

# EXP Canadian flex benefits enrolment guide

A blueprint for your wellness



May 13, 2021

# EXP Canadian flex benefits enrolment guide

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The above sets out the basic details of your benefits plan. In the event there is a discrepancy between this document and the formal plan or policy documents, the formal plan or policy documents will take precedence. The details of the plan may be modified by EXP at any time.

# EXP Canadian flex benefits enrolment guide

## Welcome

July 1, 2021

Welcome to your Flex benefits plan!

Choose what works for you.

Whether you are single or married, kids or no kids, new to your career or near retirement, we are all different and have different benefits requirements. That is why EXP offers a flexible benefits plan – one that is all about choice and allows you to put together a package of benefits to support your unique needs.

Here is how it works:

1. Read your enrolment guide and ask questions to learn about the options available to you.

This guide explains the plan and how it works and offers considerations for you to think about as you make your benefit choices.

2. Decide on what works for you once you understand all your options.

To make your benefit choices, you will need to think about how much you and your family use your benefits now and whether those needs may change over the coming year. You will also need to think about who you want to cover under your benefits.

3. Select your options within your enrolment window.

The enrolment website makes it easy for you to submit your choices online. You just need to log on and follow the step by step instructions. The sooner you make the choices, the sooner you will get your benefits card and be able to start using your benefits.

To help you, there is a dedicated, toll-free line staffed by trained customer service representatives. You can reach them at 1-888-488-2356 from 8:30 a.m. to 5 p.m. E.T.

Once you have enrolled in the EXP Benefits plan you can relax knowing that you have selected the benefits that work for you!

# EXP Canadian flex benefits enrolment guide

## Step 1: Read your enrolment guide

Your Flex benefits plan offers a complete list of choices so that you can put together a benefits plan that suits your needs – a plan that works for you!

Here is how it works:

1. There are a variety of benefits to choose from.
2. There are different options within each benefit.
3. Each option has a price assigned to it.
4. EXP provides you with flex credits to start. Your flex credits will help pay for some or all of your health and dental premiums. You are responsible for the cost of the other benefits offered and selected.
5. If you do not use all of your flex credits, you can allocate them towards your Health Care Spending Account (HCSA) or your Registered Retirement Savings Plan (RRSP) (conditions apply).

What do these terms mean?

### Eligibility

To be eligible for benefits, you must be a full-time or part-time regular employee working a minimum of 20 hours per week. You are eligible for coverage as of the day of hire and must have provincial coverage.

### Benefits

Benefits are the high-level categories. In the Flex benefits plan, the categories include health, dental, out-of-country emergency, basic and optional life insurance, optional Accidental Death and Disability (AD&D) insurance, short-term and long-term disability as well as an Employee Assistance Program (EAP).

### Options

Within most of the benefits there are several different options to choose from – each offering a different package of services and coverage levels.

### Prices

Each benefit option has a price. The prices vary depending on the level of services and level of coverage offered under the option. Basically, the more coverage you get, the higher the price. For some benefits (e.g., basic life insurance) the price also depends on your annual salary, or in the case of optional life insurance, your age, gender and smoking status. You will see these prices listed on the enrolment website.

### Flex credits

EXP has started you off with a set amount of flex credits to use towards your health and dental benefit options. Any selections with a price that goes above and beyond that amount will be deducted through payroll deductions.

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If you do not require higher benefit options, you may have some flex credits left over after you have made your choices. EXP does not want you to lose out on those credits so you can allocate any remaining flex credits to your HCSA. You can also choose to allocate those credits to your RRSP, but make sure you have not already exceeded the maximum contribution allowed by the Canada Revenue Agency.

### Payroll deductions

You make payments towards your benefits through payroll deductions. The amount deducted from your paycheque will be determined by what options you select.

### Health Care Spending Account (HCSA)

The Flex benefits plan includes a healthcare spending account, which provides you and your dependents with financial assistance for medical and dental expenses beyond those that are covered under your plan. For more information on the HCSA plan, see the HCSA section on page 20 of this guide.

### Annual enrolment

Every year you get an opportunity to go in and update your coverage so that it meets your benefit needs for the coming plan year. During this period, you can increase your coverage or reduce it. Your plan year runs from July 1 to June 30 each year.

### Life event changes

If you experience a life event during the year that impacts your benefits needs such as getting married, divorced, having a child or losing benefits coverage that you and/or your spouse had elsewhere, you do not have to wait until the next annual enrolment period to update your benefits. You can visit the enrolment site through [welcome.canadalife.com/EXP](https://welcome.canadalife.com/EXP) within 31 days of the life event and update your coverage choices to meet your new needs. Find a full list of qualifying life events on page 23 of this guide.

