Your benefits at a glance

We're pleased to present an overview of the benefits and services available to you and your dependents through your group benefits plan with Canada Life. More detailed information is available in the enrolment guide, the benefits booklet and the FAQs, that can be found in Canada Life website at **welcome.canadalife.com/EXP** as well as in explore.

For any questions, call 1-888-488-2356 for assistance.

Group policy numbers: 175781, 175782, 59262

Employee basic life insurance | Policy # 175781

	Option 1	Option 2	Option 3
Benefit formula	100% of annual salary to a maximum of $1,250,000	200% of annual salary to a maximum of $1,250,000	300% of annual salary to a maximum of $1,250,000
Termination	Your life insurance won't continue past the end of the day before the date you reach age 65, you retire or your employment ends, whichever is earlier.		

Optional Life insurance | Policy # 175782

	To be eligible for Optional Life insurance, you must have chosen option 3 employee basic life Insurance
Employee	Available in $10,000 units to a maximum of $500,000, subject to approval of evidence of insurability
Spouse	Available in $10,000 units to a maximum of $500,000, subject to approval of evidence of insurability
Child	Available in $5,000 units to a maximum of $25,000
Combined maximum	Your employee basic life and Optional Life are limited to a combined maximum of $1,500,000
Termination	Your and your children's optional life insurance won't continue past the end of the day before the date you reach age 65, you retire or your employment ends, whichever is earlier. Your spouse's coverage won't continue past the end of the day before the date you retire or your employment ends, or you or your spouse reaches age 65, whichever comes first.

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Optional Accidental Death and Dismemberment insurance (AD&D) Administered by: SSQ | Policy number: 1S275	
Employee	You have the option to purchase AD&D insurance coverage for yourself in units of $10,000 to a maximum of $500,000.
Spouse	You can purchase AD&D insurance for your spouse in units of $10,000 to a maximum of $500,000.
Child	You can purchase AD&D insurance for your children in units of $5,000 to a maximum of $25,000.
Termination	Your optional AD&D insurance won't continue past the end of the day before the date you reach age 65 you retire or your employment ends, whichever is earlier.

Short-term Disability income benefits Salary continuation program, administered by Alight (formerly known as ReedGroup)	
Waiting Period	
Injury	7 consecutive calendar days
Disease	7 consecutive calendar days
	If you're hospitalized or have day surgery before the last day of the waiting period for disease, benefits will begin on the day you're hospitalized or the surgery is performed
Maximum benefit period	17 weeks (including waiting period)
Amount	100% of your weekly salary for the first week; 75% for the next 15 weeks
Termination	Your short term disability income benefit won't continue past the end of the day before the date you reach age 65, you retire or your employment ends, whichever is earlier.

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Long-term Disability income benefits | Policy # 175781		
	Option 1	**Option 2**
Waiting period	17 weeks	17 weeks
Monthly amount	50% of the first $2,500 of your monthly salary plus 42% of the next $3,500 plus 35% of the remainder to a maximum benefit of $25,000 or the all source maximum, whichever is less	62% of the first $2,250 of your monthly salary plus 54% of the next $3,000 plus 40% of the remainder to a maximum benefit of $25,000 or the all source maximum, whichever is less
All source maximum	80% of your pre-disability take-home pay	85% of your pre-disability take-home pay, whichever is less
No evidence maximum (monthly)	Any amount of LTD insurance over $11,000 is subject to approval of evidence of insurability	Any amount of LTD insurance over $11,000 is subject to approval of evidence of insurability
Inflation protection	5 years after the start of your benefit period and annually after that, the then current amount payable will be adjusted to reflect increases in the Consumer Price Index, to a maximum of 3% in any year	2 years after the start of your benefit period and annually after that, the then current amount payable will be adjusted to reflect increases in the Consumer Price Index, to a maximum of 3% in any year
Termination	Your LTD insurance won't continue past the end of the day before the date you reach age 65, less the waiting period or your employment ends, whichever is earlier.	

Healthcare | Policy # 59262 Covered expenses won't exceed customary charges				
Benefit year	**July 1 to June 30**			
Termination	Your healthcare coverage won't continue past the end of the day before the date your 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		$100 each benefit year	$100 each benefit year	$100 each benefit year
		The individual and family deductibles don't apply to Out-of-Country Emergency Care and Global Medical Assistance		

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Your benefits at a glance

	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%
Visioncare expenses				
- Eye exams		70%	100%	100%
- All other expenses		70%	85%	100%
In-Canada prescription drug expenses				
- Dispensing fee		Not covered	100%	100%
- Single coverage		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
- Family coverage		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
All other expenses		70%	85%	100%
Out-of-pocket maximum for Quebec residents	An out-of-pocket maximum is applied to in-province expenses for drugs listed in the *Liste de médicaments* published by the *Régie de l'assurance-maladie du Québec* if you live in Quebec (provincial formulary drug expenses). If the sum of the non-reimbursable amounts you're 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: Reimbursement will be made at 100% no further out-of-pocket amounts will apply The out-of-pocket maximum doesn't apply to drug expenses incurred outside Quebec			

