

| Health insurance Mandatory ¹ Care, service or supply expenses followed | Basic coverage (Module A) | Standard coverage (Module B) | Enriched coverage (Module C) |
|---|------------------------------|---------------------------------|---------------------------------|
| by an asterisk (*) require a prescription. | | | |
| The maximums shown are per insured. | | | |
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| Health insurance Mandatory ¹ | | |
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Health insurance Mandatory¹

Care, service or supply expenses followed by an asterisk (*) require a prescription.

The maximums shown are per insured.

Basic coverage (Module A) Standard coverage (Module B)

Enriched coverage (Module C)

Minimum artici ation eriod 36 months, su ect to the rovisions set out in the ules ta le rovided in this document.

| o. the eligine endes (cont.) | | | |
|--|------------------|---------|--|
| accines (including reventive vaccines) | Not covered M FE | Covered | Coveredco0(v)31(10(e)1(d)8(:c)8(c)o)8(n) 8(s)1932(v |
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artici ant's li e insurance including critical illness insurance

Optional pa ticipation

| artici ant under age 0 | x annual salary (minimum: \$fl", ' ') or "x annual salary (minimum: \$fl", ' '), as selected by the pa/ticipant "% reduction at age Ł" |
|---------------------------|--|
| artici ant age 0 or over | \$ ',''' |
| Critical illness | Up to \$ " , " lifetime Exclusions may apply in the event of pre-existing conditions. |

When the basic life insurance amount is reduced at age fl⁺, it is possible to transfer the amount lost into additional life insurance, up to a maximum of ⁺ units of \$ ⁺ ", ⁺ ", as long as these amounts have not already been used.

Dependents' life insurance

tional artici ation

| S ouse under age 65 | \$ ',''' |
|-----------------------|----------|
| S ouse age 65 or over | \$″,``` |
| e endent child | \$″,``` |

Optional life insurance

tional artici ation

| artici ant | One to units of \$° ", " |
|--------------------------|--------------------------------|
| S ouse | One to units of \$° ″, |
| artici ant age 0 or over | One to ° units of \$° ″, · · · |

The Insurer pays the bener ciary the life insurance amount corresponding to the age of the insured at

Rates

Premium rates per -day period rom anuary to ecem er ,

Health insurance

| | Basic | Standard | Enriched |
|---|------------------------|------------------------|------------------------|
| Coverage status | coverage (Module A) | coverage (Module B) | coverage (Module C) |
| artici ant und | er age 65 | | |
| ∍ndividual | \$E'.F" | \$~~.~ | \$fl |
| Single- arent | \$1 | \$. ° . ″ ` | \$ ŁŁ.Ł. |
| amily | \$ ~Ł.° ~ | \$°°. | \$° fl ., fl |
| artici ant age 65 or over registered ith the AM | | | |
| ndividual | \$**.,* | \$. * " | \$* .* |
| Single- arent | \$ | \$``.″. | \$ٰ. |
| amily | \$″ ॄ .″ fl | \$flfl.Ł* | \$11.,* |
| artici ant age 65 or over not registered ith the AM Additional premium for prescription drugs | | | |
| ∍ndividual | | \$ Ł*., * | |
| Single- arent | | \$ Ł*.,* | |
| a <i>m</i> ily | | \$. * `.flł | |

As of, anuary , *** **, the couple status will no longer include health and dental care. Pa/ticipants with this status will therefore be assigned family status.

ental care insurance

| Coverage status | Basic coverage (tion 1) | Enriched coverage (tion 2) |
|--------------------|-----------------------------|--------------------------------|
| ndividual | \$ | \$ fl. * * |
| Single- arent | \$° ″. ˇ ł | \$ |
| amily | \$, °. ł | \$`°.`° |

| e uired råte | ate ith a 50 re <i>m</i> iu <i>m</i> holiday |
|-----------------|---|
| \$`.`″Ł` | \$ |
| | |
| | |

ules or changing your coverage selections

The plan allows you to, under ce/tain conditions, review your coverage choices, each November, when you renew your annual membership or fiwhen one of the following life events occurs: acquisition of permanent status, marriage, separation, death of your spouse or child, bi/th or adoption of a 1 rst child. The table below shows the rules that apply to changes of coverage.

| esired change | Annual mem ershi rene al in ovem er (change going into e ect on the ollo ing anuary) | Eligi le li e event |
|--|--|---------------------------------|
| ncrease my health insurance coverage | Yes, if you have at least 2 months of pa/ticipation at the current level. | Yes, without evidence |
| ncrease my dental care coverage | Yes, if you have at least 2 months of pa/ticipation at the current level. | of insurability during |
| educe my health insurance and dental care coverage | Yes, if you have at least months of pa/ticipation at the current level. | the 0 days following the event. |
| Enrol in basic life insurance (pa/ticipant and dependents) | Possible at any time, subject to the approval of the evidence of insurability by Beneva. | |
| ncrease my life insurance | Possible at any time, subject to the approval of the evidence of insurability by Beneva. | |
| educe or cancel my life insurance coverage | Possible at any time. | |

Benefit claims

| To help speed up claims processing, register for direct deposit. | |
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Any uestions Access your Client Centre at any time.

*\dagger is a great resource or coverage and claims in ormation.

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or usiness hours, go to eneva.ca

Beneva Customer Service -
rue ac ues- ari eau, C , u ec C , **
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eneva.ca

Always indicate your contract and identil cation numbers as they appear on your service card.