

# *The* **BENEFITS** *of work*

*Your EcklerRewards  
group benefits plan  
July 2022*

**ECKLER** | rewards

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## The benefits of work

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At Eckler, we understand the advantages of a well-designed benefits program. After all, designing benefit plans is a key part of what we do.

For example, we know that to be effective, a benefits program must:

- address the needs of a changing and increasingly diverse workforce;
- offer important financial protection; and
- be tax effective.

The *EcklerRewards* benefits plan does these things... and more. To make the most of the program, however, you need to know how it works. That's where this booklet comes in.

1. **It offers a detailed look at the coverage provided**, so you know what's covered and, equally important, what's not.
2. **It explains what you need to do and when**, to make the most of your benefits coverage.
3. **It allows you to compare the coverage under this plan versus other plans** (such as a spousal plan), so you know which one offers the better value based on your needs.

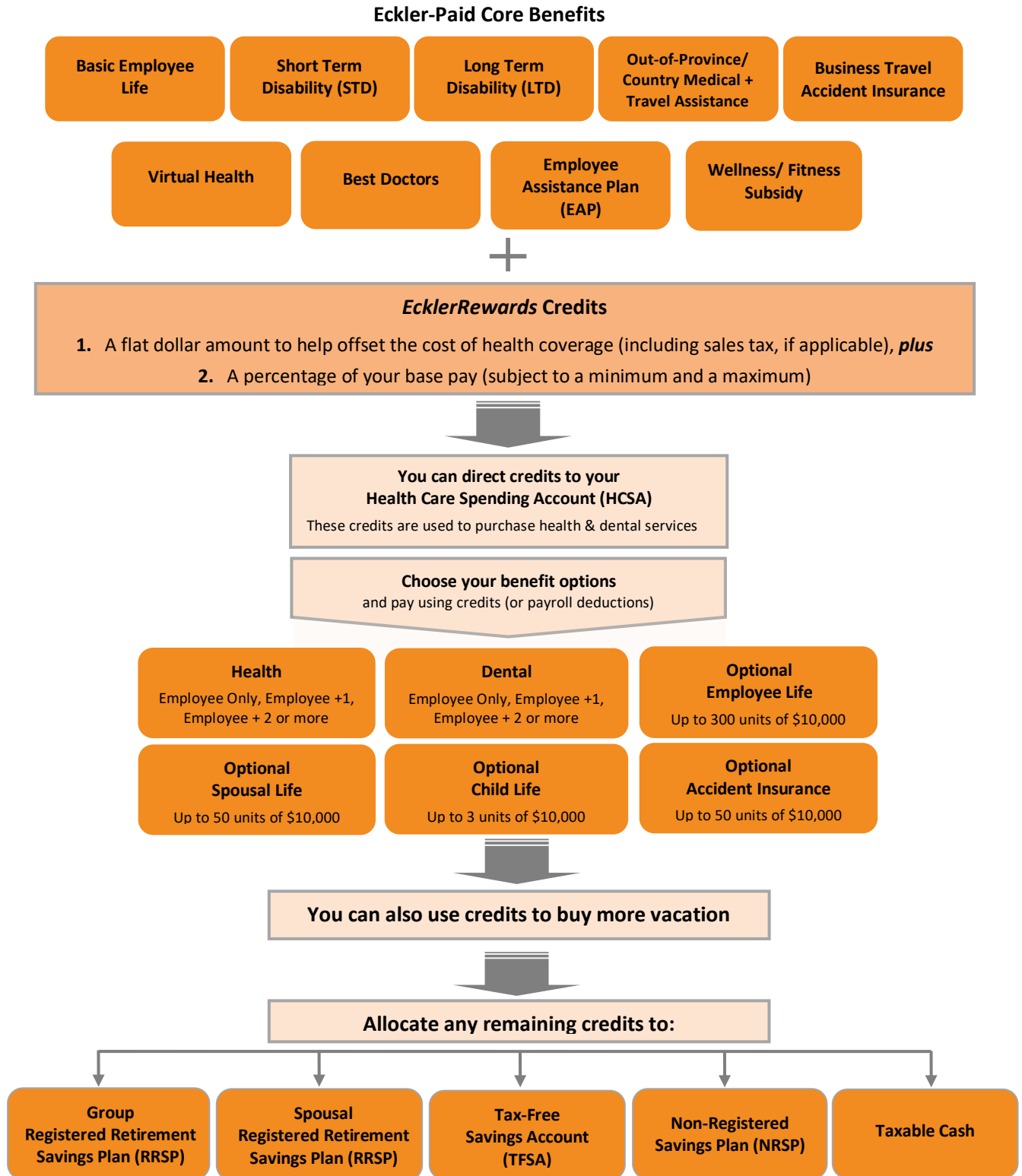
We encourage you to read the booklet carefully and to keep it handy for future reference.

*EcklerRewards* – making sure your career at Eckler is a rewarding one.

# Our starting points

## Your benefits plan in a nutshell

EcklerRewards offers a comprehensive benefits plan, with options to meet your benefits and lifestyle needs. Here's how it works:



## Highlights of your core benefits

Core benefit	Coverage
<b>Basic Employee Life</b>	<ul style="list-style-type: none"> <li>• Coverage of 1 X your annual base salary, to a maximum of \$750,000.</li> <li>• Evidence of insurability is required for amounts over \$600,000.</li> </ul>
<b>Short Term Disability (STD)</b>	<ul style="list-style-type: none"> <li>• <i>Sick Leave</i> – 100% of your base salary, up to 10 business days per calendar year for absences due to illness or disability.</li> <li>• <i>Short Term Disability</i> – 70% of your base salary for up to 105 calendar days (less any period covered by <i>Sick Leave</i>).</li> <li>• Must be totally disabled (unable to do the substantial duties of your regular occupation, including any work made available by Eckler).</li> <li>• Any payments you receive will be taxable.</li> <li>• Benefits will be offset by Canada/Quebec pension plan benefits and/or benefits paid by a workers' compensation or similar program (excluding EI disability benefits), as well as income from "other sources" as outlined in the plan document.</li> <li>• Refer to the official document for details on requirements, limits, and exclusions.</li> </ul>
<b>Long Term Disability (LTD)</b>	<ul style="list-style-type: none"> <li>• 70% of monthly insurable earnings – maximum of \$20,000 per month (evidence of insurability is required for amounts over \$12,000 a month). The cost of this coverage is paid by Eckler, which means any benefits you receive will be taxed as income.</li> <li>• Upon approval, benefits will start when your STD benefits expire.</li> <li>• In the case of actuaries, associate actuaries, and equivalent professionals, total disability means not being able to do your own job. For all other employees, total disability means you are unable to do your own job in the first two years and any job after that.</li> <li>• Coverage will end when your employment with the company ends, you retire, or you reach age 70, whichever comes first.</li> <li>• LTD benefit payments will continue until: <ul style="list-style-type: none"> <li>○ <i>If totally disabled before turning 65</i> – the later of your 65<sup>th</sup> birthday or two years from the date LTD benefit payments start;</li> <li>○ <i>If totally disabled after turning 65</i> – two years from the date LTD benefit payments start or the date you turn 70, whichever is earlier.</li> </ul> </li> <li>• Includes cost-of-living adjustment, based on the Consumer Price Index (CPI) – up to a maximum of 3% annually.</li> <li>• Benefits will be reduced by Canada/Quebec pension plan benefits and/or benefits paid by a workers' compensation or similar program. Income from all sources cannot exceed 80% of your pre-disability gross earnings.</li> <li>• If you are eligible for rehabilitation incentive benefits (benefits paid during your transition back to work), the total of your disability benefit, employment income, and income from other sources, cannot exceed 100% of your indexed pre-disability earnings.</li> </ul>
<b>Out-of-Province/ Country Medical + Travel Assistance</b>	<ul style="list-style-type: none"> <li>• Out-of-Province/Country medical and travel assistance (for maximum trip duration of 60 days).</li> <li>• Covers reasonable expenses for services and supplies required because of a medical emergency or because treatment is not available in Canada.</li> </ul>
<b>Business Travel</b>	<ul style="list-style-type: none"> <li>• 2 X annual insurable earnings to a benefit maximum of \$1,000,000.</li> </ul>
<b>Virtual Health Services</b>	<ul style="list-style-type: none"> <li>• <b>Consult+</b> provides 24/7 access to qualified medical professionals for you and your dependents.</li> <li>• The service is provided through Dialogue – a leading Canadian telemedicine provider – not Canada Life. While the consultation is free, there may be other associated costs.</li> <li>• Through <b>Consult+</b> you can access doctors, nurses, and care coordinators for non-urgent health conditions, from either your desktop or mobile device.</li> </ul>
<b>Best Doctors</b>	<ul style="list-style-type: none"> <li>• Allows you and your physician to connect with world-renowned medical specialists to confirm the correct diagnosis and treatment plan when you or an eligible dependent is faced with a serious medical condition.</li> </ul>
<b>Employee Assistance Program (EAP)</b>	<ul style="list-style-type: none"> <li>• Provides you and your covered family members with confidential professional services and work-life wellness resources – available 24/7 through LifeWorks.</li> <li>• LifeWorks offers confidential consultations; online information and tools; counselling by phone, video, chat, and in-person; community referrals; and personalized research.</li> <li>• See page 24 for more details.</li> </ul>
<b>Wellness/Fitness Subsidy</b>	<ul style="list-style-type: none"> <li>• Covers 50% of eligible fitness-related expenses, such as gym memberships, yoga classes, and personal trainers; to a maximum subsidy of \$250 per calendar year. This benefit is taxable.</li> </ul>

## Highlights of your optional benefits

Health	Coverage
	<ul style="list-style-type: none"> <li>• Eligible expenses are reimbursed at the following rates:               <ul style="list-style-type: none"> <li>○ For <i>'employee only' coverage</i> – 80% on the first \$500 of eligible expenses per plan year and 100% thereafter, subject to limits and fees.</li> <li>○ For <i>'employee + 1'</i> and <i>'employee + 2 or more'</i> – 80% on the first \$1,000 of eligible expenses per plan year and 100% thereafter, subject to limits and fees.</li> </ul> </li> <li>• In Quebec, eligible drug and maximum out-of-pocket expenses are governed by RAMQ rules.</li> <li>• You must pay any drug dispensing fees (\$9 per prescription in Quebec).</li> <li>• Eligible expenses include:               <ul style="list-style-type: none"> <li>○ prescription drugs (generic equivalent), less the dispensing fee deductible;</li> <li>○ semi-private hospital room and board (from first day in hospital);</li> <li>○ ambulance;</li> <li>○ emergency dental;</li> <li>○ private duty nursing services (\$100,000 lifetime limit per person);</li> <li>○ paramedical practitioners (chiropractor, osteopath, podiatrist/chiroprapist, registered massage therapist, physiotherapist, licensed psychologist, speech therapist, naturopath, orthotherapist) – up to \$1,000 per plan year per person for all practitioners combined;</li> <li>○ hearing aids (including costs for repairs and batteries) – up to \$1,500 per person every three plan years; and</li> <li>○ vision care (including prescription glasses, contact lenses, prescription sunglasses, and laser eye surgery) – up to \$300 per person every 24 months.</li> </ul> </li> <li>• If you “opt in” to Health coverage, you must keep it for a minimum of three plan years. During the three-year lock-in period, you won’t be able to “opt out” of Health coverage or change your “class” of coverage (employee only, employee + 1, and employee + 2 or more) – unless you have an eligible life event.</li> <li>• You can “opt out” of Health coverage only if you provide proof of comparable coverage under another plan. If you live in Quebec, comparable coverage must include RAMQ-equivalent coverage.</li> </ul>

