## **IHS Markit Canada ULC** BENEFITS AT A GLANCE



This is only a brief summary of the main provisions of the outlined benefits. In the event of any inconsistency between this document and the official plans or policies, the plan or policy texts will govern. The company reserves the right to amend, suspend or discontinue, in whole or in part, any benefit described within this summary.

## Full Time Employees (Excluding Quebec)

Full Time Employees (Excluding Quebe	C)				
BENEFITS	DESCRIPTION				
Benefits Program Eligibility					
Employee	Permanent full-time employees who work a minimum of 20 hours per week				
Dependents	Spouses, including common-law. Children under age 21; or under age 26 if attending school full-time; or any age if disabled.				
Basic Life					
	2x annual earnings				
	\$500,000				
	Age 70 or earlier retirement				
Dependant Life					
Benefit Amount	Spouse: \$10,000; Each child: \$5,000				
Termination	Age 70 or earlier retirement				
Optional Life (Employee & Spouse)					
Units	Units of \$10,000				
Overall Maximum	Employee & Spouse: \$300,000				
Termination	Age 70 or earlier retirement				
Accidental Death & Dismemberment (AD	•				
Benefit Amount	2x annual earnings				
Maximum	\$500,000				
Termination	Age 70 or earlier retirement				
Optional Critical Illness (CI) (Employee,	Spouse & Child)				
Units	10,000 (Employee& Spouse) ; 5,000 ( Chi	ldren)			
	Employee & Spouse: \$200,000				
	Child: \$20,000 Age 65 or earlier retirement				
Salary Continuance					
	100% of your weekly earnings for weeks 1-12 and 75% of your weekly earnings for weeks 13-26				
Benefit Period	26 weeks				
	7 days due to illness (or first day you cons	ult with a doctor), 1 day hospital			
	Taxable				
Long Term Disability (LTD) Benefit Amount	60% of the first \$2,750 of your monthly be	sic earnings, plus 55% of the \$3,750, plus 4	5% of the remainder		
	\$12,000	sic earnings, plus 55% of the \$3,750, plus 4	5% of the remainder.		
	\$9,000				
	26 weeks				
	Up to age 65				
Definition of Disability	Own occupation for first 24 months, then a	any occupation up to age 65			
	Age 65 or earlier retirement				
	Non-Taxable				
Extended Health Care	Opt Out	Bronze			
Prescription Drugs			Silver	Gold	
		70% for first \$4500 out of pocket	85% for first \$2250 out of pocket	Gold 100%	
Pay Direct Card					
Drug Formulary		70% for first \$4500 out of pocket	85% for first \$2250 out of pocket expenses, per person; 100% thereafter Yes Lowest priced equivalent drug		
Drug Formulary Dispensing fee cap		70% for first \$4500 out of pocket expenses, per person; 100% thereafter	85% for first \$2250 out of pocket expenses, per person; 100% thereafter Yes Lowest priced equivalent drug \$12 for each prescription or refill	100%	
Drug Formulary Dispensing fee cap Other Health		70% for first \$4500 out of pocket expenses, per person; 100% thereafter 70%	85% for first \$2250 out of pocket expenses, per person; 100% thereafter Yes Lowest priced equivalent drug \$12 for each prescription or refill 85%	100%	
Drug Formulary Dispensing fee cap Other Health Hospital Room		70% for first \$4500 out of pocket expenses, per person; 100% thereafter 70% Semi-private	85% for first \$2250 out of pocket expenses, per person; 100% thereafter Yes Lowest priced equivalent drug \$12 for each prescription or refill 85% Semi-private	100% 100% Private	
Drug Formulary Dispensing fee cap Other Health		70% for first \$4500 out of pocket expenses, per person; 100% thereafter 70%	85% for first \$2250 out of pocket expenses, per person; 100% thereafter Yes Lowest priced equivalent drug \$12 for each prescription or refill 85%	100% 100% Private	
Drug Formulary Dispensing fee cap Other Health Hospital Room		70% for first \$4500 out of pocket expenses, per person; 100% thereafter 70% Semi-private \$200 per specialist per person per benefit	85% for first \$2250 out of pocket expenses, per person; 100% thereafter Yes Lowest priced equivalent drug \$12 for each prescription or refill 85% Semi-private \$450 per specialist per person per benefit	100% 100% Private \$700 per specialist per person per benefit	
