



DRUGS AND EXTENDED HEALTH			
BENEFIT	BASIC (Option 2)	STANDARD (Option 3)	COMPREHENSIVE (Option 4)
DRUGS Pay Direct Drug Card <ul style="list-style-type: none"> • Co-Insurance • Co-Pay • Maximum 	80% \$10 per prescription Unlimited Generic Substitution	90% \$5 per prescription Unlimited Generic Substitution	100% No co-pay Unlimited Generic Substitution
HOSPITAL Semi-Private Convalescent Physical Rehab & Substance Abuse	No coverage No coverage No coverage	Max of \$125/day \$20/day for 180 days/occurrence \$20/day up to a max of 180 days/ occurrence combined.	Max of \$175/day \$20/day for 180 days/occurrence \$20/day up to a max of 180 days/ occurrence combined.
TRAVEL Co-Insurance, 60 day Trip Limit, Travel Assist – per instance	100% Max. \$2,000,000	100% Max. \$2,000,000	100% Max. \$2,000,000
EXTENDED HEALTH Co-Insurance Overall Maximum Vision Care <ul style="list-style-type: none"> • Eye Exams • Frames, Lenses, Contact Lenses & Laser Eye Surgery Nursing Care Hearing Aids Paramedical Practitioners <ul style="list-style-type: none"> • Physiotherapist • All other Paramedicals Orthopaedic Shoes combined with Orthotics	80% Unlimited 1/24 months No coverage No coverage \$500/5 policy years \$400/policy year \$300/policy year \$300/policy year	90% Unlimited 1/24 months \$200/24 months \$20,000/policy year \$600/5 policy years \$600/policy year \$400/policy year \$400/policy year	100% Unlimited 1/24 months \$300/24 months \$30,000/policy year \$700/5 policy years \$800/policy year \$500/policy year \$500/policy year

Please note that this summary is provided for illustrative purposes only. For a full plan description, please refer to the plan booklet in your benefits package.



DENTAL			
BENEFIT	BASIC (Option 2)	STANDARD (Option 3)	COMPREHENSIVE (Option 4)
Preventative and Basic Services			
Co-Insurance	80%	90%	100%
Recall Exams dependents under age 16	1/6 consecutive months	1/6 consecutive months	1/6 consecutive months
Recall Exams – 16 and over	1/9 consecutive months	1/9 consecutive months	1/9 consecutive months
Major Dental Services			
Co-Insurance	No coverage	50%	60%
Orthodontic Services			
Co-Insurance	No coverage	50%	60%
Lifetime Maximum		\$1,500 per person	\$2,500 per person
Combined Maximum	\$1,000/person per policy year	\$2,000/person, per policy year, excluding Orthodontic Services	\$3,000/person, per policy year, excluding Orthodontic Services
Dental Fee Guide	Current in province where treatment is received		

BENEFIT	
Basic Life	2 times annual salary, rounded up to the nearest \$1,000. Maximum \$750,000
Optional Life	Coverage is provided to the covered employee in units of \$10,000 to a maximum of \$1,000,000
Employee	
Spouse	Coverage is provided to the spouse in units of \$10,000 to a maximum of \$200,000
Dependent Children	Coverage is provided to dependent children in units of \$5,000 to a maximum of \$100,000
AD & D Basic*	2 times annual salary, rounded up to the nearest \$1,000. Maximum \$1,000,000
AD & D Optional*	Family or Single Coverage in Units of \$10,000 up to a maximum of \$350,000
*Underwritten by Chartis Insurance Company of Canada	
Short Term Disability (STD)	100% of Bi-weekly salary; Duration: 26 Weeks Paid directly by Nutreco Canada
Long Term Disability (LTD)	60% of monthly salary; Elimination Period : 26 Weeks
Maximum	\$12,500 per month

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