

Employee presentation for Aristocrat Technologies Canada



Benefits plan overview



Benefits - Policy M00122

Basic life insurance

Accidental death and dismemberment (AD&D)

Dependent life insurance

Short-term disability insurance

Long-term disability insurance

Extended healthcare

Dental care



Basic life & Basic AD&D





Amount of insurance

1x annual earnings



Maximum

\$300,000



Reduction of amount

50% at age 65



Age limit

When the plan member turns 70 or retires, whichever comes first

Voluntary Benefits – Life & AD&D



Employee Amount of insurance

Available in units of \$10,000 (minimum \$20,000) to a maximum of \$1,000,000 (combined with Basic Life) – AD&D Maximum \$1,000,000

Spouse Amount of insurance

Available in units of \$10,000 (minimum \$20,000) to a maximum of \$1,000,000 – AD&D Maximum \$500,000

Child Amount of insurance

Available in units of \$1,000 to a maximum of \$5,000 – AD&D Maximum \$5,000



Medical Evidence of insurability required from 1st dollar



Age limit

When the plan member turns 70 or retires, whichever comes first

Dependent life insurance



Spouse \$10,000





Each child \$5,000



Age limit

When the plan member turns 70 or retires, whichever comes first

Short-term disability insurance



Percentage of benefit

66.67% of weekly earnings



Maximum

\$2,000 per week/maximum 16 weeks of benefit (taxable)



Elimination period

1st day accident, 1st day hospitalization, 7th day sickness



Age limit

When the plan member turns 71 or retires, whichever comes first

Long-term disability insurance



Percentage of benefit

66.67% of monthly earnings



Maximum

\$7,500 (Non-evidence) \$13,500



Elimination period

112 days



Taxability of benefit

Taxable



Age limit

Terminates at the earlier of age 65, minus the elimination period, or retirement

Long-term disability insurance

Application

Employer statement

Employee statement

Attending physician statement

Dedicated claims and rehabilitation specialists

Frequently asked questions



Extended healthcare

Deductible amount

Drugs	Nil
Other expenses	Nil

Percentage of reimbursement

Drugs	100% generic substitution
Hospitalization expenses	100%
Travel insurance	100%
Referral treatment	80%
Other expenses	100%
Vision care	100%

Extended healthcare

Limits for eligible expenses

Hospitalization expenses	Short-term: Cost of a semi-private room Long-term: \$40 per day, maximum of 180 days for convalescent/rehabilitation centre
Travel insurance	Lifetime max amount of \$5,000,000 per insured
Nursing care	\$10,000 per insured per calendar year
Paramedical services (refer to your benefit booklet)	\$500 for each discipline per insured per calendar year
Eye exams	\$125 per 24 months for adults and 12 months for children under 18
Eyeglasses, contact lenses and eye surgery	\$200 per 24 months for adults and 12 months for children under 18
Benefit termination	When the plan member turns 70 or retires, whichever comes first

Extendedhealthcare

Paramedical Practitioner Cover

The following practitioners are covered under paramedical practitioner cover:

- Acupuncturist, Audiologist, Chiropractor, Dietician/Nutritionist,
 Occupational Therapist Homeopath, Kineotherapist/Osteopath,
 Naturopath, Speech Therapist, Osteopath, Physiotherapist/Sports
 Therapist/Kinseologist, Podiatrist/Chiropodist, Mental Health Supports
 (Psychologist, Social Worker, Psychoeducator, Psychoanalyst,
 Registered Clinical Counsellor, Canadian Certified Counsellor
- No doctor note required

Dental care insurance

Dental fee guide year

Current year

Recall Frequency

6 months

Scaling

12 units/calendar year combined with root planing

Percentage of reimbursement

Basic services (preventive, endodontics and periodontics)	100%
Major restorative services	50%

Maximum benefit

Basic services	\$1,500 combined annual maximum for Basic &
Major restorative services	Major Restorative services
Benefit termination	When the plan member turns 70 or retires, whichever comes first

Lifestyle Spending Account



Annual credit allocation \$500





Who is eligible? You and your dependents



Eligible expenses Expenses that support your health and wellness



your employer on wellness-related activities and services.

Lifestyle Spending Account



Claim submission

- Plan Member Secure site
- Claim form

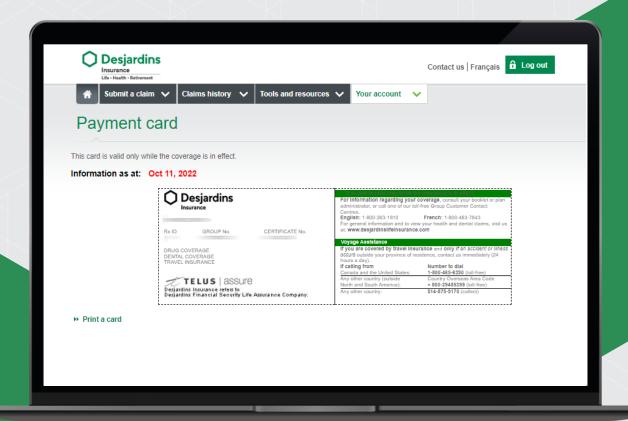


Administered under a separate policy number



Your payment card





Administrative Reminders

Life events

Should you have any changes to your status such as marriage, new child, separation please make sure you let your plan administrator know so they can update your file within 31 days of the change