### Family coverage

As you make benefit choices, you can include your eligible dependents by selecting family coverage. While you may not intend to cover your family for health and dental benefits, we strongly encourage you to add all your eligible dependents as they are entitled to some optional coverage.

Eligible dependents include your legally married or common-law spouse and eligible children. For more details on who qualifies as an eligible dependent see the Eligible dependents section on page 23 of this guide.

### Coordinating benefits

Do you have coverage under another benefits plan, perhaps a spouse's plan? If you do, you can coordinate benefits with both plans. This simply means that you may have the opportunity to select lower levels of coverage in your Flex benefits plan (at lower prices) and still potentially have up to 100% coverage between the two plans. Find details on how to coordinate claims in the Making a claim section on page 24 of this guide.

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## Step 2: Decide what you want

What benefits would you like?

Now that you know how your Flex benefits plan works, it is time to review the details and look at your list of choices!

This section will take you through each individual benefit, explain the options that are available for each benefit and outline some things to think about when making your decisions.

Some things to consider before you get started:

- How much do you use your current benefits?
- Are you expecting your needs to change over the next year?
- Does your spouse have a plan that already provides you with some coverage?
- Will your eligible dependents need coverage as well?
- Do you expect your eligible dependents' needs to change this year?

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## Health options

To make your health option decision, determine first if you want to have single or family coverage and then select the health coverage option that best suits the needs of you and your eligible dependents.

In Quebec, Option 2 is the minimum mandatory option you must select for you and your family unless you provide evidence that you are insured under another private plan, such as your spouse's plan.

Healthcare   Policy # 59262				
Covered expenses will not exceed customary charges				
Benefit year	July 1 to June 30			
Termination	Your health care coverage will not continue past the end of the day before the date you reach age 65, you retire or your employment ends, whichever is earlier, unless otherwise required by law.			
	Option 1	Option 2	Option 3	Option 4
Deductibles				
Individual	None	\$50 each benefit year	\$50 each benefit year	\$50 each benefit year
Family	None	\$100 each benefit year	\$100 each benefit year	\$100 each benefit year
	The individual and family deductibles do not apply to Out-of-Country Emergency Care and Global Medical Assistance			

	Option 1	Option 2	Option 3	Option 4
Reimbursement levels				
Out-of-country emergency care and global medical assistance expenses	100%	100%	100%	100%
Out-of-country non-emergency care expenses	Not covered	Not covered	50%	50%
Vision care expenses				
Eye exams	Not covered	70%	100%	100%
All other expenses		70%	85%	100%
In-Canada prescription drug expenses				
Dispensing fee	Not covered	Not covered	100%	100%
Single coverage	Not covered	70% until \$6,000 of out-of-pocket expenses have been incurred in a benefit year and 100% for the remainder of the benefit year	80% until \$4,000 of out-of-pocket expenses have been incurred in a calendar year and 100% for the remainder of the benefit year	95% until \$1,000 of out-of-pocket expenses have been incurred in a benefit year and 100% for the remainder of the benefit year

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<b>Family coverage</b>	Not covered	70% until \$12,000 of out-of-pocket expenses have been incurred in a benefit year and 100% for the remainder of the benefit year	80% until \$8,000 of out-of-pocket expenses have been incurred in a benefit year and 100% for the remainder of the benefit year	95% until \$2,000 of out-of-pocket expenses have been incurred in a benefit year and 100% for the remainder of the benefit year
<b>All other expenses</b>	Not covered	70%	85%	100%
<b>Out of pocket maximum for Quebec residents</b>	<p>An out-of-pocket maximum is applied to in-province expenses for drugs listed in the <i>Liste de médicaments</i> published by the <i>Régie de l'assurance-maladie du Québec</i> if you live in Quebec (provincial formulary drug expenses). If the sum of the non-reimbursable amounts you are required to pay for provincial formulary drug expenses incurred for you and your dependent children or for your spouse in a calendar year reaches the maximum out-of-pocket level established by law, the amount payable for provincial formulary drug expenses incurred for the same individuals for the rest of the calendar year will be adjusted as follows:</p> <ol style="list-style-type: none"> <li>1. Reimbursement will be made at 100%</li> <li>2. No further out-of-pocket amounts will apply</li> </ol> <p>The out-of-pocket maximum does not apply to drug expenses incurred outside Quebec</p>			

