



Our group benefit plan is an important component of our overall compensation package offered to associates.

Effective **July 1, 2019**, You will be covered under the Bimbo Canada My Vida Hourly Part Time Benefits Plan with **Sun Life Financial**.

**WELCOME to the My Vida Hourly Part Time Benefit Plan**

### Enrolment Information

Enclosed you'll find documents required to get enrolled in the My Vida plan. These documents provide an overview of the coverage available to you. They also provide information about how to contact Sun Life should you have any questions, need to make a claim, or a change to your information.

Please review the [My Vida Hourly Part Time Benefits at a Glance](#) to learn more about of your coverage.



### Enrolment forms must be returned by June 10, 2019

If you do not complete the enrolment process you will automatically be assigned the default benefit package:

- Single coverage for Drugs, Health and Dental with Basic Life, Accidental Death & Dismemberment and Short Term Disability benefits.

Once enrolment is closed, you will not be able to change your benefit coverage until the next annual enrolment period unless you have an eligible Life Event for which you must notify Sun Life within 31 days of the event.

### Beneficiary nomination is required

We require you to complete a new beneficiary form so that Sun Life Financial can create and maintain a beneficiary database for your Life and AD&D insurances. Beneficiary designations can be both Canadian and Non-Canadian residents. To change your beneficiary throughout the year please contact Sun Life directly.

Note: If you had deemed your prior beneficiary as irrevocable then the new designation filed with Sun Life Financial must reflect the prior designation. To change the designation, you must obtain the consent of the irrevocable beneficiary and you must file that consent with Sun Life Financial.

### This package includes the following documents:

- Introduction/FAQ
- Benefits at a Glance
- Enrollment form including optional benefits and beneficiary designation
- My Drug Plan Introduction
- My Drug Plan Brochure
- Talking to Your Doctor

**ACTION REQUIRED:** The following documents must be returned to Cowan Insurance Group:

- Completed enrollment form
- Completed Beneficiary designation
- If selected – Completed Optional Life

**A prepaid envelop has been provided for your convenience..**

## Coverage Details

New benefit plan coverage details can be found by referencing the My Vida Hourly Part Time Benefits at a Glance document (attached). This document provides a high-level overview of the benefits available through the My Vida Benefits Plan. Access to more benefit details will be available after July 1, 2019 on [mysunlife.ca](http://mysunlife.ca)

## 3 Tiered Prescription Drug Coverage

The new drug plan recognizes that newer or more expensive drugs aren't necessarily better than other medications that treat the same conditions, and it encourages the use of drugs that provide equal clinical effectiveness at the best cost, which helps provide you with the best value. Under your new plan, each drug is placed in one of three "tiers" with different reimbursement levels, please reference the Benefits at a Glance document for applicable reimbursement amounts.

Drug Finder is an innovative online tool that helps you quickly and easily learn what drugs are covered by the plan and identify possible alternative drugs that could cost you less. Go to [www.drugfinder.ca](http://www.drugfinder.ca) and create a personal account. You will need your company access code to complete your profile: [myvida@reformulary](mailto:myvida@reformulary).

## Policy and ID Information

Effective July 1st, 2019 your new Health and Dental Policy number will be **150897**.

**Be sure to notify your service providers of the change effective July 1, 2019.**

## Submitting Claims

- Claims incurred after July 1, 2019 must be submitted under policy 150987.
- Claims can be submitted by paper, directly through the service provided (i.e. dental office or pharmacy), online or via the Sun Life mobile app.

### You don't have to sort out the coverage by yourself!

We are here to help and you can contact:

- Sun Life Financial at: 1-866-881-0583, Monday to Friday, 8 am to 8 pm ET.

## NEW Pay Direct Drug Benefit Card

Please present the Pay Direct Drug Benefit Card to the pharmacist, who will remit the claim electronically to the insurance carrier. Sun Life will then pay the eligible amount directly to the pharmacy and you will pay the balance not covered by the benefits plan.

**Your new Pay Direct Drug Card will be sent to your home address via Canada Post. Please ensure your address on file with Bimbo Canada is up to date. Please contact HR if you require changes to your address.**

## New Streamlined Administration

Beginning July 1, 2019 Sun Life will be handling the full administration of your benefit plan. Contact them if you have questions about your plan, including enrolment, updating a beneficiary, or adding coverage to reflect a change in your life. Details that they can help you manage include:

- Your current coverage
- Signing up for direct deposit
- Updating coverage student status
- Updating your beneficiary
- Amending benefits due to a life event like a change in your marital status or the birth of a child

You can enjoy easy, one-stop access to information and administration of your group benefits –online or on the phone – with Sun Life Financial.