Claims

EHC and dental claims should be submitted within 365 days from the date of service to be eligible

Practitioners

Check online with Desjardins to make sure your practitioner is eligible. Not all practitioners are eligible for claims submission depending on how they are licensed (social workers require a masters degree for example)

Changes Following Life Events

Please remember that you have only 31 days to update coverage for yourself or your dependents following a life event. Examples of life events include:

- marriage or acquisition of a common law spouse (same or opposite sex)
- birth of a child or adoption (or gaining a child through marriage, common law union)
- divorce
- loss or gain of coverage through a spouse's plan, including when spouse has lost their coverage elsewhere
- Note your dependent children are covered:
- If they're under 21 or under 26 and attending school full-time
- You must send proof that they're in school to HR every August to ensure continued coverage

Reminder:

As the insurer of your Life Insurance benefit, Desjardins requires that you review your beneficiary information regularly to ensure it is correct. Desjardins is required by law to pay the proceeds of your Life Insurance benefit to the beneficiary stated on your enrollment/beneficiary designation form, regardless of your marital status or Last Will and Testament. Please be sure that Desjardins has the correct information on file.

Important Beneficiary Information

An employee is hired straight out of college rising through the ranks to executive He dies at age 45 quite suddenly leaving behind 5 children and a wife and a 2 million dollar insurance policy.

His beneficiary designation card at the insurer since 1985 leaves his entire Life Insurance and Optional Life Insurance policy to his girlfriend in college.

The insurer is required to pay his Life Insurance policies directly to his stated beneficiary regardless of his marital status, his estate or Last Will (unless the Will has specifically named the policy by number)

Who do you think received the substantial sum of money? Yes, the girlfriend!

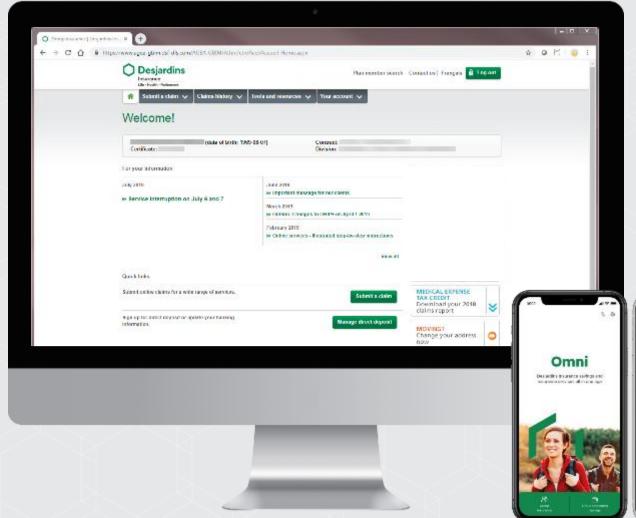
Please ensure you complete your beneficiary designation with the correct information and keep this up to date as often as possible to protect your family members!!

