Capital Power

2024/2025
Benefits Handbook

If you require this document in an alternative format, please contact People Services via the Service Centre

Take Charge of your Wellbeing

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Who can I contact?

For information about:	Contact:
Third Party Benefit Administrator **Primary contact for:** • Online enrolment • Online benefit changes • Beneficiary designations • Verification of coverage • General benefit questions	**Capital Power Benefits Support Centre:** **TELUS Health** Phone: 1-877-392-2050 Website: cpcflexbenefits.hroffice.com Email: cpcflexbenefits@hroffice.com Hours: Monday to Friday 7:00 am to 5:00 pm (MDT)
Insurance Provider • Access Benefits Centre • Submit an e-claim • Print a claim form • View a claim • View plan balances • View coverage information • Access Lumino Health Centre	**Sun Life Financial** Phone: 1-800-361-6212 (you'll need Plan Number: 150011 and your member ID) Hours: Monday to Friday 6:00 am to 6:00 pm (MDT) Website: sunlife.ca/member The first time you access the website, click on the self-registration button to request your Access ID. Your PIN will be mailed to your home within two weeks. Apps: my Sun Life Mobile app – download the app from Google Play or the App Store
Short-term Disability • Claim support and management • Manage return to work	**TELUS Health** Phone: 1-866-991-4948 Hours: 24-hours, 7-days-a-week Website: capitalpower.abiliticonnect.com
Employee and Family Assistance Program (EFAP) • Access professional confidential counselling • Access online support • Book an appointment • Access reference materials	**Work Health Life (TELUS Health)** Phone: 1-844-880-9137 or 1-866-991-4948 Hours: 24-hours, 7-days-a-week Website: workhealthlife.com Organization: Capital Power Corporation Apps: My EAP app – download the app from Google Play or the App Store

For information about:	Contact:
Expert Medical Support • Register for service access • Connect with top medical specialists • Get assistance with understanding a medical diagnosis and deciding on a treatment option • Help with finding a doctor who specializes in your specific condition • Help with finding a specialist or treatment facility either within or outside of Canada • Get expert medical opinions on any of your medical questions or concerns • Connecting with top medical specialists • Providing in-depth review of medical files • Recommendations, treatment options and proper course of action	**Teladoc® Medical Experts** Phone: 1-877-419-2378 Website: teladoc.ca Apps: Teladoc app – download the app from Google Play or the App Store
Virtual Care Services • Receive medical consultations at anytime • Receive mediation prescriptions and renewals • Get referrals to specialists or labs • Receive assistance with navigating the health-care system • Stress management support	**Lumino Health – Virtual Care and Stress Management & Well-Being** Hours: Available 24 hours a day, 7 days a week Website: sunlife.ca/luminovc Apps: Lumino Health Virtual Care app – download the app from Google Play or the App Store
Digital Wellness Resource Library • 24/7 access to information and videos on a wide range of wellness topics	**LifeSpeak** Website: capitalpower.lifespeak.com Access ID: capitalpower
Out-of-Province/Canada Medical • Access emergency medical coverage and travel assistance	**Global Excel** Phone: 1-800-511-4610 in Canada or the USA Phone from anywhere: 1-519-514-0351 Website: globalexcel.com/sunlife
Provincial Health Care	**Alberta:** Website: health.alberta.ca **British Columbia:** Website: gov.bc.ca/gov/content/health/health-drug-coverage/msp **Ontario:** Website: health.gov.on.ca/en/public/programs/ohip/default.aspx
Eligible Medical Expenses	**Canada Revenue Agency** Website: canada.ca/en/revenue-agency.html Search for: Eligible medical expenses

Introduction

Your benefits program connects you to extended health and dental services and resources, insurance coverage and spending accounts to protect and support your physical, mental, financial and social wellbeing.

The program offers coverage that helps you:

- Take charge of your overall wellbeing
- Access appropriate treatment in the event of illness or injury
- Receive financial benefits in the case of accident or death
- Maintain income if you become disabled

TELUS Health (formerly LifeWorks) administers our benefits program. You can rely on them to support your benefits enrolment.

Your claims are managed by Sun Life Financial and you can rely on them to support your benefits questions. For contact information for either TELUS Health or Sun Life, see page 3.

How the program works

The Capital Power Flex Benefits program is designed to provide eligible employees with choice. Here's how the program works:

1 Capital Power pays for *Essentials* benefit coverage

Essentials benefits include:

- Extended Health Care
- Dental Care
- Health Spending Account (HSA): $50
- Personal Spending Account (PSA): $500
- Short-term Disability
- Long-term Disability: 66⅔% of salary
- Basic Life Insurance: 1 x annual salary
- Teladoc® (formerly Best Doctors®)
- Work Health Life - Employee and Family Assistance Program (EFAP)
- Lumino Health – Virtual Care
- Lumino Health – Stress Management and Well-Being.

2 Capital Power provides employees with credits

- During annual enrolment, you receive credits for the upcoming benefit year to use toward the cost of additional benefits that suit your needs.
- All eligible permanent part-time and full-time employees receive an allocation of **Flex Credits**.
- If you don't want Extended Health or Dental coverage, you will also receive **Opt-Out Flex Credits**.
- If you are an eligible salaried employee, you also receive **Flex Day Credits**.

If you opt out of Extended Health and Dental benefits, you still receive:

- 100% coverage for Out-of-Province/Canada Emergency Medical
- 80% coverage for Out-of-Province/Canada Medical Referral
- 100% coverage for Teladoc® Medical Experts, a voluntary program that connects you to top medical specialists who can verify your diagnosis and treatment options.
- Access to Lumino Health – Virtual Care and Lumino Health – Stress Management and Well-Being program.

Plus, you receive Extended Health and Dental Opt-out Credits and other *Essentials* benefits.

3 Employees can supplement extended Health, Dental and other coverage using credits

- In addition to the *Essentials* benefits that Capital Power provides, you can use your **Flex Credits** to purchase *Comprehensive* or *Enhanced* Extended Health and/or Dental coverage, increase the balance of your HSA or PSA or make a deposit to your savings plan options.
- If eligible, you can use your **Flex Day Credits** to purchase up to five Flex Days, which are days off with pay, unless your purchase of Flex Days is limited based on your vacation balance. Unused Flex Day Credits can help pay for *Comprehensive* or *Enhanced* Extended Health and Dental coverage, or fund your HSA and/or your PSA, or your savings plan options.

The savings plan has four ways to save and take charge of your savings including the Group RRSP, Spousal RRSP, Tax Free Savings Account (TFSA) and a Non-Registered Savings Account. For more information on the savings plan options visit Savings Plan & Share Purchases (sharepoint.com).

Flex Benefits Program

Core Benefits		Additional Benefits		
100% Company Paid		**Flex Credits**	**Flex Day Credits**	**Payroll Deduction**
		Eligible employees receive an annual allocation of Flex Credits in the amount of $1,520 that you have the option to direct to:	Eligible salaried employees also receive Flex Day Credits equivalent to 2% of pay that you have the option to direct to:	Annual additional costs not covered by credits will be deducted over 24 pay periods.
Essentials Extended Health *Essentials* Dental	+	*Comprehensive* or *Enhanced* Extended Health *Comprehensive* or *Enhanced* Dental		
Health Spending Account (HSA) $50 Personal Spending Account (PSA) $500		Additional Health Spending Account (HSA) Additional Personal Spending Account (PSA)		
Basic Life Insurance (1 x annual salary)				Optional Life Insurance Optional AD&D Optional Critical Illness
Short-term Disability *Essentials* Long Term Disability				*Comprehensive* or *Enhanced* Long Term Disability
Employee and Family Assistance Program Teladoc® (formerly Best Doctors®) Lumino Health – Virtual Care Services Lumino Health – Stress Management and Well-Being Program		Deposit to Savings Plan Options		
			Paid Days Off	

4 Capital Power establishes a Health Spending Account (HSA) for all employees

- Capital Power establishes a HSA with a $50 deposit.
- You may also deposit Flex Credits or Flex Day Credits to your HSA.
- Funds in your HSA can help pay for expenses not covered under the Extended Health and Dental plans.
- Even if you opt out of Extended Health and/or Dental coverage, you can still use your HSA to cover eligible medical expenses.

A **Health Spending Account** lets you use pre-tax dollars to pay for medical and dental expenses not reimbursed or only partially reimbursed under your Extended Health and Dental coverage.

Visit the Canada Revenue Agency website at canada.ca/en/revenue-agency.html for a list of HSA-eligible expenses.

5 Capital Power provides you with a Personal Spending Account (PSA)

- Capital Power provides eligible employees with a PSA allocation of $500.
- You may also deposit Flex Credits or Flex Day Credits to boost your PSA balance.
- Use your PSA to pay for personal wellness expenses to help maintain and improve your physical, mental, financial and social wellbeing.

A **Personal Spending Account** is a taxable account you can use to pay expenses that help you manage your wellbeing and reach personal goals.

6 Employees can buy Optional Benefits through payroll deduction

- You can purchase Optional Benefits including Optional Life Insurance, Optional Accidental Death & Dismemberment (AD&D) Insurance and/or Optional Critical Illness Insurance, as well as additional Long-term Disability (LTD) coverage through payroll deduction.

7 Employees enrol online to confirm their election of benefits

- To make your elections, you enrol in the program online and print a confirmation statement.
- Your benefit choices remain in effect for the full benefit year (July 1 to June 30). If you choose *Enhanced* Extended Health or Dental coverage, you are locked in for the first two years.

Benefit Year: July 1 to June 30

- You may change your Optional Benefits coverage at any time. Proof of your good health may be required. You can change Extended Health and Dental coverage outside of an annual benefits enrolment period only if you experience a qualifying life event.

  If you experience a qualifying life event and would like to make changes to your benefits, visit cpcflexbenefits.hroffice.com, scroll to Actions, select Enrol/Make Changes and follow the prompts to make your selections. If you need assistance, contact TELUS Health (formerly LifeWorks) at 1-877-392-2050.

Qualifying Life Events include:

- Marriage
- Cohabitation with common-law spouse
- Death of spouse or common-law spouse
- Divorce
- Legal separation or discontinuation of common-law relationship
- Change in family status (birth or adoption of a child, change in custody of a dependent child, or child reaching the eligible dependent age limit)
- Involuntary loss or addition of spouse's or common-law spouse's benefits coverage.

Who pays for what?

Capital Power pays for the *Essentials* benefits and provides credits so Employees can supplement these benefits by using their credits or through payroll deductions.

Capital Power provides:

- ✓ Flex Credits
- ✓ Flex Day Credits (if eligible)
- ✓ *Essentials* Extended Health coverage
- ✓ *Essentials* Dental coverage
- ✓ Health Spending Account: $50 deposit
- ✓ Personal Spending Account: $500 for eligible employees
- ✓ Teladoc®
- ✓ Lumino Health – Virtual Care
- ✓ Lumino Health – Stress Management and Well-Being
- ✓ Employee and Family Assistance Program
- ✓ LifeSpeak
- ✓ Short-term Disability
- ✓ *Essentials* Long-term Disability: 66⅔% of salary
- ✓ Basic Life Insurance: 1 x annual salary

You can use credits to:

- ✓ Buy Flex Days (up to five, unless limited based on your vacation balance) with Flex Day Credits only, if eligible
- ✓ Buy *Comprehensive* or *Enhanced* Extended Health coverage
- ✓ Buy *Comprehensive* or *Enhanced* Dental coverage
- ✓ Fund your Health Spending Account
- ✓ Fund your Personal Spending Account
- ✓ Fund your savings plan options

You can buy Optional Benefits through payroll deduction:

- ✓ Optional Life Insurance
- ✓ Optional Accidental Death & Dismemberment Insurance
- ✓ Optional Critical Illness Insurance
- ✓ Optional *Comprehensive* or *Enhanced* Long-term Disability

Flex Credits

Each year eligible employees receive an annual allocation of Flex Credits.

Flex Credits can be used to purchase *Comprehensive* and/or *Enhanced* Extended Health and Dental coverage, to fund a Health Spending Account, a Personal Spending Account or savings plan options.

2024/2025 Flex Credits	
Eligible Employees	$1,570.00

Flex Day Credits

Each year, salaried employees receive Flex Day Credits equal to 2% of their base salary. Flex Day Credits can be used to purchase up to five Flex Days (if eligible based on vacation balance), purchase *Comprehensive* and/or *Enhanced* Extended Health and Dental coverage, fund a Health Spending Account, fund a Personal Spending Account, and/or fund a Savings Plan option(s).

Opting out of Health and Dental Benefits

Though Capital Power pays for *Essentials* Extended Health and Dental coverage, employees can opt out of coverage and receive additional Flex Credits. These Opt-out Flex Credits can be used to fund their HSA and/or PSA. Typically, employees who opt out of Extended Health and Dental coverage either have coverage elsewhere or have reviewed their medical and dental expenses and don't need the level of coverage Capital Power provides.

2024/2025 Annual Opt-out Credits	
Extended Health	**Dental**
$196.80	$288.00

How annual enrolment works

Each year you will receive information about benefit enrolment for the upcoming Benefit Year. Simply review the information, make your benefit selections and enrol online. This is also an opportunity to keep your beneficiary and dependent information up-to-date. For more information about the enrolment process visit the Capital Power Benefits website.

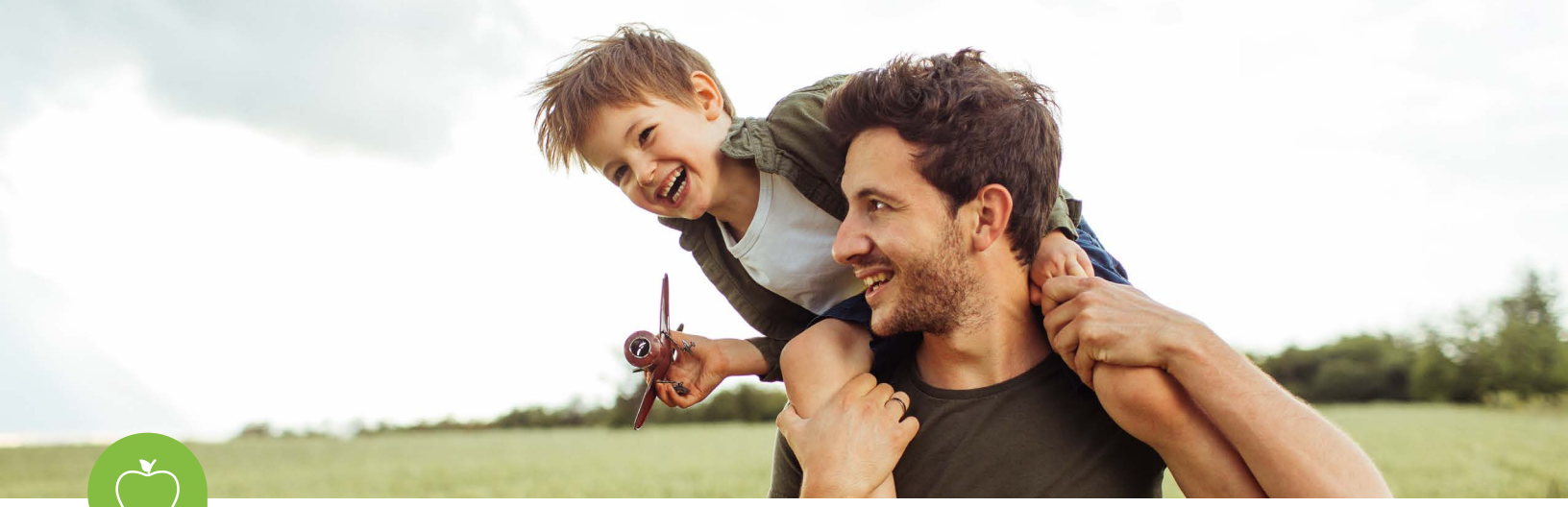
What if I do not enrol?

If you do not enrol by the deadline:

- Your Extended Health and Dental selections will default to your previous year's elections, paid by flex credits.
- Your Optional benefits (*Comprehensive* or *Enhanced* LTD, Optional Life, Optional Accident, Options Critical Illness) remain unchanged, paid by payroll deduction.
- Your unallocated Flex Credits will be deposited to the Personal Spending Account (PSA)
- Your unallocated Flex Day Credits (for eligible employees) will be forfeited.

If you are a new hire and don't enrol within 31 days, you will receive *Essentials* coverage and your Flex Credits will be directed to your PSA.

You are encouraged to complete annual enrolment to ensure your beneficiary and dependent information is up-to-date.



Benefits at a glance

Extended Health Benefits

Benefits		*Essentials*	*Comprehensive*	*Enhanced*	Opt out
Prescription Drugs ($1,000,000 lifetime maximum)		50%	80%	100%	0%
Vision Care	Eye exams	50% $120/person every 24 months	80% $120/person every 24 months	100% $120/person every 24 months	0%
	Glasses, contacts, and laser eye surgery	0%	100% $200/person every 24 months	100% $400/person every 24 months	0%
Paramedical Practitioners ($1,250 annual combined maximum) See page 24 for complete list of eligible paramedical practitioners		50%	80%	100%	0%
Gender affirmation (subject to a $10,000 annual per person maximum and a $50,000 lifetime maximum) Coverage assists gender-diverse plan members or dependents through their gender affirmation and supplements government-provided support for feminization or masculinization surgeries.		100%	100%	100%	0%
Mental Health Paramedical Practitioners ($2,500 annual combined maximum) Includes marriage and family counselor, psychologist, psychotherapist, registered clinical counselor, psychoanalyst and social worker.		50%	80%	100%	0%
Fertility treatment (such as in vitro fertilization, intrauterine insemination, embryo freezing) up to a lifetime maximum of $10,000		100%	100%	100%	0%
Hospital and Ambulance		100%	100%	100%	0%
Out-of-Province/Canada Emergency Medical		100%	100%	100%	100%
Out-of-Province/Canada Medical Referral		80%	80%	80%	80%

Reasonable and customary limits apply to all reimbursements and are the maximum allowable amounts Sun Life will reimburse on expenses, which are based on the commonly charged fees within a geographic area.

