

# EMPLOYEE GROUP BENEFITS (UNION MEMBERS - CUTRUST PLAN)

G&F Financial Group provides a variety of benefits to full-time and part-time employees. Statutory benefits required by law include Employment Insurance, Canada Pension and Workers' Compensation.

G&F Financial Group offers a competitive group benefits plan to full-time and part-time employees and eligible dependents. Eligible dependents include employee's spouse and dependent children.

**Spouse** is defined as a person who is:

- Legally married to you, or
- Living with you for at least one year and publicly represented as your spouse\*.

\*Benefit coverage is available to only one spouse at any one time. The same person must be listed as your spouse for all benefits.

**Child** is defined as a natural child of you or your spouse, a stepchild, adopted child or foster child who is unmarried, dependent on and living with you or your spouse and:

- Under 19 years of age, or
- A full-time dependent student, under age 25.

Coverage may continue beyond these years if your child becomes disabled while they are insured.

The Group Benefits Plan is a unified package. With the exception of basic medical, extended health and/or dental coverage, **specific benefits may not be waived**. Participation in MSP, Extended Health or Dental may be waived provided the employee has duplicate coverage under another plan.

The following benefits are available to G&F Financial Group employees:

| BENEFIT                                  | CARRIER             | PREMIUM PAID BY |
|--|---------------------|-----------------|
| Provincial Medical Plan                  | MSP                 | Employer 100%*  |
| Extended Health                          | Green Shield Canada | Employer 100%   |
| Dental                                   | Green Shield Canada | Employer 100%   |
| Short Term Disability                    | Great West Life     | Employer 100%   |
| Long Term Disability                     | Great West Life     | Employer 100%   |
| Group Life Insurance                     | Great West Life     | Employer 100%   |
| Accidental Death and Dismemberment       | The Co-operators    | Employer 100%   |
| Employee and Family Assistance Program   | Shepell             | Employer 100%   |
| Optional Employee/Spousal Life Insurance | Great West Life     | Employee 100%   |

\*With the exception of, per G&F's Collective Agreement terms, any increase in MSP premium costs on or after July 1, 2003 which will be shared equally by the employer and employee, to a maximum employee cost of \$20.00 per month.



## **ELIGIBILITY**

Coverage for employees and eligible dependents will commence the first (1<sup>st</sup>) day of the month following the completion of three (3) months employment for full-time employees and after 60 days worked for part-time employees.

The Human Resources Department will ensure that all employees are properly enrolled when eligible. Employees must be enrolled in all benefits unless they provide proof of similar coverage under their spouse's plans. In the event an employee does not participate in all coverage, a benefits waiver form must be signed.

## **TERMINATION OF COVERAGE**

On termination of employment, retirement, or the day an employee ceases to be eligible for coverage, benefit coverage will end as follows:

- Provincial medical plan (MSP), extended health care (EHC), dental coverage and the Employee and Family Assistance Program **will end on the last day of the month** in which the employee terminates employment, retires or is no longer eligible.
- Extended Health Care (EHC), Dental Coverage, Short Term Disability (STD), Long Term Disability (LTD) coverage and Accidental Death & Dismemberment (AD&D) will end immediately on the date of termination, retirement or on the day an employee ceases to be eligible.
- Life insurance coverage ends the last day you are actively employed, when you retire or when you reach age 70, whichever is earlier.

## **GROUP BENEFITS**

Please refer to your Benefit Booklet provided at time of benefit plan enrolment or on The Source for further details.

Link: www.cutrust.com

#### **MEDICAL SERVICES PLAN OF BRITISH COLUMBIA (MSP)**

This is a basic level of coverage through your provincial medical plan. This is a taxable benefit.

Link: www.healthservices.gov.bc.ca/msp/infoben/

## **EXTENDED HEALTH CARE**

The extended health care plan, carried by Green Shield Canada, is designed to supplement the provincial medical plan. Together the two plans are intended to cover most of the medical and hospital expenses incurred by the employee and their family.

The plan reimburses 100% of eligible expenses after the deductible, up to a maximum of \$1,000,000 per lifetime. The deductible for extended health care is \$25 per single or family per calendar year.



