

My Health - Group Benefits





Your money. Your way. Imagine that.



The Fine Print

This booklet is intended to provide a reasonable and easy-to-understand summary of your Retirement Program. In no way does it confer any contractual rights or obligations, nor does it constitute investment advice. You may wish to consult your own financial planner for personal investment advice.

The full provisions of the plans are contained in the official plan documents. If there are any discrepancies between the official documents and this booklet, the terms of the documents will apply in all cases. The company reserves the right to change, amend or terminate its Retirement Program. In addition, the company reserves the right to amend the terms and conditions of the plans, as well as the amount charged to individual plan members.

Group Benefits

----Your Total Rewards Group Benefits provide a comprehensive package for you and your family. These benefits were designed with both your physical and financial well-being in mind.

Your benefits include health and dental coverage to support your health and wellness, or your recovery from an injury or illness. They also feature life, accident and disability insurances to help ensure you, and your family, have the financial protection you need in case of death or serious injury. We also offer a couple of optional insurances for those who want additional coverage, as well as a Health Care Spending Account.

Review this guide to learn the details on each of your Total Rewards Group Benefits. Also, be sure to refer to the enrolment section on page 24 for instructions.

Group Benefits Overview (Pg. 4)

Information on eligibility and what's covered.

Health (Pg. 6)

Prescription drugs, hospital, vision, medical supplies, paramedical practitioners and more.

Dental (Pg. 8)

Dental coverage for you and your family – from recall exams to crowns or braces.

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A benefit that gives you the flexibility to top up your health and dental coverage.

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Get the most from your health and dental coverage.

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Group Benefits Overview

Eligibility

Full-time employees will join the Group Benefits program after completing three months of continuous active service with Meridian.

Part-time employees are also eligible to join the plan. If you are a part-time employee, you will join the plan after 3 months of continuous active service, with a minimum weekly working requirement of 15 hours. Employees who do not maintain the 15 hour weekly minimum will no longer be eligible for the plan.

Eligible dependants for the Health, Dental, Health Care Spending Account and Basic Life insurance benefits include:

- Spouse defined as a person of the same or opposite sex who is either:
 - 1. Legally married to you, or

2. Has been living with you continuously in a conjugal relationship for a period not less than one year; or

3. Is living with you in a relationship of some permanence, if you and such person are the natural or adoptive parents of a child, both as defined in the Family Law Act (Ontario).

 Child – includes children under age 21, or under age 25 if full-time students. Mentally or physically handicapped dependent children of any age may be covered as long as they were initially disabled while under 21 years of age.

Survivor Benefit

If you die while your eligible dependants are covered under this Group Benefit Program, Manulife Financial will continue Health, Dental and Dependant Life benefits for your dependants, until the earliest of:

- The date your dependant is no longer a dependant, according to the definitions of child and spouse;
- The date your dependant(s) obtains similar coverage elsewhere;
- The date the Group Contract terminates; or
- 24 months from the date of your death.

Who Pays for your Benefits?

Meridian pays the majority of the cost of your Total Rewards Group Benefits, and also carries most of the associated risk. Health and Dental benefits are self-insured (Meridian has financial responsibility for the payment of claims). For example, if you submit a \$100 claim with 90% reimbursement, Meridian funds the \$90, plus the Manulife fees required to process the claim. Manulife then issues you a payment for your claim. All other benefits are insured by Manulife.

As well, Meridian will pay the premiums for all Core Group Benefits, except for Long-term Disability, due to employee tax advantages. See the Disability section for more information.

Core Benefits – Meridian Pays Premiums	Additional Benefits – You Pay Premiums*
Health Policy Number: 87000	
Dental Number: 87000	
Health Care Spending Account Number: 87001	
Life Insurance Basic Employee Life Dependant Life Policy Number: 33010	Optional Life Insurance Optional Employee Life Optional Spousal Life Policy Number: 33010
Basic Accidental Death & Dismemberment Insurance Number: 33010	Optional Accidental Death & Dismemberment Insurance Number: 33010
Disabilty Short-term Policy Number: 87003	Disabilty Long-term (mandatory) Enhanced long-term with COLA (optional) Policy Number: 87003
Business Travel Accident Insurance Policy Number: 87003	
Employee & Family Assistance Program	

*Plus any applicable taxes.

