- What is the seniority cut off for the revised Short Term Disability (STD) schedule? Anyone with 11 years or more of service as of April 16, 2023, will be grandparented.
- How can members mitigate the changes to STD and Long Term Disability (LTD) coverage?
 enrolment in the Employee Life and Health Plan (ELHP) can cover shortcomings in both areas. With the Weekly Indemnity (Disability) coverage of the ELHP members on STD will receive comparable income to their full income. You can find the link to the ELHP site here:
- Do members in Appendix A have their Canada Life plan numbers change as a result of the move to flex?

No, the Canada Life plan numbers are the same for Flex benefits as they were for Appendix A Benefits.

• What are the differences between Health Dollars, Health Spending Account (HSA), and Well Being Account (WBA)?

Health Dollars:

Each year, you receive TELUS Health Dollars that are determined by how many people you'll need to cover under your plans. You can use your Health Dollars toward Health and Dental coverage, allocate them to your Health Spending Account and/or add them to your pay as taxable income.

If you choose higher coverage options, the additional cost of the coverage not covered by your Health Dollars, is paid through after-tax payroll deductions.

Health Spending Account (HSA)

The HSA is a way to receive tax-free reimbursement for medical or dental expense claims that:

• qualify under the Income Tax Act (but are not claimed on your tax return), and

• are not reimbursed by any other insurance plan (government or private)

At each enrolment, you decide how many Health Dollars and Well-being Account funds, if any, to deposit in your HSA. It's like having a special-purpose chequing account.

• the maximum deposit per year is the total amount of your annual Health Dollars and Well-being Account funds. These allocations are irrevocable.

• HSA funds are available in March following annual enrolment.

• HSA funds must be used in the benefit plan year they are deposited, otherwise they are forfeited.

• you must be an HSA participant when you incur an expense in order to claim the expense or carry it forward for reimbursement the following benefit plan year.

Well Being Account (WBA)

Your Well-being Account is a taxable lump sum contribution by TELUS of \$500 for full time/regular part time and job share team members working 51% or more time and half that amount for those working 50% or less time. *for 2023 all regular members will receive \$1000 in their WBA* (Temp and Term members will receive a \$500 top up in their HSA as they do not qualify for the Well Being Account)

The account is designed to be flexible and completely self-directed. You can claim expenses for you or any of your eligible dependents covered under your extended health and/or dental plans. Alternately, Well-being Account funds can be used tax effectively by allocating some or all of your funds to your Health Spending Account at annual enrolment or if you are newly hired, when you enrol for the first time.

- If I do not spend all my health dollars in a year what happens to the balance? Any unused Health Dollars can be transferred to your HSA to cover eligible costs, or taken as a taxable addition to your pay.
- How do I claim eligible expenses under my Well Being Account (WBA)?
 You have to fill out and submit a paper claim (PDF) that you can download from the Canada Life website. You can find a list of eligible expenses at go/WBA.
- Can I get the equivalent coverage levels I currently have in Appendix A benefits at relatively the same cost?
 The slide from the Benefits presentation shows the levels you have to select to maintain equivalent coverage. The cost is not the same, however when you factor in the \$500 (\$1000 for 2023) WBA, your out of pocket annual costs decrease significantly when compared to Appendix A benefits.
- What happens if I miss the enrolment period?
 If you miss the initial enrolment period for Flex Benefits you would default to the base coverage levels described in the Flex Benefits manual. In subsequent years if you miss the enrolment period, your selected benefits from the prior year will continue.
- Can I change my coverage levels from year to year, changing dental or orthodontic coverage levels.

Yes, you can change your selections each year during annual enrolment, or if you have a qualifying life event, similar to the Appendix A benefits process. For Paramedical and Major Dental, you must remain in the selected option for 2 years.

