Proposal

Group Benefits Program

VICTOR

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Life Insurance

Life Insurance is the cornerstone of any employee benefits program. Designed to protect and assist an employee's family with their financial obligations, life insurance provides a lump sum benefit payable to the employee's beneficiary in the event of death.

Schedule of benefits

Flat benefits or multiples of earnings can be selected. Please refer to the Plan Overview for a list of the standard options available for this benefit. If you have already made your benefit selections, the plan design will be confirmed on your quotation.

Basic Life Insurance

- Basic Life is a mandatory part of the group benefits program.
- An employee's benefit will reduce by 50% at age 65 and terminate at age 70.
- Coverage can be extended to age 85 for groups with 3+ lives.

Dependent Life Insurance

- As a mandatory part of the group benefits program, Dependent Life Insurance provides coverage for an employee's spouse and dependent children.
- Dependent children are covered from live birth to age 21 inclusive, or to age 25 if full-time students.
- Dependent Life Insurance will terminate when the employee reaches age 70.
- Coverage can be extended to age 85 for groups with 3+ lives (must match Basic Life Insurance).

Optional & Spousal Optional Life Insurance

- This optional coverage, which can be purchased at anytime, allows an employee to supplement his/her mandatory life insurance benefit.
- Employees may also purchase this coverage for their spouse.
- Coverage is subject to medical evidence and approval.
- Optional Life benefits are employee paid; payment is collected through employee payroll deductions.
- Rates are per $10,000 of coverage and are based on the applicant's age, gender and smoker status.
- Coverage will terminate when the insured reaches age 65.

MONTHLY PREMIUM PER $10,000 OF COVERAGE

AGE GROUP	MALE SMOKER	MALE NON-SMOKER	FEMALE SMOKER	FEMALE NON-SMOKER
Under 30	$0.82	$0.53	$0.57	$0.38
30-34	$0.91	$0.57	$0.67	$0.43
35-39	$1.14	$0.67	$0.86	$0.48
40-44	$1.91	$1.05	$1.29	$0.72
45-49	$3.34	$1.81	$2.15	$1.14
50-54	$5.48	$3.05	$3.34	$1.91
55-59	$9.05	$5.15	$5.10	$3.05
60-64	$13.11	$7.91	$7.05	$4.57

Standard features

Waiver of premium

Premiums for Basic, Dependent and Optional Life Insurance may be waived, subject to approval, should an insured employee become "totally disabled" for a period exceeding six months. The waiver of premium benefit may continue, provided the disability continues, until age 65 at which time all coverage will terminate.

Conversion privilege

During the 31-day period following the termination of employment, employees may convert up to $200,000 of Basic and/or Optional Life Insurance to an individual plan without submitting medical evidence. Employees must be under 80 years of age to be eligible for the conversion privilege.

Accidental Death & Dismemberment Benefits

Insurance cannot prevent accidents, but it will protect your employees and their family members from the financial hardships that can result from a sudden accident, unexpected injury or death.

Schedule of benefits

The Basic Accidental Death & Dismemberment (AD&D) benefit will match the Basic Life Insurance benefit. Please refer to the Plan Overview for a list of the standard options available for this benefit. If you have already made your benefit selections, the plan design will be confirmed on your quotation.

Basic Accidental Death & Dismemberment

- Basic AD&D is a mandatory part of the group benefits program.
- Family benefits for spouses and dependent children are included in the Basic AD&D coverage. A percentage of the principal sum will be payable in the event of accidental death or dismemberment. The percentage is determined by the type and number of dependents.
- The Basic AD&D benefit will reduce by 50% at age 65 and terminate at age 70.
- Coverage can be extended to age 85 for groups with 3+ lives (must match Basic Life Insurance).

Optional Accidental Death & Dismemberment

- This optional coverage, which can be purchased at any time, allows an employee to supplement his/her Basic AD&D benefit.
- Employees may choose "Employee Only" or "Employee and Family" coverage.
- Medical evidence is not required.
- Optional AD&D is an employee paid benefit; payment is collected through employee payroll deductions.
- Coverage will terminate at age 70.

COVERAGE TYPE	MONTHLY PREMIUM PER $25,000 OF COVERAGE
Employee Only	$0.80
Employee and Family	$1.23

Standard features

Supplementary benefits

In addition to the Specific Loss Schedule which provides payment for loss of life, limb, vision and speech, both Basic and Optional AD&D include supplemental benefit schedules which enhance the basic benefits.