Dental Benefits

Benefits	*Essentials*	*Comprehensive*	*Enhanced*	Opt out
Basic Dental	50%, unlimited	80%, unlimited	100%, unlimited	0%
Major Dental	50%, maximum $3,000 per year	50%, maximum $3,000 per year	70%, maximum $3,000 per year	0%
Orthodontics	50%, maximum $3,000 for life	0%	50%, maximum $3,000 for life	0%

Expenses are reimbursed up to the current Sun Life dental fee guide. You can use the **dental fee finder** to learn about fees in your area.

Spending Accounts

Benefits	Coverage
HSA	Capital Power provides $50 to eligible part- and full-time employees, plus employees may allocate optional Flex Credits and Flex Day Credits to pay for eligible medical expenses
PSA	Capital Power provides $500 to eligible part- and full-time employees, plus employees may allocate optional Flex Credits and Flex Day Credits to pay for eligible wellness expenses Coverage for Indigenous benefits, including: • Indigenous healers • Life coach services or fees for Indigenous spiritual or wellness retreats • Sweat lodge fees • Smudging • Indigenous healing circles • Indigenous traditional therapeutic healing • Indigenous ceremonies • Indigenous herbal medicines

Teladoc® Medical Experts and Lumino Health services coverage

Benefits	Coverage
Teladoc® Medical Experts (formerly known as Best Doctors®)	Paid by Capital Power
Lumino Health – Virtual Care **Lumino Health – Stress Management and Well-Being Program**	Paid by Capital Power

Employee and Family Assistance Program (EFAP)

Benefits	Coverage
Employee and Family Assistance Program (EFAP)	Paid by Capital Power

Short-term Disability

Benefits	Coverage
Short-term Disability	• 100% of regular pay for first 120 consecutive calendar days • 80% of regular pay for days 121 to 180
	For absence from work for non-work related illness or injury up to 180 days

Long-term Disability

Benefits	*Essentials*	*Comprehensive*	*Enhanced*
Long-term Disability	66⅔% of monthly salary	66⅔% of monthly salary **plus COLA**	75% of monthly salary **plus COLA**

Expenses are reimbursed up to the current Sun Life dental fee guide. You can use the **dental fee finder** to learn about fees in your area.

Basic Life Insurance

Benefits	Coverage
Basic Life Insurance	1 x annual salary, maximum $800,000 (paid by Capital Power)

Optional Life, Optional Accidental Death and Dismemberment (AD&D), and Optional Critical Illness

Benefits	Coverage
Optional Life Insurance	• Employee: $10,000 units to $1,200,000 maximum (Basic and Optional combined) • Spouse: $10,000 units to $500,000 maximum • Children: $5,000 units to $20,000 maximum
Optional AD&D Insurance	• Employee: $10,000 units to $500,000 maximum • Spouse: $10,000 units to $500,000 maximum • Children: $5,000 units to $20,000 maximum
Optional Critical Illness	• Employee: $25,000 units to $200,000 maximum • Spouse: $25,000 units to $200,000 maximum • Children: 1 unit = $10,000

Note: Employees can purchase optional coverage through payroll deductions.

How the program works in detail

Who can join?

Permanent full-time employees residing in Canada with provincial health care are eligible for benefits.

Permanent part-time employees residing in Canada with provincial health care and regularly scheduled to work at least 20 hours per week are eligible for benefits.

Dependents must reside in Canada and may include:

Legal or common-law spouse

A common-law spouse is a person who lives with you and has been publicly represented as your spouse. You may provide benefits for only one spouse.

Child

A person who is:

- Your or your spouse's natural, adopted or step child (excludes foster children)
- Unmarried
- Primarily dependent on you for support and maintenance
- Under age 21 (or under age 25 if attending an accredited educational institution full-time)
- An unmarried child of any age who is completely and permanently disabled, due to a mental or physical condition, is incapable of self-sustaining employment and is dependent on you for support.

You may be required to provide proof of dependent status.

A child of a common-law spouse who is not your child may be claimed as a dependent only if the common-law spouse satisfies the definition of dependent and evidence is provided that the child is chiefly dependent on you for support.

Keep your dependents' information up to date

You must regularly update your dependent information, including: each dependent's full name, date of birth, coordination of spousal benefits through spouse's employer, and whether or not the dependent is a full-time student and/or disabled. Any changes made to dependent student status will be made on a go-forward basis only.

When coverage begins and ends

Coverage begins...

On the later of the date:
- You become eligible for the coverage and complete enrolment
- Sun Life approves your proof of good health, if required, for optional benefits.

If you are not actively working on the date coverage would normally begin, then coverage will begin only once you return to active work.

Dependent coverage begins on the later of the date:
- Your coverage begins
- Your dependent is eligible for coverage (e.g., you get married)
- You enrol your dependents on the Capital Power Benefits website
- Sun Life approves your dependent's proof of good health, if required for optional benefits.

If you already have dependent children covered for Child Optional Life, Optional AD&D or Optional Critical Illness insurance, any additional dependent children are automatically covered without requiring proof of good health, provided you enrol them within 31 days of their initial eligibility.

For any dependent who is hospitalized, other than a newborn child, coverage will not begin before the dependent is discharged and resumes normal activities.

When you re-enrol

If you change coverage at annual enrolment, changes are effective on the first day of the benefit year which is July 1st. Benefits subject to proof of good health become effective on the date Sun Life approves them.

Coverage ends...

On the earlier of the date:
- Employment ends, subject to applicable provincial and/or federal legislation
- This program ends
- The benefit provision under which you are covered terminates.

Your dependent's coverage ends on the earlier of the date:
- Your coverage ends
- Your dependent ceases to be an eligible dependent.

In the case of a layoff, all benefits stop on the effective date of the layoff or the end of the required notice period.

When you terminate your employment with Capital Power or your benefits cease, you may be able to convert your group coverage to an individual plan within 31 days of your benefits termination date.

Qualifying Life Events

You must visit cpcflexbenefits.hroffice.com, scroll to Actions, select Enrol/Make Changes and follow the prompts to make your selections within 31 days of a Qualifying Life Event (such as the birth of a child). Otherwise, you will not be able to change benefits coverage (including adding dependents) until the next annual enrolment period. See Changing Your Coverage on page 15 for more information.

Certain benefits have extended or different end-of-coverage provisions:

Extended Health and Dental

- If you die, coverage for dependents continues for 24 months
- If you retire and are eligible, you may continue coverage to age 65.

Short-term Disability

Coverage ends on termination of your employment.

If you are receiving benefits from the STD plan, payments will cease on the earliest of the following dates:

- You are no longer Disabled under the plan
- Your maximum benefit period has been reached
- You resign for any reason other than illness or injury, where notice of separation was given before the onset of the illness or the occurrence of injury.

Long-term Disability

Coverage ends...

- On the termination of your employment
- 180 days before you reach age 65

If you are receiving benefits from the LTD plan, benefits end on the earlier of:

- The date you are no longer totally disabled
- The last day of the month in which you reach age 65
- The last day of the month in which you retire on pension with the employer
- The last day of the month in which you die.

Optional Life, Optional Accidental Death and Dismemberment, and Optional Critical Illness Insurance

Your coverage ends on the earlier of the date:

- Your employment is terminated
- You fail to pay the premium
- You are no longer a resident of Canada
- You reach age 70

Your dependent coverage ends on the earlier of the date:

- Your employment is terminated
- You fail to pay the premium
- Your spouse reaches age 70
- Your covered dependent is no longer a resident of Canada

For Critical Illness insurance only, coverage ends when a payment is made for the first covered condition.

Claims Submission Deadlines

You must submit claims no later than 120 days after the earlier of:

- **The end of the benefit year (June 30th) that the expense was incurred**
- **The date your coverage ends.**

Changing your coverage

You may make changes to your Extended Health and Dental benefit coverage at annual enrolment. You may also add a dependent and/or make changes after a qualifying life event, as long as you visit cpcflexbenefits.hroffice.com, scroll to Actions, select Enrol/Make Changes and follow the prompts to make your selections within 31 days of the event. If you do not make changes within 31 days of the life event, the next opportunity to make changes (or add dependents) will be during the next annual enrolment period.

You may make changes to Optional Benefits coverage (Optional Life Insurance, Optional Accidental Death & Dismemberment (AD&D), Optional Critical Illness and *Comprehensive* or *Enhanced* Long-term Disability) at any time. You may be required to provide proof of good health (except for AD&D) and coverage becomes effective only once Sun Life approves your application.

On annual enrolment, you may increase or decrease coverage for:

Extended health and dental

- Decrease from *Enhanced* coverage only after the first two-year lock-in period
- Add dependents or delete ineligible dependents.

Health Spending Account

- Fund your account by allocating Flex Credits or Flex Day Credits.

Personal Spending Account

- Fund your account by allocating Flex Credits or Flex Day Credits.

Qualifying Life Events

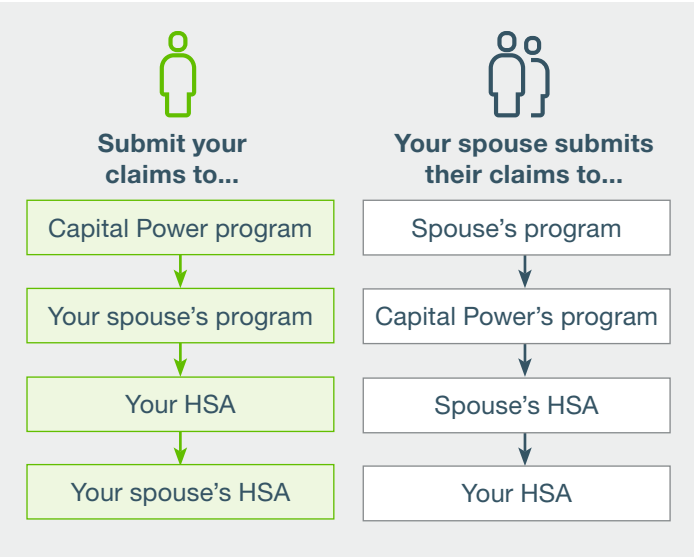
You may change your level of coverage, except for your Health Spending Account and your Personal Spending Account allocation, if you have a qualifying life event. If you selected the *Enhanced* coverage for either Extended Health or Dental, you can add a dependent or remove an ineligible dependent, but you will remain locked in for a two-year period.

You must visit cpcflexbenefits.hroffice.com, scroll to Actions, select Enrol/Make Changes and follow the prompts to make your selections within 31 days of the life event; otherwise the next opportunity to make changes (or add dependents) will be during the annual enrolment period. Keep copies of any documentation you may have regarding a life event as it may be required for auditing purposes.

Coordinating coverage with a spouse's program

If your spouse is covered under another benefits program, and that program permits benefits coordination, you can manage your health and dental claims so you are reimbursed up to the reasonable and customary limits for your expenses from our program.

Here's how it works:



For your expenses

- First submit a claim under the Capital Power Flex Benefits program for your expenses – you'll receive an Explanation of Benefits showing how much of the claim has been paid.
- If a portion of the expense is not covered, submit the Explanation of Benefits to your spouse's program. Your spouse's program will reimburse the expense according to the program's coverage rules, up to 100% of the amount not covered by Capital Power's Extended Health and Dental plans.
- Submit any remaining portion to your HSA, and then to your spouse's HSA.

For your spouse's expenses

- Follow the process above, but submit first to your spouse's program, then to the Capital Power Flex Benefits program. Your program will reimburse the remaining portion up to the reasonable and customary limits based on the program's rules. You can then submit any remaining portion to your spouse's HSA if your spouse has one. If there is any amount remaining, submit it to your HSA.

COORDINATION EXAMPLE

Your spouse has a claim for $100 and is reimbursed for 50% of this expense under your spouse's program. The remaining $50 not reimbursed can be claimed under the Capital Power program, if you cover dependents. Because the reasonable and customary limit for the expense is $90, assuming you have *Essentials* 50% coverage, Capital Power's program will reimburse $45 (50% of $90), and not $50 of the expense, which means you will have an out-of-pocket cost of $5.

Coordination of benefits calculations	
Expense	$100
Reasonable and customary limit (Capital Power Flex Benefits program)	$90
Your spouse's program pays (50% reimbursement)	$50
Your program pays (50% reimbursement up to reasonable and customary limit)	$45
Out-of-pocket cost	**$5**

You can submit any remaining portion to your HSA, your spouse's, if applicable, or carry forward the out-of-pocket expense to claim from the next benefit year's HSA.

For your children's expenses

- Submit children's claims under the parent's program whose birthday (month and day) is earlier in the year. For example, if you were born in November and your spouse was born in March, claims for your children are submitted to your spouse's program first, then to yours.

COORDINATION EXAMPLE

You are married with a child,

- Your birthday is August 31
- Your spouse has dental coverage (orthodontic coverage of 60% to $2,500 lifetime maximum) and covers your family
- Your spouse's birthday is October 13
- You choose *Essentials* Dental plan option with family coverage (orthodontic coverage of 50% to a $3,000 lifetime maximum)
- You have $500 in your HSA
- Your child has an orthodontic claim of $6,700.

1. Because your birthday falls first in the year, you submit your child's dental claim to the Capital Power program first. You receive an Explanation of Benefits showing that the *Essentials* Dental plan option pays $3,000 (50% of $6,700 is $3,350 but the maximum is $3,000).
2. There is $3,700 left unpaid so your spouse submits the Explanation of Benefits.
3. Your spouse's program pays the balance of the expense up to its maximum coverage (you cannot receive more than 100% of the expense). Your spouse's program pays $2,500.
4. Between the two programs, $1,200 remains unpaid.
5. Submit the unpaid expense to your HSA, which has a credit balance of $500. You still have $700 of the orthodontic expense unpaid. If your spouse has an HSA, you can submit the remaining amount to that program. Otherwise, you can carry forward that expense to the next benefit year. At annual enrolment, be sure to fund your HSA with enough credits to cover the $700 of carried-forward expense.

If your spouse works at Capital Power and you want to coordinate benefits

You and your spouse can coordinate coverage for claims if you are both covered under Capital Power's Extended Health and Dental plans. Use the process described above to coordinate benefits between the two programs. To coordinate claims:

- You and your spouse must choose at least employee plus one Extended Health and Dental coverage
- If you have two or more dependents, you both must choose employee plus two or more coverage.

For optional benefits (Optional Life insurance, AD&D and Critical Illness insurance):

- You may not be covered as both an employee and a dependent
- Your children may be covered by only one parent.

Continuing coverage during a work absence

Personal Leave of Absence (LOA) without pay

During an approved leave of absence (LOA) without pay for more than one complete pay period:

- You have the option to maintain your same level of Extended Health and Dental coverage while on a LOA. You can set up authorized payment withdrawals and continue to pay for benefits while on leave.
- When you return to work from an LOA without benefits and you apply for optional insurance(s), you will need to go through the Sun Life approval process regardless of whether you had insurance prior to your leave or not.
- If you pay for benefits and become disabled, you are not eligible to receive Short-term Disability (STD) or Long-term Disability (LTD) payments until the period of leave ends.
- If you suspend participation in Capital Power benefits, you are not eligible for STD or LTD coverage until you return to work and complete at least ten consecutive working days.

Maternity and Parental Leave of Absence (LOA) without Pay

During an approved maternity or parental leave of absence without pay for more than one complete pay period:

- Capital Power will pay for *Essentials* coverage for up to 78 weeks.
- You can choose to maintain your *Comprehensive* or *Enhanced* Extended Health and Dental benefits as well as your Optional Benefits. Any premiums you owe will be paid from your bank account at the start of each month through authorized payment withdrawals.
- All other benefits will be suspended while you are on your leave.
- If you choose not to maintain your Optional Benefits while you are away, you will need to reapply to Sun Life for approval.
- If you pay for benefits and become disabled, you are not eligible to receive Short-term Disability (STD) or Long-term Disability (LTD) payments until the period of leave ends.
- If you suspend participation in Capital Power benefits, you are not eligible for STD or LTD coverage until you return to work and complete at least ten consecutive working days.

SUB PLAN BENEFITS

Capital Power will top up Employment Insurance (EI) payments to 95% of your base salary for the first six weeks following the birth of the baby. Once you provide the Human Resources Shared Services centre with proof of your EI payment, the SUB payment will be calculated and paid.

Short-term Disability (STD)

If you are receiving STD benefits, plan benefits for which you are covered continue. You are required to pay any premiums or deductions that you were paying prior to going on STD leave. You continue to pay your pension contribution and Capital Power pays the company portion of your pension contribution.

Long-term Disability (LTD)

If you are receiving LTD benefits:

- The same level of coverage will continue under all Capital Power plans for you and your dependents. Capital Power will pay premiums for Extended Health, Dental and Provincial Health Care, where applicable.
- Sun Life waives your Optional Life insurance, AD&D and Critical Illness insurance premiums effective the date of your disability.
- Sun Life waives your LTD premiums effective the date your LTD benefit payments begin.
- You continue to accrue pensionable service without contributions as long as you are totally disabled. Where applicable, Capital Power continues to make pension contributions on your behalf.

Medical or dental appointments

- If you need to arrange a personal medical or dental appointment during working hours, you can use medical leave as long as you are not absent from work for more than three hours.
- If you attend a medical or dental appointment and are absent from work for longer than three hours then you may use banked time, family leave, personal leave, vacation, or a Flex Day (if applicable) to cover the additional time.