Call 1-866-881-0583 or sign in to your account at [mysunlife.ca](http://mysunlife.ca) to view your coverage.



Wherever you are, whatever you're doing, if you have a smartphone, you can have your benefits plan in the palm of your hand!

Register for the my Sun Life Mobile app and submit claims, check coverage right from your smartphone.

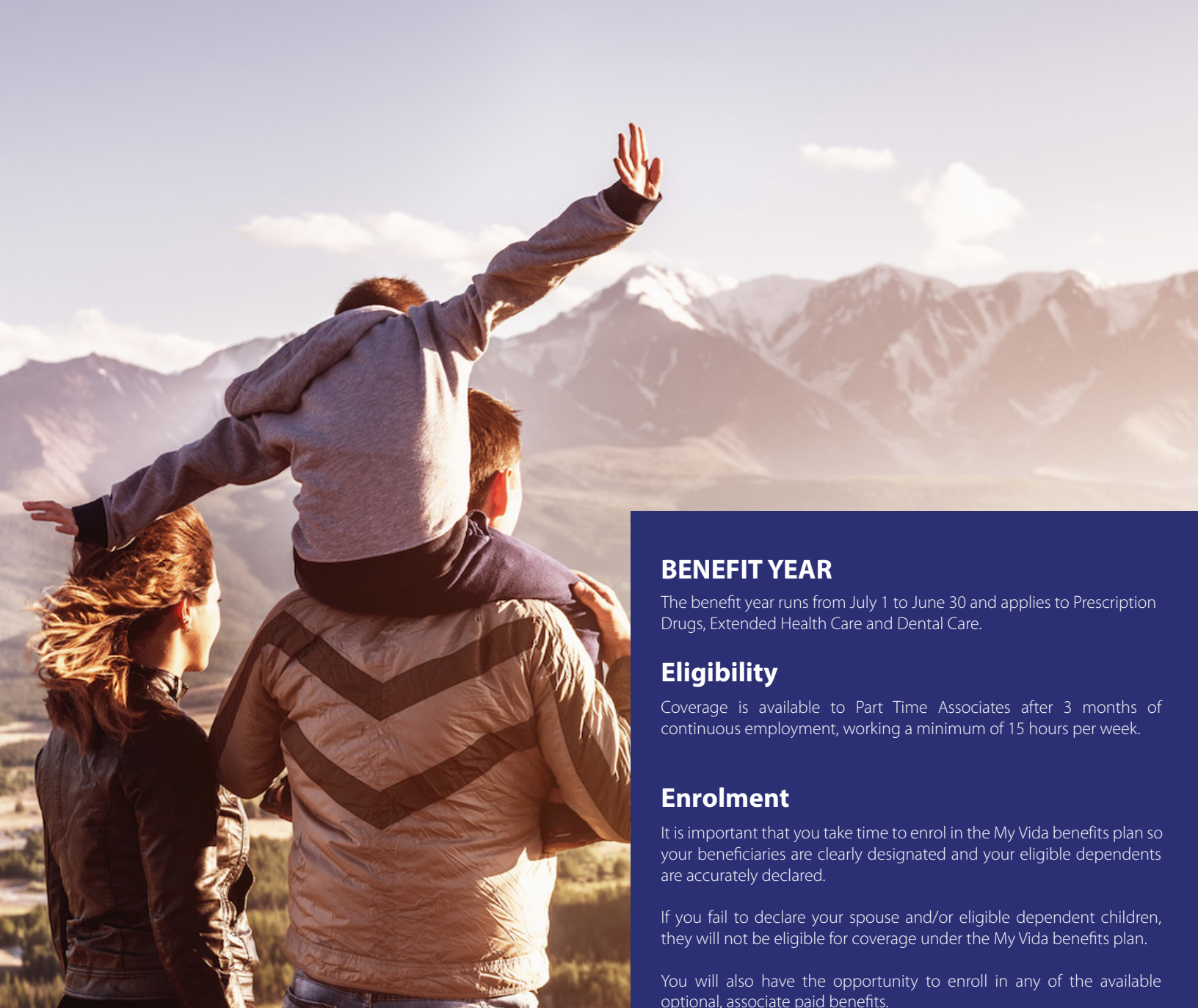


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# Benefits at a Glance



Part-Time Hourly 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 and revise if necessary
- T** – Take action to improve your overall health

### **BENEFIT YEAR**

The benefit year runs from July 1 to June 30 and applies to Prescription Drugs, Extended Health Care and Dental Care.

### **Eligibility**

Coverage is available to Part Time Associates after 3 months of continuous employment, working a minimum of 15 hours per week.

