

Summary of Group Benefits - Non-Union Employees - Flexible Plan

Benefits	Current Plan	New Flexible Plan		
	Non-Union Employees	Option 1	Option 2	Option 3
Plan	A1-B1-EXA-HRA			
<b>Employee Basic Life</b>				
Flex credits available/ (payroll deductions)	N/A	Flex credits remain	Credits buy this option	
Default option	N/A	No	Yes	
Coverage	1x base pay, up to a maximum of \$2,000,000 combined with Ee Optional Life Insurance	0.5x pay, minimum \$25,000	1x base pay, up to a maximum of \$2,000,000 combined with Ee Optional Life Insurance	
Non-evidence maximum	\$2,000,000 (combined with Ee Life) at date of hire, 0\$ otherwise	\$2,000,000 (combined with Ee Life) at date of hire, 0\$ otherwise	\$2,000,000 (combined with Ee Life) at date of hire, 0\$ otherwise	
Waiver of premium	Yes, up to age 65	Yes, up to age 65	Yes, up to age 65	
Benefit reduction	Benefit reduces to 50% at age 65, then further reduces to \$10,000 at age 70	N/A	N/A	
Termination	At retirement	At retirement	At retirement	
<b>Employee Optional Life</b>				
Flex credits available/ (payroll deductions)	N/A		Payroll deductions	
Coverage	1,2,3 or 4x base pay, up to a maximum of \$2,000,000 combined with Ee Life Insurance		1,2,3 or 4x base pay, up to a maximum of \$2,000,000 combined with Ee Life Insurance	
Waiver of premium	Yes, up to age 65		Yes, up to age 65	
Non-evidence maximum	\$2,000,000 (combined with Ee Life) at date of hire, 0\$ otherwise		\$2,000,000 (combined with Ee Life) at date of hire, 0\$ otherwise	
Termination	Age 65 or retirement, whichever is earlier		Age 70 or retirement, whichever is earlier	
Other comments		N/A: must choose Option 2 under Basic Life to purchase Optional Life (unless grandfathered)		
<b>Dependent Optional Life</b>				
Flex credits available/ (payroll deductions)	N/A	Payroll deductions		
Spouse coverage	Units of \$10,000 to a maximum of \$50,000	Units of \$25,000 to a maximum of \$250,000		
Child coverage	Units of \$2,500 to a maximum of \$12,500	Units of \$5,000 to a maximum of \$50,000		
Waiver of premium	Yes, up to Ee age 65	Yes, up to Ee age 65		
Non-evidence maximum	\$50,000 for spouse and \$12,500 for child at date of hire, 0\$ otherwise	\$50,000 for spouse and \$12,500 for child at date of hire, 0\$ otherwise		
Termination	Ee's or spouse's age 65 or Ee's retirement, whichever is earlier	Ee's or spouse's age 70 or Ee's retirement, whichever is earlier		

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<b>Employee Basic AD&amp;D</b>				
Coverage	2x base pay, up to a maximum of \$1,250,000	No coverage		
Quadriplegia/Hemiplegia/Paraplegia	200% of the coverage			
Aggregate limit	\$5,000,000			
Non-evidence maximum	\$1,250,000			
Waiver of Premium	Yes, up to age 65			
Benefit Reduction	Benefit reduces by 50% at age 65			
Termination	Age 70 or retirement, whichever is earlier			
<b>Employee Optional AD&amp;D</b>				
Flex credits available/ (payroll deductions)	N/A	Credits can buy 2 x pay of coverage		
Coverage	Increments of \$10,000 to a maximum of \$250,000	1,2,3 or 4x base pay, up to a maximum of 2,000,000		
Non-evidence maximum	\$250,000	\$2,000,000		
Waiver of premium	Yes, up to age 65	Yes, up to age 65		
Termination	Age 70 or retirement whichever is earlier	Age 70 or retirement, whichever is earlier		
<b>Dependent Optional AD&amp;D</b>				
Flex credits available/ (payroll deductions)	N/A	Payroll deductions		
Spouse coverage	60% of the amount of the Ee's Optional AD&D (50% if there are children)	60% of the amount of the Ee's Optional AD&D (50% if there are children)		
Child coverage	20% of the amount of the Ee's Optional AD&D (10% if there is a spouse)	20% of the amount of the Ee's Optional AD&D (10% if there is a spouse)		
Waiver of premium	Yes, up to Ee age 65	Yes, up to Ee age 65		
Termination	Ee's or spouse's age 70 or Ee's retirement, whichever is earlier	Ee's or spouse's age 70 or Ee's retirement, whichever is earlier		