Benefits coverage after age 65

Active permanent employees working beyond their 65th birthday are eligible to receive Extended Health and Dental coverage, Basic Life Insurance as well as Optional Life Insurance, Optional AD&D and Optional Critical Illness.

Alberta employees must first submit drug claims to the Alberta Seniors Drug Plan. The balance owing can be claimed from the Capital Power Flex Benefits program.

Provincial Health Care coverage

Capital Power pays 100% of the cost of Provincial Health Care plans in provinces where premiums are required for permanent employees.

What's covered?

HOSPITAL

- Accommodation in standard ward, including meals and general nursing services
- Operating room and anesthetic and surgical equipment facilities
- Laboratory and x-ray services
- Radiotherapy and physiotherapy facilities
- Emergency out-patient services.

MEDICAL-SURGICAL

- Services of family doctors in the home, office or hospital
- Services of surgeons, radiologists, psychiatrists and other specialists, when referred by your doctor.

For a complete listing of covered services, go to the Provincial Health Care website in your province of residence:

- Alberta: www.alberta.ca/health-wellness.aspx
- British Columbia: www2.gov.bc.ca/gov/content/health/health-drug-coverage/msp
- Ontario: www.health.gov.on.ca/en/public/programs/ohip/default.aspx

Submitting claims

You have until June 30th each benefit year to incur expenses and 120 days after June 30th to submit your claims (Sun Life must have received your claim within 120 days). Keep a copy of all bills and receipts for your own records.

Claim Type	Additional Information
Prescription Drugs	Use your Pay-Direct Drug Card. Your pharmacist will enter the number of the card and the system will confirm coverage and process the claim. Prior authorization may be required for specialty drugs to treat certain conditions. If necessary, you may also use a paper claim form. A Dispensing Fee Frequency Limit of five times per benefit year applies for filling prescriptions for most maintenance drugs. For more details on this plan feature and to find out which drugs are included and excluded, visit Sun Life's website.
Extended Health	Complete a claim form and submit it to Sun Life, along with the original receipts or Explanation of Benefits statement. E-claims – For some Paramedical Services, Vision Care, HSA and Dental: • You can submit an electronic claim on the Sun Life website by clicking on "Quick Links", then "Submit a Claim".
Telemedicine	Contact Lumino Health for assistance with accessing virtual health care.
Vision	Complete a claim form and submit it to Sun Life, along with the **original receipts**. You can also submit an electronic claim on the Sun Life website by clicking on "Quick Links", then "Submit a Claim".
Dental	Most dental offices are able to submit claims electronically for you. You can also submit an electronic claim on the Sun Life website by clicking on "Quick Links", then "Submit a Claim". Otherwise, complete a claim form and submit it to Sun Life, along with the original receipts. If submitting a paper claim form, you and your dentist must each complete the applicable section on the form and submit the claim to Sun Life before the deadline.
Health Spending Account	Complete a claim form and submit it to Sun Life, along with the original receipts or Explanation of Benefits statement. Be sure to check the appropriate box on your claim form to receive reimbursement for your co-payments. E-claims can be submitted. Visit www.mysunlife.ca to submit your eligible Health Spending Account claims electronically or use the my Sun Life Mobile app. You can find the free app at the App Store or Google Play. Search for "Sun Life." If you've already registered on mysunlife.ca, you already have an Access ID that you can use for the my Sun Life Mobile app.
Personal Spending Account	Obtain a Personal Spending Account claim form from the Capital Power Benefits website. Complete the claim form and mail it to Sun Life, along with the original receipts. Or, visit www.mysunlife.ca to submit your eligible Personal Spending Account claims electronically or use the my Sun Life Mobile app. You can find the free app at the App Store or Google Play. Search for "Sun Life." If you've already registered on mysunlife.ca, you already have an Access ID that you can use for the my Sun Life Mobile app.
All Others	Obtain the necessary claim form from the Capital Power Benefits website.
Coordinating Benefits	Include the Explanation of Benefits statement from your spouse/dependent's plan showing the amount you paid out-of-pocket. This serves as the original receipt.
Life Insurance	Contact the Capital Power Benefits Centre for help with submitting a claim.
Short-term Disability	Contact Capital Power's Wellness Specialist to initiate a claim. Contact TELUS Health (formerly LifeWorks) for STD support and claims management.
Long-term Disability	Contact Human Resources for assistance in submitting a claim. You, your doctor and Capital Power must each complete a section on the claim form. It must be submitted to Sun Life before the earlier of: • 60 days after the total disability begins, or • Within 30 days of the termination of LTD benefit provision. Sun Life will assess your eligibility for benefits and notify you of the decision.

Accessing medical claims history

1. Visit www.sunlife.ca/member
2. Enter your access ID and PIN
   - If you don't have your ID and PIN or if you have forgotten your PIN, call Sun Life at **1-800-361-6212**
   - You may be asked to verify your identity and provide the Sun Life group policy number (150011) and your certificate (employee) number
3. Click on Contract **#150011**
4. At the top of the screen under Claims, click on "Claims History"
5. To access your Medical claims click "Medical and Dental Claims". You will be asked to enter the time period for the Medical and Dental claims you want to see. To view your claims history for the entire benefit year, enter July 1 to June 30
   - Click "View History"
6. To access your Drug Claim History (if you have used your drug card), click on "Drug Claims"
   - You will be asked to enter the time period of the drug claims you want to see
   - To view your drug claims history for the entire benefit year, enter July 1 to June 30
   - Click "View History"

Obtaining claims forms

You can access and print claims forms from the Capital Power Benefits website or from mysunlife.ca.

Obtaining drug and travel cards

You can print your pay-direct drug card and/or travel card from the mysunlife website or from your my Sun Life mobile app.

Tax facts

Your Flex Credits are not taxable as long as they are used to purchase Extended Health or Dental coverage or to fund your Health Spending Account. If they are deposited to the Savings Plan, they are taxable, though tax may be deferred if directed to a registered account. Premiums that Capital Power pays on your behalf for Basic Life Insurance are considered a taxable benefit.

Benefits that you or a covered dependent receive from the following plans are not taxable:

- Extended Health
- Dental
- Health Spending Account
- Life Insurance
- Accidental Death & Dismemberment
- Critical Illness

Benefits you receive from your Personal Spending Account, or the STD or LTD programs are taxable as regular income.

What happens if…?

Event	Benefit Coverage
I leave Capital Power	• All coverage ends on your last day of employment, subject to applicable provincial and federal legislation. • You are eligible to convert your Life and Accidental Death and Dismemberment (AD&D) insurance coverage within 31 days.
I retire from Capital Power	• Your benefits end. • If you are younger than age 65, you may continue Extended Health and Dental coverage to age 65, if eligible. • If you are younger than age 70, you may be eligible to convert your insurance coverage within 31 days – some restrictions apply.
I take maternity or parental leave of absence (LOA)	• Capital Power will pay for *Essentials* coverage for up to 78 weeks. • If you have *Comprehensive* or *Enhanced* Extended Health, Dental or LTD, or if you have Optional Benefits, you can choose to maintain your coverage during the leave. You can set up authorized payment withdrawals and continue to pay for benefits. • If you become disabled, Short-term Disability (STD) and Long-term Disability (LTD) payments do not begin until your LOA ends.
I take an approved leave of absence (LOA) without pay	• You can choose to maintain the same level of Extended Health, Dental and Optional benefit coverage for up to six months. You can set up authorized payment withdrawals and continue to pay for benefits. • If you continue STD and LTD coverage and you become disabled, benefit payments do not begin until your LOA ends.
I am on Short-term Disability	• Benefit coverage continues – you continue to pay applicable premiums or deductions.
I am on Long-term Disability	• Benefit coverage continues – Capital Power pays premiums for Extended Health and Dental coverage, LTD, Basic and Optional Life insurance, AD&D and Critical Illness premiums are waived. • Benefits may be payable from the Critical Illness plan if you purchased this coverage and your disability results from a covered condition.
I die	• Benefits may be payable to your beneficiary from Basic Life, Optional Life and/or AD&D Insurance if applicable. Beneficiary designations must be completed with a signed and submitted Beneficiary Authorization Form. • Extended Health and Dental coverage continues for your dependents for 24 months. • Your spouse is eligible to convert their insurance coverage within 31 days.
I suffer a major illness	• You may be eligible for a benefit under the Optional Critical Illness plan if you elected this coverage.

Note: In all events listed above, regular claims submission deadlines apply.

Appeals

The intent of the Appeals process is to identify issues and concerns, achieve solutions that will meet the needs of all parties wherever possible (within benefit contract guidelines), and ensure the consistent administration of the Capital Power Flex Benefits program. An appeal could be related to any issue arising out of the interpretation, application or administration of the Flex Benefits program.

Interpretations

If you have a question or concern regarding an interpretation of benefits, speak with your supervisor or contact the Capital Power Wellbeing Specialist.

Consultation

If a question or concern arises, you may contact the Wellbeing Specialist in Human Resources, requesting a consultation. You, a union representative or a manager within the company, may request a consultation.

The request for consultation must:

- Be submitted in writing within ten working days of the date that the question or concern arose for the employee
- Include the details in question or of concern.

The Wellbeing Specialist will arrange to speak with you, and your union representative, if applicable, regarding the issue in question. Consultation shall take place as quickly as possible.

The Wellbeing Specialist will respond in writing to you and your union representative, if applicable, confirming the response and/or actions to be taken.

Request for an appeal

If the area of concern is not resolved by consultation, you or the union may contact the VP, People Services Canada requesting an appeal.

The details of the appeal must be sent in writing within five working days of receiving a response from the Wellbeing Specialist. The appeal must provide all details including the issues, the parts of the ***Benefits*** booklet that are in question or of concern, and the desired resolution.

The VP, People Services Canada or designate will meet as quickly as possible with you, your union representative, if applicable, and any other people who are essential to the resolution of the appeal.

Within ten working days of the conclusion of the appeal, the VP, People Services Canada (or designate) will provide a written summary responding to you and/or the union. The response of the VP, People Services Canada (or designate) will be a final and binding decision.

Disputes are subject to the policies and adjudication decisions of Sun Life.

Extended Health Benefits

Overview

Capital Power's Flex Benefits program offers three Extended Health coverage levels to choose from – *Essentials*, *Comprehensive* and *Enhanced* – plus the choice of opting out. Maximums are for each individual covered during the benefit year, unless otherwise noted.

What's covered?

Prescription Drugs

✓ Drugs and medicines requiring a prescription from a physician and obtained from a pharmacist including:

- Oral contraceptives
- Injectable drugs and vitamins, insulin and allergy extracts with a Drug Identification Number (DIN)
- Preparations and compounds of which at least one ingredient is an eligible drug under this benefit
- Diabetic supplies – Payments for any single purchase are limited to the cost of a supply that can reasonably be used in a 100-day period (See Medical Services & Equipment for blood glucose meter and insulin pump coverage)
- Vaccines with a benefit year maximum of $1,000 per person
- Drugs for the treatment of obesity
- Drugs for the treatment of infertility up to a lifetime maximum of $2,400 for each person
- Drugs for the treatment of erectile dysfunction up to a maximum of $1,200 per person in a benefit year
- Smoking cessation products that legally require a prescription.

- The following items are covered but are not available with the drug card:
  - Compound serums that require a prescription
  - Intrauterine devices (IUDs)
  - Colostomy supplies
  - Adult incontinence supplies
  - Varicose vein injections, if medically necessary.
- Coverage is limited to quantities that can reasonably be used in a 34-day period or, in the case of the following maintenance drugs, in a 100-day period as ordered by a doctor.
  - Anti-asthmatics, antibiotics for acne, anti-coagulants, anti-convulsants, anti-hypertensives, anti-Parkinson, anti-tuberculosis, cardiac agents, hypoglycemic, medications for glaucoma, estrogen, oral contraceptives, potassium replacements and thyroid agents.

A dispensing fee limit applies to some maintenance drugs. For more details, see below for details.

What is a Dispensing Fee Frequency Limit (DFFL)?

DFFL is a feature that limits the number of times you can have certain maintenance drugs that are used to treat chronic conditions reimbursed without paying a dispensing fee. Your benefits will reimburse a dispensing fee five times per maintenance drug per benefit year. For a complete list of the drugs that are included and excluded from the DFFL, visit Sun Life's website.

✗ Exclusions – The following are not covered, even when prescribed:

- Infant formulas (milk and milk substitutes), minerals, proteins, vitamins and collagen treatments
- The cost of giving injections, serums and vaccines
- Medicines obtained from a doctor or dentist
- Proteins and food or dietary supplements
- Muscle relaxants which do not require a prescription
- Hair growth stimulants
- Products to help a person quit smoking that do not require a prescription.

Reimbursement for your prescriptions is based on the least cost alternative or LCA (often generic). To be reimbursed for a more expensive drug, you and your doctor must fill out an exception form stating it is deemed medically necessary and submit it to Sun Life for approval. You can still get a higher cost drug even if it is not approved by Sun Life, but you'll be out of pocket the difference between the cost of the LCA and the more expensive drug.

What is prior authorization?

Prior authorization is a pre-approval process to ensure that specialty drugs are medically required and covered when needed to treat certain conditions. For a list of the drugs and forms, visit **mysunlife.ca/priorauthorization**.

Vision Care

Eye exams, if performed by an opthalmologist or licensed optometrist, are covered up to the reasonable and customary maximum as follows:

Essentials:	***Comprehensive:***	***Enhanced:***
50% up to $120 every 24 months	80% up to $120 every 24 months	100% up to $120 every 24 months

Charges for eyeglasses, contact lenses or laser eye correction surgery are not covered under the *Essentials* level, however the *Comprehensive* and *Enhanced* levels offer the following coverage maximums:

Comprehensive:	***Enhanced:***
$200 every 24 months	$400 every 24 months

Non-prescription safety glasses for use at work are available through the Safety department.

Eyeglasses or contact lenses must be prescribed by an ophthalmologist or optometrist and be dispensed by an ophthalmologist, optometrist or optician. An ophthalmologist must perform laser eye correction surgery.

Sunglasses or magnifying glasses are not covered, unless they are prescription glasses needed for vision correction.

Paramedical Practitioners

The fees for the following licensed or registered practitioners are included up to a **combined maximum of $1,250** per individual, each benefit year:

- ✓ Acupuncturist
- ✓ Athletic therapist
- ✓ Audiologist
- ✓ Chiropractor (including one x-ray examination each benefit year)
- ✓ Dietitian
- ✓ Kinotherapist/Kinesiologist
- ✓ Naturopath (consultations only – herbal medicines and alternative therapies recommended by a naturopath are not covered)
- ✓ Occupational therapist
- ✓ Orthotherapist
- ✓ Osteopath (including one x-ray examination each benefit year)
- ✓ Physical rehabilitation therapist
- ✓ Physiotherapist
- ✓ Podiatrist (including one x-ray examination each benefit year)
- ✓ Registered massage therapist
- ✓ Rehabilitation therapist
- ✓ Speech therapist.

Mental Health Paramedical Practitioners

The fees for the following licensed or registered practitioners are included up to a **combined maximum of $2,500** per individual, each benefit year:

- ✓ Marriage and family counselor
- ✓ Psychologist
- ✓ Psychotherapist
- ✓ Registered clinical counselor
- ✓ Psychoanalyst
- ✓ Social worker.

Medical Services & Equipment

- ✓ Out-of-hospital private duty nursing services, when medically necessary (provided by a licensed, certified or registered private duty nurse not normally resident in your home) – up to $25,000 in any three consecutive benefit years.
- ✓ Laboratory tests performed in a commercial laboratory for the diagnosis of an illness; tests performed in a doctor's office or by a pharmacy are not covered.
- ✓ Dental services to repair damage to natural teeth caused by an accidental blow to the mouth that occurs while covered. Services must be received within 12 months of the accident. Reimbursement is based on the Dental Association Fee Guide, or insurance industry guidelines, for a general practitioner in the province where you live.
- ✓ Respiratory equipment, oxygen and inhalation devices – rental (or purchase at the insurance company's request).
- ✓ Constant positive airway pressure (CPAP) machines once every five years, plus replacement supplies once every 12 months.

- ✓ Wheelchairs, scooters, walkers and hospital-type beds – For expenses incurred for a wheelchair, coverage is limited to the use of a manual wheelchair, except if the person's medical condition warrants the use of an electric wheelchair.
- ✓ Wigs required for medical reasons.
- ✓ Casts, splints, trusses, braces or crutches.
- ✓ Stump socks – to a maximum of five pairs in a benefit year.
- ✓ Elastic support stockings, including pressure gradient hose – to a maximum of two pairs in a benefit year.
- ✓ Artificial limbs and eyes, trusses, braces or cervical collars, breast prostheses required as a result of surgery, including repairs and replacements – up to $2,000 in a benefit year.
- ✓ Surgical brassieres required as a result of surgery – up to a maximum of two brassieres in a benefit year.
- ✓ Custom-made orthotic inserts for shoes when prescribed by a doctor, podiatrist or chiropodist up to $400 in a benefit year.
- ✓ Custom-made orthopaedic shoes or modifications to orthopaedic shoes when prescribed by a doctor, podiatrist or chiropodist up to $400 in a benefit year.
- ✓ Hearing aids prescribed by a doctor, including repairs – up to $750 over a period of five benefit years.
- ✓ Blood glucose meters prescribed by a doctor – up to $1,000 in a benefit year.
- ✓ Insulin pumps
- ✓ Fertility treatment (such as in vitro fertilization, intrauterine insemination, embryo freezing) up to a lifetime maximum of $10,000.

