






# Group Benefits Program Summary

January 1, 2022

The AbbVie Group Benefits Program provides you with the flexibility to meet your needs. Core coverage is mandatory<sup>1</sup> for all and provides you with the peace of mind that you and your loved ones will be taken care of should the unexpected happen. The program also allows you to personalize your program by adding optional coverage. And you can access great tools to support your well-being!

<sup>1</sup> You can opt-out of Health care if you are covered by another group benefits program.

CORE COVERAGE	+ OPTIONAL COVERAGE
 HEALTH CARE – BASIC	 HEALTH CARE – STANDARD & EXTENDED
 SHORT-TERM DISABILITY	 DENTAL CARE – STANDARD & EXTENDED
 LONG-TERM DISABILITY – STANDARD	 LONG-TERM DISABILITY – EXTENDED
 EMPLOYEE BASIC LIFE AND AD&D INSURANCE	 OPTIONAL LIFE AND AD&D INSURANCE
 TRAVEL INSURANCE	 OPTIONAL CRITICAL ILLNESS INSURANCE
WELL-BEING SUPPORT	
 WELLNESS ACCOUNT – \$750 annual allocation	
 VIRTUAL CARE	
 EMPLOYEE ASSISTANCE PROGRAM	

# About the Group Benefits Program

## Who pays for what?

AbbVie	Shared Responsibility
<p>AbbVie pays for Short-Term Disability, employee Basic Life and AD&amp;D insurance, Travel insurance, the Wellness Account, Virtual care and the Employee Assistance Program.</p>	<p>Each year, AbbVie will give you flex dollars based on your family status to help you purchase Health care and Dental care coverage.</p> <p>Depending on your choice of Health care and Dental care coverage, you may have excess flex dollars. Alternatively, if the cost of your Health care and Dental care coverage exceeds your flex dollars, you will pay the difference through payroll deductions.</p> <p>You can allocate excess flex dollars amongst <b>four</b> accounts providing you even greater flexibility:</p> <ul style="list-style-type: none"> <li>• Health Spending Account (HSA)</li> <li>• Wellness Account</li> <li>• Group Registered Retirement Savings Plan (RRSP)</li> <li>• Group Tax-Free Savings Account (TFSA)</li> </ul>

## You

You pay for your Long-Term Disability coverage, so that you will receive non-taxable benefits in the event you become disabled, and for any optional insurances (Life, AD&D and Critical Illness).

### How it works

- Enrollment period**
- You choose one of the four Health care and Dental care statuses: Single, Employee + 1 (you + your spouse or you + your child), Family (you, your spouse and children) or Opt out
    - You can opt out of Health care if you are covered under another group benefits program, such as that of your spouse. Proof of coverage is required
    - You can opt out of Dental care without proof of coverage
  - You can choose different Health care and Dental care options with different statuses
  - If you do not make any coverage selections, you will be enrolled in the default coverage
  - Your coverage selections will be maintained for two years until the re-enrollment period unless you experience an eligible life event

- Eligible life event**
- You can make changes to your coverage selections if you experience an eligible life event. You have **31 days** following any of the following life events to change your coverage selections:
- Marriage or one year of cohabitation as a common-law spouse
  - Divorce, legal separation, or end of common-law relationship
  - Birth, adoption or legal guardianship of a child by you or your spouse
  - Death of a dependent
  - Loss of dependent eligibility
  - End of your spouse's eligibility for their employer's program

### Eligible Dependents

- Spouse**
- The person who:
- is legally married to you
  - has been cohabiting for a continuous period of not less than one year; this period does not apply if a child is born to or adopted by the relationship

- Child**
- Your or your spouse's unmarried, natural or legally adopted child, or any unmarried child for whom you or your spouse is the court-appointed legal guardian, and who:
- is under 21 years of age
  - is under 26 years of age and is a full time student at an accredited school, college or university
  - resides with you and has become totally and permanently disabled while they were considered a dependent according to the above definition

The amount you will be reimbursed will depend on the benefit coverage selection made at enrollment and your claims are reimbursed based on reasonable and customary fees. Reasonable and customary refers to the maximum allowable amount Medavie Blue Cross will reimburse on a Health care or Dental care expense and are the commonly charged fees within a geographic area. Unless otherwise specified, coverage is stated per insured person per program year (January 1 to December 31).