The extended health care plan provides coverage for medically necessary expenses beyond the amounts covered by the Provincial Medical Plan, including:

#### Hospital Expenses

• Extra charges for a private or semi-private room in an acute care hospital

#### Medical Expenses

- Prescription drugs Conditional Drug Plan
- Emergency ambulance services
- Equipment/supplies
- Hearing aids child: \$400 maximum per 5 year period; adult: lifetime \$500 maximum per adult under age 65
- Wigs and hairpieces because of injury or medical treatment
- Orthopedic shoes
- Rental or purchase of durable equipment for therapeutic treatment
- Professional services
- The services of a private-duty registered nurse
- Fees for medical exams

#### **Conditional Drug Plan**

Employees enrolled in this plan will receive a Green Shield pay-direct card for drug claims. All the claims will be sent electronically through your pharmacist.

This plan contains a Conditional Drug Plan. This affects the purchase of prescription drugs only. The Conditional Drug Plan protects the plan from the cost of expensive drugs that are nor proven to treat a medical condition more effectively than a similar, less expensive drug. Many of the new drugs are not "breakthrough" medication but simply duplicates of therapies already available.

The plan affects certain drugs introduced into the market on or after January 1, 2006. Any medications prior to this will continued to be covered. The new drugs introduced to the market will be evaluated by Green Shield who will assign each drug into one of the following categories:

- **Covered:** The drug has been proven to be a cost-effective treatment.
- **Conditional:** The drug has not met the minimum evaluation standards. This means that it will require "Prior Approval" before being covered under our extended health drug plan. If you meet specific criteria, you will be covered for the purchase of the prescription. There is a form which your doctor must complete and sent to Green Shield prior to having the drug paid for. You may want to do this prior to filling your prescription.
- Not Covered: Under this category, the drug is be covered under the plan. An "appeal" process is available to you please refer to your "The Conditional Drug Plan" pamphlet. If you fill the prescription, it will be at your own cost.

For more information, please call Human Resources, refer <u>www.cutrust.com</u> or contact <u>Green Shield</u>.



Please refer to the Benefit Booklet (<u>www.cutrust.com/</u>) for further details.

#### **Emergency Treatment While Traveling**

If an employee has an accident or medical emergency while traveling outside their province of residence or outside of Canada, the plan will cover 100% of the costs for a ward hospital room, doctor's fees, professional ambulance service, and other in-patient or out-patient services and supplies in excess of the amounts covered by the provincial medical plan, up to the benefit maximum, which is \$5 million per person per calendar year.

Eligible benefits are limited to a maximum of 60 days per trip.

#### **VISION CARE**

Vision care expenses for eye examinations (for persons aged 19 to 64), prescription eyeglasses, contact lenses and laser eye surgery are covered up to \$300 per person per 12 month period from the date on the receipt.

#### Making a Claim

For prescription drug claims, please see section "Using the Drug Card" below. Otherwise, follow these instructions:

An employee must save all receipts and fill out an Extended Health Claim form (<u>Green Shield</u>), original receipts must be attached, and a copy should be made for the employee's records, and then mailed directly to Green Shield. Claim forms are available from the Human Resources Department.

Please note that an employee will be reimbursed for amounts in excess of the annual \$25 deductible. After the claim has been processed, Green Shield will mail a cheque for reimbursement of the covered expenses.

All claims should be submitted within 90 days of the expense. Any claims not submitted within one year of the expense will not be covered.

#### Using the Drug Card

An employee will receive an ID card. At the time of purchase, the employee will present the card to the pharmacist. The pharmacist will fill the prescription and send the claim to Green Shield electronically. The claim may be adjudicated immediately, and Green Shield will advise the pharmacist what portion of the cost the plan will pay. The employee will be responsible for the remainder of the cost, if any.

#### **Coordination of Benefits**

If an employee or their spouse has additional Extended Health Care coverage outside of the G&F Financial Group plan, they may be able to recover their share of any costs from the other plan. Spouses should claim under their own plan first, and then from the G&F Financial Group plan.



#### Services Not Covered

Before incurring any expenses, please refer to your Benefit Booklet provided at the time of benefit plan enrolment or by accessing the below link to assess the level of coverage you can expect.

