	Option 1	Option 2	Option 3	Option 4	Option 5
Life Insurance & AD&D	op.io.i .	Opo 2	Op. 1011 0	орион .	opo o
Benefit Schedule:	100% of annual earnings	200% of annual earnings	300% of annual earnings	400% of annual earnings	500% of annual earning
Minimum Benefit:	\$25,000	\$25,000	\$25,000	\$25,000	\$25,000
Maximum Benefits:	\$1,500,000	\$1,500,000	\$1,500,000	\$1,500,000	\$1,500,000
Non-Evidence Maximum:	\$600,000	\$600,000	\$600,000	\$600,000	\$600,000
Reduction Clause:	50% at age 65	50% at age 65	50% at age 65	50% at age 65	50% at age 65
Waiver of Premium:	Included	Included	Included	Included	Included
Conversion:	Included	Included	Included	Included	Included
Termination Age:	At age 70 or earlier retirement	At age 70 or earlier retirement	At age 70 or earlier retirement	At age 70 or earlier retirement	At age 70 or earlier retirement
Optional Life Insurance	Option 1				
	Units of:				
Benefit Schedule:	\$10,000 Employee				
	\$10,000 Spouse				
Maximum Benefits:	\$500,000				
Waiver of Premium:	Included				
Termination Age:	At age 65 or earlier retirement				
Optional Critical Illness	Option 1				
Benefit Schedule:	Employee: \$10,000, \$20,000 or \$30,000				
	Spouse & Child: 50% of				
Covered Conditions	employee amount 18 covered conditions				
Covered Conditions Termination Age:	18 covered conditions				
Covered Conditions Termination Age:					
Termination Age: Short-Term Disability	18 covered conditions At age 70 or earlier				
Termination Age: Short-Term Disability Insurance	18 covered conditions At age 70 or earlier retirement Option 1				
Short-Term Disability Insurance Benefit Schedule:	18 covered conditions At age 70 or earlier retirement Option 1 75% of salary				
Termination Age: Short-Term Disability Insurance	18 covered conditions At age 70 or earlier retirement Option 1				

All Other Employees

Long-Term Disability	Option 1	Option 2
<u>Insurance</u>		
Benefit Schedule:	66.7% of monthly earnings	66.7% of monthly earnings
Maximum Benefits:	\$10,000	\$10,000
Non-Evidence Maximum:	\$10,000	\$10,000
Elimination Period:	Must be totally disabled for 120 days before benefits begin	Must be totally disabled for 120 days before benefits begin
Definition of Disability: (1st Assessment)	Disabled from own occupation for 24 months	Disabled from own occupation for 24 months
Definition of Disability: (2 nd Assessment)	Disabled from any occupation	Disabled from any occupation
Offsets:	Primary CPP/ QPP	Primary CPP/ QPP
Cost of Living Adjustment:		3%
Tax Status:	Taxable	Taxable
Maximum Benefit Duration:	To age 65	To age 65
Termination:	To age 65	To age 65

Healthcare Insurance	Option 1	Option 2	Option 3	Option 4
Deductible:	n/a	None	None	None
Co-Insurance:				
In-Canada Hospital:	n/a	100%	100%	100%
Chronic Care Expenses:	n/a	n/a	100%	100%
All Other Healthcare:	n/a	80%	90%	100%
Hospital Expenses:				
In-Canada Hospital:	n/a	Semi-Private Hospital	Semi-Private Hospital	Private Hospital
Chronic Care:	n/a	n/a	\$25 per day	\$25 per day
Convalescent Care:	n/a	n/a	\$20 per day to maximum 90 days	\$20 per day to maximum 90 days
Other Health Expenses:				
Ambulance:	n/a	Included	Included	Included
Home Nursing Care:	n/a	\$10,000 to a maximum of 12 months per condition	\$10,000 to a maximum of 12 months per condition	\$10,000 to a maximum of 12 months per condition
Hearing Aids:	n/a	\$500 every 5 years	\$500 every 5 years	\$500 every 5 years
Custom-Fitted Orthopedic Shoes:	n/a	\$150 per plan year	\$250 per plan year	\$400 per plan year
Custom-made Foot Orthotics:	n/a	\$150 per plan year	\$250 per plan year	\$400 per plan year

	All Other Employees			
Healthcare Insurance	Option 1	Option 2	Option 3	Option 4
External Breast Prothesis:	n/a	1 per 12 months	1 per 12 months	1 per 12 months
Surgical Brassieres:	n/a	2 per 12 months	2 per 12 months	2 per 12 months
Wigs:	n/a	\$200 lifetime	\$200 lifetime	\$200 lifetime
Diagnostic X-Rays:	n/a	Included	Included	Included
Outdoor Wheelchair Ramps:	n/a	\$2,000 lifetime	\$2,000 lifetime	\$2,000 lifetime
Blood-Glucose Monitoring Machine:	n/a	1 every 4 years	1 every 4 years	1 every 4 years
Transcutaneous Nerve Stimulators:	n/a	\$700 lifetime	\$700 lifetime	\$700 lifetime
Extremity Pumps for Lymphedema:	n/a	\$1,500 lifetime	\$1,500 lifetime	\$1,500 lifetime
Custom-made Compression Hose:	n/a	\$250 per plan year	\$250 per plan year	\$250 per plan year
Termination Age:	At age 70 or earlier retirement	At age 70 or earlier retirement	At age 70 or earlier retirement	At age 70 or earlier retirement
Prescription Drug Care	Option 1	Option 2	Option 3	Option 4
Insurance	- p	- P	- p	
Deductible:	n/a	An amount equal to the pharmacist's dispensing fee	None	None
Dispensing Fee Maximum:	n/a	None	\$7 per prescription maximum	None
Co-Insurance:	n/a	80% 100% at Costco Pharmacy (except Quebec)	90% 100% at Costco Pharmacy (except Quebec)	100%
Plan Year Maximum:	n/a	Unlimited	Unlimited	Unlimited
Lifestyle Drug Coverage:				
Smoking Cessation:	n/a	\$500 lifetime	\$500 lifetime	\$500 lifetime
Anti-Obesity Drugs:	n/a	n/a	n/a	n/a
		n/a	n/a	n/a
Fertility Drugs:	n/a	II/a	.,, ~	