**Summary of Group Benefits - Non-Union Employees - Flexible Plan**

Benefits	Current Plan	New Flexible Plan		
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<b>Long-Term Disability</b>				
Flex credits available/ (payroll deductions)	N/A	Flex credits remain	Credits buy this option	
Default option	N/A	No	Yes	
Locked-in period	N/A	None	None	
Coverage	70% of monthly base pay, to a maximum of \$10,000 (\$20,000 for Executives)	60% of monthly base pay, to a maximum of \$10,000 (\$17,000 for Executives)	70% of monthly base pay, to a maximum of \$12,000 (\$20,000 for Executives)	
Indexation	None	None	None	
Qualifying Period	26 weeks	26 weeks	26 weeks	
Non evidence maximum	\$10, 000 (\$20,000 for Executives)	\$10,000 (\$17,000 for Executives)	\$12,000 (\$20,000 for Executives)	
Disability definition	24 months own occupation; any occupation thereafter	24 months own occupation; any occupation thereafter	24 months own occupation; any occupation thereafter	
Tax status	Taxable	Taxable	Taxable	
Offsets	Primary offsets	Primary offsets	Primary offsets	
All source maximum	85% of Ee's gross earnings	85% of Ee's gross earnings	85% of Ee's gross earnings	
Maximum benefit period	To age 65	To age 65	To age 65	
Waiver of premium	Yes, up to age 65	Yes, up to age 65	Yes, up to age 65	
Termination	Age 65 less the qualifying period, or retirement, whichever is earlier	Age 65 less the qualifying period, or retirement, whichever is earlier	Age 65 less the qualifying period, or retirement, whichever is earlier	

Summary of Group Benefits - Non-Union Employees - Flexible Plan

Benefits	Current Plan	New Flexible Plan		
	Non-Union Employees	Option 1	Option 2	Option 3
<b>Medical Care</b>				
Flex credits available/ (payroll deductions)	N/A	Flex credits remain	Credit buy this option	Payroll deductions
Locked-in period	N/A	None	None	None
Default option	N/A	No	Yes	No
Termination	At retirement	At retirement	At retirement	At retirement
Deductible	Nil	Nil	Nil	Nil
<b>Coinsurance</b>				
Hospital, rehabilitation, convalescent and private-duty nursing	100%	100%	100%	100%
Drugs	Generic:80% Brand (if no generic available): 80%	Generic: 100% Brand (if no generic available): 70%	Generic: 100% Brand (if no generic available): 80%	Generic: 100% Brand (if no generic available): 90%
Out-of-pocket maximum on drugs	\$275 per person up to \$450 per family	RAMQ Out-of-pocket maximum (e.g. \$992 per person up to \$1,984 per family in 2012)	\$750 per person up to \$1,500 per family in 2014 (to be indexed as RAMQ OOP)	\$500 per person up to \$1,000 per family in 2014 (to be indexed as RAMQ OOP)
Vision care	100%	Not covered	100%	100%
Paramedical practitioners	80%	Not covered	80%	100%
Medical services/equipments	100%	50%	80%	100%
<b>Hospital</b>	Semi-private room; Private room (Max. \$35/day)	Semi-private room	Semi-private room; Private room (Max. \$80/day)	Semi-private room; Private room (Max. \$80/day)
<b>Rehabilitation facility</b>	180 days per disability	180 days per disability	180 days per disability	180 days per disability
<b>Private-duty nursing</b>	\$5,000/12 months	\$5,000/12 months	\$5,000/12 months	\$10,000/12 months
<b>Drugs</b>				
Drug card	Pay direct	Pay direct	Pay direct	Pay direct
Drug requiring a prescription	Covered	Covered	Covered	Covered
Life sustaining drugs	Covered	Covered	Covered	Covered
Preventive Vaccines And Medecines	Covered	Covered	Covered	Covered
Anti-Smoking Drugs	Covered (according to RAMQ legislation)	Covered (according to RAMQ legislation)	Covered (according to RAMQ legislation)	Covered (according to RAMQ legislation)
Fertility Drugs	Not covered	Not covered	Not covered	Not covered
Diabetic Supplies And Insulin	Covered	Covered	Covered	Covered
Anti-obesity treatment	Not covered	Not covered	Not covered	Not covered
Sexual dysfunction treatment	Not covered	Not covered	Not covered	Not covered
Generic substitution	Yes, with "no substitution" rule	Yes, mandatory	Yes, mandatory	Yes, mandatory
Maximum dispensing fee (outside Quebec)	\$11.00	\$11.00	\$11.00	\$11.00
Mail order	No	Yes - optional	Yes - optional	Yes - optional
Preferred pharmacy network	No	Yes - optional	Yes - optional	Yes - optional

