



EMPLOYEE BENEFIT MANUAL

BearCom Group Health Benefits
Plan – Desjardins #542311



BFL CANADA Risk and Insurance Services Inc.

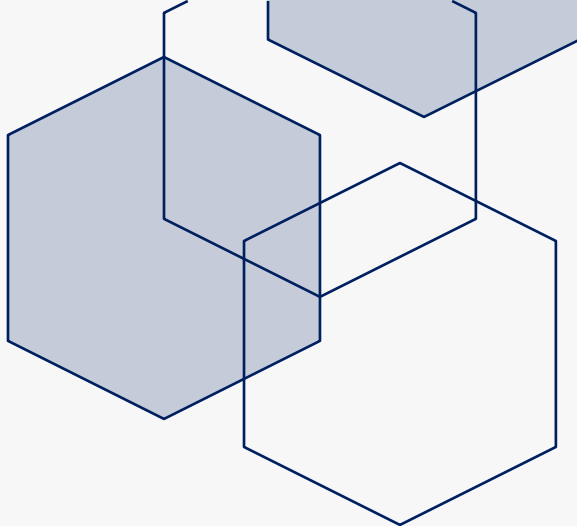
DISCLAIMER

This presentation is for illustrative purposes only. It does not form part of any contract. Although the information is believed to be reliable, if there is any difference in the information provided here, your employee benefit booklet will prevail.

BFL CANADA takes no responsibility for any error, omission or inaccuracy in the presentation or by any third party. For questions or concerns please reach out to your BearCom HR contact.

ELIGIBILITY

Employee	Spouse	Children
Benefit Coverage Begins 1st day of the Month following Date of Hire. Minimum 25 Hours per Week	Your legal spouse, or a person continuously living with you in a role like that of a marriage partner for at least 12 consecutive months.	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; • Not eligible for insurance as an employee under any group benefit program; • A stepchild must be living with you to be eligible; • Newborns are eligible from birth.



POOLED BENEFITS



LIFE INSURANCE



LIFE INSURANCE

Life insurance is coverage that gives your family or beneficiaries a tax-free cash payment (also called a death benefit) after you die. This way, they can help take care of their financial needs even after you're gone.

	Class A: Basic Plan	Class B: Enhanced Plan
Schedule	Flat \$25,000	1.0 x times annual earnings
Maximum Benefit ⁽¹⁾	\$25,000	Up to \$500,000
Reduction Clauses	50% at age 65	
Termination Clauses	At age 85 or retirement, whichever is earlier	

Tip – Your Life Insurance policy can be converted into an individual policy if you leave the company. No Medical Questions asked. Some restrictions apply.

⁽¹⁾Based on earnings

DEPENDENT LIFE INSURANCE



DEPENDENT LIFE INSURANCE

Dependent Life Insurance is coverage that gives you and your family or beneficiaries a tax-free cash payment (also called a death benefit) after member of your immediate family dies.

	Class A: Basic Plan	Class B: Enhanced Plan
Schedule	Spouse \$10,000 Child \$5,000	Spouse \$20,000 Child \$10,000
Termination Clauses	At age 85 or retirement, whichever is earlier	

Tip – update your family information as soon as possible to ensure coverage is available before an unfortunate outcome happens.

ACCIDENTAL DEATH AND DISMEMBERMENT



ACCIDENTAL DEATH AND DISMEMBERMENT

Accidental Death and Dismemberment (AD&D) insurance is insurance usually added as a rider to a health insurance or life insurance policy that covers the unintentional death or dismemberment of the insured.

	Class A: Basic Plan	Class B: Enhanced Plan
Schedule	Flat \$25,000	1.0 x times annual earnings
Maximum Benefit ⁽¹⁾	\$25,000	Up to \$500,000
Reduction Clauses	50% at age 65	
Termination Clauses	At age 85 or retirement, whichever is earlier	

Tip – update your family information as soon as possible to ensure coverage is available before an unfortunate outcome happens.

⁽¹⁾Based on earnings

OPTIONAL LIFE INSURANCE



OPTIONAL LIFE INSURANCE

Optional Life insurance is additional coverage that gives you and your family, or beneficiaries a tax-free cash payment (also called a death benefit) after you or an immediate member of your family dies.