Online tools



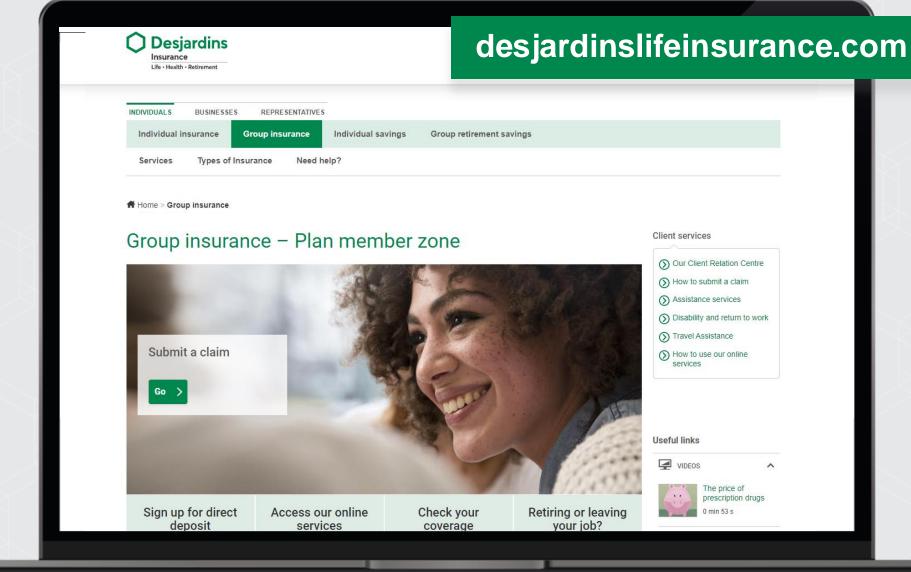
Online tools for plan members

Secure site



Mobile applications





Online tools

Secure website for plan members

Access your insurance booklet

Access claims history

Access claims report for income tax purposes

E-claim submission

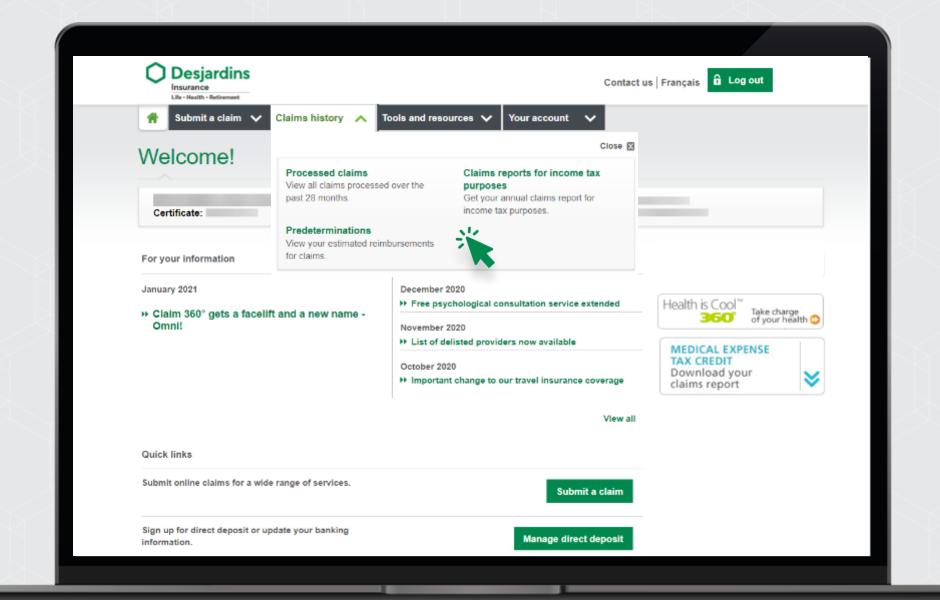
Manage dependent information including coordination of benefits

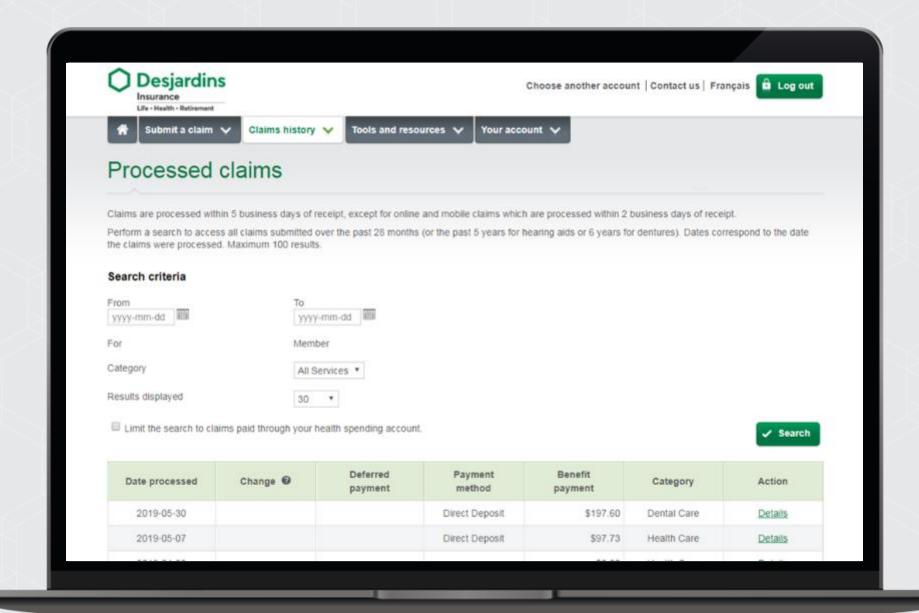
Register for direct deposit

Print payment card

Confirm address

Print personalized forms





Claims reports for income tax purposes



Health and dental claims summary

Member											
	Amount										
Service		*Submitted		Eligible		Paid by your group plan		Not paid by your group plan			
Drugs	s	104.75	s	104.75	5	94.25	S	10.50			
Dental care	\$	179.00	\$	179.00	\$	179.00	\$				
Others	\$	564.23	\$	417.78	\$	335.50	\$	228.73			
Total	\$	847.98	\$	701.53	\$	608.75	\$	239.23			