Waiver of premium

The premiums applicable to all Basic and Optional AD&D may be waived, subject to approval, should an insured employee become "totally disabled" for a period exceeding six months. The waiver of premium benefit may continue, provided the disability continues, until age 65 at which time all coverage will terminate.

Conversion privilege

During the 31-day period following the termination of employment, employees may convert their insurance to an individual accident policy. Employees must be under 70 years of age to be eligible for the conversion privilege.

Weekly Indemnity

Certain government programs and agencies, like Employment Insurance, offer financial assistance to employees who are unable to work because of illness or injury. However, these benefits alone do not generally provide sufficient financial support for an employee and his/her family.

The Weekly Indemnity benefit is a salary replacement benefit. Coverage is calculated as a percentage of an employee's weekly salary to ensure benefit levels reflect pre-disability income.

Schedule of benefits

The Weekly Indemnity benefit is calculated as a percentage of income and varying benefit maximums and durations are available. Please refer to the Plan Overview for a list of the standard options available for this benefit. If you have already made your benefit selections, the plan design will be confirmed on your quotation.

Standard features

Benefit details

- Benefits are paid during the post-natal recovery period of maternity leave.
- Coverage will terminate when the employee reaches age 65.
- Coverage can be extended to age 70.
- If an employee reaches age 65 while receiving benefits, benefits will continue to be paid until the employee receives a total of 15 weeks of benefits or until no longer disabled, whichever occurs first.

Successive periods of disability

If, following a period of disability, an employee returns to active work for at least two weeks, the recurrence of a disability will be considered a new period of disability.

Earnings eligibility

- For self-employed or contract workers, eligible earnings are based on net income as indicated on the Net Income Line of the T1 General tax return and substantiated by CRA's Notice of Assessment.
- For salaried employees, eligible earnings are based on the employee's normal earnings and may include regular bonus, regular overtime, commissions, profit sharing plans and shift differentials. Earnings do not include sporadic bonus, sporadic overtime, incentive pay or an automobile allowance.
- For salespersons, eligible earnings are based on Employment Income before Deductions less any Taxable Allowances and Benefits as specified on the immediately preceding year's T4 slip.

Benefit taxability

- If an employer pays any portion of the Weekly Indemnity premium on behalf of an employee, any benefit received by that employee is taxable under both the Federal and Quebec Income Tax Acts.
- The employee must pay 100% of the Weekly Indemnity premium for the benefit to be non-taxable.

Waiver of premium

Weekly Indemnity premiums will be waived for any period during which an employee is receiving Long Term Disability benefits.

Employment Insurance Work-Share Program

Work-Sharing is an adjustment program through Service Canada that is designed to help employers and workers avoid temporary layoffs when there is a reduction in normal business activity beyond the control of the employer. During participation in a Work-Sharing Agreement, the employees' benefits can be maintained at pre-reduced salary levels, provided premium is paid.

Eligibility and duration periods have been set by Service Canada – see canada.ca/en/employment-social-development/services/work-sharing.html for more information. A minimum of two employees is required for a Work-Sharing Agreement and the work shortage must be significant enough to warrant support of the program (i.e., a demonstrated decrease in sales/orders of at least 10%).

Employment Insurance Premium Reduction Program

The Premium Reduction Program offers an employer a reduced Employment Insurance premium rate if the employer's short term disability program meets the requirements for premium reduction.

The rate reduction is based on the type of short term disability plan and the number of months during the year in which the plan meets these requirements. Employers must apply for the premium reduction benefit and the short term disability plan must match or exceed the level of benefits provided under Employment Insurance.

The standard benefit options available under the Victor Program have been designed to meet the Premium Reduction Program eligibility guidelines.

Long Term Disability

Long Term Disability coverage provides an employee with a salary replacement benefit should he/she become totally disabled. Because this will provide ongoing income if an employee is unable to work for a long period of time, it is one of the most important components of your group benefits program.

Schedule of benefits

The Long Term Disability benefit is calculated as a percentage of income and varying benefit maximums, elimination periods and benefit durations are available. Please refer to the Plan Overview for a list of the standard options available for this benefit. If you have already made your benefit selections, the plan design will be confirmed on your quotation.