	Class A: Basic Plan	Class B: Enhanced Plan
Benefit Amount	Units of \$10,000 for Employee and Spouse Units of \$1,000 for each Child	
Maximum Benefit	\$1,500,000 for Employees \$500,000 for Spouse \$25,000 for each Child	
Termination Clauses	At age 65 or retirement, whichever is earlier	

Rates are based on age, gender, smoking status and are medically underwritten

LONG TERM DISABILITY



LONG TERM DISABILITY

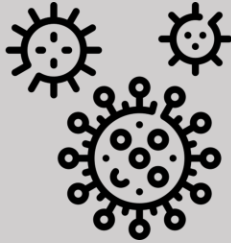
A Long-Term Disability is an injury or an illness that causes a person to be unable to work for an extended period of time.

	Class A: Basic Plan	Class B: Enhanced Plan
Schedule	66.7% of your first \$3,500, plus 50% of the next \$3,500, plus 40% thereafter	
Maximum Benefit⁽¹⁾ (No Medical Evidence)	Up to \$15,000/month (\$6,000/month)	
Waiting Period	112 days	
Benefit Period	5 years but not beyond age 65	To age 65
Termination Clauses	To age 65 less the waiting period or retirement, whichever is earlier	

amount above \$6,000/month

⁽¹⁾Based on earnings

CRITICAL ILLNESS



CRITICAL ILLNESS

Critical Illness is defined as any lifethreatening condition that requires pharmacological and/or mechanical support of vital organ functions without which death would be imminent.

	Class A: Basic Plan	Class B: Enhanced Plan
Schedule	-	Flat \$10,000
Covered Conditions	-	31
Termination Clauses	-	Age 65 or retirement, whichever is earlier

The list of covered conditions (exclusion maybe apply):

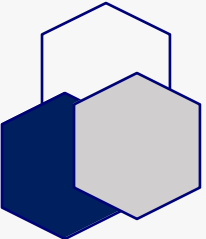
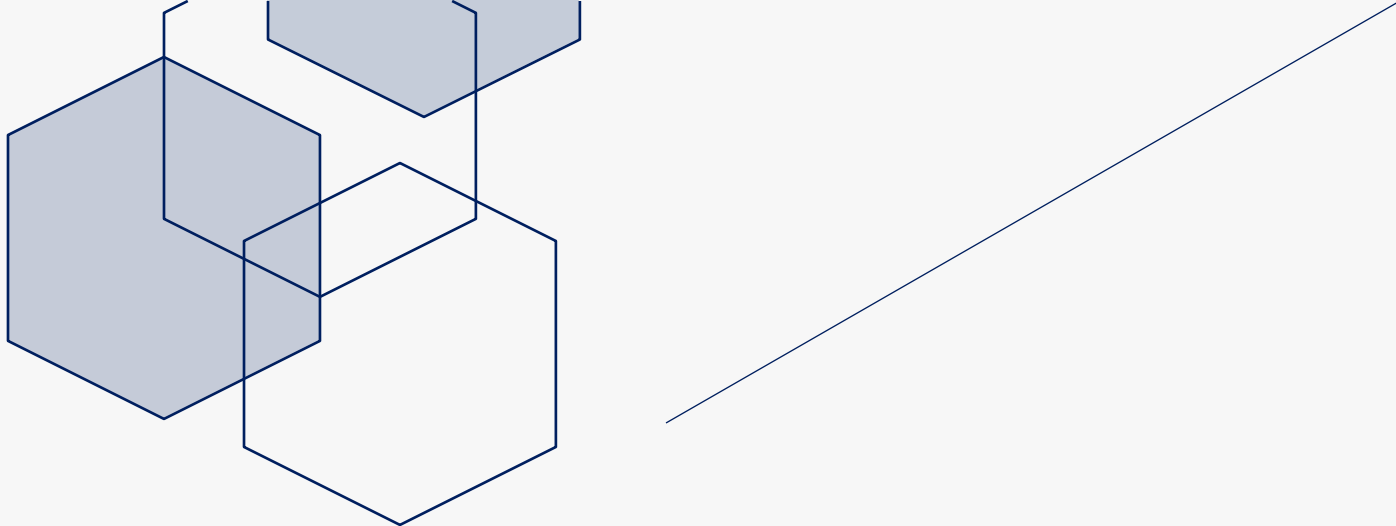
Alzheimer's Disease, Aortic Surgery, Benign Brain Tumour, Blindness, Cancer, Coma, Coronary Artery Bypass Surgery, Deafness, Heart Attack, Heart Valve Replacement, Kidney Failure (End Stage Renal Disease), Loss of Limbs, Loss of Speech, Major Organ Failure on Waiting List, Major Organ Transplant, Motor Neuron Disease, Multiple Sclerosis, Occupational HIV Infection, Paralysis, Parkinson's Disease, Severe Burns, Stroke (Cerebrovascular Accident).

