

MHI RJ AVIATION BENEFITS PLAN AT-A-GLANCE FOR SALARIED EMPLOYEES

YOUR MHI BENEFITS PLAN AT-A-GLANCE

You may choose between the following three options, electing coverage for yourself only with the single status option, or coverage for all of your dependents with the family status option. You may choose one status for medical care and another for dental care, and you may also choose different plan options for medical and dental care.

	EMPLOYER-PAID	OPTIONAL COVERAGE	
	Versatility	Comfort	Serenity
Medical care*			
Drugs	Mandatory generic substitution	Mandatory generic substitution	Mandatory generic substitution
Reimbursement %	100% after deductible	80% after deductible	90% after deductible
Deductible†	\$1,000 per adult	\$5 per prescription	\$2 per prescription
Maximum out-of-pocket†	\$1,000 per adult	\$1,000 per adult	\$1,000 per adult
Hospital care	100% semi-private	100% semi-private	100% semi-private
Out-of-country medical emergency	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
Other medical coverage			
Reimbursement %	70%	80%	90%
Psychologist (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
Physiotherapist (includes physical rehabilitation therapist and occupational therapist)	\$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 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
Medical care*			
Other medical coverage (cont.)			
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
Vaccines	\$500	\$500	\$500
Hearing aids	\$550	\$550	\$550
Private duty nursing	\$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
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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Confidential counseling when you need it

The Employee Assistance Program (EAP), provided by Homewood Health, offers confidential problem-solving services to help improve the health and wellbeing of you and your family. Through the program, you and your family can access counselling services that are offered face-to-face, over the phone, via video, or online. When you need to speak with someone, simply call Homewood Health. You will be asked to provide some basic information and an initial appointment will be scheduled at a time that is convenient for you.

The EAP offers counselling for many topics, including personal, family, and work-related problems, and even legal and financial matters. Call 1-800-663-1142 or visit homeweb.ca to learn more.

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Life Insurance

	EMPLOYER-PAID	OPTIONAL COVERAGE
Employee	One times annual basic salary	Up to \$1.65M (combined with basic life), maximum 5 × annual basic salary, in increments of \$5,000 [†]
Spouse		Up to \$400,000, in increments of \$5,000 [†]
Child		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	One times annual basic salary	Up to \$1.65M, (combined with basic AD&D), in increments of \$5,000
Spouse		Up to \$400,000, in increments of \$5,000
Child		Up to \$50,000, in increments of \$5,000

Business travel AD&D

Employee	\$200,000	Not available
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Long-term disability

Coverage	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)
Waiting period	26 weeks	26 weeks	26 weeks
End of coverage	Age 65 or retirement	Age 65 or retirement	Age 65 or retirement

Critical illness insurance

Employee and spouse	Up to \$250,000, in increments of \$25,000 [†] 25 covered illnesses
Child	\$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.

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

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FLEX DOLLARS AND CUSTOMIZED ACCOUNTS

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.

HEALTH SPENDING ACCOUNT (HSA)	WELLNESS ACCOUNT	MANULIFE GROUP RRSP
<p>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 the MHI 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 Industrial Alliance for a complete list of eligible expenses.</p>	<p>Helps you pay for eligible wellness-related expenses incurred for yourself or for your dependents. Example of eligible expenses are:</p> <ul style="list-style-type: none"> • Fitness center membership • Physical activities group classes supervised by an instructor • Sports team registration fees • Season passes or one-day entrance tickets (e.g.: ski, golf, tennis, etc.) • Rental fees for sports courts or fields (e.g.: badminton, tennis, soccer, etc.) • Self-Service Bike (BIXI) <p>Please contact Industrial Alliance 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 RRSP. The amount chosen will be transferred to the Manulife Group RRSP on a per pay basis.</p> <p>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.</p>

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.