Standard features

Benefit details

- The amount payable for total disability is based on a percentage of the disabled employee's pre-disability earnings.
- Long Term Disability coverage will terminate when the employee reaches age 65.

Definition of total disability

- For the purposes of this coverage, the employee will be considered totally disabled if, solely as a result of a disease or accidental injury, the employee:
  a. during the Elimination Period and for any "own occupation" period, has a restriction or lack of ability due to an illness or injury which prevents him/her from performing the essential duties of his/her own occupation;
  b. has a restriction or lack of ability due to an illness or injury which prevents him/her from performing the essential duties of any occupation for which he/she is qualified, or may reasonably become qualified, by training, education or experience; and
     > is continuously totally disabled throughout the Elimination Period. If the employee ceases to be totally disabled during this period and then become disabled again within 2 weeks due to the same or related illness or injury, the Elimination Period will be extended by the number of days during which the employee ceased to be totally disabled;
     > provides medical evidence documenting how the illness or injury causes him/her to be totally disabled. The employee will be considered totally disabled if a restriction or lack of ability due to an illness or injury prevents him/her from performing the essential duties of his/her own occupation;
     > is receiving regular, ongoing care and treatment appropriate for the disabling condition from a physician, as determined by the insurer.
- The "own occupation" definition refers to the nature of the employees' work rather than his/her own specific job, while the broader "any occupation" definition refers to any occupation the employee, through education or training, may be able to hold.

Cost of Living Adjustment (COLA)

- Cost of Living Adjustment benefits are available as an enhancement to the Long Term Disability benefit.
- COLA provides an annual inflationary adjustment to a disabled employee's Long Term Disability benefit amount to offset cost of living increases.
- The percentage increase, which can range from 1% to 5%, is based on the Consumer Price Index.

Earnings eligibility

- For self-employed or contract workers, eligible earnings are based on net income as indicated on the Net Income Line of the T1 General tax return and substantiated by CRA's Notice of Assessment.
- For salaried employees, eligible earnings are based on the employee's normal earnings and may include regular bonus, regular overtime, commissions, profit sharing plans and shift differentials. Earnings do not include sporadic bonus, sporadic overtime, incentive pay or an automobile allowance.
- For salespersons, eligible earnings are based on Employment Income before Deductions less any Taxable Allowances and Benefits as specified on the immediately preceding year's T4 slip.

Benefit taxability

- If an employer pays any portion of the Long Term Disability premium on behalf of an employee, any disability benefit received by an employee is taxable under both the Federal and Quebec Income Tax Acts.
- The employee must pay 100% of the Long Term Disability premium for the benefit to be non-taxable.

Pre-existing condition exclusion

No payment will be made for any period of total disability commencing within the first 12 months following the effective date of an employee's insurance if such total disability results either directly or indirectly from an illness or injury for which the employee was treated or attended by a physician or for which the employee took prescribed drugs within the 90-day period immediately prior to such effective date.

All source maximum

A disabled employee's total monthly income while disabled cannot exceed 85% of gross monthly earnings for taxable benefits and 85% of net monthly earnings for non-taxable benefits. If an employee's total income exceeds the 85% all source maximum, the Long Term Disability benefit will be reduced accordingly.

Primary offsets

The disabled employee's benefit amount may be reduced, or "offset", by other income or government benefit(s) that the employee receives as a result of that disability, including:

- wages or retirement benefits payable from the employer or employer's pension or retirement plan;
- any payments on account of disability from any workers' compensation law or similar law;
- disability payments received from the Canada or Quebec Pension Plan, excluding payments made in respect of dependent children; and
- any income or benefit payable under any other plan or program of any government or the Crown or of any subdivision or agency of the government or the Crown, including any plan or program established pursuant to a provincial automobile insurance act.

Rehabilitative employment

Based on the nature and limitations of a specific disability, a suitable rehabilitative training program may be recommended.

Recurrent disability

If disability recurs within six months and is due to the same or related causes, it will be considered as one continuous disability and will not be subject to the Elimination Period.

Waiver of premium

Long Term Disability premiums will be waived for any period during which an employee is receiving disability benefits.

Survivor benefit

In the event of the employee's death while collecting Long Term Disability benefits, a lump sum amount equal to three months of Long Term Disability benefits will be paid to the designated beneficiary.