Health

Health

Prescription Drugs	90% coverage
Overall Lifetime Maximum	Unlimited except for: Fertility Drugs – 6 cycles lifetime maximum Smoking Cessation Drugs – \$300 per calendar year maximum Anti-obesity Drugs – \$1,000 per calendar year maximum Erectile Dysfunction Drugs – \$1,000 per calendar year maximum
Out-of-pocket Drug Maximum	\$2,000 per year - maximum you pay annually. Coverage then increases to 100%
Termination Age	Retirement or termination, whichever occurs first
ManuScript Pay-Direct Drug Card	Yes
Hospital	100% coverage for semi-private or private room
Emergency Out-of-Country	100% coverage up to a lifetime maximum of \$1 million, plus travel assistance
Vision	100% coverage to the following maximums
Medically necessary contacts	\$200 per 24 months
Prescription glasses, contacts, and laser eye surgery	\$200 per 24 months
Eye exams	Age 21 and Older – 1 exam per 24 months Under Age 21 – 1 exam per 12 months
Medical Supplies	100% coverage
Hearing Aids	\$400 maximum per 5 years
Orthopaedic Shoes & Orthotics	\$150 combined maximum per calendar year
Private Duty Nursing	\$10,000 maximum/calendar year, \$25,000 lifetime maximum
Other	Refer to the Benefit Booklet for details.
Paramedical Practitioners	100% coverage
Chiropractor, Registered Massage Therapist, Naturopath, Osteopath, Podiatrist/Chiropodist, Speech Therapist, Psychologist	\$350 maximum per calendar year for each practitioner
Physiotherapist	\$500 maximum per calendar year

The Health benefit supports health and wellness for you and your family. This benefit provides 90% coverage for prescription drugs and 100% coverage for other benefits up to the maximums listed.

For prescription drugs, there's an 'out-of-pocket' maximum of \$2,000 per year. This means that \$2,000 is the maximum amount you will have to pay for prescription drugs at 90% coverage during a year. After reaching this maximum, prescription drugs will be covered at 100% for the rest of the calendar year.

Submitting a Health Claim

For drug claims, you can use your Manulife benefit card* to pay the claim electronically at the pharmacy. This way you will only have to pay your portion of the cost, and Manulife will pay the pharmacy directly for the balance, on behalf of Meridian.

For all other Health claims, submit an Extended Health Claim Form available from the website at www.manulife.ca/Meridian. Once you have completed the form, attach all applicable receipts and mail it directly to Group Health Claims.

You may sign up for direct deposit and have your claim payments deposited directly into your bank account. You can register for direct deposit by logging onto the Manulife Plan Member site, or by attaching a void cheque on your next claim form.

Important! All claims must be submitted by December 31 of the year following the year in which you incurred the expense. However, if you leave Meridian or your plan is terminated for another reason, you have 90 days from the date your plan is terminated to submit claims.

For Out-of-Country Emergency Travel Assistance claims over \$300, please ensure that you use ManuAssist services. Contact World Access immediately, who will coordinate treatment and payment (phone numbers are on your Manulife benefit card*). For other Out-of-Country claims, submit claims first to your Provincial Health Insurance Plan at www.health.gov.on.ca/english/public/program/ ohip/ohip_mn.html. Then submit any outstanding balance to Manulife Financial using an Out-of-Country claim form, available on the Plan Member site, along with the 'Explanation of Payment' you received back from your Provincial Health Care Plan. *Please note, your Manulife benefit card is a 3-in-1 card. It is your paydirect drug card at the pharmacy. It contains the toll-free number and plan number you need to contact Out-of-Country Emergency Travel Assistance. It also contains your plan contract number and plan member certificate number that identify you as a member in the Meridian Group Benefit plan when calling Manulife customer service or using the website. You will receive this card after you enrol in your Group Benefits.

Special Feature!

Be sure to check out Health eLinks, on the Manulife plan member internet site through **www.manulife.ca/Meridian**. Health eLinks is an easy on-line resource centre that connects you to tools and interactive programs, which can help you understand and improve your overall health and wellness.

Health eLinks is compiled by the medical experts at GlobalMedic, a subsidiary of the Canadian Medical Association. It includes a health library, a health risk assessment, various health articles and more.

Dental

Dental

Basic and Preventive	80% coverage
Endodontics and Periodontics	80% coverage
Major Restorative	50% coverage
Annual Maximum (for above services combined)	\$3,000 per person, per calendar year
Orthodontia (covers dependant children only)	50% to a lifetime maximum of \$1,500 (covers dependant children only)
Recall Frequency	1 visit per 6 months
Dental Fee Guide	Current province of residence
Termination Age	Retirement or termination, whichever occurs first

Your dental health is an important part of your overall health. We want to see your Meridian smile! Your Total Rewards Dental benefit covers a wide range of dental services for you and your family.