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Basic expense maximums				
	Option 1	Option 2	Option 3	Option 4
<b>Hospital</b>	Not covered	Semi-private room	Semi-private room	Private room
<b>Home nursing care</b>		\$10,000 each benefit year	\$20,000 each benefit year	\$25,000 each benefit year
<b>In-Canada prescription drugs</b>		Included	Included	Included
<b>Smoking cessation products</b>		\$300 lifetime or as otherwise required by law	\$300 lifetime or as otherwise required by law	\$300 lifetime or as otherwise required by law
<b>Fertility drugs</b>		5,000 lifetime or as otherwise required by law	\$5,000 lifetime or as otherwise required by law	\$5,000 lifetime or as otherwise required by law
<b>Dispensing fee limit</b> <small>(This does not apply if you live in Québec)</small>		Not covered	The covered expense for the dispensing fee portion of a prescription drug charge is limited to \$10	The covered expense for the dispensing fee portion of a prescription drug charge is limited to \$15
<b>Hearing aids</b>		\$500 every 36 months	\$500 every 36 months	\$500 every 36 months
<b>Insulin Infusion Pump</b>		\$2000 per pump, once every 5 years	\$2000 per pump, once every 5 years	\$2000 per pump, once every 5 years
<b>Incontinence supplies</b>		Included	Included	Included
<b>Orthopedic shoes and custom-made foot orthotics</b>		Not covered	\$300 every 4 benefit years	\$500 every 4 benefit years
<b>Myoelectric arms</b>		\$10,000 per prosthesis	\$10,000 per prosthesis	\$10,000 per prosthesis
<b>External breast prosthesis</b>		2 per lifetime	2 per lifetime	2 per lifetime
<b>Surgical brassieres, following a surgical procedure</b>		\$250 each benefit year	\$250 each benefit year	\$250 each benefit year
<b>Mechanical or hydraulic patient lifters</b>		\$2,000 per lifter once every 5 years	\$2,000 per lifter once every 5 years	\$2,000 per lifter once every 5 years
<b>Blood-glucose monitoring machines</b>		1 every 4 years	1 every 4 years	1 every 4 years
<b>Continuous glucose monitoring machines including sensors and transmitters</b>		\$4,000 each calendar year	\$4,000 each calendar year	\$4,000 each calendar year
<b>Transcutaneous nerve stimulators</b>		\$700 lifetime	\$700 lifetime	\$700 lifetime
<b>Extremity pumps for Lymphedema</b>		Once to a max. of \$1,500 per lifetime	Once to a max. of \$1,500 per lifetime	Once to a max. of \$1,500 per lifetime

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<b>Custom-made compression hose</b>		\$250 each benefit year	\$250 each benefit year	\$250 each benefit year
<b>Continuous Positive Airway Pressure Machine (CPAP) Replacement Filters</b>		\$100 each benefit year	\$100 each benefit year	\$100 each benefit year
<b>Wigs required due to a medical condition</b>		\$250 lifetime	\$250 lifetime	\$250 lifetime
<b>Diagnostic services</b>		\$300 each benefit year	\$500 each benefit year	\$750 each benefit year

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Paramedical expense maximums				
	Option 1	Option 2	Option 3	Option 4
<b>Audiologists</b>	Not covered	\$300 per practitioner to a combined maximum of \$600 each benefit year	\$500 per practitioner to a combined maximum of \$1,000 each benefit year	\$750 per practitioner to a combined maximum of \$1,500 each benefit year
<b>Acupuncturists</b>				
<b>Chiropractors, including diagnostic x-rays</b>				
<b>Podiatrists/ Chiropodists including diagnostic x-rays for Podiatrists</b>				
<b>Naturopaths</b>				
<b>Osteopaths, including diagnostic x-rays</b>				
<b>Psychologists and Psychotherapists</b>				
<b>Physiotherapists and Rehabilitation Therapists</b>				
<b>Occupational Therapists</b>				
<b>Speech Therapists</b>				
<b>Qualified Massage Therapists</b>				

Vision care expense maximums				
	Option 1	Option 2	Option 3	Option 4
<b>Eye examinations</b>	Not covered	\$200 every 24 months	\$75 every 24 months	\$75 every 24 months
<b>Glasses, contact lenses and laser eye surgery</b>			\$200 every 24 months	\$250 every 24 months

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Good to know:

## Medical supplies and services

This category includes a wide range of medical supplies and services that are not covered (or are only partially covered) under your provincial health insurance. Please refer to your benefits booklet for an exhaustive list of the medical services and supplies coverage.