Summary of Group Benefits - Non-Union Employees - Flexible Plan

Benefits	Current Plan	New Flexible Plan		
	Non-Union Employees	Option 1	Option 2	Option 3
<b>Medical Care - continued</b>				
<b>Paramedical services</b>				
Acupuncturist	\$80 per visit to a maximum of \$1,000 per person per calendar year for combined services	Not covered	\$80 per visit to a maximum of \$1,000 per person per plan year for combined services (except psychologist)	\$80 per visit to a maximum of \$1,000 per person per plan year for combined services (except psychologist)
Naturopath				
Dietician/Nutritionist				
Chiropodist/Podiatrist				
Speech therapist				
Chiropractor				
Osteopath				
Orthotherapist				
Physiotherapist				
Audiologist	Not covered	Not covered		
Occupational therapist	Not covered	Not covered		
Register masseur	Not covered	Not covered	Not covered	\$80 per visit up to a maximum of \$350 per person per plan year (also subject to the combined maximum)
Psychologist/Social worker	\$80 per visit to a maximum of \$1,000 per person per calendar year for combined services	\$50 per visit up to a separate maximum of \$1,000 per person per plan year	\$80 per visit up to a separate maximum of \$1,000 per person per plan year	\$100 per visit up to a separate maximum of \$1,000 per person per plan year
X-Ray, recommended by chiropractor	2 per year	Not covered	2 per year	2 per year
Physician's Recommendation	Not required	N/A	Not required	Not required
<b>Accidental dental</b>	Treatment must be completed within 12 months of the accident	Treatment must be completed within 12 months of the accident	Treatment must be completed within 12 months of the accident	Treatment must be completed within 12 months of the accident
<b>Ambulance</b>	Covered	Covered	Covered	Covered
<b>Vision care</b>				
Eyeglasses/contact lenses/laser surgery	Max. \$250/24 months (combined with eye examination)	Not covered	Max. \$300/24 months, max \$600/24 months for laser surgery	Max. \$450/24 months, max \$900/24 months for laser surgery
Eye examination	Max. \$250/24 months (combined with eyeglasses/ contact lenses/ laser surgery)	Not covered	Max. \$50/24 months (adult); /12 months (child)	Max. \$70/24 months (adult); /12 months (child)