LIFE EVENTS

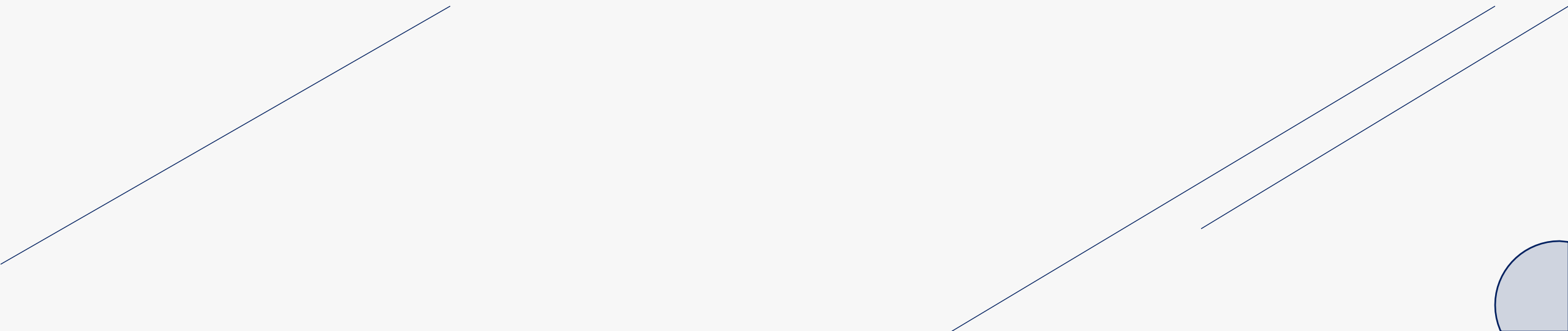


Report any major life event within **31 days** of the event to prevent limitations or declined coverage

- Marriage – Legal or co-habitation
- Legal separation or divorce
- Termination of common-law relationship
- Loss of spouse or insured child
- Change of Address
- Birth or adoption of a child
- Loss of spouse's benefits coverage
- Dependent children becoming ineligible for dependent coverage



EXPERIENCE-BASED BENEFITS



OUT OF COUNTRY



OUT OF COUNTRY

Out of Country coverage is a benefit that provides protection for employees that travel outside of their home province or outside of Canada.

	Class A: Basic Plan	Class B: Enhanced Plan
Reimbursement	100% - \$5,000,000 Lifetime maximum	
Coverage Duration	180 day trip duration	
Referral Treatment	50% with a maximum of \$3,000 every 3 calendar years	

- Worldwide assistance to travelers in emergency medical situations
- Locate medical clinics and access to interpreters
- Assisting unattended children
- Return of Vehicle

***Tip – Remember to bring your Insurance card before travelling.
Make sure to call in the event if a medical emergency.***

EXTENDED HEALTHCARE



EXTENDED HEALTHCARE

Extended Healthcare are designed to supplement existing provincial hospital and medical insurance plans. The benefit provides for reimbursement of expenses and services not covered by existing government plans.

	Class A: Basic Plan	Class B: Enhanced Plan
Deductible	None	
Services & Equipment	80% Reimbursement (Hearing aids, orthotics, diabetic supplies, etc.)	
Paramedical Services	100% Reimbursement \$350 per specialist, per calendar year; \$35 per visit:	100% Reimbursement \$500 per specialist, per calendar year; \$35 per visit:
Eye Exams	100% Reimbursement 1 Exam per 24 months for adults 1 Exam per 12 months for children under age 18	
Vision Care	100% Reimbursement \$150 per 24 months (per 12 months under age 18)	100% Reimbursement \$300 per 24 months (per 12 months under age 18)
Hospital	Not Included	100% Reimbursement Semi-Private

The following are the eligible licensed practitioners: Chiropractor, Osteopath, Podiatrist/Chiropodist, Massage Therapist, Dietician/Naturopath, Speech Therapist, Physiotherapist/Occupational Therapist, Psychologist/Social Worker, Acupuncturist.

(1) For Dietician/Naturopath, Psychologist/Social Worker, or Physiotherapist/Occ. Therapist the maximum is double to \$700 for Plan A and \$1,000 for Plan B

PRESCRIPTION DRUGS



PRESCRIPTION DRUGS

Prescription drug coverage pays a partial amount of the cost of medication, so long as it is prescribed to the insured by a health professional. Prescription drug coverage often comes with copayments and deductibles.

