

# MHI RJ AVIATION ULC FOR EXECUTIVES

## YOUR BENEFITS PLAN AT-A-GLANCE

For medical care and dental care, you can choose between the following statuses: **Single** (only you), **Single Parent** (you and your children), **Couple** (you and your spouse) or **Family** (you, your spouse and children). You also have the choice of three coverage options: **Versatility**, **Comfort** or **Serenity**.

Your choice of status will be applicable for medical care and dental care.

You may choose different coverage options for medical care and dental care.

	EMPLOYER-PAID	OPTIONAL COVERAGE	
	Versatility	Comfort	Serenity
<b>Medical care*</b>			
<b>Drugs</b>	Mandatory generic substitution	Mandatory generic substitution	Mandatory generic substitution
Reimbursement	100% after deductible	80% after deductible	90% after deductible
Deductible <sup>†</sup>	\$1,000 per adult	\$6 per prescription	\$3 per prescription
Maximum out-of-pocket <sup>†</sup>	\$1,000 per adult	\$1,000 per adult	\$1,000 per adult
<b>Hospital care</b>	100% semi-private	100% semi-private	100% semi-private
<b>Out-of-country medical emergency</b>	100% max. 90 days per trip \$5M lifetime maximum	100% max. 90 days per trip \$5M lifetime maximum	100% max. 90 days per trip \$5M lifetime maximum
<b>Other medical coverage</b>			
Reimbursement	70%	80%	90%
<b>Psychologist</b> (includes social worker, family therapist, psychotherapist, 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
<b>Physiotherapist</b> (includes physical rehabilitation therapist and occupational therapist)	\$250 per insured	\$750 per insured	\$1,000 per insured
<b>Paramedical practitioners – level 1</b> (includes acupuncturist, chiropractor, dietician, speech therapist, osteopath, podiatrist, audiologist)		\$300 per practitioner	\$500 per practitioner
<b>Paramedical practitioners – level 2</b> (includes kinesitherapist, kinotherapist, massage therapist, naturopath, orthotherapist)			\$500 all practitioners combined

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

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

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	EMPLOYER-PAID	OPTIONAL COVERAGE	
	Versatility	Comfort	Serenity
<b>Medical care*</b>			
<b>Other medical coverage (cont.)</b>			
<b>Vision</b>			
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)
<b>Orthopedic shoes</b>		1 pair	2 pairs
<b>Diagnostics and laboratory services</b>	\$300	\$500	\$1,000
<b>Vaccines</b>	\$500	\$500	\$500
<b>Hearing aids</b>	\$550	\$550	\$550
<b>Private duty nursing</b>	\$25,000 for 3 consecutive years	\$25,000 for 3 consecutive years	\$25,000 for 3 consecutive years

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

	EMPLOYER-PAID	OPTIONAL COVERAGE	
	Versatility	Comfort	Serenity
<b>Dental care*</b>			
<b>Annual deductible</b>	\$150 per member \$300 per family		
<b>Annual combined maximum</b> (includes preventive care, basic care, endodontics, periodontics and major care)	\$1,000	\$1,500	\$2,500
<b>Preventive care</b>	50%	80%	90%
<b>Basic care</b>	50%	80%	90%
<b>Endodontics and Periodontics</b>	50%	50%	80%
<b>Major care</b>	50%	50%	60%
<b>Orthodontics</b> (adults and children)		50% \$1,500 lifetime maximum	50% \$2,500 lifetime maximum
<b>Recall exam</b>	Every 6 months	Every 6 months	Every 6 months
<b>Applicable fee guide</b>	Generalist fee guide for the current year	Generalist or specialist fee guide for the current year	

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## Life Insurance

	EMPLOYER-PAID	OPTIONAL COVERAGE
<b>Employee</b>	Two times annual basic salary	Up to \$1.65M (combined with basic life), maximum 5 × annual basic salary, in increments of \$5,000 <sup>†</sup>
<b>Spouse</b>		Up to \$400,000, in increments of \$5,000 <sup>†</sup>
<b>Child</b>		Up to \$50,000, in increments of \$5,000

