

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 Quebec Employees

| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Benefit Amount | 2x annual earnings | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Maximum | \$500,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Termination | 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&D) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 (Children) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Overall Maximum | Employee & Spouse: \$200,000 Child: \$20,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Termination | Age 65 or earlier retirement | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Salary Continuance | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Benefit Amount | 100% of your weekly earnings for weeks 1-12 and 75% of your weekly earnings for weeks 13-26 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Benefit Period | 26 weeks | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Elimination Period | 7 days due to illness (or first day you consult with a doctor), 1 day hospital | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tax Status | Taxable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Long Term Disability (LTD) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Benefit Amount | 60% of the first \$2,750 of your monthly basic earnings, plus 55% of the \$3,750, plus 45% of the remainder. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Maximum | \$12,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Non-Evidence Maximum (NEM) | \$9,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Elimination Period | 26 weeks | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Benefit Duration | Up to age 65 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Definition of Disability | Own occupation for first 24 months, then any occupation up to age 65 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Termination | Age 65 or earlier retirement | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tax Status | Non-Taxable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Extended Health Care | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Prescription Drugs | <table border="1"> <thead> <tr> <th>Opt Out</th> <th>Bronze</th> <th>Silver</th> <th>Gold</th> </tr> </thead> <tbody> <tr> <td></td> <td>80% for first \$4500 out of pocket expenses per person; 100% thereafter</td> <td>80% for first \$2250 out of pocket expenses, per person; 100% thereafter</td> <td>80% for first \$2250 out of pocket expenses, per person; 100% thereafter</td> </tr> <tr> <td></td> <td colspan="3">Any conditions under this plan that do not meet the requirements under the Québec drug insurance plan are automatically adjusted to meet the requirements.</td> </tr> <tr> <td></td> <td colspan="3">Yes</td> </tr> <tr> <td></td> <td colspan="3">Lowest priced equivalent drug</td> </tr> <tr> <td></td> <td colspan="3">Régie de l'assurance-maladie du Québec (RAMQ) drug formulary, charges in excess of the lowest priced equivalent drug do not count towards the out-of-pocket maximum unless Sun Life specifically approved the charges for the higher priced drug.</td> </tr> <tr> <td></td> <td colspan="3">\$3.60 for each prescription or refill. For other expenses - Nil.</td> </tr> <tr> <td></td> <td>70%</td> <td>85%</td> <td>100%</td> </tr> <tr> <td></td> <td>Semi-private</td> <td>Semi-private</td> <td>Private</td> </tr> <tr> <td></td> <td>\$200 per specialist per person per benefit year up to a maximum of \$400 for all paramedical specialists combined</td> <td>\$450 per specialist per person per benefit year up to a maximum of \$900 for all paramedical specialists combined</td> <td>\$700 per specialist per person per benefit year up to a maximum of \$1,400 for all paramedical specialists combined</td> </tr> <tr> <td></td> <td colspan="3">\$1,000 per person per benefit year</td> </tr> <tr> <td></td> <td colspan="3">\$500 per person every 36 months.</td> </tr> <tr> <td></td> <td colspan="3">\$400 per person every 24 months.</td> </tr> <tr> <td></td> <td colspan="3">\$400 per person in a benefit year</td> </tr> <tr> <td></td> <td colspan="3">\$10,000 per person per benefit year</td> </tr> <tr> <td></td> <td>70%</td> <td>85%</td> <td>100%</td> </tr> <tr> <td></td> <td>Not covered</td> <td>85%</td> <td>100%</td> </tr> <tr> <td></td> <td colspan="3">\$100 every 24 months for adults (19 - 64 Age)</td> </tr> </tbody> </table> | Opt Out | Bronze | Silver | Gold | | 80% for first \$4500 out of pocket expenses per person; 100% thereafter | 80% for first \$2250 out of pocket expenses, per person; 100% thereafter | 80% for first \$2250 out of pocket expenses, per person; 100% thereafter | | Any conditions under this plan that do not meet the requirements under the Québec drug insurance plan are automatically adjusted to meet the requirements. | | | | Yes | | | | Lowest priced equivalent drug | | | | Régie de l'assurance-maladie du Québec (RAMQ) drug formulary, charges in excess of the lowest priced equivalent drug do not count towards the out-of-pocket maximum unless Sun Life specifically approved the charges for the higher priced drug. | | | | \$3.60 for each prescription or refill. For other expenses - Nil. | | | | 70% | 85% | 100% | | Semi-private | Semi-private | Private | | \$200 per specialist per person per benefit year up to a maximum of \$400 for all paramedical specialists combined | \$450 per specialist per person per benefit year up to a maximum of \$900 for all paramedical specialists combined | \$700 per specialist per person per benefit year up to a maximum of \$1,400 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 | | | | \$10,000 per person per benefit year | | | | 70% | 85% | 100% | | Not covered | 85% | 100% | | \$100 every 24 months for adults (19 - 64 Age) | | |
| Opt Out | Bronze | Silver | Gold | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 80% for first \$4500 out of pocket expenses per person; 100% thereafter | 80% for first \$2250 out of pocket expenses, per person; 100% thereafter | 80% for first \$2250 out of pocket expenses, per person; 100% thereafter | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Any conditions under this plan that do not meet the requirements under the Québec drug insurance plan are automatically adjusted to meet the requirements. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Lowest priced equivalent drug | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Régie de l'assurance-maladie du Québec (RAMQ) drug formulary, charges in excess of the lowest priced equivalent drug do not count towards the out-of-pocket maximum unless Sun Life specifically approved the charges for the higher priced drug. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | \$3.60 for each prescription or refill. For other expenses - Nil. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 70% | 85% | 100% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Semi-private | Semi-private | Private | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | \$200 per specialist per person per benefit year up to a maximum of \$400 for all paramedical specialists combined | \$450 per specialist per person per benefit year up to a maximum of \$900 for all paramedical specialists combined | \$700 per specialist per person per benefit year up to a maximum of \$1,400 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | \$10,000 per person per benefit year | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 70% | 85% | 100% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Not covered | 85% | 100% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | \$100 every 24 months for adults (19 - 64 Age) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pay Direct Card | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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 Quebec Employees

