

YOUR BENEFITS PROGRAM AT-A-GLANCE

This summary provides an overview of the main provisions of the group insurance program for eligible **producers of the Atlantic Federation of Agriculture (AFA) participating organizations***

This document is not a contract and is subject to change; it is provided for your convenience and does not outline all benefits provisions or limitations. If any discrepancies between the contents of this summary and the official plan contract should arise, the terms of the insurance contract will apply in all cases. In no way shall this document confer any contractual rights or obligations.

HEALTH AND TRAVEL	
Prescription Drugs <ul style="list-style-type: none"> Reimbursement Limitations 	Tiered Formulary: Tier 1 - dispensing fee; Tier 2 - 40% with a \$50 out of pocket maximum including dispensing fee Erectile Dysfunction medication covered at an annual maximum of \$250 Fertility drugs are limited to \$1,500 in a Calendar Year up to a lifetime maximum of \$3,000 Mandatory Generic Substitution; Prior Authorization may be required for some medications
Drug Card	Pay-Direct
Vision Care <ul style="list-style-type: none"> Lenses, Frames and Contact Lenses Eye Examinations 	100% reimbursement \$200 every 24 consecutive months (adults); every calendar year for children under 21 years of age One eye examination up to usual and customary amounts every 24 consecutive months (adults); every calendar year for children under 21 years of age
Paramedical Services <small>Chiropractor, Naturopath, Acupuncturist, Homeopath, Dietician, Osteopath, Chiropracist/Podiatrist, Audiologist, Occupational Therapist, Physiotherapist, Massage Therapist (doctor's referral required), Speech Therapist, Psychologist/Social Worker</small>	\$500 per practitioner at 100% reimbursement with an overall maximum of \$1,500 per calendar year; except Psychologist, Social Worker and Registered Counselling Therapist combined and Speech Therapist which is \$1,500 maximum per calendar year maximum reimbursed at 100%
Private Duty Nursing	100% reimbursement maximum is \$10,000 per calendar year
Medical Supplies & Prosthetic Equipment	100% reimbursement Please refer to booklet for more details
Other Eligible Expenses <ul style="list-style-type: none"> Accidental Dental Ambulance Services Hearing Aids Molded Arch Orthotics Diabetic Equipment 	100% reimbursement Treatment within 90 days of accident To and from nearest hospital able to provide essential care; up to usual and customary \$700 max every 3 calendar years \$300 per calendar year \$200/CY Continuous Glucose Monitors and Flash Glucose Monitors: \$200 per calendar year
Emergency Travel Coverage	\$2,000,000 per participant per incident; limited to the first 90 days of a trip if under age 65, limited to the first 60 days of a trip if over age 65 \$5,000 Trip Cancellation and Interruption \$500 Baggage Coverage
Termination of Coverage	The earlier of retirement, termination of employment or age 65 for Health and age 70 for Travel
Usual and Customary Charges	Expenses are reimbursed based on Medavie Blue Cross' assessment of usual & customary fees

DENTAL	
Reimbursement <ul style="list-style-type: none"> Basic and Preventative Services Major Restorative Care Orthodontics 	100% reimbursement 70% reimbursement Basic & Preventative Services and Major Restorative Care combined maximum \$2,000 per person per calendar year 50% reimbursement – maximum \$2,000 per lifetime
Fee Guide	Current Fee Guide for general practitioners in the producer's province of residence
Recall Examination, Polish/Fluoride Frequency	One every 12 consecutive months
Implant Coverage	1 per tooth per 10 calendar years subject to Major Restorative Maximum
Termination of Coverage	The earlier of retirement, termination of employment or age 70

BASIC LIFE INSURANCE		OPTIONAL LIFE INSURANCE	
Insured Persons	You Only	You and/or your Spouse	
Coverage	Flat benefit of \$25,000; reduction by 50% at age 65 to \$12,500	Units of \$10,000 to a maximum of \$250,000 Evidence of insurability is required for all insured amounts	
Termination of Coverage	Your coverage terminates the earlier of retirement, or termination of employment or age 70	Your coverage terminates the earlier of retirement, termination of employment or age 65	
DEPENDENT LIFE INSURANCE			
Insured Persons	Your Spouse and your dependent(s)		
Coverage	Spouse - \$5,000; Child - \$2,500		
Termination of Coverage	The earlier of retirement, termination of employment or age 70		

*participating Atlantic Federation of Agriculture organizations include NSFA, DFNS and PEIFA

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ACCIDENTAL DEATH AND DISMEMBERMENT		OPTIONAL AD&D COVERAGE
Insured Persons	You Only	You, your Spouse and your dependents
Coverage	Amount Equal to your Employee Life Insurance In case of an accidental injury, the amount paid to you is based on the nature of your injury. See booklet for details.	You: <ul style="list-style-type: none"> ▪ Units of \$10,000 up to a maximum of \$250,000 Family Plan: <ul style="list-style-type: none"> ▪ Spouses only – In the event there are no dependent children covered, the amount of coverage applicable to the spouse will be 50% of the coverage you have ▪ Spouses and Dependent Children – 40% of your coverage applicable to the spouse and 5% of your coverage applicable to each dependent child ▪ Dependent Children only – In the event there is no spouse covered, the amount of coverage applicable to each dependent child will be 10% of your coverage
Termination of Coverage	Your coverage terminates the earlier of retirement, or termination of employment or age 70	You: The earlier of the Covered Employee's retirement, the Covered Employee's age 65 or when no longer an eligible Dependent. Spousal coverage ends on spouse's 65 th birthday if earlier than noted above.