Gender affirmation

- ✓ Yearly maximum: $10,000
- ✓ Lifetime maximum: $50,000
- ✓ Coverage for basic surgical procedures not covered under the individual's provincial or territorial health care plan to align feminine or masculine features to the transitioned gender. Examples include the reduction of the Adam's apple and voice surgery, facial bone reduction or cheek augmentation.
- ✓ The services of a counsellor are not covered separately under the gender affirmation benefit but are eligible under qualifying mental health practitioners.

Hospital

- ✓ Out-patient services
- ✓ Private or semi-private accommodation – maximum of $200 per day
- ✓ Cost of room and board in a convalescent hospital if a doctor has ordered this care and as long as it is primarily for rehabilitation. The maximum amount payable is $20 per day up to a maximum of 180 days for all periods of treatment of an illness due to the same or related causes.

Ambulance

- ✓ Licensed ambulance service, if medically necessary, to and from the nearest hospital equipped to provide the required medical treatment.
- ✓ Licensed air ambulance service, if medically necessary, to the nearest hospital equipped to provide the required emergency treatment.

What's not covered?

- ✗ Stimulators and supplies, supports, tens machines, traction kits, reflexologist visits, sexologist or sex therapist visits and shiatsu specialist visits.
- ✗ Services or supplies payable or available (regardless of any waiting list) under any government-sponsored plan or program unless explicitly listed as covered under this benefit.
- ✗ Services or supplies to the extent that their costs exceed the reasonable and usual rates in the locality where the services or supplies are provided.
- ✗ Equipment considered ineligible (examples of this equipment are orthopaedic mattresses, air conditioning, whirlpools, humidifiers, and equipment used to treat seasonal affective disorders).
- ✗ Any services or supplies that are not usually provided to treat an illness, including experimental treatments.
- ✗ Services or supplies that are not approved by Health Canada or any other government regulatory body for the general public.
- ✗ Services or supplies that are not generally recognized by the Canadian medical profession as effective, appropriate and required in the treatment of an illness in accordance with Canadian medical standards.
- ✗ Services or supplies that do not qualify as medical expenses under the Income Tax Act (Canada).
- ✗ Services or supplies for which no charge would have been made in the absence of this coverage.
- ✗ Costs incurred from transferring medical files between physicians.
- ✗ A claim for an illness resulting from:
  - The hostile action of any armed forces, insurrection or participation in a riot or a civil commotion
  - Any work for which a covered person was compensated that was not done for Capital Power
  - Participation in a criminal offence.
- ✗ Licensed ambulance costs when an ambulance service is provided but not taken to the nearest hospital.

If you are unsure if an item is eligible for reimbursement, contact **Sun Life Financial** at **1-800-361-6212**.

Out-of-Province/Canada Emergency Medical & Referred Services

Overview

Out-of-province coverage includes emergency medical coverage and travel assistance, as well as referred services for you and your eligible dependents covered under your Capital Power Extended Health plan. Students attending school within Canada but out-of-province are covered for medical/dental coverage.

Emergency Medical Coverage and Travel Assistance

Emergency services mean any reasonable medical services or supplies, including advice, treatment, medical procedures or surgery, required as a result of an emergency. When a person has a chronic condition, emergency services do not include treatment provided as part of an established management program that existed prior to the person leaving the province where the person lives.

An emergency is an acute illness or accidental injury that requires immediate medically necessary treatment prescribed by a doctor.

The plan provides:

- 100% coverage for emergency services, up to a lifetime maximum of $3 million per person ($1 million for retirees), while you/your covered dependents are traveling outside of your province of residence.
- 60 days' coverage (six weeks for individuals covered under retiree benefits) from the date you leave your home province.
- A travel card that connects you to medical and travel assistance. You can obtain your card on the my SunLife website.

Referred Services

Referred Services provides coverage for expenses incurred if you must travel out of your province of residence for medical treatment. Referred services must be obtained in Canada if available, regardless of any waiting lists. The plan provides coverage of up to 80% of expenses:

- When treatment is ordered by a doctor in your home province
- Provided you receive prior written approval from the plan insurer (Sun Life) and the provincial medical plan for all referred services.

What's covered?

Emergency and Referred Services

✓ Semi-private hospital room. If hospitalization occurs within the 60-day period (six weeks for early retirees), in-patient services are covered until you are discharged
✓ Other hospital services provided outside of Canada
✓ Out-patient services in a hospital
✓ The services of a doctor.

Travel assistance for emergencies

✓ Travel assistance services are provided by Allianz Global Assistance (Allianz)
✓ Medical assistance:

- Referrals to physicians, pharmacists and medical facilities
- Guarantee or advance payment of the expenses incurred to the provider of the medical service (minimum advanceis $200; maximum advance is $10,000 per person per trip unless this limit will compromise your medical care)
- Translation services in any major language that may be needed to communicate with local medical personnel
- Transmit an urgent message to the person's home, business or other location. Allianz will keep messages to be picked up in its offices for up to 15 days
- Emergency transportation under medical supervision to a different medical facility that can properly treat your condition*
- Hotel accommodation and meals if your trip is delayed or interrupted due to a medical emergency or death – up to $150 per person per day for up to seven days
- Hotel accommodation and meals if you are released from the hospital and not yet able to travel – up to $150 a day to a maximum of five days*.
- Replacement tickets if you lose the use of your return ticket(s) due to a medical emergency or death involving you or your dependents covered under the plan
- Return of your dependent children (who are under 16, or mentally or physically handicapped) if you are hospitalized
- Travel expenses for family members – One round trip economy fare for a family member to be at your side if you are traveling alone or with a covered child under age 16 and are hospitalized for more than seven consecutive days, as well as up to $150 per day to a maximum of seven days to cover the family member's meals and accommodation
- Repatriation of remains if you or your covered dependents die up to a maximum of $5,000 per return
- Vehicle return to your home address or to the nearest rental agency if death or a medical emergency prevents the person from returning the vehicle – up to $500 per return
- Lost luggage or travel documents – Arrange replacement of your luggage or travel documents lost outside of your province (does not cover cost of replacement).

What's not covered?

✗ Travel assistance services are not covered in your home province, or during any trip taken for the purpose of seeking medical attention.
✗ Travel costs to obtain referred services outside of Canada if services are not available in Canada).
✗ Coverage is ineligible when it is obvious to you or your covered dependents that something adverse may happen. Questionable circumstances are to be reviewed on a per case basis. If you are planning to participate in a high-risk activity, please contact Allianz to confirm coverage level for that activity.

Remember…

- Services may not be available in certain countries. Check with the travel assistance company before you travel to determine which countries are excluded.
- Services may be limited due to rebellion, riot, military uprising, war, labour disturbance, strike, nuclear accident, an act of God, or refusal of authorities to permit Sun Life to provide services to the best of its ability.

* The travel assistance centre and your attending doctor must determine if the expense is necessary.

What to do in a medical emergency

Always carry your Travel Card with you. It lists your Extended Health group policy number, your employee ID and contact information for when you have an emergency. You can print a copy of your Travel Card from the my SunLife website.

1. Seek medical assistance and notify the 24-hour emergency travel assistance centre as soon as possible
   - If possible, call the centre before seeking assistance. If you can't call the centre, ask the hospital to call for you
   - Physicians and hospitals can call to confirm benefits and arrange direct payment

   Toll-free in Canada/USA: 1-800-511-4610
   Collect: 1-202-296-7493
   Fax: 1-202-331-1528
   globalexcel.com/sunlife
2. Tell the centre what happened and give them the following information (which appears on your Travel Card):
   - Your name, the patient's name, location and phone number
   - Your Extended Health group policy number (150011) and employee ID (your employee number).
3. The staff will:
   - Refer you to a medical facility or physician
   - Confirm coverage and benefits
   - Monitor your medical situation.
4. Keep in touch with the emergency centre during and after the emergency and give them your contact information.

If you pay for Out-of-Province Medical expenses

If you contact the travel assistance centre before incurring the covered medical expense, you will not have to pay out-of-pocket. If you must pay for the expense yourself:

- Keep all receipts
- Obtain an itemized bill for all hospital treatment
- Complete a medical claim form within 30 days of returning home
- Keep a copy of all bills and receipts for your own records.

The health and travel assistance insurance companies will coordinate payment with most provincial plans and insurance companies and reimburse you for the eligible expenses. The travel assistance company, Global Excel, will ask you to sign a form authorizing them to act on your behalf.

Dental Benefits

Overview

Capital Power's Flex Benefits program offers three dental coverage levels – *Essentials*, *Comprehensive* or *Enhanced* – plus the choice of opting out of dental coverage. Expenses are reimbursed based on the current dental fee guide.

What's covered?

Basic Services

CHECK-UPS

✓ Includes recall exam, one set of bite-wing x-rays, one unit (15-minutes) of polishing (cleaning of teeth), topical application of fluoride and oral hygiene instruction.

- *Essentials*: once every six months for children under age 19 and every 12 months for adults
- *Comprehensive*: once every six months for children under age 19 and every 12 months for adults
- *Enhanced*: once every six months for children and adults.

OTHER PREVENTIVE SERVICES

✓ A complete oral examination every 24 months
✓ Complete series of x-rays or one panorex every 24 months
✓ X-rays to diagnose a symptom or examine progress of a particular course of treatment
✓ Required consultations with another dentist
✓ Emergency or palliative services
✓ Diagnostic tests and laboratory examinations
✓ Removal of impacted teeth
✓ Space maintainers for missing primary teeth
✓ Pit and fissure sealants
✓ Nitrous oxide, up to a maximum of four units of time per benefit year.

How are dental expenses reimbursed?

Expenses are reimbursed based on Sun Life's dental fee guide. Use the Sun Life dental fee finder to learn about fees in your area.

SURGICAL AND RESTORATIVE SERVICES

✓ Fillings – amalgam, composite, acrylic, or equivalent
✓ Removal of teeth
✓ Prefabricated metal restorations and repairs, other than in conjunction with the placement of permanent crowns
✓ Surgery and related anesthesia, other than implant related surgery (covered under Major services).

ENDODONTICS

✓ Root canal therapy, root canal fillings, and treatment of disease of the pulp tissue
✓ For complicated root canal procedures, services must be provided by a board qualified specialist in endodontics whose dental practice is limited to that specialty.

PERIODONTICS

- ✓ Treatment of disease of the gums and supporting tissue – limited to 12 units of periodontic scaling per benefit year
- ✓ Appliances to control harmful oral habits such as grinding of teeth (for Bruxism).

DENTURES

- ✓ Construction and insertion of standard dentures, after you have been covered continuously under this provision for a period of 12 months
- ✓ Charges for a replacement standard denture are not considered an eligible expense during the five-year period following the construction or insertion of a previous standard denture unless it is needed to:
  - Replace a standard denture that has caused temporomandibular joint disturbances and that cannot be economically modified to correct the condition
  - Replace a transitional denture that was inserted shortly following extraction of the teeth and which cannot be economically modified to the final shape required.

New dentures (partial or complete), rebasing, relining and repairs to existing dentures, subject to the above limitations for dentures.

Major Services

Your dental benefits include coverage for procedures used to treat major dental problems, up to an annual maximum of $3,000 per person, including:

- ✓ Crowns, inlays and onlays, including repairs
- ✓ Construction and insertion of bridges, (after you have been covered continuously under this provision for a period of 12 months) and repairs
- ✓ Charges for a replacement bridge are not considered an eligible expense during the five-year period following the construction or insertion of a previous bridge unless it is needed to replace a bridge that has caused temporomandibular joint disturbances and that cannot be economically modified to correct the condition
- ✓ Construction and insertion of new bridges and repairs to existing bridges, subject to the above limitations for prosthodontic services
- ✓ Implants, including surgery charges. Payment for implants is processed only when the entire implant procedure (including final implant) is complete.

Orthodontic Services

Essentials and *Enhanced* dental benefits include coverage for procedures used to treat misaligned or crooked teeth including:

- ✓ Interceptive, interventive or preventive orthodontic services (including appliances to control harmful oral habits such as thumb sucking)
- ✓ Orthodontic treatment, using a removable or fixed appliance or combination of both (includes diagnostic procedures, formal treatment and retention).

Comprehensive dental benefit does not include orthodontic coverage.

Accidental Dental Injury

Emergency dental services are covered under your Extended Health plan, and are subject to the coverage you select (e.g., *Enhanced* Extended Health would provide 100% coverage). Coverage includes dental services to repair damage to natural teeth caused by an accidental blow to the mouth that occurs while covered. Services must be received within 12 months of the accident. Reimbursement is based on the Dental Association Fee Guide, or insurance industry guidelines, for a general practitioner in the province where you live.

What's not covered?

- ✗ Services or supplies payable or available (regardless of any waiting list) under any government-sponsored plan or program unless explicitly listed as covered under this benefit
- ✗ Services or supplies that are not usually provided to treat a dental problem
- ✗ Transplants or repositioning of the jaw
- ✗ Experimental treatments
- ✗ Procedures performed primarily to improve appearance
- ✗ Replacement of dental appliances that are lost, misplaced or stolen
- ✗ Charges for appointments that you do not keep
- ✗ Charges for completing claim forms
- ✗ Supplies usually intended for sport or home use, such as mouth guards
- ✗ Services or supplies for which no charge would have been made in the absence of this coverage
- ✗ Procedures or supplies used in:
  - Full mouth reconstruction (capping of all the teeth in the mouth)
  - Vertical dimension correction (changing the way the teeth meet) including attrition (worn down teeth)
  - Alteration or restoration of occlusion (building up and restoring the bite)
  - For the purpose of prosthetic splinting (capping teeth and joining teeth together to provide additional support).
- ✗ Dental work resulting from:
  - The hostile action of any armed forces, insurrection or participation in a riot or civil commotion
  - Teeth malformed at birth or during development
  - Participation in a criminal offence.

Pre-approval for treatment

If any procedure is expected to cost more than $500, you or your dentist should submit a treatment plan to Sun Life. Your dentist can document the treatment plan using a standard claim form. Sun Life will then advise you of the exact expenses that will be covered. If you choose a more expensive plan of treatment than the typical necessary and adequate treatment, you will be reimbursed for the lesser fee.

Health Spending Account (HSA)

Overview

The Capital Power Health Spending Account (HSA) allows you to use pre-tax dollars to cover medical and dental expenses that are not reimbursed or only partially reimbursed by the Capital Power Flex Benefits program.

Here's how it works:

- Capital Power sets up your HSA by depositing $50 to your account.
- You can deposit any amount of Flex Credits or Flex Day Credits to your account but you can only change your deposit amount during annual enrolment.
- You and your dependents are eligible for coverage under the HSA.
- If you have either Extended Health or Dental coverage through Capital Power, submit your expenses to those plans first. Submit any remaining unpaid expense to the HSA.
- If you opted out of Extended Health and Dental coverage, you can submit your entire expense to the HSA.
- You have 120 days after the end of the benefit year (June 30) to submit expenses.
- If you have more medical expenses than your HSA balance, you can carry forward those expenses to the following year, provided you had an HSA in the year the expenses were incurred. This is one reason you receive a $50 deposit every year.
- During the next annual enrolment, plan to deposit enough credits to your HSA to cover any carried-forward expenses.

HSA – Use it or Lose it!

Fund your HSA wisely – any unused credits in your Health Spending Account at the end of the benefit year (June 30) are forfeited.

More about your HSA

Under the HSA, your dependents include those you have identified for the Capital Power Flex Benefits program, as well as anyone you claim as a dependent on your income tax return. For example, if you claim a parent as a dependent as defined by the Income Tax Act, a portion of their medical expenses may be eligible for reimbursement under the Capital Power HSA.

You can carry forward expenses to the next year, but not credits. Any unused credits in your HSA at the end of the benefit year are forfeited. You can't withdraw unused credits as cash.

Your HSA is governed by Canada Revenue Agency. Eligible expenses are those deemed medically necessary. For a complete listing of covered services, and a definition of eligible dependents, go to **Canada Revenue Agency**.

Example:

Health Spending Account Expense Carry-forward

Here's an example of how expenses can be carried forward from one year to the next and be paid under the HSA.

Year One	
Vision care expense	$1,000
Enhanced Extended Health at 100% to a maximum of $400 every 24 months pays	$400
Amount not reimbursed	$600
Year one HSA $50 balance pays	$50
Year One out-of-pocket cost	**$550**
	Carry forward ▼
Year Two	
Year one unpaid vision care expense	**$550**
Enhanced Extended Health at 100% to a maximum of $400 every 24 months	$0
Year two HSA $550 balance ($50 plus $500 in redirected credits) pays	$550
Year Two out-of-pocket cost	**$0**

Personal Spending Account (PSA)

Overview

Capital Power contributes to a Personal Spending Account in your name at the beginning of every year. You can use your account to pay expenses that help you manage your physical, mental, financial and social wellbeing – the pillars of Capital Power's wellness program.

Here's how it works:

- At the beginning of each benefit year – July 1 – Capital Power gives eligible employees an allocation of $500.
- You can top up this amount by directing Flex Credits or Flex Day Credits to your account during annual enrolment.
- This account is meant to support employees' personal wellness activities, so only your expenses will be reimbursed; expenses for your spouse or dependents are not eligible.
- Sun Life administers the PSA. You can view your account balance by logging on to the Sun Life website.
- When you purchase an eligible item or service, submit the receipt for 100% reimbursement (up to the total amount in your account).
- If you accumulate more expenses than your PSA balance, you can carry forward those expenses to the following year.
- You can't carry forward any balance in your PSA at the end of the benefit year, and you can't withdraw unused amounts as cash.
- You have 120 days after the end of the benefit year (June 30) to submit expenses.

PSA – Similar but not the same as your HSA

Like the HSA, you forfeit unused credits at the end of the benefit year (June 30). Unlike the HSA, your PSA expenses are taxable. PSA amounts used will be taxed quarterly. So if you have extra credits and know you will have HSA expenses, you should put your credits to your HSA first.

What expenses are eligible?

