Your Team TELUS Flex Benefits At A Glance

For TWU Appendix B, SAMT, SQET, ADT Union (excl. IBEW 213A & 213K) and MNU Team Members

Your Team TELUS Flex Benefits 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: Psychology/Speech Therapy, Emergency Out-of-Country/Out-of-Province (OOC/OOP), Life Insurance, Accident Insurance, Business Travel Accident Insurance, Short Term Disability, Long Term Disability and a $500 Well-being Account and half that amount for those working 50% or less time.

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, allocate them to your Health Spending Account (HSA) and/or add them to your pay as taxable income.

		Extended Health Benefits			Dental		Insurance			
		Prescription Drugs	Paramedicals & Vision	Emergency Out-of-Country & Out-of-Province (OOC/OOP) and Medical Services & Supplies	Basic Dental	Major Dental & Orthodontics	Life Insurance	Accident Insurance	Primary Long Term Disability (LTD)	Long Term Disability (LTD) Top-Up Team Member Paid
Less Coverage	**Option 1**	▪ Opt out (proof of other coverage required)	▪ Psychology/Speech Therapy only ▪ $5,000 – included in all options in this category	▪ OOC/OOP only: 100%	▪ No coverage	▪ No coverage	▪ 1 x annual base salary	▪ No coverage	▪ 30% of salary, non-indexed ▪ Taxable benefit	▪ 30% of salary, non-indexed ▪ Non-taxable benefit
	Option 2	▪ $1,000 deductible ▪ Tier 1: 90% ▪ Tier 2: 80% ▪ Tier 3: 35%	▪ Vision: Eye exam only / 2 yrs** ▪ Paramedicals: $300 combined	▪ OOC/OOP: 100% ▪ Medical Services & Supplies: 70%	▪ 100% ▪ 12-month recall** ▪ $500 max	▪ Major: 50% (max $2,000) ▪ Ortho: 50% (max $2,500)*		▪ 1 x annual base salary		▪ 30% of salary, indexed ▪ Non-taxable benefit
	Option 3	▪ No deductible ▪ Tier 1: 90% ▪ Tier 2: 80% ▪ Tier 3: 35%	▪ Vision: $200 and eye exam / 2 yrs** ▪ Paramedicals: $500 combined	▪ OOC/OOP: 100% ▪ Medical Services & Supplies: 80%	▪ 20% ▪ 12-month recall** ▪ No max	▪ Major: 70% (max $2,500) ▪ Ortho: 50% (max $3,000)*				
	Option 4	▪ No deductible ▪ Tier 1: 100% ▪ Tier 2: 90% ▪ Tier 3: 45%	▪ Vision: $300 and eye exam / 2 yrs** ▪ Paramedicals: $1,000 combined*	▪ OOC/OOP: 100% ▪ Medical Services & Supplies: 90%	▪ 100% ▪ 12-month recall** ▪ No max					
More Coverage	**Option 5**		▪ Vision: $400 and eye exam / 2 yrs** ▪ Paramedicals: $1,500 combined*		▪ 100% ▪ 6-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**

Optional Benefits available for purchase	
	▪ **Optional Life Insurance:** Team Member & Spouse - units of $10,000; $1,000,000 max | Child: $10,000 or $20,000 max ▪ **Optional Accident Insurance:** Team Member & Spouse - units of $10,000; $500,000 max | Child: units of $10,000; $50,000 max ▪ **Optional Critical Illness Insurance:** Team Member & Spouse - units of $10,000; $200,000 max | Child: units of $5,000; $20,000 max