



FLEXIBLE BENEFITS PLAN

Summary

Health and Dental

	Option 1	Option 2	Option 3	Option 4	
Health					
Travel Health/Ambulance/ Semi-Private Hospital	100%	100%	100%	100%	
Deductible	No Coverage	Drugs Only: Dispensing Fee Deductible	Annual \$25 Single/Couple/Family (not applicable to Vision, Travel, Ambulance or Hospital)	Drugs Only: Dispensing Fee Deductible	
Drugs - Pay Direct Drug Card		50%	80%	100%	
Paramedical Practitioners					
- Acupuncture		50% to \$400/year	80% to \$500/year combined	100% to \$500/year	
- Chiropractor		50% to \$400/year			
- Licensed Massage Therapist		50% to \$400/year			
- Occupational Therapist**		50% to \$400/year			
- Physiotherapy **		50% to \$400/year			
- Athletic Therapy		50% to \$400/year combined	100% to \$500/year combined		
- Osteopath					
- Clinical Psychologist, Social Worker, Psychiatric Nurse, Psychotherapist, Mental Health Counselor, Family and Marriage Counselor and Addictions Counselor		50% to \$400/year combined	80% to \$350/year combined	100% to \$500/year combined	
- Podiatrist** (Foot Care)		50% to \$400/year	80% to \$350/year	100% to \$500/year	
- Dietician (Nutritional Counselling)		50% to \$400/year combined	80% to \$350/year combined	100% to \$500/year combined	
- Naturopath					
- Audiologist					
- Speech Language Pathologist					
Private Duty Nursing		50% to \$5,000/year	80% to \$3,000/year	\$10,000/year	
Accidental Dental		Included	Included	Included	
Hearing Aids		50% to \$500/5 years	80% to \$500/5 years	\$500/5 years	
Other		50%	80%	100%	
Vision	50% to \$350/24 months combined	100% to \$250/24 months combined	100% to \$350/24 months combined		
- Eye Exams/Eye Wear					
Dental					
Basic	No Coverage	50%	80%	100%	
Major		50%	60%	75%	
Basic/Major Maximum		\$1,600/year combined maximum	\$1,600/year combined maximum	\$2,000/year combined maximum	
Orthodontics (Child)		50%	50%	No Coverage	
Orthodontics Maximum		\$2,000 lifetime maximum	\$1,600 lifetime maximum		
Health Spending Account					
Annual Allocation (Single/Couple/Family)	\$1,500	\$500	\$350	\$0	
Employee Cost - Semi-Monthly Deduction					
Single	No Cost	No Cost	No Cost	\$10	
Couple				\$20	
Family				\$30	

** x-rays excluded



Basic Life

	All Employees		
	Option 1	Option 2	Option 3
Benefit Amount	1x Annual Earnings	2x Annual Earnings	3x Annual Earnings
Benefit Maximum	\$500,000		
Age Reduction	50% at Normal Pension Commencement Date (First of month following attainment of age 65) - Maximum \$50,000 at age 70 - Maximum \$20,000 at age 75		
Grief Counselling Benefit	3 sessions for beneficiary(ies) within 24 months of submission of the death claim		
Cost Share	100% Employer paid	1x annual earnings - 100% Employer paid Employee pays remaining elected Basic Life coverage	
Termination	Retirement		

Dependent Life

	All Employees	
	Option 1	Option 2
Benefit Amount	No Coverage	\$10,000 Spouse/\$5,000 Child
Cost Share		100% Employee paid
Termination		Earlier of Retirement or Age 75