

# MITEL NETWORKS

## Flexible Benefit Plan – Effective January 1, 2014

**CLASS DESCRIPTIONS:**

All Employees

**BENEFIT SUMMARY – Great-West Life, Policy No. 330270**

**ELIGIBILITY:**

Effective date of employment for permanent full-time and part-time employees, working a minimum of 20 hours per week.

	Core Plan	Option A	Option B
<b>BASIC LIFE</b>	\$25,000	\$25,000	\$25,000
<b>SUPPLEMENTAL LIFE</b>		100% of annual earnings to a maximum of \$400,000	200% of annual earnings to a maximum of \$825,000; Non-Evidence maximum: \$500,000
Coverage Reduction	To 50% at age 70	To 50% at age 70; \$100,000 Maximum	To 50% at age 70; \$100,000 Maximum
Termination	Retirement	Retirement	Retirement
<b>OPTIONAL LIFE</b>			
Employee	Available in \$10,000 units to a maximum of \$500,000, subject to approval is evidence of insurability. If you are covered under this plan as both an employee and a spouse, you are limited to the \$500,000 maximum		
Spouse	Available in \$10,000 units to a maximum of \$500,000, subject to approval is evidence of insurability. If you are covered under this plan as both an employee and a spouse, you are limited to the \$500,000 maximum		
Child	\$5,000 from live birth	\$5,000 from live birth	\$5,000 from live birth
Termination	Age 70	Age 70	Age 70

	Core Plan	Option A	Option B
<b>LONG TERM DISABILITY</b>			
Waiting Period	182 days	182 days	182 days
Amount	60% of your monthly basic earnings	75% of your monthly basic earnings	60% of your monthly basic earnings
Maximum	\$10,000	\$10,000	\$10,000
Non-Evidence Maximum	\$7,500	\$7,500	\$7,500
Taxability	Taxable	Taxable	Non-taxable
Definition of Disability	24-months own occupation; Any occupation thereafter	24-months own occupation; Any occupation thereafter	24-months own occupation; Any occupation thereafter
Accumulation of Days	Included as long as no interruption is longer than 2 weeks	Included as long as no interruption is longer than 2 weeks	Included as long as no interruption is longer than 2 weeks
Offset	Primary	Primary	Primary
Inflation Protection	CPI up to 3% maximum	CPI up to 3% maximum	CPI up to 3% maximum
Vocational Rehabilitation	Up to 100% pre-disability earnings	Up to 100% pre-disability earnings	Up to 100% pre-disability earnings
Termination	Age 65	Age 65	Age 65
Conversion Privilege	Included	Included	Included

## MITEL NETWORKS

### BENEFIT SUMMARY – ACE INA INSURANCE, Policy Nos. AB10231801; OE1023801; CI10231801

**ELIGIBILITY:**

Effective date of employment for permanent full-time and part-time employees, working a minimum of 20 hours per week .

