



**THE CITY OF WINNIPEG**

# **REQUEST FOR PROPOSAL**

**RFP NO. 205-2015**

**REQUEST FOR PROPOSAL FOR A CITY OF WINNIPEG EMPLOYEE BENEFIT  
PLAN PROVIDER**

## TABLE OF CONTENTS

### PART A - PROPOSAL SUBMISSION

Form A: Proposal	1
Form Q: Questionnaire	3

### PART B - BIDDING PROCEDURES

B1. Contract Title	1
B2. Submission Deadline	1
B3. Introduction	1
B4. Enquiries	1
B5. Confidentiality	2
B6. Addenda	2
B7. Substitutes	2
B8. Proposal Submission	3
B9. Proposal	4
B10. Prices	5
B11. Form Q: Questionnaire	5
B12. Experience of Bidder and Subcontractors (Section C)	5
B13. Experience of Key Personnel Assigned to this account (Section D)	5
B14. Implementation Schedule (Section E)	6
B15. Disclosure	6
B16. Qualification	6
B17. Opening of Proposals and Release of Information	7
B18. Irrevocable Offer	7
B19. Withdrawal of Offers	7
B20. Interviews	7
B21. Negotiations	8
B22. Evaluation Team	8
B23. Evaluation of Proposals	8
B24. Award of Contract	9

### PART C - GENERAL CONDITIONS

C0. General Conditions	1
------------------------	---

### PART D - SUPPLEMENTAL CONDITIONS

#### General

D1. General Conditions	1
D2. Scope of Services	1
D3. Contract Administrator	1
D4. Ownership of Information, Confidentiality and Non Disclosure	1
D5. Notices	2

#### Submissions

D6. Authority to Carry on Business	2
D7. Insurance	2

#### Control of Work

D8. Commencement	2
D9. Orders	3
D10. Invoices	3
D11. Payment	3

#### Warranty

D12. Warranty	3
---------------	---

### PART E - SPECIFICATIONS

#### General

E1. Applicable Specifications	1
-------------------------------	---

E2. Plan Details	1
E3. Commissions	3
E4. Plan Alternatives	23
E5. Rate History	24
E6. Plan Design Amendments	25

**APPENDIX A – VISION BENEFIT MAXIMUMS**

**APPENDIX B – DENTAL BENEFIT MAXIMUMS**

## **PART B - BIDDING PROCEDURES**

### **B1. CONTRACT TITLE**

B1.1 REQUEST FOR PROPOSAL FOR A CITY OF WINNIPEG EMPLOYEE BENEFIT PLAN PROVIDER

### **B2. SUBMISSION DEADLINE**

B2.1 The Submission Deadline is 12:00 noon Winnipeg time, December 11, 2015.

B2.2 Proposals determined by the Manager of Materials to have been received later than the Submission Deadline will not be accepted and will be returned upon request.

B2.3 The Contract Administrator or the Manager of Materials may extend the Submission Deadline by issuing an addendum at any time prior to the time and date specified in B2.1.

### **B3. INTRODUCTION**

B3.1 The City of Winnipeg is the capital and largest city in the province of Manitoba. The objective at the City of Winnipeg is to provide their employees with a safe, healthy and well workplace.

B3.2 City services include garbage and recycling collection, parks and recreation, permits, parking, residential assessments, public transportation, business licenses, economic development, business assessments and tourism.

B3.3 Currently, the City of Winnipeg has eight (8) different unions and associations representing their employees. Benefits vary according to the relevant Collective Agreement.

B3.4 The City of Winnipeg is marketing all employer paid benefits currently underwritten by Manitoba Blue Cross. The purpose of the market survey (this RFP) is to test the competitiveness of the premium rates, retention expenses and service standards.

### **B4. ENQUIRIES**

B4.1 All enquiries shall be directed, by email, to the Contract Administrator identified in D3.1.

B4.2 If the Bidder finds errors, discrepancies or omissions in the Request for Proposal, or is unsure of the meaning or intent of any provision therein, the Bidder shall promptly notify the Contract Administrator of the error, discrepancy or omission at least five (5) Business Days prior to the Submission Deadline.

B4.3 If the Bidder is unsure of the meaning or intent of any provision therein, the Bidder should request clarification as to the meaning or intent prior to the Submission Deadline.

B4.4 Responses to enquiries which, in the sole judgment of the Contract Administrator, require a correction to or a clarification of the Request for Proposal will be provided by the Contract Administrator to all Bidders by issuing an addendum.

B4.5 Responses to enquiries which, in the sole judgment of the Contract Administrator, do not require a correction to or a clarification of the Request for Proposal will be provided by the Contract Administrator only to the Bidder who made the enquiry.

B4.6 All correspondence or contact by Bidders with the City in respect of this RFP must be directly and only with the Contract Administrator. Failure to restrict correspondence and contact to the Contract Administrator may result in the rejection of the Bidders Proposal Submission.

B4.7 The Bidder shall not be entitled to rely on any response or interpretation received pursuant to B4 unless that response or interpretation is provided by the Contract Administrator in writing.

## **B5. CONFIDENTIALITY**

- B5.1 Information provided to a Bidder by the City or acquired by a Bidder by way of further enquiries or through investigation is confidential. Such information shall not be used or disclosed in any way without the prior written authorization of the Contract Administrator. The use and disclosure of the confidential information shall not apply to information which:
- (a) was known to the Bidder before receipt hereof; or
  - (b) becomes publicly known other than through the Bidder; or
  - (c) is disclosed pursuant to the requirements of a governmental authority or judicial order.
- B5.2 The Bidder shall not make any statement of fact or opinion regarding any aspect of the Bid Opportunity to the media or any member of the public without the prior written authorization of the Contract Administrator.

## **B6. ADDENDA**

- B6.1 The Contract Administrator may, at any time prior to the Submission Deadline, issue addenda correcting errors, discrepancies or omissions in the Request for Proposal, or clarifying the meaning or intent of any provision therein.
- B6.2 The Contract Administrator will issue each addendum at least two (2) Business Days prior to the Submission Deadline, or provide at least two (2) Business Days by extending the Submission Deadline.
- B6.2.1 Addenda will be available on the Bid Opportunities page at The City of Winnipeg, Corporate Finance, Materials Management Division website at <http://www.winnipeg.ca/matmgt/bidopp.asp>
- B6.2.2 The Bidder is responsible for ensuring that he/she has received all addenda and is advised to check the Materials Management Division website for addenda regularly and shortly before the Submission Deadline, as may be amended by addendum.
- B6.3 The Bidder shall acknowledge receipt of each addendum in Paragraph 9 of Form A: Proposal. Failure to acknowledge receipt of an addendum may render a Proposal non-responsive.

## **B7. SUBSTITUTES**

- B7.1 The Work is based on the Plant, Materials and methods specified in the Request for Proposal.
- B7.2 Substitutions shall not be allowed unless application has been made to and prior approval has been granted by the Contract Administrator in writing.
- B7.3 Requests for approval of a substitute will not be considered unless received in writing by the Contract Administrator at least five (5) Business Days prior to the Submission Deadline.
- B7.4 The Bidder shall ensure that any and all requests for approval of a substitute:
- (a) provide sufficient information and details to enable the Contract Administrator to determine the acceptability of the Plant, Material or method as either an approved equal or alternative;
  - (b) identify any and all changes required in the applicable Work, and all changes to any other Work, which would become necessary to accommodate the substitute;
  - (c) identify any anticipated cost or time savings that may be associated with the substitute;
  - (d) certify that, in the case of a request for approval as an approved equal, the substitute will fully perform the functions called for by the general design, be of equal or superior substance to that specified, is suited to the same use and capable of performing the same function as that specified and can be incorporated into the Work, strictly in accordance with the Contract;

- (e) certify that, in the case of a request for approval as an approved alternative, the substitute will adequately perform the functions called for by the general design, be similar in substance to that specified, is suited to the same use and capable of performing the same function as that specified and can be incorporated into the Work, strictly in accordance with the Contract.
- B7.5 The Contract Administrator, after assessing the request for approval of a substitute, may in his/her sole discretion grant approval for the use of a substitute as an “approved equal” or as an “approved alternative”, or may refuse to grant approval of the substitute.
- B7.6 The Contract Administrator will provide a response in writing, at least two (2) Business Days prior to the Submission Deadline, to the Bidder who requested approval of the substitute.
- B7.6.1 The Contract Administrator will issue an Addendum, disclosing the approved materials, equipment, methods and products to all potential Bidders. The Bidder requesting and obtaining the approval of a substitute shall be responsible for disseminating information regarding the approval to any person or persons he/she wishes to inform.
- B7.7 If the Contract Administrator approves a substitute as an “approved equal”, any Bidder may use the approved equal in place of the specified item.
- B7.8 If the Contract Administrator approves a substitute as an “approved alternative”, any Bidder bidding that approved alternative may base his/her Total Bid Price upon the specified item but may also indicate an alternative price based upon the approved alternative. Such alternatives will be evaluated in accordance with B22.
- B7.9 No later claim by the Contractor for an addition to the Total Bid Price because of any other changes in the Work necessitated by the use of an approved equal or an approved alternative will be considered.
- B7.10 Notwithstanding B7.2 to B7.9 and in accordance with, deviations inconsistent with the Request for Proposal document shall be evaluated in accordance with B23.1(a).

## **B8. PROPOSAL SUBMISSION**

- B8.1 The Proposal shall consist of the following components:
  - (a) Form A: Proposal;
  - (b) Form Q: Questionnaire.
- B8.2 The Proposal should also consist of the following components:
  - (a) Experience of Bidder and Subcontractors (Section C) in accordance with B12;
  - (b) Experience of Key Personnel Assigned to the Project (Section D), in accordance with B13;
  - (c) Implementation Schedule (Section E) in accordance with B14.
- B8.3 Further to B8.1 all components of the Proposal shall be fully completed or provided in the order indicated, and submitted by the Bidder no later than the Submission Deadline, with all required entries made clearly and completely, to constitute a responsive Proposal.
- B8.4 Further to B8.2, all components of the Proposal should be fully completed or provided in the order indicated, and submitted by the Bidder no later than the Submission Deadline, with all required entries made clearly and completely, to constitute a responsive Proposal.
- B8.5 Bidders should submit one (1) unbound 8.5” x 11” original (marked “original”) and six (6) copies (copies can be in any size format) for sections identified in B8.1 and B8.2.
- B8.6 Proposal format, including type of binding, number of pages, size of pages and, font, etc., will not be regulated, except that the Proposal should be presented in the Sections identified above. Bidders are encouraged to use their creativity to submit a Proposal which provides the

requested information for evaluation and other information which illustrates the strength of their team.

B8.7 Bidders are advised that inclusion of terms and conditions inconsistent with the Request for Proposal, will be evaluated in accordance with B23.1(a).

B8.8 The Proposal shall be submitted enclosed and sealed in an envelope/package clearly marked with the RFP number and the Bidder's name and address.

B8.9 Proposals submitted by facsimile transmission (fax) or internet electronic mail (e-mail) will not be accepted.

B8.10 Proposals shall be submitted to:

The City of Winnipeg  
Corporate Finance Department  
Materials Management Division  
185 King Street, Main Floor  
Winnipeg MB R3B 1J1

B8.11 Any cost or expense incurred by the Bidder that is associated with the preparation of the Proposal shall be borne solely by the Bidder.

## **B9. PROPOSAL**

B9.1 The Bidder shall complete Form A: Proposal, making all required entries.

B9.2 Paragraph 2 of Form A: Proposal shall be completed in accordance with the following requirements:

- (a) if the Bidder is a sole proprietor carrying on business in his/her own name, his/her name shall be inserted;
- (b) if the Bidder is a partnership, the full name of the partnership shall be inserted;
- (c) if the Bidder is a corporation, the full name of the corporation shall be inserted;
- (d) if the Bidder is carrying on business under a name other than his/her own, the business name and the name of every partner or corporation who is the owner of such business name shall be inserted.

B9.2.1 If a Proposal is submitted jointly by two or more persons, each and all such persons shall identify themselves in accordance with B9.2.

B9.3 In Paragraph 3 of Form A: Proposal, the Bidder shall identify a contact person who is authorized to represent the Bidder for purposes of the Proposal.

B9.4 Paragraph 11 of Form A: Proposal shall be signed in accordance with the following requirements:

- (a) if the Bidder is a sole proprietor carrying on business in his/her own name, it shall be signed by the Bidder;
- (b) if the Bidder is a partnership, it shall be signed by the partner or partners who have authority to sign for the partnership;
- (c) if the Bidder is a corporation, it shall be signed by its duly authorized officer or officers and the corporate seal, if the corporation has one, should be affixed;
- (d) if the Bidder is carrying on business under a name other than his/her own, it shall be signed by the registered owner of the business name, or by the registered owner's authorized officials if the owner is a partnership or a corporation.

B9.4.1 The name and official capacity of all individuals signing Form A: Proposal should be printed below such signatures.

B9.5 If a Proposal is submitted jointly by two or more persons, the word "Bidder" shall mean each and all such persons, and the undertakings, covenants and obligations of such joint Bidders in the Proposal and the Contract, when awarded, shall be both joint and several.

#### **B10. PRICES**

B10.1 The Bidder shall state the prices and retention expenses as applicable, in Canadian funds, for the Work on Form Q: Questionnaire.

B10.1.1 Prices on Form Q: Questionnaire shall include all expenses related to the Work.

B10.1.2 Notwithstanding C11.1.3, prices on Form Q: Questionnaire shall not include the Goods and Services Tax (GST) or Manitoba Retail Sales Tax (MRST, also known as PST), which shall be extra where applicable.