### **Enrolment**

It is important that you take time to enrol in the My Vida 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.

You will also have the opportunity to enroll in any of the available optional, associate paid benefits.

Enrolment in the MyVida 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, or Employee and Family Assistance Program.

### **Coverage Status**

You can choose Associate only, or Associate +1 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 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.

## PRESCRIPTION DRUGS

	Silver Coverage
Deductible	None
Dispensing Fee Maximum	\$8.00
3 Tiered Coinsurance	Tier 1 - 70% Tier 2 – 40% Tier 3 – 20% Special Authorization– 70%
Out of Pocket Maximum	\$3,000 per benefit year
(100% reimbursement of Tier 1 and Special Authorization claims, once out of pocket maximum is reached)	

## PRESCRIPTION DRUG COVERAGE

My 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 **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 fill out a form that you return to Sun Life. Given the confidential nature of your information, Sun Life will issue our response to you in writing.
- If approved, you'll be reimbursed at the highest level (Tier 1).

## EXTENDED HEALTH CARE

	Silver Coverage
Coinsurance	70%
Private Duty Nursing	\$5,000 per benefit year
Semi-Private Hospital	No coverage
Medical Equipment & Supplies	Included
Orthotic Devices	\$300 per benefit year
Orthopaedic Shoes	\$200 per benefit year
Hearing Aids	\$300 every 36 months
Vision Care	No coverage
Eye Exams	1 every 24 months

## DENTAL CARE

Coinsurance	Silver Coverage
Basic Services	70%
Major Restorative	No coverage
Orthodontics (Adult & Child)	No coverage

Maximums	Silver Coverage
Basic Services	\$1,000 per benefit year
Major Restorative	
Orthodontics (Adult & Child)	No coverage

	Silver Coverage
Fee Guide	Current
Recall Exam	1 every 9 months
Scaling and Root Planing	8 units per benefit year

## OUT OF PROVINCE/COUNTRY

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

## EMPLOYEE AND FAMILY ASSISTANCE PROGRAM

Your Employee and Family Assistance Program (EFAP) through Morneau Shepell provides you and your family with immediate and confidential support to help resolve work, health, and life challenges. Helping you find solutions so you can reach your goals at any stage of life. **Take the first step towards change.**



Available 24/7 at 1.800.387.4765 or online at [www.workhealthlife.com](http://www.workhealthlife.com)

## COORDINATION OF BENEFITS

If you and your spouse have coverage under each other's extended health and/or dental plans, you can coordinate your benefits to optimize your coverage. Coordination 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 plans 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.

## LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

Benefit Schedule	Flat \$20,000
Reduction Schedule	50% at age 65
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.

## OPTIONAL LIFE INSURANCE

Associate Benefit Schedule	Units of \$10,000 to a maximum of \$800,000
Spousal Benefit Schedule	Units of \$10,000 to a maximum of \$200,000
Each Child Benefit Schedule	Flat amount of \$5,000
Non-Evidence Maximum	\$40,000 for new hire
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 (based on % Associate amount)	Spouse - 60% Each dependent child -15% (20% if there is no spouse)
Termination	Age 70 or earlier retirement

## SUN LIFE FINANCIAL

The Sun Life Administration Team will assist you with all of your group benefit plan needs. Contact Sun Life for any questions regarding life events such as marriage, birth or adoption of a child, and updating your coverage, dependents or your beneficiary(ies).

### 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 card

### Mobile App

- Submit claims
- Access personalized coverage information
- Locate the nearest service provider
- Drug eligibility search
- Download benefit cards

### Customer Care Centre

- 1.866.881.0583
- Monday - Friday 8 am - 8 pm 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.*

# Group benefits enrolment/change form for with Optional Life



## Respecting your privacy

Respecting your privacy is a priority for the Sun Life Financial group of companies. We keep in confidence personal information about you and the products and services you have with us to provide you with investment, retirement and insurance products and services to help you meet your lifetime financial objectives. To meet these objectives, we collect, use and disclose your personal information for purposes that include: underwriting; administration; claims adjudication; protecting against fraud, errors or misrepresentations; meeting legal, regulatory or contractual requirements; and we may tell you about other related products and services that we believe meet your changing needs. The only people who have access to your personal information are our employees, distribution partners such as advisors, and third-party service providers, along with our reinsurers. We will also provide access to anyone else you authorize. Sometimes, unless we are otherwise prohibited, these people may be in countries outside Canada, so your personal information may be subject to the laws of those countries. You can ask for the information in our files about you and, if necessary, ask us in writing to correct it. To find out more about our privacy practices, visit [www.sunlife.ca/privacy](http://www.sunlife.ca/privacy).