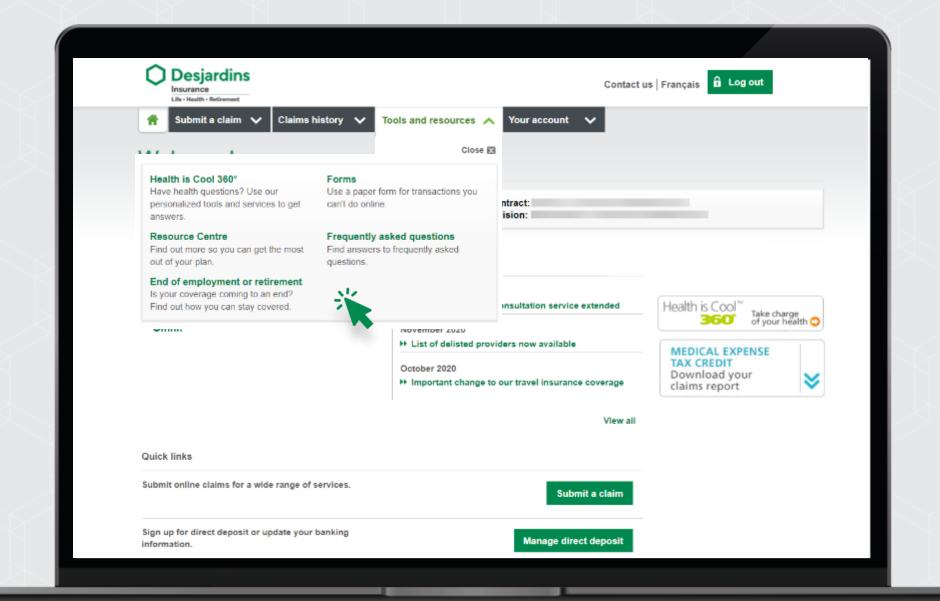
		(Other de	pendent	s				
					ount				
ice	*Sub	*Submitted		jible		by your up plan	Not paid by your group plan		
	\$		\$		\$		\$		
re	s	-	s	-	S		s		
	S	-	S	-	S		\$	-	
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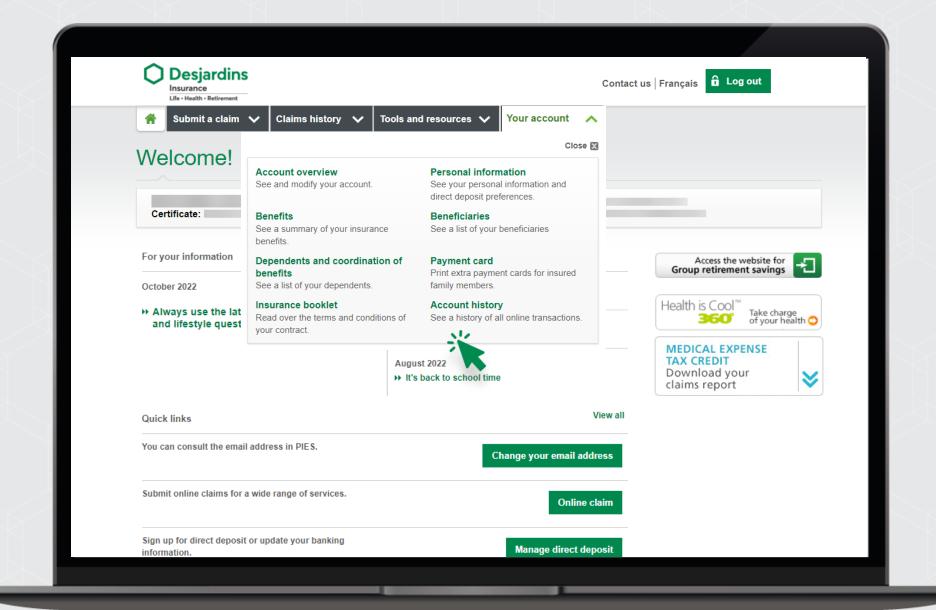
Spouse											
		Amount									
Service	*Su	bmitted	ed Eligible		Paid by your group plan		Not paid by your group plan				
Drugs	S	-	S	-	S		s				
Dental care	s		S		\$		\$				
Others	S		S		S		\$				
Total	\$		\$		\$		\$				

