Your Choice Benefit Plan

Re-Enrolment Guide & Employee Benefit Information effective January 1, 2017

RSA Canada is committed to providing all employees with a comprehensive and flexible benefit offering that meets the needs of our employees and their families while at the same time representing value for money.

As part of our ambition to be a best-in-class insurer in Canada we are working to manage expenses in all aspects of the business – including the benefits plan. At the same time, changes in the marketplace with the introduction of new treatments and high-cost specialty drugs are putting pressure on Canadian employers to find new ways to manage long-term benefit plan costs.

We need to make changes to the benefits plans now to position the plan for the future. At the same time, we need to ensure that the plan supports our guiding Total Rewards principles by continuing to be affordable and flexible giving you the choice of coverage that is right for you and your family.

Effective January 1, 2017, the changes outlined below will be made to the Your Choice Benefits Plan. You will need to revisit your benefit selections and re-enrol in the plan between November 7 and 25.

What will be changing?

- The Benefits Plan year is changing to coincide with the calendar year and is moving to an annual re-enrolment process, giving you an opportunity to update your benefit choices every year
- Introducing a new formulary for prescription drug coverage and an annual drug maximum
- Changes to Short-Term disability coverage
- New coverage and payment options for Long-Term disability
- Adjustments to the pricing of our Opt Up and Enhanced health and dental options

What will remain the same?

- The Your Choice Benefit Plan will remain flexible, offering protection for you and your family depending on your situation
- You have the opportunity to choose one of five different plans for your health and dental benefits and you are also able to select optional benefits based on your personal needs
- With the exception of a new formulary for the prescription drugs, the coverage provided under the health and dental plans will remain the same
- The Your Choice Point value structure will remain the same.

Please carefully review the benefit information and FAQs provided prior to making your coverage selections.

If you have any questions regarding the *Your Choice Benefit Plan,* please email Johnson Inc. Plan Benefit Administration at yourchoiceadmin@johnson.ca.

Even with these changes that better position our plan for the future, RSA's benefit plan continues to be competitive with the best plans offered by 16 major Canadian insurance companies and banks and continues to provide real value to RSA employees and their families.

You need to review your coverage options and costs, make your choices, and re-enrol by November 25, 2016.

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A closer look at what is changing:

New! Annual enrolment in line with the calendar year end

Benefit needs change over time, and can even change from year to year. By changing the plan year and allowing annual re-enrolment, you will have the opportunity to review and make changes to your choices every year – instead of every two years. It gives you more flexibility for tailoring your options to meet your needs.

- The plan year will now run from January 1 to December 31
    - This affects any benefits with annual maximums (e.g., paramedical practitioners, dental benefits)
- Re-enrolment will happen every year in the Fall, prior to the start of the new plan year

New! Prescription drug "Formulary", Mandatory Generic Substitution and Annual Drug Maximum to manage future costs

Starting January 1, 2017, all healthcare options with prescription drug coverage will follow a two tiered formulary for reimbursement of prescription drug expenses. A formulary is simply a list of medications that have been predetermined by a group of doctors and pharmacists with expert knowledge of medications and the conditions they treat. Medications that are on the 1st tier formulary are reimbursed at a higher level than eligible prescription drugs on the 2nd tier. Typically, medications on the 1st tier are clinically effective and affordable prescription drugs used to treat most medical conditions.

All option available include Mandatory Generic Substitution. If there is a generic form of your prescription drug available, the Your Choice Plan will reimburse you based on the generic cost (even in the event your doctor has indicated no substitutions on your prescription).

All options include a $100,000 annual drug maximum per person. This means once the Your Choice Plan has reimbursed $100,000 of eligible expenses during the calendar year then no more drug expenses will be covered until the plan renews the following January 1st. Keep in mind, this is a per person maximum, so if you have family coverage then each family member covered has a separate maximum.

What is the name of our formulary?

The formulary we are using is called the "National Formulary." RSA Canada uses this formulary for reimbursing prescription drug expenses in the Your Choice Plan, but does not make decisions about which drugs are included on the formulary.

How will the new formulary affect you?