B10.2 Payments to Non-Resident Contractors are subject to Non-Resident Withholding Tax pursuant to the Income Tax Act (Canada).

#### **B11. FORM Q: QUESTIONNAIRE**

B11.1 The Bidder shall submit Form Q: Questionnaire with all required information.

B11.1.1 Information submitted on Form Q: Questionnaire shall cover all aspects in relation to the Work.

#### **B12. EXPERIENCE OF BIDDER AND SUBCONTRACTORS (SECTION C)**

B12.1 Proposals should include:

(a) details demonstrating the history and experience of the Bidder and Subcontractors in providing services on up to three projects of similar complexity, scope and value.

B12.2 For each project listed in B12.1(a), the Bidder should submit:

(a) A description of your organization, size, structure and services provided;

(b) A list of 2 references, including name, title, organization, address, telephone number from organizations where you provide Employee Benefit Plans;

(c) A description of your experience with providing benefit plans for large employee groups;

(d) An implementation schedule.

B12.2.1 Where applicable, information should be separated into Bidder and Subcontractor project listings.

B12.3 The Proposal should include general firm profile information, including years in business, average volume of work, number of employees and other pertinent information for the Bidder and all Subcontractors.

#### **B13. EXPERIENCE OF KEY PERSONNEL ASSIGNED TO THIS ACCOUNT (SECTION D)**

B13.1 Submit the experience and qualifications of the Key Personnel assigned to the Project for projects of similar complexity, scope and value, including the Account Manager, Service Representative, and Plan Implementation Lead. Include educational background and degrees, professional recognition, job title, years of experience in current position and years of experience with existing employer. Roles of each of the Key Personnel in the Project should be identified in an organizational chart.

B13.2 For each person identified, list at least two comparable clients in which they have played a primary role. If a project selected for a key person is included in B11, provide only the project name and the role of the key person. For other projects provide the following:

(a) Description of client;



- (b) Role of the person;
- (c) Reference information (two current names with telephone numbers per project).

**B14. IMPLEMENTATION SCHEDULE (SECTION E)**

- B14.1 Bidders should present a carefully considered Critical Path Method schedule using Microsoft Project or similar project management software, complete with resource assignments, durations (weekly timescale) and milestone dates or events for plan implementation or transition.
- B14.2 The Bidder's schedule should include critical dates for review and approval processes by the City anticipated during the phases of the Project. Reasonable times should be allowed for completion of these processes.

**B15. DISCLOSURE**

- B15.1 Various Persons provided information or services with respect to this Work.. In the City's opinion, this relationship or association creates a conflict of interest and they are therefore ineligible to respond to this Request for Proposal.
- B15.2 The Persons are:
- (a) HUB International STRATA Benefits Consulting.

**B16. QUALIFICATION**

- B16.1 The Bidder shall:
- (a) undertake to be in good standing under The Corporations Act (Manitoba), or properly registered under The Business Names Registration Act (Manitoba), or otherwise properly registered, licensed or permitted by law to carry on business in Manitoba, or if the Bidder does not carry on business in Manitoba, in the jurisdiction where the Bidder does carry on business; and
  - (b) be financially capable of carrying out the terms of the Contract; and
  - (c) have all the necessary experience, capital, organization, and equipment to perform the Work in strict accordance with the terms and provisions of the Contract.
- B16.2 The Bidder and any proposed Subcontractor (for the portion of the Work proposed to be subcontracted to them) shall:
- (a) be responsible and not be suspended, debarred or in default of any obligations to the City. A list of suspended or debarred individuals and companies is available on the Information Connection page at The City of Winnipeg, Corporate Finance, Materials Management Division website at <http://www.winnipeg.ca/matmgt/debar.stm>
- B16.3 The Bidder and/or any proposed Subcontractor (for the portion of the Work proposed to be subcontracted to them) shall:
- (a) have successfully carried out work similar in nature, scope and value to the Work; and
  - (b) be fully capable of performing the Work required to be in strict accordance with the terms and provisions of the Contract; and
  - (c) have a written workplace safety and health program, if required, pursuant to The Workplace Safety and Health Act (Manitoba);
- B16.4 The Bidder shall submit, within three (3) Business Days of a request by the Contract Administrator, proof satisfactory to the Contract Administrator of the qualifications of the Bidder and of any proposed Subcontractor.
- B16.5 The Bidder shall provide, on the request of the Contract Administrator, full access to any of the Bidder's equipment and facilities to confirm, to the Contract Administrator's satisfaction, that the Bidder's equipment and facilities are adequate to perform the Work.

## **B17. OPENING OF PROPOSALS AND RELEASE OF INFORMATION**

- B17.1 Proposals will not be opened publicly.
- B17.2 After award of Contract, the names of the Bidders and the Contract amount of the successful Bidder will be available on the Closed Bid Opportunities (or Public/Posted Opening & Award Results) page at The City of Winnipeg, Corporate Finance, Materials Management Division website at <http://www.winnipeg.ca/matmgt/>
- B17.3 To the extent permitted, the City shall treat all Proposal Submissions as confidential, however the Bidder is advised that any information contained in any Proposal may be released if required by City policy or procedures, by The Freedom of Information and Protection of Privacy Act (Manitoba), by other authorities having jurisdiction, or by law.
- B17.4 Following the award of Contract, a Bidder will be provided with information related to the evaluation of his/her submission upon written request to the Contract Administrator.

## **B18. IRREVOCABLE OFFER**

- B18.1 The Proposal(s) submitted by the Bidder shall be irrevocable for the time period specified in Paragraph 10 of Form A: Proposal.
- B18.2 The acceptance by the City of any Proposal shall not release the Proposals of the other responsive Bidders and these Bidders shall be bound by their offers on such Work until a Contract for the Work has been duly executed and the performance security furnished as herein provided, but any offer shall be deemed to have lapsed unless accepted within the time period specified in Paragraph 10 of Form A: Proposal.

## **B19. WITHDRAWAL OF OFFERS**

- B19.1 A Bidder may withdraw his/her Proposal without penalty by giving written notice to the Manager of Materials at any time prior to the Submission Deadline.
- B19.1.1 Notwithstanding C22.5, the time and date of receipt of any notice withdrawing a Proposal shall be the time and date of receipt as determined by the Manager of Materials.
- B19.1.2 The City will assume that any one of the contact persons named in Paragraph 3 of Form A: Proposal or the Bidder's authorized representatives named in Paragraph 11 of Form A: Proposal, and only such person, has authority to give notice of withdrawal.
- B19.1.3 If a Bidder gives notice of withdrawal prior to the Submission Deadline, the Manager of Materials will:
- (a) retain the Proposal until after the Submission Deadline has elapsed;
  - (b) open the Proposal to identify the contact person named in Paragraph 3 of Form A: Proposal and the Bidder's authorized representatives named in Paragraph 11 of Form A: Proposal; and
  - (c) if the notice has been given by any one of the persons specified in B19.1.3(b), declare the Proposal withdrawn.
- B19.2 A Bidder who withdraws his/her Proposal after the Submission Deadline but before his/her offer has been released or has lapsed as provided for in B18.2 shall be liable for such damages as are imposed upon the Bidder by law and subject to such sanctions as the Chief Administrative Officer considers appropriate in the circumstances. The City, in such event, shall be entitled to all rights and remedies available to it at law.

## **B20. INTERVIEWS**

- B20.1 The Contract Administrator may, in his/her sole discretion, interview Bidders during the evaluation process.

## **B21. NEGOTIATIONS**

- B21.1 The City reserves the right to negotiate details of the Contract with any Bidder. Bidders are advised to present their best offer, not a starting point for negotiations in their Proposal Submission.
- B21.2 The City may negotiate with the Bidders submitting, in the City's opinion, the most advantageous Proposals. The City may enter into negotiations with one or more Bidders without being obligated to offer the same opportunity to any other Bidders. Negotiations may be concurrent and will involve each Bidder individually. The City shall incur no liability to any Bidder as a result of such negotiations.
- B21.3 If, in the course of negotiations pursuant to B21.2 or otherwise, the Bidder amends or modifies a Proposal after the Submission Deadline, the City may consider the amended Proposal as an alternative to the Proposal already submitted without releasing the Bidder from the Proposal as originally submitted.

## **B22. EVALUATION TEAM**

- B22.1 The evaluation team will consist of City of Winnipeg employees and representatives of HUB International STRATA Benefits Consulting.

## **B23. EVALUATION OF PROPOSALS**

- B23.1 Award of the Contract shall be based on the following evaluation criteria:
- |   |             |
|---|-------------|
| (a) compliance by the Bidder with the requirements of the Request for Proposal or acceptable deviation therefrom: | (pass/fail) |
| (b) qualifications of the Bidder and the Subcontractors, if any, pursuant to B16:                                 | (pass/fail) |
| (c) Total Bid Price;  | 40%         |
| (d) Form Q: Questionnaire (other than price related information)  | 50%         |
| (e) Experience of Bidder and Subcontractor; (Section C)   | 2.5%        |
| (f) Experience of Key Personnel Assigned to the Project; (Section D)  | 2.5%        |
| (g) Implementation Schedule. (Section E)  | 5%          |
- B23.2 Further to B23.1(a), the Award Authority may reject a Proposal as being non-responsive if the Proposal is incomplete, obscure or conditional, or contains additions, deletions, alterations or other irregularities. The Award Authority may reject all or any part of any Proposal, or waive technical requirements or minor informalities or irregularities if the interests of the City so require.
- B23.3 Further to B23.1(b), the Award Authority shall reject any Proposal submitted by a Bidder who does not demonstrate, in his/her Proposal or in other information required to be submitted, that he/she is responsible and qualified.
- B23.4 Further to B23.1(c), each proposed carrier's rates and expenses will be applied to the City's employee complement (single/couple/family and associated benefit volumes). The City will use one year's experience for claims analysis.
- B23.5 Further to B23.1(d), Form Q: Questionnaire shall be evaluated considering the information provided in regards to Underwriting Basis, Guarantees, Reporting, Technical and Service Capabilities and the Ability to match Contractual provisions as well as other information contained in Form Q.
- B23.6 Further to B23.1(e), Experience of Bidder and Subcontractors will be evaluated considering the experience of the organization on projects of similar size and complexity as well as other information requested.

- B23.7 Further to B23.1(f), Experience of Key Personnel Assigned to the Project will be evaluated considering the experience and qualifications of the Key Personnel and Subcontractor personnel on clients of comparable size and complexity.
- B23.8 Further to B23.1(g), Implementation Schedule will be evaluated considering the Bidder's ability to comply with the requirements of the Project.
- B23.9 Notwithstanding B23.1(d) to B23.1(g), where Bidders fail to provide a response to B8.2(a) to B8.2(c), the score of zero may be assigned to the incomplete part of the response.
- B23.10 This Contract will be awarded as a whole.
- B23.11 If, in the sole opinion of the City, a Proposal does not achieve a pass rating for B23.1(a) and B23.1(b), the Proposal will be determined to be non-responsive and will not be further evaluated.

#### **B24. AWARD OF CONTRACT**

- B24.1 The City will give notice of the award of the Contract, or will give notice that no award will be made.
- B24.2 The City will have no obligation to award a Contract to a Bidder, even though one or all of the Bidders are determined to be responsible and qualified, and the Proposals are determined to be responsive.
- B24.2.1 Without limiting the generality of B24.2, the City will have no obligation to award a Contract where:
- (a) the prices exceed the available City funds for the Work;
  - (b) the prices are materially in excess of the prices received for similar work in the past;
  - (c) the prices are materially in excess of the City's cost to perform the Work, or a significant portion thereof, with its own forces;
  - (d) only one Proposal is received; or
  - (e) in the judgment of the Award Authority, the interests of the City would best be served by not awarding a Contract.
- B24.3 Where an award of Contract is made by the City, the award shall be made to the responsible and qualified Bidder submitting the most advantageous offer.
- B24.3.1 Following the award of contract, a Bidder will be provided with information related to the evaluation of his/her Proposal upon written request to the Contract Administrator.
- B24.4 Notwithstanding C4 and Paragraph 6 of Form A; Proposal, the City may issue a purchase order to the successful Bidder in lieu of the execution of a Contract.
- B24.5 The Contract Documents, as defined in C1.1(n)(ii), in their entirety shall be deemed to be incorporated in and to form a part of the purchase order notwithstanding that they are not necessarily attached to or accompany said purchase order.

## PART C - GENERAL CONDITIONS

### C0. GENERAL CONDITIONS

C0.1 The *General Conditions for Supply of Services* (Revision 2007 04 12) are applicable to the Work of the Contract.

~~C0.1.1~~C0.2.1 The *General Conditions for Supply of Services* are available on the Information Connection page at The City of Winnipeg, Corporate Finance, Materials Management Division website at [http://www.winnipeg.ca/matmgt/gen\\_cond.stm](http://www.winnipeg.ca/matmgt/gen_cond.stm)

~~C0.1.2~~C0.2.2 A reference in the Request for Proposal to a section, clause or subclause with the prefix "C" designates a section, clause or subclause in the *General Conditions for Supply of Services*

## **PART D - SUPPLEMENTAL CONDITIONS**

### **GENERAL**

#### **D1. GENERAL CONDITIONS**

D1.1 In addition to the *General Conditions for Supply of Services*, these Supplemental Conditions are applicable to the Work of the Contract.

#### **D2. SCOPE OF SERVICES**

D2.1 The Work to be done under the Contract shall consist of a City of Winnipeg Employee Benefit Plan for the period expected to commence on July 1, 2016 until June 30, 2021, with the option of five (5) mutually agreed upon five (5) year extensions.

