

T4G Limited  
Benefits At A Glance

**GREAT WEST LIFE**

Drug Insurance

	<b>OPTION 1</b>	<b>OPTION 2</b>	<b>OPTION 3</b>	<b>OPTION 4</b>
<b><u>Deductible:</u></b>	No Coverage	\$5/ prescription  <i>If you fill your prescription at Loblaws, the Dispensing Fee will be \$8.50</i>	\$10/ prescription	\$10/ prescription
<b><u>Co-insurance:</u></b>	No Coverage	80%  <i>If you fill your prescription at Costco, you will be reimbursed at 90%</i>	100%	100%
<b><u>Calendar Year Maximum:</u></b>	No Coverage	Unlimited	Unlimited	Unlimited
<b><u>Lifestyle Drug coverage:</u></b>				
Smoking Cessation:	No Coverage	No Coverage	No Coverage	\$500 Lifetime
Anti-Obesity Drugs:	No Coverage	No Coverage	No Coverage	No Coverage
Fertility Drugs:	No Coverage	No Coverage	No Coverage	\$15,000 Lifetime
Vaccines:	No Coverage	\$300 per plan year	\$300 per plan year	\$300 per plan year
Termination Age:	No Coverage	the attainment of age 70 or earlier retirement	the attainment of age 70 or earlier retirement	the attainment of age 70 or earlier retirement
		<i>Drug plan will cover the lowest priced generic unless GWL is provided with medical approval why a brand name must be prescribed</i>		

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Healthcare Insurance

	<b>OPTION 1</b>	<b>OPTION 2</b>	<b>OPTION 3</b>	<b>OPTION 4</b>
<b><u>Deductible:</u></b>				
	No Coverage	\$0.00 Employee	\$0.00 Employee	\$0.00 Employee
		\$0.00 Employee + 1	\$0.00 Employee + 1	\$0.00 Employee + 1
		\$0.00 Family	\$0.00 Family	\$0.00 Family
<b><u>Co-insurance:</u></b>				
In-Canada Hospital:	No Coverage	100%	100%	100%
Chronic Care Expenses:	No Coverage	100%	100%	100%
All Other Healthcare Expenses:	No Coverage	80%	90%	100%
<b><u>Hospital Expenses:</u></b>				
In-Canada Hospital:	No Coverage	Semi-Private Room	Semi-Private Room	Semi-Private Room
Chronic Care:	No Coverage	\$25 per day	\$25 per day	\$25 per day
Convalescent Care:	No Coverage	maximum of 120 days	maximum of 120 days	maximum of 120 days
<b><u>Other Health Expenses:</u></b>				
Ambulance:	No Coverage	Included	Included	Included
Home Nursing Care:	No Coverage	\$10,000 for a maximum of 12 months per condition	\$10,000 for a maximum of 12 months per condition	\$10,000 for a maximum of 12 months per condition
Hearing Aids:	No Coverage	\$500 every 5 years	\$500 every 5 years	\$500 every 5 years
Custom-Fitted Orthopedic Shoes:	No Coverage	\$300 per plan year	\$400 per plan year	\$500 per plan year
Custom-made Foot Orthotics:	No Coverage	\$200 per plan year	\$300 per plan year	\$400 per plan year
External Breast Prosthesis:	No Coverage	1 every 24 months	1 every 24 months	1 every 24 months
Surgical Brassieres:	No Coverage	2 every 12 months	2 every 12 months	2 every 12 months
Mechanical or Hydraulic Patient Lifters:	No Coverage	\$2,000 per lifter once every 5 years	\$2,000 per lifter once every 5 years	\$2,000 per lifter once every 5 years
Outdoor Wheelchair Ramps:	No Coverage	\$2,000 lifetime	\$2,000 lifetime	\$2,000 lifetime
Blood-Glucose Monitoring Machines:	No Coverage	\$1,000 lifetime	\$1,000 lifetime	\$1,000 lifetime
Transcutaneous Nerve Stimulators:	No Coverage	\$700 lifetime	\$700 lifetime	\$700 lifetime
Extremity Pumps for Lymphedema:	No Coverage	\$1,500 lifetime	\$1,500 lifetime	\$1,500 lifetime
Custom-made Compression Hose:	No Coverage	\$100 per plan year	\$100 per plan year	\$100 per plan year
Wigs:	No Coverage	\$500 lifetime	\$500 lifetime	\$500 lifetime
Lifetime Healthcare Maximum:	Unlimited	Unlimited	Unlimited	Unlimited
Termination Age:	the attainment of age 70 or earlier retirement	the attainment of age 70 or earlier retirement	the attainment of age 70 or earlier retirement	the attainment of age 70 or earlier retirement