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Benefits	Current Plan	New Flexible Plan		
	Non-Union Employees	Option 1	Option 2	Option 3
<b>Medical Care (continued)</b>				
<b>Hearing aids</b>	\$500/5 years	Not covered	\$750/5 years	\$750/5 years
<b>Orthotics/Orthopaedic Shoes</b>	\$50/year (orthopaedic shoes); \$200/year (custom-made shoes); 1 pair/18 months (orthotics)	Not covered	1 pair/year (orthopaedic shoes); 1 pair/year, max \$300 (custom-made shoes); 1 pair/18 months (orthotics)	1 pair/year (orthopaedic shoes); 1 pair/year, max \$300 (custom-made shoes); 1 pair/18 months (orthotics)
<b>Lab tests and X-rays (Quebec only)</b>	Covered, with no maximum/12 months	Not covered	Covered, up to a maximum of \$1,000/12 months with an updated list of covered services	Covered, up to a maximum of \$1,500/12 months and with an updated list of covered services
<b>Durable medical equipment</b>	Covered	Covered	Covered	Covered
<b>Medical aids and prostheses</b>	Covered	Covered	Covered	Covered
<b>Breast prosthesis after a mastectomy</b>	\$1,000 (initial purchase); \$300/5 years	\$1,000 (initial purchase); \$300/5 years	\$1,000 (initial purchase); \$300/5 years	\$1,000 (initial purchase); \$300/5 years
<b>Support stockings</b>	2 pairs; maximum \$50/year	Not covered	2 pairs; maximum \$75/year	2 pairs; maximum \$75/year
<b>Blood glucose monitors</b>	\$500/5 years	Not covered	\$1,000/5 years	\$1,000/5 years
<b>Insulin pumps</b>	Covered - R&C	Not covered	Covered up to a maximum -TBD	Covered up to a maximum -TBD
<b>Annual and lifetime maximum</b>	Unlimited	Unlimited	Unlimited	Unlimited
<b>Survivor benefit</b>	12 months	12 months	12 months	12 months
<b>Stand-Alone Out-of-Province Emergency Medical and Travel Assistance (Core coverage for all employees)</b>				
Coinsurance	100%	100%	100%	100%
Emergency only (referral not covered)	180 days (Lifetime maximum: \$5,000,000 per person)	182 days (Lifetime maximum: \$5,000,000 per person)	182 days (Lifetime maximum: \$5,000,000 per person)	182 days (Lifetime maximum: \$5,000,000 per person)
Travel assistance	Included	Included	Included	Included
Survivor benefit	12 months	12 months	12 months	12 months
Termination	At retirement	At retirement	At retirement	At retirement

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Benefits	Current Plan	New Flexible Plan		
	Non-Union Employees	Option 1	Option 2	Option 3
<b>Dental Care</b>				
Flex credits available/ (payroll deductions)	N/A	Flex credits remain	Credits buy this option	Payroll deductions
Locked-in period	N/A	None	None	None
Default option	N/A	No	Yes	No
Fee Guide	Guide - 1 year	Current guide	Current guide	Current guide, including specialist (% of generalist)
Termination	At retirement	At retirement	At retirement	At retirement
<b>Deductible</b>	Nil	Nil	Nil	Nil
<b>Coinsurance</b>				
Basic Services	90%	80%	90%	90%
Endodontic services	90%	50%	90%	90%
Periodontic services (except some services in supplementary)	90%	50%	90%	90%
Supplementary services	50%	50%	90%	90%
Dentures	50%	Not covered	50%	60%
Major Restorative Services	50%	Not covered	50%	60%
Orthodontics	50%	Not covered	50%	50%
<b>Maximum</b>				
All Procedures Other Than Orthodontic	\$1,500 per calendar year	\$1,000 per plan year	\$1,250 per plan year	\$2,000 per plan year
Orthodontics Procedures	\$2,000 per lifetime	Not covered	\$2,000 per lifetime	\$2,500 per lifetime
<b>Basic Services</b>				
Complete examination	1/24 months	1/24 months	1/24 months	1/24 months
Recall exams	1/6 months (under 18); 1/12 months (age 18 and over)	1/6 months (under 18); 1/12 months (age 18 and over)	1/6 months (under 18); 1/9 months (age 18 and over)	1/6 months (under 18); 1/6 months (age 18 and over)
X-rays	Bitewing: 1/6 months (under 18), 1/12 months (age 18 and over); Full-mouth x-rays: 1/24 months	Bitewing: 1/6 months (under 18), 1/12 months (age 18 and over); Full-mouth x-rays: 1/24 months	Bitewing: 1/6 months (under 18), 1/9 months (age 18 and over) Full-mouth x-rays: 1/24 months	Bitewing: 1/6 months (under 18), 1/6 months (age 18 and over) Full-mouth x-rays: 1/24 months
Polishing	1/6 months (under 18); 1/12 months (age 18 and over)	1/6 months (under 18); 1/12 months (age 18 and over)	1/6 months (under 18); 1/9 months (age 18 and over)	1/6 months (under 18); 1/6 months (age 18 and over)
Scaling	1/6 months (under 18); 1/12 months (age 18 and over)	1/6 months (under 18); 1/12 months (age 18 and over)	1/6 months (under 18); 1/9 months (age 18 and over)	1/6 months (under 18); 1/6 months (age 18 and over)
Topical fluoride	1/6 months (under 18); 1/12 months (age 18 and over)	1/6 months (under 18); 1/12 months (age 18 and over)	1/6 months (under 18); 1/9 months (age 18 and over)	1/6 months (under 18); 1/6 months (age 18 and over)
Passive space maintainers	Covered	Covered	Covered	Covered
Oral hygiene instruction	Not covered	Not covered	Covered	Covered
Endodontics services	Covered	Covered	Covered	Covered
Other basic procedures	Minor surgical procedures, simple extractions, anaesthesia, endodontics services, scaling (8 units per calendar year)	Minor surgical procedures, simple extractions, anaesthesia, endodontics services, scaling (8 units per plan year)	Minor surgical procedures, simple extractions, anaesthesia, endodontics services, scaling (8 units per plan year)	Minor surgical procedures, simple extractions, anaesthesia, endodontics services, scaling (8 units per plan year)