## Health care

	Basic	Standard	Extended
<b>Prescription drugs</b>			
<b>Drugs reimbursement</b>	<ul style="list-style-type: none"> <li>AbbVie/Allergan drugs: <b>100%</b> Excludes eye care OTC and aesthetics products</li> <li>Other drugs: <b>65%</b></li> </ul>	<ul style="list-style-type: none"> <li>AbbVie/Allergan drugs: <b>100%</b> Excludes eye care OTC and aesthetics products</li> <li>Other drugs: <b>80%</b></li> </ul>	<ul style="list-style-type: none"> <li>AbbVie/Allergan drugs: <b>100%</b> Excludes eye care OTC and aesthetics products</li> <li>Other drugs: <b>90%</b></li> </ul>
<b>Out-of-pocket maximum</b>	<b>Employee and children:</b> \$750 per year <b>Spouse:</b> \$750 per year		
<b>Fertility drugs</b>	\$2,500 lifetime		
<b>Sexual dysfunction drugs</b>	\$500 per year		
<b>Preventative vaccines</b>	Unlimited		
<b>Hospitalization</b>			
	<b>100%</b>		
<b>Room</b>	Semi-private		Private
<b>Convalescent hospital</b>	Semi-private		Private
<b>Drug and alcoholism treatment</b>	\$80/day, max \$2,500 lifetime	\$80/day, max \$5,000 lifetime	\$80/day, max \$10,000 lifetime
<b>Paramedical services</b>			
	<b>65%</b>	<b>80%</b>	<b>90%</b>
<b>Psychologist, psychotherapist, social worker and clinical counselor, including E-CBT</b>	Combined maximum of \$750 per year	Combined maximum of \$1,000 per year	Combined maximum of \$1,500 per year
<b>Acupuncturist, athletic therapist, audiologist, osteopath, chiropodist, chiropractor, dietician, homeopath, massage therapist, naturopath, occupational therapist, physical therapist, physiotherapist, podiatrist, speech therapist</b>	Not covered	Combined maximum of \$800 per year	Combined maximum of \$1,000 per year
<b>Vision care</b>			
	<b>100%</b>		
<b>Eye exam</b>	1 exam per 12 months		
<b>Prescription glasses, contact lenses, laser eye surgery</b>	Not covered	Adults: \$250 per 24 months Children: \$250 per 12 months	Adults: \$400 per 24 months Children: \$400 per 12 months



## Health care

	Basic	Standard	Extended
<b>Out-of-province/ Canada medical emergency</b>	100%		
Maximum	180 days per stay, lifetime maximum of \$5,000,000		
Trip cancellation and interruption	\$3,000 per insured risk		
Baggage insurance	\$500 per trip		
<b>Medical expenses</b>	<b>65%</b>	<b>80%</b>	<b>90%</b>
Laboratory tests and analysis	Not covered	\$1,000 per year	\$1,500 per year
Private duty nursing	\$5,000 per year	\$10,000 per year	\$15,000 per year
Hearing aids	Not covered	\$500 per 3 years	\$500 per 3 years
Orthopedic shoes	Not covered	1 pair per year	2 pairs per year
Orthotics	Not covered	1 pair per year	2 pairs per year
<b>Termination</b>			
Out-of-province/Canada medical emergency	Age 75, retirement or termination of employment, whichever is earlier		
All other expenses	At retirement or termination of employment, whichever is earlier		