- Currently, the 1st tier includes approximately 85 percent of the most frequently prescribed drugs, so unless you change to a different option with different coverage level, your reimbursement level may not change.
- For prescription drugs that are not on the 1st tier of our formulary:
    - If you are currently taking these medications before the new formulary takes effect on January 1, 2017, Johnson will continue to provide coverage at the coverage level you have re-enrolled in. This also applies to brand name medications you may be taking prior to January 1, 2017.
    - New prescriptions after January 1, 2017 that are not on the 1st tier formulary but are eligible on our 2nd tier, will be reimbursed at a lower coverage level. Please speak with the Your Choice Claims team at yourchoiceclaims@johnson.ca for specific confirmation on a particular medication.

For Quebec residents, our plan will remain fully RAMQ compliant which means we are providing you with a plan option that will cover you at the same level as RAMQ.

Changes to the Short Term Disability Plan

RSA remains committed to providing you with core financial protection and will continue to fund 100% of the following short-term disability benefits for you:

The first 5 days of absence is considered the STD waiting period, which may be covered by using remaining Personal days or Vacation days. In the event that no entitlement remains, it would be unpaid. Benefits commence on the 6th day if the disability is caused by an illness.

Benefits commence on the 1st day if you are hospitalized or if the disability is a result of an accident.

- The benefit will change to 100% of base pay for the first 10 days of approved absence and 70% of base pay for approved absences.

- If your disability is not eligible for first day accident/hospitalization:
  - After the five day waiting period the benefit will be paid at 100% of base salary for the first five days of absence and 70% of base pay for approved absences
- The maximum period in which STD may be approved is 26 weeks from the 1st day of STD, after which Long Term Disability (LTD), if approved, would start.

New! Long-Term Disability Options and Payment Choice

Currently, RSA pays for employee LTD coverage. However, with usage being higher than anticipated, RSA has absorbed significant cost increases since 2014. In addition, when RSA pays for your LTD, the benefits you receive if you go on LTD are fully taxable. Understanding that we had to make changes, we wanted to ensure maximum tax saving opportunities, competitive coverage, and flexibility and choice for employees.

As a result, we will be offering four LTD options for you to choose from, each with different coverage levels and payment options that give you the choice of taxable or non-taxable benefits.

There will be four monthly base pay coverage options:

- Option 1 - 50% Non-taxable
- Option 2 - 66.67% Non- Taxable
- Option 3 - 50% Taxable (Your Choice Points used towards LTD Premium)
- Option 4 - 66.67% Taxable (Your Choice Points used towards LTD premium)

If you select a non-taxable LTD option (Option 1 or 2) then you are choosing to pay the premiums yourself which will provide you with a tax-free benefit while on an approved LTD leave. If you select a taxable LTD option (Options 3 or 4) then you are choosing to use Your Choice Points towards the LTD premium which means the benefit you would receive while on an approved LTD leave would be taxable.

IMPORTANT: Note that Canada Revenue Agency rules say that if RSA pays even $1 towards your LTD coverage (this includes RSA-provided Your Choice Points), the LTD benefit will be taxable. The only way to ensure your LTD benefit remains non-taxable is for you to pay 100% of the LTD premium through payroll deductions.

This is an important decision for this enrolment. Once you choose your LTD option, you cannot change it again until the next re-enrolment window or if within 31 days from an eligible life changing event.

All requests to increase coverage, during re-enrolment or within 31 days from an eligible life changing event, from 50% to 66.67% will be subject to medical evidence and prior approval by Sun Life.

You can decrease coverage from 66.67% to 50% or change from a taxable to non-taxable or change from non-taxable to taxable without providing medical evidence but again may only be done during re-enrolment or if you experience an eligible life change.

How will I know how much the LTD options cost?

LTD premiums vary depending on salary and, in Ontario and Quebec, sales tax applies to the LTD premium.

To determine your individual LTD costs, please visit the online enrolment tool. Please note, the LTD coverage is mandatory, meaning you are not able to opt-out of LTD coverage and must enrol in one of the coverage options offered.

If no selection is made at re-enrolment, the LTD coverage will be defaulted to Option 1 – 50% non – taxable plan.

Revised Pricing for the Opt Up and Enhanced Health & Dental Options

A key part of every flex plan is the annual renewal – a full review of the plan usage and pricing. This happens every year in most flex plans. This year, you will see pricing increases in the highest used options – Opt Up and Enhanced health and dental options. These options provide the highest levels of coverage available in the plan, and have also seen the highest use of all of our options.

