



# Grandfathered Front Line Employees - Benefit Plan

## Benefits at a Glance

**Swoop offers all Swoopsters who are residents of Canada**, have completed the waiting period (if applicable), and are covered under provincial healthcare, a selection of benefits designed to promote well-being for yourself and your eligible dependents.

Swoop recognizes that individual needs for benefits coverage vary from one Swoopster to another. The benefits program enables you to custom design your benefits to suit your personal needs and circumstances. Benefits within the program are intended to supplement your provincial health insurance plan.

The benefit plan offers a variety of benefits which can be purchased with provided shopping dollars and/or payroll deductions, or a combination of both.

### **Swoopsters are eligible for:**

- Extended Healthcare, Prescription Drugs, Vision, Travel, Basic Dental, Major Dental and Child Orthodontics
- Health Spending Account (HSA), Personal Spending Account (PSA)
- Basic Employee Life Insurance
- Employee Family Assistance Plan (EFAP)

### **Swoopsters are also eligible to select from additional benefit selections:**

- Optional Life Insurance (spouse, child)
- Optional Accidental Death & Dismemberment (employee, spouse, child)
- Optional Critical Illness (employee, spouse, child)

The benefit plan requires some mandatory minimum coverage levels funded by employer and employee. There are additional shopping dollars provided to purchase the additional coverage that best suits the needs of you and your family.

<b>Mandatory Coverage</b>
Member Life, Minimum \$25,000
Travel Benefit
Long-Term Disability (Option 1)

## ENROLMENT

Swoop provides you with shopping dollars to purchase a variety of benefits and options to custom design your plan to suit your personal needs and circumstances. During your open enrolment period you can review the various plans available to you, compare the options and select the level of coverage that suits your needs. Each benefit has a price based on the option and level of coverage you choose. You pay for your benefits with shopping dollars and/or payroll deductions. Unused shopping dollars can be directed to a health spending account (HSA), personal spending account (PSA) or deposited as taxable cash (income).

If you are absent from work when your coverage or any increase in coverage starts, the coverage begins once you are actively at work (full duties and hours).

If you do not complete your selections within the required time frame during initial enrolment you will only be enrolled for the mandatory coverage (outlined above) and any company provided shopping dollars will be automatically allocated to a personal spending account. No changes are permitted until the next open re-enrolment period in accordance with the terms and conditions of the benefits plan. You may, however, be eligible to make changes if you experience a qualifying life event during the year and notify us within 31 days of the change, as outlined in the terms and conditions of the group benefits program.

## Benefit Plan Options

**Benefit Year: August 1 - July 31**

### TRAVEL BENEFIT

All Swoopsters receive primary health coverage upon meeting the eligibility requirements.

Travel Benefit	
Deductible	None
Reimbursement Level	100%
Coverage Duration*	
Under age 75	First 180 Days of Trip Outside Province of Residence
Age 75 and Over	First 60 Days of Trip Outside Province of Residence

Benefit Maximum	
Emergency Hospital and Medical Travel Coverage	\$2,000,000/Participant/Incident**
Worldwide Travel Assistance	Yes
Referral Outside of Canada***	\$500,000/Participant/Lifetime

\*Coverage duration will be determined based on the age of the participant on their departure date.

\*\*Incident: An individual occurrence of emergency illness or injury.

\*\*\*Pre-authorization required.

Emergency means a sudden, unexpected injury, illness or acute episode of disease that requires immediate medical attention and could not have been reasonably anticipated based upon the patient's prior medical condition. This includes treatment (non-elective) for immediate relief of severe pain, suffering or disease that cannot be delayed until you or your covered dependent is medically able to return to your province of residence.

Claim notification: When an emergency occurs, you or someone with you must contact Medavie Blus Cross Travel Assistance within 48 hours. All invasive and investigative procedures (including any surgery, tests and imaging) must be pre-authorized by MBC Assistance, except where emergency surgery is required. If contact with MBC Travel Assistance cannot be made before services are provided, contact must be made as soon as possible afterwards. If contact is not made and emergency services are provided in circumstances where contact could reasonably have been made, payments for all expenses related to that emergency may be denied or limited.