#### www.cutrust.com/index.asp

#### DENTAL

The dental plan carrier is Green Shield Canada. There is no deductible for dental care. An employee should become familiar with their coverage before any dental work is initiated. If extensive work is required, the employee's dentist should submit an outline of the proposed services to Green Shield to help determine what services and fees are covered. Please note that the Dental plan limits applicable lab expenses to a maximum of 40% of the professional fee. The insurance coverage is based on the Dental Fee Guide and provides for reimbursement of eligible expenses.

Basic treatment – 75% reimbursement, which includes:

- Examinations, routine cleaning, fluoride treatment, and bite-wing x-rays twice each year
- Missing primary teeth
- Sealants for dependent children
- Fillings (white fillings in front teeth only)
- Root canals
- Reline (limited to once every 2 years)
- Scaling (maximum 2 hours per year)

Major restorative treatment – 75% reimbursement, which includes:

- Crowns or bridges
- Complete and partial dentures

Services to replace a crown or bridge will not be covered more than once every 5 years.

#### Orthodontic treatment - 50% reimbursement

Our plan will reimburse 50% of orthodontic treatment after you (and your dependent if claiming for a dependent) have completed 12 months of participation in the plan.

• The maximum lifetime benefit for orthodontic work is \$2,000 per person.

#### Making a Claim

Today, most dentists send the claim and receive payment directly from the insurer. The dentist will ask the employee to pay only for their share of the expenses.

Other dentists, however, may ask the employees to pay the full cost themselves and then claim reimbursement from the insurer. In this case, the dentist will give the employee a completed claim form,



which the employee must then send to Green Shield. All claims should be submitted within 90 days of treatment.

#### **Coordination of Benefits**

If the employee or their spouse have additional dental coverage outside of G&F Financial Group plan, they may be able to recover all or a portion of their share of the costs from the other plan, up to Green Shield's dental fee guide.

An employee should advise their dentist if they have coverage under two plans.

#### **Services Not Covered**

Before incurring any expenses, please refer to your Benefit Booklet provided at the time of benefit plan enrolment or by accessing the below link to assess the level of coverage you can expect.

www.cutrust.com/index.asp

#### **DISABILITY PLANS**

#### Short Term Disability (STD)

Short Term Disability provides disability benefits to an employee for any illness or injury that is **not** work related which extends beyond the maximum 10 working day consecutive usage of care days. Great West Life is the carrier for this coverage and pays 66 2/3% of the employee's regular earnings for up to 15 weeks of disability. The maximum monthly benefit is \$15,000. This benefit is taxable when received. Income from all sources is limited to 85% of pre-disability gross income.

The Human Resources Department must be notified of any absence due to illness as soon as an employee knows that they will be absent for more than 14 calendar days in order to initiate the claims procedure. On medical evidence approved by Great West Life, the benefit commences 15 calendar days (10 working days) after disability begins. As long as an employee is still considered to be disabled by Great West Life, STD benefits will continue for up to 15 weeks, but not beyond the employee's 65<sup>th</sup> birthday. If an employee is still unable to return to work after 15 weeks (119 days), they will need to complete a long-term disability benefits application and their doctor must provide documentation, which indicates that the disability is continuing.

#### Long Term Disability (LTD)

If an employee is still disabled and unable to perform their own occupation after the later of the 119<sup>th</sup> day (approximately 17 weeks) of disability, or the expiration of care days or STD benefits, the employee may be eligible to receive up to 104 weeks of LTD benefits (or up to 2 years from the commencement of LTD payments). Provided that LTD benefits are approved, and continue to be approved, LTD benefits will continue until you recover, terminate, or reach age 65, whichever is earlier. LTD pays 66 2/3% of regular monthly earnings, up to \$15,000 per month. This benefit is taxable when received.



#### **GROUP LIFE INSURANCE**

Life Insurance provides financial protection for survivors in the event of the employee's death. The benefit amount is as outlined below up to a maximum of \$1,200,000.

- Under age 65 3x annual regular earnings
- Over age 65 1.5x annual regular earnings
- Age 70 and beyond benefits not available

Coverage ends 31 days after the employee's last day of active employment or age 70, whichever is earlier. The employee may convert their coverage from G&F Financial Group's group life insurance to an individual insurance policy without having a medical exam, provided they apply in writing to Great West Life and pay the premium within those 31 days.