D2.1.1 The City may negotiate the extension option with the Contractor within sixty (60) Calendar Days prior to the expiry date of the Contract. The City shall incur no liability to the Contractor as a result of such negotiations.

D2.1.2 Changes resulting from such negotiations shall become effective on July 1 of the respective year. Changes to the Contract shall not be implemented by the Contractor without written approval by the Contract Administrator.

D2.3 Notwithstanding D2.1, the type and quantity of Work to be performed under this Contract is subject to annual approval of monies therefore in a budget by Council. Bidders are advised that monies have been approved for work up to and including December 31, 2015.

D2.4 Notwithstanding D2.1, in the event that operational changes result in substantial changes to the requirements for Work, the City reserves the right to alter the type or quantity of work performed under this Contract, or to terminate the Contract, upon thirty (30) Calendar Days written notice by the Contract Administrator. In such an event, no claim may be made for damages on the ground of loss of anticipated profit on Work.

#### **D3. CONTRACT ADMINISTRATOR**

D3.1 The Contract Administrator is:  
Michael Bereziak  
Manager of Labour Relations and Total Compensation  
Telephone No. 204 986-2530  
Facsimile No. 204 986-3298  
E-mail: [mbereziak@winnipeg.ca](mailto:mbereziak@winnipeg.ca)

D3.2 Bids Submissions must be submitted to the address in B8.10.

#### **D4. OWNERSHIP OF INFORMATION, CONFIDENTIALITY AND NON DISCLOSURE**

D4.1 The Contract, all deliverables produced or developed, and information provided to or acquired by the Contractor are the property of the City and shall not be appropriated for the Contractors own use, or for the use of any third party.

D4.2 The Contractor shall not make any public announcements or press releases regarding the Contract, without the prior written authorization of the Contract Administrator.

D4.3 The following shall be confidential and shall not be disclosed by the Contractor to the media or any member of the public without the prior written authorization of the Contract Administrator;

- (a) information provided to the Contractor by the City or acquired by the Contractor during the course of the Work;
- (b) the Contract, all deliverables produced or developed; and

(c) any statement of fact or opinion regarding any aspect of the Contract.

D4.4 A Contractor who violates any provision of D4 may be determined to be in breach of Contract.

## **D5. NOTICES**

D5.1 Notwithstanding C22.3, all notices of appeal to the Chief Administrative Officer shall be sent to the attention of the Chief Financial Officer at the following facsimile number:

The City of Winnipeg  
Chief Financial Officer  
Facsimile No.: 204 949-1174

D5.2 Bids Submissions must be submitted to the address in B8.10.

## **SUBMISSIONS**

### **D6. AUTHORITY TO CARRY ON BUSINESS**

D6.1 The Contractor shall be in good standing under The Corporations Act (Manitoba), or properly registered under The Business Names Registration Act (Manitoba), or otherwise properly registered, licensed or permitted by law to carry on business in Manitoba, or if the Contractor does not carry on business in Manitoba, in the jurisdiction where the Contractor does carry on business, throughout the term of the Contract, and shall provide the Contract Administrator with evidence thereof upon request.

### **D7. INSURANCE**

D7.1 The Contractor shall provide and maintain the following insurance coverage:

- (a) commercial general liability insurance, in the amount of at least two million dollars (\$2,000,000.00) inclusive, with The City of Winnipeg added as an additional insured; such liability policy to also contain a cross-liability clause, non-owned automobile liability and products and completed operations cover, to remain in place at all times during the performance of the Work;
- (b) if applicable, Automobile Liability Insurance covering all motor vehicles, owned and operated and used or to be used by the Contractor directly or indirectly in the performance of the Service. The Limit of Liability shall not be less than \$2,000,000 inclusive for loss or damage including personal injuries and death resulting from any one accident or occurrence;

D7.2 Deductibles shall be borne by the Contractor.

D7.3 The Contractor shall provide the Contract Administrator with a certificate(s) of insurance, in a form satisfactory to the City Solicitor, at least two (2) Business Days prior to the commencement of any Work on the Site.

D7.4 The Contractor shall not cancel, materially alter, or cause the policy to lapse without providing at least thirty (30) Calendar Days prior written notice to the Contract Administrator.

D7.5 The City shall have the right to alter the limits and/or coverages as reasonably required from time to time during the continuance of this agreement.

## **CONTROL OF WORK**

### **D8. COMMENCEMENT**

D8.1 The Contractor shall not commence any Work until he/she is in receipt of a notice of award from the City authorizing the commencement of the Work.

- D8.2 The Contractor shall not commence any Work on the Site until:
- (a) the Contract Administrator has confirmed receipt and approval of:
    - (i) evidence of authority to carry on business specified in D6;
    - (ii) evidence of the workers compensation coverage specified in C6.14;
    - (iii) evidence of the insurance specified in D7;
  - (b) the Contractor has attended a meeting with the Contract Administrator, or the Contract Administrator has waived the requirement for a meeting.

## **D9. ORDERS**

- D9.1 The Contractor shall provide a local Winnipeg telephone number or a toll-free telephone number at which orders for service may be placed.

## **D10. INVOICES**

- D10.1 Further to C11, the Contractor shall submit an invoice for each portion of Work performed to:

The City of Winnipeg  
Corporate Finance - Accounts Payable  
4th Floor, Administration Building, 510 Main Street  
Winnipeg MB R3B 1B9

Facsimile No.: 204 949-0864  
Email: [CityWpgAP@winnipeg.ca](mailto:CityWpgAP@winnipeg.ca)

- D10.2 Invoices must clearly indicate, as a minimum:
- (a) the City's purchase order number;
  - (b) date of delivery;
  - (c) delivery address;
  - (d) type and quantity of work performed;
  - (e) the amount payable with GST and MRST shown as separate amounts; and
  - (f) the Contractor's GST registration number.

- D10.3 The City will bear no responsibility for delays in approval of invoices which are improperly submitted.

- D10.4 Bids Submissions must be submitted to the address in B8.10.

## **D11. PAYMENT**

- D11.1 Further to C11, billing and payment shall be in Canadian funds, as agreed by the Contractor and the Contract Administrator.

## **WARRANTY**

### **D12. WARRANTY**

- D12.1 Notwithstanding C12, Warranty does not apply to this Contract.



## PART E - SPECIFICATIONS

### GENERAL

#### E1. APPLICABLE SPECIFICATIONS

- E1.1 These Specifications shall apply to the Work.
- E1.2 Bidders are reminded that requests for approval of substitutes as an approved equal or an approved alternative shall be made in accordance with B7.
- E1.3 **Data Storage – all data shall be stored in Canada.**

#### E2. PLAN DETAILS

- E2.1 Underwriting Basis:

Division		Benefit	Basis
A	Executive Assistants to Councillors	Life	Fully Insured, Pooled
		Accidental Death & Dismemberment (AD&D)	
		Optional Life	
		Ambulance/Hospital	
		Health	
		Travel Health	
		Dental	
B	Winnipeg Ambulance Services	Ambulance/Hospital	Fully Insured, Pooled
		Health	
C	City of Winnipeg	Ambulance/Hospital	Administrative Services Only (ASO)
		Vision	
		Dental	

- E2.2 Division and Class Structure

Division	Class	Description
A	1	Executive Assistants to Councillors
B	2	Winnipeg Ambulance Services – Supervisors
	3	Winnipeg Ambulance Services – All Other Employees
C	4	Canadian Union of Public Employees (CUPE)
	5	Canadian Union of Public Employees – Part-time (CUPE) 50%
	6	Canadian Union of Public Employees – Part-time (CUPE) 75%
	7	United Fire Fighters of Winnipeg (UFFW)
	8	Winnipeg Police Service – Officers
	9	Winnipeg Police Service – Officers – Part-time 50%
	10	Winnipeg Association of Public Service Officers (WAPSO)
	11	Winnipeg Association of Public Service Officers (WAPSO) Part-time 50%
	12	Amalgamated Transit Union (ATU)
	13	Winnipeg Police Service – Senior Officers
	14	Winnipeg Police Service – Staff

Division	Class	Description
	15	Winnipeg Police Service – Part-time 50%
	16	Winnipeg Police Service – Part-time 75%
	17	Senior Management
	18	Winnipeg Fire Paramedics Senior Officers Association (WFPSOA)
	19	MGEU Local 911
	20	MGEU Local 911 – Part-time 25%
	21	MGEU Local 911 – Part-time 50%
	22	MGEU Local 911 – Part-time 75%
	23	Mayor and Councilors
	24	Winnipeg Association of Public Service Officers (WAPSO) Exempt
	25	Voluntary Retirement Incentive Program (VRIP) Winnipeg Association of Public Officers (WAPSO)
	26	Survivors – Full-time
	27	Survivors – 50%
	28	Survivors – 75%

E2.3 Cost Share

Division	Benefit	Cost Share
A	Life	100% Employer Paid
	Accidental Death & Dismemberment (AD&D)	
	Optional Life	100% Employee Paid
	Ambulance/Hospital	100% Employer Paid
	Health	
	Travel Health	
	Dental	
B	Ambulance/Hospital	100% Employer Paid
	Health	
C	Ambulance/Hospital	100% Employer Paid
	Vision	
	Dental	

E2.4 Pooling

Division	Basis
A	\$10,000 Large Amount Pooling (LAP) on Health with 1 <sup>st</sup> Dollar Out-of-Province Travel
B	\$10,000 Large Amount Pooling (LAP) on Health with 1 <sup>st</sup> Dollar Out-of-Province Travel
C	No Pooling Provisions

**E2.5 Administration & Billing**

<b>Division</b>	<b>Basis</b>
A	Carrier
B	Carrier
C	Self-administered via electronic data file; self-billed

**E3. COMMISSIONS**

**E3.1 Net of commission**

<b>General Information</b>	
<b>Employee</b>	<p><i>Division A</i></p> <ul style="list-style-type: none"> <li>- Permanent employee working at least 20 hours per week and have completed the waiting period</li> <li>- Must be resident of Canada</li> </ul> <p><i>Division B</i></p> <ul style="list-style-type: none"> <li>- Permanent full-time and permanent part-time employees and have completed the waiting period</li> </ul> <p><i>Division C</i></p> <ul style="list-style-type: none"> <li>- Full-time, part-time, regular seasonal and temporary employees and have completed the waiting period</li> </ul>
<b>Retiree</b>	<p><i>Division C</i></p> <ul style="list-style-type: none"> <li>- Become eligible for benefits as designated by the employer</li> </ul>
<b>Waiting Period</b>	<p><i>Division A</i></p> <ul style="list-style-type: none"> <li>- Life/AD&amp;D - 6 months of active permanent employment</li> <li>- 1<sup>st</sup> day following 6 months of continuous employment</li> </ul> <p><i>Division B</i></p> <ul style="list-style-type: none"> <li>- 1<sup>st</sup> of the month following 30 days of employment</li> </ul> <p><i>Division C:</i></p> <ul style="list-style-type: none"> <li>- Full-time – upon completion of 6 months of continuous service</li> <li>- Part-time, regular seasonal and temporary employees – upon completion of 200 working days of service in any 2 consecutive calendar years</li> </ul>
<b>Spouse</b>	<p><i>Division A</i></p> <ul style="list-style-type: none"> <li>- Legally married or has continuously resided with employee for not less than one full year having been represented as members of a conjugal relationship.</li> <li>- Optional Life - Excludes any spouse residing outside Canada or the United States</li> </ul> <p><i>Division B</i></p> <ul style="list-style-type: none"> <li>- Legally married or common-law spouse</li> <li>- Common-law spouse must be registered at the time of employment otherwise there is a one-year waiting period from the date of registration.</li> </ul> <p><i>Division C</i></p>

General Information	
	<ul style="list-style-type: none"> <li>- Legal, common-law or same-sex spouse</li> <li>- Common-law or same-sex spouse must be registered at the time of employment, otherwise there will be a one-year waiting period from the date of registration</li> </ul>
<p><b>Dependent</b></p>	<p><i>Division A</i></p> <ul style="list-style-type: none"> <li>- Unmarried, unemployed children including natural, adopted or step-children who are:             <ol style="list-style-type: none"> <li>1. Under 21 years of age, or</li> <li>2. Under 26 years of age and attending an accredited educational institution, university or college on a full-time basis, or</li> <li>3. Became totally disabled while considered a dependent under 1 or 2 above.</li> </ol> </li> <li>- Children of a common-law spouse may be covered if they are living with employee</li> <li>- Coverage begins on the same date as employee's coverage, or as soon as they become eligible dependents if added later, provided that dependent benefits were applied for within 31 days of their becoming eligible. If coverage is applied for outside of 31 day period, evidence of health on dependents may have to be submitted and approved before coverage begins.</li> </ul> <p><i>Division B</i></p> <ul style="list-style-type: none"> <li>- Unmarried, unemployed children including natural, adopted or step-children who are:             <ol style="list-style-type: none"> <li>1. Under 21 years of age, or</li> <li>2. Under 25 years of age and attending an accredited educational institution, university or college on a full-time basis, or</li> <li>3. Became totally disabled while considered a dependent under 1 or 2 above.</li> </ol> </li> <li>- Children of a common-law spouse may be covered if they are living with employee</li> <li>- Coverage begins on the same date as employee's coverage, or as soon as they become eligible dependents if added later, provided that dependent benefits were applied for within 60 days of their becoming eligible</li> </ul> <p><i>Division C</i></p> <ul style="list-style-type: none"> <li>- Unmarried, unemployed children including natural, adopted, step-children or other children to whom the employee stands "in loco parentis" (in the place of a parent) who are:             <ol style="list-style-type: none"> <li>1. Under 22 years of age, or</li> <li>2. Under 25 years of age and attending an accredited educational institution, university or college on a full-time basis, or</li> <li>3. Became totally disabled while considered a dependent under 1 or 2 above.</li> </ol> </li> <li>- Common-law or same-sex spouse must be eligible for</li> </ul>

