

B FLEX offers you a comprehensive insurance, entirely paid by your employer, which includes:

| | | | | | | |
|--|---|---|--|---|---|---|
| MEDICAL VERSATILITY OPTION | DENTAL VERSATILITY OPTION | DISABILITY INCOME PROTECTION | LIFE INSURANCE | ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE | BUSINESS TRAVEL ACCIDENTAL DEATH INSURANCE | EMPLOYEE ASSISTANCE PROGRAM |
|  |  |  |  |  |  |  |

PLUS a significant amount of Flex dollars, which you can use at your discretion to:

| PURCHASE ADDITIONAL COVERAGE | | | | | DEPOSIT IN ONE OR MANY CUSTOMIZED ACCOUNTS | | |
|---|--|---------------------------|---|-------------------------------------|--|------------------|------------|
| Medical and dental care <i>Comfort or Serenity</i> | Long-term disability <i>Higher salary replacement % or indexation</i> | Additional life insurance | Additional accidental death & dismemberment insurance | Optional critical illness insurance | Health spending account | Wellness account | Group RRSP |

Whether you prefer to purchase more extensive coverage and have greater protection for expensive recurrent expenses, or would rather use your Flex dollars in a *pay as you go* manner for expenses you actually incurred, there is a coverage option for you.

To ensure you make the best decision for yourself:

- 1 FAMILIARIZE YOURSELF WITH THE PROGRAM
- 2 ASSESS YOUR NEEDS USING THE QUESTIONNAIRE ON PAGES 5 AND 6
- 3 REVIEW EACH OPTION'S COST
- 4 ENROLL
- 5 USE THE PROGRAM

B FLEX BENEFITS TAILORED TO YOUR NEEDS

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ASSESS YOUR NEEDS USING THE QUESTIONNAIRE ON PAGES 5 AND 6

REVIEW EACH OPTION'S COST

ENROLL

USE THE PROGRAM

Familiarize yourself with the program

The three options can be elected for yourself only with the *single* status option, or cover all of your dependents with the *family* status option.

You can choose a different status for medical and dental care.

You can also pick different medical and dental coverage options.

Mail-order pharmacy

Did you know that you have access to a home delivery service for your prescription drugs? Refer to the last page of this guide for more details.

* Maximums apply per covered person, per calendar year, unless otherwise indicated



Medical care*

Drugs

- Reimbursement %
- Deductible†
- Maximum out-of-pocket†

Vaccines††

Hospital care

Out-of-country medical emergency

Other medical coverage - Reimbursement %

Psychologist (includes social worker, family therapist, marriage counsellor, clinical counsellor, psychometrist, guidance counsellor)

Physiotherapist

Paramedical practitioners - level 1 (includes acupuncturist, chiropractor, dietician, speech therapist, osteopath, podiatrist, audiologist)

Paramedical practitioners - level 2 (includes kinesi therapist, kiotherapist, massage therapist, naturopath, ortho therapist)

Vision

Eye exam

Glasses

Orthopedic shoes

Diagnostics and laboratory services

Hearing aids

Private duty nursing

Versatility



EMPLOYER-PAID

Comfort



OPTIONAL COVERAGE

Serenity



| | EMPLOYER-PAID | OPTIONAL COVERAGE | OPTIONAL COVERAGE |
|--|--|---|---|
| Drugs | 100% after deductible \$1,000 per adult | 80% after deductible \$5 per prescription \$1,000 per adult | 90% after deductible \$2 per prescription \$1,000 per adult |
| Vaccines†† | \$500 | \$500 | \$500 |
| Hospital care | 100% semi-private | 100% semi-private | 100% semi-private |
| Out-of-country medical emergency | 100% max. 180 days per trip \$5M lifetime maximum | 100% max. 180 days per trip \$5M lifetime maximum | 100% max. 180 days per trip \$5M lifetime maximum |
| Other medical coverage - Reimbursement % | 70% | 80% | 90% |
| Psychologist (includes social worker, family therapist, marriage counsellor, clinical counsellor, psychometrist, guidance counsellor) | \$1,000 per employee \$600 per dependent | \$2,000 per employee \$1,200 per dependent | \$3,000 per employee \$2,000 per dependent |
| Physiotherapist | \$500 per employee | \$1,000 per employee \$600 per dependent | \$1,500 per employee \$1,000 per dependent |
| Paramedical practitioners - level 1 (includes acupuncturist, chiropractor, dietician, speech therapist, osteopath, podiatrist, audiologist) | | \$300 per practitioner | \$500 per practitioner |
| Paramedical practitioners - level 2 (includes kinesi therapist, kiotherapist, massage therapist, naturopath, ortho therapist) | | | \$500 all practitioners combined |
| Vision | | | |
| Eye exam | | 1 per year | 1 per year |
| Glasses | | \$200 per adult per 24 months (per 12 months for dependent children under 18) | \$300 per adult per 24 months (per 12 months for dependent children under 18) |
| Orthopedic shoes | | 1 pair | 2 pairs |
| Diagnostics and laboratory services | \$300 | \$500 | \$1,000 |
| Hearing aids | \$550 | \$550 | \$550 |
| Private duty nursing | \$25,000 | \$25,000 | \$25,000 |