	Class A: Basic Plan	Class B: Enhanced Plan
Deductible	None	
Reimbursement	90% at Costco 80% All other Pharmacies	
Annual Maximum	Unlimited	
Drug Card	Included	
Drug Type Coverage	Generic Substitution	
Fertility Drugs	Not Included	Not Included

(1) Manulife Managed Formulary: The MMF covers about 95% of DINs compared to a generic plan. To determine if a drug is covered and how much the plan will pay, Plan Members can use the [My Drug Plan tool in the Plan Member Site or Mobile App](#) to confirm by drug name or DIN

DENTAL CARE



DENTAL CARE

Dental Care pays for a percentage of the cost associated with the services covered under the plan. When you receive treatment, either you, your insurance company, or a combination of the two will be responsible for paying for services rendered.

	Class A: Basic Plan	Class B: Enhanced Plan
Deductible	None	
<i>Basic Services (Level I & II)</i>	80% Reimbursement	
<i>Dentures (Level III)</i>	50% Reimbursement	
<i>Major Restorative (Level IV)</i>	50% Reimbursement	
<i>Orthodontics (Level V)</i>	Not included	60% Reimbursement
Annual Maximum	Combined annual \$1,500	Levels I-IV: Combined annual \$2,500; Level V: \$1,500 Lifetime

Tip – Before authorizing any large expenses, obtain an estimate and send it to Manulife. This way you will know beforehand what is covered and how much you may have to pay.

SURVIVOR BENEFITS

- Your family members will receive survivor benefits when you die. Your spouse and children would be eligible for benefits based on your current coverage under the BearCom Benefit Plan.

For Long-Term Disability

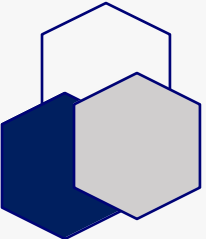
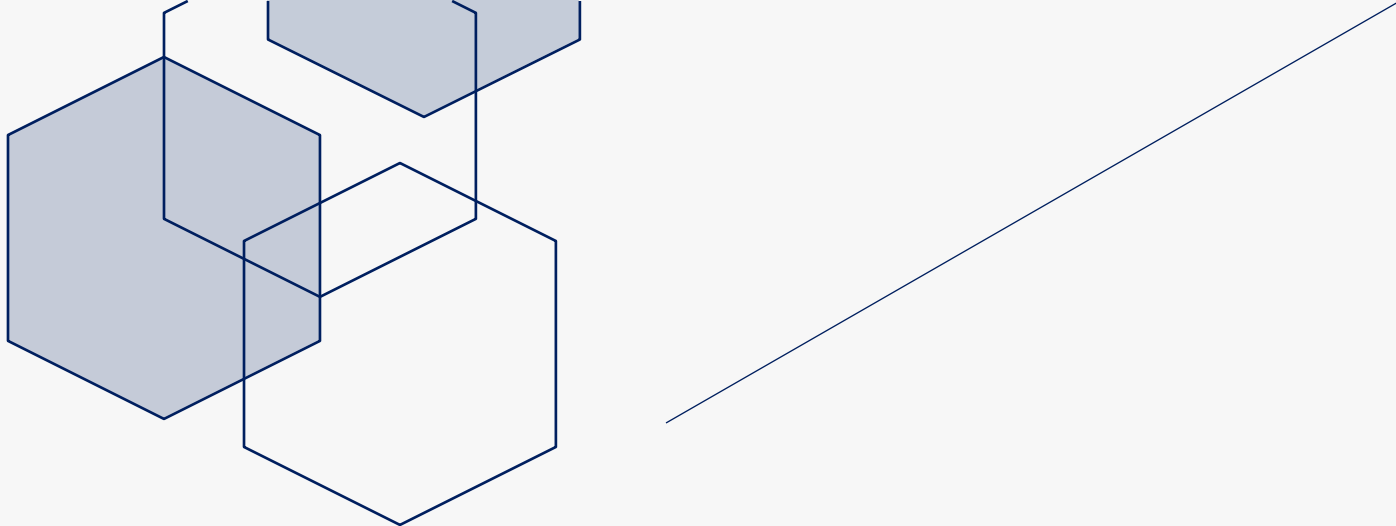
3 times your last monthly benefit payment