<b>General Information</b>	
	<p>coverage prior to their dependent(s) becoming eligible.</p> <ul style="list-style-type: none"> <li>- Coverage begins on the same date as employee's coverage, or as soon as they become eligible dependents if added later, provided that dependent benefits were applied for within 60 days of their becoming eligible</li> </ul>
<b>Salary</b>	<p><i>Division A</i></p> <ul style="list-style-type: none"> <li>- Earnings from his employer including regularly scheduled overtime earnings and bonuses but excluding sporadic bonuses, sporadic earnings or dividends.</li> <li>- If an employee is paid on a commission basis, the insured employee's earnings will be the average of the insured employee's actual earnings in the preceding two calendar years based on their T4 slips. If less than two years is available, the amount will be prorated.</li> <li>- Hourly employee earnings will be based on their regular number of hours worked per week on the basis of 4.333 weeks per month and 12 months per year.</li> </ul>
<b>Extension of Coverage</b>	<p><i>Division A</i></p> <ul style="list-style-type: none"> <li>- Illness or Injury: all benefits continued until the policyholder terminates coverage, or             <ul style="list-style-type: none"> <li>o 1 year from the date the employee ceases to be actively at work for Life coverage when an application for waiver has been declined, no application submitted or proof of loss is not received within 90 days of the elimination period, or</li> <li>o 90 days following the end of the elimination period for Disability coverage when no application is submitted, an application for Disability has been declined or proof of loss has not been received within 90 days following the end of the elimination period.</li> </ul> </li> <li>- Maternity or Parental leave: all benefits as legislated</li> <li>- Strike, Lock-out or Temporary Lay-off: all benefits continue coverage for 6 months from the end of the month in which employment was interrupted.</li> </ul>
<b>Re-instatement</b>	<p><i>Division A</i></p> <ul style="list-style-type: none"> <li>- 6 months</li> </ul>

<b>Basic Life (Division A <u>ONLY</u>)</b>	
<b>Benefit Amount</b>	<ul style="list-style-type: none"> <li>- 1X annual earnings, rounded to the next \$1,000</li> <li>- \$250,000 maximum</li> <li>- Combined maximum with Basic Life and Optional Life cannot exceed \$1,150,000</li> </ul>

<b>Basic Life (Division A <u>ONLY</u>)</b>	
<b>Reduction</b>	- Reduces by 50% at age 65
<b>Non-Evidence Limit</b>	- \$100,000
<b>Waiver of Premium</b>	- Included to age 65 - Remain disabled for a period of 6 months
<b>Definition of Total Disability</b>	- State of continuous incapacity, resulting from illness or injury which wholly prevents the employee from performing the regular duties of any occupation for which they would earn 60% or more of pre-disability earnings and is reasonably qualified, or may so become, by training or experience. - Regular duties are defined as those work related activities which are considered essential to the performance of the occupation and which proportionately take the majority of time to complete.
<b>Recurrent Disability</b>	- From same or related causes within 6 months.
<b>Living Death Benefit</b>	- Advance payment may be provided if suffering from a condition which is expected to result in death within 12 months of request. - Lesser of \$50,000 or 50% of Basic Life coverage
<b>Conversion</b>	- Included to age 65
<b>Termination</b>	- Earlier of retirement or age 70

<b>Accidental Death &amp; Dismemberment (AD&amp;D) (Division A <u>ONLY</u>)</b>	
<b>Benefit Amount</b>	- Equal to Basic Life amount
<b>Reduction</b>	- Reduces by 50% at age 65
<b>Loss Schedule</b>	<p><b>For Loss of:</b></p> <ul style="list-style-type: none"> <li>- 100% Life</li> <li>- 100% Entire Sight of Both Eyes</li> <li>- 100% One Hand and the Entire Sight of One Eye</li> <li>- 100% One Foot and the Entire Sight of One Eye</li> <li>- 100% Speech and Hearing</li> <li>- 66.67% Entire Sight of One Eye</li> <li>- 50% Speech or Hearing</li> <li>- 33.3% Thumb and Index Finger on the Same Hand</li> <li>- 33.3% Four Fingers on the Same Hand</li> <li>- 16.67% Hearing in One Ear</li> <li>- 12.5% All Toes on One Foot</li> </ul> <p><b>For Loss of or Loss of Use of:</b></p> <ul style="list-style-type: none"> <li>- 100% Both Hands or Both Feet</li> <li>- 100% One Hand and One Foot</li> <li>- 100% Both Arms or Both Legs</li> <li>- 100% One Arm and One Leg</li> <li>- 75% One Arm or One Leg</li> <li>- 66.67% One Hand or One Foot</li> </ul> <p><b>For Total Paralysis of:</b></p> <ul style="list-style-type: none"> <li>- 200% Quadriplegia, Paraplegia, Hemiplegia</li> </ul>
<b>Benefits</b>	- Exposure and Disappearance within 365 days - Coma Benefit: 1% of principal amount payable

<b>Accidental Death &amp; Dismemberment (AD&amp;D) (Division A <u>ONLY</u>)</b>	
	<p>monthly, following 31 consecutive days of complete and total unconsciousness caused by accidental injury</p> <ul style="list-style-type: none"> <li>- Repatriation: \$7,500, 150 kms from residence</li> <li>- Rehabilitation: \$5,000</li> <li>- Occupational Training for Spouse: \$5,000</li> <li>- Education Benefit: 5% up to \$5,000 / year for a maximum 5 years for post-secondary education for each eligible dependent child</li> <li>- Family Travel: \$1,500 maximum reimbursement for hotel accommodation and transportation combined for family members to attend the hospital of confinement if more than 150 kms from residence</li> </ul>
<b>Exclusions</b>	<p>No benefits will be paid if:</p> <ul style="list-style-type: none"> <li>- Disability, illness, injury or accident occurs while participating in or while engaged in criminal activity, regardless if charges are laid or conviction obtained</li> <li>- Intentionally self-inflicted injuries, committing suicide or attempting suicide, while sane or insane</li> <li>- Insurrection, war (declared or not), or the hostile action of the armed forces of any country, or participation in any riot or civil commotion</li> <li>- Any accident or injury occurring while operating a motor vehicle with a blood alcohol level in excess of the legal limit in the jurisdiction where the accident occurred (vehicle means any form of transportation which is drawn, propelled or driven by any means and includes, but is not restricted to, an automobile, truck, motorcycle, moped, bicycle, snowmobile or boat)</li> <li>- Illness or disease of any kind or medical or surgical treatment thereof, other than septic infection caused through a wound accidentally sustained</li> <li>- Travel or flight in or descent from any kind of aircraft if the insured person is a member of the aircraft crew, or has any duties relating to the operation, maintenance, testing or control of the aircraft, or is on the aircraft for the purpose of instruction or training</li> </ul>
<b>Waiver of Premium</b>	<ul style="list-style-type: none"> <li>- If approved under Basic Life for total disability, AD&amp;D benefits shall continue for the same period without further payment of premium</li> </ul>
<b>Conversion</b>	<ul style="list-style-type: none"> <li>- Included to age 65</li> </ul>
<b>Termination</b>	<ul style="list-style-type: none"> <li>- Earlier of retirement or age 70</li> </ul>

<b>Employee &amp; Spousal Optional Life (Division A <u>ONLY</u>)</b>	
<b>Benefit Amount</b>	<ul style="list-style-type: none"> <li>- Units of \$10,000 to a maximum of \$250,000</li> <li>- Combined maximum with Basic Life and Optional Life cannot exceed \$1,150,000</li> </ul>
<b>Non-Evidence Limit</b>	<ul style="list-style-type: none"> <li>- Required for all amounts</li> </ul>
<b>Waiver of Premium</b>	<ul style="list-style-type: none"> <li>- If approved under Basic Life for total disability, AD&amp;D</li> </ul>

<b>Employee &amp; Spousal Optional Life (Division A <u>ONLY</u>)</b>	
	benefits shall continue for the same period without further payment of premium
<b>Suicide Exclusion</b>	- 2 consecutive years
<b>Conversion</b>	- Included to age 65
<b>Termination</b>	- Earlier of retirement or age 65

<b>Ambulance/Hospital (<u>ALL</u> Classes except 18, 19, 20, 21, 22, 25)</b>	
<b>Deductible</b>	- None
<b>Reimbursement</b>	- 100%
<b>Ambulance</b>	<ul style="list-style-type: none"> <li>- Payment of reasonable and customary charges for ambulance services provided within province of residence; no limits on the amount payable within the province or on the number of trips covered</li> <li>- Non-emergency - on the prior recommendation of an attending physician if the patient is non-ambulatory and cannot be transported by another means</li> <li>- Out-of-province emergency and non-emergency - payment of up to \$250 per trip (based on provincial rates)</li> <li>- Air ambulance (emergency &amp; non-emergency) allowances will be paid up to the amount equivalent had the services been provided by ground ambulance</li> </ul>
<b>Hospital</b>	- Semi-private in or outside province of residence
<b>Hostel Accommodation</b>	- Payment of the reasonable and customary per diem charge for hostel accommodation if diagnostic testing or treatment, on the recommendation of a physician, at a hospital located more than 60 km from home and are placed in a recognized medical hostel associated with the hospital
<b>Stretcher Service (Medical Transfer)</b>	- Charges for non-emergency transport by a participating stretcher service are covered up to a lifetime maximum of \$250 per person; requires prior recommendation of physician
<b>Survivor Benefit</b>	- Follows Health and Dental
<b>Termination</b>	- Termination or retirement

<b>Extended Health (Division B <u>ONLY</u>)</b>	
<b>Deductible</b>	- \$10 per employee/family per calendar year subtracted from the first claim
<b>Reimbursement</b>	- 80%, unless otherwise noted
<b>Overall Benefit Maximum</b>	- Unlimited
<b>Accidental Dental Treatment</b>	<ul style="list-style-type: none"> <li>- Charges for dental treatment resulting from accidental injury to jaw or natural teeth</li> <li>- Treatment must commence within 90 days of accident</li> </ul>
<b>Athletic Therapy</b>	- \$100 per person per calendar year
<b>Cardiac Rehabilitation</b>	- Lifetime maximum of \$300 for patients with diagnosed cardiac disease requiring the services of a recognized



<b>Extended Health (Division B <u>ONLY</u>)</b>	
	cardiac rehabilitation program when prescribed by the attending physician
<b>Clinical Psychology</b>	- \$350 per person per calendar year
<b>Drugs</b>	- Provincial Drug Formulary - Generic substitution with do not substitution provision
<b>Drug Card</b>	- Not Included
<b>Drug Supply</b>	- 100 days
<b>Foot Care</b>	- \$350 per person per calendar year - Subject to per visit maximums - Charges for diagnosis and treatment by a Podiatrist and charges for services by a certified foot care nurse to the combined maximum
<b>Medical Appliances</b>	- Charges for rental, purchase or repair of: <ul style="list-style-type: none"> <li>o An iron lung when prescribed by the attending physician to a lifetime maximum of \$1,000 per person</li> <li>o A wheelchair, hospital bed, oxygen equipment or respirator when prescribed by attending physician or occupational therapist to a lifetime maximum of \$1,000 per item per person</li> <li>o Walkers when prescribed by the attending physician or occupational therapist</li> <li>o Other medical equipment when prescribed by the attending physician, occupational therapist, physiotherapist, or athletic therapist to a lifetime maximum of \$250 per person</li> </ul>
<b>Nutritional Counselling</b>	- \$350 per person per calendar year when prescribed by a physician for charges of the services of a registered dietician
<b>Orthopedic Shoes and Modification to Orthopedic Shoes</b>	- Charges for orthopedic shoes custom made from a mould, or stock shoes which are modified (excluding orthotics or insoles, removable or permanent affixed) to accommodate, relieve or remedy a mechanical foot defect or abnormality - Charges for orthopedic shoe modifications (excluding orthotics or insoles, removable or permanently affixed) to accommodate, relive or remedy a mechanical foot defect or abnormality - Copy of prescription from the attending physician or podiatrist is required which includes a medical diagnosis and detailed description of the orthopedic shoes and modifications - Payment is limited to combined maximum of \$300 per person per calendar year - Boots, sandals or sport specific footwear are not eligible
<b>Physiotherapy</b>	- \$350 per person per calendar year - Subject to per visit maximums
<b>Private Duty Nursing</b>	- Charges for private duty nursing or home visits by a professional registered nurse (not a relative) either in