Dental	Coverage
	<ul style="list-style-type: none"> <li>• Eligible expenses are reimbursed at the following rates:               <ul style="list-style-type: none"> <li>○ 100% for preventive and routine services (such as exams, polishing, routine scaling);</li> <li>○ 80% for minor restorative (such as fillings, extractions, endodontics, periodontics, denture repairs, root planing);</li> <li>○ 60% for major restorative (such as inlays, dentures, crowns); and</li> <li>○ 60% for orthodontics (for example, braces).</li> </ul> </li> <li>• Coverage is subject to the following reimbursement limits:               <ul style="list-style-type: none"> <li>○ \$1,500 per plan year per person for preventive, routine and minor restorative combined;</li> <li>○ \$2,500 per plan year per person for major restorative; and</li> <li>○ \$3,000 lifetime maximum per person for orthodontics.</li> </ul> </li> <li>• If you “opt in” to Dental coverage, you must keep it for a minimum of three plan years. During the three-year lock-in period, you won’t be able to “opt out” or change your “class” of coverage (employee only, employee + 1, and employee + 2 or more) – unless you have an eligible life event.</li> </ul>

Health care Spending Account (HCSA)	Coverage
	<ul style="list-style-type: none"> <li>You can direct a portion of your <i>EcklerRewards</i> credits to your personal HCSA.</li> <li>HCSA credits can be used to buy a wide range of eligible health and dental services not reimbursed under the plan.</li> <li>When you use the credits in your HCSA, you are using pre-tax dollars – so buying power is increased. (In Quebec, provincial income tax applies to the total of the amount claimed, related administration fees, and the 9% sales tax.)</li> <li>The definition of dependent is expanded for your HCSA.</li> <li>Credits in your HCSA must be used in the plan year in which they are allocated, otherwise you forfeit those credits.</li> <li>You can carry forward eligible expenses from one plan year up to the end of the next plan year and claim those expenses against your HCSA allocation for the new plan year.</li> </ul>

Optional Life	Coverage
Optional Employee Life	<ul style="list-style-type: none"> <li>You can buy up to 300 units of \$10,000 each.</li> <li>Maximum coverage is \$3 million.</li> <li>At initial enrolment, evidence of insurability is not required on first \$80,000 of coverage.</li> </ul>
Optional Spousal Life	<ul style="list-style-type: none"> <li>You can elect up to 50 units of \$10,000 each.</li> <li>Maximum coverage is \$500,000.</li> <li>Evidence of insurability is required for all amounts.</li> </ul>
Optional Child Life	<ul style="list-style-type: none"> <li>You can elect up to 3 units of \$10,000 each.</li> <li>Maximum coverage is \$30,000.</li> <li>Evidence of insurability is not required.</li> </ul>

Optional Accident Insurance	Coverage
	<ul style="list-style-type: none"> <li>You can buy 'employee only' or 'family' coverage.</li> <li>Coverage can be purchased in units of \$10,000, up to a maximum of \$500,000.</li> <li>If the coverage is for: <ul style="list-style-type: none"> <li><i>You and your spouse</i> – spouse's coverage is based on 50% of the selected coverage amount.</li> <li><i>You, your spouse, and your dependent children</i> – spouse's coverage is based on 40% of the selected coverage amount and each of your children's coverage is based on 15% of the selected coverage amount (to a maximum of \$75,000 per child).</li> <li><i>You and your dependent children</i> – your children's coverage is based on 20% of the selected coverage amount (to a maximum of \$100,000 per child).</li> <li>Partial payments will be made for loss or loss of use of a limb, sight or hearing.</li> </ul> </li> </ul>

Additional Vacation Days	Coverage
	<ul style="list-style-type: none"> <li>You can use <i>EcklerRewards</i> credits to purchase up to five additional days of vacation time.</li> <li>A maximum of five vacation days (regular vacation days, plus any additional days purchased with <i>EcklerRewards</i> credits) may be carried over from one calendar year to the next. Additional days purchased with <i>EcklerRewards</i> credits must be used first, then your regular vacation time. See page 14 for details on how to code your timesheet.</li> </ul>

**REMINDER: The *EcklerRewards* plan year runs from July 1 to June 30.**



# The rules of the game

## Eligibility

As a permanent active employee, you are eligible to participate in the *EcklerRewards* benefits program from your first full day on the job – provided you regularly work at least 15 hours per week. You must be actively at work for coverage to begin.

(Coverage does not extend to temporary, casual, or contract employees, or to co-op students, with one exception: casual and contract employees, as well as co-op students, are automatically covered for \$50,000 in Business Travel Accident Insurance.)

If you do not enroll within 31 days of being hired, you will receive “default” coverage (see page 9) and may be asked to provide evidence of insurability for certain coverage.

## Covering your family

Benefit plans are not just about you. They are also about your family. That’s why the *EcklerRewards* plan allows you to extend coverage to your spouse and children under the Health, Dental, and Optional Accident Insurance plans. You can also buy coverage for your spouse and/or children under the *EcklerRewards* Optional Spousal Life and Optional Child Life plans.

Under the Health and Dental plans, you can select the “class” of coverage that fits your family circumstances. There are three classes to choose from:

- *Employee only* – Only you will be covered.
- *Employee + 1* – You and *either* your spouse or a child will be covered.
- *Employee + 2 or more* – You, your spouse and/or children will be covered.

As you might expect, the rates for 'employee + 1' will be higher than 'employee only' coverage. Likewise, 'employee + 2 or more' coverage will cost more than 'employee + 1'.

<b>Spouse:</b>	The person of the same or opposite sex who is either: <ul style="list-style-type: none"><li>• legally married to you, or</li><li>• has been living with you in a common-law relationship for at least a year and who you publicly represent as your spouse.</li></ul> (Only one person at a time can be designated as your spouse.)
<b>Child:</b>	A natural or adopted child or step-child of you and/or your spouse who is: <ul style="list-style-type: none"><li>• unmarried and dependent on you for support; and</li><li>• residing in Canada;</li></ul> <b>and</b> is: <ul style="list-style-type: none"><li>• under age 21; or</li><li>• under age 26, if attending school full-time at a post-secondary institution, such as a college or university (or is on vacation from such educational institution); or</li><li>• any age, provided the child:<ul style="list-style-type: none"><li>○ is unmarried, unemployed, and financially dependent on you due to a mental or physical disability; and</li><li>○ was disabled before age 21; and</li><li>○ has been covered continuously under an employer-sponsored plan since before age 21; and</li><li>○ is living with you.</li></ul></li></ul>

**You must elect the same class of coverage for both Health and Dental.** That said, you can choose to opt out of one benefit plan and not the other. (Before you can opt out of the Health plan, you must provide confirmation of comparable coverage under another plan. Details of comparable coverage will be requested when you enroll using the online enrolment tool. Also, if you live in Quebec, drug coverage in the other plan must be RAMQ compliant.)

Coverage for your spouse and/or child will stop as soon as he or she fails to satisfy the definition. For example, a child will no longer qualify for coverage if he or she gets married, starts full-time employment, or exceeds the age limit(s).

### Default coverage

If you do not enroll within 31 days of being hired, you will automatically receive “default” coverage. Default coverage includes:

- core benefits (including: Basic Employee Life, Short and Long Term Disability, Out-of-Province/ Country Medical + Travel Assistance, Business Travel Accident Insurance, Best Doctors, Virtual Health Care, Employee Assistance Program, and the Wellness/Fitness Subsidy); and
- 'employee only' Health and Dental coverage.

If you have default coverage:

- You will not have any coverage under the Optional Employee Life, Optional Spousal Life, Optional Child Life or Optional Accident Insurance plans.
- No credits will be allocated to your Health care Spending Account (HCSA).
- You will not be able to buy any vacation days.
- No credits will be allocated to your *EcklerRewards* savings plans, including your group RRSP, tax-free savings account and/or non-registered savings plan.
- Any credits not used to pay for your coverage will be paid to you as taxable cash over the course of the plan year.
- Any additional money required to pay for your coverage will be deducted from your pay (through payroll deductions).
- You will not be able to update your coverage until the next annual re-enrolment unless you have an eligible life event.

The rules for default coverage may be reviewed annually and could change for future enrolments.

### Re-enrolment

As a member of the *EcklerRewards* benefits plan, you'll have an opportunity to re-enroll. Re-enrolment, which is held in June of each year, is your opportunity to update your benefit selections. New coverage will be effective July 1<sup>st</sup> of each year, pending approval by the insurer. Generally speaking, the selections you make during this annual re-enrolment period will remain in effect for the plan year (July 1 – June 30).

If your current benefit selections and credit allocations still meet your needs, you don't have to re-enroll during the annual re-enrolment period. **If you don't re-enroll** (or forget to re-enroll), you'll automatically be “express re-enrolled.”

This means:

- you'll keep your current selections under the Health, Dental, Optional Employee Life, Optional Spousal Life, Optional Child Life and Optional Accident Insurance plans;
- your beneficiary designation will remain as is;

- you won't be eligible for any new LTD or Basic Employee Life coverage above the non-evidence maximums;
- you won't be able to purchase any vacation days,
- no credits will be allocated to your *EcklerRewards* HCSA or savings plans, including your group RRSP, tax-free savings account and/or non-registered savings plan;
- any credits not used to pay for your coverage will be paid to you as taxable cash over the course of the plan year; and
- if you don't have enough credits to pay for your selections, the difference in cost will be deducted from your pay.

### Life events

You'll have an opportunity to update certain benefit selections part-way through the plan year if you experience a *life event* – an event that influences the amount of benefits coverage you need.

Eligible life events are considered to be:

- marriage, separation or divorce;
- the birth or final legal adoption of a child;
- the death of a spouse or child;
- your dependent children no longer being eligible for coverage; and
- the loss or gain of coverage under your spouse's plan.

**If you experience a life event, you must notify Payroll and Benefits in writing within 31 days.**

You can send an email to [payrollandbenefits@eckler.ca](mailto:payrollandbenefits@eckler.ca). If you miss this 31-day window, your current selections will remain in effect for the remainder of the plan year (until June 30).

### Evidence of insurability

Depending on the selections you make under the *EcklerRewards* program, you (and/or your spouse) may be required to provide evidence of insurability before certain coverage takes effect. In other words, you may need to provide the insurance company with information about your medical condition.

The insurance company will review that information and may require that you and/or your spouse:

- undergo a physical examination;
- undergo certain medical tests; and/or
- provide other information.

**When you initially enroll** – Evidence of insurability will be required if:

- your Basic Employee Life coverage is greater than \$600,000;
- your Optional Employee Life coverage is greater than \$80,000;
- your Long Term Disability Insurance coverage exceeds \$12,000 per month; and/or
- you select any amount of Optional Spousal Life coverage.

**During future re-enrolment periods** – Evidence of insurability will be required if you:

- become eligible for any new Basic Employee Life coverage above \$600,000;
- increase your Optional Employee Life or Optional Spousal Life coverage;
- reduce or cancel any Optional Life coverage and later try to reinstate that coverage; and/or
- become eligible for any new Long Term Disability (LTD) coverage above \$12,000 per month.

Approval of evidence of insurability (and the related coverage) is solely at the discretion of the insurance company.

### **Beneficiaries**

You are automatically the beneficiary for any Optional Spousal Life or Optional Child Life paid under the *EcklerRewards* program, as well as any Optional Accident Insurance paid on behalf of a covered family member.

That said, you can name one or more beneficiaries for your Basic and Optional Employee Life, as well as any Optional Accident Insurance paid if *you* die in a covered accident. Keep in mind the following when naming a beneficiary(ies):

- **Minor beneficiaries** – If you name a minor as beneficiary, he or she will not have access to any insurance benefit that is paid out until reaching the age of majority – unless you take the necessary legal steps. Those steps vary from province to province. Before naming a minor as beneficiary, we recommend you get legal assistance.
- **If you live in Quebec** – If you name a legally married or civil union spouse as beneficiary, this designation will be “irrevocable” under Quebec law – unless you check the box on the Beneficiary Designation form and/or the Benefit Confirmation Statement indicating that it is “revocable.” To change an “irrevocable” designation, you’ll need the consent of your spouse. If you check “revocable,” you can change your beneficiary in the future without that consent.