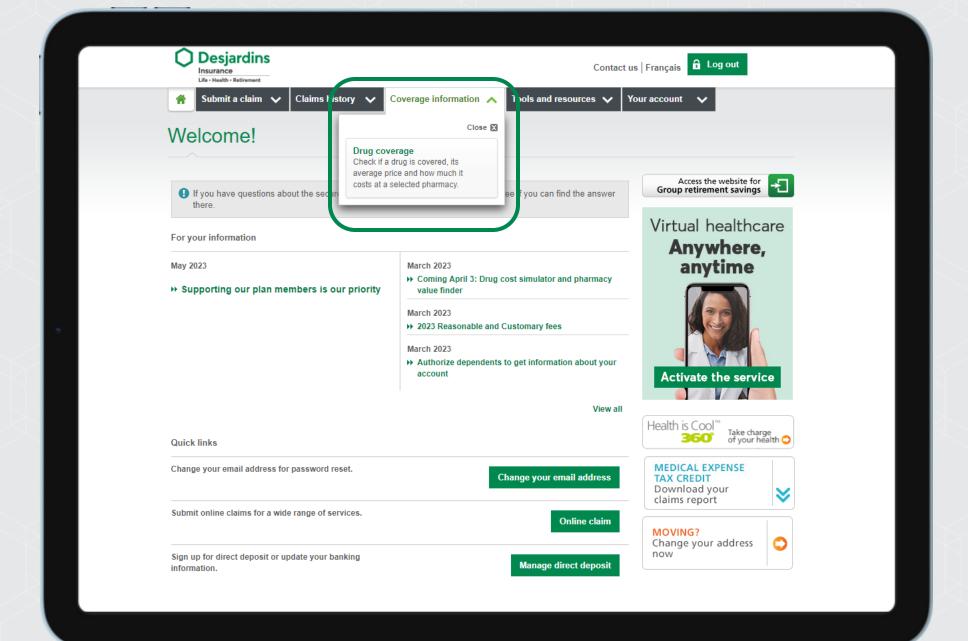
				TOTAL					
Amount									
Service *Submitted			Eligible		Paid by your group plan		Not paid by your group plan		
Drugs	\$	104.75	\$	104.75	\$	94.25	\$	10.50	
Dental care	\$	179.00	\$	179.00	\$	179.00	\$		
Others	S	564.23	S	417.78	S	335.50	S	228.73	
Total	\$	847.98	\$	701.53	\$	608.75	\$	239.23	

Drug claims that have been refused at the point-of-claim will not show up on this report. This is not an official tax statement but it provides information that may help plan members calculate their medical expenses for tax purposes. You are responsible for making sure that the expenses reported in this report are eligible under tax legislation

"Submitted" amount and "Not paid by your group plan" amount totals may be inflated by duplicate entries, which occur if claims are submitted and/or processed more than once. Please review your past claims to determine whether any adjustments are required.