## Generic Substitution

Your prescription drug benefits plan includes Generic Substitution, which means the amount you can be reimbursed for your prescriptions is limited to the cost of the lowest-priced generic alternative. By asking your doctor to prescribe the generic equivalent whenever possible, you can do your part to help keep your drug plan affordable for the long term. You can still request the brand name drug your doctor has prescribed, but you will have to pay the difference in cost between the lowest-priced generic drug and the brand name drug.

There is an exception process allowing Reasonable & Customary (R&C) cost of the brand name drug if a doctor indicates no substitution and there is medical information to support it. You and your doctor must complete a medical evidence form for the required brand drug and provide it to Canada Life. The form will be reviewed and Canada Life will determine if the exception can be approved. If approved, payment will be made at the Reasonable & Customary (R&C) price of the brand medication. If declined, payment will continue at the generic drug cost.

Things to consider:

- Do you or your eligible dependents need ongoing services or supplies?
- Will you or your eligible dependents require vision care?
- Does your spouse have a benefits plan?

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## Out of country emergency

Your provincial health care plan provides good protection, but it may not be enough when faced with a medical emergency when travelling outside of your province. Your protection through your Flex benefits plan supplements your provincial plan by covering the reasonable and customary costs of medically necessary services or supplies related to the initial treatment of a medical emergency while travelling outside of your province.

EXP has selected to automatically include this coverage for yourself and eligible dependents in the Flex benefits plan so you do not need to select any options to ensure that you have out-of-country emergency coverage.

There is no co-pay or deductible with this benefit and it pays 100% of eligible claims to a lifetime maximum of \$5,000,000.

Good to know:

### Medical emergency

A medical emergency is either a sudden, unexpected injury or a sudden, unexpected illness or acute episode of disease that could not have been reasonably anticipated based on the person's prior medical condition.

Costs incurred for a medical condition that requires ongoing care or elective services are **not** covered.

### Travel assistance

In the event of a medical emergency, you can call the assistance company using the toll-free number on the back of your benefits card. The assistance company will help you arrange for appropriate medical care, verify your insurance coverage, and provide necessary travel assistance, such as flight, hotel accommodation and vehicle return. If required, the assistance company can also provide advance payments, subject to Canada Life's approval.

### Termination of coverage

Your out-of-country coverage ends when you terminate employment with EXP or retire, whichever is earlier.

Things to consider:

- If you have any other travel medical insurance, this plan will coordinate coverage with them
- This plan does not provide trip cancellation insurance or trip interruption insurance

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## Dental options

To make your dental option decision, determine first if you want to have single or family coverage and then select the dental coverage option that best suits the needs of you and your eligible dependents.

Dental care   Policy # 59262				
Covered expenses will not exceed customary charges				
Benefit year	July 1 to June 30			
Termination	Your dental care coverage will not continue past the end of the day before the date you reach age 65, you retire or your employment ends, whichever is earlier.			
	Option 1	Option 2	Option 3	Option 4
Payment basis	Not covered	The dental fee guide in effect in your province of residence on the date treatment is rendered. Payment for charges by hygienists practicing independently is based on hygienist fee guides. Specialists' charges are limited to general practitioner fees		
Deductibles				
Individual	Not covered	\$50 each calendar year	\$50 each calendar year	\$50 each calendar year
Family		\$100 each calendar year	\$100 each calendar year	\$100 each calendar year

Reimbursement levels				
	Option 1	Option 2	Option 3	Option 4*
Basic coverage				
Endodontic and periodontal services	Not covered	60%	80%	100%
Basic and major oral surgery except for denture-related stents		60%	80%	100%
All other basic coverage		100%	100%	100%
Major coverage				
Major oral surgery	Not covered	See basic coverage	See basic coverage	See basic coverage
Denture-related stents and all other major coverage		Not covered	50%	50%
Orthodontic coverage		Not covered	Not covered	50%
Plan maximum				
Orthodontics treatment	Not covered	Not covered	Not covered	\$2,000 lifetime for children age 6 to 18 when treatment starts

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<b>All other treatment</b>		\$1,000 each benefit year	\$1,500 each benefit year	\$2,500 each benefit year
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**\*Please note that dental option 4 is locked in for two years if selected.**

<b>Survivor benefits</b>				
	<b>Option 1</b>	<b>Option 2</b>	<b>Option 3</b>	<b>Option 4</b>
	If you die while your coverage is still in force, the healthcare and dental care benefits for your dependents will be continued for a period of 6 months or until they no longer qualify, whichever happens first			

Good to know:

### Basic services

This includes basic dental work like fillings, root canals and repairs to dentures.