### **Eligible health and dental expenses**

Health and dental expenses will be covered only if they are medically necessary *and* only to the extent that they are reasonable and customary. Treatment is considered reasonable if it is accepted by the Canadian medical profession, has been proven effective, and is appropriate and necessary for the diagnosis, management, or treatment of the disease or injury.

## Things to consider...

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Before enrolling or re-enrolling in your *EcklerRewards* benefits program, we urge you to consider some key points.

### Health

- You can opt in or opt out of the Health plan. That said, you can only opt out if you are covered under another plan that provides comparable coverage. (If you live in Quebec, comparable coverage must include RAMQ equivalent drug coverage.) You must provide proof of comparable coverage.
- Opting out of the Health plan may free up credits that you can use to buy optional benefits coverage or direct to your Health Care Spending Account.
- If you opt in to the Health plan, you must keep that coverage for a minimum of three plan years.
- During the lock-in period (i.e., during any plan year if you have opted out, or during the three-year lock-in period if you opted in), you may change your coverage only if you experience an eligible life event. You'll have 31 days from the date of the event to make the change.

### Dental

- You can opt in or opt out of the Dental plan.
- If you opt in, you must keep your coverage for a minimum of three plan years.
- Opting out of the Dental plan may free up credits that you can use to buy optional benefits coverage or direct to your Health Care Spending Account.
- During the lock-in period (i.e., during any plan year if you have opted out, or during the three-year lock-in period if you opted in), you may change your coverage only if you experience an eligible life event. You'll have 31 days from the date of the event to make the change.
- Before deciding to opt out, consider the following questions:
  - How much do you typically spend on dental services in a year?
  - How much coverage, if any, does your spouse have through his or her dental plan? Does it include coverage for dependents?
  - Would it be more cost and tax effective to pay for your dental expenses using your Health Care Spending Account?

### Health Care Spending Account (HCSA)

- Are all the health and dental services you want covered under the *EcklerRewards* Health and Dental plans? For example, is \$300 every 24 months enough to meet your vision care needs? If not, you may want to consider moving credits to your HCSA to pay for expenses not covered (or not fully covered) under the Health and Dental plans.
- Keep in mind that the definition of dependent is expanded for your HCSA. You can use your HCSA to pay eligible health and dental expenses for any number of relatives (yours or your spouse's), provided they live in Canada and, for income tax purposes, are considered your financial dependent. Eligible dependents can include grandchildren, parents, grandparents, sisters, brothers, aunts, uncles, nieces, and nephews.

- When it comes to the credits in your HCSA, remember that it's a matter of "use it or lose it." Any credits left in your HCSA at the end of the plan year will be lost. On the flip side, you can carry forward unclaimed expenses to the end of the next plan year. For example, if you have vision care expenses that can't be claimed because you've already used your HCSA credits, you can carry forward those expenses and claim them against your HCSA allotment in the next plan year.

### Optional Employee Life

- Before deciding whether you need Optional Employee Life, or how much to get, consider the following questions:
  - Are you currently supporting any dependents? A spouse? Children? Parents? And to what degree do they depend on your income for financial security?
  - How much coverage do you need to ensure the financial needs of your dependents will be met?
  - What other sources of income are available to your beneficiaries: personal insurance policies, mortgage insurance, survivor pension benefits, personal savings, investments, real estate? Will this income be enough?
- When you first enroll, you can get \$80,000 of Optional Employee Life without having to provide evidence of insurability.
- During future re-enrollment periods, you will have to provide evidence of insurability for any requested increase in your Optional Employee Life coverage.
- In the event of a payout, the benefits paid to your beneficiaries will not be subject to income tax.

### Optional Spousal & Optional Child Life

- Before deciding whether you need Optional Spousal and/or Optional Child Life, or how much to get, consider the following questions:
  - Do you (and your family) depend on your spouse's income for financial security?
  - How much life insurance does your spouse currently have ... or need? Does he or she have coverage from another source, such as a company or personal policy?
  - If your spouse were to die, are there certain services – such as childcare and household assistance – that you would need to pay for that you don't pay for now?
  - Does your spouse have any health issues? (This is important because your spouse must provide evidence of insurability before coverage can be approved.)
- Keep in mind that you are the automatic beneficiary of any Optional Spousal or Optional Child Life paid from the *EcklerRewards* benefits program.
- The premium rates for *EcklerRewards* life insurance are competitive for a group plan of our size and composition. But depending on your age, smoker status, and medical history, you may be able to get personal life insurance at a more competitive rate through an insurance advisor (although you will likely need to provide evidence of insurability for that coverage). With that in mind, you may want to shop around before you buy life coverage under the *EcklerRewards* program.

### Optional Accident Insurance

- Before deciding whether you need Optional Accident Insurance, or how much to get, consider the following questions:
  - How would a qualifying injury, such as the loss of sight, affect your earnings potential?
  - Would your financial situation be affected if your spouse suffered a qualifying injury?
  - What LTD and life insurance do you and your spouse have?
- Optional Accident Insurance can be an inexpensive way to supplement your survivor benefits. However, we don't recommend that you use it as a replacement for life insurance.

### Additional Vacation Days

- You can use *EcklerRewards* credits to purchase up to five additional days of vacation time.
- If you choose this option, it's important to note that these purchased vacation days should be used first, before your regular vacation time is used. To track these days on your timesheets, use 0009VAF01 (Vacation Day from Flex Credits) instead of the regular vacation code 0009VAC01.

## Your core coverage

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Because we feel it is important to have a minimum level of benefits, you are automatically covered for “core benefits.” These are benefits that you receive automatically and that are paid for entirely by Eckler. Your core benefits include:

### 1. Basic Employee Life

You will automatically receive Basic Employee Life coverage. Coverage is 1 X your annual base salary, rounded up to the next highest \$1,000 (up to a maximum of \$750,000). Evidence of insurability is required for amounts over \$600,000. The cost of this benefit is paid by the company and will appear on your T4 tax slip as taxable income.

If you are on Short Term Disability, Eckler pays for your Basic Employee Life. Your premium will be waived once you are approved for LTD benefits, for as long as Canada Life deems you disabled.

Coverage is reduced automatically by 50% when you turn 65. Coverage will end when your employment with the company ends, you retire, or you reach age 75... whichever comes first.

If you are under 65 when you retire or leave Eckler, you’ll be given an opportunity to convert your Basic and Optional Employee Life coverage to an individual life insurance policy, up to a maximum of \$200,000 for Basic and Optional combined. For employees in Quebec, the maximum limit is \$400,000.

### 2. Short Term Disability

If you are prevented from working due to illness or injury, you will be eligible for:

- *Sick Leave benefits* – 100% of your base salary, up to 10 business days per calendar year for absences due to illness or disability.
- *Short Term Disability benefits* – 70% of your base salary for up to 105 calendar days, less any period covered by Sick Leave. (If you are still disabled when the Short Term Disability benefit payment period ends, you can apply for Long Term Disability benefits.)

Coverage starts on the first day of active employment.

All payments from the STD plan are taxable as regular income. These payments are calculated based on your basic weekly earnings, excluding any overtime or bonus payments.

To qualify for STD benefit payments, you must be totally disabled (as defined below). You must also be participating in:

- an appropriate care and treatment program prescribed or performed by a licensed physician (including a certified specialist, where appropriate);
- an approved addiction treatment program that is supervised by a qualified medical specialist (if alcohol, drug and/or substance abuse, or other addiction is a factor in your disability); or
- an approved rehabilitation program.

### Definition of “totally disabled”

You will be considered totally disabled if you are unable – due to injury or illness – to perform substantially all the duties of your regular occupation or any other position offered by Eckler.



### **Your responsibilities**

You may be required to provide medical evidence for any absence due to disability (injury or illness). At a minimum, you will be required to provide:

- a doctor's certificate for any disability absence lasting five days or longer; and
- a claim form, including an attending physician's statement, for any disability absence lasting 10 days or longer.

Periodic updates will be required at reasonable intervals, based on the nature, and expected duration of your disability.

During a period of disability, you are expected to make reasonable efforts to:

- provide acceptable proof of disability on a timely basis;
- recover from your disability and return to gainful employment;
- co-operate in appropriate care and treatment;
- participate in rehabilitation programs when approved by the claims adjudicator and/or Eckler; and
- claim any benefits that may be available from other sources.

Failure to make such reasonable efforts may result in benefits being modified, delayed, withheld, or discontinued.

### **Recurring disabilities**

If, after receiving benefits and returning to work for fewer than 10 days, you become totally disabled again due to the same disease or injury, the later disability will be considered a continuation of the previous disability (provided you are still covered for STD).

### **Benefit offsets**

STD benefits will be offset by any benefits you are entitled to receive (for the same disability) from:

- workers' compensation, the Canada/Quebec Pension Plan, or similar government plans (excluding Employment Insurance);
- any employer-sponsored or group income-replacement plan; and/or
- a motor vehicle insurance plan or policy (except where prohibited by law or when the insurance plan's benefits take into account income payments from Employment Insurance).

### **Limitations and exclusions**

You will not qualify for STD benefits if:

- you are not receiving appropriate care and treatment from a licensed physician;
- you are laid off or on an approved leave of absence (except as required by law);
- you are receiving maternity, parental or compassionate care benefits under the Employment Insurance Act (except as required by provincial regulations);
- you are receiving payments from an employer, including severance or vacation pay;
- you are lawfully imprisoned;
- you are receiving LTD benefits for a recurring disability;
- your disability is the result of war, service in an armed force, participation in a riot, or disorderly conduct;
- your disability occurs while committing or attempting to commit a criminal offense;
- your absence is the result of plastic surgery conducted solely for cosmetic purposes (except where related to an illness or injury); or

- you have been outside of Canada for more than four weeks, unless on a temporary work assignment authorized by Eckler.

#### **When STD payments stop**

STD payments will stop at the earliest of:

- your recovery (when you no longer qualify as totally disabled);
- your death;
- your termination of employment; or
- the end of the 105-day maximum benefit period.

That said, if disability benefits begin before your notice of termination, benefits will continue for up to 15 weeks or until you recover, whichever comes first.

#### **When STD coverage ends**

Your STD coverage will stop at the earliest of:

- the end of your full-time employment with Eckler;
- your death; or
- your retirement.

Keep in mind that you will not receive STD payments during any leave of absence or period during which you are laid off (except as required by provincial regulation).

#### **Maternity policy**

*EcklerRewards* provides a childbirth benefit during the six-week period following childbirth – starting from the day your new child is born. You will receive:

- 100% of your pre-maternity leave base salary during the first week,
- 100% of your pre-maternity leave base salary during the second week, less any Employment Insurance benefits you would receive under the standard Maternity leave option – whether you elect the standard or extended Maternity leave period (known as the basic and special plans in Quebec), and
- 70% of your pre-maternity leave base salary during the balance of the six-week period, less any Employment Insurance benefits you would receive under the standard Maternity leave option – whether you elect the standard or extended Maternity leave period (known as the basic and special plans in Quebec).

To qualify for these benefits, you need to provide a copy of your EI benefit statement.

### **3. Long Term Disability**

Long Term Disability is perhaps the single most important insurance coverage you can have. It helps to ensure that you and your family will have a secure source of income should a serious illness or injury prevent you from earning a living.

Eckler provides you with LTD coverage equal to 70% of your monthly insurable earnings, up to a maximum of \$20,000 per month. Evidence of insurability is required for coverage above \$12,000 per month.

#### **Defining insurable earnings**

For the purposes of the LTD plan, your “insurable earnings” are equal to the average of your base salary plus earned performance bonus for the current and prior year.

Your monthly insurable earnings will be determined as of your initial enrolment date and will be updated at the start of each plan year.

If you haven't worked for Eckler for two full calendar years, your monthly insurable earnings will be based on your current base salary plus the average of any earned and guaranteed bonus received in the current and previous calendar year.