	Core Plan	Option A	Option B
<b>BASIC AD&amp;D</b>			
Canadian Employees	\$25,000	100% of annual earnings	200% of annual earnings
U.S. Employees	200% of annual earnings	200% of annual earnings	200% of annual earnings
War Risk Rider	Included	Included	Included
Termination	Age 70	Age 70	Age 70
<b>OPTIONAL AD&amp;D</b>			
Employee	Units of \$10,000; \$300,000 max	Units of \$10,000; \$300,000 max	Units of \$10,000; \$300,000 max
Spouse	Units of \$10,000; \$300,000 max	Units of \$10,000; \$300,000 max	Units of \$10,000; \$300,000 max
Child	\$10,000	\$10,000	\$10,000
Termination	Age 70	Age 70	Age 70
<b>Basic Maximums</b>			
AD&D	Loss of & Loss of Use	Loss of & Loss of Use	Loss of & Loss of Use
Rehabilitation	\$15,000	\$15,000	\$15,000
Repatriation	\$15,000	\$15,000	\$15,000
Family Transportation	\$15,000	\$15,000	\$15,000
Spousal Occupational Training	\$15,000	\$15,000	\$15,000
Home Alteration & Vehicle Modification	\$15,000	\$15,000	\$15,000
Day Care	\$5,000	\$5,000	\$5,000
Special Education Benefit	\$5,000	\$5,000	\$5,000
Seat Belt Benefit	10%	10%	10%
In-Hospital Confinement	\$1,000/mth	\$1,000/mth	\$1,000/mth
Conversion Privilege	Included	Included	Included
<b>OPTIONAL CI</b>			
Employee	Units of \$5,000; \$100,000 max	Units of \$5,000; \$100,000 max	Units of \$5,000; \$100,000 max
Spouse	Units of \$5,000; \$100,000 max	Units of \$5,000; \$100,000 max	Units of \$5,000; \$100,000 max
Child	Units of \$5,000; \$30,000 max	Units of \$5,000; \$30,000 max	Units of \$5,000; \$30,000 max
<b>Covered Illnesses</b>			
	Heart Attack, Cancer, Stroke and Kidney Failure, Coronary Artery Surgery, Blindness Paralysis, Major Organ transplant, Multiple Sclerosis, Alzheimer's Disease ALS, Aorta Surgery, Benign Brain Tumour Coma, Deafness, Major Organ Failure Parkinson's Disease, Severe Burns	Heart Attack, Cancer, Stroke and Kidney Failure, Coronary Artery Surgery, Blindness Paralysis, Major Organ transplant, Multiple Sclerosis, Alzheimer's Disease ALS, Aorta Surgery, Benign Brain Tumour Coma, Deafness, Major Organ Failure Parkinson's Disease, Severe Burns	Heart Attack, Cancer, Stroke and Kidney Failure, Coronary Artery Surgery, Blindness Paralysis, Major Organ transplant, Multiple Sclerosis, Alzheimer's Disease ALS, Aorta Surgery, Benign Brain Tumour Coma, Deafness, Major Organ Failure Parkinson's Disease, Severe Burns
	Ductal Carcinoma in situ Loss of Independence Coverage 2 <sup>nd</sup> Event Coverage	Ductal Carcinoma in situ Loss of Independence Coverage 2 <sup>nd</sup> Event Coverage	Ductal Carcinoma in situ Loss of Independence Coverage 2 <sup>nd</sup> Event Coverage
<b>Benefits</b>			
Termination	Age 65	Age 65	Age 65

## MITEL NETWORKS

### BENEFIT SUMMARY – GREAT-WEST LIFE, Policy Nos. 56038

	Core Plan	Option A	Option B	Option C 2-Yr Lock-In
<b>HEALTHCARE</b>	Covers only Out-of-Country Emergency Care and Travel Assistance expenses			
<b>Deductible</b>	nil	nil	nil	nil
<b>Reimbursement</b>				
Out-of-Country Emergency Care Expenses	100%; 60 days per trip \$1,000,000 max	100%; 60 days per trip \$1,000,000 max	100%; 60 days per trip \$1,000,000 max	100%; 60 days per trip \$1,000,000 max
Global Medical Assistance Expenses	100%	100%	100%	100%
In-Canada Prescription Drugs - base plan expenses - supplemental plan expenses	not covered not covered	Enhanced Generic Provincial Formulary 50% not covered	Enhanced Generic Provincial Formulary 80% 50%	Enhanced Generic Provincial Formulary 100% 75%
Out-of-Pocket Maximum for Quebec Residents	nil	RAMQ Compliant	RAMQ Compliant	RAMQ Compliant
Health Case Mgt	not covered	Included	Included	Included
In-Canada Hospital Expenses	not covered	50%	80%	100%
Visioncare Expenses	not covered	not covered	100%	100%
All Other Expenses	not covered	50%	80%	100%
<b>Paramedical</b>				
Chiropractors	not covered	\$250 / calendar year	\$400 / calendar year	\$500 / calendar year
Dieticians	not covered	\$250 / calendar year	\$400 / calendar year	\$500 /calendar year
Physiotherapists or Athletic Therapists	not covered	\$250 / calendar year	\$400 / calendar year	\$500 / calendar year
Podiatrists	not covered	\$250 / calendar year	\$400 / calendar year	\$500 / calendar year
Naturopaths (includes homeopathic drugs)	not covered	\$250 / calendar year	\$400 / calendar year	\$500 / calendar year
Osteopaths	not covered	\$250 / calendar year	\$400 / calendar year	\$500 / calendar year
Psychologists	not covered	\$250 / calendar year	\$400 / calendar year	\$500 / calendar year
Speech Therapists	not covered	\$250 / calendar year	\$400 / calendar year	\$500 / calendar year
Massage Therapists	not covered	\$250 / calendar year	\$400 / calendar year	\$500 / calendar year
Acupuncturists	not covered	\$250 / calendar year	\$400 / calendar year	\$500 / calendar year