This is a taxable benefit. A taxable benefit is an employee benefit paid for by an employer, on which the employee is taxed.

### ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D)

This coverage is for death due to accident or severe injury incurred prior to an employee's 70<sup>th</sup> birthday. If an employee dies accidentally, the beneficiary (ies) receives 100% of coverage. If an employee suffers a serious injury, the employee will receive a certain percentage of their coverage amount, if the loss occurs within one year of the accident. (Please refer to the Benefit Booklet for further details) An employee is insured for 2 times annual earnings, up to \$800,000.

#### **Plan Will Not Cover**

AD&D will not cover death or injuries resulting from:

- Suicide or attempted suicide;
- Intentionally self-inflicted injury;
- War, or any act of war, insurrection, riot or civil disorder;
- Bodily or mental infirmity or treatment thereof;
- While acting as a pilot or crew member of any aircraft or if the flight is for the purpose of aeronautical instruction;
- Commission, or attempted commission, of any criminal offense; or
- Injuries sustained as a result of driving a vehicle if your blood contains more than 80 mg. of alcohol in 100 ml. of blood.

#### **OPTIONAL LIFE INSURANCE**

Employees have the opportunity to purchase additional coverage for the employee and/or their spouse up to \$500,000 in units of \$10,000. Employees are responsible for 100% of the premiums.

#### **Coverage Ends**



Coverage ends 31 days after the employee's last day of active service, at age 70, or at the end of the month in which the request cancellation. The spouse's coverage ends at the same time or when they no longer qualify as an eligible spouse, whichever is earlier.

When an employee leaves G&F Financial Group, they may convert their coverage and spouse's coverage from the group plan to an individual insurance policy without having a medical exam, provided they apply to the insurance company in writing and pay the premium within 31 days.

## EMPLOYEE AND FAMILY ASSISTANCE PROGRAM (EFAP)

The Employee and Family Assistance Program (EFAP) is a **confidential** short term support service for employees and their families. The service is offered by Morneau Shepell and can assist with a variety of work, health and life issues, including:

- General and crisis counselling
- Childcare and eldercare resources and referral program
- Financial counseling such as credit/debt management, savings plans, insurance plans, bankruptcy
- 24-hour access to a registered nurse for non-urgent physical symptoms and concerns
- Home care assessment and access to quick response services
- Professional nutrition counseling by registered dieticians
- Internet based online information and education service

To contact the EFAP, please visit <u>https://www.workhealthlife.com/</u> and search for "G & F FINANCIAL GROUP (UNION EMPLOYEES ONLY)" (spaces included).

#### STOP SMOKING ASSISTANCE

Upon successful completion of 12 months of continuous employment, G&F Financial Group will provide financial assistance to an employee who chooses to enter into an approved stop-smoking program. Financial assistance consists of reimbursement of costs of an approved program not already covered under another benefit plan.

- Upon enrollment you will be reimbursed for any initial expenses, up to a maximum of \$100.00. (Fill out Page 1 of the Expense Form).
- Once you have been a non-smoker for 6 continuous months, you will be reimbursed any additional expenses for 1 year, based on your original enrolment date. (Fill out page 2 of the Expense Form).

The program operates on an honor system and is self-monitored. Financial Assistance will only be paid once during your employment with G&F Financial Group.

Complete the Stop Smoking Assistance Expense Form, attach with original receipts and forward to Human Resources for reimbursement of the cost of a recognized treatment program (i.e. hypnosis, laser treatment, patches, etc.)



## CONTACT INFORMATION

For further information on your coverage, you can contact the following resources:

- Green Shield Canada <u>https://www.greenshield.ca/en-ca/get-in-touch</u> OR log into your plan member account at <u>https://onlineservices.greenshield.ca/planmember/AccessMgmt/Public/SignOn.aspx</u>
- Morneau Shepell EFAP <u>https://www.workhealthlife.com/</u>
- CUTrust Group Benefits Plan Member Login <u>www.cutrust.com/index.asp</u> OR for assistance email <u>benefits&retirement@central1.com</u>.