Physical

FITNESS-RELATED

- ✓ Gym memberships, personal trainers, fitness consultants, fitness-related games and DVDs and exercise physiologists
- ✓ Registration fees for virtual fitness classes
- ✓ Durable fitness equipment such as yoga mats, treadmills, exercise bikes and universal gym
- ✓ Sporting equipment, skates, roller blades, bicycles, specialized athletic footwear, tennis racquets, golf clubs, safety helmets and specialist sports equipment

HEALTH-RELATED

- ✓ Allergy testing
- ✓ Alternative wellness services
- ✓ First aid and CPR training
- ✓ Smoking cessation programs and products that are excluded from coverage under your Extended Health plan (e.g., nicotine gum)
- ✓ Home office equipment
- ✓ Personal Protective Equipment (PPE) purchased for personal use
- ✓ Health assessments, cholesterol and hypertension screening
- ✓ Nutrition programs and counseling and weight management programs (excluding food)
- ✓ Blenders and juicers
- ✓ Food delivery services (does not include the cost of food)
- ✓ Vitamins and supplements, including herbal products
- ✓ Midwifery services, maternity services and accessories

ALTERNATIVE HEALTH PRACTITIONERS

- ✓ Acupressurist
- ✓ Herbalist
- ✓ Chinese medical practitioner
- ✓ Iridologist

Financial

- ✓ Financial planning services
- ✓ Fees for financial planning professionals
- ✓ Estate planning, tax return services and will preparation
- ✓ Registered Disability Savings Plan
- ✓ Fraud prevention/assistance and credit monitoring services and products
- ✓ Public transit passes
- ✓ Solar and wind energy products
- ✓ Home insulation materials for heating or cooling
- ✓ Air purification system and installation costs

Mental

- ✓ Child/elder care
- ✓ Stress management
- ✓ Lifestyle consultants
- ✓ Prenatal classes
- ✓ Technology-based sleep therapy products recommended by a sleep expert

Social

- ✓ Annual golf club membership
- ✓ Sports team memberships and registration fees
- ✓ Registration fees for classes related to fitness and hobbies
- ✓ Camping and boating fees
- ✓ Fishing licences
- ✓ Online courses, lessons
- ✓ Hard cover and online reading and audio materials, subscriptions, and book club memberships (includes e-readers and apps)
- ✓ Music, music streaming services, and apps
- ✓ Pet-care services
- ✓ Pet insurance

Coverage for Indigenous wellbeing expenses related to:

- ✓ Indigenous healers
- ✓ Life coach services or fees for indigenous spiritual or wellness retreats
- ✓ Sweat lodge fees
- ✓ Smudging
- ✓ Indigenous healing circles
- ✓ Indigenous traditional therapeutic healing
- ✓ Indigenous ceremonies

What expenses are not eligible?

The following expenses are not eligible for reimbursement:

- ✕ Athletic bags
- ✕ Repairs to fitness equipment, bicycles and shoes
- ✕ Rental fees for lockers
- ✕ Sales tax and shipping fees
- ✕ Game consoles

For further details on what expenses are eligible and a full list of exclusions, contact Sun Life.

More about your PSA

Reimbursements from your PSA are taxable. You pay income tax on the amount you use. You don't pay tax on any unused balance, which is forfeited at the end of the benefit year and cannot be withdrawn as cash.

Comparing HSA and PSA

Features	Health Spending Account (HSA)	Personal Spending Account (PSA)
Credits	$50 plus redirected credits	Eligible part- or full-time employees: $500 plus redirected credits
Benefit year	July 1 to June 30	
Taxable	No	Yes
Eligible expenses	**Medical expenses** (as defined by the Canada Revenue Agency) Examples include: • Vision care • Paramedical (physiotherapists, chiropractors, etc.) • Prescriptions • Major dental costs Visit canada.ca/en/revenue-agency.html for a complete list and for details	**Wellness-related expenses** See list above for examples.
Carry-forward	Unclaimed expenses may be claimed in the next benefit year	
Unused credits	Unused credits are forfeited at the end of the benefit year, and cannot be redeemed for cash	
Claims	Visit mysunlife.ca to submit all of your eligible claims electronically or use the my Sun Life Mobile app. You can find the free app at the App Store or Google Play. Search for "Sun Life." If you've already registered on mysunlife.ca, you already have an Access ID that you can use for the my Sun Life Mobile app.	

Teladoc® Medical Experts

Overview

Capital Power pays for Teladoc® Medical Experts (formerly known as Best Doctors®) coverage for all employees and their dependents. Use of this program is entirely voluntary.

When you're facing the uncertainty of a medical condition, Teladoc offers services to give you the information you need to make more informed decisions about your healthcare.

How does Teladoc® work?

With Teladoc, a dedicated Member Advocate – a registered nurse – will connect with the doctors reviewing your case, keep you informed of progress, and provide ongoing guidance and support. Your spouse and dependent children also have access to Teladoc while your Extended Health coverage is in effect.

What's offered?

Teladoc services include:

- **Expert Medical Opinion:** You can receive an expert opinion on your medical condition through an analysis of your medical records and history to support you in making medical decisions with confidence for any diagnosis, treatment or surgery.
- **Find a Doctor:** Support available to help you find a local in-person specialist with ease based on your medical needs.
- **Care Finder:** Locate specialists outside of Canada, selected from our global database.*
- **Personal Health Navigator:** Access on-demand information from trusted experts, specific to your medical needs.
- **Ask the Expert:** Get personalized responses about diagnosis, treatment plans, medications, or any other concerns from leading medical experts. Receive direction to help you ask the right questions during your next doctor's visit.
- **Mental Health Navigator:** Use this concierge-style program to help you if you are struggling or feel overwhelmed. Whether you have been diagnosed with a mental health issue, or just don't feel like yourself, our experts can help you navigate the healthcare system and get the support you need.

Teladoc does not cover costs associated with treatment, travel or lodging.

Connect to Teladoc by calling **1-877-419-2378** or visit their website at **teladoc.ca**. When calling Teladoc please identify yourself as a Capital Power employee and provide your Sun Life policy numbers. You can obtain a wallet card containing important information for accessing services from the Capital Power Benefits Centre.

Liability and responsibility of Sun Life Financial

The services offered by Teladoc are not insured or administered by Sun Life Financial, nor do they guarantee the availability of Teladoc services. Sun Life Financial is not liable for any acts or omissions of any person or organization providing services directly or indirectly in connection with Teladoc.

* Expenses associated with medical treatment, travel and lodging related to the Care Finder services are your responsibility.

Employee and Family Assistance Program (EFAP)

Overview

The Employee Family and Assistance Program (EFAP) offers professional counselling assistance and support to help you manage all of life's complexities at work and home so you can take charge of your and your family's mental, physical and financial health. This confidential service is delivered through TELUS Health (formerly LifeWorks) and is available 24 hours a day, seven days a week. To access your EFAP, call **1-844-880-9137** or visit **workhealthlife.com**.

What's offered?

Services include professional counselling, work-life support and self-help resources.

Counselling services

Professional counselling services are provided in five categories:

1. **Personal/Emotional** (e.g., stress, depression, anxiety, suicidal risk, self-esteem, anger management)
2. **Couple/Relationship** (e.g., relationship breakdown, separation/divorce)
3. **Addiction Related** (e.g., alcohol, drugs, smoking, gambling)
4. **Work Related** (e.g., workplace stress, career planning, work relationship conflict)
5. **Family** (e.g., parenting, child behaviour, elder related, extended relations)

These services are offered in six modalities including:

1. **Face-to-Face meetings**
2. **Telephone support**
3. **E-Counselling**
4. **Video-Counselling**
5. **First Chat** (confidential online chat for immediate support)
6. **Text-based Resource Packages**

Work-life support services

Work-Life support services available by phone, in person and online include:

- **Legal Support** (e.g., civil litigation, real estate, landlord-tenant, will/estate)
- **Family Support** (e.g., adoption, daycare, home support services)
- **Financial Support** (e.g., debt/credit, estate, investment planning)
- **Nutrition Support** (e.g., weight gain/loss, regulating diabetes, preventing heart disease)
- **Health Coaching** (e.g., condition management, risk reduction, stress management)
- **Naturopathic** (e.g., physiology, diet, lifestyle, mental/emotional wellbeing)

Self Help resources

A range of online health and wellness resource packages on these topics are also available at **workhealthlife.com**.

Lumino Health – Virtual Care and Stress Management and Well-Being Program

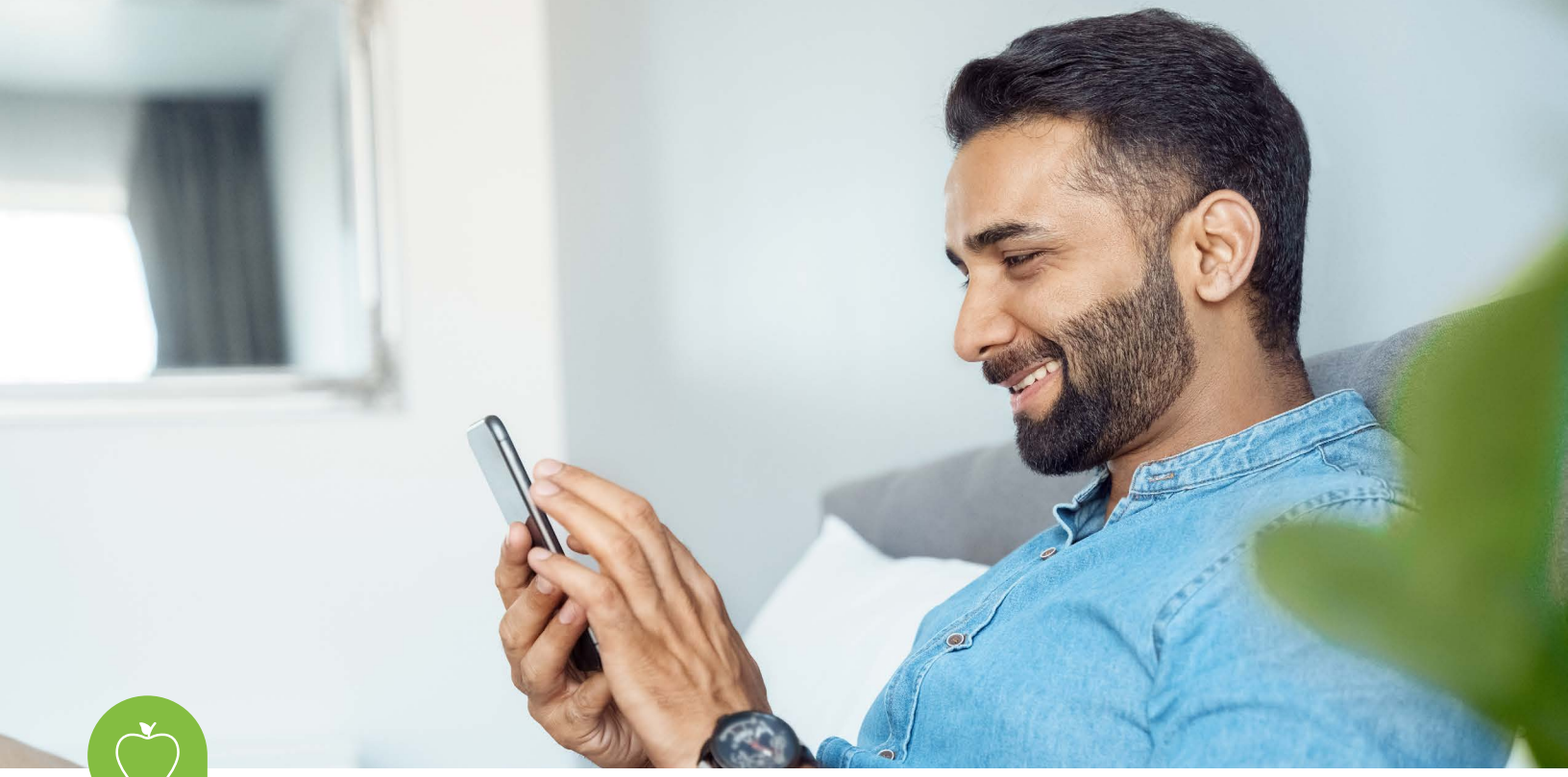
Overview

Lumino Health – Virtual Care Services provides you with 24/7, virtual access via video conference or over the telephone to healthcare professionals.

The Lumino Health – Stress Management and Well-Being program offers you another option at no cost to you for more immediate access to stress management and wellbeing support, in addition to your family or primary care physician, and in addition to our current health services and benefit programs.

What's offered:

- Timely access to support: You are connected to a nurse, doctor or mental health specialist to discuss you or your family member's physical or mental health
  - The mental health specialist will conduct an initial assessment, with a follow-up appointment scheduled in less than 24 hours with an appropriate mental health professional (i.e., psychologists, psychotherapists, therapists, etc.).
- You can receive a diagnosis and a prescription virtually
- All appointments are virtual, 100% confidential and at no cost to you
- Access to self-guided articles and wellness resources, prevention tools and pre-symptomatic support, in addition to therapy services where required
- Visit sunlife.ca/luminovc a secure web-based portal for employees and physicians to access support and virtual services.



Short-term Disability (STD)

Overview

Short-term Disability (STD) provides benefits when you are absent from work for more than 7 calendar days to a maximum of 180 calendar days due to a non-occupational illness or injury. Work related injuries are covered by Workers' Compensation.

Definition of disability

You are considered disabled under the STD plan if you are unable to perform your regular duties during standard hours due to a non-occupational disability.

What's covered?

To receive STD benefits you must:

- Be under the care of an appropriate medical practitioner as may be approved or recommended (when deemed necessary) by TELUS Health (formerly LifeWorks).

You receive:

- 100% of your regular rate of pay for the first 120 consecutive calendar days of your illness or injury
- 80% of your regular rate of pay for the period after 120 consecutive calendar days of your illness or injury, to a maximum of an additional 60 consecutive calendar days.

Modified duties performed during days 121 to 180 will be paid at 100% of your salary. Any hours not worked within this period will be paid at 80% of your pre-disability wage.

The total duration of pay will be up to 180 calendar days per incident from the date of illness or injury.

Part-time employees receive a pro-rated benefit based on their standard hours of work.

If you become disabled

Notify your supervisor/manager as soon as you become aware that you will be unable to attend work due to illness or injury. Once you know you will be that you will be away from work for more that 7 calendar days contact the Capital Power Wellness Specialist to initiate your STD claim. Capital Power has partnered with TELUS Health (formerly LifeWorks), a disability management provider, to provide absence support for personal illness or injury at the initiation of Short-term Disability. Once your claim has been opened with TELUS Health a Disability Case Manager will contact you to support you with your claim.

Managing your STD

MANAGING YOUR RECOVERY

TELUS Health (formerly LifeWorks) (Capital Power's disability management provider) will provide absence support for personal illness or injury at the initiation of Short-term Disability. TELUS Health will keep your medical information confidential and will not share details about your condition, your diagnosis and/or your treatment with anyone at Capital Power. If you are referred to TELUS Health, you will be asked to complete the STD benefit application.

THE PACKAGE CONTAINS:

- Information about your responsibilities under Capital Power's Attendance and Return to Work Management Program and the roles of Capital Power and TELUS Health
- Consent to release information to TELUS Health. Signing a consent form allows TELUS Health and your family doctor to share information about your condition. This will assist your doctor in helping to design a health recovery and return-to-work program for you. To qualify for disability benefits, your full cooperation in providing the requested information is required
- The Attending Physician's Statement to provide to your treating physician.

IF YOU ARE UNABLE TO ATTEND WORK DUE TO ILLNESS OR INJURY, YOU ARE RESPONSIBLE FOR:

- Providing ongoing information on abilities and return to work information as requested by the TELUS Health Disability Case Manager
- Actively participating in the rehabilitation/modified work process, any return to work initiatives and ongoing care/treatment plans
- Communicating with your supervisor and the Disability Case Manager about any modified work problems that arise
- Working with your physician to ensure your physician provides the Disability Case Manager with the required Employee Information Package in a timely manner on an ongoing basis.

Coordinating with other sources of income

Your STD benefits are reduced by any other monthly income you receive as a result of your disability or any disability benefits you receive from:

- Canada Pension Plan (excluding payments for dependents)
- Workers' Compensation
- Any amount paid under any Criminal Injuries Compensation Act or similar law
- Provincial automobile insurance plans that do not take income benefits payable by EI into account.

Workers' Compensation injury or illness

If Workers' Compensation determines that your injury or illness is occupational, you must reimburse the STD plan for any income you received from the plan for the period of absence the claim was considered occupational.

Alternative job duties with Capital Power

If you are unable to perform your regular job duties, Capital Power may require you to perform medically-approved, modified or alternative duties until you can return to your regular job.

If Capital Power offers you an alternative job that you are capable of performing and you refuse to accept it, your STD benefits end on the date you would have started your alternative job.

If, while receiving STD benefits you become unable to perform the duties of the alternative job due to a non-occupational disability, you receive benefits based on your original regular pay rate while your disability lasts or until you are no longer eligible for STD benefits.

Alternative duties with another employer

If, while receiving STD benefits Capital Power pre-approves you to work for another employer, your STD benefits are reduced by the amount of employment income you receive.

You continue to receive reduced benefits until your STD benefits run out.

Long-term Disability (LTD)

Overview

You insure your life, home and car but what about your ability to work and earn an income? If you become sick and are unable to earn an income for a long period of time, how would you pay your bills and take care of your family?

The Long-term Disability (LTD) plan provides you with income if an absence due to illness or injury prevents you from working for more than 180 consecutive calendar days. The Capital Power LTD plan offers three levels of coverage – *Essentials*, *Comprehensive* and *Enhanced*. You may change your coverage level at any time; however, proof of good health may be required.

