program details.

4. Consider other sources of insurance coverage

You may have coverage under another plan, such as one provided through your spouse/partner's employer. This would allow you to consider the *Co-ordination* option, which would essentially wrap around your spouse/partner's plan to provide you with full reimbursement, subject to certain maximums. So, it's worthwhile to compare.

5. Make your choices

Once you have a clear picture of what will work best for you, use the online *Flexit 360* tool to select the coverage that best suits you and submit. Please note that you may visit the site and model your benefits and save as you go along, your selection will not be final until you press submit.

Note: when you enrol online, you will not receive a paper confirmation. It is therefore recommended that you print and keep a copy of your Confirmation Statement. If you notice any errors, be sure to contact tBS/BDL Pension and Benefits Department.

Excess Benefit Dollars

Any *Benefit Dollars* left over after you've selected *Benefit Options* for you and your family can be directed into your *Health Care Spending Account (HCSA)*, taken as taxable cash or used to purchase additional vacation days. The *HCSA* allows for a reimbursement of certain eligible health related expenses as defined under the Income Tax Act. Taxable cash will be distributed on a per pay basis.

Health Care Spending Account

You can use your *HCSA* balance for a wide range of health and dental expenses eligible under the Income Tax Act, and expenses not covered or fully reimbursed under the Health and Dental Options you choose. You may also claim expenses for dependents claimed on your income tax return who may not qualify for coverage under your chosen company benefit options (such as elderly parents).

Eligible expenses include:

- Medical/paramedical practitioners and hospital services
- Eyeglasses, contact lenses and laser eye surgery
- Dental expenses that exceed the maximum under your Dental Option
- Prescription drugs and over-the-counter drugs prescribed by a physician
- The care of an individual with a mental or physical impairment
- Transportation and travel for medical reasons
- Artificial limbs, aids and other medical devices and supplies
- Private health services plan premiums
- A complete list is available on the CRA website at www.cra-arc.gc.ca. Simply type in "Eligible Medical Expenses" into the search function and click on the link: [Lines 33099 and 33199 – Eligible medical expenses you can claim on your tax return.](#)

Carry Forward your unused HCSA Balance

If you do not use the entire balance of your *HCSA* in a given plan year, you can carry the remaining balance allocated to you for that year forward to the next plan year (one year only) and use it to pay for eligible expenses incurred in the following plan year.

If you leave the Company

If you leave the Company during the fiscal year, you may claim any eligible expenses you have incurred up to your termination date. The claim must be submitted within 31 days following your termination date. However, if the amount remaining in your *HCSA* exceeds the amount of your final claim, Canada Revenue Agency will not allow the Company to refund the excess.



Making Your Decision

When considering how to maximize the *HCSA*, take a moment to examine the following questions:

- Are you expecting any health or dental related expenses that are not covered by the Health Care or Dental Care Options you have chosen? If so, you may wish to allocate some *Benefit Dollars* to the *HCSA*.
- Do you or any eligible dependents regularly exceed the maximums for services such as those provided by a chiropractor? Again, you may use *Benefit Dollars* in the *HCSA* to cover these kinds of expenses beyond the covered maximums under the Health Care and Dental Care Options.
- Do you have a parent, sibling, or other relative for whom you are eligible to claim as a dependent on your income tax form? Canada Revenue Agency permits you to use *Benefit Dollars* in the *HCSA* to help pay the health and dental expenses of any relative who you can claim as a dependent at tax time. Remember, you cannot claim expenses for all dependents under the Health Care and Dental Care *Options*.

What happens if my benefit choices exceed my available Benefit Dollars?

If the cost of the choices you make is greater than the *Benefit Dollars* available, you'll pay the difference through payroll deduction, on an after-tax basis, per pay period.

Let's look at some scenarios

Scenario 1:

Mikael is young, single and healthy. He has minimal coverage needs and prefers to maximize his *HCSA* and taxable cash allocation.



Salary	Coverage	LTD Coverage	Health Coverage	Dental Coverage	Net Benefit Dollars
\$50,000	Employee	Core Plan: 50%	High Deductible	Opt-Out	\$1,050 to be allocated between Health Care Spending Account (<i>HCSA</i>) and taxable cash

Mikael's selections still offers him protection through catastrophic drug coverage under the *High Deductible* Health plan, while allowing him the flexibility to redirect his *Benefit Dollars* to either *HCSA* (should he expect Medical or Dental expenses) or taxable cash.

Scenario 2:

Shondra is young and newly married, with access to spousal coverage. Her partner's plan offers rich coverage, however, requires contributions.



Salary	Coverage	LTD Coverage	Health Coverage	Dental Coverage	Net Benefit Dollars
\$65,000	Employee plus one	Core Plan: 50%	Co-ordination Plan	Co-ordination Plan	\$935 to be allocated to <i>HCSA</i>

With Shondra's partner's income, she does not need additional disability income replacement coverage. The *Co-ordination* Health and Dental plans allow her to retain full health and dental reimbursement through *co-ordination* of benefits, with \$935 in eligible spend. The \$935 in eligible spend can be used to pay for the contributions required in her partner's plan.

Scenario 3:

Raj is middle aged, married with children, single income household and content with current coverage levels.



Salary	Coverage	LTD Coverage	Health Coverage	Dental Coverage	Net Benefit Dollars
\$80,000	Employee plus two or more	Enhanced Plan: 66.67%	Core Plan	Core Plan	Net neutral

His selections allow for adequate disability income replacement coverage and maintains current coverage for himself and his dependents under the *Core* Health and Dental plans, including orthodontics for his children and Vision care for his spouse

Scenario 4:

Jack is older, risk averse and married with no additional dependents. His wife has been unable to work due to medical problems.



Salary	Coverage	LTD Coverage	Health Coverage	Dental Coverage	Net Benefit Dollars
\$95,000	Employee plus one	Enhanced Plan: 66.67%	Enhanced Plan	Enhanced Plan	Additional contributions of \$775 annually

His selections allow adequate disability income protection and provide more comprehensive medical and dental coverage to Jack and his spouse, including access to increased maximum limits on paramedical practitioners. Jack will make contributions to share the cost of the *Enhanced* coverage on a per pay basis through payroll deductions.

Note:

This Guide is intended to provide an overview about the Beer Store and Brewers Distributor Ltd. *Flexible Benefits Plan*. Its purpose is to help you understand the plan and make informed decisions. In any case, the insurance contracts and plan documents will govern administration of the plans in the event of discrepancies.

The plan is intended to comply with all federal and provincial laws. In the event of any conflict, the terms of any applicable laws will govern.

The Company's obligation will not be increased automatically beyond the coverage levels offered by the Company's *Flexible Benefits* plan at the inception of the program, because of reduction or elimination of any government benefits, including (but not limited to) provincial health insurance, Canada/Quebec Pension Plan and workers' compensation. The Company will carefully review all benefits affected by reductions or elimination under such government benefits to decide whether or not changes will be made to the Company *Flexible Benefits Plan*.

The Company reserves the right to amend or terminate any of the plans described here at any time.

For More Information

Canada Life

Website: www.canadalife.com > GroupNet for Plan Members

Customer Service Center: 1-800-957-9777. Monday to Friday 7:00 am to 6:00pm (CT)

tBS/BDL Pension & Benefits Department

Toll Free Line: [1-800-277-4392](tel:1-800-277-4392) / Option 2

Email: mybenefits@thebeerstore.ca