# Summary of Group Benefits

# **Extended Health**

| REIMBURSEMENT %  | 100%   |  |
|--|--|--|
| HOSPITAL, VISION & OUT OF<br>COUNTRY TRAVEL  | 100%   |  |
| MAXIMUMS   |  |  |
| PARAMEDICAL PRACTITIONERS  | \$200 per person per practitioner per year for Chiropractor, Naturopath,<br>Psychologist/Clinical Counsellor, Chiropodist<br>\$100 per person per year for Acupuncture and Speech Therapist  |  |
| VISION   | \$300 per person per ver for Acaparicate and speech merapist   |  |
|  |  |  |
| PLAN FEATURES  |  |  |
| PLAN MAXIMUM   | \$1,000,000 per lifetime   |  |
| GENERAL DEDUCTIBLE   | \$25 per person or family  |  |
| PRESCRIPTION DRUGS   | Conditional Drug Plan. New drugs introduced to the Canadian<br>marketplace (since 2006) and approved are subject to an evaluation<br>process by Green Shield, Includes \$5,000 per lifetime for fertility drugs  |  |
|  | marketplace (since 2006) and approved are subject to an evaluation   |  |
|  | 5  |  |
| PAY DIRECT DRUG CARD   | marketplace (since 2006) and approved are subject to an evaluation process by Green Shield. Includes \$5,000 per lifetime for fertility drugs  |  |
| PAY DIRECT DRUG CARD<br>PRIVATE DUTY NURSING   | marketplace (since 2006) and approved are subject to an evaluation<br>process by Green Shield. Includes \$5,000 per lifetime for fertility drugs<br>Included   |  |
| PAY DIRECT DRUG CARD<br>PRIVATE DUTY NURSING<br>MEDICAL SUPPLIES & SERVICES  | marketplace (since 2006) and approved are subject to an evaluation<br>process by Green Shield. Includes \$5,000 per lifetime for fertility drugs<br>Included<br>720 hours per year maximum<br>Hearing aids - \$500 per 5 years, orthopedic shoes – 1 pair per lifetime,  |  |
| PAY DIRECT DRUG CARD<br>PRIVATE DUTY NURSING<br>MEDICAL SUPPLIES & SERVICES<br>HOSPITAL                                | marketplace (since 2006) and approved are subject to an evaluation<br>process by Green Shield. Includes \$5,000 per lifetime for fertility drugs<br>Included<br>720 hours per year maximum<br>Hearing aids - \$500 per 5 years, orthopedic shoes – 1 pair per lifetime,<br>orthotic devices – 1 pair per 12 months                                 |  |
| PAY DIRECT DRUG CARD<br>PRIVATE DUTY NURSING<br>MEDICAL SUPPLIES & SERVICES<br>HOSPITAL<br>X RAYS<br>ACCIDENTAL DENTAL | marketplace (since 2006) and approved are subject to an evaluation<br>process by Green Shield. Includes \$5,000 per lifetime for fertility drugs<br>Included<br>720 hours per year maximum<br>Hearing aids - \$500 per 5 years, orthopedic shoes – 1 pair per lifetime,<br>orthotic devices – 1 pair per 12 months<br>Semi-private or private room |  |

# Basic Life Insurance and AD&D

| BENEFIT SCHEDULE |  |
|------------------|--|
|                  | 3x annual earnings to a maximum of \$1,200,000 |
|                  | 2x annual earnings to a maximum of \$800,000   |



## Dental

| REIMBURSEMENT %         |           |  |
|-------------------------|-----------|--|
| BASIC                   | 75%       |  |
| MAJOR                   | 75%       |  |
| ORTHODONTICS            | 50%       |  |
| MAXIMUMS                |           |  |
| BASIC & MAJOR COMBINED  | Unlimited |  |
| (ANNUAL)                |           |  |
| ORTHODONTICS (LIFETIME) | \$2,000   |  |

#### PLAN FEATURES

| GENERAL DEDUCTIBLE       | \$0                                      |
|--------------------------|--|
| SERVICE RECALL FREQUENCY | 6 months (2x per year)                   |
| ORTHODONTICS             | Adults and children                      |
| FEE GUIDE                | Current Provincial Association Fee Guide |
| COVERAGE TERMINATES      | Age 70                                   |

# **Short Term Disability**

BENEFIT SCHEDULE

66 2/3% of weekly earnings

# Long Term Disability

BENEFIT SCHEDULE

66 2/3% of monthly earnings