



# benefits at a glance



hourly non-unionized associates



# When it comes to your benefits, get **SMART!**

- S – share the cost through coordination of benefits
- M – make informed decisions
- A – ask questions of your healthcare providers
- R – review your usage
- T – take action to improve your overall health



## eligibility

Eligibility in the My Vida Benefits Plan is subject to the terms and conditions of your employment contract. Part-time or contract associates and their eligible dependents are welcome to participate in the provisions of the plan after 1,300 hours of continuous employment in the previous calendar year.

## key features

- benefit year runs from July 1st to June 30th
- 3-tiered prescription drug coverage
- paramedical coverage - focusing on both physical and mental well-being
- Bimbo Canada Benefits Administration Portal (Flexit360) for enrollment

## enrollment

It is important that you take time to enroll in the My Vida Flex benefits plan, so your beneficiaries are clearly designated and your eligible dependents are accurately declared.

If you fail to declare your spouse and/or eligible dependent children, they will not be eligible for coverage under the My Vida benefits plan.

## coverage status

You can choose Associate only, Associate +1 (spouse or child) or Associate +2 or more (spouse and/or children). The same dependents will be covered under Prescription Drug, Extended Health and Dental.

**Spouse:** Your spouse by marriage or under any other formal union recognized by law; or a person of the opposite sex or of the same sex who is publicly represented as your spouse for a period of at least 12 months. You can only cover one spouse at a time.

**Dependent:** You or your spouse's children (other than a foster child) who are not married or in any other formal union recognized by law, and are under the age of 21 (age 25 if a full-time student, 26 in the province of Quebec), as long as the child is entirely dependent on you for financial support including if a child becomes handicapped before the limiting age.

## enrollment

Enrollment in the My Vida Flex Hourly benefits is for a full benefit year, which runs from July 1 to June 30. You must complete your enrollment during the defined enrollment period. It is important that you take the time to enroll in the Flex Hourly Benefits so that you receive the coverage that best suits your needs while ensuring your beneficiaries are designated accordingly. For new hires, if you do not complete the enrollment process, you will automatically be assigned the default benefit package of core benefits and Silver Single coverage for prescription drugs, extended health and dental coverage. For current associates, if you do not complete the annual re-enrollment process, you will receive the same coverage you elected last year. Once enrollment is closed, you will not be able to change your benefit coverage until the next annual enrollment period, unless you have an eligible Life Event for which you must notify the Bimbo Canada Dedicated Service team within 31 day of the event. Lock-in periods may apply.

**Lock-in period:** The Gold option for Extended Health Care and Dental Care has a minimum two-benefit-year lock-in rule. If you select the Gold option, you can only choose a different option level at the completion of the two-benefit year requirement.

**Coverage status:** You can choose Associate only, Associate +1 (spouse or child) or Associate +2 or more (spouse and/or children). You cannot choose to cover different dependents under different plans. The same dependents will be covered under both plans – Extended Health and Dental.

**Spouse:** Your spouse by marriage or under any other formal union recognized by law; or a person of the opposite sex or the same sex who is publicly represented as your spouse for a period of at least 12 months. You can only cover one spouse at a time.

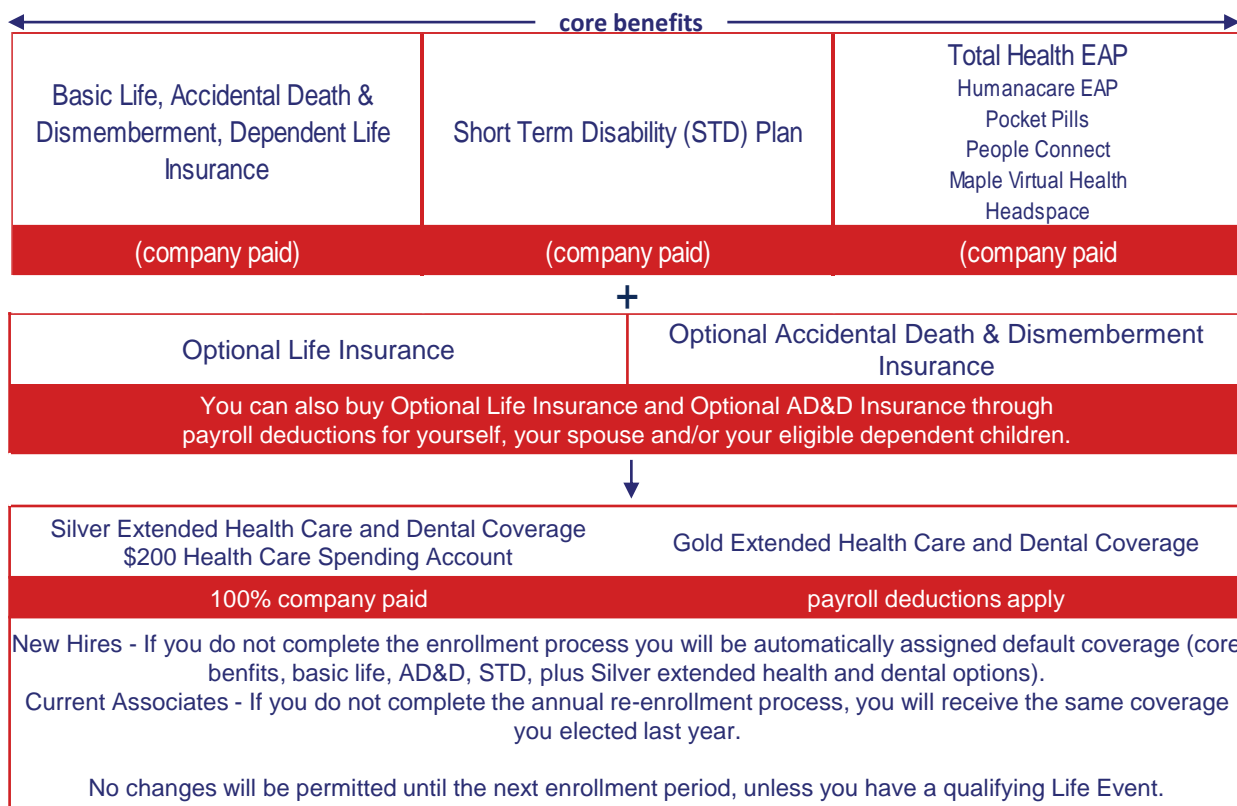
**Dependent:** You or your spouse's children (other than a foster child) who are not married or in any other formal union recognized by law and are under the age of 21 (age 25 if a full-time student, 26 in the province of Quebec). If a child becomes disabled before the maximum age and remains continuously disabled, coverage will continue if they are not able to support themselves financially because of a disability and must rely on you financially.