Long-term Disability (LTD) benefits for part-time employees are based on average monthly basic earnings for the 12 week period immediately prior to the date of disability.

Definition of disability

Under our Long Term Disability plan, there are two definitions of disability.

1. The elimination period (the 180 days of STD) and the first 18 months of LTD an employee is considered disabled if they are continuously unable to do the essential duties of the employee's own occupation that regularly occupies 60% of the work day.
2. Following the initial 18 months of disability, an employee is considered disabled if they are unable to do any occupation for which they may become reasonably qualified by education, training, or experience and for which they would receive at least 50% of your pre-disability earnings.

	LTD Option		
	***Essentials* – 100% Company Paid**	***Comprehensive***	***Enhanced***
Benefit	• 66⅔% of your monthly pre-disability basic earnings to a maximum monthly benefit of $17,800	• Coverage equal to the *Essentials* option, plus • An annual cost-of-living adjustment equal to the change in the Canadian Consumer Price Index to a maximum of 2%	• 75% of your monthly pre-disability basic earnings to a maximum monthly benefit of $20,000 • An annual cost-of-living adjustment equal to the change in the Canadian Consumer Price Index to a maximum of 2%

Note: Employees pay the difference in premiums between *Essentials* coverage and *Comprehensive* or *Enhanced* coverage

This example shows how your LTD coverage could differ based on the option chosen for an employee earning $90,000 per year. The monthly benefit paid through the *Essentials* option, without COLA, doesn't change over time, whereas the benefits paid through the *Comprehensive* and *Enhanced* options, with COLA, increase each year, in line with increases in the cost of living.

Illustrative Monthly Benefit Received on LTD*

	LTD Coverage		
	Essentials	***Comprehensive***	***Enhanced***
Year 1	$5,000	$5,000	$5,625
Year 5	$5,000	$5,412*	$6,089**
Year 10	$5,000	$5,976**	$6,722**

* Because Capital Power pays the premiums for the *Essentials* coverage and part of the premiums for the *Comprehensive* and *Enhanced* coverage, the LTD benefits you receive while disabled would be taxed as income.

* Example assumes a 2% annual increase in monthly LTD benefits. Note that the actual annual cost of living adjustments will depend on the change in inflation each year.

What to think about when choosing LTD coverage

It is important to consider where you are in your financial lifecycle, along with what your ongoing medical needs could be while on LTD. When deciding which LTD option is right for you, consider:

- How might your living expenses (rent/mortgage, groceries, utilities) change over the course of your first, fifth or 10th year on LTD? How will the cost of living impact these expenses? What other sources of income would you have to cover these expenses?
- What additional expenses might you encounter the longer you remain on LTD? Would you be facing high tuition fees as your children reach post-secondary school age in a few years? Would you need to add or replace mobility or medical devices the longer you remain on LTD?
- How close are you to retirement? LTD coverage ends at age 65. The further you are from retirement age, the larger the risk that inflation poses to your standard of living, and the longer you would have to benefit from an LTD option that includes COLA.

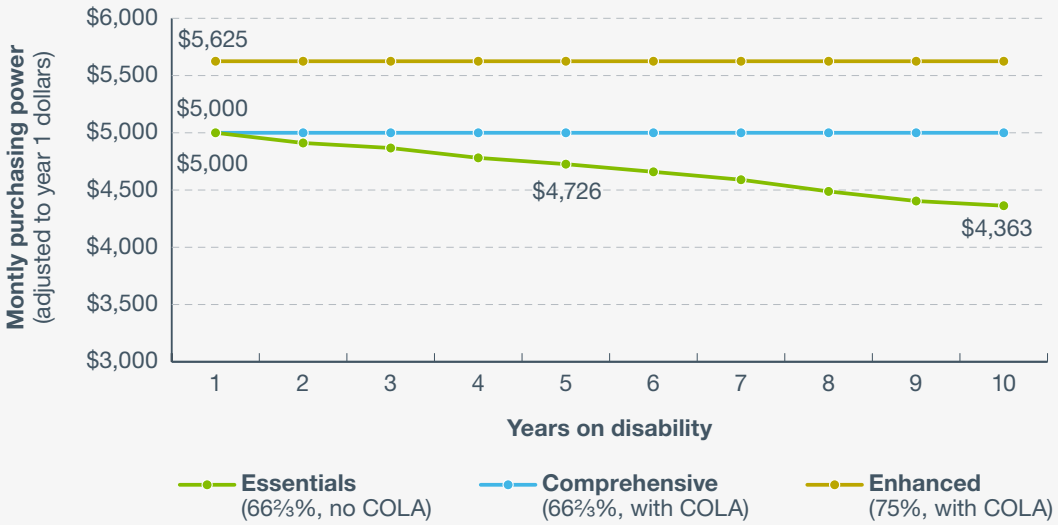
Recurring disabilities

Within the STD period, if you return to work after a period of disability and become disabled again within 30 calendar days of your return to work, due to causes directly related to the earlier disability, then both these absences are counted towards the LTD Elimination Period.

If you received LTD benefits for a total disability and that disability recurs within six months due to the same or related causes, provided you continue to participate in Capital Power's Flex Benefits program, Sun Life will consider the second disability a continuation of your previous disability. Benefits for a recurring disability will be based on the same rate as on the original disability.

Sample LTD COLA Chart

Monthly LTD Benefit Impact of Inflation on Purchasing Power



This illustration shows that with the *Essentials* option, because it does not include a COLA, the purchasing power of the LTD benefit declines over time relative to the impact of inflation. In contrast, the purchasing power of the *Comprehensive* and *Enhanced* options is not eroded by inflation because the LTD benefit includes a COLA.

Note: This example is based on illustrative cost of living adjustments, assuming an annual pre-disability salary of $90,000 and a 2023 year of disability.

Disability during an approved leave

If you become totally disabled during an approved leave and your LTD coverage continues during this time, you are eligible for benefit payments beginning the day you were scheduled to return to full-time employment with Capital Power.

To qualify, you must have been totally disabled for 180 uninterrupted calendar days and continue to be totally disabled on your scheduled return to full-time work with Capital Power.

Leaves of absence include:

- Maternity leave begins on the date you and Capital Power agree or the date the child is born, whichever is earlier. Maternity leave ends on the date you and Capital Power agree you will return to active, full-time work or the actual date you return to active, full-time work, whichever is earlier
- Parental leave is the period of time determined by you and Capital Power
- Other leaves are subject to approval by Capital Power.

What is the Elimination Period?

The Elimination Period is essentially your time under the STD program. The Elimination Period begins on the date you become disabled, to a maximum of 180 calendar days. In the circumstance of stopping and recurring disability, you must reach the end of the Elimination Period within 12 months of your original date of illness or injury to qualify for LTD.

When LTD payments end

Your LTD payments end on the earlier of:

- The date you are no longer totally disabled
- The last day of the month in which you reach age 65
- The last day of the month in which you retire on pension with the employer
- The last day of the month in which you are eligible to retire with a full pension or a full pension equivalent and have been receiving LTD benefits for 18 months
- The last day of the month in which you die.

What's not covered?

Pre-existing conditions (prior to initial coverage)

Sun Life Financial will not pay LTD benefits if your disability results directly or indirectly from a condition, which existed on or before the date your coverage began. However, this limitation will not apply if:

- You have been covered for LTD under this plan for at least 13 weeks during which you have been actively working continuously (up to three days of absence does not count) and you have not been treated by a doctor, or any medical personnel under the direction of a doctor, for the condition; or
- You became totally disabled more than 12 months after your coverage began.

If your coverage ends but you enrol in the plan, this limitation applies from the latest date your coverage began.

Other exclusions

You will not receive LTD benefits if you are:

- Not receiving appropriate treatment
- Working for wage or profit unless it is approved by Sun Life
- Not participating in an approved partial disability or rehabilitation program, if Sun Life requires it
- On leave of absence, strike or lay-off
- Absent from Canada longer than four months due to any reason unless approved by Sun Life
- Serving a prison sentence or are confined to a similar institution
- Disabled as a result of drug or alcohol abuse unless and only while you are participating in an approved treatment program
- Disabled due to hostile actions of any armed forces, insurrection or participation in a riot or civil commotion
- Disabled due to intentionally self-inflicted injury
- Disabled resulting from participation in a criminal offence.

Managing your LTD

During your total disability, you must make reasonable efforts to:

- Recover from your disability, including participating in any reasonable treatment or rehabilitation program, and accepting from Capital Power any reasonable offer of modified duties
- Return to your own occupation during the first 18 months that LTD benefits are payable
- Obtain training to qualify for another occupation if it becomes apparent that you will not be able to return to your own occupation within the first 18 months that LTD benefits are payable
- Try to obtain work in another occupation after the first 18 months that benefits are payable
- Obtain benefits that may be available from other sources.

Benefit payments may be withheld if you fail to take the actions listed above.

Partial disability

After you are eligible for LTD payments, you may be required to participate in a partial disability program in which you return to your own occupation for a reduced number of hours per week. Participation in this program may impact your LTD payments as follows:

- Your LTD payments are reduced by the percentage of your normal work week represented by the partial disability program
- During your partial disability program, your total income from all sources cannot exceed 100% of your pre-disability basic earnings. If this is the case, your LTD payments are further reduced by the excess.

Rehabilitation

To help you become capable of full-time employment, you may be required to participate in a rehabilitation program that includes:

- Working with a rehabilitation specialist
- Part-time work
- Work in another occupation
- Vocational training.

During your rehabilitation program, you are still eligible for LTD payments.

If your total income from all sources is more than 100% of your pre-disability basic earnings, your LTD payments are reduced by the excess.

Coordinating with other sources of income

LTD benefits are reduced by benefits you receive from:

- The disability or retirement provisions of the Canada Pension Plan (CPP) or any other government sponsored plan for the same or a subsequent disability, excluding dependent benefits, Employment Insurance benefits and automatic cost-of-living increases that occur after benefits begin
- Workers' Compensation Act or similar law for another disability, excluding automatic cost-of-living increases that occur after benefits begin
- A motor vehicle insurance plan which provides disability benefits to the extent that the law does not prohibit such a deduction
- A group plan, including any coverage resulting from your membership in an association of any kind
- Any disability or pension benefits received from Capital Power or any other employer as a result of a disability or medical condition.

If your benefit amount plus all the additional sources of income exceeds 85% of your pre-disability basic earnings, your LTD payment is reduced by the excess. Additional sources of income include:

- The sources of income outlined above
- Any Criminal Injuries Compensation Act or similar law, where allowed by law.

If you are eligible for any of the income amounts above and do not apply for them, Sun Life still considers them part of your income.

Union dues and charitable donations, if applicable, are deducted from your LTD benefits on a monthly basis.

Benefit calculation

Step 1:

The benefit you receive is:

- Calculated according to the percentages available under the option you chose at annual enrolment
- Based on your pre-disability basic earnings on the date you became disabled.

If you are receiving LTD benefits and a retroactive adjustment is made to your pay with an effective date prior to the start date of your illness or injury, your LTD benefits will be adjusted only as of the date of ratification (i.e., you will not receive retroactive LTD payments – changes will be in effect on a go-forward basis only).

Step 2:

Any income you receive under the Coordinating with Other Sources of Income provision is subtracted from this amount.

The result from **Step 2** is the amount you normally receive.

Step 3:

If your benefit amount plus all the additional sources of income listed in Coordinating with Other Income exceeds 85% of your pre-disability basic earnings, your LTD payment is reduced by the excess.

Example:

Pat selected ***Essentials* LTD** coverage at enrolment. Their base annual salary was $40,000 ($3,333 per month) when they became disabled. They qualify for a monthly disability pension of $1,038 from the Canada Pension Plan.

	Monthly amount
Step 1 Calculate benefit amount using the *Essentials* formula: Calculation: 66⅔ of $3,333 = $2,222	$2,222
Step 2 Subtract CPP disability pension	– $1,038
Long-term Disability benefit after Step 2	$1,184
Step 3 The benefit after Step 2 ($1,184) is further reduced if total income from all sources exceeds 85% of pre-disability earnings. In this case there is no further reduction because total income from all sources (i.e., net LTD of $1,184 + CPP of $1,038 = $2,222) is less than 85% of pre-disability earnings (i.e., 85% x $3,333 = $2,833)	-$0
Essentials LTD benefit after Step 3	$1,184
CPP disability pension	+ $1,038
Total income received on disability	**= $2,222**

Both the CPP disability pension and the *Essentials* LTD benefit are subject to income tax.

Example:

Chris selected ***Enhanced* Plus COLA LTD** coverage at enrolment. Their base annual salary was $50,000 ($4,167 per month) when they became disabled. They qualify for a monthly disability pension of $1,186 from the Canada Pension Plan. In addition, Chris' two children each qualify for a $258.58 disability benefit from the Canada Pension Plan.

	Monthly amount
Step 1 Calculate benefit amount using the *Enhanced* formula: Calculation: 75% of $4,167 = $3,125	$3,125
Step 2 Subtract CPP disability pension (excluding payments for eligible dependents)	-$1,186
Long-term Disability benefit after Step 2	$1,939
Step 3 The benefit after Step 2 ($1,939) is further reduced if total income from all sources exceeds 85% of pre-disability earnings. In this case, there is no further reduction because total income from all sources (i.e., net LTD of $1,939 + CPP of $1,186 = $3,125) is less than 85% of pre-disability earnings (i.e., 85% x $4,167 = $3,542). As noted above, the LTD benefit is not reduced by any CPP benefits paid for dependent children.	
Enhanced LTD benefit after Step 3	$1,939
CPP disability pension (including $517 of CPP benefit for the two children)	+ $1,703
Total income received on disability	**= $3,642**

Both the CPP disability pension and the *Enhanced* LTD benefit are subject to income tax.

Proof of Good Health

If you choose to increase your LTD coverage, you will be required to provide Sun Life with proof of good health that you are not at an unreasonable risk for LTD. To supply this evidence, complete and send the Statement of Health Form available on the Capital Power Benefits website to Sun Life Financial. Based on your answers, Sun Life may approve your application, deny it, or ask for more information that may involve a more detailed questionnaire or physical examination. Coverage takes effect on the later of either date of your hire/annual enrolment or the application approval date. If your coverage ends but you enrol in the plan, this limitation applies from the latest date your coverage began.

Other Benefits while on LTD

- Benefits under all Capital Power plans for which you are covered continue with Capital Power paying premiums for Extended Health and Dental as applicable
- Sun Life waives premiums for your Basic and Optional life insurance, Optional AD&D and Optional Critical Illness insurance effective the date of your disability
- Sun Life waives your LTD premiums effective the date your LTD benefit payments begin
- If you are a member of LAPP, you continue to accrue pensionable service without contributions as long as you are totally disabled. Where applicable Capital Power continues to make pension contributions on your behalf
- If you are a member of the DC pension plan, Capital Power will continue to make employee and employer contributions on your behalf as long as you are totally disabled.

Basic Life Insurance

You are automatically provided *Essentials* Basic Life Insurance of one times your annual basic earnings, to a maximum benefit of $800,000. This coverage is provided to you at no cost.

Life Insurance benefits are paid to your beneficiary in a tax-free lump sum if you die.

Your *Essentials* Employee Basic Life Insurance coverage ends when you retire.

You can supplement *Essentials* Basic Life Insurance by purchasing Optional Life Insurance (refer to Optional Benefits on page 48).

What is Basic Earnings?

Your salary from Capital Power not including any bonus, overtime or incentive pay.

Are your beneficiaries up to date?

Having an up-to-date beneficiary designation is important to the financial wellbeing of your family and other loved ones.

Take the time now during annual enrolment to review your life insurance beneficiary information and make sure it is up to date. You can also make changes to your beneficiaries at any time during the year by going online to cpcflexbenefits.hroffice.com and selecting Actions > Make Changes > Beneficiary designations.

Important: Beneficiary designations are not complete until the Beneficiary Authorization Form is signed and submitted to Capital Power Flex Benefits Support.

Optional Benefits

Overview

Capital Power offers a range of insurance coverage to protect you and your family. You can also purchase the following optional insurance benefits for you, your spouse and/or your children:

- Optional Life Insurance
- Optional Accidental Death & Dismemberment
- Optional Critical Illness.

You must purchase all optional insurance through payroll deduction. You can change your insurance coverage levels at any time, though proof of good health may be required for Life and Critical Illness insurance.

Optional Life Insurance

Employee

You are automatically enrolled in basic, company-paid *Essentials* Employee Life Insurance based on your annual basic earnings rounded up to the next whole $1,000 (for example, a salary of $46,050 would be rounded to $47,000).

You may purchase Optional Life Insurance:

- In units of $10,000
- To a combined maximum of $1,200,000 (*Essentials* and Optional Life Insurance coverage).

Premiums for Optional Life Insurance are based on age, gender and smoking status. Your coverage ends when you retire or you reach age 70.

What is the definition of a "smoker"?

You are considered a smoker if you have used tobacco products or marijuana even once within the past 12 months.

Spouse

You may purchase Optional Spouse Life Insurance for your spouse, provided your spouse does not work for Capital Power. If both you and your spouse work for Capital Power, you may not be covered as a spouse under this plan and neither of you is eligible for Spousal Life Insurance. Your Optional Spouse Life Insurance coverage ends when you retire or when your spouse reaches age 70, whichever occurs first.

Optional Life Insurance coverage for your spouse is available:

- In units of $10,000
- To a maximum of $500,000
- Premiums for Optional Life Insurance are based on age, gender and smoking status.

Child

If your spouse works at Capital Power and you have children, only one of you may cover them as dependents for life insurance. Life insurance coverage for each of your children is available:

- In units of $5,000
- To a maximum of $20,000.