	All Other Employees			
Paramedical Practitioner	Option 1	Option 2	Option 3	Option 4
Insurance	•	•	•	•
Deductible:	n/a	None	None	None
Co-Insurance:	n/a	100%	100%	100%
Plan Year Maximums:				
Acupuncturist:	n/a	\$500 per plan year*	\$750 per plan year*	\$1,000 per plan year*
Chiropractors:	n/a	\$500 per plan year*	\$750 per plan year*	\$1,000 per plan year*
Dietitian	n/a	\$500 per plan year*	\$750 per plan year*	\$1,000 per plan year*
Physiotherapist:	n/a	\$500 per plan year*	\$750 per plan year*	\$1,000 per plan year*
Podiatrist/ Chiropodist:	n/a	\$500 per plan year*	\$750 per plan year*	\$1,000 per plan year*
Speech Therapist:	n/a	\$500 per plan year*	\$750 per plan year*	\$1,000 per plan year*
Massage Therapist:	n/a	\$500 per plan year*	\$750 per plan year*	\$1,000 per plan year*
Naturopath:	n/a	\$500 per plan year*	\$750 per plan year*	\$1,000 per plan year*
Osteopath	n/a	\$500 per plan year*	\$750 per plan year*	\$1,000 per plan year*
		* for all practitioners combined (excludes psychology)	* for all practitioners combined (excludes psychology)	* for all practitioners combined (excludes psychology)
Psychologist/ Social Worker/Psychoanalyst:	n/a	\$1,000 per plan year	\$1,000 per plan year	\$1,000 per plan year
Termination Age:	At age 70 or earlier retirement	At age 70 or earlier retirement	At age 70 or earlier retirement	At age 70 or earlier retirement
Vision Care Insurance	Option 1	Option 2	Option 3	Option 4
Deductible:	n/a	None	None	None
Co-insurance:	n/a	100%	100%	100%
Benefit Amount:	n/a	\$200 every 2 plan years	\$350 every 2 plan years	\$500 every 2 plan years
Eye Exams:	n/a	1 every 2 plan years (reasonable & customary)	1 every 2 plan years (reasonable & customary)	1 every 2 plan years (reasonable & customary)
Termination Age:	At age 70 or earlier retirement	At age 70 or earlier retirement	At age 70 or earlier retirement	At age 70 or earlier retirement
mergency Out-of-Country	Option 1			
Deductible:	None			
Co-insurance:				
Out-of-Country Emergency Services:	100%			
Out-of-Country Referral Services:	100%			

All Other Employees

Emergency Out-of-Country Option 1

Out-of-Canada Hospital:

Maximum: Unlimited

Termination Age:

At age 70 or earlier retirement

Private

Global Medical Assistance/
Best Doctors

Option 1

Benefit:

enefit: Included

Termination Age:

At age 70 or earlier retirement

Employee & Family

Option 1

Assistance Program

Benefit: Included

Termination Age:

At age 70 or earlier retirement

Dental Care Insurance	Option 1	Option 2	Option 3	Option 4
Deductible:	n/a	None	None	None
Co-insurance:				
Basic & Preventative:	n/a	80%	90%	100%
Major Restorative:	n/a	n/a	50%	50%
Child & Adult Orthodontia:	n/a	n/a	n/a	60%
Accidental Dental:	n/a	100%	100%	100%
Plan Year Maximum:				
Basic & Preventative:	n/a	\$1000	\$2,000 (combined with Major)	\$5,000 (combined with Major)
Major Restorative:	n/a	n/a	\$2,000 (combined with Basic)	\$5,000 (combined with Basic)
Child & Adult Orthodontia:	n/a	n/a	n/a	\$2,500 lifetime
Accidental Dental:	n/a	Unlimited	Unlimited	Unlimited
Fee Guide:	n/a	Current Province of Residence	Current Province of Residence	Current Province of Residence
Complete Examination:	n/a	1 every 9 months	1 every 9 months	1 every 6 months
Recall Examination:	n/a	1 every 9 months	1 every 9 months	1 every 6 months
Polishing:	n/a	1 every 9 months	1 every 9 months	1 every 6 months
Topical Fluoride:	n/a	1 every 9 months	1 every 9 months	1 every 6 months

	All Other Employees			
Dental Care Insurance	Option 1	Option 2	Option 3	Option 4
Scaling units:	n/a	10 units of 15 minutes per plan year	10 units of 15 minutes per plan year	10 units of 15 minutes per plan year
Termination Age:	At age 70 or earlier retirement	At age 70 or earlier retirement	At age 70 or earlier retirement	At age 70 or earlier retirement
Health Care Spending				
Account (HCSA) and				
Wellness Spending Account	Ontion 4			
(WSA)	Option 1			
Annual Allocation:	WSA \$200 per plan year			
Carry over Provision:	Credit carry forward 1 plan			
	year			
Taxability:	WSA: taxable on claims paid			
Termination Age:	At age 70 or earlier			
· · · · · · · · · · · · · · · · · · ·	retirement			