<b>Extended Health (Division B <u>ONLY</u>)</b>	
	<p>the hospital or home when prescribed by the attending physician, to a maximum of \$3,000 per person per calendar year</p> <ul style="list-style-type: none"> <li>- Visits to home must be within 12 months following discharge from the hospital and the service must be consistent with the treatment for the condition for which the patient was hospitalized</li> </ul>
<b>Prosthetic and Remedial Equipment</b>	<ul style="list-style-type: none"> <li>- Charges for the rental, purchase or repair of:           <ul style="list-style-type: none"> <li>o Casts, canes and crutches</li> <li>o Artificial limbs and eyes when prescribed by the attending physician</li> <li>o Compression garments when prescribed by the attending physician</li> <li>o Breast prostheses and surgical bras when prescribed by the attending physician to a maximum of \$100 per single mastectomy and \$200 per double mastectomy per person per calendar year</li> <li>o Wigs or hairpieces when prescribed by the attending physician to a lifetime maximum of \$1,000 per person</li> <li>o Splints, trusses, braces, lumbar-sacro supports, corsets, traction equipment and cervical collars when prescribed by the attending physician, occupational therapist, physiotherapist or athletic therapist</li> </ul> </li> </ul>
<b>Travel Protection</b>	<ul style="list-style-type: none"> <li>- Charges for medical, surgical and hospital services resulting from accident or illness while travelling out of the province to a maximum \$2,500 per person per calendar year</li> </ul>
<b>Exclusions</b>	<ul style="list-style-type: none"> <li>- No coverage for:           <ul style="list-style-type: none"> <li>o Any services or supplies received unless the person is covered by the government health plan in their home province</li> <li>o Services and supplies the person is entitled to without charge by law or for which a charge is made only because the person has coverage under a plan</li> <li>o Services or supplies not listed as covered expenses</li> <li>o Charges for completing claim forms or missed appointments</li> <li>o Services covered or provided through Workers' Compensation legislation, any government agency or a liable third party</li> <li>o Charges for services provided prior to effective date</li> </ul> </li> </ul>
<b>Survivor Benefit</b>	<ul style="list-style-type: none"> <li>- 24 months from the first day of the month following the date of the employee's death or:           <ul style="list-style-type: none"> <li>o The effective date of similar benefits obtained elsewhere</li> </ul> </li> </ul>

<b>Extended Health (Division B <u>ONLY</u>)</b>	
	<ul style="list-style-type: none"> <li>○ Date dependent eligibility would normally cease as defined</li> <li>○ Date of remarriage of the spouse (dependents would continue to be eligible subject to above</li> <li>○ Date of termination of group agreement</li> </ul>

<b>Extended Health (Division A <u>ONLY</u>)</b>	
<b>Deductible</b>	- None
<b>Reimbursement</b>	- 80%, unless otherwise noted
<b>Overall Benefit Maximum</b>	- Unlimited
<b>Accidental Dental Treatment</b>	<ul style="list-style-type: none"> <li>- Charges for dental treatment resulting from accidental injury to jaw or natural teeth</li> <li>- Treatment must commence within 90 days of accident</li> </ul>
<b>Acupuncture</b>	- \$350 per person per calendar year
<b>Athletic Therapy</b>	- \$100 per person per calendar year
<b>Audiologist</b>	<ul style="list-style-type: none"> <li>- \$350 per person per calendar year</li> <li>- Services related to Hearing Aid Dispensing excluded</li> </ul>
<b>Cardiac Rehabilitation</b>	- Lifetime maximum of \$300 for patients with diagnosed cardiac disease requiring the services of a recognized cardiac rehabilitation program when prescribed by the attending physician or nurse practitioner
<b>Chiropractor</b>	- \$350 per person per calendar year
<b>Clinical Psychology</b>	- \$350 per person per calendar year
<b>Drug Formulary</b>	<ul style="list-style-type: none"> <li>- Provincial Drug Formulary</li> <li>- Generic substitution with do not substitute provision</li> </ul>
<b>Drug Card</b>	- Not Included
<b>Drug Supply</b>	- 100 days
<b>Foot Care</b>	<ul style="list-style-type: none"> <li>- \$350 per person per calendar year</li> <li>- Subject to per visit maximums</li> <li>- Charges for diagnosis and treatment excluding diagnostic x-ray examinations by a Podiatrist and charges for services by a certified foot care nurse to the combined maximum</li> </ul>
<b>Massage Therapy</b>	- \$350 per person per calendar when prescribed by a physician/nurse practitioner for treatment of diagnosed illness or injury
<b>Medical Appliances</b>	<ul style="list-style-type: none"> <li>- Charges for rental, purchase or repair of:               <ul style="list-style-type: none"> <li>○ An iron lung when prescribed by the attending physician to a lifetime maximum of \$1,000 per person</li> <li>○ A wheelchair, hospital bed, oxygen equipment or respirator when prescribed by attending physician or occupational therapist to a lifetime maximum of \$1,000 per item per person</li> <li>○ Walkers when prescribed by the attending physician or occupational therapist</li> <li>○ Other medical equipment when prescribed by the attending physician, occupational</li> </ul> </li> </ul>

<b>Extended Health (Division A <u>ONLY</u>)</b>	
	therapist, physiotherapist, or athletic therapist to a lifetime maximum of \$250 per person
<b>Naturopath</b>	- \$350 per person per calendar year
<b>Nutritional Counselling</b>	- \$350 per person per calendar year when prescribed by a physician for charges of the services of a registered dietician
<b>Orthopedic Shoes and Modification to Orthopedic Shoes</b>	<ul style="list-style-type: none"> <li>- Charges for orthopedic shoes custom made from a mould, or stock shoes which are modified (excluding orthotics or insoles, removable or permanent affixed) to accommodate, relieve or remedy a mechanical foot defect or abnormality</li> <li>- Charges for orthopedic shoe modifications (excluding orthotics or insoles, removable or permanently affixed) to accommodate, relive or remedy a mechanical foot defect or abnormality</li> <li>- Copy of prescription from the attending physician or podiatrist is required which includes a medical diagnosis and detailed description of the orthopedic shoes and modifications</li> <li>- Payment is limited to combined maximum of \$300 per person per calendar year</li> <li>- Boots, sandals or sport specific footwear are not eligible</li> </ul>
<b>Osteopath</b>	- \$350 per person per calendar year
<b>Physiotherapy</b>	<ul style="list-style-type: none"> <li>- \$350 per person per calendar year</li> <li>- Subject to per visit maximums</li> <li>- Excluding diagnostic x-ray examinations</li> </ul>
<b>Private Duty Nursing</b>	<ul style="list-style-type: none"> <li>- Charges for private duty nursing or home visits by a professional registered nurse (not a relative) either in the hospital or home when prescribed by the attending physician, to a maximum of \$3,000 per person per calendar year</li> <li>- Visits to home must be within 12 months following discharge from the hospital and the service must be consistent with the treatment for the condition for which the patient was hospitalized</li> </ul>
<b>Prosthetic and Remedial Equipment</b>	<ul style="list-style-type: none"> <li>- Charges for the rental, purchase or repair of:             <ul style="list-style-type: none"> <li>o Casts, canes and crutches</li> <li>o Artificial limbs and eyes when prescribed by the attending physician</li> <li>o Compression garments when prescribed by the attending physician</li> <li>o Breast prostheses and surgical bras when prescribed by the attending physician to a maximum of \$100 per single mastectomy and \$200 per double mastectomy per person per calendar year</li> <li>o Wigs or hairpieces when prescribed by the attending physician to a lifetime maximum of \$1,000 per person</li> <li>o Splints, trusses, braces, lumbar-sacro</li> </ul> </li> </ul>

<b>Extended Health (Division A <u>ONLY</u>)</b>	
	supports, corsets, traction equipment and cervical collars when prescribed by the attending physician, occupational therapist, physiotherapist or athletic therapist
<b>Speech Therapist</b>	- \$350 per person per calendar year
<b>Travel Protection</b>	- If age 70 or over, reimbursement for charges for medical, surgical and hospital services resulting from accident or illness while travelling out of the province to a maximum \$2,500 per person per calendar year
<b>Exclusions and Limitations</b>	- No coverage for: <ul style="list-style-type: none"> <li>o Any services or supplies received unless the person is covered by the government health plan in their home province</li> <li>o Services and supplies the person is entitled to without charge by law or for which a charge is made only because the person has coverage under a plan</li> <li>o Services or supplies not listed as covered expenses</li> <li>o Charges for completing claim forms or missed appointments</li> <li>o Services covered or provided through Workers' Compensation legislation, any government agency or a liable third party</li> <li>o Charges for services provided prior to effective date</li> <li>o Expenses for services and supplies rendered or prescribed by a person who is ordinarily a resident in the patient's home or who is a close relative of the patient</li> </ul>
<b>Survivor Benefit</b>	- 24 months from the first day of the month following the date of the employee's death or: <ul style="list-style-type: none"> <li>o The effective date of similar benefits obtained elsewhere</li> <li>o Date dependent eligibility would normally cease as defined</li> <li>o Date of remarriage of the spouse (dependents would continue to be eligible subject to above</li> <li>o Date of termination of group agreement</li> </ul>

<b>Travel Health (Division A <u>ONLY</u>) - Pooled</b>	
<b>Deductible</b>	- None
<b>Reimbursement</b>	- 100%
<b>Overall Benefit Maximum</b>	- Overall maximum of \$5,000,000 per plan member per claim to a lifetime maximum of \$5,000,000 per plan member.
<b>Trip Maximum</b>	- 90 day maximum for any trip that includes travel outside of Canada (includes plan members on leave)
<b>Summary of Benefits</b>	- Hospital in-patient and out-patient charges

### Travel Health (Division A ONLY) - Pooled

- Medical and surgical charges for services provided by a legally qualified physician. Charges for services rendered in connection with general examinations for “check-up” or for cosmetic purposes are not eligible expenses
- Ambulance charges for service from the place of illness or accident to the nearest hospital
- Economy air transportation to patient's home city in Canada by stretcher if have received treatment at a hospital as an in-patient
- Emergency evacuation by a commercial operator licensed to carry passengers from a mountain, body of water or other remote location when a regular ambulance cannot be used to a maximum of \$5,000
- Dental care to natural teeth when necessitated by a direct accidental blow to the mouth only, and not by an object wittingly or unwittingly placed in the mouth; maximum coverage \$3,000 per accident within 180 days following accident
- Treatment for the emergency relief of dental pain to a maximum of \$300; services must be rendered outside patient's province of residence. Letter from attending dentist must be presented indicating treatment was necessary to relieve acute dental pain not present before date of departure
- In the event of loss of life, up to \$7,500 towards the cost of transporting the deceased to their home city in Canada, or up to \$5,000 for cremation or burial at place of death
- Blood or blood plasma if not available free of charge
- Private duty nursing
- Additional cost, if any, of the most direct return (economy) air travel from the place where you are hospitalized as an in-patient to your home city in Canada, including the cost of return economy air travel for a graduate professional nurse when nursing care is required during the flight home
  - o This benefit must be supported by a letter from the attending physician as medically necessary
  - o Also available to family (spouse and dependent children) or one travelling companion who is covered by a Blue Cross Travel Health Plan travelling with you at time of injury or onset of illness
- Additional board and lodging expenses incurred beyond the original duration of your trip by a relative or friend also covered by a Blue Cross Travel Health Plan remaining with you during your hospitalization as an in-patient
- Charges for transportation to your bedside incurred

**Travel Health (Division A ONLY) - Pooled**

	<p>by your spouse, or any one parent, child, brother or sister to be with you while you are confined to hospital as an in-patient for at least 3 days outside your province of residence</p> <ul style="list-style-type: none"> <li>o Transportation charges for a family member to identify the deceased prior to the release of the body, if required by law</li> <li>o Coverage for round-trip economy airfare via the most direct cost effective route</li> </ul> <ul style="list-style-type: none"> <li>- Physiotherapy provided in a hospital</li> <li>- Chiropractic and/or podiatrist services; a letter from the attending practitioner certifying that services were for acute care is required for claim submission</li> <li>- Prescription drugs</li> <li>- Repair or replacement of eyeglasses or contact lens or lenses due to accident or injury to a maximum of \$100 provided that the injury is treated by a physician or dentist; applies to prescription eyewear only</li> <li>- An allowance of \$40 per day for each day you are hospitalized as an in-patient; maximum coverage of \$1,000       <ul style="list-style-type: none"> <li>o Benefit is intended to help defray incidental costs such as parking, telephone calls, etc</li> </ul> </li> <li>- Return of your vehicle if you are unable to drive, to a maximum expense of \$4,000</li> <li>- Charges for commercial accommodation and meals for persons travelling to the bedside or travelling to identify a deceased family member to a combined maximum of \$200 per day to a maximum payment of \$2,500</li> <li>- Additional cost of return economy airfare for an escort to accompany your children (up to 18 years of age) to their province of residence in the event you have been evacuated to Canada for medical reasons</li> <li>- Additional cost of returning your pet to your home city in Canada up to a maximum of \$500, in the event you are confined to hospital for at least 3 days outside your province of residence</li> <li>- Charges for emergency veterinary care due to unexpected injury of accompanying pet to a maximum of \$200 per pet</li> </ul>
<p><b>Exclusions &amp; Limitations</b></p>	<ul style="list-style-type: none"> <li>- Retired employees (including all dependents)</li> <li>- Employees (including all dependents) travelling outside of Canada in excess of 90 days who are on disability leave due to accident or illness</li> <li>- Employees (including all dependents) travelling outside of Canada in excess of 90 days who are on sabbatical, paid and non-paid leave of absence, employee exchange or other such similar absence</li> <li>- Employees (or any surviving spouse) age 70 and over (including all dependents)</li> </ul>