The price of Optional Child Life Insurance is based only on the number of units you purchase. Once approved, the level of coverage you choose applies to **all** eligible dependent children (i.e., one policy and premium covers all dependent children). However, you must have all children listed as dependents for coverage to apply. Children are not required to provide proof of good health for insurance approval. Your Optional Child Life Insurance coverage ends when you retire.

Payment of Life Insurance Benefits

- Spouse Life Insurance pays you or the named beneficiary in a tax-free lump sum if your spouse dies
- Child Life Insurance pays you a tax-free lump sum if your dependent child dies
- No benefits are paid if the optional insurance coverage is in effect for less than two years, and the death is by suicide.

Optional Accidental Death & Dismemberment (AD&D) Insurance

Optional AD&D insurance provides a benefit in the event of accidental injury or death. You may purchase optional coverage for you, your spouse and/or your children. Premiums for Optional AD&D are based on the number of units you purchase.

Optional AD&D Insurance is available for you and your spouse:
- In units of $10,000, to a maximum of $500,000

Optional AD&D for your children:
- In units of $5,000 to a maximum of $20,000.

If you and your spouse are both Capital Power employees

You may not be covered as both an employee and a dependent under the Optional AD&D plan. Your children may be covered by only one parent.

Optional AD&D Insurance benefits are paid in addition to any life insurance coverage you may have, if you or one of your covered dependents:

- Is killed or injured in a covered accident
- Accidentally drown
- Disappear in an accident while travelling. This applies only if the means of transportation disappears, sinks, is wrecked, forced to land or stranded and the body is not found within one year. There must be no evidence that you or your dependent is still alive
- Are in an accident or exposed to the elements and, as a direct result, you or a dependent suffer one of the losses listed here within one year of that accident or exposure.

The benefit amount is according to the following Schedule of Losses. The Principal Sum is the amount of coverage you selected; the benefit amount is a percentage of the Principal Sum.

Schedule of Losses

Injury	Employee/ Spouse/Child % of Principal Sum
Loss of life	100
Loss of both arms or both legs	100
Loss of both hands or both feet	100
Loss of one hand and one foot	100
Loss of one hand or one foot, and entire sight of one eye	100
Loss of one arm or one leg	75
Loss of one hand or one foot	75
Loss of four fingers on the same hand	33⅓
Loss of thumb and index finger on the same hand	33⅓
Loss of four toes on the same foot	25
Loss of use of both arms or both legs	100
Loss of use of both hands or both feet	100
Loss of use of one arm or one leg	75
Loss of use of one hand or one foot	75
Loss of entire sight of both eyes	100
Loss of speech and loss of hearing in both ears	100
Loss of entire sight of one eye	75
Loss of speech	75
Loss of hearing in both ears	75
Loss of hearing in one ear	25
Quadriplegia (total paralysis of all four limbs)	200
Paraplegia (total paralysis of both lower limbs)	200
Hemiplegia (total paralysis of both limbs on one side of the body)	200

Only the largest percentage is paid for injuries to the same limb resulting from the same accident. In the event of an accident resulting in more than one loss, the claimant will receive up to 100% of the amount of coverage, except in the cases of quadriplegia, paraplegia or hemiplegia, where the maximum is 200%.

Definition of loss

Loss of:

- An arm means that it was severed at or above the elbow
- A hand means that it was severed at or above the wrist
- A leg means that it was severed at or above the knee
- A foot means that it was severed at or above the ankle
- A thumb, finger or toe means that it was severed at or above the first joint from the hand or foot
- Sight, speech or hearing must be total and permanent
- Use must be total and must have continued for at least one year.

You may be required to provide proof that the loss is permanent before your payment is processed.

Limit on benefit amounts

If more than one person covered by the group contract is eligible for benefits resulting from the same accident, Sun Life Financial will pay up to a maximum of $3,000,000 for all claims related to the accident. If the total amount of benefits payable for the accident is more than $3,000,000, Sun Life will pay for each person a percentage of the $3,000,000 that is equal to the percentage the person would have received of the total payable.

Additional Benefits

The following additional benefits are available provided you have purchased optional coverage for that person (yourself, your spouse, your child).

REPATRIATION BENEFIT

If you, your spouse or child die as a direct result of an accident 100 kilometres or more from home, Sun Life will pay up to $10,000 for the preparation and transportation of the body for burial or cremation. This benefit may be paid to any person who paid for the repatriation or has a claim for repatriation expenses against your estate. As long as this payment is made in good faith, Sun Life will be fully discharged to the extent of the payment.

REHABILITATION PROGRAM

If you or your spouse suffer a loss, other than a loss of life, Sun Life will pay up to $10,000 of your rehabilitation expenses for a rehabilitation program. This does not include ordinary living expenses such as room, board, travelling or clothing. The rehabilitation program must be approved in advance and the expenses must be incurred within three years of the accident and while you are covered for this benefit. Approval of the rehabilitation program will be based on the likelihood that it will be successful. The rehabilitation will include training required, because of the loss, to prepare you for a new occupation.

SPOUSE OCCUPATIONAL TRAINING BENEFIT

If you die as a direct result of an accident, your spouse will receive up to $10,000 for occupational training. The training must be for a job for which your spouse was not previously qualified. This does not include ordinary living expenses such as room, board, travelling or clothing. Expenses must be pre-approved and incurred within three years of the date of the accident. Sun Life approval of the training program will be based on the likelihood that it will be successful.

About Additional Benefits

If the service is reimbursable under other sources or covered under another benefit of this plan, Additional Benefits are not payable.

Benefits payable are based on “usual and reasonable” expenses for the service.

CHILD EDUCATION BENEFIT

If you or your spouse die as a direct result of an accident, this plan will pay for a dependent child’s tuition fees in a post-secondary school: 5% of the amount of coverage up to $5,000, each year up to a maximum of four years. The child must enrol as a full-time student within one year of your death. This does not include ordinary living expenses such as room, board, travelling or clothing. This also does not include education expenses incurred prior to your death.

FAMILY TRANSPORTATION BENEFIT

If you suffer a loss as a direct result of an accident and are hospitalized at least 150 kilometres from home, the plan will pay up to $5,000 for hotel accommodations close to the hospital while you are hospitalized and for the travel expenses of an immediate family member. An immediate family member means a spouse, parent, child, brother or sister. The plan will also pay for travel expenses. Car travel will be covered at a rate of $0.54 per kilometre. Transportation must be by the most direct route to and from the hospital.

DAY CARE BENEFIT

If you die as a direct result of an accident, Sun Life will pay 5% of the amount of coverage up to $5,000, each year up to a maximum of four years, to cover day care costs for a dependent child. The child must be enrolled in a licensed day care centre within one year of your death. This does not include ordinary living expenses such as travelling or clothing. This also does not include day care expenses incurred prior to your death.

HOME/VEHICLE MODIFICATION BENEFIT

If you suffer a loss as a direct result of an accident and are confined in a wheelchair, the plan will pay up to $10,000 for one-time modifications:

- To your principal residence to make it wheelchair accessible and habitable by you
- To a motor vehicle used by you to make the vehicle accessible or driveable for you.

All expenses must be pre-approved and incurred within one year of the date of the accident.

SEAT BELT BENEFIT

If you suffer a loss while you are a passenger or driver of a private passenger type motor vehicle and your seat belt is properly fastened, we will pay 10% of the amount of coverage. We will require verification of actual use of seat belt, either as part of the official report of accident or as certified by the police. If you were the driver, you must have held a current and valid driver’s licence while operating the vehicle.

What's not covered?

The plan will not pay for losses that are the result of:

- Self-inflicted injuries, by firearm or otherwise
- A drug overdose
- Carbon monoxide inhalation
- Attempted suicide or suicide regardless of whether the insured person has a mental illness or intends or understands the consequences of their actions
- Flying in, descending from or being exposed to any hazard related to an aircraft while:
  - Receiving flying lessons
  - Performing any duties in connection with the aircraft
  - Being flown for a parachute jump
  - A member of the armed forces if the aircraft is under the control of or chartered by the armed forces.
- The hostile action of any armed forces, insurrection or participation in a riot or civil commotion
- Full-time service in the armed forces of any country
- Participation in a criminal offence.

Optional Critical Illness Insurance

You may purchase Optional Critical Illness insurance for yourself, your spouse and/or your dependent children. Critical Illness insurance provides a one-time, tax-free, lump-sum payment that can help to alleviate the financial burden associated with a critical illness diagnosis for things such as travel to treatment facilities, additional childcare and adapting your home to meet your health needs.

Optional Critical Illness insurance will pay a benefit when a covered individual is diagnosed with a condition that is covered under the plan, provided the diagnosis was made after coverage began and the survival period (usually 30 days) is satisfied. The payment can be used in any way you want; it does not have to be used for medical expenses.

Optional Critical Illness insurance is available for you and your spouse in units of $25,000 to a maximum of $200,000, and for your children: one unit of $10,000. Premiums for employee and spouse coverage are based on age, gender and smoking status. The premium for Child Critical Illness is a flat rate for all of your dependent children. You may purchase $25,000 of coverage for yourself or your spouse ($10,000 for your children) without submitting proof of good health if you apply within 31 days of hire or first becoming eligible. Proof of good health is required for amounts more than $25,000 and for any subsequent increases in coverage.

If you and your spouse are both Capital Power employees

You may not be covered as both an employee and a dependent under the Optional Critical Illness plan. Your children may be covered by only one parent.

What's covered?

Covered Conditions:

- ✓ Alzheimer's disease
- ✓ Aortic surgery
- ✓ Aplastic anemia
- ✓ Bacterial meningitis
- ✓ Benign brain tumour
- ✓ Blindness
- ✓ Cancer
- ✓ Coma
- ✓ Coronary artery bypass surgery
- ✓ Deafness
- ✓ Heart attack
- ✓ Heart valve replacement or repair
- ✓ Kidney failure
- ✓ Loss of independent existence
- ✓ Loss of limbs
- ✓ Loss of speech
- ✓ Major burns
- ✓ Major organ failure requiring transplant
- ✓ Major organ transplant
- ✓ Motor neuron disease
- ✓ Multiple sclerosis
- ✓ Paralysis
- ✓ Parkinson's disease
- ✓ Stroke

What's not covered?

Each covered person is eligible for one Critical Illness benefit payment only from this plan. If that person suffers from a second critical illness, they are not eligible for a second benefit. This benefit is not payable for claims resulting directly or indirectly from:

- ✗ A diagnosis of a covered condition that is first established prior to the effective date of coverag[e*]
- ✗ Intentionally self-inflicted injuries or attempted suicide, regardless of whether the insured person has a mental illness or intends or understands the consequences of their actions
- ✗ The hostile action of any armed forces, insurrection, or participation in a riot or civil commotion
- ✗ Participation in a criminal offence
- ✗ The use of illegal or illicit drugs or substances, misuse of drugs or alcohol
- ✗ The death of the Insured during the required survival period.

* Some covered conditions, such as a heart attack, are considered to be a separate event when they occur, and the diagnosis is specific to the date of the occurrence.

Pre-existing conditions

For any coverage that required proof of good health, no benefits are payable for any symptom or medical problem leading to a diagnosis or surgery if that symptom or medical problem began or occurred before the effective date of coverage.

For any coverage that did not require proof of good health, benefits will not be paid if within the 12 months after coverage begins, a covered individual suffers an injury, sickness or medical condition (whether or not diagnosed) for which during the 12 months prior to the effective date of insurance, the individual:

- Had symptoms
- Consulted a doctor or other health care practitioner
- Was provided any health-related care, advice or treatment
- That as a reasonably prudent person with such injury, sickness or medical condition would have consulted a doctor or any other health care practitioner.

There is no coverage for cancer if you or your dependents are diagnosed with cancer and such diagnosis was made, or any symptom or medical problem is determined, which initiated the investigation leading to a diagnosis of cancer, within 90 days of when coverage began. However, insurance coverage under all other covered conditions excluding cancer will remain in force.

Covered illnesses and conditions

The critical conditions covered by this insurance plan must be diagnosed after the effective date of coverage by a physician licensed and practicing in Canada. They are defined as follows:

Alzheimer's Disease: Diagnosis by a certified neurologist of the loss of intellectual capacity involving impairment of memory and judgment, which results in significant reduction in mental and social functioning requiring supervision for daily living. Coverage excludes dementia from organic brain disorders or psychiatric illnesses.

Aortic Surgery: Undergoing surgery for disease of the aorta, requiring excision and replacement of such diseased aorta with a graft. Aorta refers to the thoracic and abdominal aorta but not its branches.

Aplastic Anaemia: Diagnosis by a specialist of a chronic persistent bone marrow failure, confirmed by biopsy, which results in anemia, neutropenia and thrombocytopenia requiring blood product transfusion, and treatment with at least one of the following:

- Marrow stimulating agents
- Immunosuppressive agents
- Bone marrow transplantation.

The insured must survive at least 30 days following the date of diagnosis.

Bacterial Meningitis: Diagnosis by a specialist of meningitis, confirmed by cerebrospinal fluid showing growth of pathogenic bacteria in culture, resulting in neurological deficit documented for at least 90 days from the date of diagnosis. No benefit will be payable under this condition for viral meningitis. The insured must survive at least 30 days following the date of diagnosis.

Benign Brain Tumour: Diagnosis of a benign (i.e. not cancerous) tumour within the substance of the brain. Excluded are cysts, granulomas, meningiomas, malformations of the intracranial arteries or veins, or tumours of the cranial nerves, pituitary or spinal cord.

Blindness: Diagnosis by a certified ophthalmologist of the permanent loss of sight in both eyes. The corrected visual acuity must be either worse than 20/200 in both eyes or the field of vision must be less than 20 degrees in both eyes.

Cancer: Diagnosis of a malignancy that is characterized by the uncontrolled growth of cancer cells with invasion of tissue. The following conditions are excluded:

- Early prostate cancer, diagnosed as T1A N0 M0 and T1B N0 M0 or equivalent staging
- Non-invasive cancer in situ
- Premalignant lesions, benign tumours or polyps
- Any tumour in the presence of any Human Immunodeficiency Virus (HIV)
- Any skin cancer, other than invasive malignant melanoma greater than 0.75mm.

There is no coverage for cancer if the insured is diagnosed with cancer and such diagnosis was made, or any symptom or medical problem is determined, which initiated the investigation leading to a diagnosis of cancer, within 90 days following the effective date of the coverage. However, insurance coverage under all other covered conditions, excluding cancer, will remain in force.

A diagnosis refers to…

A written diagnosis by a doctor, licensed and practicing in Canada, of the covered condition. Any diagnosis will be effective as of the date it is established by the doctor, as supported by the insured person's medical records. Any diagnosis of a critical condition that was made prior to the effective date of coverage will not be covered.

Coma: Diagnosis by a certified neurologist of the state of unconsciousness with no reaction to external stimuli, for a continuous period of at least 96 hours.

Coronary Artery Bypass Surgery: Undergoing heart surgery, to correct narrowing or blockage of one or more coronary arteries with bypass grafts. Coverage excludes non-surgical techniques such as balloon angioplasty, laser embolectomy or other non-bypass techniques. The surgery must be recommended by a cardiologist who is practising in Canada.

Deafness: Diagnosis by a certified otolaryngologist of the permanent loss of hearing in both ears with an auditory threshold of more than 90 decibels.

Heart Attack: Diagnosis by a physician of the death of a portion of the heart muscle, resulting from a blockage of one or more coronary arteries due to atherosclerotic heart disease. The diagnosis must be based on all of the following criteria occurring at the same time:

- New episode of typical chest pain or equivalent symptoms
- New electrocardiographic (ECG) changes indicative of an acute myocardial infarction
- Biochemical evidence of myocardial necrosis (heart muscle death) including elevated cardiac enzymes and/or troponin.

Coverage excludes lesser acute coronary syndromes including unstable angina and acute coronary insufficiency.

Heart Valve Replacement or repair: Undergoing of surgery to replace any heart valve with either a natural or mechanical valve. The surgery must be determined to be medically necessary by a specialist. No benefit will be payable under this condition for heart valve repair. The insured must survive at least 30 days following the date of diagnosis.

Kidney Failure: Diagnosis by a physician of irreversible failure of both kidneys (from any cause) that requires regular treatment by dialysis or kidney transplantation.

Loss of Independent Existence:

- Being permanently unable to perform, by oneself, at least two of the Activities of Daily Living without Substantial Assistance* from another person
- Having a Cognitive Impairment.**

Activities of Daily Living are:

- Bathing: washing oneself by sponge bath, or in either a tub or shower, including the task of getting into or out of the tub or shower
- Dressing: dressing oneself, even with appropriate therapy, medication and devices. This includes putting on and taking off any necessary braces, fasteners or artificial limbs or other surgical appliances
- Feeding: consuming food that has already been prepared and made available, with or without appropriate therapy, medication and devices
- Continence: managing bowel or bladder functions, even with appropriate therapy, medication and devices, including performing associated personal hygiene including caring for a catheter or colostomy bag
- Toileting: getting to and from the toilet, getting on and off the toilet and maintaining an adequate level of personal hygiene
- Transferring: moving in and out of a chair, wheelchair or bed.

* Substantial assistance is either hands-on or standby assistance. Hands-on assistance means the physical assistance of another person without which the insured is unable to perform the Activities of Daily Living. Standby assistance means the presence of another person, within arm's reach, who is necessary to prevent, by physical intervention, injury to the Insured while the Insured is performing the Activities of Daily Living.

** Cognitive Impairment means confusion or disorientation due to a permanent deterioration or loss in intellectual capacity that is measured by clinical evidence and standardized tests which reliably measure impairment in:

- Short-term or long-term memory
- Orientation to people, places or time
- Deductive or abstract reasoning.