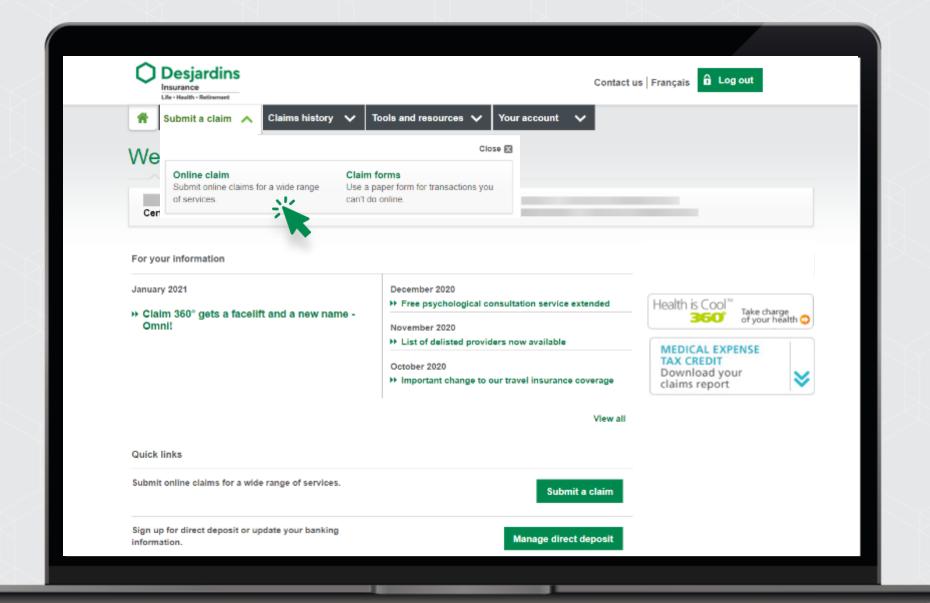


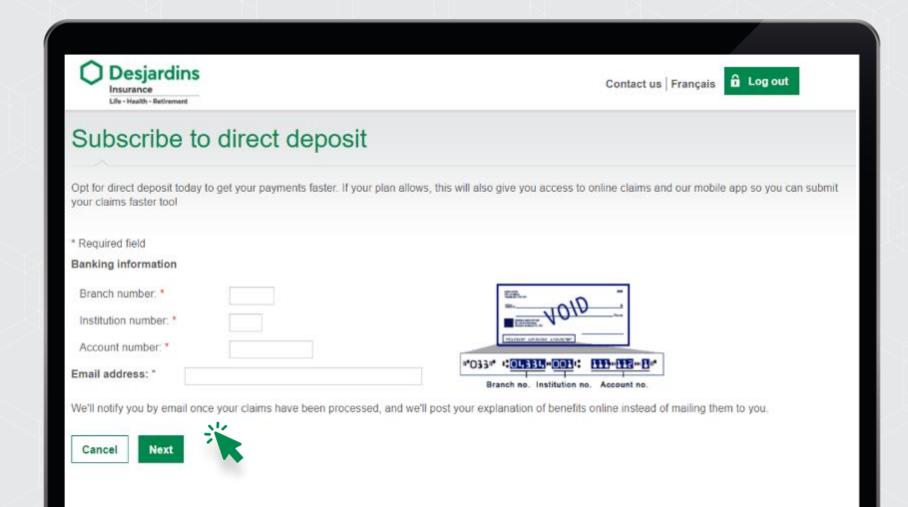


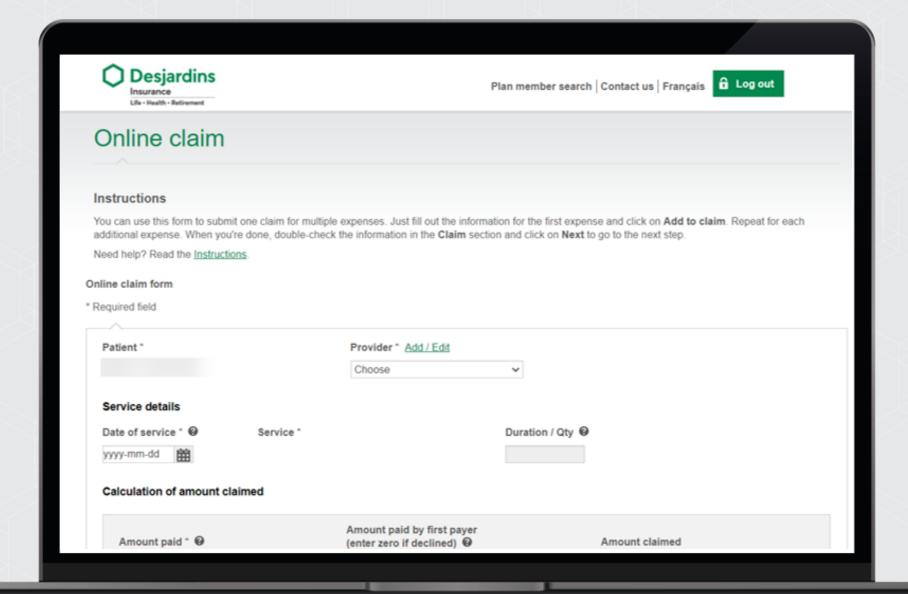


Submit a claim









Point-of-service claim submission

We have teamed up with TELUS Health so the following healthcare professionals can submit claims on your behalf

Physiotherapists

Chiropractors

Podiatrists

Physical rehabilitation therapists

Naturopathic doctors

Acupuncturists

Psychologists

Vision care providers



Claims made easy





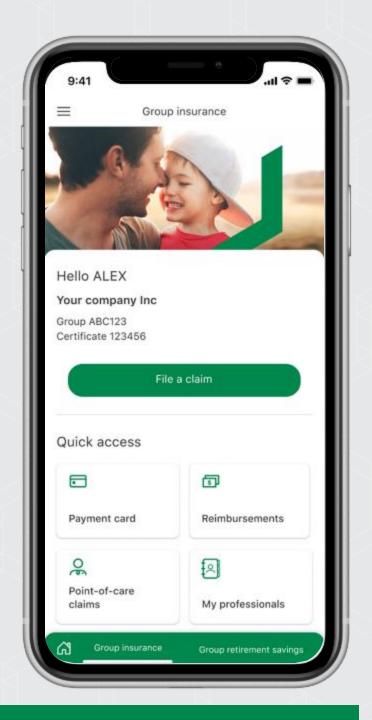








desjardinslifeinsurance.com/send



Client Relation Centre



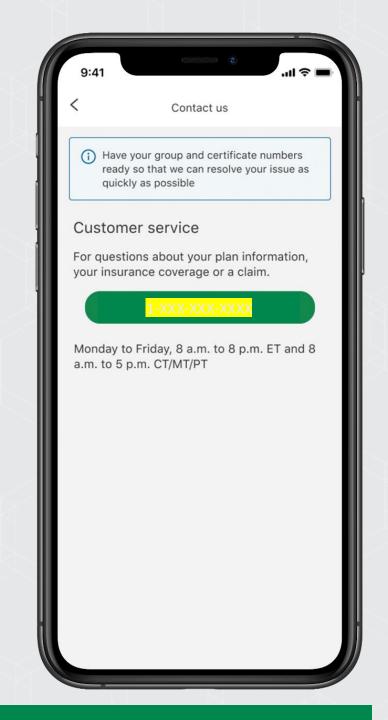
1 800 263-1810 (all calls are recorded)

8 a.m. – 5 p.m or 8 p.m, Monday to Friday (local time)



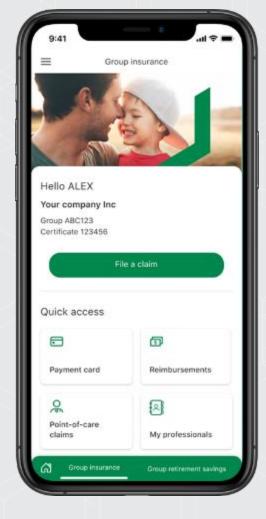
Email

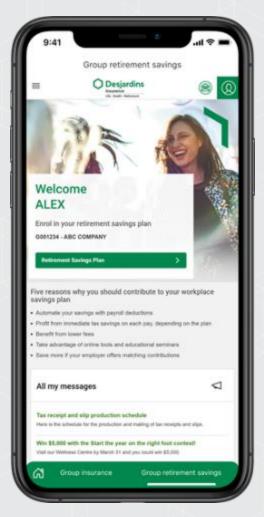
Secure site for plan members using the "Contact us" feature