Drug Formulary Dispensing fee cap Other Health Hospital Room Paramedical Services		70% for first \$4500 out of pocket expenses, per person; 100% thereafter 70% Semi-private \$200 per specialist per person per benefit year up to a maximum of \$400 for all	85% for first \$2250 out of pocket expenses, per person; 100% thereafter Yes Lowest priced equivalent drug \$12 for each prescription or refill 85% Semi-private \$450 per specialist per person per benefit year up to a maximum of \$900 for all paramedical specialists combined	100% 100% Private \$700 per specialist per person per benefit year up to a maximum of \$1,400 for all	
Drug Formulary Dispensing fee cap Other Health Hospital Room Paramedical Services Psychologists/Social		70% for first \$4500 out of pocket expenses, per person; 100% thereafter 70% Semi-private \$200 per specialist per person per benefit year up to a maximum of \$400 for all	85% for first \$2250 out of pocket expenses, per person; 100% thereafter Yes Lowest priced equivalent drug \$12 for each prescription or refill 85% Semi-private \$450 per specialist per person per benefit year up to a maximum of \$900 for all	100% 100% Private \$700 per specialist per person per benefit year up to a maximum of \$1,400 for all	
Drug Formulary Dispensing fee cap Other Health Hospital Room Paramedical Services Psychologists/Social Workers/Psychotherapists Hearing Aids		70% for first \$4500 out of pocket expenses, per person; 100% thereafter 70% Semi-private \$200 per specialist per person per benefit year up to a maximum of \$400 for all	85% for first \$2250 out of pocket expenses, per person; 100% thereafter Yes Lowest priced equivalent drug \$12 for each prescription or refill 85% Semi-private \$450 per specialist per person per benefit year up to a maximum of \$900 for all paramedical specialists combined \$1,000 per person per benefit year \$500 per person every 36 months.	100% 100% Private \$700 per specialist per person per benefit year up to a maximum of \$1,400 for all	
Drug Formulary Dispensing fee cap Other Health Hospital Room Paramedical Services Psychologists/Social Workers/Psychotherapists Hearing Aids Foot Orthotics	OPT OUT	70% for first \$4500 out of pocket expenses, per person; 100% thereafter 70% Semi-private \$200 per specialist per person per benefit year up to a maximum of \$400 for all	85% for first \$2250 out of pocket expenses, per person; 100% thereafter Yes Lowest priced equivalent drug \$12 for each prescription or refill 85% Semi-private \$450 per specialist per person per benefit year up to a maximum of \$900 for all paramedical specialists combined \$1,000 per person per benefit year \$500 per person every 36 months. \$400 per person every 24 months.	100% 100% Private \$700 per specialist per person per benefit year up to a maximum of \$1,400 for all	
Drug Formulary Dispensing fee cap Other Health Hospital Room Paramedical Services Psychologists/Social Workers/Psychotherapists Hearing Aids Foot Orthotics Orthopaedic shoes	OPT OUT	70% for first \$4500 out of pocket expenses, per person; 100% thereafter 70% Semi-private \$200 per specialist per person per benefit year up to a maximum of \$400 for all	85% for first \$2250 out of pocket expenses, per person; 100% thereafter Yes Lowest priced equivalent drug \$12 for each prescription or refill 85% Semi-private \$450 per specialist per person per benefit year up to a maximum of \$900 for all paramedical specialists combined \$1,000 per person per benefit year \$500 per person every 36 months. \$400 per person every 24 months. \$400 per person in a benefit year	100% 100% Private \$700 per specialist per person per benefit year up to a maximum of \$1,400 for all	
