



CB Benefits

Your Election Guide

For New Enrolments

Helping you make the most of your flexible benefits program

The CB Benefits flexible benefits program gives you the opportunity to choose personalized benefits coverage that meets your specific needs and preferences. CB Benefits gives you the flexibility to update your benefit selections at regular re-enrolment periods so that it continues to meet your changing needs and circumstances.

Under CB Benefits, all plan members:

- are provided a number of core coverages;
- have an opportunity to select from three distinct benefit plans (Green Leaf, Orange Leaf and Blue Leaf) with each of these three plans offering a different degree of flexibility and a different level of coverage;
- can take advantage of several optional benefits.

A summary of the plans – including information on the drug formulary, the employer-funded Healthcare Spending Account (HCSA), and the optional coverages – is provided in this guide. Included separately in your enrolment package is a summary of all applicable optional rates, a brochure describing the Optional Critical Illness Insurance plan, a copy of the Election form and a copy of the Beneficiary form.

The choices are yours to make. All options provide meaningful benefits coverage, and you have the opportunity to determine which one best meets your benefit needs.

Have questions, or need more information?

Just go to: www.cbbenefits.ca

The CB Benefits website is your central information source, and includes plan details, forms and other resources to help you understand and make the most of your plan. You can use the “Contact” feature to submit any questions and comments.

What's inside

- Enrolling in the program
- Plan details
- Finding your fit
- Your benefits at-a-glance
- Your optional benefits (member-paid)
- Your Healthcare Spending Account

The information in this Election Guide is designed to help you understand the flexible benefits program, consider the options available to you, and make informed benefit decisions. We encourage you to review this guide and supporting materials carefully as you consider your benefit needs. The more you know about the program, the better it will work for you.

Enrolling in the program

There are four steps to enrol:

1. Review the program information.

This Election Guide highlights the coverage available under the flexible benefits program, including optional insurance coverage and the Healthcare Spending Account (HCSA). Pages 3, 6, and 7 provide more detail on the benefits, plan policy and rules. Pages 4-5 provide you with 'Your benefits at-a-glance,' a summary and visual comparison of the Green Leaf, Orange Leaf and Blue Leaf Plans.

Review all the materials you have received in your enrolment package before making your selections. If you have a spouse who participates in a group or employer benefit plan, take the time to review any coverage you have under that plan. You'll need to consider how both plans work together to provide coverage, and where best to purchase any optional coverage.

2. Make your selections.

The *Election Form – Benefits Selection* (enrolment form) has been included for all members. CBM and FBU members must use the enclosed enrolment form. **CBOQ members who have access to the internet are encouraged to enrol online.**

3. Complete your beneficiary designation(s).

See page 3 for details.

4. Return your paperwork in the self-addressed envelope provided.

For all CBM and FBU members, this includes your *Election Form* and your *Designation of Beneficiary Form*. For CBOQ members who enrol online, return only your *Designation of Beneficiary Form*.

If you have any questions about the enrolment process, please visit the CB Benefits website at www.cbbenefits.ca.

Opting out of the health and dental plan

If you have comparable health coverage (i.e., through a spousal plan), then you will be able to opt out of the health and dental plan, provided you complete Section 3 "Waiver of Health and Dental Benefits" of the *Election Form*. You have two options for waiving your health and dental coverage:

- Full waiver – with no HCSA, or
- Partial waiver – with Orange Leaf Plan HCSA. This provides you with the HCSA included in the Orange Leaf Plan but with no other health and dental coverage.

Plan details

Plan funding

Your employer contributes the same amount towards the benefits program, regardless of your selection. Any required contribution you will need to make (including any applicable provincial sales taxes) is described in detail in the Rate Sheet included in your enrolment package.

Formulary drugs

A drug formulary is a clearly defined list of drugs that a plan covers. This program uses the “National Formulary,” which is widely used and covers approximately 85% of the most commonly prescribed drugs (brand-name and generic) in Canada.

Your plan will reimburse your cost for eligible drugs under two categories:

Formulary drugs

- Green Leaf: 70%
- Orange Leaf: 80%
- Blue Leaf: 90%

Non-formulary drugs

- Green Leaf: 50%
- Orange Leaf: 60%
- Blue Leaf: 70%

The National Formulary is reviewed and updated regularly by a team of pharmacy and medical experts from across Canada. While some medications are non-formulary, the goal is to ensure that, to the extent reasonably possible, the most effective drug for a medical condition is covered – at the most reasonable cost. Most doctors are very familiar with drug formularies and will prescribe National Formulary drugs if you tell them your plan is a “National Formulary plan.”