* Dependent children expenses apply towards the employee deductible and maximum out-of-pocket

†† Vaccines are subject to the same reimbursement percentage, deductible and maximum out-of-pocket for drugs



Dental care*

Annual deductible

\$150 per member
\$300 per family

Annual combined maximum

(includes preventive care, basic care, endodontics, periodontics and major care)

\$1,000

\$1,500

\$2,500

Preventive care

50%

80%

90%

Basic care

50%

80%

90%

Endodontics and Periodontics

50%

50%

80%

Major care

50%

50%

60%

Orthodontics

(adults and children)

50%
\$2,500 lifetime maximum

Recall exam

Every 6 months

Every 6 months

Every 6 months

Applicable fee guide

Generalist fee guide for the current year

Generalist or specialist fee guide for the current year

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ASSESS YOUR NEEDS USING THE QUESTIONNAIRE ON PAGES 5 AND 6

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Familiarize yourself with the program



Life insurance

- Employee
- Spouse
- Child

| EMPLOYER-PAID | OPTIONAL COVERAGE |
|-------------------------------|---|
| One times annual basic salary | Up to \$3M (combined with basic life), maximum 5 x annual basic salary, in increments of \$5,000 [†] |
| | Up to \$400,000, in increments of \$5,000 [†] |
| | Up to \$50,000, in increments of \$5,000 |

[†] Within 31 days of hire, no evidence of insurability is required for coverage up to \$40,000.



Accidental death and dismemberment (AD&D)

- Employee
- Spouse
- Child

| EMPLOYER-PAID | OPTIONAL COVERAGE |
|-------------------------------|--|
| One times annual basic salary | Up to \$3M, (combined with basic AD&D), in increments of \$5,000 |
| | Up to \$400,000, in increments of \$5,000 |
| | Up to \$50,000, in increments of \$5,000 |



Business travel AD&D

- Employee

| EMPLOYER-PAID | OPTIONAL COVERAGE |
|---------------|-------------------|
| \$200,000 | Not available |



Long-term disability

- Coverage
- Waiting period
- End of coverage

| EMPLOYER-PAID | OPTIONAL COVERAGE | OPTIONAL COVERAGE |
|---|---|---|
| 60% of your basic salary | 70% of your basic salary | 70% of your basic salary, with the indexation option (increased annually to CPI, max 3%, on Jan. 1 of the year following 30 months of disability) |
| 26 weeks | 26 weeks | 26 weeks |
| Age 65, retirement or end of disability | Age 65, retirement or end of disability | Age 65, retirement or end of disability |

Examples of covered illnesses:

- Cancer (life-threatening)
- Heart attack
- Kidney failure



Critical illness insurance

- Employee and spouse
- Child

| EMPLOYER-PAID | OPTIONAL COVERAGE |
|---------------|---|
| | Up to \$250,000, in increments of \$25,000 [†] 25 covered illnesses |
| | \$5,000 31 covered illnesses |

[†] No evidence of insurability is required for coverage up to \$75,000. Coverage is subject to a 24-month pre-existing condition limitation.

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USE THE PROGRAM

Familiarize yourself with the program

Flex dollars

You are provided with an amount of Flex dollars, which you can use to help you pay for optional coverage, or deposit in one or many of the customized accounts.

Customized accounts



HEALTH SPENDING ACCOUNT (HSA)

Helps you pay for medical and dental expenses, incurred **for yourself or for your dependents**, that are eligible but not covered (or partially covered) by **B FLEX** or your spouse's plan (deductibles, coinsurance, expenses that exceed the plan's maximums, etc.). Eligible expenses are defined under the *Income Tax Act*. Please contact iA Financial Group for a complete list of eligible expenses.



WELLNESS ACCOUNT

Helps you pay for eligible wellness-related expenses incurred **for yourself or for your dependents**, such as:

- Fitness center membership
- Physical activities group classes supervised by an instructor
- Hiring an instructor for specific physical activity
- Online physical activity course
- Sporting event registration fees
- Season passes or one-day entrance tickets
- Sports team registration fees
- Rental fees for sports courts or fields
- Self-Service Bike (BIXI)
- Parks, resorts or camping entry fees

Please contact iA Financial Group for a complete list of eligible expenses.