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Benefits	Current Plan	New Flexible Plan		
	Non-Union Employees	Option 1	Option 2	Option 3
<b>Dental Care (continued)</b>				
<b>Supplementary Services</b>	Surgical procedures not included in basic, periodontal services, dentures & bridge repairs	Surgical procedures not included in basic, periodontal services, dentures & bridge repairs	Surgical procedures not included in basic, periodontal services, dentures & bridge repairs	Surgical procedures not included in basic, periodontal services, dentures & bridge repairs
<b>Dentures</b>	Initial provision and replacement of removable dentures every 5 years	Not covered	Initial provision and replacement of removable dentures every 5 years	Initial provision and replacement of removable dentures every 5 years
<b>Major Restorative Services</b>				
Crowns, Inlays	Covered	Not covered	Covered	Covered
Removable prosthetic devices	Covered	Not covered	Covered	Covered
Extensive restorative dentistry	Covered	Not covered	Covered	Covered
Fixed prosthetic device	Covered	Not covered	Covered	Covered
Implant	Not covered	Not covered	Not covered	Covered up to the price of the least costly alternative
<b>Orthodontics</b>	Covered, adult and child	Not covered	Covered, child only	Covered, adult and child
<b>Survivor Benefit</b>	12 months	12 months	12 months	12 months