A summary of the current “National Formulary” drugs is posted on the website. If you have questions about your current personal medications, print a copy from the website and discuss it with your doctor or pharmacist.

Beneficiary designation

Complete all applicable sections in the *Designation of Beneficiary Form*. Be sure to sign and date the form.

Note: You do not have to name a beneficiary for any optional dependent benefits, because you are automatically the beneficiary. This includes for:

- Optional Dependent Life Insurance;
- Optional Dependent Critical Illness (CI) Insurance; and
- Optional Dependent Accidental Death and Dismemberment (AD&D) Insurance.

Family status

There are three categories of family status under the flexible benefits program:

1. Member only = You
2. Member + 1 = You + your spouse or a dependent child
3. Member + 2 or more = You + your spouse and/or dependent children

Benefit period

A benefit period refers to a specific length of time in your participation in the flexible benefits program. Each benefit period starts on January 1st of every even year and runs for two full calendar years. When you enrol in the flexible benefits program, your plan choices (Green Leaf, Orange Leaf or Blue Leaf) and any additional optional benefits you select will remain in effect until the next benefit period.


During a benefit period, you can change your benefit choices under special circumstances only. If you experience a qualifying life event – such as marriage, separation, divorce, adding your first child, your last child is no longer a dependent, or a significant change in earnings – you can change your benefit choices.

Finding Your Fit

Helping you choose the plan that's right for you

Choosing the right benefit plan can be challenging. There are a lot of considerations, such as your medical and financial needs, family status, and the anticipated healthcare needs of you and your dependents. It's important to take the time to assess your current situation and the options available to you in order to determine the coverage you need – and avoid the coverage you don't.

Here are some quick facts and examples to help you get a better understanding of the different plan options available to you – including which plans have a healthcare spending account (HCSA).

 Green Leaf Plan	
Description summary:	Coverage with maximum flexibility
Suitable for:	<ul style="list-style-type: none">• Couples/families covered under two plans (e.g., coverage under spouse's plan)• Members who desire flexibility and alignment with their healthcare needs
Plan highlights:	<ul style="list-style-type: none">• Includes the highest annual HCSA deposit• HCSA can be used to claim a wide range of services and procedures, including those not covered or not fully covered under the plan• More flexibility to use benefit dollars to pay for higher amounts on benefits like paramedical and vision
Quick facts:	<ul style="list-style-type: none">• Drug coverage reimburses 70% of expenses• Basic paramedical coverage• The most generous HCSA to pay for excluded medical expenses
<p>Example: Marsha is married with two children. Her spouse's employer-sponsored benefit plan provides 80% reimbursement for covered expenses. Under the Green Leaf Plan, Marsha receives an annual deposit of \$1,600 into her HCSA. Marsha and her spouse each pay \$500 for new prescription glasses. They first submit their claims to Marsha's spouse's plan, which covers \$150 per person every two years for prescription glasses. Marsha then uses her HCSA to pay the remaining \$700. After paying for the glasses, Marsha is left with \$900 that she can use for other expenses. She will also receive another \$1,600 deposit to her HCSA the following plan year, which she can use for other healthcare expenses, such as her family's dental care. The Green Leaf Plan is the best choice for Marsha.</p>	



Orange Leaf Plan

Description summary:	Coverage with some flexibility
Suitable for:	<ul style="list-style-type: none"> • Members with no other coverage or couples/families covered under two plans (e.g., coverage under spouse's plan) • Single-income families • Members who require less flexibility and more traditional coverage
Plan highlights:	<ul style="list-style-type: none"> • Includes annual deposit into HCSA (lower amount than Green Leaf Plan) • HCSA can be used to claim services and procedures not covered or not fully covered under the plan • Balance between the HCSA flexibility of the Green Leaf Plan and the more extensive coverage of the Blue Leaf Plan, with no additional cost
Quick facts:	<ul style="list-style-type: none"> • Drug coverage reimburses 80% of expenses • Coverage for majority of paramedical expenses, with unlimited physiotherapist coverage • Basic dental care coverage only; excludes major restorative services and orthodontia

Example: Derek is married and has limited coverage under his wife's benefit plan. Under the Orange Leaf Plan, he is able to claim any paramedical expenses (up to \$500 per year for each applicable paramedical service). In addition, Derek has unlimited coverage for physiotherapy. He can also claim his basic dental expenses and cover additional expenses through his HCSA. The Orange Leaf Plan is the best choice for Derek.