GROUP RRSP

You also have the choice to transfer all or part of your Flex dollars to the Group RRSP. The amount chosen will be transferred to the Group RRSP on a per pay basis.

The RRSP contribution will not be subject to personal income tax. It is your responsibility to ensure that you have sufficient RRSP contribution room available in order to avoid penalty taxes for excess RRSP contributions.

A monthly administration fee may be charged to you directly from your Group RRSP balance. For more details, please contact Sun Life Financial.

Additional details for HSA and wellness account:

Any unused portion of the HSA and wellness account in the current year may be carried over to the following calendar year. At the end of the second year, carried over amounts will be lost if you have not used them.

Additional details for Group RRSP account:

You must ensure that you open a Group RRSP account under your name within 60 days following the date of your coverage choice. After this time, if you have not opened an account, your Flex dollars will automatically be deposited into your HSA and you will not be allowed to transfer them into another account. All administration rules of the HSA will apply. If you do not have a Group RRSP account under your name, you can apply directly online to Sun Life Financial or by filling out the appropriate form [1]. Please note that you must open a Group RRSP account under your name even if you already have an account with Sun Life Financial under an employer pension plan.

[1] If you have any questions about the form, please contact Sun Life Financial at 1-866-733-8612.

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FAMILIARIZE YOURSELF WITH THE PROGRAM

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Assess your needs

Determine the best combination of coverage for your needs

To ensure you are making the most of your program, focus on coverage you and your family really need.

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USE THE PROGRAM

HERE ARE SOME EXAMPLES OF SITUATIONS THAT COULD HELP YOU DETERMINE THE RIGHT LEVEL OF COVERAGE FOR YOU AND YOUR FAMILY:



YOUR MEDICAL AND DENTAL NEEDS

CHOICES THAT COULD SUIT YOUR NEEDS

| | |
|---|---|
| My visits to the dentist are usually limited to the recall exam | <ul style="list-style-type: none"> • Versatility for dental • More Flex dollars in the health spending account |
| I usually need a lot of dental care | <ul style="list-style-type: none"> • Comfort or Serenity for dental |
| In the coming years, my dependents or I will need orthodontic care, in addition to usual expenses | <ul style="list-style-type: none"> • Serenity for dental |
| I don't have recurrent drug needs, but I do visit some paramedical practitioners | <ul style="list-style-type: none"> • Versatility for medical • More Flex dollars in the health spending account |
| My dependents and I need a lot of medical and paramedical services | <ul style="list-style-type: none"> • Comfort or Serenity for medical |
| I take a lot of maintenance drugs or drugs that are expensive | <ul style="list-style-type: none"> • Serenity for medical |
| I don't have a lot of medical needs, but I do wear glasses or contact lenses | <ul style="list-style-type: none"> • Versatility for medical • More Flex dollars in health spending account |
| I don't have a lot of medical needs, but I do focus on having a healthy lifestyle | <ul style="list-style-type: none"> • Versatility for medical • More Flex dollars in the wellness account |
| I need orthopedic shoes | <ul style="list-style-type: none"> • Comfort or Serenity for medical |
| I don't have a lot of recurrent medical expenses, but I usually go to a private clinic for my annual exam | <ul style="list-style-type: none"> • Versatility for medical • More Flex dollars in the health spending account |

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Assess your needs

Look at the big picture

To make informed decisions, you also need to assess your personal situation and take into consideration other insurance plans you may have.

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HERE ARE SOME EXAMPLES OF SITUATIONS THAT COULD HELP YOU DETERMINE THE RIGHT LEVEL OF COVERAGE FOR YOU AND YOUR FAMILY:



YOUR PERSONAL SITUATION

CHOICES THAT COULD SUIT YOUR NEEDS

| | |
|---|---|
| I am 60 years old or over, or I am close to retirement | <ul style="list-style-type: none"> • Basic or higher salary replacement % for the long-term disability insurance • No indexation for the long-term disability insurance |
| I am young, and would need to protect my income against inflation in case of long-term disability | <ul style="list-style-type: none"> • Indexation for the long-term disability insurance |
| My spouse and children depend on me financially | <ul style="list-style-type: none"> • Comfort or Serenity for medical • Comfort or Serenity for dental • Higher salary replacement % for the long-term disability insurance • Optional life insurance • Optional critical illness insurance |
| My children are young adults, and I want to focus on maintaining a healthy lifestyle as I get older | <ul style="list-style-type: none"> • Versatility or Comfort for medical • Versatility or Comfort for dental • Remaining Flex dollars in the wellness account |
| I don't have a lot of medical or dental needs, and I do not need additional money to finance my physical activities in the upcoming years | <ul style="list-style-type: none"> • Versatility for medical • Versatility for dental • More Flex dollars in the group RRSP |