Critical Illness

Critical Illness insurance provides an employee with a lump sum benefit should he/she be diagnosed with one of the covered conditions and survive for a specified period of time after the diagnosis or defined event occurs. The benefit payment is not dependent upon the employee's ability or inability to work and can be used at his/her discretion.

In addition to Employee Only coverage, groups have the option to select Employee and Spouse or Employee and Family coverage.

Schedule of benefits

Critical Illness insurance is offered as a flat benefit, with optional amounts. Please refer to the Plan Overview for details regarding minimum and maximum benefit amounts. If you have already made your benefit selections, the plan design will be confirmed on your quotation.

Standard features

Benefit details

- Dependent children are covered from live birth to age 21 inclusive, or to age 25 if full-time students.
- Coverage will terminate at age 70.
- Coverage can be extended to age 85 for groups with 3+ lives (must match Basic Life Insurance); however, new employees age 70 or older are not eligible for CI benefits.
- The employee's and spouse's coverage will reduce by 50% at age 80.
- There are 25 covered conditions for the employee, spouse and dependent children (if spousal or family coverage has been chosen):
  - Aortic Surgery
  - Aplastic Anemia
  - Bacterial Meningitis
  - Benign Brain Tumour
  - Blindness
  - Cancer (Life-Threatening)
  - Coma
  - Coronary Artery Bypass Surgery
  - Deafness
  - Dementia, Including Alzheimer's Disease
  - Heart Attack
  - Heart Valve Replacement or Repair
  - Kidney Failure
  - Loss of Independent Existence
  - 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 and Specified Atypical Parkinsonian Disorders
  - Severe Burns
  - Stroke
- There are six additional child-specific covered conditions for dependent children (if family coverage has been chosen):
  - Cerebral Palsy
  - Congenital Heart Disease
  - Cystic Fibrosis
  - Down's Syndrome
  - Muscular Dystrophy
  - Type 1 Diabetes

Benefit payments

The insured must survive 30 days after a covered condition has been diagnosed or after the defined event, except for paralysis, loss of independent existence or bacterial meningitis where a waiting period of 90 days applies, and Multiple Sclerosis or loss of speech where a waiting period of 180 days applies.

AdvanceCare Benefit

This coverage pays 10% of the full Critical Illness benefit amount after the diagnosis of one of the AdvanceCare Benefit conditions listed below. This coverage is available for employees and spouses only.

- Coronary Angioplasty
- One of several Early Stage Cancers

Multiple Event Coverage

This coverage allows employees to claim more than once under the Critical Illness benefit, provided subsequent claims are for unrelated covered conditions, as illustrated in the following chart. Multiple Event Coverage is available for employees only.

MEC GROUPING	COVERED CONDITION
Group 1	Cancer (Life-Threatening)
Group 2	Aortic Surgery, Coronary Artery Bypass Surgery, Heart Attack, Heart Valve Replacement or Repair, Stroke
Group 3	Bacterial Meningitis, Benign Brain Tumour, Coma, Dementia Including Alzheimer's Disease, Loss of Independent Existence, Loss of Speech, Motor Neuron Disease, Multiple Sclerosis, Paralysis, Parkinson's Disease and Specified Atypical Parkinsonian Disorders, Stroke
Group 4	Aplastic Anemia, Kidney Failure, Major Organ Failure on Waiting List, Major Organ Transplant
Group 5	Blindness
Group 6	Deafness
Group 7	Severe Burns
Group 8	Loss of Limbs
Group 9	Occupational HIV Infection

Claims at TuGo

This service is available to all insured persons. Claims at TuGo co-ordinates medical appointments and procedures provided by treatment centres around the world and can arrange travel and lodging at special discounts.

Pre-existing condition exclusion

If any one of medical advice, treatment, service, prescribed medication, diagnosis or consultation, including consultation to investigate and/or diagnose (where diagnosis has not yet been made), was received by an insured, or would have been received by a prudent individual, for any illness, disease, mental, nervous or psychiatric condition or disorder within 24 months immediately preceding the effective date of the insured's coverage, no benefit will be paid. This exclusion applies for the first 24 months the insured's coverage is in force.

