

# TELUS® Your Team TELUS Benefits Options At A Glance

For Retail Full-time Store Managers, Assistant Store Managers and Frontline Team Members

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 and Short Term Disability.

**Health Dollars** - TELUS provides annual 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.

|   | Extended Health Benefits |   |  | Dental   |  | Insurance   |   |  |
|---|--------------------------|---|--|--|--|---|---|--|
|   | Prescription Drugs       | Paramedicals & Vision   | Emergency Out-of-Country & Out-of-Province (OOC/OOP) and Medical Services & Supplies   | Basic Dental   | Major Dental & Orthodontics  | Life Insurance  | Accident Insurance  | Long Term Disability (LTD) Top-Up Team Member Paid   |
| <div style="writing-mode: vertical-rl; transform: rotate(180deg);">Less coverage</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">More coverage</div> | <b>Option 1</b>          | <ul style="list-style-type: none"> <li>Opt out (proof of other coverage required)</li> </ul>  | <ul style="list-style-type: none"> <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% (\$5 million lifetime max)</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 plus prior year's sales compensation</li> </ul> | <ul style="list-style-type: none"> <li>No coverage</li> <li>60% of salary, plus prior year's sales compensation, non-indexed</li> <li>Non-taxable benefit</li> </ul> |
|   | <b>Option 2</b>          | <ul style="list-style-type: none"> <li>\$1,000 deductible</li> <li>Tier 1: 80%</li> <li>Tier 2: 70%</li> <li>Tier 3: 25%</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% (\$5 million lifetime max)</li> <li>Medical Services &amp; Supplies: 70%</li> </ul> | <ul style="list-style-type: none"> <li>100%</li> <li>12-month recall**</li> <li>\$400 max</li> </ul> | <ul style="list-style-type: none"> <li>Major: 50% (max \$1,000)</li> <li>Ortho: 50% (max \$2,500)*</li> </ul> | <ul style="list-style-type: none"> <li>1 x annual base salary plus prior year's sales compensation</li> </ul> | <ul style="list-style-type: none"> <li>60% of salary plus prior year's sales compensation, 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: 80%</li> <li>Tier 2: 70%</li> <li>Tier 3: 25%</li> </ul>      | <ul style="list-style-type: none"> <li>Vision: \$150 and eye exam / 2 yrs.**</li> <li>Paramedicals: \$500 combined</li> </ul>        | <ul style="list-style-type: none"> <li>OOC/OOP: 100% (\$5 million lifetime max)</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 \$2,000)</li> <li>Ortho: 50% (max \$2,500)*</li> </ul> |   |  |
|   | <b>Option 4</b>          | <ul style="list-style-type: none"> <li>No deductible</li> <li>Tier 1: 90%</li> <li>Tier 2: 80%</li> <li>Tier 3: 35%</li> </ul>      | <ul style="list-style-type: none"> <li>Vision: \$250 and eye exam / 2 yrs.**</li> <li>Paramedicals: \$1,000 combined*</li> </ul>     |  | <ul style="list-style-type: none"> <li>80%</li> <li>9-month recall**</li> <li>No max</li> </ul>      |   |   |  |
|   | <b>Option 5</b>          |   | <ul style="list-style-type: none"> <li>Vision: \$350 and eye exam / 2 yrs.**</li> <li>Paramedicals: \$1,500 combined*</li> </ul>     |  | <ul style="list-style-type: none"> <li>100%</li> <li>9-month recall**</li> <li>No max</li> </ul>     |   |   |  |

\*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