With increasing cost pressure in the plan and costly new treatments coming to the marketplace, we need to adjust the pricing in our plan accordingly. We also want to encourage those who have coverage elsewhere to take advantage of the opportunity to coordinate benefits by using:

- The Opt Down option to supplement coverage you may have elsewhere and get additional Your Choice Points to use within the Your Choice Plan; or
- The Opt Out option to use your coverage elsewhere and get even more Your Choice Points.

To see the costs of the various options, visit the online enrolment tool.

Even with all of these changes, our plan remains highly competitive in our market. It's all about helping you get value from the plan where you need it most – and no one knows your benefit needs or financial situation better than you do. That's why Your Choice Benefits lets you choose your coverage options, how to spend Your Choice Points, and how to pay for your LTD benefits.

Next Steps

- Review your Health and Dental Options, any coverage you have under another benefits plan (if any), and Things to Consider Section.
- Review Your Long Term Disability Options and Things to Consider Section
- Review the Your Choice Points, Health Care Spending Account and Wellness Spending Account benefit details
- Review the Benefit Highlights that provides an overview of some of the other benefits offered under the Your Choice Plan
- Review the FAQs
- Refer to the contact sheet if you have any questions or concerns
- Visit an information session or view a web-ex session
- You are now ready to enrol online

Health and Dental Benefit Plan Options

Please use the information provided below and review the *Things to Consider* section to determine which Health and which Dental option best fit your needs. Please note, your Health and Dental plan options/coverage levels do not need to be the same. For example, you can select Opt Down for Health and Opt Up for Dental if you wish. You can also choose to have family coverage under one benefit, but not for the other. The only requirement is that the coverage option you choose will apply for you, your spouse and your dependent(s) – you cannot choose Core for yourself and Enhanced for your dependents.

Health Plan Options

	Opt Out	Opt Down	Core	Opt Up	Enhanced
Catastrophic Coverage See note below**	√	√	√	√	√
Emergency Travel Coverage	√	√	√	√	√
Reimbursement Level for eligible *Prescription Drugs, Extended Health Care, Hospitalization, etc.*	**0%**	**20%** 1st Tier: No coverage for National Formulary Drugs 2nd Tier: 20% coverage for current drug plan	**70%** 1st Tier: 70% coverage for National Formulary Drugs 2nd Tier: 50% coverage for current drug plan	**85%** 1st Tier: 85% coverage for National Formulary Drugs 2nd Tier: 65% coverage for current drug plan	**100%** 1st Tier: 100% coverage for National Formulary Drugs 2nd Tier: 80% coverage for current drug plan
$100,000 Annual Drug Maximum/person	√	√	√	√	√
Hospitalization		Semi-Private (max $250/day)	Semi-Private (max $250/day)	Private (max $250/day)	Private (max $250/day)
Paramedical Practitioners		Combined max of $250/year	Combined max of $600/year	Combined max of $1250/year	Combined max of $1750/year
Orthopaedic Shoes		Max $100/pair – 2 pairs/calendar year	Max $400/pair – 2 pairs/calendar year	Max $500/pair – 2 pairs/calendar year	Max $600/pair – 2 pairs/calendar year
Vision			100% for glasses, contact lenses & laser correction up to a max of $200/24 months	100% for glasses, contact lenses & laser correction up to a max of $300/24 months	100% for glasses, contact lenses & laser correction up to a max of $400/24 months
Eye Exams		100% for one /24 months up to a maximum of $50	100% for one /24 months up to a maximum of $50	100% for one /24 months up to a maximum of $100	100% for one /24 months up to a maximum of $150
Your Cost	No Cost	No Cost	No Cost	See attached rate calculator. *	See attached rate calculator. *

**Once $10,000 of eligible core expenses have been paid out-of-pocket, any amounts exceeding $10,000 will be reimbursed at 100% based on plan for which you are enrolled (for Opt Out coverage claims in excess of $10,000 will be reimbursed based on Core coverage).

Dental Plan Options

	Opt Out	Opt Down	Core	Opt Up	Enhanced
Reimbursement Level	0%	Basic 20% Major 30% Combined max $1,000/year	Basic 70% Major 50% Combined max $1,000/year	Basic 85% Major 60% Combined max $2,000/year	Basic 100% Major 80% Combined max $2,500/year
Exams		1/9 months	1/9 months	1/9 months	1/6 months
Orthodontics				50% to a $2,000 lifetime max / child	60% to a $3,500 lifetime max/person (adults & child)
Your Cost		No Cost	No Cost	See attached rate calculator. *	See attached rate calculator. *

IMPORTANT: Choices selected will be locked in and cannot be changed until the next renewal period, unless you experience an eligible life change event and notify our office within 31 days.

