

TELUS® Your Team TELUS Benefit Options At A Glance

For Retail Frontline Part-time Team Members

Your Team TELUS Benefit Options plan was designed to provide a base level of coverage while also giving you choice and flexibility.

Primary Benefits - TELUS provides primary coverage for the following benefits: Business Travel Accident Insurance, Psychology/Speech Therapy, Emergency Out-of-Country/Out-of-Province (OOC/OOP)

Health Dollars - TELUS provides annual Health Dollars, based on how many people you need to cover. You can use them for Extended Health and Dental or allocate them to your Health Spending Account (HSA).

Death Benefit – TELUS will provide a \$10,000 lump sum benefit

	Extended Health Benefits			Dental		
	Prescription Drugs	Paramedicals & Vision	Medical Services & Supplies and Emergency Out-of-Country & Out-of-Province (OOC/OOP)	Basic Dental	Major Dental & Orthodontics	
Less coverage	Option 1	<ul style="list-style-type: none"> Opt out (proof of other coverage required) Psychology/Speech Therapy only: \$5,000 – included in all options in this category 	<ul style="list-style-type: none"> OOC/OOP only: 100% (\$5 million lifetime max) 	<ul style="list-style-type: none"> No coverage 	<ul style="list-style-type: none"> No coverage 	
	Option 2	<ul style="list-style-type: none"> \$1,000 deductible Tier 1: 80% Tier 2: 70% 	<ul style="list-style-type: none"> Vision: Eye exam only / 2 yrs.** Paramedicals: \$300 combined 	<ul style="list-style-type: none"> OOC/OOP: 100% (\$5 million lifetime max) Medical Services & Supplies: 70% 	<ul style="list-style-type: none"> 100% 12-month recall** \$400 max 	<ul style="list-style-type: none"> Major: 50% (max \$1,000) Ortho: 50% (max \$2,500)*
	Option 3	<ul style="list-style-type: none"> No deductible Tier 1: 80% Tier 2: 70% 	<ul style="list-style-type: none"> Vision: \$150 and eye exam / 2 yrs.** Paramedicals: \$500 combined 	<ul style="list-style-type: none"> OOC/OOP: 100% (\$5 million lifetime max) Medical Services & Supplies: 80% 	<ul style="list-style-type: none"> 20% 12-month recall** No max 	<ul style="list-style-type: none"> Major: 70% (max \$2,000) Ortho: 50% (max \$2,500)*
More coverage	Option 4	<ul style="list-style-type: none"> No deductible Tier 1: 90% Tier 2: 80% 	<ul style="list-style-type: none"> Vision: \$250 and eye exam / 2 yrs.** Paramedicals: \$1,000 combined* 		<ul style="list-style-type: none"> 80% 9-month recall** No max 	
	Option 5		<ul style="list-style-type: none"> Vision: \$350 and eye exam / 2 yrs.** Paramedicals: \$1,500 combined* 		<ul style="list-style-type: none"> 100% 9-month recall** No max 	

*You will need to stay in the selected option for 2 years before you can make any changes

**Dependent children (under age 18) are eligible for: Vision Care: one eye exam and prescriptions glasses/contact (if applicable) every benefit plan year • Basic Dental: one recall every 6 months