Blue Leaf Plan

Description summary:	Enhanced coverage with employee cost sharing
Suitable for:	<ul style="list-style-type: none"> • Members with known healthcare needs • Members with no additional coverage (spousal coverage) • Willing to pay for access to an enhanced plan
Plan highlights:	<ul style="list-style-type: none"> • Employee Basic life insurance at 2 x salary • High reimbursement for drug coverage and low annual out-of-pocket maximum (per person)
Quick facts:	<ul style="list-style-type: none"> • Drug coverage reimburses 90% of expenses • 100% reimbursement on paramedical expenses up to maximum limit per applicable service (with no exclusions from the list) • Dental care coverage includes basic and major restorative services, as well as orthodontia • Excludes HCSA

Example: Laura is married, and has three children. Under the Blue Leaf Plan, she is able to reimburse up to 50% of one child's braces (to a lifetime maximum of \$2,000 per person) and claim 90% reimbursement of their family's formulary drugs. She is also covered for two times her salary for life insurance, which gives her family good protection for their financial obligations. Laura is also eligible for up to \$750 per year (applies to each applicable paramedical service) for massage therapy and osteopathy to treat her chronic back pain. The Blue Leaf Plan is the best choice for Laura.




Your benefits at-a-glance

Here is a high-level summary of your flexible benefits program.




YOUR CORE BENEFITS	
Long Term Disability (LTD)	<ul style="list-style-type: none"> 67% of monthly earnings up to a maximum benefit of \$5,000 Payable after 119 days of disability Benefits are integrated with any disability benefits payable to you under the Canada Pension Plan Benefit payments are taxable
Accidental Death and Dismemberment (AD&D)	<ul style="list-style-type: none"> Provides a lump-sum cash benefit of up to \$25,000 if you suffer a serious injury or death because of an accident
Healthcare Online by Consult+	<ul style="list-style-type: none"> Consult+ provides you and your family with unlimited 24/7 secure online access to Canadian healthcare professionals – when and where you need it Includes: diagnoses and advice; prescriptions (new and renewals); lab and imaging orders; and specialist referrals
Employee Assistance Program (EAP – Contact)	<ul style="list-style-type: none"> Provides you and your dependents with access to confidential counselling and information services
Best Doctors	<ul style="list-style-type: none"> Provides you and your dependents with access to a network of medical specialists if you are diagnosed with a serious illness Allows you to get a complete explanation of your medical condition, verify a diagnosis, and confirm best treatment options

Note: No selection is required for the Core Benefits.

To help you choose the plan that best suits your needs and preferences, here is a summary of the coverage under each option.

COVERAGE	 GREEN LEAF PLAN	 ORANGE LEAF PLAN	 BLUELEAF PLAN
Life Insurance			
Employee Basic Life	\$25,000	\$40,000	2 x salary
Dependent Life (spouse)	\$20,000	\$20,000	\$20,000
Dependent Life (child)	\$8,000	\$8,000	\$8,000
Healthcare			
Prescription drugs			
Reimbursement of:			
<ul style="list-style-type: none"> Formulary drugs Non-formulary drugs 	70% 50% For first \$2,000/year per person, then 100% after	80% 60% For first \$1,000/year per person, then 100% after	90% 70% For first \$500/year per person, then 100% after
<ul style="list-style-type: none"> Dispensing fee cap 	\$5 per prescription		
<ul style="list-style-type: none"> Drug card 	Included		
Paramedical services	70% reimbursement	80% reimbursement	100% reimbursement
<ul style="list-style-type: none"> Physiotherapist Speech Therapist 	\$1,500 per year for each service	\$1,500 per year for each service	\$1,500 per year for each service
<ul style="list-style-type: none"> Psychologist/Social Worker Registered Massage Therapist (RMT) Osteopath 	Up to \$200 per year for each service	Up to \$500 per year for each service	Up to \$750 per year for each service