Limitations

- No benefit will be paid if Cancer (Life-Threatening) is diagnosed, or any signs, symptoms or investigations leading to the diagnosis of Cancer (Life-Threatening), regardless of when the diagnosis is made, are initiated within 90 days following the effective date of the insured's Critical Illness insurance coverage. In the event of such a diagnosis:
  - an insured employee's coverage will remain in force but Cancer (Life-Threatening) will no longer be considered a covered condition for the employee; and
  - an insured spouse's or insured dependent child's critical illness coverage will be voided in its entirety.
- No benefit will be paid if a Benign Brain Tumour is diagnosed, or any signs, symptoms or investigations leading to the diagnosis of a Benign Brain Tumour, regardless of when the diagnosis is made, are initiated within 90 days following the effective date of the insured's Critical Illness insurance coverage. In the event of such a diagnosis:
  - an insured employee's coverage will remain in force but Benign Brain Tumour and the other covered conditions in MEC Group 3 will no longer be considered a covered condition for the employee; and
  - an insured spouse's or insured dependent child's critical illness coverage will be voided in its entirety.
- No benefit will be paid if Early Stage Cancer is diagnosed, or any signs, symptoms or investigations leading to the diagnosis of Early Stage Cancer, regardless of when the diagnosis is made, are initiated within 90 days following the effective date of the insured's Critical Illness insurance coverage. In the event of such a diagnosis, Early Stage Cancer will be removed as an AdvanceCare Benefit condition for the insured.

Waiver of premium

If an employee is totally disabled for at least six continuous months, the Critical Illness premium will be waived retroactively from the date of total disability. Premium for an insured spouse and/or dependent children will also be waived.

The Waiver of Premium benefit will terminate on the earliest of the following dates:

- For active full-time employees who are under age 63 when total disability commences, waiver of premium will terminate at the earlier of the date the employee attains age 65 or the termination age.
- For active full-time employees who are age 63 or older but under age 80 when total disability commences, waiver of premium will terminate at the end of 24 months, but not beyond the termination age.
- For active full-time employees who are age 80 or older when total disability commences, waiver of premium will terminate at the end of 12 months, but not beyond the termination age.

Conversion privilege

During the 31-day period following the termination of employment or cessation of eligibility, employees and spouses may convert their insurance, to a maximum of $100,000, to a separate Critical Illness policy. To be eligible for the conversion privilege, the applicant must be under 65 years of age and must never have received a benefit payment for a covered condition or an AdvanceCare Benefit condition.

Full details are available in our Critical Illness Proposal, available at victorinsurance.ca/gbconnect.

Extended Health Care

Health benefits are designed to complement the coverage offered through provincial health, hospital and medical services plans. Extended Health Care coverage is comprised of hospital, drug, vision and supplementary health care benefits.

Schedule of benefits

With the Extended Health Care benefit, varying coinsurance levels, deductible amounts and internal benefits limits are available. Please refer to the Plan Overview for a list of the standard options available for this benefit. If you have already made your benefit selections, the plan design will be confirmed on your quotation.

Standard features

- Dependent children are covered to age 21, or to age 25 if full-time students (age 26 for health and dental benefits for Quebec residents).
- A large claim pooling threshold of $10,000 per person is in effect.
- Following an employee's death, the Survivor Benefit provides coverage for dependents, without premium payment, until the earlier of 24 months from the employee's death or the date the coverage or policy terminates.
- Coverage will terminate when the employee reaches age 70.
- Coverage can be extended to age 85 for groups with 3+ lives (must match Basic Life Insurance).
- Coverage is RAMQ compliant.

Benefit details

Hospital coverage

- Designed to work with the provincial health and hospital plans, this benefit provides payment for eligible charges, in excess of the provincial plan, for accommodation in a licensed Canadian hospital.

Prescription drug coverage

- to be eligible for reimbursement, the drug must require a prescription by law, must be prescribed by a physician or other professional authorized to prescribe medicines and must be dispensed by a licensed pharmacist or physician.
- Smoking cessation aids, anti-obesity drugs and drugs prescribed in connection with fertility and erectile dysfunction treatments are not covered.

Vision care coverage

- Contacts, glasses and laser eye surgery are eligible under the Vision Care benefit.
- Eye examinations are eligible under the Extended Health Care benefit.