Your Choice Points may be used to cover all or a portion of your premium.

Things to consder when choosing your Health & Dental Plan Options…

What are my and/or my family's health and dental care needs?

It is very important to carefully assess your health and dental care needs. How much do you use your benefits? Are you and your dependents healthy? Do you require medications? Dental care? Remember, you can change your coverage each year at the re-enrolment, so you need to think about the year ahead. You should also think carefully about any coverage that you and/or your dependents have access to under other benefit plans. You should then compare the differences between the reimbursement levels, benefit maximums, and costs before choosing which option best meets your and/or your family's needs.

What if I have access to coverage under an alternate group benefit plan?

If you have access to coverage elsewhere, you may be able to Opt Down or Opt Out of the Your Choice Plan to get additional Your Choice Points. If you don't have coverage elsewhere, the Core, Opt Up and Enhanced options provide solid coverage options. Make sure to carefully review the coverage you have under both plans when choosing your coverage option. For example, having coverage under two health and/or dental plans may allow you to coordinate coverage so that you receive up to 100% reimbursement for eligible health and dental expenses. Or, if your alternate group plan covers 100% of the cost for basic dental services, you may not need dental coverage under the Your Choice Plan.

Please note, if you opt out of the health plan you are still insured for travel coverage. Therefore, you are still required to confirm your coverage level - single/couple/family.

If you choose to opt out of the health and dental plans and involuntarily lose coverage through an alternate group plan, you will be eligible to add health and dental coverage through the Your Choice Plan. You will need to provide proof that coverage has been lost and application must be made within 31 days of the date coverage was lost.

How do I co-ordinate my coverage with my alternate group benefit plan (if applicable)?

If you are covered under two plans, you can submit your claims to both plans and may be eligible to receive up to 100% reimbursement for eligible expenses. For example, under the opt down Your Choice Plan health option an eligible $100 massage therapy claim would cost you $80 out of your own pocket. If you are covered under two plans, you can then submit a claim for $80 to your alternate plan for reimbursement. Further, if you have allocated any Your Choice Points to a Health Care Spending Account (HSA), any remaining balance after both plans have paid may be submitted for reimbursement under the HSA.

Please see the Coordination of Benefits table on the next page for a breakdown on how you and your family may be able to enjoy reimbursement for up to 100% of eligible health and dental claims, provided you and your spouse/partner both have family coverage.

Coordination of Benefits:

Who is the expense for?	How To Claim
You	Submit your claim to Johnson, then provide a copy of the processed claim to your partner's insurance company
Your Partner	They submit the claim to their insurance company, and then provide a copy of the processed claim to Johnson.
Your Children	First, submit to the insurance company of the partner whose birthday comes earlier in the calendar year. Then provide a copy to the other partner's insurer.

Your first benefit plan will send you an explanation of how much of your claim has been covered. You will need to send that explanation, along with copies of your expense receipts, to the second benefit plan in order to claim any remaining balance that's eligible.

Once I choose an option, when can I change it?

You can change your options each year during the designated re-enrolment period with changes effective January 1 of the following year.

Please note, you can change your option /coverage levels if you experience an eligible life changing event (i.e. marriage, divorce, birth of your first child, or individual loss of alternate group coverage) and notify Johnson within 31 days from the date of the life changing event. For questions as to what qualifies as an eligible life changing event, please do not hesitate to contact Johnson.

Can I increase my coverage from single to family during the plan year?

If you experience an eligible life changing event and advise Johnson within 31 days you may increase your coverage from single to family during the policy year. If you have not experienced an eligible life changing event you must wait until the next re-enrolment period.

Do my coverage levels and options have to be the same?

No. You may choose different coverage levels and options for your health and dental coverage. To confirm your coverage levels and options for each benefit, simply check the appropriate box during your enrolment.

If I am not currently enrolled in the health/dental because I have coverage through a spousal plan can I enrol now without evidence of insurability?

Yes, most definitely. This is your chance to review all the choices and select the plan offering that best fits your needs. It is important to note, that if you do not select an option during the re-enrolment period, you will be automatically default to core coverage at the family status (single/couple/family) you are currently enrolled in.