### **Tax considerations**

The cost of this coverage is fully paid for by Eckler. As a result, any disability benefits you receive under the LTD plan will be taxed as regular income.

### **Defining disability**

If you are an actuary, associate actuary or equivalent professional, you will be considered totally disabled if you are unable to perform the duties of your own occupation/profession and generate an income that provides at least 60% of your monthly earnings. For all other employees, you will be considered disabled if:

- during the first two years of LTD payments, you are unable to perform any combination of the duties that regularly took at least 60% of your time at work; and
- after two years of LTD payments, you can no longer do any job that, based on your minimum qualifications, would provide an income of at least 60% of your pre-disability earnings (either in the province or territory where you currently live or where you worked when you became disabled).

### **When LTD payments start**

LTD benefits will start after STD ends (see page 14). The period until LTD benefits begin is called the elimination period, and is equivalent to 105 days less any period covered by Sick Leave. You can still satisfy the elimination period even if you return to work during this period, but earn less than 80% of your pre-disability earnings.

If you return to work and earn more than 80% of your pre-disability earnings in any month during this period, the elimination period will be extended by one month. If you earn more than 80% during more than one month, you'll have to re-apply for LTD benefits and the elimination period will recommence.

### **Adding it up**

If you become totally disabled, your monthly benefit will equal 70% of your monthly insurable earnings. However, your benefit will be immediately reduced by any benefits you receive (or are entitled to receive) from the following sources:

- a provincial workers' compensation program or similar legislation;
- the Canada/Quebec Pension Plan (excluding benefits paid on behalf of your dependents or resulting from indexing adjustments);
- retirement benefits provided by any employer or government programs;
- income or benefits available to you under:
  - any group program provided by or through Eckler Ltd.;
  - a plan sponsored by an association, union or fraternal organization that you belong to;
  - any automobile insurance plan (where the reduction is not prohibited by law); and
  - wages or remuneration payable from any employer (excluding earnings received under the Rehabilitation Incentive Provision).

If necessary, your benefit will be further reduced so that your total income from all sources does not exceed 80% of your pre-disability gross earnings. Gross earnings are your monthly earnings

before deductions for federal and provincial income taxes, Canada and Quebec Pension Plan contributions, federal Employment Insurance premiums (statutory deductions) and, if applicable, Quebec Parental Insurance Plan premiums.

If you receive LTD benefit payments in excess of what should have been paid, the insurer reserves the right to recover the excess from you, or to deduct it from future LTD benefit payments.

### **Cost-of-living adjustment**

LTD benefit payments are eligible for an annual cost-of-living adjustment. The adjustment is equal to the lesser of:

- the increase in the Consumer Price Index for the 12-month period ending three months prior to the anniversary of your LTD payments starting; or
- 3%.

Cost-of-living adjustments are applied each year on the anniversary of the date you started receiving LTD payments.

### **Rehabilitation Incentive provision**

The LTD plan is designed to help you return to a productive lifestyle as quickly as possible. With that in mind, the LTD plan features a Rehabilitation Incentive. This program is intended to ease your return to full-time or part-time work. Depending on your disability, participation in the program, which can include vocational training, may be required.

While participating in the Rehabilitation Incentive program, you will continue to receive LTD benefits. Your LTD benefit will not be reduced by your rehabilitation earnings unless the monthly total of your LTD benefits, rehabilitation earnings, and benefits from individual disability insurance plans exceeds 100% of your monthly pre-disability earnings. If the sum of your disability and rehabilitation earnings exceeds the 100% limit, your monthly LTD benefit will be reduced by the excess.

### **Recurring disability**

If, after a period of disability, you resume working your regular hours, but then become disabled again within six months due to the same or a related cause, the second period of disability will be considered a continuation of the first period. Your LTD benefits will resume immediately – you do not have to satisfy another elimination period. If the recurrence takes place more than six months following the first disability, it will be treated as a new disability and you must satisfy the elimination period again before LTD benefit payments can resume.

If, after a period of disability, you return to work for one full day and become disabled again due to a totally *unrelated cause*, you will have to submit a new LTD claim.

### **What the plan doesn't cover**

Benefits are not paid for any of the following:

- Any disability that is due to a pre-existing condition for which you received medical attention, consultation, diagnosis, or treatment during the 90 days immediately before you became eligible for coverage or increased coverage under the plan. (This exclusion will be waived if you have been actively at work for 12 consecutive months with no absence related to the pre-existing condition.)

- Any period during which you are not under the continuous active care and treatment of a qualified physician.
- Any period during which you fail to fully participate in a rehabilitation program recommended or approved by the insurer.
- Any period during which you are:
  - imprisoned or confined in a similar institution,
  - not residing in Canada,
  - laid off, or
  - on maternity or other leave (as allowed by law or agreed to by Eckler Ltd.).
- Any disability that is the result of insurrection or war (declared or not).
- A disability that is the result of drug or alcohol abuse, unless you participate in a rehabilitation program specifically for the treatment of substance abuse.

#### **While on STD and LTD**

If you complete the elimination period and are approved for LTD benefit payments, the cost of your LTD coverage will be waived until your benefit payments stop.

#### **When coverage ends**

Your LTD coverage will end when your employment with the company ends, you retire, you reach age 70 or you work less than 15 hours per week (unless working under the Rehabilitation Incentive provision) ... whichever comes first.

#### **When benefit payments stop**

Assuming your total disability continues, your LTD benefits payments will stop:

- *If you became totally disabled before age 65* – the later of your 65<sup>th</sup> birthday or two years from the date you started receiving LTD benefits.
- *If you became totally disabled after turning 65* – two years from the date you started receiving LTD benefits.

#### **4. Out-of-Province/Country Medical + Travel Assistance**

You and your eligible family members qualify for Out-of-Province/Country Medical coverage during the *first 60 days* of a trip. The plan covers reasonable and customary expenses from the first dollar for a medical emergency while travelling or for treatment that is not available in Canada. Eligible expenses include:

- a bed in a semi-private ward,
- the services of a doctor,
- diagnostic services,
- hospital services and supplies, and
- out-patient services.

#### **Travel Assistance**

If you, your spouse or a dependent child have a medical emergency while travelling for vacation or business outside of Canada or your province of residence, you can access assistance through Canada Life's Travel Assistance network, a global network that operates 24 hours a day. The network will locate medical help and obtain insurer approval for covered services.

You need to have a personalized Travel Assistance card with you when you travel. You can download this from your profile in the Canada Life GroupNet site at <https://my.canadalife.com/sign-in>. Once you've logged in, go to Forms and Cards, scroll down to Printable Cards and click on "Your Benefits Card". Print the card, fold it and put it in your wallet. The travel assistance information is on the back.

Hospitals will not accept your Travel Assistance card as proof of medical coverage. However, you can use the card to contact the Travel Assistance network, who will then contact the hospital (or physician) to confirm your coverage.

If you or a dependent is hospitalized, you must contact Travel Assistance within 24 hours. Failure to contact the Travel Assistance network within the required period could result in your claims being delayed or rejected. Contact numbers are on your Travel Assistance card.

Travel Assistance provides a number of important medical and non-medical services.

#### **Medical assistance services**

Medical assistance services include:

- Emergency response in any major language.
- Referral to appropriate physicians, clinics, or hospitals.
- Confirmation of your coverage with the hospital or physician.
- Medical evacuation to the nearest suitable hospital.
- Guarantee or arrange payment to the hospital or physician.
- Help to contact your family, place of business, or family physician.
- Supervise the medical treatment and keep your family informed.

#### **Non-medical assistance services**

Non-medical assistance services include:

- Lodging and return transportation, as well as custodial services, for children left unattended due to the death or hospitalization of the covered person with whom they are travelling. Up to a maximum of \$2,000.
- Transportation and lodging for one family member joining a patient travelling alone who has been hospitalized for more than seven consecutive days. Benefits will include one round-trip economy class ticket, as well as \$150 a day for up to 10 days for lodging and other expenses.
- Lodging and expenses for a family member who remains with a covered person who is hospitalized and whose medical condition delays a scheduled return trip. Up to \$150 a day for a maximum of 10 days.
- One of the following, if applicable:
  - Reimbursement for pre-scheduled, pre-paid return transportation missed because you are hospitalized on the scheduled day of your return.
  - Up to \$1,000 towards getting your vehicle home or to the nearest rental agency if a covered person dies or is hospitalized for more than seven consecutive days.
- Preparation and transportation home of the body of a deceased covered person, up to \$5,000. The cost of a coffin is not covered.
- Incidental non-medical hospital expenses incurred by a covered person while hospitalized, up to a maximum of \$150.

Canada Life assumes no responsibility for the availability, quality or outcome of the medical treatment, transportation or other referred services. For a full description of your Emergency Out-of-Country/Province coverage, refer to the separate brochure available from Payroll and Benefits.

## **5. Business Travel Accident Insurance**

Business Travel Accident Insurance covers you if you are involved in an accident while travelling on business. The maximum amount payable is two times your insurable earnings, rounded up to the next highest \$1,000 and capped at \$1,000,000. Casual and contract workers, as well as co-op students, are covered to a maximum benefit of \$50,000.

The amount paid will depend on the nature and extent of your injury (refer to the “Loss of use” chart on page 36). If losses are due to a common aircraft accident that affects multiple members of the *EcklerRewards* program, the combined coverage for their losses will be limited to a total of \$20,000,000. As such, amounts paid may be prorated so that they do not exceed the total limit.

Coverage also provides up to \$10,000 to transport your body home and pay for the burial or cremation of your body if injury results in death within one year of the accident.

“Business travel” includes everything from local errands to out-of-province travel. It does not, however, cover your regular daily commute to and from the office.

For the purposes of Business Travel Accident Insurance, “insurable earnings” are equal to the average of your base salary plus earned performance bonus for the current and prior year.

Your monthly insurable earnings will be determined as of your initial enrolment date and will be updated at the start of each plan year.

If you haven’t worked for Eckler for two full calendar years, your monthly insurable earnings will be based on your current base salary plus the average of any earned and guaranteed bonus received in the current and previous calendar year.

## 6. Virtual Health Services

Timely access to medical services can be a challenge at times. With **Consult+**, you and your dependents have access to fully bilingual virtual health services that can be accessed 24 hours a day, 7 days a week from either an app on your mobile device or a web browser (Google Chrome, Mozilla Firefox or Safari.)

**Consult+** is like having a health and wellness clinic in your pocket. You and your dependents can receive:

- Quick, easy access to health care services from your home or workplace
- Access to an unlimited number of consultations with medical professionals (unless prohibited by law)
- 24/7 support from qualified medical professionals to help with non-urgent health conditions
- Prescriptions and refills (sent to your pharmacy and costs can be borne through the Eckler Health plan or your HCSA, as normal)
- Referrals to health professionals including
  - Doctors
  - Nurses (e.g., nurses, clinicians, practitioners, etc.)
  - Care coordinators
  - Psychologists\*
  - Dietitians\*
  - Work and life coaches

\*Extra costs may apply depending on your *EcklerRewards* coverage.

Through **Consult+** you can seek medical help for **non-urgent conditions** such as:

- Sore throat, sinusitis, rhinitis
- Eye stye or pink eye
- Allergies, colds, flu and nasal congestion
- Minor skin infections and inflammation, minor cuts or bites, nevus, rashes
- And many more

The health care professionals are part of Dialogue's team, not Canada Life.

Any information you provide on the mobile app or website is secure and protected by Dialogue – not even Canada Life has access to it. Only the doctors, nurses and care professionals can access the details you share with Dialogue. It's like seeing your family doctor. And, using **Consult+** will not impact your relationship with your own doctor. In fact, if you use the **Consult+** service, you can ask them to send a record of your check up to your doctor.

Any prescriptions or refills you are given through **Consult+** can be sent electronically to your pharmacy and delivery arranged, although delivery charges may apply. **Consult+** does not pay for your prescriptions, though. You may be able to claim the cost through *EcklerRewards* depending on your coverage.