Supplementary health care expenses

Eligible supplementary health care expenses include reasonable and customary charges for the following expenses:

- Charges for licensed convalescent care facility, to a maximum of 120 days
- Charges for Private Duty Nursing expenses, to a maximum of $10,000 per year

- Ambulance and emergency transportation expenses
- Charges for purchase or rental of medical or surgical equipment, braces and crutches, or prostheses
- Accidental Dental benefits, to a maximum of $5,000 per accident
- Orthopedic shoes and orthotics, to a maximum of $200 per shoe or $400 in any calendar year, subject to diagnosis and doctor's referral requirements
- Laboratory tests and x-rays not covered by any provincial government plan
- Hearing aids, to a maximum of $500 every three years
- Eye examinations
- Emergency out-of-country medical expenses, for trips of up to 60 consecutive days, subject to a $5,000,000 annual maximum
- Paramedical practitioners, including:
  - Speech Therapist
  - Psychologist
  - Osteopath
  - Chiropractor
  - Physiotherapist
  - Naturopath
  - Acupuncturist
  - Chiropodist/Podiatrist
  - Massage Therapist

Medical Travel Benefit

Victor's Medical Travel benefit is an optional coverage, which provides reimbursement for the cost of travel and accommodation within Canada for eligible plan members to obtain medical treatment from a physician or medical facility outside of their local area.

The round-trip distance must be 500 kilometers or more to be eligible and a doctor's referral is required. Expenses for one travel companion may also be reimbursed.

Employee Assistance Program (EAP)

The LifeWorks EAP platform combines modern employee assistance, wellness, recognition and incentive programs into a unified total well-being solution that engages people in their own health. This uniquely integrated and innovative well-being platform—available online and through a mobile app—offers extensive resources to help with virtually any concern that affects family life, work life or general well-being and provides tools to foster a culture of prevention that contributes to the development of a healthier workplace.

Some highlights of the LifeWorks EAP platform include:

- A **Total Wellbeing Assessment** tool for plan members designed to help maximize their healthy lifestyle choices.
- A self-directed service called **CareNow** that provides access to programs to help with anxiety, depression, stress and more.
- Exclusive offers for **perks and savings**, including online cashback for selected shipping vendors and discounted gift cards.

- A unique **HR Support Solutions** service that provides on-demand access to the advice and legal expertise of a qualified HR professional, which plan administrators can access from the "Work" section of the platform. This service is particularly valuable for employers and businesses who may not have in-house human resource (HR) or related legal expertise. It helps employers manage everyday situations, complex HR processes and legal decisions.

The EAP offers demonstrable savings in the form of reduced absenteeism and other health related costs. Management resources and consultation will also provide the tools and insight necessary to support employees through difficult issues or major life changes.

LifeSpeak

This video streaming service is a health, wellness and professional development platform that offers expert-led videos and podcasts that cover a wide range of topics, from professional development, communication skills to personal relationships, and physical and mental health.

Maple Virtual Care

This service will connect plan members and their dependents with a doctor online 24/7, when they are feeling sick, need a prescription, or have questions about their health. Maple doctors can write prescriptions and lab requisitions, and treat the majority of common illnesses and medical issues, such as migraines, sore throats and pink eye. Their doctors and nurse practitioners are well-respected, Canadian-licensed family or emergency medicine practitioners passionate about delivering outstanding health care.

WorldCare Medical Second Opinion Service

The WorldCare Medical Second Opinion service is designed to provide plan members and their dependents with valuable independent medical second opinions should they be diagnosed with certain critical illnesses or life-threatening conditions. This service provides access to expert medical guidance, based on the latest diagnostic and treatment advances, by a team of specialists from the top-ranked medical centers of The WorldCare Consortium®. All steps and interactions are managed over the phone or via secure digital record sharing.

Dental Care

Dental Care coverage is comprised of Basic, Major and Orthodontic Services. Depending on your specifications, the standard features listed may be adapted to meet your requirements.

Schedule of benefits

The Dental Care benefit offers annual or combined maximums, deductible amounts and different reimbursement levels for each coverage type. Please refer to the Plan Overview for a list of the standard options available for this benefit. If you have already made your benefit selections, the plan design will be confirmed on your quotation.