## PRESCRIPTION DRUGS

The benefit plan covers drugs that legally require a prescription, have a drug identification number (DIN), and are prescribed in writing by a qualified medical practitioner or dental practitioner. The drug must also be obtained from a pharmacist in order to be eligible.

**Deductible: NONE**

	Hospitalization		
	Spousal Top Up Option Plan 1*	Basic Option Plan 2 & 3	Enhanced Option Plan 4 & 5
<b>Reimbursement Level</b>	20%	80%**	90%**
<b>Dispensing Fee</b>	\$10/Prescription (not applicable to Quebec participants)		
<b>Method of Payment</b>	Pay Direct		

### Plan Management Features

Substitution Provision

Mandatory Generic Substitution

Quebec Pharmacy Pricing Controls

Usual, Customary and Reasonable applies

### Additional Benefit Modules

### Benefit Maximum

Glucose Monitoring Systems

\$4,000/Policy Year\*\*\*

Managing Chronic Disease

\$500/Policy Year\*\*\*

Injectable Vitamins

Included\*\*\*

Smoking Cessation Aids

\$500/Lifetime\*\*\*

Vaccines (including injection service when administered by a pharmacist)

Included\*\*\*

\*Not applicable for Quebec participants

\*\*The out-of-pocket maximum for Quebec participants meets the requirements of the Régie de l'assurance maladie du Québec (RAMQ).

\*\*\*Subject to the overall benefit maximum.

## **PRESCRIPTION DRUG CLAIM ADJUDICATION**

### **10 and 30-Day Initial Supply**

If you are prescribed a new drug, your first supply will be limited to 30 days. This will enable your medical practitioner to assess your tolerance of the drug or to identify any potentially adverse reactions. If no such issues arise with the new drug you can fill the remainder of your prescription with a 90-day supply at once.

### **Mandatory Generic Drug Substitution**

Based on provincial health insurance plan regulations, where a generic equivalent drug exists, reimbursement will only be made up to the cost of the lowest priced equivalent drug. If a medical practitioner indicates a brand name drug is medically required due to a serious medical reaction to the generic equivalent, MBC must be provided with a copy of the "Health Canada Vigilance Adverse Reaction Reporting Form" (that can be obtained from the Health Canada website) completed by the medical practitioner, to determine eligibility for payment of the cost of the prescribed drug.

### **Prescription Refill**

Allowed for reimbursement only after more than 80% of medication is consumed.

### **Maintenance Medication**

Maintenance medications are used to treat chronic or long-term conditions. If you choose to receive less than a 90-day supply, your prescription drug plan will not reimburse the dispensing fee; you will be responsible for this cost.

### **Prior Authorization Drugs**

For certain medications MBC requires prior authorization for your prescription to be filled. This authorization comes from your doctor by completing the Prescription Drug Special Authorization Request Form. To avoid the possibility of getting to the pharmacy and finding out you need the pre-authorization be sure to let your physician and pharmacist know that your drug plan includes a prior authorization program.

## EXTENDED HEALTH

The benefits shown below will be eligible if they are medically necessary for the treatment of an illness or injury, and reimbursement will be limited to usual and customary charges in addition to any specific limitations and maximums stated below.

**Deductible: NONE**

<b>Hospitalization</b>			
	<b>Spousal Top Up Option with Vision Opt Out</b>	<b>Spousal Top Up Option with Eye Exam Only</b>	<b>Spousal Top Up Option with Basic Vision Option</b>
<b>Reimbursement Level</b>	20%		
Hospital	Semi-Private Accommodation		

	<b>Basic Option with Vision Opt Out</b>	<b>Basic Option with Eye Exam Only</b>	<b>Basic Option with Basic Vision Option</b>
<b>Reimbursement Level</b>	80%		
Hospital	Semi-Private Accommodation		

	<b>Enhanced Option with Vision Opt Out</b>	<b>Enhanced Option with Eye Exam Only</b>	<b>Enhanced Option with Basic Vision Option</b>
<b>Reimbursement Level</b>	90%		
Hospital	Private Accommodation		