<sup>†</sup> Within 31 days of hire, no evidence of insurability is required for coverage up to \$40,000

## Accidental death and dismemberment (AD&D)

<b>Employee</b>	Two times annual basic salary	Up to \$1.65M, (combined with basic AD&D), in increments of \$5,000
<b>Spouse</b>		Up to \$400,000, in increments of \$5,000
<b>Child</b>		Up to \$50,000, in increments of \$5,000

## Business travel AD&D

<b>Employee</b>	\$200,000	Not available
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## Long-term disability

<b>Coverage</b>	60% of your basic salary (monthly maximum of \$17,000, with amounts above \$10,600 requiring medical evidence)	70% of your basic salary (monthly maximum of \$17,000, with amounts above \$10,600 requiring medical evidence)	70% of your basic salary, (monthly maximum of \$17,000, with amounts above \$10,600 requiring medical evidence), with the indexation option (increased annually to CPI, max 3%, on Jan. 1 of the year following 30 months of disability)
<b>Waiting period</b>	26 weeks	26 weeks	26 weeks
<b>End of coverage</b>	Age 65 or retirement	Age 65 or retirement	Age 65 or retirement

## Critical illness insurance

<b>Employee and spouse</b>	Up to \$250,000, in increments of \$25,000 <sup>†</sup> 25 covered illnesses
<b>Child</b>	\$5,000 31 covered illnesses

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

Examples of covered illnesses: Cancer (life-threatening), heart attack, kidney failure

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## YOUR FLEX DOLLARS

You can use Flex dollars to purchase additional coverage for long-term disability, medical care and dental care, as well as optional coverage.

### Flex dollars allocation:

Flex dollars are calculated as follows: 0.5% of your salary + fixed amount of **\$4,000**.

**Not enough Flex dollars?** Deductions will be made from your pay.

**Excess Flex dollars?** You can transfer them to your customized accounts below. The default account is the Health Spending Account (HSA).

If you have Flex dollars left over after making your coverage choices, you can transfer them to one of many of your customized accounts.

HEALTH SPENDING ACCOUNT (HSA)	WELLNESS ACCOUNT	MANULIFE GROUP RRSP OR TFSA
<p>Helps you pay for medical and dental expenses, incurred <b>for yourself or for your dependents</b>, that are eligible but not covered (or partially covered) by the MHIRJ plan or your spouse's plan (deductibles, coinsurance, expenses that exceed the plan's maximums, etc.). Eligible expenses are defined under the <i>Income Tax Act</i>. Please contact iA Financial Group for a complete list of eligible expenses.</p>	<p>Helps you pay for eligible wellness-related expenses incurred <b>for yourself or for your dependents</b>. Example of eligible expenses are:</p> <ul style="list-style-type: none"> <li>• Fitness center membership</li> <li>• Physical activities group classes supervised by an instructor</li> <li>• Sports team registration fees</li> <li>• Season passes or one-day entrance tickets (e.g.: ski, golf, tennis, etc.)</li> <li>• Rental fees for sports courts or fields (e.g.: badminton, tennis, soccer, etc.)</li> <li>• Self-Service Bike (BIXI)</li> </ul> <p>Please contact iA Financial Group for a complete list of eligible expenses.</p>	<p>You also have the choice to transfer all or part of your Flex dollars to the Manulife Group Registered Retirement Savings Plan (RRSP) or Tax-Free Savings Account (TFSA). The amount chosen will be transferred on a per pay basis.</p> <p>The RRSP or TFSA contributions will not be subject to personal income tax. It is your responsibility to ensure that you have sufficient contribution room available in order to avoid penalty taxes for excess contributions.</p>

### Unused Balance

You have two years to use the Flex dollars transferred to your HSA or wellness accounts in a year, or they will be forfeited.