... continued on next page

COVERAGE	 GREEN LEAF PLAN	 ORANGE LEAF PLAN	 BLUELEAF PLAN
Healthcare... continued			
<ul style="list-style-type: none"> Chiropractor Naturopath Podiatrist/Chiropodist Acupuncturist Homeopath Occupational Therapist 	Up to \$200 per year for each service	Up to \$500 per year for each service	Up to \$750 per year for each service
	Not included; can be claimed under your HCSA*		
		Not included; can be claimed under your HCSA*	
Travel insurance			
<ul style="list-style-type: none"> Emergency out-of-country medical insurance 	Up to \$1,000,000 per person, per emergency		
Vision care			
Frames and lenses, contact lenses	Not included; can be claimed under your HCSA*	Up to \$150 every 2 years (every year for eligible child[ren])	Up to \$200 every 2 years (every year for eligible child[ren])
Eye exams		Up to \$50 every 2 years	Up to \$90 every 2 years
Medical services and supplies			
Ambulance services (including air ambulance)	Included		
Private-duty nursing	Up to \$5,000 every 3 years	Up to \$5,000 every 3 years	Up to \$10,000 every 3 years
Orthotics and orthopedic shoes	Not included; can be claimed under your HCSA	Up to \$300 per year	Up to \$300 per year
Hearing aids		Up to \$300 every 4 years	Up to \$600 every 5 years
Dental care (based on the current fee guide)			
Basic services (e.g., routine, preventive, endodontic, periodontic)	Not included; can be claimed under your HCSA*	80% reimbursement	90% reimbursement
Major restorative services (e.g., crowns, onlays, bridges, and dentures)		Not included; can be claimed under your HCSA	60% reimbursement
Annual maximum	Not applicable	\$2,000	\$2,000 for all basic and major services combined
Orthodontia	Not included; can be claimed under your HCSA*	Not included; can be claimed under your HCSA*	50% reimbursement (to a lifetime maximum of \$2,000 per person)
Recall exams	Not applicable	Once every 12 months (every 6 months for eligible child[ren])	Once every 12 months (every 6 months for eligible child[ren])
Healthcare Spending Account (HCSA): annual deposit			
Member only	\$500	\$250	Not included
Member + 1 dependent	\$1,000	\$500	
Member + 2 or more dependents	\$1,600	\$700	

* Remember, you can claim a wide range of services and procedures under your Healthcare Spending Account – up to the total dollar amount you have remaining in your account.

... continued on next page

Your optional benefits (member-paid)

The optional insurance benefits described below are meant to provide you and your family with financial protection if one of you suffers a serious injury because of an accident, are diagnosed with a critical illness, or in the event of your death or the death of a family member.

Optional Life (OL) Insurance

OL Insurance provides financial protection for you and your family in the event of death. Child Life Insurance can be purchased at a single flat rate per unit of \$2,000, regardless of the number of eligible dependent children you have. You can purchase:

- Member Units of \$10,000 to a maximum benefit of \$500,000 (50 units)
- Spouse Units of \$10,000 to a maximum benefit of \$500,000 (50 units)
- Child Units of \$2,000 to a maximum benefit of \$20,000 (10 units)

You will need to submit Evidence of Insurability (EOI) – that is, proof of good health – for any amount of OL Insurance you purchase for yourself and/or your spouse. No EOI is required if you purchase OL Insurance for your child/(ren).

Optional Accidental Death and Dismemberment (AD&D) Insurance

Optional AD&D Insurance is available for you or you and your family. This added protection is in addition to your basic coverage and will provide a lump-sum cash benefit if you or a family member suffers a serious injury or death because of an accident. You can purchase units of \$10,000 to a maximum of \$250,000 (25 units) for yourself. If you

purchase family coverage, your spouse and/or children are automatically insured for a percentage of your coverage as outlined below:

- For your spouse, if you also have children: 40% of your amount
- For your spouse, if you have no children: 50% of your amount
- For each of your children, if you have a spouse: 10% of your amount
- For each of your children, if you have no spouse: 15% of your amount

No Evidence of Insurability is required when purchasing Optional AD&D.

Optional Critical Illness (CI) Insurance

Optional CI Insurance covers you and your family in the event of a diagnosed critical illness. The coverage will provide you with a one-time, lump-sum benefit following a specified survival period and approval of the claim. More information, including a list of covered conditions, is described in detail in the “Optional Group Critical Illness Insurance” pamphlet included in your enrolment materials.

- Member Units of \$5,000 up to \$150,000 (30 units)
- Spouse Units of \$5,000 up to \$150,000 (30 units)
- Child \$10,000 for each dependent child

You will need to submit Evidence of Insurability if you purchase amounts of CI insurance in excess of \$25,000 for yourself and/or your spouse. CI coverage of up to \$25,000 is available for yourself and/or your spouse without EOI, but will be limited if a pre-existing condition* exists. No EOI is required if you purchase CI for your dependent child(ren).

If you are required to provide EOI, you will receive an EOI form from your plan administrator shortly after you enrol. Please complete and return this form as soon as possible to the appropriate insurer, following the instructions provided by the plan administrator. EOI must be approved before your coverage will go into effect.