## Instructions

- Section 1 is to be completed by the plan administrator.
- All remaining sections are to be completed by the plan member and returned to your plan administrator.

Please PRINT clearly. Complete the form in ink, sign and date the form on page 5 and return to your plan administrator for handling.

## 1 Information to be completed by plan administrator

Enrolment form  
(Complete all sections)

Change form  
(Only complete the information that is changing and include the effective date of change)

Beneficiary     Dependent Status     Termination     Salary/Wages

Other (please specify) \_\_\_\_\_

Contract number		Contract holder name	
<input type="checkbox"/> New plan member <input type="checkbox"/> Re-hire	Date of hire/re-hire (yyyy-mm-dd)	Plan member ID	Class/Plan
Effective date of coverage/change (yyyy-mm-dd)	Location/billing group number	Location/billing group name	
Occupation	Salary \$	Basis <input type="checkbox"/> Annual <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-weekly	<input type="checkbox"/> Semi-monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Hourly(Hrs./Wk. ) <input type="checkbox"/> Other _____ (please specify)

## 2 Plan member details

Plan member's last name	Middle initial	First name	Gender Male Female
Address (street number and name)			Apartment or suite
City		Province	Postal code
Date of birth (yyyy-mm-dd)	Language English French	Email address	
Province of residence		Province of employment	
Marital status Single Divorced	Married Separated	Common Law Widowed	Civil Union
Coverage selection			Single Family



### 3 Refusal of benefits

If you or your dependents are presently covered for Extended Health Care and/or Dental Care benefits under another group contract you may refuse to be covered for such benefit(s) under this contract by selecting the applicable box for each benefit:

I refuse coverage for myself and my dependents under:  **Extended Health Care and Dental Care**

I refuse coverage for my dependents under:  **Extended Health Care and Dental Care**

Name of benefits carrier: \_\_\_\_\_

### 4 Spouse details

Complete this section only if you are applying for coverage for your spouse.

**\*U (Update codes):**

**A** = Addition

**C** = Change

**T** = Termination

*U	Effective date (yyyy-mm-dd)	Spouse's last name	Spouse's first name	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth (yyyy-mm-dd)
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Is your spouse covered for Extended Health Care and/or Dental Care benefits by his/her employer's plan?

No  Yes If *yes*, please indicate spouse's coverage:

**Extended Health Care**  None  Single  Family

**Dental Care**  None  Single  Family

Name of benefits carrier: \_\_\_\_\_

### 5 Children details

Complete this section only if you are applying for coverage for your children.

**IMPORTANT:**

1. A spouse must first claim from his/her own employer's plan.
2. Claims for covered children must be sent first to the plan of the parent whose birth date falls earlier in the year.

*U	Effective date (yyyy-mm-dd)	Child's last name	Child's first name	Date of birth (yyyy-mm-dd)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Student* <input type="checkbox"/> Yes <input type="checkbox"/> No	Over-age disabled child** <input type="checkbox"/> Yes <input type="checkbox"/> No
*U	Effective date (yyyy-mm-dd)	Child's last name	Child's first name	Date of birth (yyyy-mm-dd)	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
*U	Effective date (yyyy-mm-dd)	Child's last name	Child's first name	Date of birth (yyyy-mm-dd)	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
*U	Effective date (yyyy-mm-dd)	Child's last name	Child's first name	Date of birth (yyyy-mm-dd)	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
*U	Effective date (yyyy-mm-dd)	Child's last name	Child's first name	Date of birth (yyyy-mm-dd)	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

\* A student is a child age 21 or over but under age 25, who is a full-time student attending an educational institution recognized by Canada Revenue Agency, as long as the child is not married or in any other formal union and is entirely dependent on you for financial support.

(For Quebec Plan members please check with your plan administrator for dependent student age limit.)

\*\* To enrol an over-age disabled child, please contact Sun Life at 1-866-881-0583 within 31 days of the date the dependent reaches the age limit.

## 6 Optional Life, Accidental Death and Dismemberment (AD&D)

This section is only required if you are electing optional benefits for you and/or dependents.

Your plan administrator will advise you which of these benefits are offered under your plan and how much coverage you can select.

Your spouse must complete and sign the Spouse Optional Life information in if you are electing this coverage.

A *Statement of Health* will be required for any amounts above the *Non-Evidence Maximum* as stated in your group policy.

### Optional Life

Plan member

Add  Change  Terminate

Amount of coverage  
\$

Have you used tobacco products within the past 12 months?  
Yes No

### Spousal Optional Life

Spouse (Spouse must complete and sign)

Add  Change  Terminate

Amount of coverage  
\$

Have you used tobacco products within the past 12 months?  
Yes No

Spouse's date of birth (yyyy-mm-dd)

I declare that the information above is accurate and true.  
Inaccurate information may invalidate my claim.

