## **Employee Benefits Plan Summary Effective October 1st, 2022**

## Life Insurance

**Benefit Details** 

Life Insurance	
Benefit Amount	<ul> <li>Benefit covers you for one time your annual earnings, up to a maximum of \$500,000. This benefit is payable to your named beneficiary tax free upon your death. Any coverage amounts in excess of \$100,000 requires medical underwriting and approval.</li> </ul>
Reduction	Coverage reduces by 50% at age 65
Termination	Age 70 or earlier retirement
<b>Accidental Death &amp; Dismemberm</b>	ent (AD&D)
Benefit Amount	<ul> <li>This benefit amount is equal to the Life Insurance benefit.</li> <li>Accident benefit that causes loss of or loss of use of limbs, site, hearing etc. – benefits coverage is dependent on the extend of the injury – refer to the booklet for details</li> </ul>
Reduction/Termination	Coverage matches Life Insurance
Dependent Life Insurance	
Benefit Amount	<ul> <li>Coverage amounts are \$10,000 spousal life insurance and \$5,000 for each dependent child payable to you upon their death.</li> </ul>
Termination	Age 70 or earlier retirement
Long Term Disability Insurance	•
Benefit Details	<ul> <li>Benefit pays you 67% of the first \$3,000 of monthly earnings plus 55% of any remaining monthly earnings, in the event you become disabled, to a maximum of \$8,000. Any eligible benefit amount in excess of \$3,000 requires medical underwriting and approval. Benefits are payable following 112 days of total disability up to age 65.</li> </ul>
Tax Status	Any benefit amounts received are non-taxable.
Termination	Age 65 or earlier retirement
Extended Health Care	
Deductible	Not applicable
Reimbursement	
All Eligible In-Province Expenses Out-of-Province/Country Emergency	<ul><li>80%</li><li>100%</li></ul>
Prescription Drug Coverage	<ul> <li>Mandatory Generic (lowest cost alternative)</li> <li>Pharmacy Pay Direct Drug Card Included</li> </ul>
Hospital Coverage	Semi-Private or Private Room in a Public General Hospital
Licensed Paramedical Practitioners	<ul> <li>\$500 per person, per calendar year, per practitioner type listed below         Acupuncturist, Chiropractor, Dietician, Massage Therapist, Naturopath, Osteopath, Physiotherapist,         Podiatrist/Chiropodist, Psychologist/Social Worker/Counselor, Speech Therapist</li> </ul>
Orthotics	<ul> <li>\$300 per 2 calendar years for adults/\$300 per calendar year for children</li> </ul>
Orthopaedic Shoes	<ul> <li>\$500 per calendar year for adults/\$300 per calendar year for children</li> </ul>
Hearing Aids	\$500 in a 5-calendar year period
Eye Exams	• \$75 every 2 calendar years
Vision Care	• \$250 every 24 months (i.e., prescription glasses, contacts, etc.)
Emergency Medical coverage Outside the Province of Residence/Country	• \$5,000,000 Lifetime Maximum (60 days per trip limitation)
Termination	At age 85 or upon earlier retirement
Dental Care	
Deductible	Not applicable
Basic / Preventative Care Services	80% Coverage (cleaning, fillings, x-rays, endodontics, periodontics)
Major Services	50% Coverage (crowns, bridgework, dentures, etc.)
Dental Recall Exams	2 per calendar year
Overall Maximum	\$2,000 combined maximum (Basic/Major services) per person, per calendar year
Termination	At age 85 or upon earlier retirement
Employee & Family Assistance Pro	
Benefit Details	The Employee and Family Assistance Program provides employees, spouses and dependent children with quick, direct access to confidential, professional counseling to help deal with work, personal and family related problems. The plan offers 24 hour, 7 days a week, toll-free telephone access for crisis counseling, risk assessment and matching to appropriate services. Limit of 3 sessions per event.
How to access this service	By Phone: 1-844-PBC-EFAP   Online: www.pbc-efap.ca
Retirement Savings Plan	,

Your contribution will be matched by the company, up to 3% of your earnings

\*This document serves as a summary of your benefits. Any wording in the employee booklet and contract supersedes the information found on this summary.