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Benefits	Current Plan	New Flexible Plan		
	Non-Union Employees	Option 1	Option 2	Option 3
<b>Employee Optional Critical Illness</b>				
Flex credits available/ (payroll deductions)	N/A	Payroll deductions		
Benefit type	Comprehensive	Comprehensive		
Coverage	Increments of \$5,000, to a maximum of \$150,000 (minimum benefit of \$10,000)	Increments of \$5,000, to a maximum of \$150,000 (minimum benefit of \$10,000)		
Non evidence maximum	\$25,000	\$25,000		
Benefit reduction	Reduces to \$10,000 at age 65	Reduces to \$10,000 at age 65		
Termination	Age 70, retirement or Critical Illness benefit is paid-out, whichever is earlier	Age 70, retirement or Critical Illness benefit is paid-out, whichever is earlier		
<b>Spousal Optional Critical Illness</b>				
Flex credits available/ (payroll deductions)	N/A	Payroll deductions		
Benefit type	Comprehensive	Comprehensive		
Coverage	Increments of \$5,000, to a maximum of \$150,000 (minimum benefit of \$10,000)	Increments of \$5,000, to a maximum of \$150,000 (minimum benefit of \$10,000)		
Non evidence maximum	\$25,000	\$25,000		
Benefit reduction	Reduces to \$10,000 at spouse's age 65	Reduces to \$10,000 at spouse's age 65		
Termination	Ee's or spouse's age 70, retirement or when benefit is paid out, whichever is earlier	Ee's or spouse's age 70, retirement or when benefit is paid out, whichever is earlier		
<b>Child Optional Critical Illness</b>				
Flex credits available/ (payroll deductions)	N/A	Payroll deductions		
Benefit Type	Comprehensive	Comprehensive		
Coverage	\$5,000 each child	\$5,000 each child		
Termination	Ee age 70, Ee retirement, child reaches age 18 or Child Optional Critical Illness benefit is paid-out, whichever is earlier	Ee age 70, Ee retirement, child reaches age 18 or Child Optional Critical Illness benefit is paid-out, whichever is earlier		
<b>Other comments applicable to Optional Critical Illness</b>				
Covered illnesses	Alzheimer's Disease, Aortic surgery, Benign brain tumor, Blindness, Cancer (life-threatening), Coma, Coronary artery bypass surgery, Deafness, Heart attack (myocardial infarction), Heart valve replacement, Kidney failure (end stage renal disease), Loss of limbs, Loss of speech, Major organ failure on waiting list for transplant, Major organ transplant, Motor neuron disease, Multiple sclerosis, Occupational HIV infection, Paralysis, Parkinson's disease, Severe burns, Stroke (cerebrovascular accident). In addition for child only, Autism, Cerebral palsy, Congenital heart disease (for which corrective surgery has been performed), Cystic fibrosis, Down syndrome, Muscular dystrophy, Type 1 diabetes mellitus)	At least as generous as current coverage		
Pre-existing conditions exclusions	Applicable for amount not requiring a medical evidence only. For conditions existing 24 months prior to effective date of insurance and claims incurred within 24 months after the effective date	Applicable for amount not requiring a medical evidence only. For conditions existing 24 months prior to effective date of insurance and claims incurred within 24 months after the effective date		
Remark		Current amounts should be grandfathered, including the length of current coverage for the pre-existing conditions exclusions		

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Benefits	Current Plan	New Flexible Plan		
	Non-Union Employees	Option 1	Option 2	Option 3
<b>Salary Continuation</b>				
Coverage	100% for 13 weeks and 70% for the next 13 weeks	100% for 13 weeks and 70% for the next 13		
Waiting period	None	None		
Disability definition	Own occupation	Own occupation		
Tax status	Taxable	Taxable		
Maximum benefit period	26 weeks	26 weeks		
<b>Wellness Account</b>				
Source of funding	\$100 from ABB	Unused flexible credits + \$100 from ABB		
Tax status	Taxable	Taxable		
Covered activities	Gym	Comprehensive list		
Plan year	N/A	January 1 to December 31		
Carryover approach	N/A	Use it or lose it		
Grace Period	N/A	90 days		

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Benefits	Current Plan	New Flexible Plan		
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<b>Second Medical Opinion Services</b>				
Eligibility	Only applicable to Ee who applied for Critical Illness Benefits	Offer to all employees		
Description	Healht Navigator - provide credible health information and ressources, including a second opinion	Provide a second medical opinion on diagnostic and treatment plan. Help members navigate the healthcare system and connect them and the treating physician with world renowned specialists. Get access to resources, ongoing one-on-one support, customized health coaching and a wide range of health related information.		
<b>Health Care Spending Account</b>	ending 1.1.2013			
Source of funding	EE bonus	Unused flexible credits (plus employer allocation for Executives)		
Default option for unused credit allocation	N/A	Yes		
Tax status	Taxable in Quebec only	Taxable in Quebec only		
Plan year	January 1 to December 31	January 1 to December 31		
Carryover approach	Credits - 12 months	Credits carryover		
Grace Period	90 days	90 days		
<b>Flex Rules</b>				
Enrolment frequency	N/A	Bi-annual		
Allocation of flex credits	N/A	HCSA or Wellness Account		
Life events	N/A	Marriage, common-law spouse, separation, divorce, birth/adoption, death, loss of coverage elsewhere (proof of loss of coverage will be required).		