Long Term Disability Plan Options

The most valuable asset we possess is our ability to earn an income. It is important that this ability is insured through our Disability Plan, that's why **participation in the LTD options is mandatory**. LTD coverage provides you with a financial safety net – income protection in case you are absent from work for long periods of time as a result of illness or injury.

You have four options to choose from, each offering a different income replacement benefit, and each with a different cost for coverage.

Since LTD is a benefit that is based on your monthly **base salary**, the costs vary by individual. To see the costs associated with each option, please visit the online enrolment site during the enrolment window.

Participation in the LTD Plan is mandatory, you cannot opt out of this coverage.

Non-Taxable Benefit - 100% Employee Paid	
Option 1	**Option 2**
Benefit Amount 50% of monthly salary	**Benefit Amount 66.67% of monthly salary**

Taxable Benefit - you choose to allocate Your Choice Points to the LTD premium	
Option 3	**Option 4**
Benefit Amount 50% of monthly salary	**Benefit Amount 66.67% of monthly salary**

Things to consider when choosing your Long Term Disability Plan Option

Why do I need LTD coverage?

You need to remember that this is insurance, and like all insurance, it is designed to protect you from unforeseen illness or injury. While you are healthy today your needs may change tomorrow. Something to be mindful of is if you want to enrol in a higher coverage option at a later date you will be required to complete an evidence of insurability form before you can elect a higher coverage option.

What are some things to consider before choosing my option?

- You should figure out how much income you would need to replace if you became disabled. You should have enough coverage to satisfy your monthly living expenses and to maintain yours and/or your family's current standard of living.
    - Rent/mortgage
    - Groceries
    - Utilities, etc.
- Be sure to consider income that you already have available to you in this situation (e.g., a spouse's income, income from a rental property, or other sources of income).

- Think about how long you could potentially be disabled for. Typically, the younger you are, the more years you may need to insure. The average duration of a long term disability claim is over 2 ½ years, but the maximum benefit period is to age 65.
- Consider the cost of the coverage now and whether you can pay this amount yourself for a non-taxable benefit, or whether you need to use Your Choice Points to pay and have a taxable benefit.
- Think about your income tax level and the difference in your take-home LTD benefits under the different options – with and without tax. What level of coverage/taxation option best meets your income replacement needs?
- Take into account if you do not have children and your mortgage is paid off or you have enough savings for a year or more.

What is the difference between a non-taxable and a taxable benefit?

- If you pay the premium on your Long Term Disability policy, the monthly benefit that you would receive if your LTD claim was approved is not subject to income tax deductions.
- If RSA pays even $1 towards the premium (e.g., you use any Your Choice Points to pay the premiums), these benefits would become taxable and subject to income tax deductions at the time of claim.

If I gross $60,000 a year, roughly how much would my monthly benefit payment be if it is non-taxable and taxable?

- Please keep in mind that your gross monthly pay would be $5,000; however, your net, or take home, pay is probably around $3,834.

Option	50%	66.67%
Non- Taxable (use payroll deductions)	$2,500	$3,259*
Taxable (use Your Choice Points)	$2,333	$2,999

* The 66.67% Non-Taxable option provides a benefit that is the closest to your current take home monthly pay.

What if I want to enrol in 50% coverage but change my mind? Can I select the higher coverage option? If so, when can I?

If you want to increase coverage from 50% to 66.67%, either at annual re-enrolment or within 31 days after a life change event, you **must** provide evidence of insurability and subject to approval by the insurance company.

You can decrease coverage from 66.67% to 50% or change from a taxable to non-taxable or change from non-taxable to taxable **without** providing medical evidence, but may only do so during re-enrolment or if you experience an eligible life change.

What is "evidence of insurability"?

Evidence of insurability, is an application process in which you provide information on the condition of your health or your dependents health to get certain types of insurance coverage. This is provided to the insurance company who will then make the decision to approve or decline coverage.

Your Choice Points, Health Care Spending Account, and Wellness Spending Account

Your Choice Points

The *Your Choice Points* may be used to offset employee health and/or dental and/or LTD premiums or allocate to either the Health Spending Account, or the Wellness Spending Account.

Employees who Opt Out or Opt Down from either Health or Dental coverage, will receive additional Your Choice Points.

New hires and employees changing options due to an eligible life change event will receive a pro-rated amount of Your Choice Points.

Please refer to the January row to determine the amount of Your Choice Points that will be allocated to you based on your Health and Dental Option selections.

