

BENEFIT SUMMARY



ACTIVE SALARIED EMPLOYEES
Effective January 1 2017

GREAT-WEST LIFE – Group Policy No. 169518		
Employee Life Insurance	100% of annual earnings to a maximum of \$600,000, reducing by 15% at age 65 and further reducing by 15% each year thereafter to a minimum of 25% of the amount of insurance prior to age 65 Your life insurance terminates when you retire	
Employee Accidental Death, Dismemberment and Specific Loss (Principal Sum)	200% of annual earnings to a maximum of \$600,000 Your AD&D insurance terminates when you reach age 65 or when you retire, whichever is earlier	
	CORE OPTION	OPTION 1
Long Term Disability Income Benefits		
Waiting Period	26 weeks (plus any vacation leave)	26 weeks (plus any vacation leave)
Amount	50% of your monthly earnings to a maximum benefit of \$10,000	66 2/3% of your monthly earnings to a maximum benefit of \$10,000
	Your LTD insurance terminates when you reach age 65 or when you retire, whichever is earlier	

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GREAT-WEST LIFE – Group Plan No. 58892				
	OPTION 1	OPTION 2	OPTION 3	OPTION 4
HEALTHCARE	Covered expenses will not exceed customary charges			
Deductible				
In-Canada Prescription Drug Expenses	\$3,000 per person each calendar year	Nil	Nil	Nil
All Other Expenses	Not Covered	Nil	Nil	Nil
Reimbursement Levels				
Chronic Care Expenses	Not Covered	100%	100%	100%
Out-of-Country Care Expenses	100%	100%	100%	100%
Global Medical Assistance Expenses	100%	100%	100%	100%
All Other Covered Expenses	100% (covers in-Canada prescription drugs only)	20%	80% until \$500 of your out-of-pocket expenses have been incurred in a calendar year and 100% for the remainder of the calendar year	90% until \$500 of your out-of-pocket expenses have been incurred in a calendar year and 100% for the remainder of the calendar year

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	OPTION 1	OPTION 2	OPTION 3	OPTION 4
Basic Expense Maximums				
Hospital	Not Covered	Semi-private room	Semi-private room	Semi-private room
Home Nursing Care	Not Covered	\$25,000 each calendar year	\$25,000 each calendar year	\$25,000 each calendar year
Chronic Care	Not Covered	\$50 per day to a maximum of 120 days per confinement	\$50 per day to a maximum of 120 days per confinement	\$50 per day to a maximum of 120 days per confinement
In-Canada Prescription Drugs	Included. The plan will cover only the cost of the lowest priced equivalent generic drug plus a professional fee when prescribed, even if the prescriber has prescribed the drug by its brand name and has specified that the product is not to be interchanged	Included. The plan will cover only the cost of the lowest priced equivalent generic drug plus a professional fee when prescribed, even if the prescriber has prescribed the drug by its brand name and has specified that the product is not to be interchanged	Included. The plan will cover only the cost of the lowest priced equivalent generic drug plus a professional fee when prescribed, even if the prescriber has prescribed the drug by its brand name and has specified that the product is not to be interchanged	Included. The plan will cover only the cost of the lowest priced equivalent generic drug plus a professional fee when prescribed, even if the prescriber has prescribed the drug by its brand name and has specified that the product is not to be interchanged
Dispensing Fee Limit	The covered expense for the dispensing fee portion of a prescription drug charge is limited to \$8	The covered expense for the dispensing fee portion of a prescription drug charge is limited to \$8	The covered expense for the dispensing fee portion of a prescription drug charge is limited to \$8	The covered expense for the dispensing fee portion of a prescription drug charge is limited to \$8
Drugs Used to Treat Erectile Dysfunction	\$1,200 each calendar year	\$1,200 each calendar year	\$1,200 each calendar year	\$1,200 each calendar year
Smoking Cessation Products	\$300 lifetime	\$300 lifetime	\$300 lifetime	\$300 lifetime
Fertility Drugs	\$15,000 lifetime	\$15,000 lifetime	\$15,000 lifetime	\$15,000 lifetime
Anti-Obesity Drugs	Included	Included	Included	Included

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Hearing Aids	Not Covered	\$250 each calendar year	\$250 each calendar year	\$250 each calendar year
Insulin Infusion Pumps	Not Covered	\$5,000 per pump once every 5 years	\$5,000 per pump once every 5 years	\$5,000 per pump once every 5 years
Incontinence Supplies	Not covered	Included	Included	Included
Stock-Item Orthopedic Shoes Attached to or Forming Part of a Brace	Not Covered	Included	Included	Included
Stock-Item Orthopedic Shoes Without a Brace	Not Covered	2 pairs each calendar year to the greater of the cost of the adjustment or 50% of the total cost of the shoe	2 pairs each calendar year to the greater of the cost of the adjustment or 50% of the total cost of the shoe	2 pairs each calendar year to the greater of the cost of the adjustment or 50% of the total cost of the shoe
Custom-made Foot Orthotics	Not Covered	2 pairs every 3 calendar years to a maximum of \$400 per pair	2 pairs every 3 calendar years to a maximum of \$400 per pair	2 pairs every 3 calendar years to a maximum of \$400 per pair
Myoelectric Arms	Not Covered	\$10,000 per prosthesis	\$10,000 per prosthesis	\$10,000 per prosthesis
External Breast Prosthesis	Not Covered	1 every 12 months	1 every 12 months	1 every 12 months
Surgical Brassieres	Not Covered	2 every 12 months	2 every 12 months	2 every 12 months
Mechanical or Hydraulic Patient Lifters	Not Covered	\$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	Not Covered	\$2,000 lifetime	\$2,000 lifetime	\$2,000 lifetime
Blood Glucose Monitoring Machines	Not Covered	1 every 4 years	1 every 4 years	1 every 4 years