- If I have an approved pre-existing medical condition, will I continue to be covered through Flex Benefits?
 Yes, there will be no changes as a result of the move to Flex.
- For Members on LTD how will the move to Flex Benefits affect their benefit coverage levels and payment for those benefits? Their benefits will continue to be paid; they will be mapped to the same levels in FLEX that they had in Appendix A Benefits. They will not be able to change their benefit choices while on LTD, however once they return to work from LTD, they will be able make changes at annual enrolment.
- What if a team member returns from a leave, will they be prorated for 2023? No they won't be prorated, they will receive the full amount of Health Dollars and the \$1000 WBA.

Legacy Appendix A Benefit Coverage

These are the options you would need to select to maintain your existing coverage:

| Benefit | Option | Coverage |
|--|--------|---|
| Prescription Drugs | 3 | No deductible 90% tier 1 80% tier 2 |
| Paramedical/Vision care | 4 | \$300 vision and eye exam every 2 years \$500 paramedical max \$5000 psychology, speech therapy max |
| Medical Services +Supplies, Out of Country/Province Emergency Coverage | 3 | 80% reimbursement emergency and OOP: 100% up to \$5M lifetime max |
| Basic Dental | 5 | 100 % coverage, 6 month recall, no max |
| Major Dental and Othodontics | 3 | Major 70% (max \$2500) Ortho 50% (max \$3000) |

If you made selections in the previous benefit year those selections will roll over into the next benefit year or until you change them in the next selection period.





Benefit Selection Chart *Red Boxes indicate Appendix A legacy coverage levels*

| | | Extended Health Benefits | | | Dental Benefits | | Insurance | | | |
|---|----------|--|---|---|--|--|--|--|--|--|
| | | Prescription Drugs | Paramedical & Vision | Medical Services & Supplies, Emergency Out-of- Country & Out-of- Province | Basic Dental | Major Dental & Orthodontics | Life Insurance | Accident Insurance | Primary Long Term Disability (LTD) | Long Term Disability (LTD) Top-Up Tearn Member Paid |
| | Option 1 | Opt out (proof of other coverage required) | Psychology/Speech Therapy only: \$5,000 – included in all options in this category | OOC/OOP only: 100% | No coverage | No coverage | 1 x annual base salary | No coverage | 30% of salary, non- indexed Taxable benefit | 30% of salary, non-indexed Non-taxable benefit |
| | Option 2 | \$1,000 deductible Tier 1: 90% Tier 2: 80% | Vision: Eye exam only / 2 yrs** Paramedical: \$300 combined | OOC/OOP: 100% Medical Services & Supplies: 70% | 100% 12-month recall** \$500 max | Major: 50% (max \$2,000) Ortho: 50% (max \$2,500)* | | 1 x annual base salary | | 30% of salary, indexed Non-taxable benefit ***Select this for a comparable benefit to Appendix A |
| | Option 3 | No deductible Tier 1: 90% Tier 2: 80% | Vision: \$200 and eye exam / 2 yrs** Paramedical: \$500 combined | OOC/OOP: 100% Medical Services & Supplies: 80% | 20% 12-month recall** No max | Major: 70% (max \$2,500) Ortho: 50% (max \$3,000)* | | | | You must select one o the above options for LTD top-up |
| 5 | Option 4 | No deductible Tier 1: 100% Tier 2: 90% | Vision: \$300 and eye exam / 2 yrs** Paramedical: \$1,000 combined* | OOC/OOP: 100% Medical Services & Supplies: 90% | 100% 12-month recall** No max | *Orthodontics have a lifetime maximum. You will need to stay in the selected option for 2 years before you can make any changes ***LTD is currently a taxable, emp paid benefit that provides 70% of indexed. Choosing 30% top up no taxable is closest to existing bene | | | | t provides 70% of salary sing 30% top up non- |
| | Option 5 | | Vision: \$400 and eye exam / 2 yrs** Paramedical: \$1,500 combined* | | 100% 6-month recall** No max | **Children under 18 are eligible for: Vision Care: one eye exam every benefit plan year Basic Dental: one recall every 6 months | | | | |