For Health & Dental

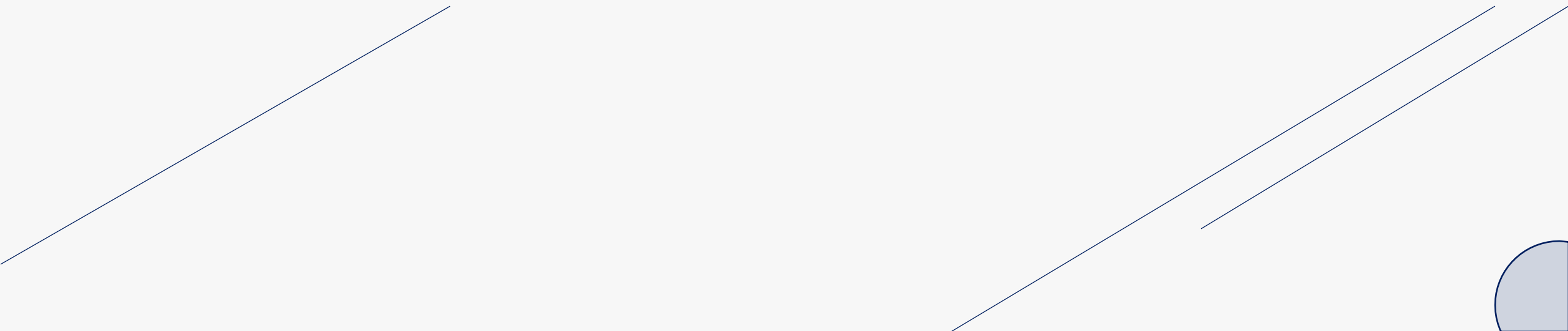
24 Months

For Dependent Life

24 Months or No longer a Dependent



ADDITIONAL BENEFITS



EMPLOYEE ASSISTANCE PROGRAM



EAP

The Employee and Family Assistance Program (EAP), is a confidential service offering support to employees and their covered dependents for services such as: personal stress, job related stress, parenting/financial/legal problems, relationship issues, and more.

Services	Short-term professional Counselling, legal support services, financial support services, children and elder care, nutrition services, health coaching, smoking cessation
Mode of Communication	Phone, Videoconference, or in person
Number of Sessions	Depending on service. Up to 20 sessions for Depression Care
Duration of each session	Between 30 minutes to 1 hour

*Call the EAP at **1-877-455-3561** or use the **TELUS Health Virtual Care app** for mental health services (be sure to have your policy information handy)*

MEDICAL SECOND OPINION



MEDICAL SECOND OPINION

Whether you or a family member have been diagnosed with a critical or chronic condition, or you are simply curious about the services available in your area Medical Second Opinion points you to resources that are able to provide the information you need.

Services

- Tips and tools you can use to navigate through the Canadian health care landscape A national physician search database
- Provincial health plan information
- Health, medical condition, treatment plan options and medication information you can trust, and
- A second medical opinion service for times when you may want to doublecheck a serious medical diagnosis you, your spouse or your child has received.

Mode of Communication

Phone Only

VIRTUAL HEALTH CARE



VIRTUAL HEALTH

Virtual Health Care provides real-time communication between you and physicians, or health practitioners at your convenience anywhere and any time.

Services

- Prescriptions
- Diagnosis
- Advice
- Labs requisitions
- Referrals & Specialist Appointments
- Imaging

Mode of Communication

- Video Chat, text

Tip – Register now to have your account ready when needed. It takes 3 steps to speak to a primary care provider.

[Telemedicine: Create Your Account - Desjardins](#)

Available on:



COST SUMMARY (MONTHLY)

HEALTH CARE		Alberta & British Columbia (No Tax applied in these provinces)	Ontario (8.0% PST/Tax included in the figures)	Québec (9.0% PST/Tax included in the figures)
		Employee Deduction	Employee Deduction	Employee Deduction
BASIC - Classes 001/002/003/004/005/A				
Single		\$0.76	\$0.82	\$0.83
Family		\$1.98	\$2.14	\$2.16
ENHANCED - Classes 001/002/003/004/005/B				
Single		\$16.46	\$17.78	\$17.94
Family		\$43.78	\$47.28	\$47.72

DENTAL CARE		Alberta & British Columbia (No Tax applied in these provinces)	Ontario (8.0% PST/Tax included in the figures)	Québec (9.0% PST/Tax included in the figures)
		Employee Deduction	Employee Deduction	Employee Deduction
BASIC - Classes 001/002/003/004/005/A				
Single		\$0.40	\$0.43	\$0.44
Family		\$1.00	\$1.08	\$1.09
ENHANCED - Classes 001/002/003/004/005/B				
Single		\$12.24	\$13.22	\$13.34
Family		\$31.20	\$33.70	\$34.01