CHRISTIAN SCHOOLS INTERNATIONAL

CSI-CANADA INSURANCE PLAN

SUMMARY OF YOUR BENEFITS

School Choice and Employee Choice Participation Requirements	**School Benefit Choice** 100% enrolment of eligible employees and dependents. However employees and dependents covered under a medical plan provided through a spouse's employer may decline full benefits and only need be enrolled in the Limited Benefit Plan.

LIFE AND DISABILITY BENEFITS: **(Limited Benefit Plan):**			
Basic Life	1.5 x Annual Earnings, $250,000 maximum		$25,000
Dependent Life Coverage begins after live birth and ends at 21st birthday (25th birthday if a full-time student)	Spouse: $10,000 Child: $5,000		Spouse: $2,500 Child: $2,500
Basic Accidental Death and Dismemberment (AD&D)	1.5 x Annual Earnings, $250,000 maximum		$25,000
Dependent Accidental Death and Dismemberment (AD&D) - Coverage begins after live birth and ends at 21st birthday (25th birthday if a full-time student)	Same as Dependent Life		Same as Dependent Life
Short Term Disability (STD) - qualifying period: 14 days - direct offsets: Workers' Compensation or comparable benefits	Non-Taxable Benefit STD 66.7%/LTD 60%, LTD monthly max of $6,000	Non-Taxable Benefit STD 75%/LTD 66.7%, LTD monthly max of $6,000	Taxable Benefit STD 75%/LTD 66.7%, LTD monthly max of $6,000
Long Term Disability (LTD) - qualifying period: 164 days - direct offsets: Workers' Compensation, CPP/QPP disability benefits (excl dependent benefits), any gov't motor vehicle automobile insurance plan or policy - LTD All Source Maximum: 85% of net earnings for non-taxable plan; 85% of gross earnings for taxable plan			

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SUMMARY OF YOUR BENEFITS

	Flexible Benefit Plan				
DENTAL BENEFITS:	**Flex 1**	**Flex 2**	**Flex 3**	**Flex 4**	**Flex 5**
Annual deductible	None	$25 Single $50 Family	$50 Single $100 Family	$50 Single $100 Family	None
Annual Maximum combined for Preventative & Diagnostic, Minor Restorative and Major Restorative	$2,500 per year per covered individual	$2,000 per year per covered individual	$1,500 per year per covered individual	$1,000 per year per covered individual	$1,000 per year per covered individual
Preventive & Diagnostic	100%	100%	90%	90% for check-ups and cleanings only. Xrays covered every 2 years	20%
Minor Restorative (Endodontic, Non-surgical Periodontic)	100%	100%	90%	Use HCSA credits	20%
Major Restorative (Crowns, Bridgework, Dentures, Surgical Periodontic)	50% Reimbursement	50% Reimbursement	50% Reimbursement	Use HCSA credits	50%
Orthodontics	50% Reimbursement $2,500 per person lifetime maximum	50% Reimbursement $1,500 per person lifetime maximum	50% Reimbursement $1,500 per person lifetime maximum	Use HCSA credits	50% Reimbursement $1,000 per person lifetime maximum
Fee Schedule	Current Year Provincial Fee Guide	Last Year Provincial Fee Guide	Last Year Provincial Fee Guide	Last Year Provincial Fee Guide	Current Year Provincial Fee Guide

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HEALTH BENEFITS:	Flexible Benefit Plan				
	Flex 1	**Flex 2**	**Flex 3**	**Flex 4**	**Flex 5**
Annual Deductible~~s~~	None	$15 Single $30 Family	$25 Single $50 Family	$600 Single $1,600 Family	None
Annual Out-of-Pocket maximum	$150 per family	$200 per family	$250 per family	$1,000 Single $2,000 Family	None
Annual Out-of-Pocket maximum refers to the amount participants pay when the insurance reimbursement is less than 100%, i.e., if insurance reimbursement is 90% and a charge of $100 is incurred the out-of-pocket payment is 10% x $100 = $10. The deductible also counts towards satisfying the out-of-pocket maximum.	Once the out-of-pocket maximum is reached, eligible expenses are then reimbursed at 100% for the remainder of the year (excluding vision care and out-of-country)	Once the out-of-pocket maximum is reached, eligible expenses are then reimbursed at 100% for the remainder of the year (excluding vision care and out-of-country)	Once the out-of-pocket maximum is reached, eligible expenses are then reimbursed at 100% for the remainder of the year (excluding vision care and out-of-country)	Once the out-of-pocket maximum is reached, eligible expenses are then reimbursed at 100% for the remainder of the year (excluding vision care and out-of-country)	N/A
Prescription Drugs •Drugs which legally require a written prescription. •Pay Direct Drug Card •Dispensing Fee Cap of $8.00. •Eligible dependent claims are generally not paid with the card when spousal coverage should pay first. •Claims not covered under the spousal coverage can be submitted under this Plan through the current Co-ordination of Benefits provision, on a paper claim basis.	DTF Reimbursement 100% Non-DTF Reimbursement 80% • Manulife determines the drugs that are eligible on the formulary based on clinical and cost-effectiveness. •Take the DTF information package supplied by Manulife to your doctor. That way, your doctor will know whether the medication prescribed is on the formulary. •The plan will not pay any portion of the dispensing fee above $8. You can minimize your costs by getting a 90 day supply of drugs, where appropriate, and shopping around for pharmacies with lower dispensing fees. •The plan requires generic substitution. Where generic alternatives exist, the plan will generally cover up to the cost of the generic or lowest cost equivalent drug.	DTF Reimbursement 100% Non-DTF Reimbursement 80%%	DTF Reimbursement 90% Non-DTF Reimbursement 70%	DTF Reimbursement 100% Non-DTF Reimbursement 80%	DTF Reimbursement 20% Non-DTF Reimbursement 20%
Semi-Private Hospital	100% Reimbursement	100% Reimbursement	90% Reimbursement	Use HCSA credits	20% Reimbursement
Private Duty Nursing	$25,000 per year	$25,000 per year	$15,000 per year	$10,000 per year	$10,000 per year