Basic and Preventive

Includes:

- Recall exams
- Bitewing x-rays
- Light scaling and polishing
- Fluoride treatment
- Routine diagnostic and laboratory procedures
- Fillings, retentive pins and pit and fissure sealants
- Minor surgical procedures and post surgical care

Endodontics and Periodontics

Includes:

- Surgical procedures not included in Basic and Preventive (excluding implant surgery)
- Endodontics (root canal therapy)
- Periodontics (treatment of gum disease)

Major Restorative

Includes:

- Crowns and onlays
- Inlays
- Bridgework
- Dentures

Orthodontia

Includes:

• Braces

Submitting a Dental Claim

Your dentist may submit most claims electronically to Manulife, otherwise obtain a completed Dental Claim form from your dentist. You can submit the form directly to Group Dental Claims at the following address:

Manulife Financial – Group Benefits Dental Claims P.O. Box 1654, Waterloo, ON N2J 4W2

You may sign up for direct deposit and have your claims payments deposited directly into your bank account. You can register for direct deposit by logging on to the Manulife Plan Member site or by attaching a void cheque on your next claim form.

If you are about to undergo a costly course of treatment(i.e. more than \$500), you should have your dentist submit a cost estimate (called a 'predetermination of benefits') to Manulife showing the planned treatment and expected costs. Manulife will advise you by mail how much you will be reimbursed. If necessary, your dentist may be required to submit dental x-rays to support the planned treatment. If so, the x-rays will be promptly returned to your dentist after the review is complete.

All claims must be submitted by December 31 of the year following the year in which the expense was incurred. However, as with the Health Plan, all claims must be submitted no later than 90 days from the termination of your plan.

Health Care Spending Account

Health Care Spending Account (HCSA)

Coverage	Full-time employees: \$100/year Part-time employees: \$50/year New and newly eligible employees: amount pro-rated based on eligibility date
Termination Age	Retirement or termination, whichever occurs first

With your health and added flexibility in mind, we also provide a Health Care Spending Account (HCSA). This is a Meridian-paid amount that you may use toward unexpected health or dental expenses, or even to pay amounts that your plan doesn't cover.

HCSA eligible expenses are determined under the Income Tax Act. Examples of expenses which qualify include:

- Co-insurance amounts (percentage you pay) applied under the core plan;
- Remaining balances after benefit maximums have been applied;
- Expenses in excess of 'Reasonable and Customary' charges, such as for blood glucose monitors or surgical stockings; and
- Other medical or dental expenses not normally covered under the core plan, which qualify under the Income Tax Act.

Examples of expenses NOT covered under the HCSA plan include:

- Athletic memberships or program fees;
- Breathe Right® Nasal Strips;
- MedicAlert® bracelet; and
- Toothbrushes regular and electronic.

For a complete listing of expenses eligible under Health Care Spending Accounts according to the Income Tax Act, see the Canada Revenue Agency (CRA) web site at:

www.cra-arc.gc.ca/tx/ndvdls/tpcs/ncmtx/rtrn/cmpltng/ddctns/lns300-350/330/llwxpnseng.html#reading

Submitting an HCSA Claim

Here's how your HCSA works:

1. Meridian allocates money to your HCSA. (For new or newly eligible employees – the amount will be pro-rated for the year.)

2. You use your regular Health or Dental claim form to make an HCSA claim.

- If the expense can be paid from your regular Health or Dental plan, Manulife will pay it under that benefit first before using your HCSA money.
- If you have coverage under a second health or dental plan, you should submit the claim there before using your HCSA.

3. Manulife will send you a claim statement (called an Explanation of Benefits – EOB) along with your payment, which shows the amount you have left in your HCSA.

Important! Due to Canada Revenue Agency rules, the money in your HCSA must be used within two years or you will lose it, i.e. you may only roll over any remaining, unused balance for one calendar year.

Here's an example.

January 2012:

Meridian allocates \$100 to your HCSA.

By the end of December, you've only used \$50 so you have \$50 left.

January 2013:

Meridian allocates another \$100 to your HCSA. Now you have a total of \$150.

When Manulife pays your claim for \$25 in June, it's taken from the 2012 money.

By December 2013, you still have \$25 from 2012 and \$100 from 2013.

January 2014:

The unused \$25 from 2012 will be forfeited, but you still have access to the \$100 from 2013.

Meridian deposits another \$100 into your account, so you have a total of \$200.