<b>Travel Health (Division A <u>ONLY</u>) - Pooled</b>	
	<ul style="list-style-type: none"> <li>- Students travelling outside of Canada for full-time educational purposes</li> <li>- Persons travelling outside their province of residence for the purpose of obtaining medical treatment</li> <li>- Persons travelling against medical advice</li> <li>- Employees not actively at work. Actively at work means an employee working at least 20 hours per week other than while on usual vacation and actively performing all of their duties at the regular place of business of their employer</li> <li>- Charges associated with the required confinement due to childbirth and delivery, in the event that any portion of travel outside your province of residence falls after the 31<sup>st</sup> week of gestation</li> <li>- Any charges for any medical condition or emergency that occurs or recurs after Blue Cross or the International Travel Assistance provider recommends returning home following emergency treatment and the plan member chooses not to return.</li> <li>- Expenses incurred as a result of non-compliance with any prescribed medical therapy or medical treatment (as determined by Blue Cross) or failure to carry out a physician's or health care practitioner's instruction.</li> <li>- A medical condition for which it was reasonable to expect treatment or hospitalization during the trip.</li> </ul>
<b>Survivor Benefit</b>	<ul style="list-style-type: none"> <li>- 24 months from the first day of the month following the date of the employee's death or:               <ul style="list-style-type: none"> <li>o The effective date of similar benefits obtained elsewhere</li> <li>o Date dependent eligibility would normally cease as defined</li> <li>o Date of remarriage of the spouse (dependents would continue to be eligible subject to above</li> <li>o Date of termination of group agreement</li> </ul> </li> </ul>
<b>Termination</b>	<ul style="list-style-type: none"> <li>- Earlier of retirement or age 70 (employee or any surviving spouse)</li> </ul>

<b>Vision (<u>EXCLUDING</u> Division B)</b>	
<b>Division A</b>	
<b>Deductible</b>	<ul style="list-style-type: none"> <li>- None</li> </ul>
<b>Reimbursement</b>	<ul style="list-style-type: none"> <li>- Eye exams – 80% reimbursement</li> <li>- Other - 100% reimbursement</li> </ul>
<b>Benefit</b>	<ul style="list-style-type: none"> <li>- \$250 per person maximum during any 24 consecutive month period following the actual purchase date of the first Vision Care item claimed</li> </ul>
<b>Eligible Expenses</b>	<ul style="list-style-type: none"> <li>- Eyeglasses (frames and/or lenses), replacement glasses and contact lenses when prescribed by a physician, ophthalmologist, optometrist</li> <li>- Repairs to existing glasses</li> </ul>



<b>Vision (<u>EXCLUDING</u> Division B)</b>	
	<ul style="list-style-type: none"> <li>- Laser eye surgery (including costs for foldable lens implants) when performed by an ophthalmologist or physician</li> <li>- Must be prescribed by a licensed physician, ophthalmologist or optometrist</li> </ul>
<b>Eye Examinations</b>	<ul style="list-style-type: none"> <li>- Charges for the cost of one eye exam per person during any 24 consecutive month period when rendered by a physician, ophthalmologist, or optometrist, provided that no portion of the cost of the examination is eligible for payment under any legislative plan.</li> <li>- Subject to per visit fee guide maximums</li> </ul>
<b>Exclusions and Limitations</b>	<ul style="list-style-type: none"> <li>- Charges for fitting of eyeglasses</li> <li>- Orthoptics, vision training, subnormal vision aids and aniseikonic lenses</li> <li>- Non-corrective sunglasses, photo sensitive or anti-reflective lenses or clip-ons</li> </ul>
<b>Survivor Benefit</b>	<ul style="list-style-type: none"> <li>- 24 months from the first day of the month following the date of the employee's death or:               <ul style="list-style-type: none"> <li>o The effective date of similar benefits obtained elsewhere</li> <li>o Date dependent eligibility would normally cease as defined</li> <li>o Date of remarriage of the spouse (dependents would continue to be eligible subject to above</li> <li>o Date of termination of group agreement</li> </ul> </li> </ul>
<b>Division C</b>	
<b>Deductible</b>	<ul style="list-style-type: none"> <li>- None</li> </ul>
<b>Reimbursement</b>	<ul style="list-style-type: none"> <li>- 100% reimbursement</li> </ul>
<b>Benefit</b>	<ul style="list-style-type: none"> <li>- Differs by class as negotiated by the applicable union; refer to <u>Appendix A</u> for details</li> <li>- Amount is per person every 24 consecutive months following the actual purchase date of the first Vision Care item claimed</li> </ul>
<b>Eligible Expenses</b>	<ul style="list-style-type: none"> <li>- Eyeglasses (frames and/or lenses), replacement glasses and contact lenses when prescribed by a physician, ophthalmologist, optometrist</li> <li>- Repairs to existing glasses</li> <li>- Laser eye surgery (including costs for foldable lens implants) when performed by an ophthalmologist or physician</li> <li>- One eye examination in a 24 month period when rendered by a physician, ophthalmologist or optometrist; subject to per visit fee guide maximums</li> <li>- Must be prescribed by a licensed physician, ophthalmologist or optometrist</li> </ul>
<b>Special Benefit</b>	<p><i>Classes 5, 9, 11, 15, 20, 21, 27 &amp; 28 only</i></p> <ul style="list-style-type: none"> <li>- Reimbursement of contact lenses is subject to the vision maximum unless it is certified by an</li> </ul>

<b>Vision (<u>EXCLUDING</u> Division B)</b>	
	ophthalmologist or optometrist that contact lenses are required as a result of an eye disorder (severe corneal astigmatism, sever corneal scarring, keratoconus, or aphakia) and that the necessary correction cannot be achieved with ordinary lenses (in this event, reimbursement is limited to \$200)
<b>Exclusions and Limitations</b>	<ul style="list-style-type: none"> <li>- Charges for fitting of eyeglasses</li> <li>- Orthoptics, vision training, subnormal vision aids and aniseikonic lenses</li> <li>- Non-corrective sunglasses, photo sensitive or anti-reflective lenses or clip-ons</li> </ul>
<b>Survivor Benefit</b>	<ul style="list-style-type: none"> <li>- 6 months from the first day of the month following the date of the employee's death or:               <ul style="list-style-type: none"> <li>o The effective date of similar benefits obtained elsewhere</li> <li>o Date dependent eligibility would normally cease as defined</li> <li>o Date of remarriage of the spouse (dependents would continue to be eligible subject to above</li> <li>o Date of termination of group agreement</li> </ul> </li> </ul>

<b>Dental (<u>EXCLUDING</u> Division B)</b>	
<b>Division A</b>	
<b>Deductible</b>	- None
<b>Reimbursement</b>	<ul style="list-style-type: none"> <li>- Basic: 100%</li> <li>- Major: 100%</li> <li>- Orthodontic: 100%; for dependent children under 17 years of age</li> </ul>
<b>Benefit Maximum</b>	<ul style="list-style-type: none"> <li>- Basic &amp; Major combined: \$1,500 per person per calendar year</li> <li>- Orthodontic: \$2,000 lifetime maximum per child</li> </ul>
<b>Fee Guide</b>	- Specialist and General Fee Guide
<b>Services Covered</b>	<p><i>Basic Services:</i></p> <ul style="list-style-type: none"> <li>- Diagnostic:           <ul style="list-style-type: none"> <li>o Complete examination, once every 3 calendar years</li> <li>o Recall or oral examinations covered twice in each calendar year</li> <li>o Periapical x-rays</li> <li>o Full mouth x-rays or panoramic/panorex x-rays once every 2 calendar years if necessary</li> </ul> </li> <li>- Preventive           <ul style="list-style-type: none"> <li>o 1 unit of polishing, twice in each calendar year</li> <li>o Topical application of fluoride; up to 2 applications in each calendar year</li> <li>o Space maintainers (except when used for orthodontic purposes)</li> </ul> </li> <li>- Extractions           <ul style="list-style-type: none"> <li>o Uncomplicated procedures for the removal of</li> </ul> </li> </ul>

**Dental (EXCLUDING Division B)**

	<p>teeth which are beyond restoration</p> <ul style="list-style-type: none"> <li>- Restorative           <ul style="list-style-type: none"> <li>o Fillings made of amalgams, silicates, plastics and synthetic porcelains</li> <li>o Repair of damaged dentures; adding teeth to existing dentures; relining or rebasing the dentures is limited to once every 3 calendar years</li> </ul> </li> <li>- Accidental Injury           <ul style="list-style-type: none"> <li>o Major and orthodontic dental services as a result of an accident, to a maximum of \$1,000 per person per calendar year; treatment must commence within 90 days of the accident</li> </ul> </li> <li>- Endodontics           <ul style="list-style-type: none"> <li>o Usual procedures required for pulpal therapy and root canal filling</li> <li>o Root canal therapy once per lifetime per tooth</li> </ul> </li> <li>- Periodontics           <ul style="list-style-type: none"> <li>o Usual procedures for treatment of the diseases of the tissues and bones supporting the teeth</li> </ul> </li> <li>- Oral surgery           <ul style="list-style-type: none"> <li>o Complicated surgical procedures performed in the dentist's office including post-operative care</li> </ul> </li> <li>- Anesthesia           <ul style="list-style-type: none"> <li>o General anesthesia or nitrous oxide analgesia administered in the dentist's office</li> </ul> </li> </ul> <p><i>Major Services</i></p> <ul style="list-style-type: none"> <li>- Extensive restorations           <ul style="list-style-type: none"> <li>o Inlays and onlays (one per tooth every 5 calendar years)</li> <li>o Jackets, crowns and bridges to rebuild and replace missing teeth (only one procedure per tooth every 5 calendar years)</li> </ul> </li> <li>- Prosthetic           <ul style="list-style-type: none"> <li>o Partial or complete upper and lower dentures, provided by a dentist or licensed denturist</li> <li>o Each procedure limited to once every 5 calendar years; allowances include all adjustments</li> </ul> </li> </ul> <p><i>Orthodontics</i></p>
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<p><b>Exclusions and Limitations</b></p>	<ul style="list-style-type: none"> <li>- Services purely cosmetic in nature, or for cosmetic reasons</li> <li>- Congenital malformations</li> <li>- Fees arising out of extra services arranged for privately between the patient and dentist</li> <li>- Oral hygiene instruction and plaque control programs</li> <li>- Charges for appliances, which have been lost, broken</li> </ul>
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**Dental (EXCLUDING Division B)**

	<ul style="list-style-type: none"> <li>or stolen</li> <li>- Gold, crown, fixed bridge, veneers or other extensive treatment when another material or procedure would have been a reasonable substitute consistent with generally accepted dental practice; where a reasonable substitute was possible, the covered expense would be that of the customary substitute</li> <li>- Separate charges for general anesthesia except in connection with office procedures as specified in plan</li> <li>- Bleaching of teeth</li> <li>- Root canal on a permanent tooth more than once per lifetime per tooth</li> <li>- Snoring or sleep apnea appliances</li> <li>- Charges for treatment other than by a dentist, except for treatment performed in a dental office under the supervision and direction of a dentist by personnel duly licensed or certified to perform such treatment under applicable professional statues and regulations</li> <li>- Diagnostic photographs</li> <li>- Precision attachments</li> <li>- Hypnosis and dental psychotherapy</li> <li>- Provision for facilities in connection with general anesthesia</li> <li>- Polishing restorations</li> <li>- Any procedure in connection with forensic dental</li> <li>- Services related to the treatment of Temporo-Mandibular Joint dysfunction</li> <li>- Dental implants</li> <li>- Any services or supplies received unless the person is covered by the government health plan in their home province</li> <li>- Charges for completing claim forms or missed appointments</li> <li>- Services covered or provided through Workers' Compensation legislation, any government agency or a liable third party</li> <li>- Charges for services provided prior to the effective date of coverage</li> <li>- Expenses for services and supplies rendered or prescribed by a person who is ordinarily a resident in the patient's home or who is a close relative of the patient</li> </ul>
<p><b>Survivor Benefit</b></p>	<ul style="list-style-type: none"> <li>- 24 months from the first day of the month following the date of the employee's death or:             <ul style="list-style-type: none"> <li>o The effective date of similar benefits obtained elsewhere</li> <li>o Date dependent eligibility would normally cease as defined</li> <li>o Date of remarriage of the spouse (dependents would continue to be eligible subject to above</li> <li>o Date of termination of group agreement</li> </ul> </li> </ul>

<b>Dental (<u>EXCLUDING</u> Division B)</b>	
<b>Division C</b>	
<b>Deductible</b>	- None
<b>Reimbursement</b>	- Basic: 100% - Major: 100% - Orthodontic: 100%; dependent <u>and</u> adult orthodontics
<b>Benefit Maximum</b>	- Differs by class as negotiated by the applicable union; refer to <u>Appendix B</u> for details - Maximum amount is per person per calendar year combined for Basic and Major, and per lifetime for Orthodontics
<b>Fee Guide</b>	- Specialist and General Fee Guide
<b>Services Covered</b>	<p><i>Basic Services:</i></p> <ul style="list-style-type: none"> <li>- Diagnostic:             <ul style="list-style-type: none"> <li>o Complete examination, once every 3 calendar years</li> <li>o Recall or oral examinations covered twice in each calendar year, but not more than once in a 5-month period</li> <li>o Periapical x-rays</li> <li>o Full mouth x-rays or panoramic/panorex x-rays once every 2 calendar years if necessary</li> </ul> </li> <li>- Preventive             <ul style="list-style-type: none"> <li>o 1 unit of polishing, twice in each calendar year, but not more than once in a 5-month period</li> <li>o Topical application of fluoride; up to 2 applications in each calendar year</li> <li>o Space maintainers (except when used for orthodontic purposes)</li> </ul> </li> <li>- Extractions             <ul style="list-style-type: none"> <li>o Uncomplicated procedures for the removal of teeth which are beyond restoration</li> </ul> </li> <li>- Restorative             <ul style="list-style-type: none"> <li>o Fillings made of amalgams, silicates, plastics and synthetic porcelains</li> <li>o Repair of damaged dentures; adding teeth to existing dentures; relining or rebasing the dentures is limited to once every 3 calendar years</li> </ul> </li> <li>- Endodontics             <ul style="list-style-type: none"> <li>o Usual procedures required for pulpal therapy and root canal filling</li> </ul> </li> <li>- Periodontics             <ul style="list-style-type: none"> <li>o Usual procedures for treatment of the diseases of the tissues and bones supporting the teeth</li> </ul> </li> <li>- Oral surgery             <ul style="list-style-type: none"> <li>o Complicated surgical procedures performed in the dentist's office including post-operative care</li> </ul> </li> <li>- Anesthesia</li> </ul>