## Dental care

	Basic	Standard	Extended
<b>Preventative treatment</b> (e.g., recall examination – 1 per 6 months)	N/A	90%	100%
<b>Basic treatment</b> (e.g., cleaning and fillings)		80%	
<b>Endodontics, periodontics</b> (e.g., gum treatments and root canal therapy)		80%	
<b>Major restorative treatment</b> (e.g., removable dentures, crowns, and bridges)		50%	60%
<b>Combined maximum for preventative, basic, endodontics, periodontics, and major services</b>		\$2,000 per year	\$3,000 per year
<b>Orthodontics</b>		Not covered	50%, adult & child between the ages of 6 and 18, lifetime maximum of \$3,000
<b>Dental Fee Guide*</b>		Current year	
<b>Termination</b>		At retirement or termination of employment, whichever is earlier	

\* Published each year by your province's Dental Association and used by your dentist as a reference for setting dental treatment costs.



## Health Spending Account (HSA)



## Wellness Account

<b>How do flexible accounts work</b>	<p>Your Health Spending Account (<b>HSA</b>) helps you pay for <b>eligible expenses</b> that would otherwise not be covered by the Group Benefits Program and would be at your expense, such as:</p> <ul style="list-style-type: none"> <li>• Expenses that exceed program limits; other non-eligible expenses, including those listed in the Income Tax Act</li> </ul> <p>For a complete list of these expenses, visit the Canada Revenue Agency website: <a href="http://www.canada.ca">www.canada.ca</a> and search for <i>List of eligible medical expenses</i></p>	<p>Allows you to pay for eligible wellness expenses, such as:</p> <ul style="list-style-type: none"> <li>• Fitness services: fitness club, gym or sports team memberships,</li> <li>• Fitness equipment: purchase or rental of exercise, specialized sports or athletic safety equipment</li> <li>• Stress management programs</li> <li>• Medical expenses which have been partially covered or otherwise not covered under the program's Health care and/or Dental care</li> </ul> <p>Refer to the Employee booklet for a full list of eligible expenses</p>
<b>Amounts</b>	<ul style="list-style-type: none"> <li>• Variable, as you can direct any excess Flex dollars to this account</li> </ul>	<ul style="list-style-type: none"> <li>• Flat amount of \$750 and you can direct excess flex dollars</li> </ul>
<b>Eligibility</b>	<ul style="list-style-type: none"> <li>• Employee, your spouse and anyone listed as a dependent on your income tax return</li> </ul>	<ul style="list-style-type: none"> <li>• Employee only</li> </ul>
<b>Carry-over of unused Flex dollars</b>	<ul style="list-style-type: none"> <li>• Any balance from a given benefit year allocation can be carried over to the following year. If you do not use this balance by the end of the following year, you lose it</li> </ul>	<ul style="list-style-type: none"> <li>• Any balance from a given benefit year allocation does not carry over to the next year. You must use the allocation within each benefit year.</li> </ul>
<b>Tax considerations</b>	<ul style="list-style-type: none"> <li>• For Quebec residents, expenses reimbursed through the HSA are considered a taxable benefit for Quebec income tax purposes. The HSA is tax-exempt in other provinces</li> </ul>	<ul style="list-style-type: none"> <li>• Expenses reimbursed through the wellness account are considered a taxable benefit</li> </ul>

## For your well-being



### VIRTUAL CARE

- Unlimited virtual consultation for non-urgent medical care (such as cough, flu, cold, headache, minor infection, digestion) by phone, video or chat
- Access to Canadian-licensed doctors and health care professionals for medical advice, prescriptions or refills, lab requisitions and more
- Available from your phone, tablet or computer 24/7 for you and your eligible dependents



### EMPLOYEE ASSISTANCE PROGRAM

WorkPlace Options

- Confidential short-term counselling and support, accessible online or via phone, including marital, psychological, stress, alcohol/drug abuse and work-life issues, wellness coaching and financial and legal services
- Available 24/7 for you and your eligible dependents



## Short-Term Disability (STD)

(Permanent employees only)

<b>Coverage</b>	100% of your salary for 13 weeks followed by 75% for 13 weeks
<b>Duration</b>	26 weeks
<b>Tax implication</b>	Taxable
<b>Termination</b>	Retirement or termination of employment, whichever is earlier