### Endodontics/Periodontics

Some examples of endodontics would include root canal therapy for permanent teeth, treatment of the pulp chamber, apexification and periapical services. Examples of periodontics would include root planning periodontal surgery, occlusal adjustment and equilibration and periodontal appliances.

### Orthodontics

This includes services and supplies for orthodontic treatments including exams, diagnostic casts as well as fixed and removable appliances (e.g., braces and retainers). Orthodontia services are only available for dependent children between the ages of 6 and 18. Coverage for this benefit ends once the child reaches the age of 19.

Things to consider:

- Are you expecting to have major work done soon?
- Do you already have coverage on your spouse's plan for dental coverage to consider?
- Are your children old enough to need dental care?
- Will your children require any orthodontic work soon?

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## Life insurance

### Basic life insurance

To ensure protection for your family, the Flex benefits plan requires all employees to have at the minimum the basic life insurance which is 1 time your annual salary. You have the option to increase your basic life insurance amount:

- Option 1 - 1 times your annual salary
- Option 2 - 2 times your annual salary
- Option 3 - 3 times your annual salary

You also have the option to purchase additional life insurance coverage for yourself, your spouse and your eligible children.

### Optional employee life insurance

You must select Option 3 for basic life insurance above to be eligible for the optional employee life insurance. Optional employee life insurance can be purchased in increments of \$10,000 to a maximum of \$500,000. All amounts are subject to Evidence of Insurability (EOI).

### Optional spousal life insurance

You can purchase optional life insurance for your spouse in units of \$10,000 to a maximum of \$500,000. Evidence of insurability (EOI) is required before your additional coverage can take effect.

### Optional child life insurance

You can purchase optional life insurance for your children in units of \$5,000 to a maximum of \$25,000. Evidence of insurability (EOI) is not required.

Good to know:

### Evidence of insurability (EOI)

This is a medical form that the insured person fills in and sends back to Canada Life for approval of coverage. This is only required for additional optional life insurance coverage for you and your spouse and if you are increasing your coverage during a life event or during the annual enrolment period. Otherwise, EOI is not required for basic life insurance coverage when you initially enrol or for optional child life insurance coverage. If EOI is required, the coverage that you have selected will not go into effect until it has been approved by Canada Life.

### Beneficiary designation

During the enrolment process in the enrolment site, you will be asked to designate a beneficiary. The beneficiary that you designate will not take effect until you have printed and signed the Beneficiary Declaration and Trustee Appointment form provided during the enrolment process.

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Once signed you must send this form into Canada Life and once received, your designation will take effect. You are automatically the beneficiary for any optional spousal or optional child life insurance that you sign up for.

### Smoker status

Identifying your true smoker status is extremely important, as well it is important to keep your smoker status up to date if there are any changes. To have non-smoker status, you must have not within the last 12 months smoked or used cigarettes, hashish, cigars, pipe, cigarillos, chewing tobacco, nicotine patch and/or gum, betel nuts, or tobacco, or nicotine in any other form.

### Annual salary

Annual salary refers to your gross, base salary and does not include any bonuses or overtime.

### Termination of coverage

Your basic life insurance and optional life insurance coverage ends when you terminate employment with EXP, retire or reach age 65, whichever is earlier.

Optional spousal life insurance coverage ends when you terminate employment with EXP, retire or when you or your spouse reaches age 65, whichever is earlier.

Optional child life insurance coverage ends when you terminate employment with EXP, retire, reach age 65 or when your child reaches the age when they are no longer considered an eligible dependent child, whichever is earlier.

### Things to consider:

- Do you need life insurance coverage beyond the basic coverage of one year's annual salary?
- Does your spouse or your children need coverage?
- What impact would a death in the family have on your financial situation? (consider both lost earnings and funeral costs)
- Are you the primary income earner for your family?
- Do you have life insurance coverage elsewhere?

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## Optional AD&D Insurance

Accidental Death and Dismemberment insurance (AD&D) provides coverage if you or an eligible dependent is killed or seriously injured in an accident. It is not intended to replace disability or life insurance as it does not replace income, rather it is a lump sum payment intended to assist with unexpected costs that may arise from a serious injury.

Like optional life insurance, AD&D insurance is purchased in units. Your options can be found on the enrolment site through [welcome.canadalife.com/EXP](https://welcome.canadalife.com/EXP) and evidence of insurability is not required for this benefit.