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SUMMARY OF YOUR BENEFITS

Flexible Benefit Plan

HEALTH BENEFIT (Con't)	Flex 1	Flex 2	Flex 3	Flex 4	Flex 5
All Other Eligible Services	100% Reimbursement	90% Reimbursement	80% Reimbursement	N/A	20% Reimbursement
Vision Care	$200 every 24 months	$150 every 24 months	$100 every 24 months	Use HCSA credits	Use HCSA credits
Hearing Aids	$1,500 every five years	$500 every five years	$500 every five years	Use HCSA credits	$500 every five years
Orthotics	1 pair every 24 months	1 pair every 24 months	1 pair every 24 months	Use HCSA credits	1 pair every 24 months
Practitioners: Physiotherapist Naturopath Psychologist/Master of Social Work Podiatrist Speech Therapist Massage Therapist Chiropractor Osteopath	$500 per practitioner $1,000 combined annual maximum ($40 cap per visit per practitioner except for psychologist – per visit cap at $70)	$500 per practitioner if: physiotherapist, speech therapist, psychologist/master of social work, $300 per practitioner if: massage therapist, chiropractor, naturopath, osteopath, podiatrist	$400 per practitioner $750 combined annual maximum	Use HCSA credits	$300 per practitioner $500 combined annual maximum
Services and Supplies:	Eg: Durable equipment, trusses, crutches, braces, artificial limbs, oxygen, diag. lab & x-ray, ambulance (ground & emergency air), accidental dental	Eg: Durable equipment, trusses, crutches, braces, artificial limbs, oxygen, diag. lab & x-ray, ambulance (ground & emergency air), accidental dental	Eg: Durable equipment, trusses, crutches, braces, artificial limbs, oxygen, diag. lab & x-ray, ambulance (ground & emergency air), accidental dental	Use HCSA credits	Eg: Durable equipment, trusses, crutches, braces, artificial limbs, oxygen, diag. lab & x-ray, ambulance (ground & emergency air), accidental dental

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	Flexible Benefit Plan
OUT OF PROVINCE:	**Available with all Flex Options**
Out-of-Province Emergency & Travel Assistance	100% Reimbursement; $5,000,000 lifetime maximum
Out-of Province Referral	50% reimbursement up to $3,000 every three years
OPTIONAL BENEFITS: (School Choice Only) These benefits may only be selected by the school for all employees.	
• EMPLOYEE ASSISTANCE PROGRAM (EAP): Confidential employee and family support program	Offers consultation, information and personalized community referrals
• LTD COST OF LIVING ALLOWANCE (COLA): Applies to all employees having LTD coverage.	Annual CPI level, Maximum 3%
• HEALTH CARE SPENDING ACCOUNT	School chooses level of funding for each class of employees; must be the same amount for all employees if implementing a flex plan
OPTIONAL BENEFITS: (Employee Choice Only) These benefits are provided on an individual basis.	
• Optional Employee Life Coverage	Units of $10,000 Maximum $500,000 Subject to evidence of insurability, except for the first $10,000 if applied for within 31 days of hire date.
• Optional Spousal Life Coverage	Units of $10,000 Maximum $500,000 Subject to evidence of insurability
• Optional Critical Illness Coverage For employee, spouse and/or child	Units of $5,000 Maximum $150,000 Subject to evidence of insurability, except for the first $25,000 if applied for within 31 days of hire date.

Note: In this schedule, we have attempted to summarize as clearly as possible the benefits available to you under the CSI-Canada Insurance Plan. All the provisions of the Plan are contained in the master policy issued by Manulife Financial. Since the master policy is complete in detail, the final interpretation of any specific provision is governed by it. Employee Assistance Program coverage is issued by Ceridian.