## Long-Term Disability (LTD) (Permanent employees only)

	Basic	Standard	Extended
<b>Benefit amount</b>	N/A	60% of the first \$9,500 of monthly earnings + 50% of the next \$2,000 + 45% of the excess	
<b>Maximum</b>		\$11,000 per month without proof of insurability \$17,500 with proof	
<b>Elimination period</b>		After 26 weeks of disability	
<b>Tax implications</b>		Non taxable	
<b>Cost of living adjustment</b>		None	CPI, up to 3% per year
<b>Termination</b>		Age 65 (less <b>elimination period</b> ) or retirement or termination of employment, whichever is earlier	



## Life insurance

	Basic	Optional
<b>Coverage</b>	<p><b>For you:</b> 2 x your base salary, up to \$850,000 without proof of insurability and \$1,900,000 with proof</p> <p>50% reduction at age 65</p>	<p><b>For you</b> (units of \$10,000): up to \$50,000, without proof of insurability, up to \$1,900,000 with proof (combined with Basic Life)</p> <p><b>For your spouse</b> (units of \$10,000): up to \$40,000, without proof of insurability, up to \$750,000 with proof</p> <p><b>For each child</b> (units of \$5,000): up to \$50,000, without proof of insurability</p>
<b>Termination</b>	Age 70, retirement or termination of employment whichever occurs first	Age 70 (your age or your spouse's), retirement or termination of employment whichever occurs first



## Accidental Death and Dismemberment (AD&D)

	Basic	Optional
<b>Coverage</b>	<p><b>For you:</b> 2 x your base salary Maximum \$1,000,000 50% reduction at age 65</p>	<p><b>For you</b> (units of \$10,000): up to \$650,000 <b>For your spouse</b> (units of \$10,000): up to \$500,000 <b>For each child</b> (units of \$5,000): \$25,000</p>
<b>Termination</b>	Age 70, retirement or termination of employment whichever occurs first	Age 70, retirement or termination of employment whichever occurs first



## Critical Illness insurance



Critical Illness insurance pays a tax-free lump-sum benefit if the insured person is diagnosed with one of the covered illnesses. It provides you with an added safety net to help you pay any additional costs associated with a severe illness diagnosis.

	Optional
<b>Coverage</b>	<p><b>For you</b> (units of \$10,000): up to \$40,000, without proof of insurability, up to \$250,000 with proof <b>For your spouse</b> (units of \$10,000): up to \$40,000, without proof of insurability, up to \$250,000 with proof <b>For each child</b> (units of \$5,000): up to \$10,000 without proof of insurability</p>
<b>Pre-existing conditions</b>	Only for amounts obtained without proof of insurability. No coverage for conditions for which, during the 24 months immediately before the effective date of coverage, the insured has had a medical consultation, been prescribed or taken medication or received treatment, including diagnostic measures for any symptom or medical problem that leads to a diagnosis of or treatment for a covered condition
<b>Limitations</b>	No coverage in first 90 days for cancer and/or benign brain tumor and in first year for Multiple Sclerosis, Parkinson's or specified atypical parkinsonian disorders
<b>Termination</b>	Termination of employment, retirement or age 65 (age of employee or spouse)





## Questions?

	<p>For any questions regarding your Group Benefits Program</p>	<p>Program Number: <b>91311</b> <b>1-888-873-9200</b> <a href="http://medaviebc.ca">medaviebc.ca</a></p>
	<p>For any other questions, please contact: <a href="mailto:HRConnect.northamerica@abbvie.com">HRConnect.northamerica@abbvie.com</a></p>	

*This summary provides an overview of the main provisions of the Group Benefits Program for AbbVie employees, coming into effect January 1, 2022. This Program is governed by the official documents, such as the insurance contracts, as well as by applicable legislation. In the event of any inconsistency between this summary and the official documents, the latter will prevail. AbbVie reserves the right to modify the Program.*

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Contributing to make a remarkable impact on **your and your family's** lives.



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