- **Optional AD&D insurance for you**  
You have the option to purchase AD&D insurance coverage for yourself in units of \$10,000 to a maximum of \$500,000.
- **Optional Spouse's AD&D insurance**  
You can purchase AD&D insurance for your spouse in units of \$10,000 to a maximum of \$500,000.
- **Optional Children's AD&D insurance**  
You can purchase AD&D insurance for your children in units of \$5,000 to a maximum of \$25,000.

Please note that all AD&D coverage listed above is provided to you by another carrier. Canada Life does not insure these benefits. Please contact your HR Representative for any questions concerning AD&D coverage or claims.

Good to know:

### Beneficiary designation

You will be the recipient of any benefit paid as the result of an accident. You may designate a beneficiary or beneficiaries during the enrolment process or after, if you want to ensure that benefit paid on your death goes to a specific person. If you do not designate a beneficiary, the benefits will go to your estate.

The beneficiary that you designate will not take effect until you have printed and signed the Beneficiary Declaration and Trustee Appointment form provided during the enrolment process. Once signed you must send this form into Canada Life and once received, your designation will take effect. You are automatically the beneficiary for any optional spouse or optional children's AD&D insurance in the case of death.

### Termination of coverage

Your optional AD&D insurance coverage ends when you terminate employment with EXP, retire or reach age 65, whichever is earlier.

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Your optional Spouse's AD&D insurance coverage ends when you terminate employment with EXP, retire or when you or your spouse reaches age 65, whichever is earlier.

Your optional children's AD&D insurance coverage ends when you terminate employment with EXP, retire, reach age 65 or when your child reaches the age when they are no longer considered an eligible dependent child, whichever is earlier.

### Things to consider:

- Do you, your spouse or your children need AD&D coverage?
- What impact would a serious injury have on your financial situation?
- Are you the primary income earner for your family?
- Do you have AD&D insurance coverage elsewhere?

## Disability insurance

Short-Term Disability (STD) and Long-Term Disability (LTD) benefits are intended to provide income replacement in the event that you have an injury or illness that prevents you from being able to work. You need to be totally disabled to qualify for those benefits payments.

The STD benefit is an employer-sponsored salary continuance plan. You receive 100% of your weekly salary for the first week; 75% for the next 15 weeks. This is a taxable benefit. It is not insured by Canada Life.

LTD insurance is administered through your Flex benefits plan. LTD is a core component of the plan and as a result is a mandatory benefit with option 1 being the minimum amount required. This is a non-taxable benefit.

- Option 1 - 50% of your first \$2,500 of monthly salary, plus 42% of the next \$3,500 of monthly salary, plus 35% of any excess amount, to a maximum of \$11,000 without EOI and an overall maximum of \$25,000
- Option 2 - 62% of your first \$2,250 of monthly salary, plus 54% of the next \$3,000 of monthly salary, plus 40% of any excess amount, to a maximum of \$11,000 without EOI and an overall maximum of \$25,000

### Good to know:

#### Qualifying period

There is a 7-consecutive calendar days qualifying period before your STD benefits start.

There is a 17-week qualifying period before your LTD benefits start. You must be receiving regular, ongoing care and treatment from a physician during the qualifying period for benefits to be payable at the end of that time.

#### Cost of living adjustments

If you require disability insurance for a long period of time, it is important to consider the impact of inflation on your income. The Cost of Living Adjustment (COLA) automatically incorporates this into

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your benefit amount. The adjustment will start with your January payment after benefits have been payable for:

- Option 1 - 5 years
- Option 2 - 2 years

The amount of the adjustment will be based on the change in the Consumer Price Index (CPI) to a maximum of 3%.

### Annual/Monthly/Weekly salary

Salary refers to your gross, base salary and does not include any bonuses or overtime.

### Other income

Your LTD benefit is reduced by other income you are entitled to receive while you are disabled. Your benefit is first reduced by:

- Disability or retirement benefits you are entitled to on your own behalf under the Canada Pension Plan or Quebec Pension Plan
- Benefits under any Workers' Compensation Act or similar law
- Loss of income benefits under an automobile insurance plan, to the extent permitted by law

### All Source maximum income

There is an overall limit of your net income that you are allowed to receive from all income sources combined, for instance, LTD, CPP/QPP, Workers Compensation, other group plans, employment income and retirement benefits. If your total combined income exceeds this, Canada Life will be required to reduce your LTD benefits appropriately to meet this requirement.

