## **Carillion Flex Benefits at a Glance**

Basic Life	Option 1	Option 2	Option 3	Option 4			
Benefit formula	1 times the annual salary	2 times the annual salary	3 times the annual salary	4 times the annual salary			
Benefit Maximum	\$500,000	\$500,000	\$500,000	\$500,000			
Lock-in period	1 year	1 year	1 year	1 year			
	Hire 2016	Hire2016	Hire2016	Hire2016			
Plans		Corp2	Corp3	Corp4			
		Roads2	Roads2	Roads2			
SPECIAL NOTE		RS WITH GRANFATHERED BASIC L					
			rior to January 1, 2016. If this app				
		Flexit system only one option will appear under the Basic Life benefit and it will be listed as 'Option 1'. The coverage level outlined					
		will reflect your correct eligible amount but due to system restrictions the option number will not align to the option numbering					
	noted above.						
Plans	Name of Group and Class Desc	•					
Hire2016		vees hired prior to January 1, 2016					
		vees hired on or after January 1, 2					
		Carillion Canada Inc.: Employees hired on or after January 1, 2016					
	Carillion Alberta Roads: Employees hired on or after January 1, 2016						
Corp2		Carillion Canada Inc.: 2 x Annual Salary Carillion Canada Inc.: Employees hired prior to January 1, 2016 with 2 years but less than 5 years of service					
Corp3		· · · · · · · · · · · · · · · · · · ·		service			
Corp4		Carillion Canada Inc.: Employees hired prior to January 1, 2016 with 5 years of service or more					
Roads2		Carillion Alberta Roads: Employees hired prior to January 1, 2016					
Corp UK	Carillion Canada Inc.: UK emplo	yees					
AD&D	Option 1	Option 2	Option 3	Option 4			
Benefit formula	1 times the annual salary	2 times the annual salary	3 times the annual salary	N/A			
Benefit Maximum	\$500,000	\$500,000	\$500,000				
Lock-in period	1 year	1 year	1 year				
Dependent Life	Option 1	Option 2 Option 3		Option 4			
Benefit formula	No coverage	Spouse \$10,000 /Child \$5,000	Spouse \$20,000/Child \$10,000	N/A			
Lock-in period	1 year	1 year	1 year				
Optional Life	Option 1	Option 2	Option 3	Option 4			
Benefit formula	No Coverage	Employee & Spouse Units of \$10,000	N/A	N/A			
Lock-in period	1 year	1 year					
Long Term Disability	Option 1	Option 2	Option 3	Option 4			
Benefit formula	50% of monthly salary	60% of monthly salary	60% of monthly salary				
Benefit Maximum	\$8,000/month	\$8,000/month	\$10,000/month				
Benefit Period	Lesser of 10 years or age 65 Lesser of 10 years or age 65 To age 65 N/A		N/A				
Elimination Period	119 days	119 days	119 days				
Lock-in period	1 year	1 year	1 year				

Vision	Option 1	Option 2	Option 3	Option 4	Option 5
Eye Examination	No coverage	\$75 every 24 months	\$120 every 24 months	N/A	N/A
Eye Wear	No coverage	\$200 every 24 months	\$300 every 24 months		
Lock-in period	1 year	2 years	2 years		
Extended Health	Option 1	Option 2	Option 3	Option 4	Option 5
Drug Benefit (Mandator	y Generic Substitutio	on)			
Reimbursement	No coverage	<b>20%</b> \$7.50 dispensing fee max	<b>60%</b> \$7.50 dispensing fee max	<b>80%</b> \$7.50 dispensing fee max	<b>100%</b> \$7.50 dispensing fee max
Smoking Cessation Aids	No coverage	\$300 lifetime max	\$300 lifetime max	\$300 lifetime max	\$500 lifetime max
Travel Benefit					
Reimbursement	100%	100%	100%	100%	100%
Emergency Medical Coverage	\$2,000,000 per incident	\$2,000,000 per incident	\$2,000,000 per incident	\$2,000,000 per incident	\$2,000,000 per incident
Referral Outside of Canada	\$500,000 per lifetime	\$500,000 per lifetime	\$500,000 per lifetime	\$500,000 per lifetime	\$500,000 per lifetime
Hospitalization	lineeinne			1	
Reimbursement	No coverage	<b>100%</b> for semi-private	100% for semi-private	100% for semi-private	<b>100%</b> for semi-private
Health Practitioners			J I	1 1	·
Eligible practitioners	Acupuncturist, Auc Psychologist/Socia <b>Note</b> <sup>1</sup> Prescription	erapist <sup>1</sup> , Podiatrist/Chiropodist,			
Maximum	No coverage	<b>100%</b> \$400/policy year/practitioner	100% \$400/policy year/practitioner	100% \$500/policy year/practitioner	<b>100%</b> \$600/policy year/practitioner
Chiropractic X-ray	No coverage	1 x-ray/policy year \$25 per x-ray max	1 x-ray/policy year \$25 per x-ray max	2 x-ray/policy year \$25 per x-ray max	2 x-ray/policy year \$25 per x-ray
Custom Orthopedic Sho	es & Custom Made F	oot Orthotics			
Benefit Maximum	No coverage	<b>100%</b> \$250/policy year	100% \$250/policy year	100% \$400/policy year	<b>100%</b> \$500/policy year
Graduated Compression	Garments				
	Ι		100% up to 2 pairs / palieu	<b>100%</b> up to 4 pairs/policy	100% up to 4 pairs (palion
Benefit Maximum	No coverage	<b>100%</b> up to 2 pairs/policy year	<b>100%</b> up to 2 pairs/ policy year	year	<b>100%</b> up to 4 pairs/policy year

Dental	Option 1	Option 2	Option 3	Option 4	Option 5
Preventive and Basic Care	No coverage	<b>20%</b> reimbursement \$2,000/policy year combined with Major	<b>60%</b> reimbursement \$2,000/policy year combined with Major	80% reimbursement Unlimited	<b>100%</b> reimbursement Unlimited
		Restoration Recall exam 1 every 9 months	Restoration Recall exam 1 every 9 months	Recall exam 1 every 9 months	Recall exam 1 every 6 months
Major Restoration	No coverage	<b>50%</b> reimbursement \$2,000/policy year combined with Preventive and Basic Care	<b>50%</b> reimbursement \$2,000/policy year combined with Preventive & Basic Care	<b>50%</b> reimbursement level \$1,500/policy year	<b>50%</b> reimbursement level \$2,000/policy year
Orthodontic Services	No coverage	No coverage	No coverage	<b>50%</b> reimbursement \$1,500 lifetime maximum Participants under age 19 only	<b>50%</b> reimbursement \$2,000 lifetime maximum Adults & Children
Dental Fee Guide	No coverage	Current less one year	Current less one year	Current less one year	Current year
Lock-in period	1 year	1 year	1 year	1 year	2 years

Health Spending	Option 1	Option 2	Option 3	Option 4	Option 5
Account					
Account Type	Credit Carry Forward	Credit Carry Forward	Credit Carry Forward	Credit Carry Forward	Credit Carry Forward