

BENEFIT PROVISIONS	Option 5 - COPPER
<b>Group Life</b>	
Benefit Amount	\$50,000
<b>Accident &amp; Serious Illness (ASI)</b>	
Principal Sum	\$50,000
<b>Dependent Group Life</b>	
Spouse Amount	\$10,000
Child Amount	\$5,000
<b>Short Term Disability</b>	
Benefit Formula	
Maximum Weekly Benefit	N/A
Qualifying Period	
Maximum Benefit Period	
<b>Long Term Disability</b>	
Gross Benefit	
Maximum Benefit	N/A
Qualifying Period	
Maximum Benefit Period	
<b>Extended Health Care</b>	
Calendar Year Deductible	\$50/Single & \$50/Family
Percentage Payment – Prescription Drugs	80%
Percentage Payment – Other	80%
Drug Plan Type	Pay Direct Drug Card
<b>Paramedical Practitioners</b>	
- psychologists/social workers	\$350 per year per practitioner
- physiotherapists	\$350 per year per practitioner
- massage therapists	\$350 per year per practitioner
- speech therapists	\$350 per year per practitioner
- chiropractors (including x-rays)	\$350 per year per practitioner
- osteopaths (including x-rays)	\$350 per year per practitioner
- acupuncturist	\$350 per year per practitioner
- podiatrists (including x-rays)	\$350 per year per practitioner
- occupational therapists	not included
- naturopaths	\$350 per year per practitioner
Private Duty Nursing	\$10,000 per calendar year
Hospital Accommodation	Semi-Private Room
Hospital Indemnity Benefit	\$40/day after 4 days up to 180 days
Vision Care	\$200 every 2 years
Smoking Cessation Drugs	\$500 lifetime per person
Hearing Aids	\$500 every 60 months
Survivor Benefit	up to 2 years without premium payment
Emergency Out-of-Country	180 days
Out-of-Country Maximum	\$5,000,000 per trip
Out-of-Province Referral	\$10,000 per Lifetime
In-Canada Medical Travel	\$3,000 per Lifetime
Travel Cancellation Insurance	included
Employee Assistance Program	Included
Dependent Age	under age 22 or under age 26 if in full-time attendance at school
Termination Age	Retirement
<b>Dental Care</b>	
Calendar Year Deductible	Nil Deductible
<b>Percentage Payment</b>	
- Preventive and Basic Treatments	80%
- Major Restorative Treatments	50%
- Orthodontic Treatments	not included
<b>Maximums Per Person Per Year</b>	
- Preventive and Basic Treatments	\$1,500
- Major Restorative Treatments	combined with basic
- Orthodontic Treatments	not applicable
Recall Exams	Twice per year
Dependent Age	under age 22 or under age 26 if in full-time attendance at school
Termination Age	Retirement
<b>Maximum Total Monthly Premiums</b>	<b>\$98.39 Single / \$248.33 Family</b>

**IMPORTANT:**

- Important: You must meet all eligibility requirements at the time of your enrolment to participate in this plan.
- In any case of dispute or confusion regarding coverage levels or eligibility requirements, the RBP Flex Plan master policy shall prevail.
- The above-noted Premiums are based on the period of April 1, 2019 to March 31, 2020, and will be subject to change effective April 1, 2020.