## Extended Healthcare

	Spousal Top Up Option		
	Spousal Top Up Option with Vision Opt Out	Spousal Top Up Option with Eye Exam Only	Spousal Top Up Option with Basic Vision Option
<b>Reimbursement Level</b>	20%		
<b>Benefit Maximum</b>			
Psychologist	\$75/Policy Year*		
Social Worker	\$75/Policy Year*		
Counselling Therapist	\$75/Policy Year*		
Psychoeducator	\$75/Policy Year*		
Psychotherapist	\$75/Policy Year*		

### Other Health Practitioners:

Chiropractor	\$75/Policy Year*
Naturopath	\$75/Policy Year*
Acupuncturist	\$75/Policy Year*
Homeopath	\$75/Policy Year*
Dietitian	\$75/Policy Year*
Osteopath	\$75/Policy Year*
Chiropodist/Podiatrist (combined)	\$75/Policy Year*
Audiologist	\$75/Policy Year*
Speech Therapist	\$75/Policy Year*
Occupational Therapist	\$75/Policy Year*
Physiotherapist	\$75/Policy Year*
Athletic Therapist	\$75/Policy Year*
Massage Therapist	\$75/Policy Year*
Kinesitherapist	\$75/Policy Year*
X-rays (Chiropractor, Osteopath, Naturopath, Chiropodist/ Podiatrist)	\$50/Policy Year

\*Total combined maximum of \$200 per policy year for all health practitioners. Reimbursement per visit is limited to usual, customary and reasonable charges.

## Extended Healthcare

	Basic Option		
	Basic Option with Vision Opt Out	Basic Option with Eye Exam Only	Basic Option with Basic Vision Option
<b>Reimbursement Level</b>	80%		
<b>Benefit Maximum</b>			
Psychologist	\$350/Policy Year*		
Social Worker	\$350/Policy Year*		
Counselling Therapist	\$350/Policy Year*		
Psychoeducator	\$350/Policy Year*		
Psychotherapist	\$350/Policy Year*		

### Other Health Practitioners:

Chiropractor	\$350/Policy Year*
Naturopath	\$350/Policy Year*
Acupuncturist	\$350/Policy Year*
Homeopath	\$350/Policy Year*
Dietitian	\$350/Policy Year*
Osteopath	\$350/Policy Year*
Chiropodist/Podiatrist (combined)	\$350/Policy Year*
Audiologist	\$350/Policy Year*
Speech Therapist	\$350/Policy Year*
Occupational Therapist	\$350/Policy Year*
Physiotherapist	\$350/Policy Year*
Athletic Therapist	\$350/Policy Year*
Massage Therapist	\$350/Policy Year*
Kinesitherapist	\$350/Policy Year*
X-rays (Chiropractor, Osteopath, Naturopath, Chiropodist/ Podiatrist)	\$50/Policy Year

\*Total combined maximum of \$600 per policy year for all health practitioners. Reimbursement per visit is limited to usual, customary and reasonable charges.

## Extended Healthcare

	Enhanced Option		
	Enhanced Option with Vision Opt Out	Enhanced Option with Eye Exam Only	Enhanced Option with Basic Vision Option
<b>Reimbursement Level</b>	90%		
<b>Benefit Maximum</b>			
Psychologist	\$500/Policy Year*		
Social Worker	\$500/Policy Year*		
Counselling Therapist	\$500/Policy Year*		
Psychoeducator	\$500/Policy Year*		
Psychotherapist	\$500/Policy Year*		
<b>Other Health Practitioners:</b>			
Chiropractor	\$500/Policy Year*		
Naturopath	\$500/Policy Year*		
Acupuncturist	\$500/Policy Year*		
Homeopath	\$500/Policy Year*		
Dietitian	\$500/Policy Year*		
Osteopath	\$500/Policy Year*		
Chiropodist/Podiatrist (combined)	\$500/Policy Year*		
Audiologist	\$500/Policy Year*		
Speech Therapist	\$500/Policy Year*		
Occupational Therapist	\$500/Policy Year*		
Physiotherapist	\$500/Policy Year*		
Athletic Therapist	\$500/Policy Year*		
Massage Therapist	\$500/Policy Year*		
Kinesitherapist	\$500/Policy Year*		
X-rays (Chiropractor, Osteopath, Naturopath, Chiropodist/ Podiatrist)	\$50/Policy Year		

\*Total combined maximum of \$800 per policy year for all health practitioners. Reimbursement per visit is limited to usual, customary and reasonable charges.