Spouse's signature X \_\_\_\_\_

### Child Optional Life

Each child

Add  Change  Terminate

Amount of coverage  
\$

### Optional AD&D

Plan member

Add  Change  Terminate

Amount of coverage  
\$

Spouse

Add  Change  Terminate

Amount of coverage  
\$

Each child

Add  Change  Terminate

Amount of coverage  
\$

## 7 Beneficiary nomination

### IMPORTANT:

Complete each section for any benefits for which you are applying.

Be sure to show the beneficiary's first and last name, as well as the relationship to you. You must initial any changes or deletions. Correction fluid cannot be used.

A revocable nomination can be changed at any time without the beneficiary's consent. You cannot change an irrevocable beneficiary nomination unless certain requirements are met.

If you are nominating a beneficiary who is a minor, please see section 11.

NOTE: In Quebec, any amount payable to a minor beneficiary during his/her minority will be paid to the parent(s) or legal guardian on his/her behalf.

By completing this section, I revoke all previously nominated beneficiary nominations and make the following nomination where permitted by law.

Beneficiary for **Employee BASIC Life and Accidental Death Benefits (if applicable)**

Last name	First name	Relationship to plan member	Percentage %

In Quebec, if you name your legal spouse (married or civil union) as the beneficiary, this beneficiary will be irrevocable unless you check the revocable box.  Revocable beneficiary

Beneficiary for **Employee OPTIONAL Life and Accidental Death Benefits (if applicable)**

Last name	First name	Relationship to plan member	Percentage %

In Quebec, if you name your legal spouse (married or civil union) as the beneficiary, this beneficiary will be irrevocable unless you check the revocable box.  Revocable beneficiary

If you do not nominate a beneficiary, the proceeds will be paid to your estate.

## 8 Spouse beneficiary nomination (to be completed by the plan member)

Complete this section if you are applying for or changing spouse optional coverage.

By completing this section, I revoke all previously nominated beneficiary nominations and make the following nomination where permitted by law.

Beneficiary for **Spouse OPTIONAL Life and Accidental Death Benefits (if applicable)**

You may nominate yourself or someone other than your spouse as the beneficiary.

If no beneficiary is nominated, you are automatically the beneficiary.

Last name	First name	Relationship to plan member	Percentage %

## 9 Appointing contingent beneficiaries

If you wish to appoint a contingent beneficiary, in the event that there are no surviving beneficiaries at the time of your death, please complete this section.

If there are no surviving beneficiaries at the time of my death, I declare that the following contingent beneficiaries shall receive the proceeds. If there are no surviving contingent beneficiaries at the time of my death, the proceeds shall be paid to my estate.

Unless I specify otherwise, my contingent beneficiary will apply to all my benefits.

Last name	First name	Relationship to plan member	Percentage
			%
			%
			%

In Quebec, if you name your legal spouse (married or civil union) as the beneficiary, this beneficiary will be irrevocable unless you check the revocable box.  Revocable beneficiary

## 10 Nomination of trustee for minor beneficiary other than Quebec residents

If you wish to designate minor children as beneficiaries, a trustee must be designated.

NOTE: In Quebec, any amount payable to a minor beneficiary during his/her minority will be paid to the parent(s) or legal guardian on his/her behalf.

Any payments becoming due while the beneficiary(s) are a minor* are to be made to _____ as trustee, or failing such trustee to the duly appointed guardian of such minor child as trustee. Payment to the trustee will discharge the company.
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\* A minor is a child who has not reached the age of majority as defined by provincial legislation.

## 11 Authorization and signature

**IMPORTANT:**

You must sign and date the form.

I am authorized to disclose information about my spouse and dependents in order to enrol them in the plan. By enrolling in this plan, I authorize the following:

- Sun Life Assurance Company of Canada, its agents and service providers, its reinsurers and their service providers to collect, use and disclose relevant information about me to underwrite, administer and adjudicate claims,
- My plan sponsor, and its agents to use the information collected in this form for benefits administration and to make any necessary payroll deductions which may be required,
- Sun Life Assurance Company of Canada, its agents and service providers, and my plan sponsor and its agents to collect, use and disclose information about me, my spouse and dependents necessary for enrolment and for the purposes of continuing administration of the plan.

I understand that satisfactory proof of good health may be required for myself or my spouse to become covered or to increase Optional Employee Life or Optional Spousal Life and for myself, my spouse or child(ren).