- Option 1 - 80% of your pre-disability annual salary
- Option 2 - 85% of your pre-disability annual salary

### Termination of coverage

Your disability coverage ends when you terminate employment with EXP, retire or reach age 65, whichever is earlier.

### Things to consider:

- What impact would a disability have on your financial situation?
- Are you the primary income earner for your family?
- Do you have individual disability insurance coverage elsewhere?
- Should you consider an option with an earlier cost of living adjustment?

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## Health Care Spending Account (HCSA)

Your HCSA covers three types of expenses:

- The amount left over after Canada Life has paid your health or dental claim
- Any health service or supply that is not covered by a benefit plan (you may even use it to pay for health or dental expenses when you do not have health or dental coverage)
- Any other health-related insurable expenses that you could claim for the medical expense tax credit on your tax return

Some examples of items that your regular plan may not cover, but your HCSA does:

- Some medical equipment (must be prescribed by a doctor)
- Eyeglasses and contact lenses in excess of the maximum
- Dental services that may not be part of the existing dental plan
- Expenses related to sight or hearing guide dogs
- Optical scanners for people with visual impairments

Some common health-related expenses not covered by your HCSA:

- Earplugs
- Medic-Alert™ bracelets
- Toothbrushes/toothpaste

**Good to know:**

You can use your HCSA for any family member considered dependent on you under your plan.

You have six months from the end of the plan year – June 30, to file your claims to your HCSA.

### Credit carryover

Your HCSA money is available as of the date your plan year begins – July 1. After a year from that date, if you have money left in our HCSA, you can still use it the next year. You can only keep unused HCSA money for one extra plan year, so if you still have not used up the first year's money at the end of next year, it will no longer be available.

# EXP Canadian flex benefits enrolment guide

## Step 3 – Select your options

Now that you have reviewed all the benefit details and decided what options will work best for you and your family, you can enrol online on the enrolment website through [welcome.canadalife.com/EXP](https://welcome.canadalife.com/EXP). As you make your way through the enrolment process the website will provide an update on your payroll deduction amount with every option selected.

1. You will receive a welcome email with detailed instructions. You'll need your employee number at EXP to enrol
2. Go to [welcome.canadalife.com/EXP](https://welcome.canadalife.com/EXP) and select 'Enrol in your benefits plan'
3. Request a password by selecting 'Forgot/Need my password' and a temporary password will be sent to your work e-mail address
4. Once you are logged in, select 'I want to enrol' and follow the instructions to make your choices

As a new hire, you will be given 14 days for your initial enrolment into your benefits. Your benefits coverage will be retroactive to your date of hire.

### What can you expect when enrolling?

1. Personal Information  
You will be asked to confirm your personal information. If there are any discrepancies, you will need to contact your HR Representative to have it changed. You can still continue with the enrolment process though after confirming your smoker status.
2. Dependent Information  
If you already have dependents in the system from previous enrolments, you will be asked to confirm the information and can make updates directly on the enrolment site.

If you need to add any dependents, select the 'Add new dependent' button on the screen for each dependent and add the relevant information.

3. Benefit choices  
This is where you will select your benefit options. All available options are displayed for you. Simply select the option for each benefit that meets your needs. You will see the impact on your payroll deduction amount with each selection that you make.

The system will prompt you to select a beneficiary for each applicable benefit. Remember that you must print and sign the Beneficiary Declaration and Trustee Appointment form and send it into Canada Life. Until this form is received at Canada Life, all payments would be made to your estate.

4. Excess flex credit allocation

The above sets out the basic details of your benefits plan. In the event there is a discrepancy between this document and the formal plan or policy documents, the formal plan or policy documents will take precedence. The details of the plan may be modified by EXP at any time.

## EXP Canadian flex benefits enrolment guide

If your benefit selections leave you with some remaining Flex credits, you can choose to allocate them to your HCSA or your RRSP, if you have not already exceeded your CRA maximum contribution. If you are not already enrolled in the RRSP, you will need to enrol before this allocation can take effect.

### 5. Confirm and print

The enrolment site will provide you with a confirmation page that you can print for your records. Once these selections are made, they cannot be reversed, so it is important only to confirm if you are absolutely satisfied with the selections that you have made.

If your choices require Evidence of insurability (EOI) the system will prompt you to print the EOI form. You will also be prompted to print the Beneficiary Declaration and Trustee Appointment form if you have selected beneficiaries.

If you have any questions, call 1-888-488-2356 for assistance – we are here to help!