Standard features

- Dependent children are covered to age 21, or to age 25 if full-time students (age 26 for health and dental benefits for Quebec residents).
- Orthodontia benefits are available for dependent children 18 years of age or under.
- Following an employee's death, the Survivor Benefit provides coverage for dependents, without premium payment, until the earlier of 24 months from the employee's death or the date the coverage or policy terminates.
- Coverage will terminate when the employee reaches age 70.
- Coverage can be extended to age 85 for groups with 3+ lives (must match Basic Life Insurance).
- Major Restorative coverage cannot be included in your group benefits program without selecting Basic Services; Orthodontic coverage cannot be selected without Major Restorative coverage.
- Unless quoted otherwise, benefits are paid in accordance with the current fee guide for general practitioners in effect in the province where the service is rendered.
- Where there exists more than one customarily employed and professionally adequate method of treating injury or disease to the teeth, the benefits provider reserves the right to determine eligible expenses on the basis of an alternate benefit.
- Employees may submit a pre-treatment plan to the benefits provider who can advise, in advance of the treatment, the amount which is considered eligible for reimbursement.
- Major Restorative Services are subject to the pre-existing conditions limitation. Standard limitations on major restorative services include:
  a. missing tooth exclusion
  b. replacement of crowns, bridges and dentures if existing appliance is at least 5 years old

Benefit details

Basic dental services

Eligible expenses include:

- Diagnostics – procedures required to assist the dentist in evaluating existing conditions and determining any further dental care which may be required
- Preventive Therapy – procedures intended to eliminate or reduce the need for future dental treatment
- Basic Restorative Dentistry – the basic procedures used to restore the natural teeth to their normal functions
- Extractions
- Anaesthesia

- Endodontics
- Periodontics – including adjunctive and surgical services as well as special periodontal appliances
- Routine Oral Surgery
- Repairs, relining and rebasing of removable prosthetic devices

Major restorative services

Eligible expenses include:

- Removable Prosthetic Devices
- Extensive Restorative Dentistry
- Fixed Prosthetic Devices
- Implantology

Orthodontia coverage

Eligible expenses include:

- correction of teeth irregularities and malocclusion of jaws by wire appliances, braces or other mechanical aids
- active space retainers, or orthodontic appliances, for the purpose of repositioning or moving of the teeth

Health Care Spending Account

A Health Care Spending Account (HCSA) is used to pay for health and dental expenses not otherwise covered by the group benefits plan or by the provincial health insurance plan.

Schedule of benefits

The HCSA is available to groups of all sizes even if health and/or dental benefits are not part of the group benefits plan, provided core package requirements have been met. The employer determines the benefit amount offered to employees. There is no minimum or maximum amount. Contributions can be made on an annual lump sum or incremental basis.

Standard features

- Expenses must qualify as a medical expense tax credit under the Income Tax Act.
- HCSA claims are adjudicated along with regular health and dental claims.
- Employees can choose to auto co-ordinate claims between the benefits plan and the HCSA.
- The benefit year is January 1 to December 31.

Rolling contributions

Contributions made in one year automatically roll over to the next year if they are not used in full. The oldest contributions are applied against eligible claims first. Rolled-over contributions which are not used by the end of the following benefit year will be forfeited. Claims are allocated to the period in which they are incurred and not to the period in which they are submitted for reimbursement.

Claims incurred in one year cannot be rolled over to the next benefit year and be reimbursed from the next year's contribution amount.

Wellness Spending Account

A Wellness Spending Account is used to pay for a range of personal wellness-related expenses which are not covered by the group benefits plan or by the provincial health insurance plan. Because the focus is on personal health and wellness, expenses like fitness club memberships, running shoes, child care costs and weight loss programs are eligible. In addition, costs related to estate planning, tax returns and the legal fees for a Will are eligible.

Schedule of benefits

The Wellness Spending Account is available to groups of all sizes even if health and/or dental benefits are not part of the group benefits plan, provided core package requirements have been met. The employer determines the benefit amount offered to employees. There is no minimum or maximum amount. Contributions can be made on an annual lump sum or incremental basis. This is a taxable benefit so all expenses submitted for payment will be shown on the plan member's T4 slip.

Standard features

- The benefit year is January 1 to December 31.
- Account balances will not be rolled over into the next calendar year. Unused contributions will be forfeited.
- Eligible expenses have been predetermined and cannot be customized at the client level.
- Annual tax reporting information will be provided so that benefit amounts can be included on T4s.