<b>Dental (<u>EXCLUDING</u> Division B)</b>	
	<ul style="list-style-type: none"> <li>○ General anesthesia or nitrous oxide analgesia administered in the dentist's office</li> <li>- Drugs               <ul style="list-style-type: none"> <li>○ Cost of medications and injections given in the dentist's office</li> </ul> </li> <li>- Consultations               <ul style="list-style-type: none"> <li>○ As required by the attending dentist</li> </ul> </li> </ul> <p><i>Major Services</i></p> <ul style="list-style-type: none"> <li>- Extensive restorations               <ul style="list-style-type: none"> <li>○ Inlays and onlays (one per tooth every 5 calendar years)</li> <li>○ Jackets, crowns and bridges to rebuild and replace missing teeth (only one procedure per tooth every 5 calendar years)</li> </ul> </li> <li>- Prosthetic               <ul style="list-style-type: none"> <li>○ Partial or complete upper and lower dentures, provided by a dentist or licensed denturist</li> <li>○ Each procedure limited to once every 5 calendar years; allowances include all adjustments</li> </ul> </li> </ul> <p><i>Orthodontics</i></p> <p>-</p>
<b>Exclusions and Limitations</b>	<ul style="list-style-type: none"> <li>- Services purely cosmetic in nature, or for cosmetic reasons</li> <li>- Congenital malformations</li> <li>- Fees arising out of extra services arranged for privately between the patient and dentist</li> <li>- Oral hygiene instruction and plaque control programs</li> <li>- Charges for appliances, which have been lost, broken or stolen</li> <li>- Gold, crown, fixed bridge, veneers or other extensive treatment when another material or procedure would have been a reasonable substitute consistent with generally accepted dental practice; where a reasonable substitute was possible, the covered expense would be that of the customary substitute</li> <li>- Separate charges for general anesthesia except in connection with office procedures as specified in plan</li> <li>- Bleaching of teeth</li> <li>- Root canal on a permanent tooth more than once per lifetime per tooth</li> <li>- Snoring or sleep apnea appliances</li> <li>- Charges for treatment other than by a dentist, except for treatment performed in a dental office under the supervision and direction of a dentist by personnel duly licensed or certified to perform such treatment under applicable professional statutes and regulations</li> <li>- Diagnostic photographs</li> <li>- Precision attachments</li> <li>- Hypnosis and dental psychotherapy</li> <li>- Provision for facilities in connection with general</li> </ul>

<b>Dental (<u>EXCLUDING</u> Division B)</b>	
	<p>anesthesia</p> <ul style="list-style-type: none"> <li>- Polishing restorations</li> <li>- Any procedure in connection with forensic dental</li> <li>- Services related to the treatment of Temporo-Mandibular Joint dysfunction</li> <li>- Dental implants</li> <li>- Any services or supplies received unless the person is covered by the government health plan in their home province</li> <li>- Charges for completing claim forms or missed appointments</li> <li>- Services covered or provided through Workers' Compensation legislation, any government agency or a liable third party</li> <li>- Charges for services provided prior to the effective date of coverage</li> <li>- Expenses for services and supplies rendered or prescribed by a person who is ordinarily a resident in the patient's home or who is a close relative of the patient</li> </ul>
<b>Survivor Benefit</b>	<ul style="list-style-type: none"> <li>- 6 months from the first day of the month following the date of the employee's death or:             <ul style="list-style-type: none"> <li>o The effective date of similar benefits obtained elsewhere</li> <li>o Date dependent eligibility would normally cease as defined</li> <li>o Date of remarriage of the spouse (dependents would continue to be eligible subject to above</li> <li>o Date of termination of group agreement</li> </ul> </li> </ul>

**E4. PLAN ALTERNATIVES**

E4.1 Quote Drug Card for Divisions A & B based on current underwriting basis.

E4.2 Ambulance/Hospital, Health, Vision and Dental – quote on an ASO basis for all Divisions with \$10,000 Large Amount Pooling on Health with 1st dollar Out-of-Province Travel.

E4.3 Quote Drug Card for Divisions A & B based on Alternative #2 – ASO basis.

**E5. RATE HISTORY**

**E5.1 Division A**

Benefit	Oct 1/11	Oct 1/12	Oct 1/13	Oct 1/14
<b><i>Pooled</i></b>				
Life	\$0.24	\$0.23	\$0.23	\$0.20
AD&D	\$0.04	\$0.04	\$0.04	\$0.04
Ambulance/Hospital				
Single	\$1.15	\$1.15	\$1.15	\$1.15
Couple	\$2.30	\$2.30	\$2.30	\$2.30
Family	\$2.30	\$2.30	\$2.30	\$2.30
Extended Health				
Single	\$28.30	\$29.50	\$15.08	\$12.82
Couple	\$74.60	\$78.50	\$39.58	\$33.64
Family	\$74.60	\$78.50	\$39.58	\$33.64
Vision				
Single	N/A	N/A	\$12.95	\$11.66
Couple	N/A	N/A	\$35.00	\$31.50
Family	N/A	N/A	\$35.00	\$31.50
Dental				
Single	\$48.50	\$68.00	\$65.00	\$57.20
Couple	\$132.00	\$185.00	\$176.00	\$154.88
Family	\$132.00	\$185.00	\$176.00	\$154.88

*\*Vision added in 2013.*

**E5.2 Employee & Spousal Optional Life (per \$1,000)**

Age Band	Male		Female	
	Non-Smoker	Smoker	Non-Smoker	Smoker
Up to 29	\$0.048	\$0.075	\$0.026	\$0.039
30 - 34	\$0.052	\$0.078	\$0.031	\$0.042
35 - 39	\$0.062	\$0.106	\$0.041	\$0.065
40 - 44	\$0.087	\$0.173	\$0.061	\$0.110
45 - 49	\$0.160	\$0.319	\$0.105	\$0.184
50 - 54	\$0.258	\$0.518	\$0.165	\$0.297
55 - 59	\$0.426	\$0.904	\$0.251	\$0.424
60 - 64	\$0.669	\$1.365	\$0.390	\$0.604



**E5.3 Division B**

Benefit	Jul 1/11	Jul 1/12	Jul 1/13	Jul 1/14	Jul 1/15
<b>Pooled</b>					
<b>Class 2</b>					
Ambulance/Hospital					
Single	\$2.35	\$1.75	\$1.75	\$1.36	\$1.30
Couple	\$4.70	\$3.55	\$3.55	\$2.70	\$2.56
Family	\$4.70	\$3.55	\$3.55	\$2.70	\$2.56
Extended Health					
Single	\$16.70	\$17.00	\$19.20	\$12.66	\$12.16
Couple	\$45.80	\$46.65	\$52.70	\$34.80	\$33.40
Family	\$45.80	\$46.65	\$52.70	\$34.80	\$33.40
<b>Class 3</b>					
Ambulance/Hospital					
Single	\$3.70	\$3.15	\$3.15	\$1.60	\$1.50
Couple	\$8.25	\$7.00	\$7.00	\$3.50	\$3.30
Family	\$8.25	\$7.00	\$7.00	\$3.50	\$3.30
Extended Health					
Single	\$21.85	\$20.25	\$15.80	\$14.56	\$14.00
Couple	\$60.80	\$56.20	\$43.85	\$40.36	\$38.76
Family	\$60.80	\$56.20	\$43.85	\$40.36	\$38.76

**E5.4 Division C**

Benefit	Jan 1/11	Jan 1/12	Jan 1/13	Jan 1/14	Jan 1/15
<b>Pooled</b>					
<b>All Classes</b>					
Ambulance/Hospital					
Single	\$1.06	\$0.98	\$1.24	\$1.30	\$1.30
Couple	\$2.36	\$2.16	\$2.70	\$2.80	\$2.80
Family	\$2.36	\$2.16	\$2.70	\$2.80	\$2.80
<b>ASO</b>					
<b>All Classes</b>					
Vision	<i>Administrative Services Only (ASO) Expenses will not be provided.</i>				
Dental					

**E6. PLAN DESIGN AMENDMENTS**

E6.1 The following amendments have been implemented and/or negotiated for future:

- (a) Division C, Class 23 – *Effective June 1, 2015:*
  - (i) Orthodontics increased to \$2,300 per person per lifetime; previously \$1,500
  - (ii) Vision increased \$50 per person per 24 months to \$275; previously \$225
- (b) Division C, Class 4 – *Effective June 17, 2015:*
  - (i) Vision increased \$25 per person per 24 months to \$375; previously \$350

- (ii) Eye Exams increased \$10 per person to \$90; previously \$80
- (c) Division C, Class 5 – *Effective June 17, 2015:*
  - (i) Vision increased \$12.5per person per 24 months to \$187.50; previously \$175
  - (ii) Eye Exams increased \$5 per person to \$45; previously \$40
- (d) Division C, Class 12 – *Effective July 15, 2015:*
  - (i) Orthodontics increased to \$2,300 per person per lifetime; previously \$2,200
  - (ii) Vision increased \$25 per person per 24 months to \$325; previously \$300
  - (iii) Eye Exams increased \$5 per person to \$80; previously \$75
- (e) Division C, Class 12 – *Effective January 4, 2017:*
  - (i) Vision increased \$25 per person per 24 months to \$350; previously \$325
  - (ii) Vision for Part-time will be 50% of Full-time - \$175

E6.2 Participation / Employee Data

<b>Division A</b>						
Employee Number	Date of Birth	Occupation	Gender	Salary	Hours/Week	Life and AD&D Volume
1	29-Mar-80	Executive Assistant	M	\$43,940	40	\$44,000
2	17-Apr-84	Executive Assistant	F	\$45,000	35	\$45,000
3	25-Jan-79	Executive Assistant	F	\$44,000	35	\$44,000
4	2-May-78	Executive Assistant	F	\$30,680	35	\$31,000
5	7-Oct-68	Executive Assistant	F	\$46,020	26	\$47,000

<b>Division B</b>				
Class	Single	Couple	Family	Total
<b>Ambulance / Hospital</b>				
2	0	14	30	44
3	106	65	136	307
Totals	106	79	166	351
<b>Health</b>				
2	0	14	30	44
3	106	65	136	307
Totals	106	79	166	351

<b>Division C</b>				
Class	Single	Couple	Family	Total
<b>Ambulance / Hospital</b>				
4	1152	746	1210	3108
5	193	39	47	279
6	61	21	25	107
7	188	171	548	907
8	278	240	902	1420
9	0	1	4	5
10	113	177	410	700
11	0	2	1	3
12	261	324	736	1321

<b>Division C</b>				
<b>Class</b>	<b>Single</b>	<b>Couple</b>	<b>Family</b>	<b>Total</b>
<b>Ambulance / Hospital</b>				
13	2	7	22	31
14	156	102	165	423
15	6	3	20	29
16	2	1	2	5
17	4	4	11	19
23	1	2	13	16
24	25	40	62	127
26	2	1	2	5
27	0	0	0	0
28	0	0	0	0
<b>Totals</b>	<b>2444</b>	<b>1881</b>	<b>4180</b>	<b>8505</b>
<b>Dental / Vision</b>				
4	1150	744	1205	3099
5	193	39	47	279
6	61	21	25	107
7	188	171	547	906
8	278	240	900	1418
9	0	1	4	5
10	113	175	405	693
11	0	2	1	3
12	261	323	734	1318
13	2	7	22	31
14	156	102	164	422
15	6	3	20	29
16	2	1	2	5
17	4	4	11	19
18	0	15	32	47
19	104	67	133	304
20	0	1	1	2
21	10	6	7	23
22	1	0	1	2
23	1	2	13	16
24	25	40	62	127
25	0	3	1	4
26	2	2	2	6
27	0	0	0	0
28	0	0	0	0
<b>Totals</b>	<b>2557</b>	<b>1969</b>	<b>4339</b>	<b>8865</b>

E6.3 Experience

Life and AD&D\*

<b>Division A, Class 1</b>			
<b>Period</b>	<b>Paid Premiums</b>	<b>Life Paid Claims</b>	<b>AD&amp;D Paid</b>
October 1, 2011 to May 31, 2012	\$868	\$0	\$0
June 1, 2012 to May 31, 2013	\$1,108	\$0	\$0
June 1, 2013 to May 31, 2014	\$1,372	\$0	\$0
June 1, 2014 to May 31, 2015	\$915	\$0	\$0
<b>Total</b>	<b>\$4,263</b>	<b>\$0</b>	<b>\$0</b>

\*Premiums paid combined for Life/AD&D.

\*\* Currently, no approved Life Waivers.

Optional Life\*\*

<b>Division A, Class 1</b>		
<b>Period</b>	<b>Paid Premiums</b>	<b>Paid Claims</b>
October 1, 2011 to May 31, 2012	\$0	\$0
June 1, 2012 to May 31, 2013	\$0	\$0
June 1, 2013 to May 31, 2014	\$0	\$0
June 1, 2014 to May 31, 2015	\$0	\$0
<b>Total</b>	<b>\$0</b>	<b>\$0</b>

\*\* No employees currently enrolled.