Coordination of Benefits (COB) – Getting the most from your health and dental coverage

Did you know that if you have health or dental coverage under another plan, such as a spouse's plan, then you may get up to 100% of an expense reimbursed? Through coordination of benefits (COB), you may submit the unpaid part of a claim to another plan for payment.

In other words, if 90% of your claim is paid by the Meridian Group Benefits Plan, you can have the other 10% paid by your other plan. If the other plan doesn't pay the full 10%, then you may use your Health Care Spending Account (HCSA), up to the amount in your account, to recover the balance.

Follow these instructions to help make the most of COB. (If you have dependants, you'll also need to refer to the COB rules below.)

- Step 1: Send the claim to your Meridian Health/ Dental plan. This is your primary plan.
- Step 2: After you receive your cheque and/or explanation of benefits, then submit a claim to the other plan to cover any amount that wasn't paid. This is your secondary plan.
- Step 3: If there are still some expenses not paid after submitting to both plans, you may use your HCSA to pay the balance. Use the regular Health or Dental claim form, check the HCSA box and submit it to your Meridian plan.

You may not claim more than 100% of the cost of the expense.

When you're using Coordination of Benefits:

- Always attach a copy of your claim statement or a copy of the receipt to your claim.
- If you use your benefit card, keep the pharmacy receipt to attach to your claim for the secondary plan.

For you:	• Send claims to your Meridian plan, then submit any unpaid portion to your spouse's plan.
For your spouse:	• Send claims to your spouse's plan, then submit any unpaid portion to your Manulife plan.
For your eligible dependant children:	 If the month of your birthday falls earlier in the year than your spouse's, send claims to your Manulife plan first. Then submit any unpaid portion to your spouse's plan. If the month of your spouse's birthday falls earliest in the year, send claims to your spouse's plan first. Then submit any unpaid portion to your Manulife plan. If your spouse's plan is also with Manulife, they will automatically coordinate claims between the two plans so you don't have to re-submit.

If your family has two health or dental plans, how do you know which one to use first?

COB Rules

Life Insurance

Basic Employee Life

Coverage	2 x earnings*
Maximum	Up to \$1,000,000
Non-evidence maximum	\$800,000
Termination Age	Age 70, retirement or termination, whichever occurs first

Full-time earnings - your gross base salary, including merit pay and retroactive adjustments to gross salary, vacation earnings and excluding overtime, commissions, variable incentive, retention and bonuses of any kind, and disability, supplemental and special allowances (unless otherwise specified in employment agreement).

Part-time earnings - your previous year's T4 earnings (excluding all other types of payments as noted above for Full-time earnings), where available. For employees employed less than 1 calendar year, the previous year's T4 earnings (excluding all other types of payments as noted above for Full-time earnings), annualized, where available. If no T4 is available, your earnings will be based on the average of 12 weeks of actual earnings multiplied by 52 weeks.

Dependant Life

Coverage	\$10,000 maximum for spouse \$5,000 maximum for each child
Termination Age	Age 70, retirement or termination, whichever occurs first

Life insurance provides coverage for your family against loss of income, in the event of your death. It allows for your peace of mind knowing that your dependants and loved ones are protected. That's why Basic Employee and Dependant Life (if you have a spouse or child) insurances are provided for all eligible employees and paid for by Meridian.

Submitting a Life Insurance Claim

Important! Life Insurance claims must be submitted within 90 days of the loss. Please contact People Services/HR Operations to make a claim.

Designating a Beneficiary

Be sure to complete the beneficiary designation form in order to ensure your benefit will be paid to the person you want to receive the benefit. See 'How to Enrol' on page 24, for instructions.

Optional Life Insurance

Optional Employee Life

Coverage	Available in units of \$10,000 (refer to page 13 for rates)
Maximum	Up to \$300,000 (30 units)
Termination Age	Age 70, retirement or termination, whichever occurs first

Optional Spousal Life

Coverage	Available in units of \$10,000
Maximum	Up to \$300,000 (30 units)
Termination Age	Age 70, employee retirement or termination, whichever occurs first

Optional Life Insurance is term insurance available to you and your spouse through your Group Benefits plan. It provides additional coverage above and beyond your Basic Life Insurance provided by Meridian. This optional employee-paid benefit allows you to choose the amount of coverage that best fits your circumstances. Total Rewards Group Benefits give you a range of options to supplement your Basic Life Insurance coverage and best suit your needs. You may buy any amount of Optional Life coverage listed above through payroll deduction, subject to approval by the Insurer.