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Paramedical Practitioner:

	<b>OPTION 1</b>	<b>OPTION 2</b>	<b>OPTION 3</b>	<b>OPTION 4</b>
<b><u>Deductible:</u></b>				
	No Coverage	\$25.00 Employee	\$0.00 Employee	\$0.00 Employee
		\$50.00 Employee + 1	\$0.00 Employee + 1	\$0.00 Employee + 1
		\$50.00 Family	\$0.00 Family	\$0.00 Family
<b><u>Co-insurance:</u></b>	No Coverage	80%	90%	100%
<b><u>Annual Maximums:</u></b>				
Acupuncturists:	No Coverage	\$500 per plan year	\$750 per plan year	\$1,000 per plan year
Chiropractors:	No Coverage	\$500 per plan year	\$750 per plan year	\$1,000 per plan year
Physiotherapists:	No Coverage	\$500 per plan year	\$750 per plan year	\$1,000 per plan year
Podiatrists / Chiropodists:	No Coverage	\$500 per plan year	\$750 per plan year	\$1,000 per plan year
Naturopaths:	No Coverage	\$500 per plan year	\$750 per plan year	\$1,000 per plan year
Osteopaths:	No Coverage	\$500 per plan year	\$750 per plan year	\$1,000 per plan year
Psychologists / Social Workers:	No Coverage	\$500 per plan year	\$750 per plan year	\$1,000 per plan year
Speech Therapists:	No Coverage	\$500 per plan year	\$750 per plan year	\$1,000 per plan year
Massage Therapist:	No Coverage	\$500 per plan year	\$750 per plan year	\$1,000 per plan year
Termination Age:	No Coverage	the attainment of age 70 or earlier retirement	the attainment of age 70 or earlier retirement	the attainment of age 70 or earlier retirement

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## Benefits At A Glance

### GREAT WEST LIFE

#### Emergency Out of Country

	OPTION 1	OPTION 2	OPTION 3	OPTION 4
<b>Deductible:</b>	\$0.00 Employee \$0.00 Employee + 1 \$0.00 Family			
<b>Co-insurance:</b>				
Out of Country Emergency Services:	100%			
Out of Country Referral Services:	100%			
Out of Canada Hospital:	Semi-Private Room			
Maximum:	Unlimited			
<b>Termination:</b>	the attainment of age 70 or earlier retirement			

#### Global Medical Assistance/Best Doctors

<b>Benefit:</b>	Included
<b>Termination:</b>	the attainment of age 70 or earlier retirement

#### Vision Insurance

	OPTION 1	OPTION 2	OPTION 3	OPTION 4
<b>Deductible:</b>	No Coverage	\$0.00 Employee \$0.00 Employee + 1 \$0.00 Family	\$0.00 Employee \$0.00 Employee + 1 \$0.00 Family	\$0.00 Employee \$0.00 Employee + 1 \$0.00 Family
<b>Co-insurance:</b>	No Coverage	100%	100%	100%
<b>Annual Maximums:</b>				
Benefit Amount:	No Coverage	\$200 every 2 plan years \$200 per plan year (under age 19)	\$300 every 2 plan years \$300 per plan year (under age 19)	\$500 every 2 plan years \$500 per plan year (under age 19)
Eye Exams:	No Coverage	\$80 every 2 plan years \$80 per plan year (under age 19)	\$100 every 2 plan years \$100 per plan year (under age 19)	\$125 every 2 plan years \$125 per plan year (under age 19)
Termination Age:	the attainment of age 70 or earlier retirement	the attainment of age 70 or earlier retirement	the attainment of age 70 or earlier retirement	the attainment of age 70 or earlier retirement