## Ambulance / Hospital

<b>Division A, Class 1</b>		
<b>Period</b>	<b>Paid Premiums</b>	<b>Paid Claims</b>
June 1, 2011 to May 31, 2012	\$183	\$0
June 1, 2012 to May 31, 2013	\$192	\$88
June 1, 2013 to May 31, 2014	\$243	\$0
June 1, 2014 to May 31, 2015	\$180	\$201
<b>Total</b>	<b>\$798</b>	<b>\$289</b>

<b>Division B, Class 2</b>		
<b>Period</b>	<b>Paid Premiums</b>	<b>Paid Claims</b>
March 1, 2011 to February 29, 2012	\$2,041	\$0
March 1, 2012 to February 28, 2013	\$2,059	\$0
March 1, 2013 to February 28, 2014	\$1,854	\$986
March 1, 2014 to May 31, 2015	\$1,936	\$1,350
<b>Total</b>	<b>\$7,890</b>	<b>\$2,336</b>

<b>Division B, Class 3</b>		
<b>Period</b>	<b>Paid Premiums</b>	<b>Paid Claims</b>
March 1, 2011 to February 29, 2012	\$19,160	\$12,437
March 1, 2012 to February 28, 2013	\$19,991	\$5,646
March 1, 2013 to February 28, 2014	\$20,034	\$7,585
March 1, 2014 to May 31, 2015	\$16,498	\$11,570
<b>Total</b>	<b>\$75,683</b>	<b>\$37,238</b>

<b>Division C, All Classes</b>		
<b>Period</b>	<b>Paid Premiums</b>	<b>Paid Claims</b>
August 1, 2011 to July 31, 2012	\$193,890	\$175,309
August 1, 2012 to July 31, 2013	\$236,303	\$189,357
August 1, 2013 to July 31, 2014	\$242,664	\$205,927
August 1, 2014 to May 31, 2015	\$205,855	\$171,978
<b>Total</b>	<b>\$878,712</b>	<b>\$742,571</b>

## Health

<b>Division A, Class 1</b>		
<b>Period</b>	<b>Paid Premiums</b>	<b>Paid Claims</b>
June 1, 2011 to May 31, 2012	\$5,215	\$3,593
June 1, 2012 to May 31, 2013	\$5,727	\$2,867
June 1, 2013 to May 31, 2014	\$5,939	\$3,291
June 1, 2014 to May 31, 2015	\$2,457	\$3,130
<b>Total</b>	<b>\$19,338</b>	<b>\$12,881</b>

<b>Division B, Class 2</b>		
<b>Period</b>	<b>Paid Premiums</b>	<b>Paid Claims</b>
March 1, 2011 to February 29, 2012	\$20,708	\$16,696
March 1, 2012 to February 28, 2013	\$24,165	\$23,623
March 1, 2013 to February 28, 2014	\$26,494	\$16,569
March 1, 2014 to May 31, 2015	\$26,168	\$26,557
<b>Total</b>	<b>\$97,535</b>	<b>\$83,445</b>

<b>Division B, Class 3</b>		
<b>Period</b>	<b>Paid Premiums</b>	<b>Paid Claims</b>
March 1, 2011 to February 29, 2012	\$149,419	\$104,882
March 1, 2012 to February 28, 2013	\$149,913	\$95,646
March 1, 2013 to February 28, 2014	\$131,976	\$91,394
March 1, 2014 to May 31, 2015	\$147,128	\$104,934
<b>Total</b>	<b>\$578,436</b>	<b>\$396,856</b>

## Vision

<b>Division A, Class 1</b>		
<b>Period</b>	<b>Paid Premiums</b>	<b>Paid Claims</b>
June 1, 2011 to May 31, 2012	N/A*	N/A*
June 1, 2012 to May 31, 2013	N/A*	N/A*
June 1, 2013 to May 31, 2014	\$1,595	\$516
June 1, 2014 to May 31, 2015	\$2,481	\$1,229
<b>Total</b>	<b>\$4,076</b>	<b>\$1,745</b>

\*Vision added in 2013.

<b>Division C, All Classes</b>		
<b>Period</b>	<b>Paid Premiums</b>	<b>Paid Claims</b>
August 1, 2011 to July 31, 2012	ASO	\$1,136,519
August 1, 2012 to July 31, 2013		\$1,166,721
August 1, 2013 to July 31, 2014		\$1,320,822
August 1, 2014 to May 31, 2015		\$1,254,081
<b>Total</b>		<b>\$4,878,143</b>

## Dental

<b>Division A, Class 1</b>		
<b>Period</b>	<b>Paid Premiums</b>	<b>Paid Claims</b>
June 1, 2011 to May 31, 2012	\$10,074	\$13,510
June 1, 2012 to May 31, 2013	\$12,720	\$8,779
June 1, 2013 to May 31, 2014	\$18,613	\$10,966
June 1, 2014 to May 31, 2015	\$12,330	\$8,880
<b>Total</b>	<b>\$53,737</b>	<b>\$42,135</b>

<b>Division C, All Classes</b>		
<b>Period</b>	<b>Paid Premiums</b>	<b>Paid Claims</b>
August 1, 2011 to July 31, 2012	ASO	\$8,278,676
August 1, 2012 to July 31, 2013		\$8,116,823
August 1, 2013 to July 31, 2014		\$8,393,072
August 1, 2014 to May 31, 2015		\$7,317,169
<b>Total</b>		<b>\$32,105,740</b>

## APPENDIX A – VISION BENEFIT MAXIMUMS

<b>Vision Benefit Amounts</b>	
<b><i>Division C</i></b>	
<b>Class 4</b>	- Vision: \$350 per person - Eye Exams: \$80 per person
<b>Class 5</b>	- Vision: \$175 per person - Eye Exams: \$40 per person
<b>Class 6</b>	- Vision: \$262.50 per person - Eye Exams: \$60 per person
<b>Class 7</b>	- Vision: \$350 per person - Eye Exams: \$80 per person
<b>Class 8</b>	- Vision: \$350 per person - Eye Exams: \$80 per person
<b>Class 9</b>	- Vision: \$175 per person - Eye Exams: \$40 per person
<b>Class 10</b>	- Vision: \$350 per person - Eye Exams: \$80 per person
<b>Class 11</b>	- Vision: \$175 per person - Eye Exams: \$40 per person
<b>Class 12</b>	- Vision: \$300 per person - Eye Exams: \$75 per person
<b>Class 13</b>	- Vision: \$350 per person - Eye Exams: \$80 per person
<b>Class 14</b>	- Vision: \$350 per person - Eye Exams: \$80 per person
<b>Class 15</b>	- Vision: \$175 per person - Eye Exams: \$40 per person
<b>Class 16</b>	- Vision: \$262.50 per person - Eye Exams: \$60 per person
<b>Class 17</b>	- Vision: \$250 per person - Eye Exams: \$65 per person
<b>Class 18</b>	- Vision: \$300 per person - Eye Exams: \$75 per person
<b>Class 19</b>	- Vision: \$300 per person - Eye Exams: \$75 per person
<b>Class 20</b>	- Vision: \$75 per person - Eye Exams: \$18.75 per person
<b>Class 21</b>	- Vision: \$150 per person - Eye Exams: \$37.50 per person
<b>Class 22</b>	- Vision: \$225 per person - Eye Exams: \$56.25 per person
<b>Class 23</b>	- Vision: \$275 per person - Eye Exams: \$80 per person
<b>Class 24</b>	- Vision: \$350 per person - Eye Exams: \$80 per person
<b>Class 25</b>	- Vision: \$350 per person - Eye Exams: \$80 per person
<b>Class 26</b>	- Vision: \$250 per person - Eye Exams: \$65 per person



<b>Vision Benefit Amounts</b>	
<b><i>Division C</i></b>	
<b>Class 27</b>	<ul style="list-style-type: none"><li>- Vision: \$125 per person</li><li>- Eye Exams: \$32.50 per person</li></ul>
<b>Class 28</b>	<ul style="list-style-type: none"><li>- Vision: \$187.50 per person</li><li>- Eye Exams: \$48.75 per person</li></ul>

## APPENDIX B – DENTAL BENEFIT MAXIMUMS

<b>Dental Benefit Maximums</b>	
<b><i>Division C</i></b>	
<b>Class 4</b>	<ul style="list-style-type: none"> <li>- Basic &amp; Major combined: \$1,500 per person per calendar year</li> <li>- Orthodontic: \$2,300 lifetime maximum per child</li> </ul>
<b>Class 5</b>	<ul style="list-style-type: none"> <li>- Basic &amp; Major combined: \$750 per person per calendar year</li> <li>- Orthodontic: \$1,150 lifetime maximum per child</li> </ul>
<b>Class 6</b>	<ul style="list-style-type: none"> <li>- Basic &amp; Major combined: \$1,125 per person per calendar year</li> <li>- Orthodontic: \$1,725 lifetime maximum per child</li> </ul>
<b>Class 7</b>	<ul style="list-style-type: none"> <li>- Basic &amp; Major combined: \$1,500 per person per calendar year</li> <li>- Orthodontic: \$2,300 lifetime maximum per child</li> </ul>
<b>Class 8</b>	<ul style="list-style-type: none"> <li>- Basic &amp; Major combined: \$1,500 per person per calendar year</li> <li>- Orthodontic: \$2,300 lifetime maximum per child</li> </ul>
<b>Class 9</b>	<ul style="list-style-type: none"> <li>- Basic &amp; Major combined: \$750 per person per calendar year</li> <li>- Orthodontic: \$1,150 lifetime maximum per child</li> </ul>
<b>Class 10</b>	<ul style="list-style-type: none"> <li>- Basic &amp; Major combined: \$1,500 per person per calendar year</li> <li>- Orthodontic: \$2,300 lifetime maximum per child</li> </ul>
<b>Class 11</b>	<ul style="list-style-type: none"> <li>- Basic &amp; Major combined: \$750 per person per calendar year</li> <li>- Orthodontic: \$1,150 lifetime maximum per child</li> </ul>
<b>Class 12</b>	<ul style="list-style-type: none"> <li>- Basic &amp; Major combined: \$1,500 per person per calendar year</li> <li>- Orthodontic: \$2,200 lifetime maximum per child</li> </ul>
<b>Class 13</b>	<ul style="list-style-type: none"> <li>- Basic &amp; Major combined: \$1,500 per person per calendar year</li> <li>- Orthodontic: \$2,300 lifetime maximum per child</li> </ul>
<b>Class 14</b>	<ul style="list-style-type: none"> <li>- Basic &amp; Major combined: \$1,500 per person per calendar year</li> <li>- Orthodontic: \$2,300 lifetime maximum per child</li> </ul>
<b>Class 15</b>	<ul style="list-style-type: none"> <li>- Basic &amp; Major combined: \$750 per person per calendar year</li> <li>- Orthodontic: \$1,150 lifetime maximum per child</li> </ul>
<b>Class 16</b>	<ul style="list-style-type: none"> <li>- Basic &amp; Major combined: \$1,125 per person per calendar year</li> <li>- Orthodontic: \$1,725 lifetime maximum per child</li> </ul>
<b>Class 17</b>	<ul style="list-style-type: none"> <li>- Basic &amp; Major combined: \$1,500 per person per calendar year</li> <li>- Orthodontic: \$2,200 lifetime maximum per child</li> </ul>
<b>Class 18</b>	<ul style="list-style-type: none"> <li>- Basic &amp; Major combined: \$1,500 per person per calendar year</li> <li>- Orthodontic: \$2,200 lifetime maximum per child</li> </ul>

<b>Dental Benefit Maximums</b>	
<b><i>Division C</i></b>	
<b>Class 19</b>	<ul style="list-style-type: none"> <li>- Basic &amp; Major combined: \$1,500 per person per calendar year</li> <li>- Orthodontic: \$1,500 lifetime maximum per child</li> </ul>
<b>Class 20</b>	<ul style="list-style-type: none"> <li>- Basic &amp; Major combined: \$375 per person per calendar year</li> <li>- Orthodontic: \$375 lifetime maximum per child</li> </ul>
<b>Class 21</b>	<ul style="list-style-type: none"> <li>- Basic &amp; Major combined: \$750 per person per calendar year</li> <li>- Orthodontic: \$750 lifetime maximum per child</li> </ul>
<b>Class 22</b>	<ul style="list-style-type: none"> <li>- Basic &amp; Major combined: \$1,125 per person per calendar year</li> <li>- Orthodontic: \$1,125 lifetime maximum per child</li> </ul>
<b>Class 23</b>	<ul style="list-style-type: none"> <li>- Basic &amp; Major combined: \$1,500 per person per calendar year</li> <li>- Orthodontic: \$2,300 lifetime maximum per child</li> </ul>
<b>Class 24</b>	<ul style="list-style-type: none"> <li>- Basic &amp; Major combined: \$1,500 per person per calendar year</li> <li>- Orthodontic: \$2,300 lifetime maximum per child</li> </ul>
<b>Class 25</b>	<ul style="list-style-type: none"> <li>- Basic &amp; Major combined: \$1,500 per person per calendar year</li> <li>- Orthodontic: \$2,300 lifetime maximum per child</li> </ul>
<b>Class 26</b>	<ul style="list-style-type: none"> <li>- Basic &amp; Major combined: \$1,500 per person per calendar year</li> <li>- Orthodontic: \$2,200 lifetime maximum per child</li> </ul>
<b>Class 27</b>	<ul style="list-style-type: none"> <li>- Basic &amp; Major combined: \$750 per person per calendar year</li> <li>- Orthodontic: \$1,100 lifetime maximum per child</li> </ul>
<b>Class 28</b>	<ul style="list-style-type: none"> <li>- Basic &amp; Major combined: \$1,125 per person per calendar year</li> <li>- Orthodontic: \$1,650 lifetime maximum per child</li> </ul>