The person suffering a Cognitive Impairment is unable to perform the mental functions necessary for everyday life, even with Substantial Assistance, appropriate therapy, medication, special devices or other aids. Mental functions for everyday life include, but are not limited to: adaptive functioning, memory, problem solving, goal-setting, and judgment.

Loss of Independent Existence must be:

- Diagnosed by a physician qualified in a relevant area of medicine
- The result of sickness or accidental injury
- Persisting for a continuous period of 90 days
- Permanent.

For the purpose of this benefit, permanent means beyond an expectation of recovery taking into account current medical knowledge and technology.

Loss of Limbs: Diagnosis by a specialist of the complete severance of two or more limbs at or above the wrist or ankle joint as the result of an accident or medically required amputation. The insured must survive at least 30 days following the date of diagnosis.

Loss of Speech: Diagnosis by an appropriate specialized physician of the total, permanent, and irreversible loss of the ability to speak for a continuous period of six months due to physical injury or physical disease.

Major Burns: Diagnosis by a plastic surgeon of third degree burns covering at least 20% of the surface area of the body.

Major Organ Failure Requiring Transplant: Being accepted into a recognized transplant program in Canada as a result of irreversible failure of the heart, liver, bone marrow, both lungs or both kidneys requiring transplantation of that organ. The insured must survive at least 30 days following the date of enrolment into the transplant program.

Major Organ Transplant: Undergoing transplant surgery, as a recipient by transplant of any of the following organs or tissues: heart, liver, lung, kidney or bone marrow.

Motor Neuron Disease: Diagnosis by a specialist of one of the following: amyotrophic lateral sclerosis (ALS or Lou Gehrig's disease), primary lateral sclerosis, progressive spinal muscular atrophy, progressive bulbar palsy, or pseudo bulbar palsy, and is limited to these conditions. The insured must survive at least 30 days following the date of diagnosis.

Multiple Sclerosis: Unequivocal diagnosis by a certified neurologist of multiple sclerosis producing at least two episodes of well-defined neurological abnormalities lasting for a continuous period of at least six months and confirmed by modern imaging techniques.

Paralysis: Diagnosis by a physician of the complete and permanent loss of use of two or more limbs because of physical paralysis that lasts for a continuous period of 180 days, the survival period for this condition.

Parkinson's Disease: Diagnosis by a certified neurologist of primary idiopathic Parkinson's disease characterized by two or more of the following: rigidity, tremor or bradykinesis. Coverage excludes all other types of Parkinsonism.

Stroke: Diagnosis by a certified neurologist of the death of brain tissue caused by thrombosis, hemorrhage or embolism. The diagnosis must be based on all of the following:

- The sudden onset of new neurological symptoms
- New objective neurological deficits on clinical examination persisting continuously for at least sixty (60) days following the diagnosis of the stroke
- New findings on computed tomography (CT scan) or magnetic resonance imaging (MRI), if done, consistent with the clinical diagnosis.

Coverage excludes transient ischemic attacks (TIA).

Covered illnesses and conditions for children

Six child-specific conditions are offered under the Child Optional Critical Illness Insurance, in addition to the illnesses covered by the adult plan.

Child Optional Critical Illness will pay a benefit when a covered child is diagnosed with an illness or condition under the plan, provided the diagnosis was made after coverage began and the survival period has been satisfied. Children 90 days old or younger or children born during the first 10 months of your coverage have to meet the child coverage waiting period provision. There is also a pre-existing condition provision which applies to children who are older than 90 days or by a stepchild or an adopted child who comes into your life within the first 10 months of your coverage.

Pre-existing conditions

If your child was diagnosed or not with a covered condition 12 months before and develops that condition 12 months after your coverage begins, your child will not be covered if it was reasonably expected that your child might have had that covered condition.

Child coverage waiting period

This is the period starting 90 days before your child coverage comes into effect and continues for 10 months after. If your child is diagnosed within 90 days after their birth with any of the covered conditions or that child has any signs, symptoms or tests that lead to a diagnosis of a covered condition within five years of the child's birth they will not be covered.

The six child-specific conditions require diagnosis by a specialist physician and include:

Cerebral palsy: Diagnosis of a non-progressive neurological defect affecting muscle control characterized by spasticity and incoordination of movements.

Congenital heart disease: Diagnosis of at least one of the five covered heart conditions or one of the five specific conditions where open heart surgery is needed to correct the condition.

Cystic fibrosis: Diagnosis of chronic lung disease and pancreatic insufficiency.

Down's syndrome: Definitive diagnosis supported by chromosomal evidence of Trisomy 21.

Muscular dystrophy: Diagnosis of well-defined neurological abnormalities, confirmed by electromyography and muscle biopsy.

Type 1 diabetes: Diagnosis of total insulin deficiency and continuous dependence on exogenous insulin for survival. Covered child must be dependent on insulin for a continuous period of at least three months.

To be eligible for Child Optional Critical Illness Insurance a covered child must survive for 30 days following the diagnosis of the illnesses listed above, except for Type 1 diabetes where the covered child must survive for 90 days following the diagnosis.

For specific details on covered conditions visit: www.sunlife.ca/ca/Insurance/Health+insurance/Critical+illness+insurance?vgnLocale=en_CA

What's not covered?

No group Critical Illness insurance benefit shall become payable for any illness, disorder or surgery excluded by or omitted from the covered conditions.

The complete terms, conditions, exclusions and limitations governing the group Critical Illness insurance plan are found in the policy issued by Sun Life Assurance Company of Canada.

Designating a Beneficiary

You can designate beneficiaries for the following benefits when you enrol:

- *Essentials* Life Insurance
- Employee Optional Life Insurance
- Spouse Optional Life Insurance
- Employee Optional AD&D
- Spouse Optional AD&D

You are automatically the beneficiary for any child optional insurance.

You may name a different beneficiary for each benefit. You can also name more than one beneficiary for any benefit by identifying the percentage each is to receive; the total must add up to 100%.

If you choose a beneficiary under age 18, you should name a trustee for that beneficiary by completing the appropriate trustee appointment form, available from the Capital Power Benefits Centre. A trustee is a person who is legally responsible for the property or affairs of another person.

You can change your beneficiary information at any time, subject to applicable legislation.

Converting Coverage

When you terminate employment or otherwise involuntarily lose coverage, you may convert your coverage to an individual policy within 31 days without providing proof of good health:

- Employee Basic and/or Optional Life insurance – up to a combined maximum of $200,000
- Spouse Optional Life insurance – up to a maximum of $200,000
- Employee Optional AD&D – up to a maximum of $200,000*
- Spouse Optional AD&D – up to a maximum of $200,000*

* Note: You cannot convert AD&D coverage only. You must also convert your life insurance and the AD&D coverage amount will generally be limited to the same amount as the converted life insurance.

- Employee Optional Critical Illness insurance – up to a maximum of $100,000
- Spouse Optional Critical Illness insurance – up to a maximum of $100,000

Your written application and first premium payment must be made to Sun Life within 31 days of the termination of your group insurance. If you die within the 31 days allowed for conversion, the death benefit is paid as if the insurance coverage was still in force up to the conversion maximum.

Contact Sun Life Financial for more information on the rules and conditions for converting your life insurance coverage.

Proof of Good Health

Proof of good health means that you are not at an unreasonable insurance risk.

- If you purchase or increase Optional Employee Life Insurance, Optional Spouse Life Insurance or Critical Illness Insurance, you and/or your spouse are required to provide proof of good health
- If you increase your LTD coverage, you are required to provide proof of good health.

You must complete and submit the Sun Life Statement of Health form within 31 days and submit it directly to the Sun Life address listed at the bottom of the form.

Based on your answers, Sun Life may approve your application, deny it, or ask for more information that may involve a more detailed questionnaire or physical examination. Coverage takes effect on the later of either date of hire/annual enrolment or the application approval date.

Benefit	Proof of Good Health Requirements
***Essentials* Life Insurance**	• Not required
Optional Life Insurance – Employee or Spouse	• Required for initial application as well as for subsequent increases in coverage
Optional Life Insurance – Child	• Not required for initial application within 31 days of hire or first becoming eligible, or for subsequent increases in coverage.
Optional AD&D – Employee, Spouse, Child	• Not required
Optional Critical Illness Insurance – Employee, Spouse	• Not required for first $25,000 of coverage on initial application within 31 days of hire or first becoming eligible • Required for amounts over $25,000 and for any subsequent increases in coverage
Optional Critical Illness Insurance – Child	• Not required for initial application within 31 days of hire or first becoming eligible, or for subsequent increases in coverage.
LTD – *Essentials*, *Comprehensive*, *Enhanced*	• Not required for initial application • Required for subsequent increases in coverage

Glossary

Accidental Death & Dismemberment Insurance (AD&D)
Protects you and your dependents from losses resulting from an accidental injury or death.

After-tax Dollars (after-tax payroll deductions)
Your "take-home pay" – the amount of pay you receive after taxes have been deducted.

Annual Enrolment
The period in June when you review your benefit coverage, make selections and enrol in benefits for the next benefit year.

Annual Salary
Your basic earnings from Capital Power not including any bonus, overtime or incentive pay.

Basic Earnings
Your salary from Capital Power not including any bonus, overtime or incentive pay.

Beneficiary
The person you designate to receive any benefits upon your death.

Benefit Year
July 1 – June 30. Your benefit choices, plan maximums, HSA, PSA and claims are based on the Benefit Year.

Benefits Coordination
Submitting a claim to your and your spouse's group health and dental plans allows you to receive up to 100% reimbursement for an eligible expense.

Child
A person who is:

- Your or your spouse's natural, adopted or step child (excludes foster children),
- Unmarried,
- Primarily dependent on you for support and maintenance, and
- Under age 21 (or under age 25 if attending an accredited educational institution full-time) or
- An unmarried child of any age who is completely and permanently disabled, due to a mental or physical condition, is incapable of self-sustaining employment and is dependent on you for support.

Co-pay
The portion of an eligible expense that you must pay. For example, the *Comprehensive* Extended Health benefit reimburses 80% of eligible drug expenses; the remaining 20% that you pay is the co-pay.

Cost of Living Adjustment (COLA)
Helps protect your LTD benefit payment against inflation. If you begin to receive LTD benefits under the *Comprehensive* or *Enhanced* plan, your benefit payment will increase each year by the Consumer Price Index (CPI) to a maximum of 5%.

Critical Illness Insurance
Provides a one time, tax-free, lump sum payment that can help to cover unexpected costs resulting from a critical illness diagnosis. For details, see page 51.

Dental – Basic Services
Dental services that include recall exams, x-rays, fillings, root canals and dentures. For details, see page 29.

Dental – Major Services
Dental services that extend beyond routine care such as crowns, bridges and dental implants. For details, see page 30.

Dental – Orthodontics
Dental procedures used to treat misaligned or crooked teeth. For details, see page 30.

Dental Fee Guide
A provincial guide that establishes rates for dental procedures. Your insurance covers the cost of a service up to the fee guide maximum, subject to the co-pay included in your coverage. If your dentist charges more than the dental fee guide, you are responsible for the additional cost. Where no provincial fee guide exists, Sun Life's fee guide is used to determine coverage.

Dependent
Your spouse or child.

Disability/Total Disability
You are considered disabled under the STD plan if you are unable to perform your regular duties during standard hours.

Total Disability means you are unable to perform the essential duties of your own occupation that regularly occupied 60% of your work day for the first 180 days of your illness or injury during which you qualify for STD benefits, and the following 18 months.

To be considered totally disabled and continue receiving LTD payments after that time, you must be unable to work at any occupation for which you may become reasonably qualified by education, training or experience and for which you would receive at least 50% of your pre-disability earnings.

Dispensing Fee Frequency Limit (DFFL)
The maximum number of dispensing fees that will be reimbursed by the plan in a benefit year for most maintenance prescription drugs. The DFFL is five.

Elimination Period
The Elimination Period is the period of time you must be totally disabled before LTD benefit payments begin. The Elimination Period begins on the date you become disabled, to a maximum of 180 calendar days.

Endodontics
Root canal therapy and root canal fillings, and treatment of disease of the tooth tissue. Endodontics are covered under Basic Dental Services.

Flex Credits
Capital Power provides you with Flex Credits that you can use to purchase Extended Health and Dental coverage, to fund your HSA or PSA or direct to your savings plan options.

Flex Days
Paid time off work for salaried employees to use to manage their personal and or/family matters.

Flex Day Credits
Credits that Capital Power provides to salaried employees to purchase Flex Days, if eligible. Flex Day Credits can also be used to purchase additional benefits, or fund an HSA, or PSA or direct to your savings plan options.

Full-time Employee
A permanent employee who is regularly scheduled to work at least 37.5 hours per week.

Generic Drug
A drug product that is comparable to a brand/reference listed drug product in dosage form, strength, quality and performance characteristics and intended use.

Health Spending Account (HSA)
An account you use to pay for expenses that are not covered under the Extended Health and Dental plan. HSAs enable you to use pre-tax dollars to pay for out-of-pocket medical and dental expenses for you and your dependents. Health Spending Accounts are governed by Canada Revenue Agency.

Least Cost Alternative (LCA)
The benefit plan reimburses drug costs based on the Least Cost Alternative. If an LCA drug is available and you choose the more expensive drug (normally the brand name drug), you will be responsible for the additional cost.

Long-term Disability Insurance (LTD)
Provides you with income if an illness or injury outside the workplace prevents you from working for more than 180 days.

Lumino Heath – Virtual Care
Voluntary service providing you with access to virtual health care services when you need it. This service quickly assesses medical issues and connects you to the right healthcare professional.

Lumino Heath – Stress Management and Well-being
Voluntary service providing you with access to resources and specialists focused on mental health and wellbeing.

Non-smoker
A person who has not used any tobacco products or marijuana even once within the past 12 months.

Paramedical Practitioners
The following trained and licensed or registered health care practitioners: acupuncturists, athletic therapist, audiologists, chiropractors, dieticians, kinotherapist/kinesiologist, massage therapists, naturopaths, occupational therapists, orthotherapist, osteopath, physical rehabilitation therapist, physiotherapists, podiatrists, rehabilitation therapist and speech therapists.

Part-time Employee
A permanent employee who is regularly scheduled to work at least 20 hours per week. Part-time employees are eligible to receive the same benefits as full-time employees though salary-related benefits are based on part-time annual salary.

Pay-Direct Drug Card
Identifies you and your eligible dependents as members of the Capital Power Extended Health and Dental plans. You can use it at the pharmacy for direct payment to your pharmacist and as identification at your dentist's office. Print this card after logging into your Sun Life account or on the Benefit Enrolment website under Print Your Benefit Cards.

Periodontics
Treatment of gum diseases and bones surrounding and supporting teeth. Periodontics are covered under Basic Dental Services.

Personal Spending Account (PSA)
A taxable account you can use to pay for personal wellness expenses.

Pre-tax Dollars
Your income before taxes are deducted.

Preventive Treatment
Dental treatment required to prevent the occurrence of oral diseases including: cleaning, fluoride application, pit and fissure sealants and space maintainers for missing primary teeth. Preventative treatment is covered under Basic Dental Services.

Prior Authorization
Sun Life's pre-approval process to ensure specialty drugs are covered when needed based on medical criteria.

Proof of Good Health
You may be required to complete a medical questionnaire in order to qualify for coverage under the Optional Life Insurance, Optional LTD (*Comprehensive* + COLA or *Enhanced* + COLA) or Optional Critical Illness plans. Depending on the information you provide, you may be required to submit further medical information.

Provincial Health Care Plan
Public health insurance your province provides.

Qualifying Life Event
A change in your family or benefit status that may impact your benefit coverage selection. Life Events include:

- Marriage, or cohabitation with a common-law spouse,
- Death of a spouse,
- Divorce, separation or discontinuation of a common-law relationship,
- Change in family status such as the birth or adoption of a child or a child reaching age limit and
- Involuntary loss or addition of your spouse's coverage (does not include increases in coverage).

You may change your level of benefit coverage (except for your HSA and PSA allocation), outside of an annual enrolment period if you experience a qualifying life event and initiate a change within 31 days of the event.

Reasonable and Customary
The maximum allowable amount Sun Life will reimburse on an expense based on the commonly charged fees within a geographic area. Reasonable and customary limits apply to all reimbursements.

Restorative Treatment
Dental treatment including: filling teeth with amalgam, composite, acrylic or equivalent; prefabricated metal restorations and repairs to prefabricated metal restorations, other than in conjunction with the placement of permanent crowns. Restorative treatment is covered under Basic Dental Services.

Short-term Disability (STD)
STD provides income benefits when you are absent from work for more than three hours due to a non-occupational illness or injury. STD benefits are payable up to 180 consecutive days.

Smoker
A person who has used any tobacco products or marijuana even once within the past 12 months.

Spouse
Your legal or common-law spouse. A common-law spouse is a person with whom you are cohabiting and who has been publicly represented as your spouse.

SUB Plan Benefits
A "top up" of the maternity benefits you receive from Employment Insurance (EI) to 95% of your base salary for the six weeks after your child is born.

Teladoc®
Voluntary service enabling you and your doctor to connect with world-class medical specialists who review and verify your diagnosis and treatment options.

Trustee
The person you designate as legally responsible for a beneficiary under 18 years of age.

About this Handbook

This handbook provides a summary of Capital Power's Flex Benefits program for Canadian employees. Every effort has been made to provide accurate information. In the event of any discrepancy, all rights will be governed solely by the master insurance policies. From time to time, Capital Power Corporation will review these benefits and reserves the right to revise or discontinue the program at any time.

Extended Health, Dental and HSA are administered by Sun Life under contract no. 150011.

Personal Spending Account administered under Sun Life contract no. 150131.

Life Insurance, AD&D, and LTD are insured by Sun Life under policy no. 100131.

Critical Illness Insurance is insured by Sun Life under policy no. 105131.

Effective: July 1, 2024