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Your benefits at a glance

	Option 1	Option 2	Option 3	Option 4
Basic expense maximums				
Hospital	Not covered	Semi-private room	Semi-private room	Private room
Home nursing care		$10,000 each benefit year	$20,000 each benefit year	$25,000 each benefit year
In-Canada prescription drugs		Included	Included	Included
Smoking cessation products		$300 lifetime or as otherwise required by law	$300 lifetime or as otherwise required by law	$300 lifetime or as otherwise required by law
Fertility drugs		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
Anti-obesity drugs		$2,000 per benefit year	$2,000 per benefit year	$2,000 per benefit year
Dispensing fee limit **This doesn't apply if you live in Québec.**		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.
Hearing aids		$500 every 36 months	$500 every 36 months	$500 every 36 months
Insulin Infusion Pumps		$2,000 per pump, once every 5 years	$2,000 per pump, once every 5 years	$2,000 per pump, once every 5 years
Incontinence supplies		Included	Included	Included
Orthopedic shoes and custom-made foot orthotics		Not covered	$300 every 4 benefit years	$500 every 4 benefit years
Myoelectric arms		$10,000 per prosthesis	$10,000 per prosthesis	$10,000 per prosthesis
External breast prosthesis		2 per lifetime	2 per lifetime	2 per lifetime
Surgical brassieres, following a surgical procedure		$250 each benefit year	$250 each benefit year	$250 each benefit year

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Your benefits at a glance

Mechanical or hydraulic patient lifters		$2,000 per lifter once every 5 years	$2,000 per lifter once every 5 years	$2,000 per lifter once every 5 years

	Option 1	Option 2	Option 3	Option 4
Basic expense maximums – cont.				
Blood-glucose monitoring machines	Not covered	1 every 4 years	1 every 4 years	1 every 4 years
Continuous glucose monitoring machines including sensors and transmitters		$4,000 each calendar year	$4,000 each calendar year	$4,000 each calendar year
Transcutaneous nerve stimulators		$700 lifetime	$700 lifetime	$700 lifetime
Extremity pumps for Lymphedema		Once to a maximum of $1,500 per lifetime	Once to a maximum of $1,500 per lifetime	Once to a maximum of $1,500 per lifetime
Custom-made compression hose		$250 each benefit year	$250 each benefit year	$250 each benefit year
Continuous Positive Airway Pressure Machine (CPAP) replacement filters		$100 each benefit year	$100 each benefit year	$100 each benefit year
Wigs required due to a medical condition		$250 lifetime	$250 lifetime	$250 lifetime
Diagnostic services		$300 each benefit year	$500 each benefit year	$750 each benefit year

Options continue on the next page.

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Your benefits at a glance

	Option 1	Option 2	Option 3	Option 4
Paramedical expense maximums				
Audiologists	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
Acupuncturists				
Chiropractors, including diagnostic x-rays				
Podiatrists/ Chiropodists including diagnostic x-rays for Podiatrists				
Naturopaths				
Osteopaths, including diagnostic x-rays				
Psychologists and Psychotherapists				
Physiotherapists and Rehabilitation Therapists				
Occupational Therapists				
Speech Therapists				
Qualified Massage Therapists				

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Your benefits at a glance

	Option 1	Option 2	Option 3	Option 4
Visioncare expense maximums				
Eye examinations	Not covered	$200 every 24 months	$75 every 24 months	$75 every 24 months
Glasses, contact lenses and laser eye surgery			$200 every 24 months	$250 every 24 months
Out-of-country care maximums				
	Option 1	**Option 2**	**Option 3**	**Option 4**
Emergency	$5,000,000 lifetime	$5,000,000 lifetime	$5,000,000 lifetime	$5,000,000 lifetime
Non-emergency	Not covered	Not covered	$50,000 lifetime	$50,000 lifetime
Termination	Your out-of-country care coverage won't continue past the end of the day before the date you retire or your employment ends, whichever is earlier.			
Lifetime healthcare maximum				
Maximum	$5,000,000 lifetime	Unlimited	Unlimited	Unlimited

Health Care Spending Account benefits (HCSA) | Policy # 59262			
Option 1	**Option 2**	**Option 3**	**Option 4**
The HCSA allows you to use excess flex credits to cover expenses with before-tax dollars. Any amount not used in the current plan year can be carried over for one additional plan year. Any previous year's amount remaining at the end of the second year will be forfeited. The HCSA has a grace period and claims must be submitted by Dec. 31 following the end of the benefit year in which the expense was incurred.			

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Your benefits at a glance

Dentalcare | Policy # 59262 Covered expenses won't exceed customary charges				
Benefit year	**July 1 to June 30**			
Termination	Your dentalcare coverage won't continue past the end of the day before the date your 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 practising 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				
Basic coverage				
- Endodontic and periodontal services	Not covered	60%	80%	100%
- Basic and major oral surgery except 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%

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	Option 1	Option 2	Option 3	Option 4
Plan maximum				
Orthodontics treatment	Not covered	Not covered	Not covered	$2,000 lifetime for children age 6 to 18 when treatment starts
All other treatment		$1,000 each benefit year	$1,500 each benefit year	$2,500 each benefit year
Survivor benefits				
	If you die while your coverage is still in force, the healthcare and dentalcare benefits for your dependents will be continued for a period of 6 months or until they no longer qualify, whichever happens first			

Information about your Flex Plan

- Option changes take effect each July 1, unless the change results from a life event. If it does, the option change will take effect on the date the application for the change is made, as long as it is made within 31 days of the status change. Otherwise, the change won't take effect until the following July 1.

  * Note: If you choose Option 4 dental coverage, you're locked in at that level for 2 years. If you don't elect a different option after the 2 year period, you will be locked in again for 2 years.

- If you experience a life event during a plan year that affects your coverage needs, you may make changes to your benefit options that directly relate to your status change without waiting for the next July 1 re-enrolment period. Any of the following is considered a life event:

  - 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

  Note: Contact Canada Life for details no later than 31 days after a life event occurs. Certain conditions apply.

This is a summary of how Canada Life will make claim decisions to help you understand how your benefit plan works. Keep in mind that this is a summary – it's not possible to describe every possible claim situation. We encourage you to check your Booklet when you receive it to see the full terms and conditions that apply to your plan. If there is a conflict in the information contained here and in your Booklet and/or Contract, the Booklet and/or Contract overrules any information in this Summary. The details of the plan may be modified by EXP at any time.

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