Things to Consider

Do you need additional coverage?	In the event of your death, will Basic Life Insurance provide enough coverage to meet your family's needs, without your income? Optional Insurance supplements your basic coverage to reduce the impact of the loss of income on your family. If death occurs as a result of suicide, while sane or insane, the amount of Employee Optional Life Insurance payable will be limited to the amount of Employee Optional Life Insurance which has been in effect for one or more years. As a group benefit, this coverage often has a more attractive rate than individual coverage.
Why cover your spouse?	Many families depend on two incomes to meet their financial obligations and support their lifestyle. Having Optional Life Insurance for your spouse ensures adequate coverage to protect against loss of income and may help to cover childcare costs. The preferred rates available to you as a plan member are also available to your spouse – making joint coverage a cost-effective option for protecting your family.

Evidence of Insurability

If you are selecting optional coverage for the first time or increasing your coverage level, you will need to provide evidence of insurability. This may include an Evidence of Insurability form, signed by a medical doctor, and possibly additional medical evidence, such as x-rays, test results, etc. Once your application for coverage is processed by Manulife, you will receive a letter advising that you have been approved, and the effective date of your coverage, or that coverage is declined.

Designating a Beneficiary

Be sure to complete the beneficiary designation form in order to ensure your benefit will be paid to the person you want to receive the benefit. See 'How to Enrol' on page 24, for instructions.

Rates

The rates for life insurance are based on gender, smoker/non-smoker status, age and the level of coverage selected. To qualify as a non-smoker, you must not have used tobacco products in the previous 12 months, and sign the non-smoker declaration form. For spousal coverage, your spouse must sign the declaration to receive nonsmoker rates.

Coverage available in units of \$10,000 up to a maximum of \$300,000 (30 units).

Monthly Employee and Spousal Rates per \$10,000 of Benefit Please refer to the separate insert included in your Total Rewards package for more information on rates.

You pay Optional Life premiums through payroll deduction plus applicable taxes. Meridian sends these deductions on your behalf to Manulife Financial.

Submitting an Optional Life Claim

Important! Optional Life Insurance claims must be submitted within 90 days of the loss.

Changing your Optional Life Coverage

- To apply for new or additional coverage, complete an Optional Life Insurance application and provide Evidence of Insurability. Please indicate your original coverage amount and the new amount for which you are applying, on the form.
- To change your beneficiary, contact People Services/HR Operations.
- To cancel or reduce coverage, please advise People Services/HR Operations in writing.

Accidental Death & Dismemberment (AD&D)

Basic AD&D

Coverage	Coverage depends on extent of loss (see below)
Maximum	Up to \$50,000
Termination Age	Age 70, retirement or termination, whichever occurs first

Optional AD&D (Employee and Spousal Options)

Coverage	Available in units of \$10,000
Maximum	Up to \$300,000 (30 units)
Termination Age	Age 70, employee retirement or termination, whichever occurs first

Basic Accidental Death & Dismemberment (AD&D) pays a benefit in case you are injured or die, due to an accident. This is a core Total Rewards employee benefit, which is paid by Meridian.

We also offer new Optional AD&D coverage for you and/or your spouse to give you the choice of added financial protection. You may purchase amounts of Optional AD&D coverage for you and/or your spouse through payroll deductions.

Schedule of Losses

This table shows the percentage of benefit payable for Basic and Optional AD&D, depending on your loss. Please note, the amount payable is a percentage of the benefit amount for which the employee was insured at the time the accidental incident occurred.

Only one percentage, the largest, will be paid for multiple losses to the same limb due to any one accidental injury. No more than 100% will be paid for all losses due to any one accidental injury, except in the case of hemiplegia, paraplegia, quadriplegia, where the total amount paid will not exceed 200% (provided such benefit is paid while the employee is living).

The aggregate limit is \$1,000,000.

Optional AD&D

Table of Losses and Provisions	% of Benefit Payable
Life	100%
Both hands or both feet (or loss of use)	100%
Sight of both eyes	100%
One hand and one foot	100%
One hand and sight of one eye	100%
One foot and sight of one eye	100%
Hearing in both ears and speech	100%
One arm or one leg (or loss of use)	75%
One hand or one foot (or loss of use)	75%
Sight of one eye	75%
Speech or hearing in both ears	75%
Thumb and index finger or at least four fingers of one hand	33.3%
Four toes of one foot	25%
Hearing in one ear	25%
Hemiplegia	200%
Paraplegia	200%
Quadriplegia	200%

Designating a Beneficiary

Be sure to complete the beneficiary designation form in order to ensure your benefit will be paid to the person you want to receive the benefit. See 'How to Enrol' on page 24, for instructions.