## MITEL NETWORKS

### BENEFIT SUMMARY – GREAT-WEST LIFE, Policy No. 56038

HEALTHCARE cont...	Core Plan	Option A	Option B	Option C 2-Yr Lock-In
<b>Basic Maximums</b>				
Hospital	not covered	Private room	Private room	Private room
Home Nursing Care	not covered	\$10,000/calendar yr; >65: \$25,000/lifetime	\$10,000/calendar yr; >65: \$25,000/lifetime	\$10,000/calendar yr; >65: \$25,000/lifetime
In-Canada Prescription Drugs	not covered	included	included	included
Erectile Dysfunction Drugs	not covered	not covered	not covered	not covered
Fertility Drugs	not covered	6 cycles / lifetime	6 cycles / lifetime	6 cycles / lifetime
Preventive Vaccines	not covered	not covered	not covered	not covered
Hearing Aids	not covered	\$1,200 every 4 years	\$1,200 every 4 years	\$1,200 every 4 years
Custom-fitted Orthopaedic Shoes	not covered	1 pair / calendar year	1 pair / calendar year	1 pair / calendar year
Custom-made Foot Orthotics	not covered	2 pairs / calendar year	2 pairs / calendar year	2 pairs / calendar year
External Breast Prostheses	not covered	Every 2 calendar years	Every 2 calendar years	Every 2 calendar years
Surgical Brassieres	not covered	2 / calendar year	2 / calendar year	2 / calendar year
Transcutaneous Nerve Stimulators	not covered	Reasonable & Customary	Reasonable & Customary	Reasonable & Customary
Surgical Stockings	not covered	2 pairs / calendar yr	2 pairs / calendar yr	2 pairs / calendar yr
Wigs for Cancer Patients	not covered	\$250 lifetime	\$250 lifetime	\$2500 lifetime
Accidental Dental Injury Coverage	not covered	50%	80%	100%
<b>Lifetime Healthcare Maximum</b>	Unlimited	Unlimited	Unlimited	Unlimited
<b>Termination</b>	Retirement	Retirement	Retirement	Retirement

	Core Plan	Option A	Option B	Option C 2-Yr Lock-In
<b>VISIONCARE</b>				
Glasses, Contact Lenses, Laser Eye Surgery, Eye Exams	not covered	not covered	\$250 every 24 months (every 12 months for dependent children under age 21)	\$400 every 24 months (every 12 months for dependent children under age 21)
Preferred Vision Services (PVS)	not covered	Included	Included	Included
<b>Termination</b>		Retirement	Retirement	Retirement

## MITEL NETWORKS

### BENEFIT SUMMARY – GREAT-WEST LIFE, Policy No. 56038

	Core Plan	Option A	Option B	Option C 2-Yr Lock-In
<b>DENTALCARE</b>	The Core Plan <u>does not</u> included dental benefits			
<b>Dental Fee Guide</b>	not covered	Previous Year; Province of Residence	Previous Year; Province of Residence	Current Year; Province of Residence
<b>Deductible</b>	not covered	nil	nil	nil
<b>Reimbursement</b>				
Basic Coverage				
- oral hygiene instruction	not covered	80%	90%	100%
- denture repairs and adjustments	not covered	80%	90%	100%
- all other basic coverage	not covered	80%	90%	100%
Major Restorative	not covered	not covered	60%	100%
Orthodontic	not covered	not covered	50%	50%
<b>Plan Maximums</b>				
Basic Treatment	not covered	\$1,000 / calendar year	\$2,000 / calendar year combined with Major Treatment	\$2,500 / calendar year combined with Major Treatment
Major Treatment	not covered	not covered	\$2,000 / calendar year combined with Basic Treatment	\$2,500 / calendar year combined with Basic Treatment
Orthodontic Treatment	not covered	not covered	\$2,000 lifetime	\$3,500 lifetime
Termination		Retirement	Retirement	Retirement

	Core Plan	Option A	Option B	Option C
<b>HEALTH SPENDING ACCOUNT</b>				
Carry Forward Provision	Unused Flex Credit Balance	Unused Flex Credit Balance	Unused Flex Credit Balance	Unused Flex Credit Balance
Deposits	Unused Flex Credits	Unused Flex Credits	Unused Flex Credits	Unused Flex Credits

**WELCOME PLAN: Provincial Medical Replacement Program, Policy No. 330271 GHWP**

**AMBASSADOR PLAN: Expatriate Coverage, Policy No. 156955**

**EMPLOYEE ASSISTANCE PROGRAM: Shepell fgi**

**BUSINESS TRAVEL ACCIDENT: Chartis, Policy Nos. SRG 9106819, GTP 9106818**

**SALARY CONTINUANCE SERVICES: Early Referral Services, Policy No. 56038**

**BEST DOCTORS: Diagnostic and Treatment Support Services, Policy No. 330270**