TELUS Your Team TELUS Flex Benefits At A Glance

For ADT Security Services Team Members who are part of IBEW 213A and 213K

Your Team TELUS Flex Benefits plan was designed to provide a base level of coverage while also giving you choice and flexibility.

Primary Benefits - TELUS provides primary coverage for the following benefits: Psychology/Speech Therapy, Emergency Out-of-Country/Out-of-Province (OOC/OOP), Life Insurance, Accident Insurance, Business Travel Accident Insurance, Short Term Disability, Long Term Disability and a \$500 Well-being Account. **Health Dollars** - TELUS provides annual Health Dollars, based on how many people you need to cover. You can use them towards Extended Health and Dental, allocate them to your Health Spending Account (HSA) and/or add them to your pay as taxable income.

Credits - TELUS provides annual Credits equal to one day of pay. In your year of hire, these credits are pro-rated based on your hire date. You can use them towards Extended Health and Dental, allocate them to your Health Spending Account (HSA), eligible Student Loan, Desjardins RRSP or TFSA, and/or add them to your pay as taxable income.

		Extended Health Benefits			Dental Benefits		Insurance			
0		Prescription Drugs	Paramedicals & Vision	Medical Services & Supplies and Emergency Out-of- Country & Out-of- Province (OOC/OOP)	Basic Dental	Major Dental & Orthodontics	Life Insurance	Accident Insurance	Primary Long Term Disability (LTD)	Long Term Disability (LTD) Top-Up Team Member Paid
Less coverage	Option 1	 Opt out (proof of other coverage required) 	 Psychology/Speech Therapy only: \$5,000 – included in all options in this category 	OOC/OOP only: 100%	No coverage	No coverage	1 x annual base salary	No coverage	 30% of salary, non-indexed Taxable benefit 	 30% of salary, non-indexed Non-taxable benefit
	Option 2	 \$1,000 deductible Tier 1: 90% Tier 2: 80% 	 Vision: Eye exam only / 2 yrs** Paramedicals: \$300 combined 	 OOC/OOP: 100% Medical Services & Supplies: 70% 	 100% 12-month recall** \$500 max 	 Major: 50% (max \$2,000) Ortho: 50% (max \$2,500)* 		1 x annual base salary		 30% of salary, indexed Non-taxable benefit
More coverage	Option 3	No deductibleTier 1: 90%Tier 2: 80%	 Vision: \$200 and eye exam / 2 yrs** Paramedicals: \$500 combined 	 OOC/OOP: 100% Medical Services & Supplies: 80% 	 20% 12-month recall** No max 	 Major: 70% (max \$2,500) Ortho: 50% (max \$3,000)* 				
	Option 4	 No deductible Tier 1: 100% Tier 2: 90% 	 Vision: \$300 and eye exam / 2 yrs** Paramedicals: \$1,000 combined* 	 OOC/OOP: 100% Medical Services & Supplies: 90% 	 100% 12-month recall** No max 		J			
	Option 5		 Vision: \$400 and eye exam / 2 yrs** Paramedicals: \$1,500 combined* 		 100% 6-month recall** No max 					

*You will need to stay in the selected option for 2 years before you can make any changes

**Dependent children (under age 18) are eligible for: Vision Care: one eye exam and prescriptions glasses/contact (if applicable) every benefit plan year • Basic Dental: one recall every 6 months

Optional Life Insurance: Team Member & Spouse - units of \$10,000; \$1,000,000 max | Child: \$10,000 or \$20,000 max

Optional Benefits available for purchase

Optional Accident Insurance: Team Member & Spouse - units of \$10,000; \$500,000 max | Child: units of \$10,000; \$50,000 max

Optional Critical Illness Insurance: Team Member & Spouse - units of \$10,000; \$200,000 max | Child: units of \$5,000; \$20,000 max