



# Your Group Insurance Plan at a Glance

**Policy number: 91557**

**Eligibility**

**Regular, permanent employees**

# Your coverage options

## Coverages for your financial security

BASIC LIFE INSURANCE	
• Employee	2 x annual salary rounded to the next \$1,000, maximum of \$1 000 000
• Dependent	\$5,000 Spouse and \$2,500 Child
Reduction	The benefit is reduced by 50 %, rounded to the next \$500 at age 65
When coverage ends	Upon retirement
OPTIONAL LIFE INSURANCE	
• Employee	Units of \$10,000 maximum of \$400,000
• Spouse	Units of \$10,000 maximum of \$400,000
• Child	Units of \$5,000 maximum of \$25,000
Maximum without evidence of insurability	Employee: \$50,000* / Child: \$25,000
When coverage ends	When the member or spouse reaches age 65 or upon the member's retirement, whichever comes first
BASIC ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D)	
• Employee	2 x annual salary rounded to the next \$1,000
Reduction	The benefit is reduced by 50 % at age 65
When coverage ends	When the member reaches age 70 or upon the member's retirement, whichever comes first
OPTIONAL ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D)	
• Employee	Units of \$5,000, minimum of \$25,000, maximum of \$150,000
• Spouse	Units of \$5,000, minimum of \$25,000, maximum of \$100,000
• Child	Units of \$5,000, minimum of \$5,000, maximum of \$25,000
When coverage ends	When the participant reaches age 70 or upon the member's retirement, whichever comes first
OPTIONAL CRITICAL ILLNESS INSURANCE	
• Employee	Units of \$10,000, maximum of \$250,000
• Spouse	Units of \$10,000, maximum of \$250,000
• Child	Units of \$10,000, maximum of \$10,000
Maximum without evidence of insurability	Employee: \$50,000* / Spouse: \$50,000* / Child: \$10,000
When coverage ends	The earlier of when the Participant receives 2 full payments or when the Member reaches age 65 or upon retirement. In addition, coverage for Child will terminate when a childhood condition payment is received.

\*Evidence of insurability is required for any amount of coverage if the application is received by Blue Cross more than 31 days after the date the member or spouse became eligible for coverage.

## SHORT-TERM DISABILITY

<ul style="list-style-type: none"> <li>• Elimination period</li> </ul>	Hospitalization: none Day surgery: none Accident: none Illness: 5 working days
<ul style="list-style-type: none"> <li>• Benefit period</li> </ul>	26 weeks
<ul style="list-style-type: none"> <li>• Weekly benefit</li> </ul>	70% of weekly Pre-Disability Salary rounded up to the highest dollar
<ul style="list-style-type: none"> <li>• Taxable benefits</li> </ul>	Yes
When coverage ends	Upon retirement

## LONG-TERM DISABILITY

<ul style="list-style-type: none"> <li>• Elimination period</li> </ul>	26 weeks (182 days) or the end of the short-term disability benefit payments (if applicable), whichever is later
<ul style="list-style-type: none"> <li>• Benefit period</li> </ul>	Until age 65
<ul style="list-style-type: none"> <li>• Monthly benefit</li> </ul>	66,67% of the first \$3,000 of monthly Pre-Disability Salary, plus 50% of the next \$3,000, plus 40% of the remainder
<ul style="list-style-type: none"> <li>• Maximum without evidence of insurability</li> </ul>	\$11,000
<ul style="list-style-type: none"> <li>• Maximum monthly benefits</li> </ul>	\$16,000
<ul style="list-style-type: none"> <li>• Taxable benefits</li> </ul>	No
<ul style="list-style-type: none"> <li>• Cost of living adjustment</li> </ul>	No
<ul style="list-style-type: none"> <li>• Duration of own occupation: completely and continuously unable to perform the regular duties of their own occupation as a result of illness or accident.</li> </ul>	During the first 24 months, any occupation thereafter
When coverage ends	Age 65 less the Elimination Period or upon retirement, whichever comes first

## Health care

Bronze

Silver

Gold

**Administrative rules:** You must maintain the same option for 2 years before you are allowed to change your level of coverage. These rules do not apply to changes that occur following a qualifying life event.

**Important:** In the following table, coverage is shown by participant and by plan year (August 1, 2021, to June 30, 2022, and from July 1 to June 30 for subsequent years), unless otherwise indicated