### Good to know:

#### Default coverage

If you do not enrol as a new hire, you will be given the default coverage (Option 2, single coverage for health and dental, Option 1 for basic life (1x annual salary) and option 1 for LTD). You will not be able to adjust your coverage until the next re-enrolment period unless you experience a life event.

If you choose to not participate in future re-enrolment campaigns, your coverage will remain with your previously selected options.

#### Default excess flex credits allocation

If you do not allocate your excess flex credits, they will be automatically allocated to your HCSA account. You may choose to assign your excess flex credits to your RRSP, but this must be done during enrolment if you are a new hire, and at each annual re-enrolment thereafter. It cannot be done later in the year.

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## What else do I need to know?

### Life events

Remember if you have a life event you have 31 days to update your benefits package directly on the enrolment site through [welcome.canadalife.com/EXP](https://welcome.canadalife.com/EXP), otherwise, you will have to wait for the next re-enrolment period. Life events include:

- Marriage
- 12-month anniversary of a common-law relationship
- Divorce, separation or the end of a common-law relationship
- Addition of a dependent child (birth, adoption, legal guardianship, gain a stepchild, etc.)
- Death of a spouse or child
- Loss of a child's dependent status (marriage, reaching age limit, leaves school, etc.)
- Gain or loss of your spouse's benefit coverage

### Eligible dependents

#### Spouse

Your legal spouse, or a person continuously living with you in a role like that of a marriage partner for at least 12 months.

#### Eligible children

- Your natural or adopted child, or stepchild, who is:
  - Unmarried
  - Under age 21, or under age 26 if a full-time student
  - Not employed on a full-time basis, and
  - Not eligible for coverage as an employee under this or any other group benefit plan
- A child who is incapacitated on the date he or she reaches the age when coverage would normally terminate will continue to be an eligible dependent. However, the child must have been covered under the Flex benefits plan immediately prior to that date.

A child is considered incapacitated if he or she is incapable of engaging in any substantially gainful activity and is dependent on the employee for support, maintenance and care, due to a mental or physical handicap.

Canada Life may require written proof of the child's condition as often as may reasonably be necessary.

- A stepchild must be living with you to be eligible
- A newborn child shall become eligible from the moment of birth for health and dental benefits, as well as for optional child life insurance

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## Making a claim

### Benefits cards

You will receive your benefits card within two weeks of enrolment. Once received, your benefits card can be provided to your pharmacist for direct billing and your pharmacist will only charge you for amounts not covered under your plan. If you select option 1 for your health benefit, you will not receive a benefits card, but you will receive a travel assistance card.

You also have access to your benefits card online on the Canada Life website through **welcome.canadalife.com/EXP** and on GroupNet Mobile, the Canada Life GroupNet app for your phone.

### Electronic dental claims

Your dentist has the ability to directly submit claims electronically so that you don't have to pay for the services upfront. If your dentist allows for this service, you can simply provide them with your policy number and your employee number.

### Out of pocket expenses

To claim other out of pocket expenses, log into Canada Life website through **welcome.canadalife.com/EXP** or the GroupNet Mobile App. You can submit most out of pocket claims online through eClaims. You can even receive text messages or emails when your claim has been processed. As well, if you sign up for direct deposit claim payments, your claim will be paid right into your bank account.

After a claim has been processed, you will receive a claim statements, which you should keep with copy of your receipts.

### Delay to file a claim

You have six months from the end of the plan year – June 30, to file your health, dental and HCSA claims to your benefits plan

### Coordination of benefits

If your spouse also has a benefit plan and you wish to coordinate coverage, it is important for both of you to register each other as dependents on each of your plans. You can also provide both benefit cards to your pharmacist and they will submit to both plans for automatic coordination of benefits.

- For your claims  
You will first need to claim through your Flex benefits plan and any unpaid amounts can be submitted through to your spouse's plan.
- For your spouse's claims  
They will first need to claim through their benefits plan and any unpaid amounts can be submitted through your Flex benefits plan on Canada Life online system.
- For your dependent children

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You must submit the claim first through the plan of the person whose birthday falls earliest in the year. Any unpaid amounts can be submitted to the other plan.

### Spouse plans through Canada Life

If your spouse has a group benefits plan through Canada Life, make sure to indicate this when putting the claim through the eClaims process and Canada Life will coordinate the claims automatically on your behalf.

For additional information on claims processes, you can refer to the Canada Life eWelcome package found on [welcome.canadalife.com/EXP](https://welcome.canadalife.com/EXP) or call 1-888-488-2356 for assistance.

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