Month of Hire / Life Change	Your Choice Points	Additional Your Choice Points			
		Opt Down Dental	Opt Down Health	Opt Out Dental	Opt Out Health
January	1000	250	700	400	950
February	917	229	642	367	871
March	833	208	583	333	792
April	750	188	525	300	713
May	667	167	467	267	633
June	583	146	408	233	554
July	500	125	350	200	475
August	417	104	292	167	396
September	333	83	233	133	317
October	250	63	175	100	238
November	167	42	117	67	158
December	83	21	58	33	79

RSA funded

Tip:
1 YCP is equal to $1

The allocation of points will be locked in and cannot be changed until the next re-enrolment period, unless you experience an eligible life change event and notify Johnson Inc. within 31 days from the date of change.

Health Care Spending Account (HSA)

Your Choice Points deposited to this account may be used as follows:

- Reimburse you for health or dental related expenses incurred by you and your eligible dependents,
- Cover the difference between claims amounts submitted and claim amounts eligible.

The HSA is not a taxable benefit and reimbursement is direct into your bank account (if your claims payment is set up for direct deposit).

If you live in the province of Quebec, the HSA is a taxable benefit.

Points allocated to your HSA will carry over for one year.

Wellness Spending Account (WSA)

Your Choice Points deposited to this account may be used for products and services that contribute to your physical well-being.

The Wellness account is for reimbursement of employee eligible costs, not those of their spouse or dependent children.

The WSA is a taxable benefit and is reimbursed through payroll. Statutory deductions will apply. If you live in the province of Quebec, the WSA is reimbursed through your bank account, directly from Sun Life Financial.

May only be used for you.

It Is a taxable benefit.

Points allocated to your WSA will expire on December 31, 2017

Benefit Highlights for Basic Life, Basic AD&D, and Optional Coverages

Basic Life Insurance **Basic Accidental Death & Dismemberment**	**Participation is mandatory**; employees cannot opt out. **Coverage Amount:** Coverage is based on 1 x your Base Salary *(or eligible earnings if you are in a sales role).* The coverage amount reduces to 50% at age 65. **Maximum Coverage Amount:** $900,000.00 **Termination Age:** Age 70 or retirement	RSA pays the entire cost of the Basic Life and Basic AD&D premiums.
Optional Life Insurance	**Participation is optional;** all amounts are subject to medical evidence and approval by Sun Life Financial. Application can be made at any time. You must be actively at work on the effective date of coverage **Coverage:** ○ Employee and/or Spouse: Units of $10,000 Maximum of $1,500,000. ○ Dependent – 2 options: Option 1: $5,000 child */ $10,000 spouse or; Option 2: $10,000 child* / $20,000 spouse **Termination Age:** To age 70 or retirement	If coverage is selected, premiums are paid by you through payroll deductions.
Optional Accidental Death & Dismemberment	**Participation is optional;** medical evidence is not required. Application can be made at any time. You must be actively at work on the effective date of coverage **Coverage:** ○ Employee and/or Spouse: Units of $10,000 maximum of $1,500,000 ○ Dependent Child* – 2 options: Option 1: $5,000 Option 2: $10,000 **Termination Age:** To age 70 or retirement	If coverage is selected, premiums are paid by you through payroll deductions.
Optional Critical Illness	**Participation is optional;** you must be under the age of 65 to apply for coverage. Application can be made at any time. You must be actively at work on the effective date of coverage. **Coverage:** ○ Employee & Spouse: Units of $10,000 with a minimum of $20,000 up to a maximum of $200,000. ○ Dependent Child*: Units of $5,000 up to a maximum of $20,000 **Non-Evidence Maximum:** Coverage amounts of $50,000 or less for employee and/or spouse and $20,000 or less for dependent children do not require medical underwriting if application is made within 31 days from the date of becoming eligible. All amounts above the Non-Evidence Maximum are subject to medical evidence and approval by Sun Life Financial. If applying for coverage beyond the 31 days from becoming eligible, all amounts of coverage are subject to medical evidence and approval by Sun Life Financial. **Conditions Covered:** Plan covers 25 illness and conditions including : cancer, heart attack, stroke, blindness, coronary artery bypass surgery, deafness, kidney failure, loss of independent existence, major organ transplant, multiple sclerosis, paralysis, Alzheimer's disease, aorta surgery, benign brain tumour, coma, loss of speech, major organ failure on waiting list, occupational HIV infection, Parkinson's disease & severe burns, aplastic anemia, bacterial meningitis, heart valve replacement or repair, loss of limbs and motor neuron disease. **Termination Age:** Age 70 or retirement	If coverage is selected, premiums are paid by you through payroll deductions.