To access **Consult+** you will first need to set up a profile. To do so, on your laptop or through the **Consult+** app...

- Sign into [GroupNet for plan members](#).
- Select Health (157811) and navigate to Virtual healthcare.
- Click "Get Started", to create your profile.

Once you create your Consult+ profile, under your name there is a drop-down box, select "Family" to add dependants under the age of 14 to your account. In this section, you can also invite (by email) your spouse and eligible dependants over the age of 14 to create their own account.

## 7. Best Doctors

Best Doctors allows you and/or your treating physician to connect with world-renowned medical specialists to confirm a diagnosis and treatment plan if you or a dependent has a serious illness.

Using Best Doctors, you can:

- get a complete and methodical explanation of your medical condition;
- get answers to your questions;
- verify a diagnosis;
- confirm the best treatment options;
- identify the specialists and medical institutions best qualified to meet your medical needs (in or outside of Canada); and
- get answers to any follow-up questions.

A wide range of illnesses and conditions are covered. Mental, nervous or chronic pain conditions (such as fibromyalgia) are not covered. To contact Best Doctors, call 1-877-419-2378.

## 8. Employee Assistance Program



Our LifeWorks Employee Assistance Program (EAP) provides confidential professional services for each covered member of your family – at no cost to you. LifeWorks is a firm that specializes in EAP services and work-life/wellness resources designed to help you and your dependents with a variety of issues, concerns, or questions related to work and life.

LifeWorks offers confidential consultations; online information and tools; counselling by phone, video, chat, and in-person; community referrals; and personalized research.

You can access the program 24 hours a day, seven days a week, 365 days a year, for support to help you manage personal issues at work or home such as:

- **LIFE:** stress/overload, anxiety, depression, grief/loss, community resources
- **FAMILY:** parenting, separation/divorce, blended families, caring for older adults, education
- **MONEY:** saving/investing, debt management, estate planning/wills, home buying/renting
- **WORK:** work relationships, job stress/burnout, managing people
- **HEALTH:** fitness/nutrition, sleep, addiction/recovery, smoking cessation

#### Contact LifeWorks 24/7

**Toll-free:** 1-877-207-8833      **TTY:** 1-877-371-9978

[www.lifeworks.com](http://www.lifeworks.com)

**User Name:** Eckler      **Password:** lifeworks

#### 9. Wellness/Fitness Subsidy

The Wellness/Fitness Subsidy covers 50% of eligible wellness/fitness-related expenses, up to \$250 per calendar year. Covered expenses include the cost of wellness/fitness-related activities and programs that promote cardiovascular endurance, muscular strength and flexibility, and generally support a healthy lifestyle.

Examples of eligible expenses include:

- memberships, activities, classes or courses offered by accredited fitness facilities, including specific activities or classes, such as annual or monthly gym memberships, squash / racquetball memberships, running track, fitness classes, yoga, martial arts, aquafit or swimming programs; and
- fitness programs that:
  - are based on defined wellness/fitness goals such as weight control or reduction and/or strength and flexibility;
  - provide individual guidance or instruction; and
  - are based on physical skill training and/or health-related lifestyle or behavioral modification.

To apply for the subsidy:

- Get an [application form](#) from the [EcklerRewards](#) page on *Life@Eckler*.
- Submit your application (along with photocopies of formal receipts) to Charlotte Yan, in Eckler's Toronto office. **Receipts should be submitted once per calendar year – within 90 days of the calendar year-end (by the end of March). Receipts will not be returned or retained by Eckler once the subsidy is paid.**
- Receipts must provide:
  - the amount and date of the expense;

- a description of the activity/membership/class/program; and
- the name, description and contact information for the fitness facility or service provider.

Reimbursement will take about two weeks. Some limitations apply. Any subsidy you receive will be taxable and reflected on your T4. A [more complete plan summary](#) is available on the [EcklerRewards](#) page on *Life@Eckler*.

If you have questions about the Wellness/Fitness Subsidy, contact Payroll and Benefits at 416-696-3038 or [payrollandbenefits@eckler.ca](mailto:payrollandbenefits@eckler.ca).

# Health

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There are few things in this world more important than our physical and mental health. That's why the *EcklerRewards* Health plan offers you and your family important financial protection... not to mention peace of mind.

## Your options

You have two options:

	Description
<b>Option 1</b>	Opt in
<b>Option 2</b>	Opt out (proof of comparable coverage required)

Before you can opt out, you must provide confirmation of comparable coverage under another plan (such as your spouse's benefit plan). Details of comparable coverage will be requested when you enroll using the online enrolment tool. If you live in Quebec, comparable coverage must be RAMQ compliant.

If both you and your spouse work for Eckler, one of you may opt out.

## Provincial health plans

Provincial health plans provide your first line of defense against medical expenses. These plans vary by province but typically cover a range of medical items, services and supplies, including:

- doctors' and surgeons' fees;
- specialists' fees when referred by a general practitioner;
- diagnostic procedures, including X-rays and lab tests;
- maternity care;
- standard ward hospital accommodation;
- out-patient treatment; and
- other services.

For further information about the expenses covered under your provincial health plan, contact that plan directly.

Changes to provincial health plans, the introduction of new medical and dental services, or the development of new prescription drugs will not result in any automatic coverage under the *EcklerRewards* benefits plan. The company will periodically review its benefit program to determine what, if any, adjustments are required and reserves the right to change the program at any time.

## Reimbursement rates

The *EcklerRewards* Health plan will reimburse you for eligible expenses based on the option you select.

Health	Reimbursement rates
<b>Option 1: Opt in</b>	<p>For 'employee only' coverage, reimbursement is 80% on the first \$500 of eligible expenses per plan year and 100% thereafter – subject to certain limits and fees.</p> <p>For 'employee + 1' and 'employee + 2 or more', reimbursement is 80% on the first \$1,000 of eligible expenses per plan year (to a maximum of \$500 per person) and 100% thereafter – subject to certain limits and fees.</p> <p>In Quebec, maximum out-of-pocket drug expenses will be governed by RAMQ rules.</p> <p>You must pay any drug dispensing fees (\$9 in Quebec).</p>
<b>Option 2: Opt out</b>	No expenses are reimbursed.

## Locking in

If you opt in to the Health plan you will be “locked in” for three plan years (the plan year runs from July 1 to June 30 of the next year). In other words, during the three-year lock-in period, you won’t be able to “opt out” of Health coverage or change your “class” of coverage (employee only, employee + 1, employee + 2 or more) – unless you experience an eligible life event.

## Eligible expenses

Following is a list of eligible expenses:

**Semi-private hospital** – The difference between the public ward allowance under your provincial health plan and the cost of semi-private accommodation, provided you are confined to a licensed hospital due to an injury, disease, illness, mental disorder or pregnancy. Coverage is from the first day of your hospital stay.

**Prescription drugs** – Many of the prescription drugs (less a dispensing fee) that require a written prescription by a physician or dentist and that have been:

- approved by the federal Drug Information Division, Health Protection Branch;
- deemed medically useful by the Canadian Medical Association (or the medical association in your province of residence);
- assigned a drug identification number (D.I.N.) in Canada; and
- dispensed by a licensed physician, dentist or pharmacist in Canada.

The plan also covers oral contraceptives and fertility drugs, as well as certain life-sustaining drugs and injectable drugs. Call Canada Life Assurance at 1-800-957-9777 for details. Pre-approval from Canada Life Assurance is required for some prescription drugs. You will be advised if pre-approval is required when you present your drug card to the pharmacist.

*EcklerRewards* covers the cost of prescription drugs up to the amount charged for a generic equivalent. (To avoid out-of-pocket expenses, be sure to let your pharmacist know that the plan covers up to the generic equivalent.)

*You are required to pay the dispensing fee.* This is a professional fee charged by the pharmacist to dispense your medication. It is intended to cover, among other things, the advice the pharmacist provides and his or her administrative costs.

**Vision care** – Eye examinations by an ophthalmologist or optometrist, once every 24 months to a maximum of \$50. In addition, reimbursement up to \$300 per person every 24 months for:

- prescription eyeglasses,
- prescription contact lenses, or
- laser eye surgery performed by an ophthalmologist.

**Other eligible expenses include:**

**Accidental dental** – Treatment for an accidental injury to natural teeth resulting from an external blow. Treatment must take place within 12 months of the accident. A natural tooth is any tooth that has not been artificially replaced. Treatment must be provided by a licensed dentist, oral surgeon or dentist.

**Ambulance services** – Charges for licensed ambulance services required to transport a stretcher patient to the nearest hospital where treatment is available.

**Diagnostic tests and X-ray services** – The cost of eligible diagnostic tests, laboratory fees and x-rays (excluding administration fees), provided coverage is *not* available under the health plan in your province of residence.

**Diabetic supplies** – Insulin, syringes for self-administered injections, disposable needles for use with injection devices, lancets, and test strips. Insulin jet injectors are limited to a lifetime maximum of \$1,000 per person.

**Hearing aids** – Hearing aids (including costs for repairs and batteries) – up to \$1,500 per person every three plan years.

**Medical aids, services and supplies** – On the written authorization of a physician, the plan will cover:

- artificial eyes, limbs or breasts, including repairs and adjustments;
- blood, blood products, and the equipment necessary for their administration;
- elastic stockings (up to two pairs per person per plan year);
- glasses or contact lenses following a cataract operation;
- ileostomy or colostomy kits;
- jobst garments, traction appliances, bedrails, trapeze bars, spinal and abdominal medical support, varco traction kit, neck brace, cervical collar, splints, and casts;
- orthopaedic braces, including repairs, and adjustments;
- oxygen, and the equipment necessary for its administration;
- radioactive materials;
- removal of a cyst or tumour by a dentist;
- rental (or, at the discretion of the insurer, purchase) of:
  - a wheelchair,
  - cane,
  - crutches,
  - walker,
  - therapeutic equipment (where recommended by a physician and approved by the insurer), and/or
  - standard hospital bed;
- speech aids (up to \$1,000 per person every five plan years);
- stump socks;

- surgery by a podiatrist (up to \$200 per person per plan year);
- transcutaneous-nerve stimulators (up to a lifetime maximum of six months per person); and
- wigs required due to permanent hair loss stemming from illness or injury, or temporary hair loss stemming from medical treatment (up to a lifetime maximum of \$700 per person).

**Paramedical services** – Services of a legally licensed chiropractor, registered massage therapist, naturopath, orthotherapist, osteopath, licensed psychologist, physiotherapist, podiatrist/chiropractist, speech therapist, whether or not prescribed by a doctor. Paramedical services are subject to a maximum benefit payment per person – up to \$1,000 per plan year per person for all practitioners combined.

Reimbursement is only for those expenses not covered by the health plan in your province of residence. Expenses for chiropractic, podiatry, and physiotherapy treatments can be claimed only after you have claimed the maximum amount allowed under your provincial health plan.

**Private duty nursing** – Nursing care provided in your home by a registered nurse, licensed practical nurse, or registered nursing assistant – provided the care is recommended and approved by a physician and cannot be provided by a person with lower qualifications. The nurse cannot be related to the patient or be a resident in the patient’s home. Coverage is limited to a lifetime maximum of \$100,000 for each person.

**Smoking cessation products** – All smoking cessation products (a maximum three-month supply per person per lifetime).

#### **What the plan doesn’t cover**

The *EcklerRewards* Health plan does not pay any benefit or accept liability for claims relating to:

- services or supplies received outside of Canada (except those eligible under the Out-of-Province/Country and Travel Assistance plans);
- an injury or disease resulting from war or hostilities of any kind;
- any drug or item that does not have a drug identification number (D.I.N.) as defined by the Food and Drugs Act, Canada;
- proprietary or patent medicines registered under the Food and Drugs Act, Canada;
- homeopathic preparations, unless federal or provincial legislation requires a prescription for their sale;
- drugs administered in a hospital on an in-patient or out-patient basis;
- drugs used for:
  - cosmetic purposes (i.e., sunscreen),
  - weight loss,
  - supplementing your diet,
  - erectile dysfunction;
- vaccines used to prevent disease;
- the portion of chiropractic, podiatric, or physiotherapy treatments that may be eligible for coverage under your provincial health plan.