**Opt-out Option:** Enrollment in the My Vida Flex Hourly Benefits is mandatory; however, if you have comparable Extended Health and/or Dental coverage, for example spousal coverage, you may elect to opt-out of these benefits. You cannot opt-out of core benefits – Basic Life and Accidental Death & Dismemberment, Short Term Disability or Total Health EAP.

**Co-ordination of benefits:** If you and your spouse have coverage under each other's extended health and/or dental plans, you can co-ordinate your benefits to optimize your coverage. Co-ordination of benefits allows you to claim under both plans for up to a combined maximum of 100% of the covered expense.

### Who pays first?

- If you are covered as a member under a plan, that plan will always pay before a plan that covers you as a dependent.
- when both parents have a plan and their children are covered under both as dependents, the plan of the parent whose birth month (and day, if born in the same month) falls earliest in the calendar year.



# prescription drugs

	Silver	Gold
Deductible	None	None
Maximum	100% reimbursed, up to \$8.00	100% reimbursed, no maximum
Tier 1 and Special Authorization	70% with an Out of pocket maximum of \$3,000 per person, per benefit year	80% with an Out of pocket maximum of \$1,200 per person per benefit year
Coinsurance		
Tier 2 Coinsurance	40%	50%
Tier 3 Coinsurance	20%	30%

For Quebec residents, prescription drug coverage must be extended to an eligible spouse and dependent children as per RAMQ requirements.

## PRESCRIPTION DRUG COVERAGE

My Vida drug plan provides reimbursement for drugs based on which tier they fall into. Drugs that are the best value when looking at cost and clinical effectiveness usually fall into Tier 1, with the highest reimbursement – meaning you pay less for them. If you're prescribed a drug that's not on Tier 1, there may be an alternative on Tier 1 you can speak with your doctor about. Other drugs that are also effective but at a considerably higher cost, are placed into tiers with lower reimbursements.

Visit [www.drugfinder.ca](http://www.drugfinder.ca) to quickly and easily learn what drugs are covered by the plan, identify possible alternative drugs that could cost you less - you will need to create an account and enter as MYVIDA@reformulary as the company access code.

Special Authorization: It's now standard practice for insurers to assess reimbursement for some specialty products, but the process is simple for you.

- You and your doctor will be required to fill out and return the special authorization form provided by Sun Life. Given the confidential nature of your information, Sun Life will issue their response to you in writing.
- If approved, you'll be reimbursed at the highest level (Tier 1).

## Extended health care

	Silver	Gold
Coinsurance	70%	80%
Private Duty Nursing	\$5,000 per benefit year	\$10,000 per benefit year
Semi-private Hospital	No coverage	\$5,000 per benefit year
<b>Paramedical practitioners</b> Acupuncturist, Audiologist, Chiropractor, Dietician, Homeopath, Naturopath, Massage Therapist, Osteopath, Podiatrist or Chiropractist, Physiotherapist, Occupational Therapist	No coverage	\$700 per benefit year combined
Psychologist, Psychotherapist, Social Worker, Speech Therapist	No coverage	\$500 per benefit year combined
Medical Equipment & Supplies	Included	Included
Orthotic Devices	\$300 per benefit year	\$400 per benefit year
Orthopaedic Shoes	\$200 per benefit year	\$300 per benefit year
Hearing Aids	\$300 every 36 months	\$700 every 36 months
Vision Care	No coverage	\$250 every 24 months
Eye Exams	1 every 24 months	1 every 24 months