Rates

Please refer to the separate insert included in your Total Rewards package for more information on rates.

Submitting an AD&D Claim

Important! Accidental Death & Dismemberment claims must be submitted within 90 days of the loss.

Business Travel AD&D

Basic AD&D

Some employees are required to travel frequently for business, as part of their role with Meridian. In recognition of this, Meridian is pleased to offer a Business Travel AD&D benefit as part of Total Rewards. Business Travel AD&D pays a benefit in case you are injured or die, due to an accident while traveling for business. It excludes daily commuting to and from work, and any period while you are on vacation.

Coverage	Coverage depends on extent of loss (see below)	
Maximum	2 x earnings*, up to a maximum of \$300,000	
Termination Age	Age 70, retirement or termination, whichever occurs first	

Full-time earnings - your gross base salary, including merit pay and retroactive adjustments to gross salary, vacation earnings and excluding overtime, commissions, variable incentive, retention and bonuses of any kind, and disability, supplemental and special allowances (unless otherwise specified in employment agreement).

Part-time earnings - your previous year's T4 earnings (excluding all other types of payments as noted above for Full-time earnings), where available. For employees employed less than 1 calendar year, the previous year's T4 earnings (excluding all other types of payments as noted above for Full-time earnings), annualized, where available. If no T4 is available, your earnings will be based on the average of 12 weeks of actual earnings multiplied by 52 weeks.

Schedule of Losses

This table shows the percentage of Business Travel AD&D benefit payable, depending on your loss.

Please note, the amount payable is a percentage of the benefit amount for which the employee was insured at the time the accidental incident occurred.

Only one percentage, the largest, will be paid for multiple losses to the same limb due to any one accidental injury.

No more than 100% will be paid for all losses due to any one accidental injury, except in the case of hemiplegia, paraplegia, quadriplegia, where the total amount paid will not exceed 200% (provided such benefit is paid while the employee is living).

The aggregate limit is \$500,000.

Submitting a Business Travel AD&D Claim

Important! Business Travel AD&D Claims must be submitted within 90 days of the loss.

Table of Losses and Provisions	% of Benefit Payable
 Life One hand and one foot Both hands or both feet One hand and sight of one eye (or loss of use) One foot and sight of one eye Sight of both eye Hearing in both ears and speech 	100%
One arm or one leg (or loss of use)	75%
 One hand or one foot Sight of one eye (or loss of use) Speech or hearing in both ears 	100%
• Thumb and index finger or at least four fingers of one hand	100%
 All toes of one foot Hearing in one ear	100%
• Hemiplegia • Quadriplegia • Paraplegia	100%
Hearing in both ears and speech	100%
One arm or one leg (or loss of use)	75%
One hand or one foot (or loss of use)	75%
Sight of one eye	75%
Speech or hearing in both ears	75%
Thumb and index finger or at least four fingers of one hand	33.3%
Four toes of one foot	25%
Hearing in one ear	25%
Hemiplegia	200%
Paraplegia	200%
Quadriplegia	200%

Disability

Short- and Long-term Disability are important for your financial security. They provide income replacement if you become ill or disabled and are unable to work.

Meridian's approach to disability management is to keep the focus on ability, rather than disability. There are many challenges in today's world including new medical conditions and access to treatment. With a solid partnership between you, Meridian and Manulife, we can make sure that support is available. With rehabilitation services and expert health advice, the Short-term Disability benefit offers income protection for up to 26 weeks in case of illness or injury. Meridian's disability program includes Sick Days, Short-term Disability and Long-term Disability. (For more information on Sick Days, please consult the Meridian Sick and Disability Leaves policy.) Short-term Disability benefits are paid by Meridian. Manulife adjudicates all Short-term Disability claims. They also adjudicate, administer and pay all Longterm Disability benefits.

Short-term Disability

Length of Service	Less than 3 months	3 months to 1 year	1 to 3 years	4 to 5 years	6 to 10 years	11 to 20 years	Over 20 years
Number of Weeks Paid at 100%*	0	1	2	4	6	8	10
Number of Weeks Paid at 75%	0	25	24	22	20	18	16
Total Weeks of Coverage	Less than 3 months of service = 0 weeks Over 3 months of service = 26 weeks						
Definition of Disability	Restriction or lack of ability due to an illness or injury which prevents you from performing the essential duties of your own occupation						

Full-time earnings - your gross base salary, including merit pay and retroactive adjustments to gross salary, vacation earnings and excluding overtime, commissions, variable incentive, retention and bonuses of any kind, and disability, supplemental and special allowances (unless otherwise specified in employment agreement).