In most cases, out-of-pocket expenses not covered by the Health plan can be claimed using your Health Care Spending Account (HCSA). See page 30 for details.

### **Out-of-Province/Country Medical + Travel Assistance**

You and your eligible family members qualify for Out-of-Province/Country Medical + Travel Assistance under your core benefits. Only the spouse and children listed on your enrolment form will be covered. A full description of your core benefits is available starting on page 14 of this booklet.

### **If you live in Quebec**

The cost of any Health coverage you pay for using Eckler credits will be considered a taxable benefit if you live in Quebec. You will avoid federal taxes, but provincial income tax will apply.

### **When coverage ends**

Coverage ends when your active employment with the company ends or when you retire, whichever comes first.

## Dental

Your *EcklerRewards* Dental plan offers a wide range of preventive, routine and restorative procedures designed to keep you and your family smiling.

### Your options

You have two options:

	Description
<b>Option 1</b>	Opt in
<b>Option 2</b>	Opt out

### Reimbursement rates

The *EcklerRewards* Dental plan will reimburse you for eligible expenses based on the option you select.

Dental	Reimbursement rate
<b>Option 1: Opt in</b>	<ul style="list-style-type: none"><li>Eligible expenses are reimbursed at the following rates:<ul style="list-style-type: none"><li>100% for preventive and routine services;</li><li>80% for minor restorative; and</li><li>60% for major restorative and orthodontics.</li></ul></li><li>Coverage is subject to the following limits:<ul style="list-style-type: none"><li>\$1,500 per person per plan year for preventive, routine and minor restorative combined;</li><li>\$2,500 per person per plan year for major restorative; and</li><li>\$3,000 per person per lifetime for orthodontics.</li></ul></li></ul>
<b>Option 2: Opt out</b>	<ul style="list-style-type: none"><li>There is no reimbursement.</li></ul>

The Dental plan will reimburse only:

- reasonable charges up to the amounts specified in the current fee schedule for general practitioners in your province of residence; and
- those services performed or prescribed by a licensed dentist or denturist.

If a reimbursement amount is not shown in the applicable fee schedule, the insurer will determine a reasonable amount.

Your dentist cannot submit a claim for direct payment from the plan. This means you must pay the dentist directly and then submit a claim.

Keep in mind that you can use your Health Care Spending Account to offset the cost of services and procedures not covered under the Dental plan – as long as the expense qualifies as an eligible deduction under the *Income Tax Act*.



### Locking in

If you opt in to the Dental plan you will be “locked in” for three plan years (the plan year runs from July 1 to June 30 of the next year). In other words, during the three-year lock-in period, you won’t be able to “opt out” of Dental coverage or change your “class” of coverage (employee only, employee + 1, employee + 2 or more) – unless you experience an eligible life event.

### Eligible expenses

Following is a list of eligible expenses:

**Preventive and routine services** – Covers 100% of preventive and routine services, including:

- routine examinations (one per person every six months);
- X-rays;
- polishing;
- scaling (up to two time-units per person per year, where one time-unit equals 15 minutes); and
- fluoride treatments.

**Minor restorative services** – Covers 80% of minor restorative services, including:

- fillings;
- extractions;
- endodontics (i.e., root canal treatment);
- space maintainers and regainers for missing primary teeth;
- oral surgery;
- rebasing, relining and repairing of dentures (some limitations may apply – it is recommended that you submit a treatment plan first);
- periodontal treatment of the soft and hard tissue supporting the teeth (including provisional intracoronary splinting, but excluding any other type of splinting, appliances or orthodontic treatment); and
- scaling (in excess of two time-units, up to a combined maximum – preventative and minor restorative – of six units, where one time-unit equals 15 minutes).

Preventive, routine and minor restorative services are subject to a combined maximum of \$1,500 per person per plan year.

**Major restorative services** – Covers 60% of major restorative services, including:

- inlays and onlays;
- crowns;
- fixed bridges;
- dentures, excluding a duplicate set and equilibrated dentures (some limits may apply – it is recommended that you submit a treatment plan first); and
- bridge repair.

Major restorative services are subject to a maximum of \$2,500 per person per plan year.

**Orthodontics** – Covers 60% of orthodontic services, including:

- orthodontic treatment; and
- orthodontic appliances (e.g., appliances to straighten permanent teeth, regain lost space, maintain space, correct cross-bites and/or control oral habits).

Orthodontics is subject to a lifetime maximum of \$3,000 per person.

### **Treatment plans**

If treatment under the Dental plan is expected to cost more than \$400, you should ask your dentist to submit a treatment plan to the insurance company before the treatment begins. A treatment plan is simply a description of the proposed procedure and its related cost.

The insurance company will review the plan and report what portion of the cost (if any) is covered under the Dental plan. This way you will know how much reimbursement to expect *before* treatment begins.

### **What the plan doesn't cover**

The following services and treatments are not covered:

- removal and replacement of an amalgam restoration, unless there is evidence of recurrent decay or breakdown;
- expenses related to an injury or disease for which you are entitled to benefits under a workers' compensation or similar program;
- construction of an inlay, onlay or crown, unless there is extensive decay, breakdown or a fracture that cannot be restored using an amalgam or similar restorative material;
- replacement of an inlay, onlay, crown or fixed bridge unless there is extensive decay or breakdown that cannot be repaired using an amalgam or similar restorative material;
- an expense for which you are not required to pay or are entitled to reimbursement under a non-contractual arrangement;
- expenses otherwise covered under this or another policy (i.e., under another group plan);
- expenses restricted by law for payment under private plans;
- services or supplies that are considered unreasonable;
- treatment performed for cosmetic purposes only;
- precision attachments or dental restorations related to periodontal splinting, full rehabilitation, alteration of the vertical dimension, or modification of the occlusion; and
- expenses arising from war or hostilities of any kind.

### **If you live in Quebec**

The cost of any Dental coverage you pay for using Eckler credits will be considered a taxable benefit if you live in Quebec. You will avoid federal taxes, but provincial income tax will apply.

### **When coverage ends**

Coverage ends when you leave the company or retire, whichever comes first.

## Health Care Spending Account (HCSA)

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The Health and Dental plans provided under the *EcklerRewards* program are comprehensive. But they don't cover everything. That's where the Health Care Spending Account (HCSA) comes in. It lets you use *EcklerRewards* credits to pay for a host of expenses not covered (or not fully covered).

### How it works

During each annual re-enrolment period, you will be given an opportunity to direct a portion of your *EcklerRewards* credits to your HCSA. You can use the credits in your HCSA to cover the cost of eligible medical or dental expenses. The more credits (the equivalent of money) that you direct to your HCSA account, the more you'll have available to spend.

Eligible expenses can include a wide range of things, like drug dispensing fees, prescription sunglasses, or orthodontic work. Here's an example. Say you want to buy a new pair of prescription sunglasses that cost \$500. The vision care benefit under the Health plan covers up to \$300 per person of eligible vision care expenses during a 24-month period. The HCSA can be used to cover the balance – so the full cost is reimbursed. All you have to do is:

1. Direct \$200 in *EcklerRewards* credits to your HCSA during the annual re-enrolment period.
2. Purchase your prescription glasses.
3. Claim the \$500 expense against the Health plan. Assuming you have not had any other vision care expenses during the previous 24 months, the Health plan should cover the first \$300.
4. Claim the balance of the unpaid expense (the remaining \$200) against your HCSA.

### The taxing truth

The HCSA can help you reduce your tax hit. This is because you don't pay income tax on any credits you transfer to your HCSA account – so you have more money to spend on health and dental-related expenses.

Consider the numbers: at a 40% marginal tax rate, you would need to earn \$417 in taxable income to cover a \$250 medical expense – the other \$167 goes directly to taxes before you even see it. However, if you transfer \$417 in credits to your HCSA, you could pay the \$250 expense and still have \$167 left in your HCSA to spend on other expenses.

This means you win two ways when you use the HCSA:

- First, you get to use money provided through your *EcklerRewards* credits; it's not money you pay out of your own pocket.
- Second, you get to spend this money on a pre-tax basis – so you have a lot more money to spend.

### If you live in Quebec

If you live in Quebec, any health and dental expenses (including related sales tax and administration fees) paid with credits from your HCSA will be considered a taxable benefit. You'll escape the federal tax hit, but provincial income tax will apply.

### Use it or lose it

For the HCSA to qualify as a tax-sheltered program, the Canada Revenue Agency (CRA) says there must be an element of risk. In the case of your HCSA, the risk is what we call the "use-it-

or-lose-it” factor. This simply means credits must be used in the plan year that they are transferred to your HCSA, otherwise they will be forfeited.

You can, however, carry forward eligible expenses from one plan year to the end of the next plan year (assuming you have an HCSA account to start with). For example, if you allocate \$250 to your HCSA, but end up with \$400 in eligible expenses during the year, you can carry forward the \$150 difference ( $\$400 - \$250 = \$150$ ) and claim it against the credits you allocate to your HCSA account the next plan year. This carry-forward rule allows you to plan your HCSA allocation, so you don't end up in a situation where you have to forfeit credits.

### Defining dependents

You can make claims under your HCSA for you and your dependents. When it comes to your HCSA, dependents can include your spouse and eligible children, as well as **anyone who is recognized as your dependent by the Canada Revenue Agency (CRA)**. This can include a child, grandchild, parent, grandparent, brother, sister, uncle, aunt, niece or nephew of you or your spouse, provided they:

- are dependent on you for financial support; and
- live in Canada for at least part of the year. (The residency requirement does not apply if the dependent is the child or grandchild of you or your spouse.)

Keep in mind that you can submit claims to your HCSA for your spouse and eligible dependents – even if you've selected “single” coverage under the *EcklerRewards* Health or Dental plans.

### Eligible expenses

Your HCSA covers all eligible expenses as defined in the Income Tax Act, but only to the extent that those expenses are not covered under a provincial or private health care plan.

There are literally hundreds of eligible expenses that are covered – everything from laser eye surgery, to electronic speech synthesizers, to orthopaedic shoes, to insulin. For a complete list of covered expenses, refer to [subsection 118.2\(2\) of the Income Tax Act](#). Additional information on many of these expenses can be found in the [Income Tax Folio S1-F1-C1: Medical Expense Tax Credit](#).

To qualify as an eligible expense, the service, procedure or item must be provided or prescribed by a medical practitioner who is licensed according to the laws of the province in which he or she practices.

Expenses should be submitted to the HCSA only after they have been submitted to any other plan that may provide coverage. For example, you should first seek reimbursement from the *EcklerRewards* Health plan and/or your spouse's health plan.

## Optional Life

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Life insurance provides an important source of financial protection for your family.

Recognizing the immediate cash-flow needs that will arise if you die, Eckler provides Basic Employee Life as part of your core benefits (see page 14 for details). Depending on your financial situation, however, this may not be enough. If not, you may be able to buy additional coverage under the *EcklerRewards* Optional Employee Life plan. You may also be able to buy Optional Life coverage for your spouse and children.

The cost of Basic Employee Life is paid for by the company. You can buy Optional Life coverage using *EcklerRewards* credits or by payroll deduction.

### Tax considerations

If you pay for Optional Life coverage with *EcklerRewards* credits, the cost will be reflected on your T4 tax slip as taxable income (because the credits are a company benefit). If you pay for your Optional Life coverage using after-tax payroll deductions, the cost will have no impact on your taxable income.

You may want to consider using after-tax payroll deductions to pay for Optional Life coverage. This will help free up credits so that you can direct them to your HCSA and spend them on a tax-preferred basis.

### Optional Employee Life

If the Basic Employee Life coverage provided under your core benefits isn't enough, you can apply for additional insurance under the Optional Employee Life plan.