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Benefits At A Glance

<b>GREAT WEST LIFE</b>	<b>OPTION 1</b>	<b>OPTION 2</b>	<b>OPTION 3</b>	<b>OPTION 4</b>	<b>OPTION 5</b>
<u>Dental Care Insurance</u>					
<b><u>Deductible:</u></b>	No Coverage	\$25.00 Employee \$50.00 Employee + 1 \$50.00 Family	\$25.00 Employee \$50.00 Employee + 1 \$50.00 Family	\$0.00 Employee \$0.00 Employee + 1 \$0.00 Family	\$0.00 Employee \$0.00 Employee + 1 \$0.00 Family
<b><u>Co-insurance:</u></b>					
Minor Restorative & Preventative Services:	No Coverage	80%	100%	100%	100%
Endodontic & Periodontic:	No Coverage	80%	80%	100%	100%
Major Restorative Services:	No Coverage	No Coverage	50%	50%	50%
Child Orthodontia Coverage:	No Coverage	No Coverage	No Coverage	No Coverage	50%
Accidental Dental Injury Coverage:	No Coverage	80%	80%	100%	100%
<b><u>Annual Maximums:</u></b>					
Minor Restorative & Preventative Services:	No Coverage	\$1,500 each plan year	\$1,500 each plan year	\$2,000 per plan year	\$2,500 per plan year
Major Restorative Services:	No Coverage	Combined with Minor Restorative & Preventative Services	Combined with Minor Restorative & Preventative Services	Combined with Minor Restorative & Preventative Services	Combined with Minor Restorative & Preventative Services
Child Orthodontics (lifetime maximum):	No Coverage	No Coverage	No Coverage	No Coverage	\$3,000 Lifetime
Accidental Dental Injury Coverage:	No Coverage	Unlimited	Unlimited	Unlimited	Unlimited
Fee Guide:	No Coverage	Current Province of Residence	Current Province of Residence	Current Province of Residence	Current Province of Residence
Complete Examination:	No Coverage	1 every 6 months	1 every 6 months	1 every 6 months	1 every 6 months
Recall Examination:	No Coverage	1 every 6 months	1 every 6 months	1 every 6 months	1 every 6 months
Polishing:	No Coverage	1 every 6 months	1 every 6 months	1 every 6 months	1 every 6 months
Topical Fluoride:	No Coverage	1 every 6 months	1 every 6 months	1 every 6 months	1 every 6 months
Scaling Units:	No Coverage	8 units of 15 minutes per plan year	8 units of 15 minutes per plan year	8 units of 15 minutes per plan year	8 units of 15 minutes per plan year
<b><u>Termination:</u></b>	the attainment of age 70 or earlier retirement	the attainment of age 70 or earlier retirement	the attainment of age 70 or earlier retirement	the attainment of age 70 or earlier retirement	the attainment of age 70 or earlier retirement

