

COVERAGE	DESCRIPTION - PLAN DESIGN - Class: All Employees
LIFE INSURANCE, AD&D	<ul style="list-style-type: none"> · 1 x annual earnings to \$300,000 maximum · Medical evidence required for coverage over \$250,000 · Reduces by 50% at age 65 - Maximum benefit is \$50,000 at age 70 · Terminates at the earlier of age 75 or retirement
DEPENDENT LIFE	<ul style="list-style-type: none"> · Spouse - \$5,000 · Child - \$2,500 · Terminates at the earlier of age 70 or retirement
LONG-TERM DISABILITY	<ul style="list-style-type: none"> · Coverage is equal to 66.67% of monthly earnings · Maximum benefit is \$15,000 · Non evidence maximum - \$4,100 · Elimination period—4 months · Non-Taxable · Definition of disability is 2 year "own occupation" · Terminates at the earlier of age 65 or retirement
EXTENDED HEALTHCARE	<ul style="list-style-type: none"> · No Deductible · 100% reimbursement coverage unless otherwise stated · Semi -Private hospital is included, reimbursed at 100% · Custom Orthotics - \$350 per person per benefit year / Orthopedic Shoes - \$500 per person per benefit year · Hearing Aids - \$500 per 5 years - repairs are included in this maximum · Out of Country Emergency - 60 days per trip, \$3,000,000 lifetime max - 100% reimbursement · Survivor Benefits—24 months · Terminates at the earlier of age 75 or retirement
DRUG COVERAGE	<ul style="list-style-type: none"> · No Deductible · 80% reimbursement coverage, lowest price equivalent to a \$10,000 per insured per calendar year maximum · Pay Direct Drug Card
PARAMEDICAL	<ul style="list-style-type: none"> · 100% reimbursement · \$500 per practitioner per person per calendar year and includes: <i>Acupuncturist, Chiropodist/ Podiatrist, Chiropractor, Massage Therapist, Naturopath, Osteopath, Physiotherapist, Psychologist, Speech Therapist</i>
DENTAL	<ul style="list-style-type: none"> · No Deductible · 80% reimbursement for Basic coverage · \$1,500 maximum for Basic Services per calendar year · Recall Frequency—every 5 months · Survivor benefits—24 months · Terminates at the earlier of age 75 or retirement
HEALTH CARE AND LIFESTYLE SPENDING ACCOUNT	<ul style="list-style-type: none"> · Amount - \$500 per benefit year (May 1st to April 30th annually) · No carryover and allocations can only made once per year · Grace Period for Outstanding Claims: May 1st to July 30
ELIGIBILITY	<ul style="list-style-type: none"> · Waiting period 3 months · Minimum hours - 20 hours per week · Cohabitation is 0 days

*Please refer to your benefit booklet for more detailed description of coverage.