* Pre-existing condition limitation

For Optional Critical Illness coverage issued without evidence of insurability (the first \$25,000 of coverage), no benefits are payable for any covered condition that results directly or indirectly from a pre-existing condition that occurs within 12 months of the effective date of your coverage.

Your Healthcare Spending Account

The Green Leaf and Orange Leaf Plans include the employer-funded Healthcare Spending Account (HCSA).

How it works

You simply use the money in your HCSA to pay for a wide range of eligible health or dental expenses that aren't covered (or fully covered) under the option you choose. For example, while the Green Leaf Plan does not include vision care benefits, members enrolled under that plan can use their HCSA to pay for eligible vision care expenses.

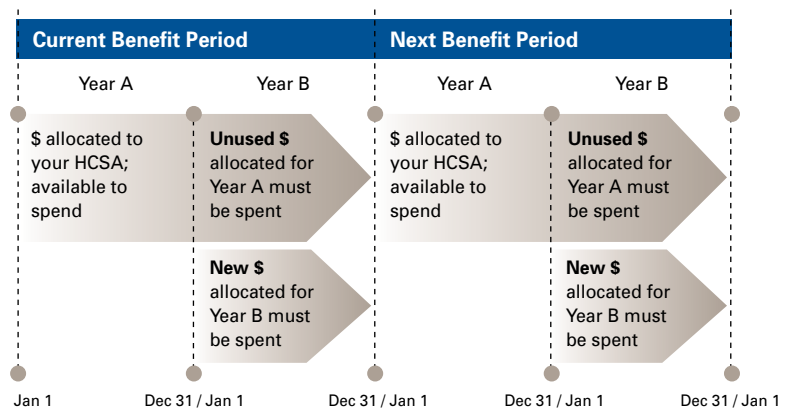
Similarly, if you purchase a prescription drug from a pharmacist who charges more than the \$5 dispensing fee covered under your plan, you can use your employer-funded HCSA to cover the difference. You can use the money in your HCSA to pay for your portion of health and dental plan expenses, such as the 20% of eligible basic dental expenses you are required to pay out of your own pocket under the Orange Leaf Plan. You can also use your HCSA to cover expenses that are not covered by your selected option. For example, if you are enrolled in the Green Leaf Plan (which has no dental coverage), you can use your HCSA to cover any dental expenses that you incur.

For each plan year that you are enrolled in the Green or Orange Leaf Plans, your employer will deposit the following benefit dollars in your personal HCSA:

Family status	Green Leaf	Orange Leaf
Member only	• \$500	• \$250
Member + 1	• \$1,000	• \$500
Member + 2 or more	• \$1,600	• \$700

Note: If you are a new member and enrolling in the plan after January 1st of the current year, the amount of benefit dollars deposited in your HCSA will be prorated to reflect the number of months you are in the Plan this year. In following plan years, the full amount of benefit dollars will be deposited into your HCSA on January 1st of each year.

How the carry forward works



Note: Year A falls on an even year. Year B falls on an odd year.

Eligible expenses

The HCSA covers all eligible expenses as defined in the *Income Tax Act*. The list includes dozens of services and procedures – everything from laser eye surgery to orthodontics to paramedical expenses above the plan maximums. For a complete listing, visit the Canada Revenue Agency website at cra-arc.gc.ca and search for the bulletin “IT519R2.”

To qualify as an eligible expense, the service, procedure or item must be medically necessary – which typically means it must be provided or prescribed by a licenced medical practitioner. Eligible expenses *exclude* any service or procedure that is covered under your provincial medical insurance plan.

Carry forward rules

Under current tax rules, you must spend the money allocated to your HCSA within the current benefit period. This means that you must spend the money in your HCSA within the first and second plan years of the same benefit period. The benefit dollars that you don't spend by the end of the first plan year of the benefit period can be carried over to the second plan year. However, what you don't spend by the end of the second plan year of the current benefit period will be forfeited.

For more information

The CB Benefits website is your central information source and we encourage you to visit for more information about your flexible benefits program. The information on the website includes:

- Background and development of the CB Benefits program
- Member newsletters
- Health and Dental Claim forms
- Copy of the National Formulary
- Designation of Beneficiary Form
- Q&A

You can also use the “Contact” feature on the website to submit your questions and comments.

www.cbbenefits.ca

This guide provides a summary of certain provisions of the benefits program. Complete descriptions are contained in the official plan documents and contracts. Every effort has been made to provide an accurate summary. If there are any differences between the information contained here and in the legal documents, the legal documents will prevail.