OPTIONAL CRITICAL ILLNESS					
Insured Persons	You, your Spouse and your dependents				
Coverage and Covered Conditions	You and your Spouse have the option to buy coverage in units of \$10,000 up to a maximum of \$100,000. Children are eligible for \$10,000. Evidence of insurability is required for all amounts of coverage. Critical Illness insurance provides a non-taxable lump sum benefit to the employee and covers the following conditions:				
	Covered Conditions <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; vertical-align: top;"> <ul style="list-style-type: none"> ▪ Aorta Surgery ▪ Benign Brain Tumor ▪ Blindness ▪ Life Threatening Cancer ▪ Coma ▪ Coronary Artery Bypass Surgery </td> <td style="width: 33%; vertical-align: top;"> <ul style="list-style-type: none"> ▪ Deafness ▪ Heart Attack ▪ Kidney Failure ▪ Loss of Speech ▪ Major Burns ▪ Major Organ Failure Requiring Transplant </td> <td style="width: 33%; vertical-align: top;"> <ul style="list-style-type: none"> ▪ Motor Neuron Disease ▪ Multiple Sclerosis ▪ Paralysis ▪ Parkinson's Disease ▪ Senile Dementia ▪ Stroke </td> </tr> </table>		<ul style="list-style-type: none"> ▪ Aorta Surgery ▪ Benign Brain Tumor ▪ Blindness ▪ Life Threatening Cancer ▪ Coma ▪ Coronary Artery Bypass Surgery 	<ul style="list-style-type: none"> ▪ Deafness ▪ Heart Attack ▪ Kidney Failure ▪ Loss of Speech ▪ Major Burns ▪ Major Organ Failure Requiring Transplant 	<ul style="list-style-type: none"> ▪ Motor Neuron Disease ▪ Multiple Sclerosis ▪ Paralysis ▪ Parkinson's Disease ▪ Senile Dementia ▪ Stroke
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Termination of Coverage	You: The earlier of retirement, termination of employment or age 65 Spouse: Spouse's 65th birthday or earlier of retirement, termination of employment or Covered Employee's 65th birthday Child: Ceases when no longer an eligible Dependent				
Note	Pre-existing Condition: A pre-existing condition means an illness or condition for which you or your dependent has received medical treatment, consultation, care or services (including diagnostic measures) or has been prescribed medication during the 24 months immediately prior to the effective date of the Critical Illness coverage. Critical Illness benefits are not payable as a result of any pre-existing condition unless commencement of the critical condition occurs after 24 consecutive months of coverage.				

ELIGIBILITY	
<p>To be eligible for group benefits, you must be a permanent employee who is a resident of Canada, covered under your provincial government plan, actively at work and working a minimum of 20 hours per week on a regular basis. There is a two (2) months waiting period before producers can join the plan.*</p> <p>Spouse:</p> <ul style="list-style-type: none"> – Is the person who is legally married to the Covered Employee, or the person designated by the Covered Employee and with whom he has been living in a conjugal relationship for at least one (1) year. – The Spouse is the person designated on the Covered Employee's application. At any one time, only one person may be covered as the Covered Employee's Spouse. 	<p>Dependent Child:</p> <p>Your natural, legally adopted or stepchildren who are dependent upon you for financial care and support. Such Children must be:</p> <ul style="list-style-type: none"> (a) unmarried; (b) unemployed; (c) less than 21 years of age ; or, if 21 years of age but less than 26 years of age, they must be attending an accredited educational institution, college or university on full-time basis.

CONTACT INFORMATION	
<p>Health and Dental Coverage Inquiries – Medavie Blue Cross</p> <p>Telephone: 1-800-667-4511</p> <p>Website: www.medavie.bluecross.ca</p> <p>Download the Mobile App!</p>	<p>Travel – Medavie Blue Cross</p> <p>In the event of an emergency, please call:</p> <p>1-800-563-4444 – when calling from Canada or U.S.A or 1-506-854-2222 – Call collect from elsewhere in the world</p>

Enrolment in the Plan, Changes for Address/Banking or Family Status changes:	
CONTACT INFORMATION	
<p>Morneau Shepell</p> <p>Telephone: Client Service Centre (CSC) by Phone: 1-866-432-8427 or by email at csc@morneaushepell.com</p>	

*Note: If you do not apply to join the benefits plan within 31 days of when you become eligible, and wish to apply at a later date, you may be considered as a late applicant and be subject to medical approval by the insurer for benefits coverage.