Part-time earnings - your previous year's T4 earnings (excluding all other types of payments as noted above for Full-time earnings), where available. For employees employed less than 1 calendar year, the previous year's T4 earnings (excluding all other types of payments as noted above for Full-time earnings), annualized, where available. If no T4 is available, your earnings will be based on the average of 12 weeks of actual earnings multiplied by 52 weeks.

Eligibility

Both full-time and part-time employees are eligible to receive short-term disability (STD) benefits, according to the payment schedule, following the 8 day qualifying period, if applicable. You must provide satisfactory medical documentation to support your absence.

Short-term Disability

After an 8 consecutive day (typically 6 business days) qualifying period, you may be eligible to receive income replacement up to a maximum of 26 weeks by submitting a claim for short-term disability and providing medical updates as required by Manulife, our Disability Management provider. If you are hospitalized, the 8 day qualifying period is waived for both full-time and part-time employees. These benefits are adjudicated by Manulife and, upon approval by Manulife, paid by Meridian. You will be paid your regular salary based on the payment schedule.

Submitting a Short-term Disability Claim

For absences of 8 consecutive days (typically 6 business days) or more, you must submit a claim for short-term disability directly to Manulife for adjudication. The necessary forms to be completed by you and your physician can be obtained on Mnet. Any administrative fees charged by the physician for completion of claim forms is at your expense. However, it may be reimbursed through the Health Care Spending Account, provided there are sufficient dollars on account.

Long-term Disability (LTD)

Coverage	67% of first \$5,000 of monthly earnings* 55% of balance of monthly earnings	
Cost of Living Adjustment (COLA)	Basic LTD No COLA (default coverage)	Optional Enhanced LTD Consumer Price Index up to 3%
Maximum	\$12,000	
Non-evidence maximum	\$12,000	
Qualifying Period	180 Days	
Definition of Disability	Restriction or lack of ability due to an illness or injury which prevents you from performing the essential duties of: (a) Your own occupation, during the Qualifying Period and the 2 years immediately following the Qualifying Period; and (b) Any occupation for which you are gualified,	
		d by training, education or experience, d in part (a) of this provision.
Termination Age	Age 65 less the qualifying period or retirement, whichever occurs first.	

Full-time earnings - your gross base salary, including merit pay and retroactive adjustments to gross salary, vacation earnings and excluding overtime, commissions, variable incentive, retention and bonuses of any kind, and disability, supplemental and special allowances (unless otherwise specified in employment agreement).

Part-time earnings - your previous year's T4 earnings (excluding all other types of payments as noted above for Full-time earnings), where available. For employees employed less than 1 calendar year, the previous year's T4 earnings (excluding all other types of payments as noted above for Full-time earnings), annualized, where available. If no T4 is available, your earnings will be based on the average of 12 weeks of actual earnings multiplied by 52 weeks.

You have two options for this benefit – Basic LTD and Enhanced LTD. Basic LTD provides the same benefit payment amount over the time you are disabled, with no cost of living adjustment (COLA). This means the amount you are paid does not increase with inflation. This can have a significant impact on how far your money will go over time.

The Enhanced LTD benefit payment includes a cost of living adjustment of up to 3% annually, to keep pace with the Consumer Price Index.

You pay the premiums for the LTD benefit, because there is a tax advantage to you. If you collect LTD, your benefit will not be taxed. If Meridian paid the premiums and you collected LTD, your benefit payments would be taxed. Manulife approves and issues payment for LTD.

Rates

Please refer to the separate insert included in your Total Rewards package for more information on rates.

Submitting an LTD Claim

To be eligible for this benefit, you must submit a completed claim form. It is recommended that you submit these forms after four months of continuous disability (claims submission guidelines require that these forms be submitted within 362 days of the date disabled).

Payment of Benefits

Once you have completed the 26-week qualifying period for this benefit – 26 weeks of Short-term Disability – your benefit payments will begin, provided:

- You've successfully submitted proof of disability to Manulife Financial within 180 days following the end of the qualifying period and your claim has been approved; and
- You are receiving regular on-going care and treatment appropriate for your disabling condition from a physician; and
- Manulife approves the payment of benefits.

When Payments End

Benefit payments will end at the earliest of the following:

- You do not provide Manulife Financial with satisfactory proof of your disability, or if you refuse to undergo a medical examination by a physician chosen by Manulife Financial.
- You do not participate in vocational rehabilitation (a retraining or job placement program) when it is considered appropriate by Manulife Financial and its medical advisors.
- You are no longer disabled.
- You reach the termination age for this benefit, age 65.
- You retire.
- You die.