I declare that the information above is accurate and true. Inaccurate information may invalidate my claim.

A photocopy or electronic version of this authorization is as valid as the original. A photocopy or electronic version of this form is not valid for recording beneficiary nominations.

Plan member signature X	Date (yyyy-mm-dd)
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PLEASE RETURN THIS FORM TO COWAN INSURANCE GROUP IN THE PREPAID ENVELOPE PROVIDED.

# Carrier and Policy Information

## Optional Benefit Rates



Carrier and Policy Information		
Benefit	Provider	Policy Number
Drugs, Health & Dental <sup>1</sup>	Sun Life	150897
Emergency Travel <sup>2</sup>	Sun Life	150897
Life Insurance	Sun Life	101397
Optional Life Insurance	Sun Life	101397
Short Term Disability	Cowan	Return to Health <sup>*</sup>
AD&D <sup>3</sup>	AIG	BSC 9143118
Optional AD&D <sup>3</sup>	AIG	PAI 9143123

<sup>1</sup> Plan Member ID can be found on your Pay Direct Drug Card  
<sup>2</sup> Download the Travel Assist Brochure and personalized Travel Card on mysunlife.ca  
<sup>3</sup> Accidental Death & Dismemberment

Associate and Spousal Optional Life Insurance				
Available in multiples of \$10,000 to a maximum of \$800,000 (\$200,000 for spousal coverage).				
Age	Monthly Premium Rate Per \$10,000 Unit			
	Male	Male	Female	Female
	Smoker	Non Smoker	Smoker	Non Smoker
Under 29	0.95	0.50	0.65	0.35
30-34	1.00	0.50	0.70	0.40
35-39	1.30	0.60	1.00	0.50
40-44	2.10	0.90	1.60	0.85
45-49	3.90	1.75	2.70	1.35
50-54	6.50	3.10	4.40	2.30
55-59	11.00	5.40	6.50	3.60
60-64	15.00	8.10	8.40	5.20
65-69	24.50	14.65	13.52	9.00

For example, if you are a 40-year-old male non-smoker and you select optional life insurance coverage of \$150,000, the monthly cost to you will be  $\$0.90 \times 15 = \$13.50$ .

Please note that if you are calculating the spousal optional life insurance premium, use the age, gender and smoker status of your spouse.

### Optional Dependent Child Life Insurance

\$5,000 coverage per child at \$0.75 per month

### Optional Accidental Death and Dismemberment Insurance

Available in multiples of \$10,000 units to a maximum of \$350,000.

Associate only	\$0.20 per \$10,000 per month
Associate & Family	\$0.32 per \$10,000 per month

# IMPORTANT message

## from Sun Life Financial about your new drug plan

Drug plan benefits are important to you and your family, and we want to make sure that **Canada Bread's** drug plan continues to provide value for years to come.

Effective **July 1, 2019**, we'll have an innovative, new drug plan. Sun Life's **My drug plan** will help ensure that you get reimbursement for the drugs you need, and that you're getting effective and cost-efficient medication with each prescription purchase.

**My drug plan** recognizes a simple fact – newer or more expensive drugs aren't necessarily better than other medications that treat the same conditions. The formulary – which is a list of medications covered under a benefit plan – for **My drug plan** was developed by doctors and pharmacists who carefully evaluated drugs based on their effectiveness and cost to arrive at those drugs that offer the best value. The drugs were then sorted into three tiers, with those on the highest – or “best value” – tier reimbursed at the highest amount. Virtually all drugs will continue to be reimbursed, and you'll find over 80% of the most commonly prescribed drugs on the tier with the highest reimbursement.

### WHY ARE WE MAKING THIS CHANGE?

Prescription drug costs are rising. In fact, a Canadian Institute for Health Information (CIHI) report states that, between 1985 and 2011, drug spending has increased by an average of 8.5 per cent each year.\*

Drug costs in Canada are increasing for a number of reasons, such as:

- Aging baby boomers who have more health issues and need more drugs
- Development of expensive new drugs
- Earlier diagnosis and treatment of health problems

We are all impacted by the increase in drug costs. As your employer, we see extra costs in drug plan spending, while you may see a reduction in benefit coverage. By implementing **My drug plan** we are taking an important step towards helping to make sure the drug plan is available for you for a long time.

We're committed to providing ongoing communication about our new drug plan including what drugs you'll find in each tier, and how you may be able to save on the cost of your prescription medication by speaking with your doctor about the different tiers.

