

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 Agriculture 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 (\$250 if you work less than 50%).

**TELUS Health Dollars** - TELUS Agriculture provides annual TELUS Health Dollars, based on how many people you need to cover. You can use them for 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. In your year of hire, these credits are used for Personal Well-being Days. In subsequent years, you can use them to buy up to 3 Personal Well-being Days, or direct them to your Health Spending Account (HSA).

	Extended Health Benefits			Dental Benefits		Insurance			
	Prescription Drugs	Paramedicals & Vision	Medical Services & Supplies 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	<b>Option 1</b>	<ul style="list-style-type: none"> <li>Opt out (proof of other coverage required)</li> <li>Psychology/Speech Therapy only: \$5,000 – included in all options in this category</li> </ul>	<ul style="list-style-type: none"> <li>OOC/OOP only: 100%</li> </ul>	<ul style="list-style-type: none"> <li>No coverage</li> </ul>	<ul style="list-style-type: none"> <li>No coverage</li> </ul>	<ul style="list-style-type: none"> <li>1 x annual base salary</li> </ul>	<ul style="list-style-type: none"> <li>No coverage</li> </ul>	<ul style="list-style-type: none"> <li>30% of salary, non-indexed</li> <li>Taxable benefit</li> </ul>	<ul style="list-style-type: none"> <li>30% of salary, non-indexed</li> <li>Non-taxable benefit</li> </ul>
More coverage	<b>Option 2</b>	<ul style="list-style-type: none"> <li>\$1,000 deductible</li> <li>Tier 1: 90%</li> <li>Tier 2: 80%</li> </ul>	<ul style="list-style-type: none"> <li>Vision: Eye exam only / 2 yrs**</li> <li>Paramedicals: \$300 combined</li> </ul>	<ul style="list-style-type: none"> <li>OOC/OOP: 100%</li> <li>Medical Services &amp; Supplies: 70%</li> </ul>	<ul style="list-style-type: none"> <li>100%</li> <li>12-month recall**</li> <li>\$500 max</li> </ul>	<ul style="list-style-type: none"> <li>Major: 50% (max \$2,000)</li> <li>Ortho: 50% (max \$2,500)*</li> </ul>		<ul style="list-style-type: none"> <li>1 x annual base salary</li> </ul>	<ul style="list-style-type: none"> <li>30% of salary, indexed</li> <li>Non-taxable benefit</li> </ul>
	<b>Option 3</b>	<ul style="list-style-type: none"> <li>No deductible</li> <li>Tier 1: 90%</li> <li>Tier 2: 80%</li> </ul>	<ul style="list-style-type: none"> <li>Vision: \$200 and eye exam / 2 yrs**</li> <li>Paramedicals: \$500 combined</li> </ul>	<ul style="list-style-type: none"> <li>OOC/OOP: 100%</li> <li>Medical Services &amp; Supplies: 80%</li> </ul>	<ul style="list-style-type: none"> <li>20%</li> <li>12-month recall**</li> <li>No max</li> </ul>	<ul style="list-style-type: none"> <li>Major: 70% (max \$2,500)</li> <li>Ortho: 50% (max \$3,000)*</li> </ul>			
	<b>Option 4</b>	<ul style="list-style-type: none"> <li>No deductible</li> <li>Tier 1: 100%</li> <li>Tier 2: 90%</li> </ul>	<ul style="list-style-type: none"> <li>Vision: \$300 and eye exam / 2 yrs**</li> <li>Paramedicals: \$1,000 combined*</li> </ul>	<ul style="list-style-type: none"> <li>OOC/OOP: 100%</li> <li>Medical Services &amp; Supplies: 90%</li> </ul>	<ul style="list-style-type: none"> <li>100%</li> <li>12-month recall**</li> <li>No max</li> </ul>				
	<b>Option 5</b>	<ul style="list-style-type: none"> <li>Vision: \$400 and eye exam / 2 yrs**</li> <li>Paramedicals: \$1,500 combined*</li> </ul>		<ul style="list-style-type: none"> <li>100%</li> <li>6-month recall**</li> <li>No max</li> </ul>					

You can select a different option for each benefit to create the benefit plan that works best for you and your family.

For example, you can select option 3 for prescription drugs, option 1 for paramedicals, option 4 for basic dental, etc

\*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 Benefits  
available for purchase**

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

Looking for more information? Please refer to AgOne

Effective July 1, 2022