Drug Formulary Dispensing fee cap Other Health Hospital Room Paramedical Services Psychologists/Social Workers/Psychotherapists Hearing Aids Foot Orthotics	OPT OUT	70% for first \$4500 out of pocket expenses, per person; 100% thereafter 70% Semi-private \$200 per specialist per person per benefit year up to a maximum of \$400 for all	85% for first \$2250 out of pocket expenses, per person; 100% thereafter Yes Lowest priced equivalent drug \$12 for each prescription or refill 85% Semi-private \$450 per specialist per person per benefit year up to a maximum of \$900 for all paramedical specialists combined \$1,000 per person per benefit year \$500 per person every 36 months. \$400 per person every 24 months.	100% 100% Private \$700 per specialist per person per benefit year up to a maximum of \$1,400 for all	
Drug Formulary Dispensing fee cap Other Health Hospital Room Paramedical Services Psychologists/Social Workers/Psychotherapists Hearing Aids Foot Orthotics Orthopaedic shoes Private Duty Nursing Medical Services and Supplies Vision Care	OPT OUT	70% for first \$4500 out of pocket expenses, per person; 100% thereafter 70% Semi-private \$200 per specialist per person per benefit year up to a maximum of \$400 for all paramedical specialists combined 70% Nil	85% for first \$2250 out of pocket expenses, per person; 100% thereafter Yes Lowest priced equivalent drug \$12 for each prescription or refill 85% Semi-private \$450 per specialist per person per benefit year up to a maximum of \$900 for all paramedical specialists combined \$1,000 per person per benefit year \$500 per person every 36 months. \$400 per person every 24 months. \$400 per person ne benefit year \$10,000 per person ne benefit year \$10,000 per person per benefit year \$5%	100% 100% Private \$700 per specialist per person per benefit year up to a maximum of \$1,400 for all paramedical specialists combined 100% 100%	
Drug Formulary Dispensing fee cap Other Health Hospital Room Paramedical Services Psychologists/Social Workers/Psychotherapists Hearing Aids Foot Orthotics Orthopaedic shoes Private Duty Nursing Medical Services and Supplies Vision Care Eye Exams	OPT OUT	70% for first \$4500 out of pocket expenses, per person; 100% thereafter 70% Semi-private \$200 per specialist per person per benefit year up to a maximum of \$400 for all paramedical specialists combined 70% Nil	85% for first \$2250 out of pocket expenses, per person; 100% thereafter Yes Lowest priced equivalent drug \$12 for each prescription or refill 85% Semi-private \$450 per specialist per person per benefit year up to a maximum of \$900 for all paramedical specialists combined \$1,000 per person per benefit year \$500 per person every 36 months. \$400 per person every 24 months. \$400 per person ner benefit year \$10,000 per person per benefit year \$5%	100% 100% Private \$700 per specialist per person per benefit year up to a maximum of \$1,400 for all paramedical specialists combined 100% 100%	
Drug Formulary Dispensing fee cap Other Health Hospital Room Paramedical Services Psychologists/Social Workers/Psychotherapists Hearing Aids Foot Orthotics Orthopaedic shoes Private Duty Nursing Medical Services and Supplies Vision Care	OPT OUT	70% for first \$4500 out of pocket expenses, per person; 100% thereafter 70% Semi-private \$200 per specialist per person per benefit year up to a maximum of \$400 for all paramedical specialists combined 70% Nil	85% for first \$2250 out of pocket expenses, per person; 100% thereafter Yes Lowest priced equivalent drug \$12 for each prescription or refill 85% Semi-private \$450 per specialist per person per benefit year up to a maximum of \$900 for all paramedical specialists combined \$1,000 per person per benefit year \$500 per person every 36 months. \$400 per person every 24 months. \$400 per person ne benefit year \$10,000 per person ne benefit year \$10,000 per person per benefit year \$5%	100% 100% Private \$700 per specialist per person per benefit year up to a maximum of \$1,400 for all paramedical specialists combined 100% 100% 100%	