Employee & Family Assistance Program

Your Employee & Family Assistance Program (EFAP) is a confidential and voluntary support service that may help you solve a variety of problems and challenges in your life. This service is administered by Shepell fgi.

You and your eligible dependants may receive support over the telephone, in person, online and through a variety of issues-based health and wellness resources. You'll get practical, relevant support in a way that is most suited to your preferences, learning approach and lifestyle.

Your EFAP is completely confidential within the limits of the law. No one, including Meridian, will ever know that you have used the service unless you choose to tell them.

There is no cost to use your EFAP. If you need specialized, or longer-term support, your EFAP will help you select an appropriate specialist or service that can provide assistance. Fees for additional services are your responsibility.

EFAP Features

- Direct telephone access to a counsellor 24 hours, 7 days a week
- Appointments convenient to your schedule
- Office locations throughout Canada
- Professionally trained and experienced counsellors
- Counselling is available in person or by telephone or ecounselling
- Eligibility: you and your eligible dependants
- Voluntary service
- Confidential service

How the EFAP Helps

The EFAP is designed to assist you with any personal or workplace issue. The EFAP may help you:

- Achieve personal well-being
- Manage relationships and family
- Get legal clarity
- Get financial clarity
- · Research child and elder care resources
- Address workplace challenges
- Tackle addictions
- Understand nutrition
- Get health care advice

Contact the EFAP

English:	1-800-387-4765
French:	1-800-361-5676
TTY:	1-877-338-0275
On-line resources:	www.workhealthlife.com
On-line counselling:	www.shepellfgiservices.com/ec

Best Doctors

If you or a family member have been diagnosed with a serious illness and want to ensure that you received the proper diagnosis, you can reach out to Best Doctors by simply calling the Best Doctors Member Care Centre at 1-877-419-BEST (2378) www.bestdoctorscanada.com.

Services include:

InterConsultation™ — provides you an in-depth review of your medical files by Best Doctors world renowned specialists to confirm the right diagnosis and right treatment options.

FindBestDocTM — searches an exclusive global network for the specialists who can best help you with your specific condition.

FindBestCare[®] — will access hospital and doctor discounts if out-of-country care is necessary and will ensure vital information is sent to the medical specialists involved. Note: Travel and lodging expenses are your responsibility.

Best Doctors 360°™ — provides you with one-on-one coaching, support, customized advice and guidance when you have questions about your healthcare or the healthcare of your family.

Note: Almost all illnesses and conditions are covered with the exception of mental, nervous, and chronic pain conditions such as Fibromyalgia.

Contact Best Doctors

English and French:	1-877-419-BEST (2378)
Online:	www.bestdoctorscanada.com

How to Enrol

Step 1: Complete your Meridian Group Benefits Enrolment Form, included in this kit.

- Fill in the information required regarding Plan Member and/or Spouse, depending on the coverage you are applying for (information on Children is not applicable).
- Sign and date the form.
- Return the form to Meridian through internal mail, in the enclosed addressed envelope.

Step 2: Complete your Group Benefits Beneficiary Designation Form, included in this kit.

- Fill in the information required. Designate your beneficiaries for Basic Employee Life and Accidental Death & Dismemberment, Business Travel Accident as well as for any optional employee coverage you elected.
- Sign and date the form.
- Return the form to Meridian with your Enrolment Form in the enclosed addressed envelope.

Step 3: If you are selecting coverage for Optional Life, complete the Evidence of Insurability for Optional Life Insurance Form, also included in this kit.

- Fill in the information required.
- Sign and date the form.
- Return the form to Manulife in the enclosed addressed envelope.

Please complete and submit these forms as soon as possible.

Questions?

If you have any questions about your Group Benefits, you may contact Manulife Financial Customer Service at 1-800-268-6195 from 8 a.m. to 8 p.m., ET.

You may also access Manulife's Plan Member Secure Site for more information through www.manulife.ca/Meridian.

After Enroling

Within 30 days of enrolling, you will receive a Manulife welcome package containing:

- 3 in 1 card, with the following uses (You will receive a temporary card with your package. Permanent cards will be sent directly to your home address):
 - Pay-direct Drug card
 - ManuAssist Travel Card
 - Identification Card
- Group Benefits Booklet.
- More information on accessing Manulife's services

Notes

Have questions or need help?

Contact Manulife Financial:

By phone: 1-800-268-6195 (Group Benefits)

On-line: www.manulife.ca/Meridian

Manulife Financial