

| Summary of Benefit Coverages | | |
|---|--|-------------------------|
| | Telecommunication Workers Pension Plan - All Employees | |
| Insurer | <u>PBC & The Co-Operators</u> | |
| Policy Number | 4558 (PBC) & 404002-4558 (Co-Operators) | |
| Eligibility Guidelines | | |
| Enrolment Grace Period | EHC/Dental | 4 months |
| | STD | 31 Days |
| Dependent Child Age Limits <i>*please refer to booklet for details</i> | Not Attending Post-Secondary | To age 21 |
| | Attending Post Secondary | To any age |
| Life Coverage | | |
| Amount | \$75,000 | 50% reduction at age 70 |
| Non-Evidence Limit | \$75,000 | |
| Living Benefit | 50% of life to maximum \$50,000 | |
| Termination Age | Age 75 | |
| AD&D | | |
| Amount | \$75,000 | 50% reduction at age 70 |
| Termination Age | Age 75 | |
| Short Term Disability | | |
| Benefit Amount | 75% of weekly basic earnings | |
| Waiting/Qualifying Period | Injury | 0 Days |
| | Hospital/Sickness | 7 Days |
| Maximum Benefit (weekly) | x | |
| Max. Benefit Period | 39 weeks | |
| Tax Status | Taxable | |
| Critical Disease Benefit | | |
| Amount | 10% of basic life insurance | |
| Lifetime Maximum | \$50,000 | |
| Termination Age | Age 65 | |
| Covered Illnesses | Poliomyelitis, Parkinson's Disease, Huntington's Chorea, Multiple Sclerosis, Alzheimer's Disease, Type 1 Diabetes (Insulin Dependent), Amyotrophic Lateral Sclerosis (ALS), Peripheral Vascular Disease, Necrotizing Fasciitis | |

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| Extended Health Care (EHC) | | |
| Deductible | \$25 per person/family per calendar year | |
| Reimbursement Levels | In-Province Eligible & Out-of-Province Non-Emergency | 80% - once \$1,000 paid, 100% after |
| | Out-of-Province Emergency | 100% |
| Hospital | Semi Private Room or Private Room | |
| Lifetime Healthcare Maximum | \$1,000,000 | |
| Drug Formulary | Open | |
| Lifestyle Drugs | Fertility Drugs | \$3,000 Lifetime |
| | Compounded Drugs | Included |
| | Weight Loss Drugs | Included |
| Basic Expense Maximums | | |
| Private Duty Care - Registered Nurse | Included | |
| Mastectomy Brassieres | 1 per prosthesis to 2 per lifetime | |
| Stump Socks | \$250 per calendar year | |
| Surgical Stocking | 2 pairs per calendar year | |
| Wigs & Hairpieces | \$500 Lifetime | |
| Custom Made Orthopaedic Shoes | 1 pair per calendar year combined | |
| Custom Made Orthotics | 1 pair per calendar year combined | |
| Hearing Aids | Dependent Children | \$300 in a 60 month period |
| | Adults | \$300 lifetime |
| Paramedical Expense Maximums | | |
| Acupuncturist | \$100 each calendar year | |
| Chiropractor | \$200 each calendar year | |
| Massage Therapist | No Calendar Year Limit | |
| Naturopath | \$200 each calendar year | |
| Physiotherapist | No Calendar Year Limit | |
| Podiatrist | \$200 each calendar year | |
| Speech Language Pathologist | \$100 each calendar year | |
| Psychologist | \$2500 each calendar year combined | |
| Registered Clinical Counselor | | |
| Social Workers | | |
| Marriage & Family Counsellors | | |
| Online CBT | | |

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| Vision Care Expense Maximums | | |
| Glasses | \$250 in a 12 month period | |
| Contact Lenses | | |
| Out of Country Travel Emergency | | |
| Maximum | Included in Lifetime Maximum | |
| Maximum Hospital Stay | 90 Days | |
| Dental Care | | |
| Deductible | No Deductible | |
| Recall | 2 per calendar year | |
| Basic Coverage | 100% | Unlimited |
| Major Coverage | 60% | Unlimited |
| Orthodontics (Adults & Children) | 60% | \$3,000 Lifetime |
| Second Opinion | | |
| Disease Support Programs | | |
| E&OE - In case of any discrepancies, the policy contract wording will apply. | | |