***Dependent Child eligibility:** Dependent children under the age of 21, or over age 21 and attending an accredited institution of learning on a full time basis up to age 25 (age 26 for Quebec residents).

Frequently Asked Questions

What are the choices I can make?

There are many choices;

- Choose individual, couple, or family coverage
- Choose from five levels of coverage for health and dental: Core, Opt up, Enhanced, Opt Down, Opt Out
- Choose from four Long Term Disability coverage options
- Purchase Optional, Spousal, and Dependent Life Insurance
- Purchase Optional Accidental Death & Dismemberment
- Purchase Optional Critical Illness Insurance
- Allocate Your Choice Points to a health spending account (HSA), a wellness account (WSA), health/dental premiums, LTD premiums or any combination of these options

When can I make a change to my plan choice?

The choices you make will remain in place until the next re-enrolment period the following January unless you experience an eligible life changing event. You'll be able to make a change to your coverage in any of the following circumstances if you notify the Johnson administration team within 31 days:

- you get married or reach the first anniversary of a common-law relationship
- your spouse gains or loses coverage under another plan
- you have, or adopt, a baby or change custody of an eligible child
- your child becomes ineligible due to age
- your child becomes a post-secondary student or stops attending an educational institution full-time
- you divorce or legally separate
- your residence changes to or from Quebec
- death of a dependent child or spouse

How do I confirm what plan I am currently in?

You can log into the Members Only Website and click on "My Benefits Summary". This page will confirm the benefit coverage you are currently enrolled for and what optional benefit coverage is available.

Who qualifies for the couple plan?

A couple is two people who are married or who are living in a common-law relationship that has reached its one year anniversary. If you are a parent with a child, you may also select the couple plan.

If both spouses work at Johnson/RSA and choose family coverage will they still be able to coordinate the benefits?

Yes they can. However, they could utilize Coordination of Benefits by having one employee, for example, select Opt Down (which will provide more Your Choice Points) and the other employee selecting Opt Up to provide combined coverage of 100% under the Your Choice Benefit plan for their family.

Can I cover an elderly parent who resides with me – can they be treated as a dependent?

The plan doesn't provide for elder-care health coverage for employee's parents.

Who is covered under the Travel Plan?

Your Travel Plan coverage level will match your Health Plan coverage level. So, if you select family coverage any eligible dependent/spouse you have listed on your health plan will be covered for the Travel Plan.

If I am out of the country for more than 30 days, what coverage do I have through my company sponsored travel benefit?

Your comprehensive, company sponsored travel coverage is for trips that are 30 days or less. If you plan to be away from home for more than 30 days, you can purchase personal coverage to suit your needs for the additional days. This extended coverage is not offered through payroll deductions and can be arranged by calling 1 866 606 3362.

If someone was in the plan that covered for orthodontics, $2,500 lifetime maximum, and they change to the plan that has a $3,500 lifetime maximum, do they get the extra $1,000?

Yes, you get an extra $1,000, brining your new lifetime maximum to $3,500.

If my child is already on a treatment plan for orthodontics/braces, can we select Opt Up or Enhanced dental coverage and have expenses incurred after the effective date covered?

Yes, you can claim for orthodontic coverage even if a treatment plan is already under way.

For eligible medical/dental claims that are not covered at 100%, can the HSA be used for the balance? For expenses that are not covered (i.e. a mouth piece for teeth grinding) can the HSA also be used even if not covered under plan?

Yes - The only restriction under the HSA is that the expense submitted would qualify as a tax deductible expense under the CRA rules for Medical Expense Tax Credit. The restriction on the HSA rule is that the expense must be the same eligibility conditions as required under the CRA's Medical Expense Tax Credit.

If someone opts out of health and/or dental, can they use HSA to reimburse health/dental fees?

Yes they can.

Can we use our HSA to pay premiums for our Optional Life or Optional Critical Illness?

No, the CRA rules around Health Spending Accounts do not allow for the use to pay for optional life or optional critical illness premiums.

Are we taxed on the amount we decide to put into the WSA or just the amount we spend of the amount allocated (if we don't use it all)?