**You can buy up to 300 units of \$10,000 each** (to a maximum of \$3 million).

The cost of Optional Employee Life coverage is based on your age as of July 1 (or the date you enter the plan), your gender, your smoking status, and the amount of coverage you select.

When you first enroll in the plan, evidence of insurability will be required for any Optional Employee Life coverage above \$80,000. On re-enrolment, evidence of insurability will be required for all *new* coverage amounts.

### Optional Spousal Life

As a member of the *EcklerRewards* plan, you can also select life insurance coverage for your eligible spouse.

**You can buy up to 50 units of \$10,000 each** (to a maximum of \$500,000).

Like Optional Employee Life coverage, the cost of Optional Spousal Life coverage will vary depending on your spouse's age, gender, and smoker status. Your spouse will be required to provide evidence of insurability for all new coverage.

### Optional Child Life

You can also elect to insure the lives of your dependent children.

**You can buy up to 3 units of \$10,000 each** (to a maximum of \$30,000).

Your selected coverage will be provided at a single flat rate, regardless of the number of eligible dependent children.

### Smoker versus non-smoker rates

Smokers pay more for their coverage than non-smokers. This is because medical research indicates that non-smokers tend to live longer.

Under the terms of the *EcklerRewards* program, a non-smoker is anyone who has not used tobacco-related products (including patches, etc.) in the 12 months prior to the enrolment date.

<b>If you (or in the case of Optional Spousal Life coverage, your spouse) switch from <u>non-smoker to smoker</u></b>	<ul style="list-style-type: none"><li>• You must notify Payroll and Benefits immediately – otherwise your Optional Employee Life coverage (or Optional Spousal Life coverage) will be void.</li><li>• The amount of your coverage will not change, but you will be required to pay the higher smoker rates.</li></ul>
<b>If you (or in the case of Optional Spousal Life coverage, your spouse) switch from <u>smoker to non-smoker</u></b>	<ul style="list-style-type: none"><li>• You (or your spouse) must complete an Application for Non-smoker Rate for Optional Insurance.</li><li>• If your application (or spouse's application) is approved, the rates you pay will be reduced to reflect non-smoker rates.</li><li>• Approval of your application (or your spouse's application) will be based on the smoker status and health of you (or your spouse) during the previous two years.</li></ul>

### What is not covered

If a person with coverage under the Optional Employee Life or Optional Spousal Life plan takes his or her own life within two years of coverage starting or being increased, the benefit payable will be limited to:

- the coverage in place for more than two years, and
- the amount you paid for coverage in effect less than two years (not including interest).

### While on STD and LTD

You can continue Optional Employee Life coverage while receiving STD and LTD benefits. You will be required to pay for this coverage while you are considered disabled under the STD benefit. If your LTD claim is approved, all Optional Life coverage (including Employee Life, Spousal Life, and Child Life) will continue at no cost to you while you are receiving LTD benefits.

If you do not have Optional Employee Life coverage, the cost of Optional Spousal Life and Optional Child Life will *not* be waived.

### When coverage ends

Your Optional Employee Life coverage will end when your employment with the company ends, you retire, or you reach age 75... whichever comes first.

Any coverage you select under the Optional Spousal Life plan will end when your coverage ends, or when your spouse reaches age 75, whichever comes first. Optional Child Life coverage will end when yours does or when your children no longer qualify as dependents, whichever comes first.

### Converting your coverage

If you are under age 65 when you retire or leave Eckler, you'll be given an opportunity to convert your Basic and Optional Employee Life coverage to an individual life insurance policy, up to a maximum of \$200,000 for Basic and Optional combined. For employees in Quebec, the maximum limit is \$400,000.

You can convert Basic and Optional Employee Life coverage without providing evidence of insurability, provided you apply for conversion and pay the first premium within 31 days of your employment ending. If you die during the 31-day conversion period, your beneficiary will receive the full value of your coverage under the *EcklerRewards* program up to the conversion limit, whether or not you have applied for conversion.

You can convert your Optional Spousal Life coverage to an individual policy (to a maximum of \$200,000). For employees in Quebec, the maximum limit is \$400,000. Your spouse will not have to provide evidence of insurability provided you apply and pay the first premium within 31 days of your employment ending. If your spouse dies during the 31-day conversion period, you will automatically receive the full value of your spouse's coverage under the Optional Spousal Life plan, up to the conversion limit, whether or not you have applied for conversion.

If you are in good health, you may be able to obtain more competitive rates for your individual Life coverage by providing evidence of insurability to Canada Life or by shopping around.

## Optional Accident Insurance

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While most of us manage to avoid major accidental injuries, the threat is always there. That's why your *EcklerRewards* program includes an Optional Accident Insurance plan.

The plan gives you an easy and affordable way to enhance the protection provided by long term disability and life insurance plans. Even better, you can buy Optional Accident Insurance for yourself *and* your eligible family members.

### Tax considerations

Any *EcklerRewards* credits you use to pay for Optional Accident Insurance (including applicable sales tax) will be taxed as income.

### Your options

**You can buy up to 50 units of \$10,000 each** (to a maximum of \$500,000)

Except where an accident results in irrevocable quadriplegia, paraplegia or hemiplegia, the coverage amount you buy is the maximum benefit that will be paid under the plan.

### Family coverage

You can extend your Optional Accident Insurance to your eligible family members. The coverage provided will be based on the "make up" of your family, as outlined below:

<b><i>Spouse only</i></b>	<b><i>Spouse:</i></b> <ul style="list-style-type: none"><li>• 50% of the coverage amount</li></ul>
<b><i>Spouse and dependent children</i></b>	<b><i>Spouse:</i></b> <ul style="list-style-type: none"><li>• 40% of the coverage amount</li></ul> <b><i>Each child:</i></b> <ul style="list-style-type: none"><li>• 15% of the coverage amount (to a maximum of \$75,000 each)</li></ul>
<b><i>Dependent children only</i></b>	<b><i>Each child:</i></b> <ul style="list-style-type: none"><li>• 20% of the coverage amount (to a maximum of \$100,000 each)</li></ul>



## Benefit paid

The table below specifies the percent of the coverage amount that will be paid based on the nature and extent of your injury.

Remember, when the injury or loss of life relates to a spouse or child, the payment will be calculated as a percentage of the payment you would receive for the same injury, not the full coverage amount.

Loss or loss of use of:	% of coverage amount
Life	100%
Both hands or both feet	100%
Entire sight of both eyes	100%
One hand and one foot	100%
One hand and entire loss of sight of one eye	100%
One foot and entire sight of one eye	100%
Speech and hearing in both ears	100%
One arm or one leg	100%
One hand or one foot	100%
Entire sight of one eye	66⅔%
Speech	100%
Hearing in both ears	100%
Hearing in one ear	100%
Thumb and index finger on same hand	33⅓%
Four fingers of same hand	33⅓%
All toes of the same foot	33⅓%
Quadriplegia (complete and irrevocable paralysis of both upper and lower limbs)	200%
Paraplegia (complete and irrevocable paralysis of both lower limbs)	200%
Hemiplegia (complete and irrevocable paralysis of both upper and lower limbs on one side of the body)	200%

## Loss means:

<b>For hand or foot</b>	Complete severance at or above the wrist or ankle joint, but below the elbow or knee joint.
<b>For arm or leg</b>	Complete severance at or above the elbow or knee.
<b>For thumb and fingers</b>	Complete severance at or above the metacarpophalangeal joint.
<b>For toes</b>	Complete severance at or above the metatarsophalangeal joint.
<b>For speech or hearing</b>	Total and irrecoverable loss.
<b>For loss of use that has been continuous for 12 months from the date of the accident</b>	Permanent, total and irrecoverable loss of use.
<b>For paralysis</b>	Permanent and irrecoverable paralysis.

Only one benefit amount – the largest – will be paid for all losses relating to the same accident. The maximum benefit payable under the plan is \$500,000.

## Additional coverage

In addition to the coverage amount outlined above, the Optional Accident Insurance plan provides you and your family with a range of additional benefits. These valuable benefits are summarized below:

**Child enhancement benefit** – The accident benefits shown in the table above will be doubled for a dependent child's covered injuries (other than loss of life).

**Day care benefit** – If you die in an accident, the plan will pay an annual benefit equal to 5% of your coverage amount (to a maximum of \$5,000 per year) for each of your dependent children under the age of 13 who are enrolled in a licensed day care facility. This benefit is paid annually for up to four consecutive years following the date of the accident. The child must be enrolled at the day care facility within 365 days of your death.

**Rehabilitation benefit** – The plan will cover reasonable and necessary expenses (to a maximum of \$15,000) for special training required to qualify for work in an occupation you would otherwise not do except for your injury. Expenses must be incurred within three years from the date of the accident. The plan does not cover ordinary living, travelling or clothing expenses. (A claim cannot be made for rehabilitation under the Optional Accident Insurance if you are making a claim for the same loss under your Business Travel Accident Insurance – and vice versa.)

**Repatriation benefit** – If you (or a covered family member) die as the direct result of injuries sustained in an accident that occurs outside your city of permanent residence (or outside of Canada), the plan will cover the costs related to preparing and shipping your body home. The maximum benefit payable under the plan is \$15,000. (A claim cannot be made for repatriation under the Optional Accident Insurance if you are making a claim for the same loss under your Business Travel Accident Insurance – and vice versa.)

**Family transportation benefit** – If you (or a covered family member) are hospitalized due to an accident that occurs more than 150 kilometres from home, the plan will pay for you (or a member of your immediate family) to travel to the location where the injured family member is hospitalized. Hospitalization must be based on the written recommendation of the attending physician and must be for a minimum of five days. The maximum benefit payable is \$15,000.

**Hospital cash benefit** – If you (or a covered family member) are confined to a hospital for at least four days as a direct result of an accident, the plan will provide a monthly benefit equal to 10% of the coverage amount (or, in the case of a family member, the appropriate percentage of that sum) during the period of your confinement. The maximum monthly benefit is \$2,500 and the maximum payment period is 365 days. Hospitalization must be based on the written recommendation of a qualified physician or surgeon.

**Seat belt benefit** – If you (or a covered family member) are injured in a motor vehicle accident, and are using a properly fastened seat belt (or infant/child restraint system) at the time of the accident, any benefit payable under the plan will automatically be increased by 10%.

**Spousal occupational training benefit** – If you die in an accident, the plan will cover reasonable and necessary costs for your spouse to complete a formal occupational training program, provided your spouse is covered under the plan. The training program must be undertaken to qualify for employment in an occupation for which he or she would otherwise not be qualified. Expenses must be incurred within three years of the accident. The maximum benefit payable under the plan is \$15,000. The plan does not cover ordinary living, travel or clothing expenses.

**Home alteration and vehicle modification benefit** – If you (or a covered family member) require a wheelchair to get around as the direct result of an injury covered under the Optional Accident Insurance, the plan will pay all reasonable and necessary expenses for:

1. the cost of altering your principal residence to make it wheelchair accessible, and/or
2. the cost of modifying one motor vehicle to make it wheelchair accessible (as long as the modifications are approved by the appropriate licensing authorities).

Expenses must be incurred within three years of the accident. The maximum benefit per accident is \$15,000.

**Special education benefit** – If you die as the result of a covered accident, the plan will provide a special education for your dependent children. The plan will pay 5% of the coverage amount – up to \$10,000 per year – for the continuing education of any dependent child who, at the date of the accident:

- is enrolled as a full-time student in any institution of higher learning beyond the secondary school level, or
- is attending secondary school and enrolls as a full-time student in an institution of higher learning within one year of the accident.

The special education benefit is payable annually for up to four consecutive years, but only if the dependent child continues his or her education as a full-time student in an institution of higher learning.

**Identification Benefit** – If you (or a covered family member) die as a result of a covered accident, the plan will pay lodging and travel expenses incurred by an immediate family member who, at the request of the police or a law-enforcement agency, is required to travel more than 150 kilometers to identify the body. The maximum amount payable is \$10,000. If transportation is by car, reimbursement will be limited to 35 cents per kilometre travelled.