**Professional Services:** Reimbursement for the services of the practitioners included, up to the amount shown in the schedule of benefits, when the practitioner rendering the service is licensed by their provincial regulatory agency or a registered member of a professional association and that association is recognized by MBC.



**VISION CARE**

Spousal Top Up Option with Eye Exam Only	
<b>Reimbursement Level</b>	100%
Eye Examination*	1/24 Consecutive Months/12 Consecutive Months for a Participant under age 21

\*Reimbursement per visit is limited to usual, customary and reasonable charges.

Spousal Top Up Option with Basic Vision Option	
<b>Reimbursement Level</b>	100%
Eye Examination*	1/24 Consecutive Months/12 Consecutive Months for a Participant under age 21
Lenses/Frames Contact Lenses Laser Eye Surgery Contact Lenses Due to Disease/and Plano Sunglasses (combined)	\$200/24 Consecutive Months/12 Consecutive Months for a Participant under age 21

\*Reimbursement per visit is limited to usual, customary and reasonable charges.

Basic Option with Eye Exam Only	
<b>Reimbursement Level</b>	100%
Eye Examination*	1/24 Consecutive Months/12 Consecutive Months for a Participant under age 21

\*Reimbursement per visit is limited to usual, customary and reasonable charges.

Basic Option with Basic Vision Option	
<b>Reimbursement Level</b>	100%
Eye Examination*	1/24 Consecutive Months/12 Consecutive Months for a Participant under age 21
Lenses/Frames Contact Lenses Laser Eye Surgery Contact Lenses Due to Disease/and Plano Sunglasses (combined)	\$200/24 Consecutive Months/12 Consecutive Months for a Participant under age 21

\*Reimbursement per visit is limited to usual, customary and reasonable charges.

**VISION CARE**

<b>Enhanced Option with Eye Exam Only</b>	
<b>Reimbursement Level</b>	100%
Eye Examination*	1/24 Consecutive Months/12 Consecutive Months for a Participant Under Age 21

\*Reimbursement per visit is limited to usual, customary and reasonable charges.

<b>Enhanced Option with Basic Vision Option</b>	
<b>Reimbursement Level</b>	100%
Eye Examination*	1/24 Consecutive Months/12 Consecutive Months for a Participant Under Age 21
Lenses/Frames Contact Lenses Laser Eye Surgery Contact Lenses Due to Disease/and Plano Sunglasses (combined)	\$200/24 Consecutive Months/12 Consecutive Months for a Participant Under Age 21

\*Reimbursement per visit is limited to usual, customary and reasonable charges.

<b>Opt Out - HSA and PSA Only with Eye Exam Only</b>	
<b>Reimbursement Level</b>	100%
Eye Examination*	1/24 Consecutive Months/12 Consecutive Months for a Participant Under Age 21

\*Reimbursement per visit is limited to usual, customary and reasonable charges.

<b>Opt Out - HSA and PSA Only with Basic Vision Option</b>	
<b>Reimbursement Level</b>	100%
Eye Examination*	1/24 Consecutive Months/12 Consecutive Months for a Participant Under Age 21
Lenses/Frames Contact Lenses Laser Eye Surgery Contact Lenses Due to Disease/and Plano Sunglasses (combined)	\$200/24 Consecutive Months/12 Consecutive Months for a Participant Under Age 21

\*Reimbursement per visit is limited to usual, customary and reasonable charges.

