

# Full Benefits: At a Glance

## Full-Time Hourly Employees (Hired After Jan 1, 2017)

| Benefit                                                                                                                                                                                   | Coverage                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
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| <b>Basic Life Insurance</b><br><b>Provider:</b> Desjardins                                                                                                                                | <ul style="list-style-type: none"> <li>2 times regular annual earnings to a maximum of \$850,000 (non-evidence maximum) or \$1,000,000 (with medical underwriting)</li> <li>Definition of regular annual earnings is regular hourly rate multiplied by 2080 hours</li> <li>Optional Life Insurance (employee paid) is available to employees and spouses</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>Dependent Life Insurance Provider:</b><br>Desjardins                                                                                                                                   | <ul style="list-style-type: none"> <li>Spouse \$15,000</li> <li>Each child \$7,500</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>Accidental Death &amp; Dismemberment (AD&amp;D) Provider:</b> Chubb Life Insurance                                                                                                     | <ul style="list-style-type: none"> <li>Death benefit equal to amount of basic life insurance</li> <li>Dismemberment benefit varies based on nature of loss</li> <li>Optional Accidental Death &amp; Dismemberment Insurance (employee paid) is available to employees and spouse/dependent children</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>Optional Critical Illness Insurance</b>                                                                                                                                                | <ul style="list-style-type: none"> <li>Optional Critical Illness Insurance (employee paid) is available to employees, spouses and dependent children</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>Extended Health Care</b><br><b>Provider:</b> Manulife<br><br>Contract #65857<br><br>1-800-268-6195                                                                                     | <ul style="list-style-type: none"> <li>100% coverage, no deductible</li> <li>\$25,000 annual prescription drug maximum (per person)</li> <li>Enhanced Generic Substitution</li> <li>Pay direct card; \$8 dispensing fee maximum</li> <li>Out-of-province and out-of-Canada Emergency Medical services coverage</li> <li>\$500/practitioner per calendar year (chiropractor, osteopath, podiatrist, massage therapist, naturopath, speech therapist, physiotherapist, psychologist)</li> <li>Prescription Smoking Cessation; \$500 lifetime max</li> <li>\$200 Vision (glasses, contact lenses, laser surgery) plus eye exam every 24 consecutive months</li> <li>Semi Private room hospitalization</li> </ul>                                                                                                                                                                                                                                    |
| <b>Dental Care</b><br><b>Provider:</b> Manulife<br><br>Contract #65857<br><br>1-800-268-6195                                                                                              | <ul style="list-style-type: none"> <li>Basic Services 100% coverage and Major Services 50% coverage; combined annual maximum of \$2,500 (per person)</li> <li>Child Orthodontic 50% coverage; lifetime maximum \$2,500</li> <li>Regular cleaning and check-up for a child every 6 months, for an adult every 9 months (no coverage for adult fluoride)</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>Prescription Safety Glasses Provider:</b><br>Manulife                                                                                                                                  | <ul style="list-style-type: none"> <li>Employee only, if required to wear PPE safety glasses to perform job</li> <li>Reimburse up to \$200 every 24 consecutive months for CSA approved prescription safety glasses</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>Employee &amp; Family Assistance Program (EFAP) Provider:</b><br>Homewood Health Inc.<br><br>1-800-663-1142                                                                            | <ul style="list-style-type: none"> <li>Services are available to employees and eligible dependents</li> <li>Confidential, professional counseling for a broad range of personal and professional problems, expert advice, support and resource material</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>Health Care Spending Account (HCSA) &amp; Wellness Spending Account (WSA)</b><br><b>Provider:</b> Manulife<br><br>HCSA Contract #67280<br><br>WSA Contract #4671<br><br>1-800-268-6195 | <ul style="list-style-type: none"> <li>Core Single \$250/year; Core Family \$600/year</li> <li>Enhanced Family \$2,500/year (employees with coverage under their spouse's plan can opt out of CEDA's Health &amp; Dental plans in exchange for enhanced HCSA and/or WSA)</li> <li>Above amounts are pro-rated in first year (if hired after January 1<sup>st</sup>)</li> <li>Prior to January 1<sup>st</sup> of each year employees can allocate their allowance to the HCSA and/or WSA accounts</li> <li>The HCSA is the default if no allocation is provided</li> <li><b>Health Care Spending Account (HCSA)</b> - Covers eligible medical expenses such as health, dental and vision expenses not covered or fully covered by CEDA's other benefit plans</li> <li><b>Wellness Spending Account (WSA)</b> - Covers wellness expenses such as gym memberships, fitness equipment, registration fees, classes etc. for employees only</li> </ul> |

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| <b>Short-Term Disability (STD) Provider:</b> CEDA (self-insured) | <p><b><u>Hourly employees with less than 3 years of service:</u></b></p> <ul style="list-style-type: none"> <li>• Benefits commence on 15<sup>th</sup> day following onset or on the 1<sup>st</sup> day following hospitalization</li> <li>• Length of entitlement is based on service to a maximum of 17 weeks; employees accumulate 1 day for every month or partial month of employment</li> <li>• Payment is 70% of regular hourly earnings to \$850 weekly maximum</li> <li>• Regular hourly earnings are based on 8 hours/day or 2080 hours/year</li> <li>• Payments are taxable</li> </ul> <p><b><u>Salaried employees and hourly employees with greater than 3 years of service:</u></b></p> <ul style="list-style-type: none"> <li>• Benefits commence on 1<sup>st</sup> day of accident or sickness</li> <li>• Benefits are payable to a maximum period of 17 weeks</li> <li>• Payments are equal to 100% of regular earnings for the first 6 weeks of disability, reducing to 70% of regular earnings for the following 11 weeks</li> <li>• Regular hourly earnings are based on 8 hours/day or 2080 hours/year</li> <li>• Payments are taxable</li> </ul> |
| <b>Long-Term Disability (LTD) Provider:</b> Desjardins           | <ul style="list-style-type: none"> <li>• Qualifying period is 17 weeks</li> <li>• Monthly non-taxable benefit is 66.67% of the first \$3,500 of regular monthly earnings, plus 50% of any excess amount.</li> <li>• Definition of regular monthly earnings is regular hourly rate multiplied by 2080 hours divided by 12 months</li> <li>• 5 year (or age 65) maximum benefit period</li> <li>• Illnesses in the first 12 months of employment which existed 3 months prior to effective date of coverage may be excluded</li> <li>• 2-year extension of health and dental coverage while in receipt of LTD benefits</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>Eligibility</b>                                               | <ul style="list-style-type: none"> <li>• Non-union permanent employees working full-time or part-time hours (minimum of 1020 hours/year)</li> <li>• Provincial Health Care Coverage is required to be eligible</li> <li>• STD and LTD coverage ends at age 65</li> <li>• Life Insurance, Dependent Life and AD&amp;D coverage ends at age 70</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>Enrolment &amp; Claims</b>                                    | <ul style="list-style-type: none"> <li>• Enrolment is mandatory for all plans and forms will be emailed</li> <li>• Reimbursement of expenses will be based on what the Provider deems to be reasonable and customary</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>Costs</b>                                                     | <ul style="list-style-type: none"> <li>• Health and Dental Cost Sharing - payroll deduction of \$20/month for Single coverage; \$40/month for Family coverage</li> <li>• The employee pays 100% of the premium for LTD &amp; Optional Insurance</li> <li>• CEDA pays 100% of all other program costs</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>Contact</b>                                                   | <ul style="list-style-type: none"> <li>• Benefits 403-218-2436 or 403-218-2437</li> <li>• <a href="mailto:benefits@cedagroup.com">benefits@cedagroup.com</a></li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |