

## Your Benefits at a Glance

*Effective January 1, 2018*

We are pleased to present an overview of the benefits and services available to you and your dependents through your group benefits plan with Great-West Life. More detailed information on plan design, online services, and how to access and use your benefits, will be provided shortly.

### All Other Employees

Group Policy Nos 170765, 170766 and Plan Document No 50175

<b>Basic Life Insurance</b>	
Employee Benefit Formula	100% of annual earnings to a maximum of \$500,000 reducing by 50% at age 65 and further reducing by 25% at age 70
<b>Optional Life Insurance</b>	
Employee Multiple Amount	\$10,000 units to a maximum of \$300,000
Spouse Multiple Amount	\$10,000 units to a maximum of \$300,000
Child Multiple Amount	\$10,000 units to a maximum of \$50,000
<b>Short Term Disability</b>	
Benefit Waiting Period	7 calendar days
Maximum Benefit Period	16 calendar weeks
Benefit Formula	60% of weekly earnings to a maximum of \$2,000
<b>Long Term Disability</b>	
Benefit Waiting Period	119 days
Maximum Benefit Period	To age 65
Benefit Formula	70% of the first \$2,000 of monthly earnings, plus 50% of the remainder to a maximum of \$10,000
Cost of Living Adjustment	To a maximum of 1% in any year
<b>Employee Assistance Program</b>	<b>Included</b>

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<b>Health Care</b>				
<b>Benefit</b>	<b>CORE</b>	<b>BASIC</b>	<b>COMPREHENSIVE</b>	<b>ENHANCED</b>
Deductibles	Nil	Nil	Nil	Nil
<b>Reimbursement Levels</b>				
Out-of-Country Emergency and Global Medical Assistance Expenses	100%	100%	100%	100%
<b>In-Canada Prescription Drugs</b>				
Deductibles	Nil	Nil	Nil	Nil
Reimbursement	50% until \$2,000 of out-of-pocket expenses have been incurred in a calendar year and 100% for the remainder of the calendar year	80% until \$1,500 of out-of-pocket expenses have been incurred in a calendar year and 100% for the remainder of the calendar year	90% until \$1,000 of out-of-pocket expenses have been incurred in a calendar year and 100% for the remainder of the calendar year	100%
Diabetic Supplies (including syringes, lancets and test strips)	50%	80%	90%	100%
Dispensing Fee	\$6.00	\$8.00	\$10.00	\$12.00
Synvisc	\$750 each calendar year	\$750 each calendar year	\$750 each calendar year	\$750 each calendar year
<b>All Other Health Care Expense Maximums</b>				
<b>Benefit</b>	<b>CORE</b>	<b>BASIC</b>	<b>COMPREHENSIVE</b>	<b>ENHANCED</b>
<b>Reimbursement Levels</b>	<b>50%</b>	<b>70%</b>	<b>80%</b>	<b>90%</b>
Hospital Care	Semi-private room to a maximum of \$100 per day	Semi-private room to a maximum of \$150 per day	Semi-private or private room to a maximum of \$150 per day	Semi-private or private room to a maximum of \$200 per day
Ambulance	50%	80%	90%	100%
Home Nursing Care	\$10,000 each calendar year	\$10,000 each calendar year	\$10,000 each calendar year	\$10,000 each calendar year
Smoking Cessation Drugs	\$1,000 lifetime	\$1,000 lifetime	\$1,000 lifetime	\$1,000 lifetime
Hearing Aids	\$1,000 every 5 calendar years	\$1,000 every 5 calendar years	\$1,000 every 5 calendar years	\$1,000 every 5 calendar years

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<b>All Other Health Care (continued)</b>				
<b>Benefit</b>	<b>CORE</b>	<b>BASIC</b>	<b>COMPREHENSIVE</b>	<b>ENHANCED</b>
<b>Reimbursement Levels</b>	<b>50%</b>	<b>70%</b>	<b>80%</b>	<b>90%</b>
Blood-glucose Monitoring Machines	1 every 4 years	1 every 4 years	1 every 4 years	1 every 4 years
Insulin Infusion Pump	\$2,000 per pump once every 5 years	\$2,000 per pump once every 5 years	\$2,000 per pump once every 5 years	\$2,000 per pump once every 5 years
Custom-made Orthopedic Shoes	1 pair each calendar year	1 pair each calendar year	1 pair each calendar year	1 pair each calendar year
Custom-made Foot Orthotics	\$300 each calendar year	\$300 each calendar year	\$300 each calendar year	\$300 each calendar year
Ileostomy, Colostomy, Urinary Catheters and Supplies	\$1,200 combined each calendar year	\$1,200 combined each calendar year	\$1,200 combined each calendar year	\$1,200 combined each calendar year
Transcutaneous Nerve Stimulators	\$700 lifetime	\$700 lifetime	\$700 lifetime	\$700 lifetime
Extremity Pumps for Lymphedema	\$1,500 lifetime	\$1,500 lifetime	\$1,500 lifetime	\$1,500 lifetime
Custom-made Compression Hose	2 pairs each calendar year	2 pairs each calendar year	2 pairs each calendar year	2 pairs each calendar year
<b>Paramedical Practitioners</b>				
<b>Reimbursement Levels</b>	<b>50%</b>	<b>70%</b>	<b>80%</b>	<b>90%</b>
Acupuncturists, Chiropractors, Dieticians, Massage Therapists, Naturopaths, Osteopaths, Podiatrists, Chiropodists, Athletic Therapists, Speech Therapists and Audiologists	\$250 combined each calendar year	\$500 combined each calendar year	\$750 combined each calendar year	\$1,000 combined each calendar year
Physiotherapists	\$500 each calendar year	\$1,500 each calendar year	\$2,500 each calendar year	\$3,500 each calendar year
Psychologists/Social Workers	\$250 each calendar year	\$500 each calendar year	\$1,000 each calendar year	\$2,000 each calendar year
<b>Vision Care Expense Maximums</b>				
<b>Reimbursement Levels</b>	<b>50%</b>	<b>70%</b>	<b>80%</b>	<b>90%</b>
Eye Examinations, Eyeglasses, Contact Lenses and Laser Eye Surgery	Not Covered	\$100 combined every 2 calendar years	\$150 combined every 2 calendar years	\$250 combined every 2 calendar years

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<b>Dental Care</b>				
Payment Basis	The dental fee guide in effect on the date treatment is rendered for the province in which treatment is rendered			
Deductibles	Nil	Nil	Nil	Nil
<b>Reimbursement Levels</b>				
Basic (including cleanings, fillings and x-rays)	50%	80%	90%	100%
Major (including crowns and bridges)	50%	50%	65%	80%
Orthodontics	50%	50%	50%	50%
<b>Plan Maximums</b>				
Basic and Major Combined	\$1,000 each calendar year	\$1,500 each calendar year	\$2,000 each calendar year	\$2,500 each calendar year
Orthodontics for children ages 6 - 18	\$1,500 lifetime	\$2,500 lifetime	\$3,500 lifetime	\$4,500 lifetime
Orthodontics over the age of 18	N/A	N/A	N/A	
<b>Frequencies</b>				
Complete Examinations	1 every 36 months	1 every 36 months	1 every 24 months	1 every 24 months
Recall Examinations	1 every 9 months	1 every 9 months	1 every 9 months	1 every 6 months
Fluoride Applications	1 every 6 months	1 every 6 months	1 every 6 months	1 every 6 months
Scaling	6 time units every 12 months	6 time units every 12 months	6 time units every 12 months	8 time units every 12 months

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