\*Source: CIHI, Drug Expenditure in Canada, 1985 to 2012

Life's brighter under the sun

Group Benefits are offered by Sun Life Assurance Company of Canada, a member of the Sun Life Financial group of companies.  
PDF8543-1-E 04-19 nt-ny





# my drug plan

Life's brighter under the sun

Sun   
Life Financial


## Your drug plan is likely one of your most valued workplace benefits.

You're glad that it's there when you need it to cover costs of prescription medications for you and your family. Sun Life's **My drug plan** is an innovative, multi-tiered drug plan designed to get you reimbursement for the drugs you need, while managing your employer's drug plan costs so the plan can remain available to you for many years to come. And it can help you work with your doctor so that the medications you're prescribed offer the most effective treatment.



### TELL ME MORE ABOUT MULTI-TIERED DRUG PLANS

The *formulary* – which is a list of medications covered under a benefit plan – for **My drug plan** was designed by a group of doctors and pharmacists with expert knowledge of drugs and the medical conditions that they treat. The drugs listed on **My drug plan's** formulary are all clinically effective and are among the best at treating the medical conditions for which they are prescribed.

TIERS	LEVELS OF REIMBURSEMENT
 Tier 1 Best value	You pay less
Tier 2	You pay a bit more
Tier 3	You pay more



### WHAT ARE THE COSTS TO ME?

**My 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. Other drugs that are also effective but at a considerably higher cost, are placed into tiers with lower reimbursements.



### TALK TO YOUR DOCTOR

Check to see what tier level will apply to your drug. 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. You may purchase any drug that your doctor recommends for your condition; however your reimbursement will be limited to the tiers and levels of your plan outlined above. Sun Life has prepared a useful *Talking to your doctor* brochure to help you start the conversation with your doctor about drug costs and your medication options. You can get it from your employer.





## DO I NEED SPECIAL AUTHORIZATION OR APPROVAL?

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 fill out a form that you return to SunLife. Given the confidential nature of your information, we will issue our response to you in writing.
- If approved, you'll be reimbursed at the highest level (Tier 1).



## I'VE BEEN TAKING THE SAME MEDICATION FOR YEARS – HOW DOES THE NEW PLAN AFFECT ME?

One of three things could happen:

- Most drugs aren't impacted so you won't be affected at all.
- For some drugs that are impacted, we'll continue to provide coverage at Tier 1 for employees who are taking these drugs before the new plan comes into effect.
- For a few drugs, the reimbursement level will change when the plan goes into effect. At that point, the choice is yours to continue on the drug you've been taking but at a higher cost to you. Or you can talk to your doctor about alternate options.

## FIND OUT WHAT'S COVERED – IT'S EASY!

On your plan's start date, sign in to [mysunlife.ca](http://mysunlife.ca) and follow these simple steps:

- Look under **my health and well-being > my coverage**.
- Click on the **Coverage** tab on the bar at the top, and select **Drug**.
- Choose who the drug is for (you or your dependent) and type in the drug name or drug identification number (DIN).
- Our **Drug coverage** tool will then tell you whether the drug is covered, and the percentage of reimbursement.

Please note: This lookup will be updated with My drug plan information once your plan starts.

**drugfinder**

Powered by Reformulary

Want to get the best value out of your prescription drug plan? Reformulary Group's Drug Finder is an innovative online tool that helps you quickly and easily learn what drugs are covered by the plan, identify possible alternative drugs that could cost you less, and print out a letter you can bring to your doctor. Go to [www.drugfinder.ca](http://www.drugfinder.ca) and create a personal account. You will need your company access code provided by your employer to complete your profile.



## WHAT IF I HAVE QUESTIONS?

Discuss questions and concerns about drugs that you are taking with your physician. He or she can discuss whether a particular medication is appropriate for you.

**On or after your plan's start date,** if you have any questions about your prescription drug benefits, call SunLife Customer Care Centre at 1-800-361-6212 or visit [mysunlife.ca](https://mysunlife.ca) (you'll need to sign in with your access ID and password).

This brochure is not intended to be and should not be used as a substitute for a physician's advice, diagnosis or treatment. You should always seek the advice of a qualified health care professional when making decisions about the prescription medications you take.

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**5** SHOULD I TALK TO MY DOCTOR EACH TIME I'M PRESCRIBED A NEW MEDICATION?

Confirm that any new medication proposed by your doctor is covered under Tier 1. If it isn't, talk to your doctor as there may be an alternative on Tier 1. If you don't have these discussions about drug alternatives when the prescription is written, you could face a significant increase in your out-of-pocket drug expenses over time.

**6** ALL OF MY PRESCRIPTIONS ARE COVERED UNDER TIER 1. IS IT STILL WORTH TALKING TO MY DOCTOR?

In most cases, it won't be necessary, as your cost reimbursement is already at the highest level.