Executive Benefits

This benefit is designed to promote health and wellness across a company's executive team. Funded through a combination of the Health Care Spending Account (HCSA) and the Wellness Spending Account (WSA), an executive is provided with an annual allocation that can be directed toward the costs of activities, goods and services that support physical wellness as well as the mental, emotional and financial aspects of personal well-being.

Schedule of benefits

The Executive Benefits program is available to groups of all sizes even if health and/or dental benefits are not part of the group benefits plan, provided core package requirements have been met. The employer provides his executive group with an annual dollar allocation which can be used to support personal wellness. Each executive completes an annual enrollment form directing his allocation to either his HCSA or WSA. There is no minimum or maximum amount. Contributions can be made on an annual lump sum or incremental basis.

Standard features

- The benefit year is January 1 to December 31.
- Year-end account balances are treated as per HSCA and WSA guidelines:
  - HCSA balances can be carried forward for 12 months if they are not used in full. Rolled-over contributions which are not used by the end of the following benefit year will be forfeited.
  - WSA balances will be forfeited at the end of the calendar year.
- Annual tax reporting information will be provided so that benefit amounts can be included on T4s.

Cost Plus

Cost Plus is available to all clients, regardless as to whether they have health and dental benefit coverage in their program.

Benefits of Cost Plus

Cost Plus, with its broader scope of eligible expenses and tax-effective payment of health and dental items, can be a valuable component of a group benefits program.

This arrangement may be used to cover deductibles and co-insurance amounts, provide unlimited maximums on items otherwise restricted and/or provide reimbursement for expenses that may not be considered eligible under the standard plan.

The employer can determine which employees and dependents qualify. This allows an employer to reward valued or key employees with enhanced coverage.

How to use this service

All services and supplies which are considered eligible medical expenses under the Federal Income Tax Act are eligible for payment through Cost Plus. These reimbursements are not taxable to the employee.

Cost Plus is not referenced in the Benefits Booklet. Claims which are paid under this arrangement will not be reflected in the claims experience.

An employer must identify and register each employee and dependent that is eligible for the benefit, either in advance of or concurrent with the first claim submission.

Cost Plus claims must be submitted within 15 months of the incurred date, or the expenses will not be eligible for reimbursement.

How Cost Plus works

It is important to note that Cost Plus is not a reimbursement program. Expenses are subject to an administration fee and appropriate federal and provincial taxes. The company pays for the incurred expense, in addition to regular premiums. Cost Plus is paid for with pre-tax funds from the business and not the disposable income of the employees. Because corporate dollars are used, the expense may be eligible as a deduction against income on the employer's financial statements.

The process is tax-effective in that otherwise ineligible expenses, which the employee would be responsible for paying, can be reimbursed under the auspices of the group insurance program.

General provisions

Core package requirements

- The program is based on a mandatory core package. It includes Life Insurance, Accidental Death & Dismemberment and Dependent Life Insurance, plus a minimum of two of the following: Weekly Indemnity, Long Term Disability, Critical Illness, Extended Health Care and Dental Care.
- The employer must contribute at least 50% of the premiums.

Participation requirements

- If your company has 1 to 9 employees or if you pay 100% of the premium, then all eligible employees must participate in your group benefits program.
- If your company has 10 or more full-time employees and your employees pay a portion of the premium, then 75% of all eligible employees must participate in your plan.
- Employees who are covered under a spouse's plan for health and/or dental care may waive these benefits. However, a minimum participation level of 50% is required after spousal waivers.
- An employee can choose to opt out of all benefits offered by your plan, provided that you continue to meet the participation requirement. The employee must complete and sign a Group Benefits Waiver Form.

Grandfathering

- Basic, Optional and Spousal Optional Life, Long Term Disability and Critical Illness benefits are eligible to be grandfathered.
- A copy of the group's most current billing statement, with current coverage levels clearly shown, is required before grandfathering can be confirmed.
- For Critical Illness, a copy of the current contract or booklet is required.

Employee eligibility requirements

- To be eligible for group benefits, an employee must:
  a. reside in Canada;
  b. be covered for provincial health care;
  c. be actively at work, on the date of transfer or the date benefits commence;
  d. be employed and paid for services rendered; and
  e. work at his/her place of employment for a minimum of 20 hours per week on a permanent, full-time basis.
- Temporary employees and non-employee directors are not eligible for coverage.

Log in at victorinsurance.ca/gbconnect for more information.

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