Reasonable and customary (R&C) means in the opinion of MBC the usual charge of the provider for the service or supply, in the absence of insurance, but not more than the prevailing charge in the area for a like service or supply.

**DENTAL****Preventive Care**

	<b>Dental Benefit</b>			
	<b>Spousal Top Up Option</b>	<b>Basic Option</b>	<b>Enhanced Option</b>	<b>Extensive Option</b>
<b>Reimbursement Level</b>	20%	100%	80%	90%
<b>Benefit Maximum</b>	\$250/ Policy Year Combined with Basic Care	\$750/ Policy Year Combined with Basic Care	\$1,000/ Policy Year Combined with Basic Care	\$1,500/ Policy Year Combined with Basic Care
<b>Oral Exam and Diagnosis Recall Oral Exams</b>	1/12 Consecutive Months			

**Basic Care**

	<b>Dental Benefit</b>			
	<b>Spousal Top Up Option</b>	<b>Basic Option</b>	<b>Enhanced Option</b>	<b>Extensive Option</b>
<b>Reimbursement Level</b>	20%	50% 100% for Prophylaxis and Polishing of Dentures, and Anesthesia	80% 100% for Prophylaxis and Polishing of Dentures	90% 100% for Prophylaxis and Polishing of Dentures
<b>Benefit Maximum</b>	\$250/ Policy Year Combined with Basic Care	\$750/ Policy Year Combined with Preventive Care	\$1,000/ Policy Year Combined with Basic Care	\$1,500/ Policy Year Combined with Basic Care
<b>Endodontic Services</b>	Included			
<b>Periodontic Services</b>	Included			

## DENTAL

Deductible: NONE

### Major Restoration

	Dental Benefit			
	Spousal Top Up Option	Basic Option	Enhanced Option	Extensive Option
<b>Reimbursement Level</b>	50%	Not Included	50%	50%
<b>Benefit Maximum</b>	\$1,500/Policy Year	Not Included	\$1,500/Policy Year	\$2,000/Policy Year
<b>Restorative and Prosthodontic Services</b>	See Benefit Details			

### Orthodontic Services

	Dental Benefit			
	Spousal Top Up Option	Basic Option	Enhanced Option	Extensive Option
<b>Reimbursement Level</b>	50% (dependent children only)	Not Included	Not Included	50% (dependent children only)
<b>Benefit Maximum</b>	\$2,000/Lifetime	Not Included	Not Included	\$2,500/Lifetime
<b>Restorative and Prosthodontic Services</b>	See Benefit Details			

## MAJOR DENTAL AND CHILD ORTHODONTICS

Major dental plans may cover all or a portion of the cost of a variety of dental services, such as crowns, implants or braces. The benefits shown below will be eligible if they are necessary for the treatment of dental disease or injury and reimbursement will be limited to the amount stated in the Provincial Dental Association Fee Guide indicated below.

**Diagnostic/preventative services** include procedures typically performed at a regular dental check-up such as oral exams, cleanings and x-rays.

**Basic restorative and endodontics/periodontics** include fillings, extractions, root canal treatment, periodontal treatment and minor surgical procedures.

**Fee guide:** Reimbursement is based on Dental Association Fee Guide for general practitioners in your province of residence.

**Benefit year maximum:** If your coverage starts on or after September 1, your maximum for that benefit year will be pro-rated based on the number of months left in the year.

## UNALLOCATED SHOPPING DOLLARS

If you have unallocated shopping dollars after you have made your selections they must be directed to either a health spending account (HSA), personal spending account (PSA) or deposit as taxable cash.

## HEALTH SPENDING ACCOUNT (HSA)

Eligible expenses include those that qualify for medical expense tax credits (METC) under the Canada Revenue Agency (CRA) income tax guidelines. It also includes the percentage not covered by the group benefit plan or the amount in excess of group benefit plan maximums. For a list of eligible medical expenses or for more information about eligible expenses you can consult a CRA office or visit the CRA website at <http://cra-arc.gc.ca> Account (HSA) or a personal spending account (PSA).