OTHER COVERAGE IN ADDITION TO YOUR EMPLOYER COVERAGE

CHOICES THAT COULD SUIT YOUR NEEDS

| | |
|---|---|
| My spouse has access to a group insurance program, which includes medical and dental care, and can cover the whole family | <ul style="list-style-type: none"> • Opt-out or Versatility for medical • Opt-out or Versatility for dental • More Flex dollars in the health spending account |
| I am separated, and my children are covered under the other parent's plan | <ul style="list-style-type: none"> • Versatility for medical • Versatility for dental • More Flex dollars in the health spending account |
| I have a disability insurance and a life insurance tied to my mortgage | <ul style="list-style-type: none"> • Basic long-term disability insurance • Basic life insurance |
| I want to further protect my beneficiaries in the event of my death, and I don't have any personal life insurance in addition to the one offered by my employer | <ul style="list-style-type: none"> • Optional life insurance • Optional AD&D |

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USE THE PROGRAM

Review each option's cost

Remember: be sure to allocate your Flex dollars wisely.

Enroll

You have the possibility to opt out of medical and dental care coverage. However, you may opt out of medical care coverage only if you are covered under another private medical care plan.

Now that you know what each option has to offer and where you need the most coverage:

- Review each option's cost using the premium chart
- Do a medical and dental cost-benefit analysis by comparing your usual amount of claims with each option's premiums To help you, review your health and dental claims from last year (available on the insurer's website)
- Determine which combination of coverage better suits your needs

You have 31 days following your date of hire to select your coverage.

If you have not made your choices within this period, the following default coverage will be automatically assigned:

- Basic coverage for life, AD&D and long-term disability
- Single status under the Versatility option for medical care and dental care
- Flex dollars allocated to your health spending account

Should you elect to allocate some of your remaining Flex dollars to the Group RRSP, please ensure to open an account with Sun Life Financial online or by completing the appropriate enrollment form. Should you have any questions concerning this form, please call Sun Life Financial at 1 866 733 8612.



Coverage modification rules:

During the annual re-enrollment period

Coverage can be increased or decreased each year, except for medical and dental care, where coverage can be decreased only after you have been in the option for two years.

Within 60 days of an eligible life event, you can change your coverage without restrictions. Eligible life events are:

- Change in your marital status
- Death of your spouse
- Birth or adoption of a first child
- Last eligible child stops meeting the eligibility criteria
- Spouse gains (or loses) coverage through his/her employer's group benefit plan
- A child age 22 to 26 returns to school full time and there are no children who are eligible dependents

Evidence of insurability is required if you wish to obtain optional life insurance coverage for yourself or your spouse, or increase your long-term disability coverage. No evidence of insurability is required for optional critical illness insurance up to \$75,000.

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Use the program

- Claims must be submitted to iA Financial Group through online claims, the mobile app or a paper form. More information about submitting your claims can be found on iA Financial Group's website at www.ia.ca
- You can visit iA Financial Group's website or use their mobile app to see the status of your claims.
- Claims for expenses incurred during a given year must be submitted by March 31st of the following year for the HSA and wellness account and within 12 months for Medical and Dental care.
- You can visit the enrollment website at any time to:
 - Consult which coverage you have selected
 - Get iA Financial Group's claims forms (Medical, Dental, HSA, Wellness account)
- You can take advantage of the mail-order pharmacy service:
 - If you require maintenance prescription drugs (for example, for high cholesterol, diabetes or high blood pressure) or specialty drugs (for example, for multiple sclerosis, hepatitis C or cancer), this is the right service for you.
 - The mail-order pharmacy service offers many advantages:
 - Fast, free delivery of your medication to any address you choose;
 - Automatic, streamlined refills to avoid treatment interruptions;
 - Pharmacists on call 24/7;
 - Learn more by visiting the PharmaGo website (www.pharmago.ca), if you live in Quebec, or the Express Scripts Canada website (www.member.express-scripts.ca), if you live elsewhere in Canada.

Still have
unanswered
questions?

Call iA Financial Group
(for questions on enrollment,
coverage and claims)

**Tel: 514-499-3399 or
1-888-295-6555**

All rights and interpretations shall be governed by the contracts, official documents, and applicable legislation.

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