Omni, our mobile app





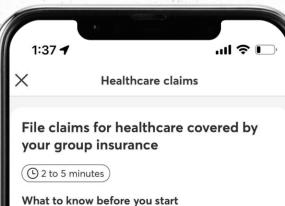








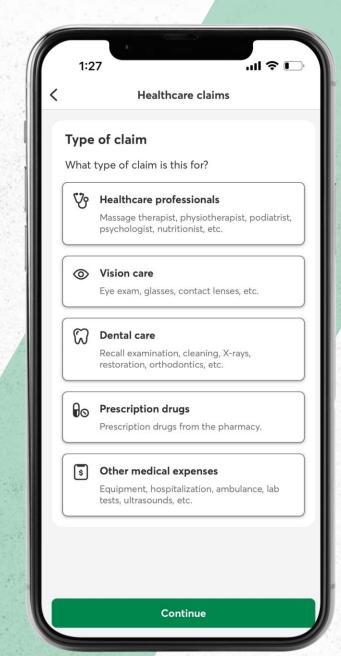
Non-contractual pictures.

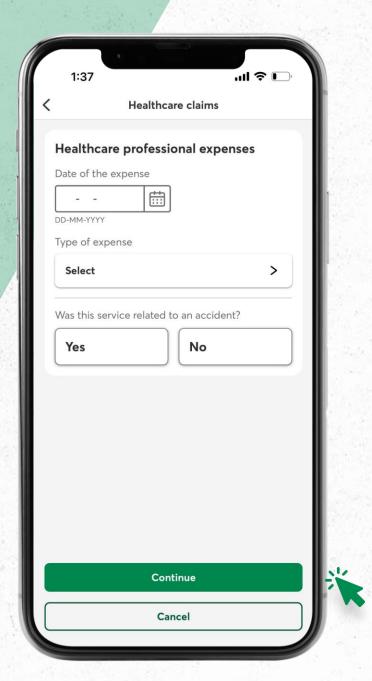


- We may ask for a copy of the receipt or other supporting documents as part of the claims process and in the 12 months following your
- Reimbursement is determined based on your type of coverage. See your insurance booklet for details.
- Your claim reimbursement will be deposited directly into your bank account. To review or edit your banking information, select Direct deposit in the main menu.
- The list of claim types and specialties doesn't necessarily reflect your coverage. For more information, see your insurance booklet.

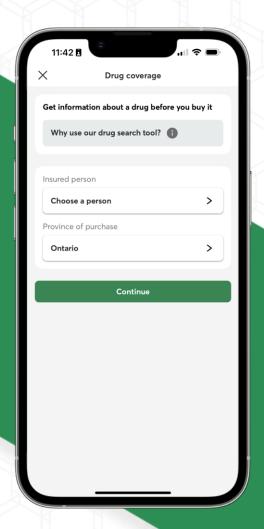
Additional details

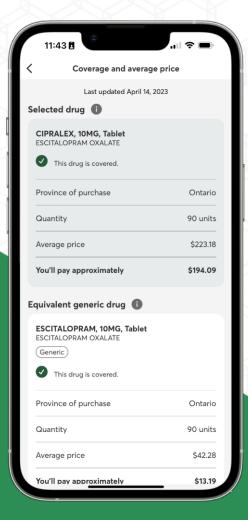
- All fields in this form are required unless marked as optional.
- Additional fields may be added, depending on your answers.

