Englobe

OVERVIEW OF YOUR HARMONIZED FLEXIBLE BENEFITS PROGRAM

MEDICAL PLAN

(cost based on the option and coverage category selected)

	Option 1 (Opt out)	Option 2	Option 3	Option 4
Deductible	No coverage Proof of alternate coverage required	None	None	None
Hospitalization		100% Semi-private room	100% Semi-private room	100% Semi-private room
Prescription drugs (generic, patented and brand-name)		66%*	75%	90%
		If a generic drug is available, the plan will apply the percentage of reimbursement on the cost of this drug.		
Paramedical services and vision care • Psychologist		—	75% Max. $500	90% Max. $1,000
• Acupuncturist, audiologist, chiropractor, dietician, massage therapist, naturopath, occupational therapist, osteopath, physiotherapist, podiatrist, speech therapist			Max. $500 for all services combined, including vision care	Max. $1,000 for all services combined, including vision care
• Vision care (eye examinations, eyeglasses and contact lenses)			Max. $150/12 months (subject to the above $500 maximum for all services combined)	Max. $300/12 months (subject to the above $1,000 maximum for all services combined)
Out-of-province/country emergency medical care (up to 180 days)		100%	100%	100%
Other • Home care nursing		—	75% Max. $10,000	90% Max. $10,000
Change of option	One level at a time at annual enrollment; no restrictions following an eligible life event (e.g., marriage, birth, separation)			

* This percentage is subject to annual review.

Unless otherwise indicated, the maximums shown above are reimbursement amounts per covered person per program year.

Three coverage categories:

EMPLOYEE
You only

EMPLOYEE + 1
You and one dependent (spouse or child)

EMPLOYEE + 2
You and more than one dependent

DENTAL PLAN

(cost based on the option and coverage category selected)

	Option 1 (Opt out)	Option 2	Option 3	Option 4
Deductible	No coverage	None	None	None
Preventive services • Recall examinations, cleanings		60% 1 every 9 months	75% 1 every 9 months	90% 1 every 9 months
Basic services (including endodontics and periodontics)		60%	75%	90%
Major services (bridgework, crowns, dentures)		50%	50%	60%
Orthodontics (children only)		—	—	50%
Maximum reimbursement • All services combined except orthodontics (annual) • Orthodontics (lifetime)		 $700 N/A	 $1,000 N/A	 $2,000 $2,000
Dental fee guide		Current year	Current year	Current year
Change of option	One level at a time at annual enrollment; no restrictions following an eligible life event (e.g., marriage, birth, separation); Option 4 must be maintained for 2 years			

Three coverage categories:

EMPLOYEE
You only

EMPLOYEE + 1
You and one dependent (spouse or child)

EMPLOYEE + 2
You and more than one dependent

SHORT-TERM DISABILITY PLAN

(cost paid by the employer)

Weekly benefits	**70% of your salary**
Waiting period	**7 calendar days**
Maximum duration	**17 weeks**

LONG-TERM DISABILITY PLAN

(cost paid by you, by payroll deductions)

Monthly benefits (payable after 17 weeks of short-term disability benefits)	
• Option 1	53% of the first $2,400 of monthly salary **plus** 38% of the following $2,100 **plus** 33% of the excess
• Option 2	58% of the first $2,400 of monthly salary **plus** 46% of the following $2,100 **plus** 39% of the excess
Evidence of insurability	Required to switch from Option 1 to Option 2
Maximum monthly benefits	
• Without evidence of insurability	$8,700
• With evidence of insurability	$14,500
Duration	Until the earliest of recovery, retirement or age 65
Indexation	Increase in the Consumer Price Index (max. 2%), which begins after 3 years of disability
Tax treatment	Non-taxable benefits

LIFE INSURANCE

(cost paid by you, by payroll deductions)*

For you	Basic coverage (mandatory): 1 x salary; reduces by 50% at age 65 Optional coverage: up to $500,000, in $10,000 units Evidence of insurability required for any increase
For your spouse	Optional coverage: up to $500,000, in $10,000 units Evidence of insurability required for any increase
For your children	Optional coverage: up to $50,000, in $10,000 units

*Leftover flexible credits can be used to pay the cost of the basic life insurance coverage; if there are not enough credits, you pay the excess cost by payroll deductions.

ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

(cost paid by you, by payroll deductions)*

For you	Basic coverage: none Optional coverage: up to $500,000, in $10,000 units
For your spouse	Optional coverage: up to $500,000, in $10,000 units
For your children	Optional coverage: up to $50,000, in $10,000 units

*Leftover flexible credits can be used to pay the cost of the coverage for you, your spouse and your children; if there are not enough credits, you pay the excess cost by payroll deductions.

CRITICAL ILLNESS INSURANCE

(cost paid by you, by payroll deductions)

For you	Basic coverage: none Optional coverage: up to $250,000, in $10,000 units Evidence of insurability required for more than $20,000 at initial enrolment and for any subsequent increase
For your spouse	Optional coverage: up to $250,000, in $10,000 units Evidence of insurability required for more than $20,000 at initial enrolment and for any subsequent increase
For your children	Optional coverage: up to $25,000, in $5,000 units

FLEXIBLE CREDITS

(amount granted by the employer to pay all or part of the cost of the medical and dental options selected; if there are not enough credits, you pay the excess cost by payroll deductions)

If you select Option 1	Medical: $400 Dental: $150
If you select Option 2, 3 or 4	Medical: $900 Dental: $375
Allocation of leftover credits	Basic life insurance Accidental death or dismemberment insurance Health Spending Account Group RRSP

This document gives an overview of the various types of coverage offered by the harmonized flexible benefits program. It does not include all limits and restrictions under the plans. For a detailed description of coverage, including restrictions, limits and exclusions, please refer to the program booklet, which is available on the Medavie Blue Cross Web site.

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