Health Spending Account (HSA) Benefit	
<b>Method of Payment</b>	Reimbursement Upon Request (credits will be used to pay an HSA claim as directed by the member)
<b>Credit Allocation Frequency</b>	Annually

### Benefit Details

Policy Year	August 1 to July 31
Carry Forward Type	Claims Carry Forward
(CRA) Dependent Coverage	Yes

## PERSONAL SPENDING ACCOUNT (PSA)

A PSA is a special account that covers services to help manage your well-being. Eligible areas of coverage include fitness-related services, fitness equipment, health-related services, insurance premiums, work-life balance or services such as childcare or elder care. Unlike a health spending account, the expenses reimbursed from a personal spending account are considered a taxable benefit.

Personal Wellness Account (PWA) Benefit (Member Only)	
<b>Method of Payment</b>	Reimbursement Upon Request (credits will be used to pay a PWA claim as directed by the Member)
<b>Credit Allocation Frequency</b>	Annually

### Benefit Details

Policy Year	August 1 to July 31
Carry Forward Type	No Carry Forward
(CRA) Dependent Coverage	100% of Eligible Expenses, Up to the Available Balance

## EMPLOYEE FAMILY ASSISTANCE PROGRAM

The employee and family assistance program is a confidential, voluntary program that provides you and your immediate family with 24/7 access to the confidential support and resources you need to manage virtually any personal or professional issue, so you can lead a healthier, happier, more productive life. The program can help manage any issue, large or small such as:

- Parenting
- Child care
- Education
- Retirement (older adults, midlife)
- Disability
- Financial
- Legal
- Work
- Managing people
- Health
- Emotional well-being
- Addiction
- Recovery
- Grief
- Loss

### **inConfidence**<sup>®</sup>

Refer to the inConfidence<sup>®</sup> provisions for a detailed description.

## LONG-TERM DISABILITY

Swoopsters only. You may not opt out of this coverage.

	Long Term Disability Benefit
<b>Benefit Formula</b>	Flat Amount, Not Exceeding the All Source Maximum
<b>Benefit Maximum</b>	\$1,500/Month
<b>Non-Evidence Limit</b>	\$1,500
<b>Elimination Period</b>	17 weeks (119 days) or the end of the short term disability benefit payments (if applicable), whichever is later
<b>Benefit Period</b>	To age 65, for employees who become totally disabled before age 63  Up to 2 years, without going past age 70, for employees who become totally disabled on or after age 63

Premiums are paid by payroll deduction – shopping dollars cannot be used. The benefit payment is non-taxable in the event a claim is approved.



## BASIC LIFE INSURANCE

The employee life insurance plan provides protection so that in the event of your death, life insurance can help your loved ones maintain their standard of living, pay off debt, supplement retirement savings and meet other financial needs. Under the employee life insurance, Swoop pays the premiums for coverage of your basic life insurance. Basic employee life insurance is mandatory; employees may not opt-out. Life insurance premiums are a taxable benefit when paid using shopping dollars. In the event of a death, the insurance payment would be non-taxable to the beneficiary.

	Member Life Benefit
<b>Benefit Formula</b>	Units of \$25,000
<b>Benefit Maximum</b>	\$500,000
<b>Non-Evidence Limit</b>	\$500,000

## SUPPLEMENTAL AND OPTIONAL LIFE INSURANCE

You have the option to purchase additional Supplemental life insurance for your spouse and children. You may elect to purchase additional optional life insurance in units of \$25,000. Optional life insurance is based on age, smoker status and gender.

	Supplemental Benefit
<b>Benefit Formula</b>	Spouse: Units of \$25,000 Child: Units of \$5,000
<b>Spouse Maximum</b>	Units of \$25,000 Maximum of \$500,000
<b>Child Maximum (only available if the Spouse is covered under this benefit)</b>	Spouse: \$500,000 Child: \$25,000/Child
<b>Non-Evidence Limit</b>	Proof of Health Required for All Coverage Amounts

### Evidence of Insurability (EOI) Form

You and/or your spouse must complete and submit an Evidence of Insurability (EOI) form to the insurer for approval if you apply for life insurance coverage over the non-evidence maximum amounts. When complete, mail your form and a copy of your confirmation statement. Once your application has been reviewed, Medavie Blue Cross will contact you to let you know if your additional coverage is approved. The benefit, if approved, is effective on the date indicated in the notice. The premiums for the additional coverage will not be charged until approved.