### HEALTH CARE COVERAGE

Deductible per certificate per policy year	\$500	Not applicable	Not applicable
<b>Drug coverage</b>			
Reimbursement Level	70%	80%	90%
<ul style="list-style-type: none"> <li>Annual cap on out-of-pocket drug expenses The reimbursement becomes 100% once the maximum contribution is reached</li> </ul>	\$3,500 per certificate	\$2,500 per certificate	\$1,500 per certificate
<ul style="list-style-type: none"> <li>Antismoking Aids</li> </ul>	Lifetime maximum \$500		
<ul style="list-style-type: none"> <li>Managing Chronic Disease</li> </ul>	\$500		
<ul style="list-style-type: none"> <li>Glucose Monitoring Systems</li> </ul>	\$4,000		
<b>Extended Health Care</b>			
Reimbursement Level	70%	80%	90%
<ul style="list-style-type: none"> <li>Ambulance Transportation</li> </ul>	Included		
<ul style="list-style-type: none"> <li>Hospitalization</li> </ul>	100%, semi-private room		100%, private room
<ul style="list-style-type: none"> <li>Diabetic Equipment</li> </ul>	\$200		
<ul style="list-style-type: none"> <li>Hearing Aids</li> </ul>	Lifetime maximum \$500		
<ul style="list-style-type: none"> <li>Nursing Care</li> </ul>	\$10,000		\$15,000
<ul style="list-style-type: none"> <li>Custom orthopedic shoes and custom made foot orthotics</li> </ul>	Combined maximum of \$400		
<b>Travel</b> * Deductible does not apply to this coverage			
Reimbursement Level	100%		
<ul style="list-style-type: none"> <li>Emergency Hospital and Medical Travel Coverage</li> </ul>	\$2,000,000 per participant, per incident		
<ul style="list-style-type: none"> <li>Trip Cancellation and Interruption Coverage</li> </ul>	\$5,000 per participant, per trip		
<ul style="list-style-type: none"> <li>Baggage Coverage</li> </ul>	\$500 per participant, per trip		
<b>Health Care Practitioners</b> * Reimbursement per visit limited to Usual, Customary and Reasonable charges.			
Reimbursement Level	70%	80%	90%
<ul style="list-style-type: none"> <li>Mental Health Practitioners (Psychologist/Social Worker/Counselling Therapist/Psychoeducator/Psychotherapist)</li> </ul>	Combined maximum of \$750 for the member only	Combined maximum of \$750 for the member and \$500 for dependents	Combined maximum of \$1,000 for the member and \$750 for dependents
<ul style="list-style-type: none"> <li>Naturopath/Acupuncturist/Osteopath (includes 1 X-ray)/Podiatrist/Chiropracist (includes 1 X-ray)/Speech therapist/Massage therapist/Kinotherapist/Orthotherapist</li> </ul>	Not applicable	Combined maximum of \$350	Combined maximum of \$750
<ul style="list-style-type: none"> <li>Chiropractor (includes 1 X-ray)/Physiotherapist/Athletic Therapist/Rehabilitation technician</li> </ul>	Combined maximum of \$500 for the member only	Combined maximum of \$500 for the member and \$350 for dependents	Combined maximum of \$750 for the member and \$500 for dependents
<b>Vision Care</b>			
Reimbursement Level	Not applicable	80%	90%
<ul style="list-style-type: none"> <li>Eye examination/Lenses/Frames/Contact lenses/Laser eye surgery (combined maximum)</li> </ul>	Not applicable	\$300 per 24 consecutive months	\$500 per 24 consecutive months
When coverage ends	Upon retirement		

## Dental care

Bronze

Silver

Gold

**Administrative rules:** You must maintain the same option for 2 years before you are allowed to change your level of coverage. These rules do not apply to changes that occur following a qualifying life event.

**Important:** In the following table, coverage is shown by participant and by plan year (August 1, 2021, to June 30, 2022, and from July 1 to June 30 for subsequent years), unless otherwise indicated

### DENTAL CARE COVERAGE

Dental fee guide	Current year / Province of Provider (Specialist and GP fee guide)		
Annual combined maximum for dental care, excluding orthodontics	\$700	\$1,200	\$2,000
• Oral Exam	1/9 consecutive months		
• Deductible	None		
• Preventive care	70%	80%	90%
• Basic care	70%	80%	90%
• Endodontic and periodontic services	50%	80%	90%
• Major restoration	Not Applicable	50%	60%
• Orthodontic services	Not applicable		50% \$2,000 maximum lifetime (child only)
When coverage ends	When the member reaches age 70 or upon the member's retirement, whichever comes first		

**Your participation in the Guillevin Group Plan is mandatory.** If your option choices are not made within the prescribed enrollment period, individual coverage (no coverage for your dependents) will be on file and locked in for 2 years unless a qualifying life event occurs. The default option for health and dental benefits will be the "Silver" option and the beneficiary your estate.

## Eligibility rules

- 1) Your eligible dependents are your spouse and children who reside in Canada and meet one of the following definitions:

### Spouse

Person who:

- Resides in Canada; and
- meets one of the following criteria:
  - is legally married to you;
  - has been living with you in a conjugal relationship for at least 12 months;
  - has been living with you in a conjugal relationship and with whom you have had or adopted a child.