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Transcutaneous Nerve Stimulators	Not Covered	\$700 lifetime	\$700 lifetime	\$700 lifetime
Extremity Pumps for Lymphedema or Severe Postphlebotic Syndrome	Not Covered	\$1,500 lifetime	\$1,500 lifetime	\$1,500 lifetime
Graduated Compression Hose	Not Covered	\$100 each calendar year	\$100 each calendar year	\$100 each calendar year
Diagnostic X-rays and Lab Tests	Not Covered	Included	Included	Included
Intrauterine Devices (IUD)	Not Covered	1 every 3 years	1 every 3 years	1 every 3 years
Diaphragms	Not Covered	1 each calendar year	1 each calendar year	1 each calendar year
Oral Contraceptives	Included	Included	Included	Included
Dental Accident Treatment	Not Covered	Included	Included	Included
Paramedical Expense Maximums				
Chiropractors, Podiatrists/Chiroprodists, Naturopaths, Osteopaths, Psychologists, Speech Therapists, Massage Therapists and Acupuncturists	Not Covered	\$300 per type of practitioner to a combined maximum of \$750 each calendar year	\$300 per type of practitioner to a combined maximum of \$1,000 each calendar year	\$500 per type of practitioner to a combined maximum of \$1,500 each calendar year
Physiotherapists (requires a doctor's prescription)	Not Covered	\$60 for the initial assessment visit each calendar year and \$38 for any subsequent visit for the remainder of the calendar year	\$60 for the initial assessment visit each calendar year and \$38 for any subsequent visit for the remainder of the calendar year	\$60 for the initial assessment visit each calendar year and \$38 for any subsequent visit for the remainder of the calendar year

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	OPTION 1	OPTION 2	OPTION 3	OPTION 4
Visioncare Expense Maximums				
Eye Examinations (limited to persons between the age of 19 and 64)	Not Covered	1 every 24 months	1 every 24 months	1 every 24 months
Glasses, Contact Lenses and Laser Eye Surgery	Not Covered	\$200 every 24 months	\$200 every 24 months	\$300 every 24 months
Out-of-Country Care Expenses	\$1,000,000 lifetime	\$1,000,000 lifetime	\$1,000,000 lifetime	\$1,000,000 lifetime
Healthcare Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited
Your healthcare coverage terminates when you retire				

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GREAT-WEST LIFE – Group Plan No. 58892				
	OPTION 1	OPTION 2	OPTION 3	OPTION 4
DENTALCARE	Covered expenses will not exceed customary charges			
Payment Basis	Not Covered	The dental fee guide in effect in your province of residence on the date treatment is rendered		
Deductible	Not Covered	Nil	Nil	Nil
Reimbursement Levels				
Basic Coverage	Not Covered	20%	80%	90%
Major Coverage	Not Covered	50%	80%	80%
Orthodontic Coverage	Not Covered	Not Covered	50%	50%
Plan Maximums				
Orthodontic Treatment	Not Covered	Not Covered	\$2,500 lifetime	\$3,000 lifetime
All Other Treatment	Not Covered	\$1,000 each calendar year	\$1,500 each calendar year	\$2,000 each calendar year
Your dentalcare coverage terminates when you retire				
Health Care Spending Account	Credits will be based on unused flex credits and credit balance is carried forward for 1 year			

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Information About Your Flex Plan

- Option changes take effect each January 1st, unless the change results from a change in family status. If it does, the option change will take effect on the date the application for the change is made, as long as it is made within 31 days of the status change. Otherwise, the change will not take effect until the following January 1st.
- If you choose option 4 health or dental coverage, you are locked in at that level for 2 years. This restriction is waived if you are changing options because of a family status change.
- If you experience a change in family status during a plan year that affects your coverage needs, you may make changes to your benefit options that directly relate to your status change without waiting for the next January 1st re-enrolment period. Any of the following is considered a change in family status:
 - acquiring your first dependent (spouse or child)
 - acquiring a spouse if you have child coverage only
 - acquiring your first child (birth, adoption or step-child) if you have spouse coverage only
 - involuntary loss of similar coverage through your spouse's group benefit program (for example, because of a change in your spouse's employment status)
 - death of your spouse or only child
 - your spouse or only child ceasing to qualify for coverage (for example, through divorce or your child's attainment of a limiting age – see Dependent Coverage in the booklet)

Note: See your administrator for details no later than 31 days after a change in family status occurs. Certain conditions apply.

IMPORTANT: This summary provides general information about the benefits provided under your plan. Please refer to the booklet or group contract for full details of coverage, including limitations and exclusions that may apply. In the event of any discrepancy between this summary and the booklet or group contract, the provisions of the group contract will apply