### Nominating a Beneficiary

Upon insured's death, the death benefit is paid to the beneficiary. It is recommended that you designate a beneficiary or beneficiaries by completing a beneficiary nomination form for your life insurance and AD&D coverage. Note that when a beneficiary has not been designated, the benefit will be paid to your estate. If you name a minor as a beneficiary, you should also designate a trustee to administer the funds. If the person or persons named as your primary beneficiaries are not alive at the time of claim, the benefit will be paid to a contingent beneficiary, if you have designated one, or your estate.

If you would like to nominate or make changes to your beneficiary, please ensure you download the Beneficiary Nomination Form from Medavie Blue Cross.

## OPTIONAL ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D)

In the event of an accidental death or accidental loss of (or loss of use of) limbs, sight, or mobility, AD&D coverage pays a lump sum to you or your beneficiaries. AD&D coverage is available to you, your spouse and your child(ren). Accident insurance premiums are a taxable benefit when paid using shopping dollars. Basic employee AD&D is mandatory; you may not opt-out.

	Optional Accidental Death and Dismemberment Benefit
<b>Benefit Formula</b>	Member and or Spouse: Units of \$25,000 Child: Units of \$5,000
<b>Member Maximum</b>	Maximum of \$500,000
<b>Spouse Maximum</b>	Maximum of \$500,000
<b>Child Maximum (only available if the member or spouse is covered under this benefit)</b>	Maximum of \$25,000/Child

If you and your spouse are both employees of Swoop, you and your spouse cannot be covered both as an employee and as a spouse and only one of you can select dependent child coverage.

## OPTIONAL CRITICAL ILLNESS INSURANCE

Critical illness insurance provides a one-time, lump-sum benefit if you are diagnosed after the effective date of coverage with one of the covered conditions under the plan and complete the survival period. For additional details, as well as plan specifics and definitions, please refer to the information in Medavie Blue Cross booklet. Critical illness premiums are a taxable benefit when paid using shopping dollars.

	Optional Critical Illness Benefit
<b>Benefit Amount Full Benefit Payment</b>	Member, Spouse or Child: Units of \$10,000
<b>Member</b>	Maximum of \$10,000
<b>Spouse</b>	Maximum of \$10,000
<b>Child (only available if the member or spouse is covered under this benefit)</b>	Maximum of \$10,000/Child
<b>Partial Benefit Payment</b>	10% of the full benefit payment
<b>Non-Evidence Limit</b>	Proof of Health Required for All Coverage Amounts

If medical evidence is required, you must complete the evidence of insurability form located on the flex advantage website ([Swoop.myflexadvantage.ca](http://Swoop.myflexadvantage.ca)). The units of critical illness insurance that require evidence of insurability will not be in place until this application has been approved by the insurer provided you are actively at work (full duties and hours) at the time of application and approval.

## IMPORTANT NOTES

Swoop reserves the right to amend or discontinue any of the benefit programs referred to in this summary at any time and at its complete and absolute discretion.

If government legislation changes or if benefits or subsidies under government plans are reduced or eliminated, Swoop's benefit programs do not automatically replace or supplement such reductions or eliminations.

Swoop takes no responsibility for any changes in federal or provincial income taxes or other taxes or levies or the impact of these changes on the taxation of any of the benefits.

This guide was designed to provide an overview of the major components of the benefit plan program. Each listed description is intended to provide you with a summary of the particular benefit. This is not a master policy or contract. It is not intended to provide you with an inclusive list of all features, exclusions and covered situations, and in the case of a conflict between this summary and the official plan documents, or if a misunderstanding occurs, the contracts and official plan documents apply. The contents of this summary are not intended to guarantee coverage or that these benefits will remain the same throughout your employment tenure.