| | | | | | |
|---|---|--|--|---|--|
| Lenses, Frames, Contacts | | Not covered | \$150 per person per 24 months for adults | \$300 per person per 24 months for adults | |
| Medical Second Opinion Services | | Consultation service that provides medical second opinion & treatment options in Canada by medical specialists | | | |
| Out-of-Province Emergency Medical | | 100% | | | |
| Trip Duration | | 60 Days | | | |
| Maximum | | \$3,000,000 Lifetime Max | | | |
| Termination | | Retirement | | | |
| Dental Care | Opt Out | Bronze | Silver | Gold | |
| Accidental Dental | OPT OUT | 100%; unlimited maximum | | | |
| Recall | | One visit every 9 months; every 6 months < 21 years old | One visit every 9 months; every 6 months < 21 years old | One visit every 6 months | |
| Basic Services | | | | | |
| Preventative | | 80%; diagnostic & preventative | 85%; diagnostic & preventative | 100%; diagnostic & preventative | |
| Basic | | 70%;endodontics & periodontics, oral surgery & minor restorative | 85%;endodontics & periodontics, oral surgery & minor restorative | 100%;endodontics & periodontics, oral surgery & minor restorative | |
| Major Services | | Not covered | 50%; crowns, bridges, dentures & major restorative | 60%; crowns, bridges, dentures & major restorative | |
| Annual Maximum | | \$1,000 (Preventative & Basic combined) | \$1,500 (Preventative, Basic & Major combined) | \$2,500 (Preventative, Basic & Major combined) | |
| Orthodontic Services | | Not covered | 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; employee & dependent expenses | | | | |
| Annual Allocation | Credit Allocation | | | | |
| Unused credits | Carryforward 1 year | | | | |
| Personal Spending Account | | | | | |
| Benefit year | January 1st - December 31st; employee only expenses | | | | |
| Annual Allocation | Credit Allocation | | | | |
| Unused credits | Carryforward 1 year | | | | |
| Survivor Coverage | | | | | |
| Extended Health Care and Dental | 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, plus any additional monthly plan costs above allocated flex credits | | | | |
| Employers | All other benefits | | | | |
| Benefit Contacts | | | | | |
| If uncertain about coverage, please inquire with Industrial Alliance before incurring the cost. | | | | | |
| Claims Inquiries | Industrial Alliance groupinsurance@ia.ca 1-877-422-0644 | | | | |
| Coverage Inquiries | TELUS Flexit360 - Benefits Help Desk Helpdesk_flexit360@telus.com 1-866-396-6714 | | | | |

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.