Drug Formulary Dispensing fee cap Other Health Hospital Room Paramedical Services Psychologists/Social Workers/Psychotherapists Hearing Aids Foot Orthotics Orthopaedic shoes Private Duty Nursing Medical Services and Supplies Vision Care Eye Exams	OPT OUT	70% for first \$4500 out of pocket expenses, per person; 100% thereafter 70% Semi-private \$200 per specialist per person per benefit year up to a maximum of \$400 for all paramedical specialists combined 70% Nil	85% for first \$2250 out of pocket expenses, per person; 100% thereafter Yes Lowest priced equivalent drug \$12 for each prescription or refill 85% Semi-private \$450 per specialist per person per benefit year up to a maximum of \$900 for all paramedical specialists combined \$1,000 per person per benefit year \$500 per person every 36 months. \$400 per person every 24 months. \$400 per person every 24 months. \$400 per person ner benefit year \$10,000 per person per benefit year \$10,000 per person per benefit year \$5% 85% 100 every 24 months for adults (19 - 64 Age	100% 100% Private \$700 per specialist per person per benefit year up to a maximum of \$1,400 for all paramedical specialists combined 100% 100% \$300 per person per 24 months for adults	
Drug Formulary Dispensing fee cap Other Health Hospital Room Paramedical Services Psychologists/Social Workers/Psychotherapists Hearing Aids Foot Orthotics Orthopaedic shoes Private Duty Nursing Medical Services and Supplies Vision Care Eye Exams Lenses, Frames, Contacts Medical Second Opinion Services	OPT OUT	70% for first \$4500 out of pocket expenses, per person; 100% thereafter 70% Semi-private \$200 per specialist per person per benefit year up to a maximum of \$400 for all paramedical specialists combined 70% Nil	85% for first \$2250 out of pocket expenses, per person; 100% thereafter Yes Lowest priced equivalent drug \$12 for each prescription or refill 85% Semi-private \$450 per specialist per person per benefit year up to a maximum of \$900 for all paramedical specialists combined \$1,000 per person per benefit year \$500 per person every 36 months. \$400 per person every 24 months. \$400 per person never per benefit year \$10,000 per person per benefit year \$400 per person per benefit year \$5% 100 every 24 months for adults (19 - 64 Age \$150 per person per 24 months for adults medical second opinion & treatment options	100% 100% Private \$700 per specialist per person per benefit year up to a maximum of \$1,400 for all paramedical specialists combined 100% 100% \$300 per person per 24 months for adults	
Drug Formulary Dispensing fee cap Other Health Hospital Room Paramedical Services Psychologists/Social Workers/Psychotherapists Hearing Aids Foot Orthotics Orthopaedic shoes Private Duty Nursing Medical Services and Supplies Vision Care Eye Exams Lenses, Frames, Contacts Medical Second Opinion Services Out-of-Province Emergency Medical	OPT OUT	70% for first \$4500 out of pocket expenses, per person; 100% thereafter 70% Semi-private \$200 per specialist per person per benefit year up to a maximum of \$400 for all paramedical specialists combined 70% Nil	85% for first \$2250 out of pocket expenses, per person; 100% thereafter Yes Lowest priced equivalent drug \$12 for each prescription or refill 85% Semi-private \$450 per specialist per person per benefit year up to a maximum of \$900 for all paramedical specialists combined \$1,000 per person per benefit year \$500 per person every 36 months. \$400 per person every 36 months. \$400 per person every 36 months. \$400 per person every 24 months. \$400 per person ner benefit year \$10,000 per person per benefit year 85% 85% 100 every 24 months for adults (19 - 64 Age \$150 per person per 24 months for adults medical second opinion & treatment options 100%	100% 100% Private \$700 per specialist per person per benefit year up to a maximum of \$1,400 for all paramedical specialists combined 100% 100% \$300 per person per 24 months for adults	