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## Benefits At A Glance

DESJARDINS FINANCIAL	OPTION 1	OPTION 2	OPTION 3	OPTION 4
<u>Basic Life Insurance</u>				
<b>Benefit Schedule:</b>	100% of annual earnings	200% of annual earnings	300% of annual earnings	Flat \$10,000
<b>Maximum Benefit:</b>	\$750,000	\$750,000	\$750,000	\$10,000
<b>Non-evidence Maximum:</b>	\$670,000	\$670,000	\$670,000	None
<b>Reduction Clause:</b>	50% reduction at age 65	50% reduction at age 65	50% reduction at age 65	50% reduction at age 65
<b>Waiver of Premium:</b>	Included	Included	Included	Included
<b>Conversion:</b>	Included	Included	Included	Included
<b>Termination Age:</b>	At age 70 or earlier retirement	At age 70 or earlier retirement	At age 70 or earlier retirement	At age 70 or earlier retirement
<u>Optional Life Insurance</u>				
	Units of:			
<b>Benefit Schedule:</b>	\$10,000	Employee		
<b>Benefit Schedule:</b>	\$10,000	Spouse		
<b>Maximum Benefit:</b>	\$500,000			
<b>Waiver of Premium:</b>	Included			
<b>Termination Age:</b>	At Age 70 or earlier retirement			
<u>Basic AD&amp;D Insurance</u>				
<b>Benefit Amount:</b>	100% of annual earnings	200% of annual earnings	300% of annual earnings	Flat \$10,000
<b>Maximum Benefit:</b>	\$750,000	\$750,000	\$750,000	\$10,000
<b>Non-evidence Maximum:</b>	\$670,000	\$670,000	\$670,000	None
<b>Waiver of Premium:</b>	Included	Included	Included	Included
<b>Reduction Clause:</b>	50% reduction at age 65	50% reduction at age 65	50% reduction at age 65	50% reduction at age 65
<b>Termination Age:</b>	At age 70 or earlier retirement	At age 70 or earlier retirement	At age 70 or earlier retirement	At age 70 or earlier retirement
<u>Long Term Disability Insurance</u>				
<b>Benefit Amount:</b>	65.0% of the 1st \$2,500 + 50% of the next \$1,500 + 40% of balance	65.0% of the 1st \$2,500 + 50% of the next \$1,500 + 40% of balance	65.0% of the 1st \$2,500 + 50% of the next \$1,500 + 40% of balance	65.0% of the 1st \$2,500 + 50% of the next \$1,500 + 40% of balance
<b>Maximum Benefit:</b>	\$8,000	\$8,000	\$8,000	\$12,000
<b>Non-evidence Maximum:</b>	\$8,000	\$8,000	\$8,000	\$8,000
<b>Elimination Period:</b>	must be disabled for 120 days before benefits begin	must be disabled for 120 days before benefits begin	must be disabled for 120 days before benefits begin	must be disabled for 120 days before benefits begin
<b>Definition of Disability:</b>	Disabled from own occupation for 24 months	Disabled from own occupation for 24 months	Disabled from own occupation for 36 months	Disabled from own occupation for 36 months
<b>Offsets:</b>	Primary CPP / QPP	Primary CPP / QPP	Primary CPP / QPP	Primary CPP / QPP
<b>Cost of Living:</b>	None	None	None	None
<b>Tax Status:</b>	Non-Taxable	Non-Taxable	Non-Taxable	Non-Taxable
<b>Maximum Benefit Duration:</b>	5 years	10 years	To age 65	To age 65
<b>Conversion:</b>	Included	Included	Included	Included
<b>Pre-existing Conditions:</b>	90 days / 12 months	90 days / 12 months	90 days / 12 months	90 days / 12 months
<b>Termination Age:</b>	At age 65 or earlier retirement	At age 65 or earlier retirement	At age 65 or earlier retirement	At age 65 or earlier retirement

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## Benefits At A Glance

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### ACE INA

#### Basic Critical Illness Insurance

	OPTION 1	OPTION 2	OPTION 3	OPTION 4
<b>Benefit Amount:</b>	\$5,000	\$10,000	\$15,000	\$20,000
<b>Termination:</b>	At age 65 or earlier retirement	At age 65 or earlier retirement	At age 65 or earlier retirement	At age 65 or earlier retirement

#### Optional Critical Illness Insurance

<b>Voluntary CI Insurance/ Employee:</b>	Units of \$5,000
<b>Voluntary CI Insurance/ Spouse:</b>	Units of \$5,000
<b>Voluntary CI Minimum:</b>	\$10,000
<b>Voluntary CI Maximum:</b>	20 units or \$100,000
<b>Voluntary CI Insurance/ Child(ren):</b>	Flat \$3,000
<b>Termination:</b>	At age 65 or earlier retirement

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## Flex Plan Underwriting Rules

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If Drug Option 4 is elected, the employee will be locked into this selection for a two year period.

If Healthcare Option 4 is elected, the employee will be locked into this selection for a two year period.

If Paramedical Option 4 is elected, the employee will be locked into this selection for a two year period.

All Vision Care options with the exception of Option 1 (No Coverage) include a two year lock-in period.

If Dental Option 4 or Option 5 are elected, the employee will be locked into this selection for a two year period.

If an employee elects any other options than those shown above, they will be locked-in for a one year period only and at the next enrolment will be allowed to move up or down one option level.

These restrictions will be waived if an employee experiences a family status (life event change).

A family status change is defined as:

- \* Acquiring first dependent (spouse or child)
- \* Loss of similar coverage through the spouse's group benefit plan
- \* Death of a spouse or only child
- \* Spouse or only child ceases to qualify for coverage