This brochure is not intended to be and should not be used as a substitute for a physician's advice, diagnosis or treatment. You should always seek the advice of a qualified health care professional when making decisions about the prescription medications you take.



# Talking to your doctor about **my drug plan**

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Life's brighter under the sun



## Talking to your doctor could save you money

**My drug plan** recognizes a simple fact – newer or more expensive drugs aren't necessarily better than other medications that treat the same conditions. So the goal of **My drug plan** is to maintain the highest possible levels of coverage for drugs that offer the best value in terms of clinical effectiveness and cost, while making sure that the plan is sustainable and remains available to you and your family for years to come.

For this reason, if you are taking a drug that is not covered under Tier 1 (Preferred), we encourage you to discuss this with your doctor as soon as possible. For most chronic conditions – such as high blood pressure, heartburn/reflux, or high cholesterol, to name just a few – there are many different highly effective treatment options with very similar health outcomes, but with significant price differences. For many chronic conditions, you'll find equally clinically effective drugs with a higher reimbursement on Tier 1.

## We're here to help!

For more information on what drugs you'll find in each tier, please see the **My drug plan** Pocket Reference Guide.



**On the day your new drug plan starts**, you can visit [mysunlife.ca](http://mysunlife.ca) (you'll need to sign in with your access ID and password).

**NOTE:** [mysunlife.ca](http://mysunlife.ca) will not display information about **My drug plan** until the start date for your plan.

### 4 STEPS TO DISCUSSING YOUR PRESCRIPTION DRUG COVERAGE WITH YOUR DOCTOR

- 1 Bring your **My drug plan** Pocket Reference Guide with you when you discuss your medication with your doctor.
- 2 Explain that your drug plan is changing, and that one or more of your current medications will be reimbursed at a much lower level than it currently is.
- 3 Using the Pocket Reference Guide, show your doctor the medications for your condition that are covered by **My drug plan** under the highest reimbursement level – Tier 1.
- 4 Ask your doctor if a change in medications is possible while still maintaining effective treatment for your condition.

**drugfinder** Powered by Reformulary® Want to get the best value out of your prescription drug plan? Reformulary Group's Drug Finder is an innovative online tool that helps you quickly and easily learn what drugs are covered by the plan, identify possible alternative drugs that could cost you less, and print out a letter you can bring to your doctor. Go to [www.drugfinder.ca](http://www.drugfinder.ca) and create a personal account. You will need your company access code provided by your employer to complete your profile.

## Questions and answers

### 1 MY DOCTOR IS EXTREMELY BUSY. IS IT WORTH BOOKING AN APPOINTMENT JUST TO TALK ABOUT MY PRESCRIPTIONS NOT COVERED UNDER TIER 1?

You may be able to include a discussion about your prescriptions as part of another appointment you've already booked with your doctor, but if not, it's worth booking a separate appointment.

The switch to **My drug plan** is coming soon, and the difference between the reimbursement level of a drug in Tier 1 versus a drug in another tier may be significant. Over time, a lower reimbursement level could cost you a lot of money. If a simple change in medications is possible, it's worth doing now, before these costs grow. Few people have unlimited financial resources to cover prescription drug costs, so your doctor will undoubtedly understand the reason for your appointment.

### 2 I'VE BEEN TAKING THE SAME MEDICATION FOR YEARS, HOW DOES THE NEW PLAN AFFECT ME? DO I STILL NEED TO SEE MY DOCTOR?

One of three things could happen:

- 1 Most drugs aren't impacted so you won't be affected at all.

- 2 For some drugs that are impacted, we'll continue to provide coverage at Tier 1 for employees who are taking these drugs before the new plan comes into effect.
- 3 For a few drugs, the reimbursement level will change when the plan goes into effect. At that point, the choice is yours to continue on the drug you've been taking but at a higher cost to you. Or you can talk to your doctor about alternate options.

### 3 MY DRUG REQUIRES SPECIAL AUTHORIZATION. WHAT DO I DO? HOW CAN MY DOCTOR HELP?

It's now standard practice for insurers to assess reimbursement for most specialty products in a more effective way, but the process is simple for you.

- You and your doctor fill out a form that you return to Sun Life. Given the confidential nature of your information, we will issue our response to you in writing.
- If approved, you'll be reimbursed at the highest level (Tier 1).

### 4 MY DOCTOR REFUSES TO CONSIDER A CHANGE IN MY MEDICATION. SHOULD I GET A SECOND OPINION?

Your doctor may have a legitimate reason for not recommending a change in your medication. But if you're not satisfied with the explanation you're given, you may decide that a second opinion is warranted, especially if your out-of-pocket costs for your prescriptions are significant.