Drug Formulary Dispensing fee cap Other Health Hospital Room Paramedical Services Psychologists/Social Workers/Psychotherapists Hearing Aids Foot Orthotics Orthopaedic shoes Private Duty Nursing Medical Services and Supplies Vision Care Eye Exams Lenses, Frames, Contacts Medical Second Opinion Services	OPT OUT	70% for first \$4500 out of pocket expenses, per person; 100% thereafter 70% Semi-private \$200 per specialist per person per benefit year up to a maximum of \$400 for all paramedical specialists combined 70% Nil	85% for first \$2250 out of pocket expenses, per person; 100% thereafter Yes Lowest priced equivalent drug \$12 for each prescription or refill 85% Semi-private \$450 per specialist per person per benefit year up to a maximum of \$900 for all paramedical specialists combined \$1,000 per person per benefit year \$500 per person every 36 months. \$400 per person every 24 months. \$400 per person never per benefit year \$10,000 per person per benefit year \$400 per person per benefit year \$5% 100 every 24 months for adults (19 - 64 Age \$150 per person per 24 months for adults medical second opinion & treatment options	100% 100% Private \$700 per specialist per person per benefit year up to a maximum of \$1,400 for all paramedical specialists combined 100% 100% \$300 per person per 24 months for adults	

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## Full Time Employees (Excluding Quebec)

Dental Care	Opt Out	Bronze	Silver	Gold			
Accidental Dental			100%; unlimited maximum				
Recall		One visit every 9 months;	One visit every 9 months;	One visit every 6 months			
		every 6 months < 21 years of age	every 6 months < 21 years of age	-			
Basic Services							
Preventative		80%; diagnostic & preventative	85%; diagnostic & preventative	100% ; diagnostic & preventative			
Basic		70%;endodontics & periodontics, oral	85%;endodontics & periodontics, oral	100%;endodontics & periodontics, oral			
	OPT OUT	surgery & minor restorative	surgery & minor restorative	surgery & minor restorative			
Major Services		Nil	50%; crowns, bridges, dentures & major restorative	60%; crowns, bridges, dentures & majo restorative			
Annual Maximum		\$1,000 (Preventative & Basic combined)	\$1,500 (Preventative, Basic & Major combined)	\$2,500 (Preventative, Basic & Major combined)			
Orthodontic Services		Nil	50% (child only, under age 20); \$1,500 lifetime maximum	60% (child only, under age 20); \$2,500 lifetime maximum			
Termination			Retirement				
Lock In Period							
Health and Dental	One Year	One Year	One Year	Two Years			
Health Spending Account							
Benefit year	January 1st - December 31st; emplo	January 1st - December 31st; employee & dependent expenses					
Annual Allocation	Credit Allocation						
Unused credits	Carryforward 1 year						
Personal Spending Account							
Benefit year	January 1st - December 31st; emplo	January 1st - December 31st: employee only expenses					
Annual Allocation	Credit Allocation						
Unused credits	Carryforward 1 year						
Survivor Coverage	Carlyfornara i yoar						
Extended Health Care and Dental	Surviving spouses and children will	Surviving spouses and children will continue to be covered under these plans for up to 24 months following the death of an active employee.					
Cost Sharing							
Employees	100% of LTD monthly premiums, plu	100% of LTD monthly premiums, plus any additional monthly plan costs above allocated flex credits					
Employers	All other benefits						
Benefit Contacts							
If uncertain about coverage, please ing	uire with Industrial Alliance before incurring	the cost.					
Claims Inquiries	Industrial Alliance						
	groupinsurance@ia.ca						
	1-877-422-0644						
Coverage Inquiries	TELUS Flexit360 - Benefits Help De	sk					
Coverage Inquiries	TELUS Flexit360 - Benefits Help De Helpdesk_flexit360@telus.com 1-866-396-6714	sk					

This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all the terms, coverages, exclusions, limitations, and conditions of the actual contract language. The policies themselves must be read for those details. The intent of this document is to provide you with general information about your employee benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be directed to your Human Resources/Benefits Department.