### Children

- is a resident of Canada;
  - is the natural or adopted child of the Member or Spouse, or the child over whom the Member or Spouse has been appointed as guardian with parental authority;
  - is financially reliant on the Member or Spouse for care, maintenance and support;
  - is not married or in a common law relationship; and
  - meets one of the following criteria:
    - a) is under age 22;
    - b) is under age 26 and is attending an accredited educational institution, college or university on a full-time basis; or
    - c) became mentally or physically disabled while a child as defined in (a) or (b) and has been continuously disabled since that time.
- 2) The choices you make at the time of your initial enrollment or re-enrollments (every 2 years) remain in effect for the entire plan year (August 1, 2021, through June 30, 2022, and July 1 through June 30 for subsequent years) unless you experience an eligible life event. See the list of qualifying life events below.
  - 3) The annual maximums are reset on July 1<sup>st</sup> of each year.
  - 4) Flexible Credit allocations are made on July 1st of each year based on the choice made during initial enrollment or during re-enrollment.

## Life Event

A situation resulting from one of the following events, and which allows the member to make changes to their coverage:

- Marriage or eligibility of your common-law spouse;
- Birth or adoption of a child;
- Separation or divorce;
- Death of your spouse or of the last dependent child;
- Involuntarily loss or gain access to coverage under your spouse's plan;
- Loss of a child, or a child becomes/is no longer eligible for coverage;

Evidence of insurability is required for all applications received more than 31 days after the date of the life event.

## What to do with your unused Flex Credits

	Health Spending Account (HSA)	Registered Retirement Savings Plan (RRSP)
Summary and Important information	<ul style="list-style-type: none"> <li>Provides reimbursement for certain medical and dental expenses incurred by you and/or your dependents that are not covered by the Plan.</li> <li>Credits may be used to reimburse eligible medical expenses incurred in the same HSA year for which the credits were allocated. Unused credits will be carried over to the next HSA Year and cannot be carried over for more than one HSA Year. At the end of the HSA year, unused credits carried over from the previous HSA year will be forfeited.</li> <li>For claims processing, carryover credits from the previous HSA year are used first, before credits allocated for the current HSA year.</li> <li>Claims must be submitted in the HSA year in which the expense was incurred or within the 90-day grace period.</li> </ul>	<ul style="list-style-type: none"> <li>You must have an account with account with iA Financial Group to allocate a portion of your Flex Credits to the Group RRSP. If you have not already done so, you can open an account online or by submitting a paper form, available on iA Financial Group Website (<a href="http://ia.ca">ia.ca</a>). Contact iA Financial Group at 1-800-567-5670 for complete details or visit the microsite created specifically for the transition to iA.</li> <li>If you are not already enrolled in the group RRSP, you have 30 days to open an account, otherwise your Flex Credits allocation will be automatically transferred to your HSA.</li> </ul>
Eligible expenses	<ul style="list-style-type: none"> <li>Expenses not reimbursed by your health and dental coverage (deductible and coinsurance, amounts that exceed the maximum amounts provided for by the coverage, etc.)</li> <li>Costs not covered by another group, provincial or private insurance plan.</li> <li>Fees stipulated in the Income Tax Act. For a complete list of these fees, please visit the Canada Revenue Agency website at <a href="http://cra-arc.gc.ca">cra-arc.gc.ca</a>.</li> </ul>	Not Applicable
Tax considerations	The amounts reimbursed are considered a taxable benefit for provincial income tax purposes for Quebec employees only.	Not Applicable

## Administrative rules and notes related to the allocation of Flex Credits:

- 1) The system may show a balance of zero Flex Credits after you have chosen your health and dental benefits. This may occur if all your Flex Credits are needed to cover your premium, depending on the option (Bronze, Silver or Gold) and the type of coverage chosen (individual, single parents, or family).
- 2) Your Flex Credits allocation may not be changed during the year. However, keep in mind that you have 2 years to use your HSA.
- 3) Your Flex Credits allocation may only be changed during the annual re-enrolment process, which is every 2 years. Upon annual re-enrolment, only new Flex Credits may be allocated between the HSA and RRSP.

## Contact information and resources

- 1) Log on to the Medavie Blue Cross website called Flexit <https://app.connect.medavie.bluecross.ca/Guillevin> to:
  - Enrol or re-enrol;
  - Review your current coverage;
  - Review your current beneficiary designation(s);
  - Reset your password.
- 2) If you need assistance during your online enrollment or have technical questions about Flexit, please contact Medavie Blue Cross client services: Monday through Friday, 8 a.m. to 8 p.m., call 1-888-873-9200, or send an email to [CBMFlex@medavie.croixbleue.ca](mailto:CBMFlex@medavie.croixbleue.ca).
- 3) If you have any questions about your coverage, eligibility, or claims, please contact Medavie Blue Cross: Monday through Friday, 8 a.m. to 8 p.m.: 1-888-873-9200, or send an email to [contact@medavie.bluecross.ca](mailto:contact@medavie.bluecross.ca).

*The information contained in this document is based on the official Guillevin International Co. group insurance plan brochure. In the event of a discrepancy between this document and the insurer's brochure, the latter shall prevail.*