You are only taxed on the amount of the Wellness Spending Account that you use. Tax will be deducted at the time of each reimbursement and then added to your T4 at the end of the year.

If an employee buys an elliptical machine second-hand, etc. can this be reimbursed from the WSA?

Only if there is an official receipt issued from a store – handwritten receipts between individuals will not be accepted. For more information on whether an expense is an eligible expense from the WSA, please contact the Your Choice Claims team.

Are things such as ski passes, golf memberships, hockey clubs, etc. covered under WSA?

Yes they are.

For the WSA can personal trainers be reimbursed for each session or does she need to take an annual membership?

Yes, no annual membership is needed. If you want to claim the expense on a monthly basis, that is fine.

I want to choose Dependent Life but don't need Spousal life. Can I choose Dependent Life only?

Yes, you can absolutely purchase dependent life insurance without also purchasing spousal life insurance. Dependent Life does not require a statement of health form to be completed and can be applied for at any time as long as you are actively at work on the effective date of coverage.

If I am not able to enrol online during the re-enrolment window, can someone enrol for me?

No, if you are away from the office for the duration of the enrolment period, please send an email to yourchoiceadmin@johnson.ca prior to the enrolment window closing.

What is the deadline for submitting health and dental claims incurred up to December 31st?

Claims must be submitted prior to March 31, 2017. Any claim submitted after that date, will not be processed.

What is the deadline for enrolment and what happens if I miss this date?

The deadline for enrolment is November 25, 2016. Any employee who has not submitted their online enrolment by this date, will be defaulted to the Core Health and Dental Option at the family status that you are currently enrolled in (i.e. single/couple/family) and will remain in that option and coverage level until the next enrolment period with changes effective January 1, 2018, unless they experience an eligible life changing event. Your Long Term Disability Plan will default to the 50% option with the employee paying 100% of the premium. Please note, future requests to increase this coverage to the 66.67% option may be subject to medical evidence and you may only request this change during the re-enrolment period or if you experience an eligible life change event.

What happens if a person is on maternity leave when the online re-enrolment window is open?

Employees on maternity leave will receive a letter mailed to their home address advising them of the re-enrolment process. These employees will be eligible to make changes to their option selections and changes will become effective January 1, 2017.

What happens if a person is on a leave of absence or sick leave when the online re-enrolment window is open?

Employees on a leave of absence or sick leave will receive a letter mailed to their home address advising them of the renewal action and change to premiums. Because of the premium increase to the Health and Dental options employees currently enrolled in the Opt Up and Enhanced options will have the opportunity to decrease their coverage options effective January 1, 2017. If they are currently on LTD, they will remain in the LTD plan they are currently enrolled in.

Contact Information

Inquiry Type	Contact
General Changes or Inquiries • **Address** • **Name** • **Telephone number** • **Leave of absences** • **Sick leaves** • **Pension** • **RRSPs**	**RSA employees:** Ask_hr@rsagroup.ca **Johnson employees:** Johnson_ask_hr@johnson.ca
Benefit Administration Inquiries • **Benefits available** • **Current benefit coverage** • **Benefit premiums** • **Change of beneficiary** • **Life change events / changing coverage levels & options** • **Add or remove optional benefit coverage** • **Request a Member's Only Website username and password** • **Assistance regarding the Member's Only Website**	**All employees:** yourchoiceadmin@johnson.ca **RSA employees:** 1-800-461-4155 **Johnson employees:** 1-877-454-9545
Claim Inquiries • **How to submit a claim** • **Eligibility of a claim** • **Status of a submitted claim** • **Percentage of reimbursement for a claim** • **Health Care Spending & Wellness accounts balance and claim submissions**	**All employees (excluding Quebec):** Email: yourchoiceclaims@johnson.ca Local: 905-764-4807 Toll Free: 1-866-510-5922 **Quebec Residents:** **Sun Life Financial** Health & Dental Claims PO Box 2010 Stn Waterloo, On N2J0A6 Email: questions@sunlife.ca Toll Free: 1-800-361-2128

Members Only Website

Log in to the Members Only Website using your assigned username and password to:

- **View your personal information and current benefit deductions**
- **Print personalized claims forms (non-Quebec employees only)**
- **Submit and/or view claims online (non-Quebec employees only)**
- **View your HSA and WSA balance**
- **View communications from Administration and Claims**

Website: www.johnson.ca