## dental care

	Silver	Gold
Coinsurance		
Basic Services	70%	80%
Major Restorative	No coverage	50%
Maximums	Silver	Gold
Basic Services	\$1,000 per benefit year	\$2,000 per benefit year combined
Major Restorative	No coverage	
Fee Guide	Silver	Gold
	Current	Current
Recall Exam (Adult 16+)	1 every 9 months	1 every 9 months
Scaling and Root Planing	8 units per benefit year	8 units per benefit year

## emergency out of province/country

	Silver	Gold
Coinsurance	100%	
Maximums	\$3,000,000 per lifetime	
Number of Days Limited	60 days per trip	

## total health EAP

Your Total Health EAP benefit program includes;

- Humanacare - Employee Assistance Program
- People Connect - Mental Health Assessment Tool
- Maple - On demand virtual physician care
- Headspace - Personal wellness app
- PocketPills - Online prescription, order and delivery



**Available 24 hours a day,  
7 days a week at:**

1.833.527.0465  
Humanacare.com

The Health Care Spending Account (HCSA) can be used to pay for Health and Dental expenses that are not covered under your benefit program, such as:

- coinsurance, deductibles or dispensing fees
- vision care, paramedical practitioner or orthodontics
- any Health or Dental expenses in excess of maximum coverage amounts
- medical expenses for eligible dependents recognized under the Income Tax Act

To verify if an expense is eligible visit the CRA website at [www.cra-adrc.gc.ca](http://www.cra-adrc.gc.ca). Please note benefits paid from the HCSA are considered taxable income in Quebec.

At the end of the benefit year, any credit balance remaining in your HCSA will be lost. However, if your eligible expenses exceed the available credits in your HCSA, you may carry forward the unclaimed expenses and claim them in the following benefit year.

## SUN LIFE FINANCIAL

Sun Life is available to assist you with any claims related questions.

### Member Website

- [mysunlife.ca](http://mysunlife.ca)
- access claims details
- view your benefits booklets
- submit your claims online
- sign up for direct deposit
- access electronic versions of benefit and travel cards

### Mobile App

- submit claims
- access personalized coverage information
- locate the nearest service provider
- drug eligibility search
- download benefit and travel cards

### Customer Care Centre

1.800.361.6212  
Monday – Friday, 8am–8pm EST  
Contract Number: 150897  
Have your member ID available

Claims must be submitted 90 days after the end of the benefit year during which a person incurs the expenses, or 90 days upon termination of coverage.

## life and accidental death & dismemberment insurance

benefit schedule	flat \$30,000
reduction schedule	50% at age 65
termination	age 70 or earlier retirement

## optional life insurance

(please confirm smoking status on the bimbo Canada Benefits Administration Portal (Flexit360) when applying for optional life insurance as the tool automatically defaults all Associates to smoker status.)

associate benefit schedule	units of \$10,000 to a maximum of \$800,000
non-evidence maximum	\$40,000 for new hire
spousal benefit schedule	units of \$10,000 to a maximum of \$200,000
each child benefit schedule	flat amount of \$5,000
termination	age 70 or earlier retirement

## optional accidental death & dismemberment insurance

associate benefit schedule	units of \$10,000 to a maximum of \$350,000
family benefit schedule	spouse 50% each dependent child – 15% (20% if there is no spouse)
spousal benefit schedule	illness – 3 days accident – 0 days
each child benefit schedule	15 weeks
termination	age 70 or earlier retirement

## dependent life insurance

spouse benefit schedule	flat \$5,000
each child benefit schedule	flat \$2,500
termination	age 70 or earlier retirement

## short term disability

benefit schedule	Week 1	55% of weekly earnings to EI max
	Weeks 2-16	EI disability
	Weeks 17-26	55% of weekly earnings to EI max
maximum		equivalent to the EI maximum
benefit period		26 weeks
termination		age 70 or earlier retirement

## BENEFICIARY DESIGNATION

You should review your beneficiary designation from time to time to ensure that it reflects your current intentions. If no beneficiary has been designated your benefit will be payable to your estate and subject to additional taxes and delays.

For Quebec residents, it is your responsibility to determine if you previously designated an irrevocable beneficiary when submitting a new form.

## BIMBO CANADA CONTACT CENTRE

If you require changes to your benefits coverage, dependent(s) and beneficiary(ies), have questions related to your Group Benefits Plan or require support in accessing the Bimbo Canada Benefits Administration Portal (Flexit360), please contact the Bimbo Canada Dedicated Contact Centre at People Corporation

You can contact the Bimbo Canada Dedicated Contact Centre at People Corporation by calling 1.833.527.0465 or by email to [bimbo canada@peoplecorporation.com](mailto:bimbo canada@peoplecorporation.com).