#### **What the plan doesn't cover**

The plan will not cover any losses incurred under the following conditions:

- Intentionally self-inflicted injuries, suicide or attempted suicide while sane or insane.
- Declared or undeclared war, or any act of war.
- While serving on full-time active duty in the armed forces of any country or international authority.
- While flying in any aircraft owned, operated or leased by your employer.
- While flying as a pilot or crew member of any aircraft.

#### **While on STD and LTD**

You can continue your Optional Accident Insurance while receiving STD and LTD benefits. You will be required to pay for your coverage while you are considered disabled under the STD benefit. If your LTD claim is approved, your Optional Accident Insurance will continue, but you won't have to pay for your coverage while you are receiving LTD benefits.

#### **When coverage ends**

Your AD&D coverage will end when your employment with the company ends, you retire, or you reach age 75... whichever comes first.

## Important information

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### **If you become disabled**

While receiving Short Term Disability (STD) benefits, your Health, Dental, Life and Optional Accident Insurance will continue at the levels in place before your disability.

While receiving Long Term Disability (LTD) benefits:

- Your Health, Dental, Life and Optional Accident Insurance will continue at the levels in place before your disability.
- You will continue to receive *EcklerRewards* credits to pay for health and dental coverage; however, your amount of credits will remain the same in the future as they are in the year of disability.
- Your credits will be used to pay the cost of your Health, Dental, Optional Life and/or Optional Accident Insurance. The cost of these benefits could change over time. If there are credits left over, they'll go to your Health Care Spending Account. If there is a shortfall in credits to pay for the cost of these benefits in any plan year, then you must pay Eckler directly (by cheque or deposit) within the plan year.
- You can apply to have the cost of your coverage waived for existing Optional Life and/or Optional Accident Insurance while you are receiving LTD benefits.

You cannot change your benefit selections while you are receiving payments under the STD or LTD plans unless you experience an eligible life event.

You can contact Payroll and Benefits at 416-696-3038 or [payrollandbenefits@eckler.ca](mailto:payrollandbenefits@eckler.ca) to get details of your available credits and the costs of your benefits.

### **If you are on approved leave**

Depending on the nature and length of your leave, there will be changes to your *EcklerRewards* coverage. Please contact Payroll and Benefits at 416-696-3038 or [payrollandbenefits@eckler.ca](mailto:payrollandbenefits@eckler.ca) for information applicable to your situation.

### **If you are on maternity or parental leave**

You will continue to receive coverage under the *EcklerRewards* program while on an approved maternity or parental leave. This coverage will continue for the period permitted under the Employment Insurance Act or any employment standards legislation. If you want to add your new child as a dependent, you must notify Payroll and Benefits within 31 days of the birth or adoption. You can reach Payroll and Benefits at 416-696-3038 or [payrollandbenefits@eckler.ca](mailto:payrollandbenefits@eckler.ca). Because the birth or adoption of a new child is considered a "life event," you will be allowed to review and update certain benefit options.

If you miss the 31-day window, your current benefit selections will continue until the next annual enrolment period. At that time, you will have an opportunity to update your benefit selections.

### **If you leave the company**

Coverage under the *EcklerRewards* program will end at the end of the day on which you leave the company, subject to the employment standards legislation in your province. Coverage for your dependents will automatically end when your coverage ends.

## Submitting claims

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### Claim deadlines

There are strict deadlines for submitting health and dental claims. These deadlines are as follows:

- **Health plan** – Expenses must be submitted to Canada Life within 15 months of the date an expense is incurred.
- **Dental plan** – Expenses must be submitted to Canada Life within 15 months of the date an expense is incurred.
- **HCSA** – If you want to claim an expense against credits deposited to your HCSA during the *same* plan year the expense was incurred, the claim must be submitted to Canada Life within 90 days of the plan year-end (in other words, by September 28). For example, if you incurred an expense during the 2022/2023 plan year and want to claim it against credits deposited in your HCSA at the start of the 2022/2023 plan year, you must submit the claim by September 28, 2023.

If you've used up the full amount of your HCSA allocation for the current year (or if you forget to submit your current year's claims before September 28), you can carry forward expenses to the next plan year and claim them against your HCSA allocation for the *new* plan year. Any expenses you carry forward to claim against your new HCSA allocation must be submitted by the *end of the new* plan year. For example, if you carry forward expenses from the 2022/2023 plan year and claim them against your HCSA allocation for the 2023/2024 plan year, you must submit claims for the carried forward expenses to Canada Life by June 30, 2024.

### Hospital claims

When you are admitted to hospital, advise the admitting clerk that you are covered under Canada Life Group Policy number 321245. The hospital should invoice Canada Life directly.

If the hospital requires you to pay the bill, use the Health Claim Form to submit your claim. The form is available under Forms and Cards > Claim Forms on [GroupNet](#), Canada Life's plan member site.

### Prescription drug claims

Present your Pay-Direct drug card to your pharmacist each time you fill a prescription. The pharmacist will process your drug claim on the spot. You will, however, have to pay the pharmacist the portion that is not covered by the plan – typically 20% of the drug cost, plus the dispensing fee (or, if you live in Quebec, 20% plus the first \$9 of the prescription fee).

If you forget your card, use the Health Claim Form to submit your claim. The form is available under Forms and Cards > Claim Forms on [GroupNet](#), Canada Life's plan member site.

### Vision care, Dental and other Health claims

Claim submission is available on [GroupNet](#), Canada Life's plan member site. Simply login and select **Start Online Claim**. Then select the appropriate plan and the person for whom you are making the claim and complete the claim details. If you prefer, you can also submit a paper claim by completing a Health Claim Form. You can find the forms on [GroupNet](#) under Forms and Cards > Claim Forms.

If you **do not want** the unpaid portion of your claim to be paid from your Health Care Spending Account (HCSA), when submitting your claim either electronically or on paper, be sure to **check the box to indicate you do not want the unpaid portion of the claim to be processed through your HCSA.**

If you **do want** the unpaid portion of your claim to be paid from your Health Care Spending Account (HCSA) be sure to **check the box to indicate you do want the unpaid portion of the claim to be processed through your HCSA.**

If submitting a paper claim, attach all original receipts (or the Explanation of Benefits if this claim was first submitted under another plan). Be sure to keep a copy of the claim form and receipts (or Explanation of Benefits) for your own records.

### **Out-of-Province/Country Medical + Travel Assistance claims**

You will receive a Travel Assistance card. Carry this card with you when you travel outside your home province, especially when travelling in a foreign country. If you or a dependent is hospitalized, contact Travel Assistance within 24 hours (the number is on the back of the card). Normally, Travel Assistance will co-ordinate direct payment of the service with the provider. If you pay for a covered medical expense yourself while travelling outside your home province:

- Keep the receipt(s).
- Obtain a fully itemized bill for any hospital treatment.
- Within 30 days of your return home, complete a Health Claim Form and send it to Canada Life along with the original receipts and itemized bills. (Keep a copy for your records.)

Failure to contact Travel Assistance with 24 hours of a medical emergency may jeopardize your claim.

### **Short Term Disability and Long Term Disability claims**

Contact Payroll and Benefits as soon as reasonably possible at 416-696-3038 or [payrollandbenefits@eckler.ca](mailto:payrollandbenefits@eckler.ca) and we will provide you with the necessary forms and instructions for you to provide to Canada Life.

You will be required to provide:

- proof that you continue to be totally disabled,
- proof that you are receiving regular treatment under the care of a qualified physician, and
- any other information required by Canada Life to assess your claim.

### **Optional Employee Life, Spousal Life, Child Life, and Accident Insurance claims**

You or your beneficiary should contact Payroll and Benefits as soon as reasonably possible to obtain the necessary claim forms. Payroll and Benefits can be reached at 416-696-3038 or [payrollandbenefits@eckler.ca](mailto:payrollandbenefits@eckler.ca).

### **Mailing your forms**

Forms for health, dental, and HCSA claims that are not submitted online should be mailed to:

London Benefit Payments  
P.O. Box 5160, Stn B  
London, ON  
N6A 0C6

### Plan number

When submitting claims, you will need to provide the plan number, your plan member identification number and your division number. All three numbers can be found on your Canada Life wallet card.

### Coordinating claims

If both you and your spouse have Health and/or Dental coverage under a company-sponsored benefit program, you can coordinate your claims. In other words, you can claim payment for health or dental expenses under both plans.

- You must first submit claims for yourself through the *EcklerRewards* program. Any unpaid personal claims can then be submitted through your spouse's plan.
- Your spouse must submit personal claims through his or her company plan first. If that plan doesn't cover the full cost of the item, service or procedure, you can submit the remaining expense through the *EcklerRewards* plan.
- Claims for dependent children are to be submitted first to the plan of the parent whose birthday falls earlier in the year. If you were born in March, for example, and your spouse was born in July, you would submit claims to the *EcklerRewards* plan first. Again, any uncovered expenses could, in turn, be submitted to your spouse's plan as a secondary payer.

In situations where you and your spouse are separated or divorced, you should seek reimbursement from benefit plans according to the following order:

- the plan of the parent with custody of the child,
- the plan of the spouse of the parent with custody,
- the plan of the parent without custody,
- the plan of the spouse of the parent without custody.

In situations where you belong to two or more separate plans (i.e., you are an employee at two organizations and have coverage at both), your claims should be submitted in the following order:

- the plan where you are an active full-time employee,
- the plan where you are an active part-time employee,
- the plan where you are a retiree.

In no case can the total reimbursement you (or your spouse) receive exceed 100% of the actual expenses incurred. With that in mind, you might want to consider minimizing (or even declining) Health and/or Dental coverage under the *EcklerRewards* program if you have coverage under another plan.

Opting out of Health and/or Dental coverage may make sense if the cost of coverage under the *EcklerRewards* plans is more than the additional amounts you might receive by coordinating your claims.

## For more information

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Looking for information about your *EcklerRewards* benefits program? You have a few options to choose from:

- ***If you have any questions about your EcklerRewards benefits, or are looking for general information*** that you can't find in this booklet... then please contact Payroll and Benefits at 416-696-3038 or [payrollandbenefits@eckler.ca](mailto:payrollandbenefits@eckler.ca).
- ***If you are looking for forms...*** they are on the Canada Life website at <https://my.canadalife.com/sign-in>.
- ***If you have any questions about your Health and Dental coverage, or a claim...*** You can look up your claim records, as well as your benefits coverage, online at <https://my.canadalife.com/sign-in>. Alternatively, you can call Canada Life at 1-800-957-9777.
- ***If you have any questions about Best Doctors***, or if you are unsure of an existing medical diagnosis or treatment, call Best Doctors at 1-877-419-2378.

## The final word

This booklet is intended to provide an easy-to-understand summary of your *EcklerRewards* benefits program. In no way does it confer any contractual rights or obligations.

The full provisions of the individual plans are contained in the official plan contracts and policy documents. If there are any discrepancies between the official contracts and this guide, the terms of the contract will apply in all cases. Your right to access the plan documents, including your enrolment form and the plan contracts, is based on applicable provincial and territorial legislation. Contact Payroll and Benefits at 416-696-3038 or [payrollandbenefits@eckler.ca](mailto:payrollandbenefits@eckler.ca) to determine your access rights.

Any legal action or proceedings you take against an insurer for the recovery of money under the *EcklerRewards* benefits program must be initiated within the time limits set out in applicable provincial or territorial legislation.

Coverage under the various plan options is limited to a 12-month period (July 1 – June 30). Any changes to the terms and conditions of the individual plans will be communicated during the annual re-enrolment period and will take effect for the next plan year.

The company reserves the right to change, amend or terminate its benefits plan as conditions warrant in the future. In addition, the company reserves the right to amend the terms and conditions of the various coverages, as well as the amount charged to the individual plan members, based on the financial performance of the individual plans that make up the *EcklerRewards* program.



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