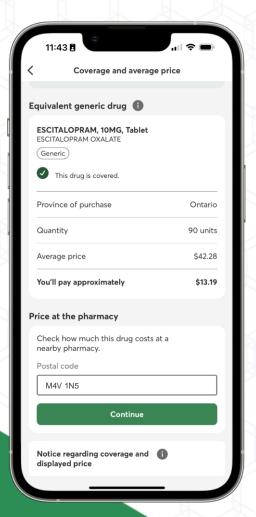


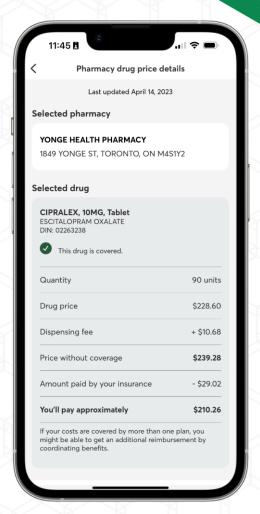


360° drug cost simulator

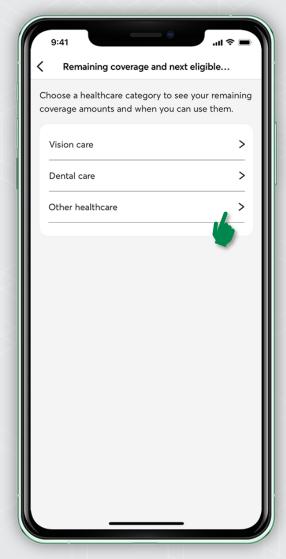


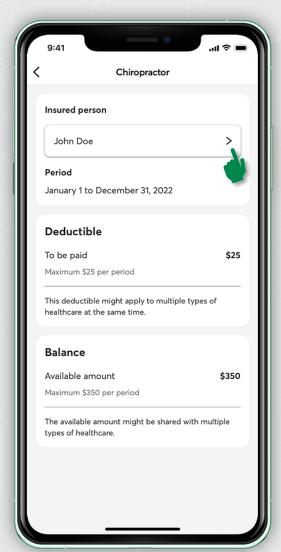


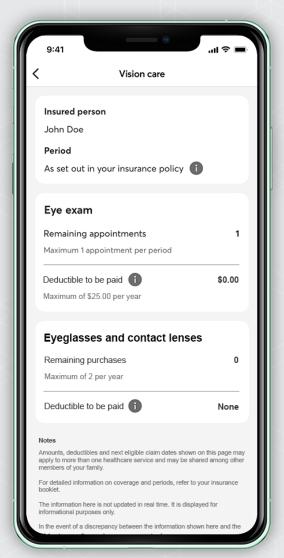




Check your benefit balances









Health is Cool 360°

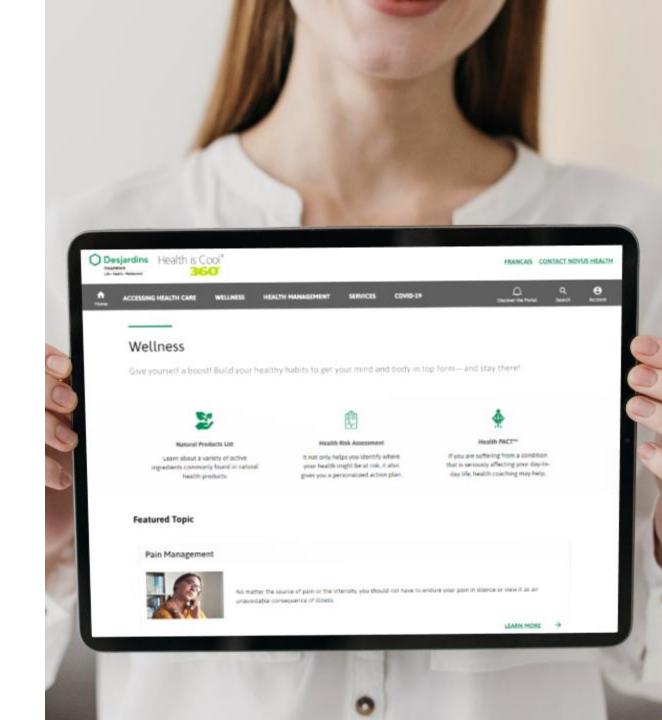


A platform dedicated to wellness

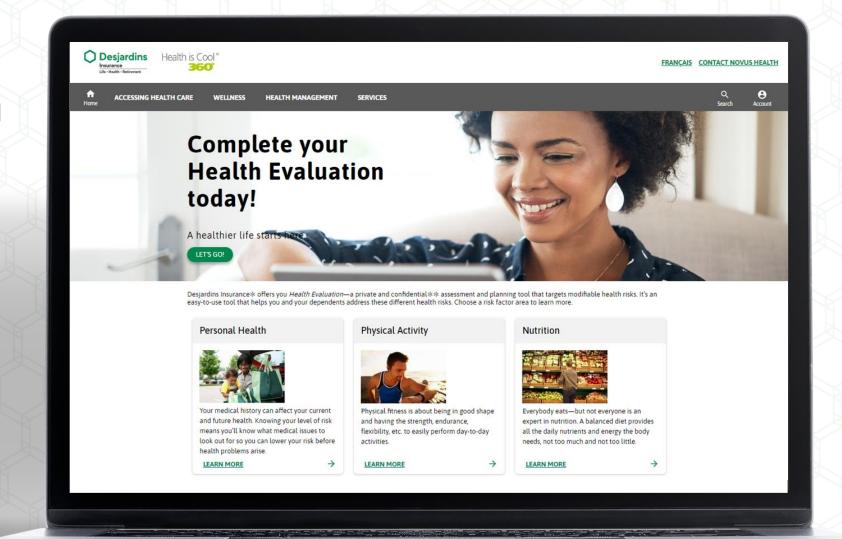
Members can take an active role in managing their health by:

- Participating in Health PACT
- Completing the Health Evaluation questionnaire
- Quickly finding locally available health professionals
- Getting information about a specific illness or medication





Health Evaluation



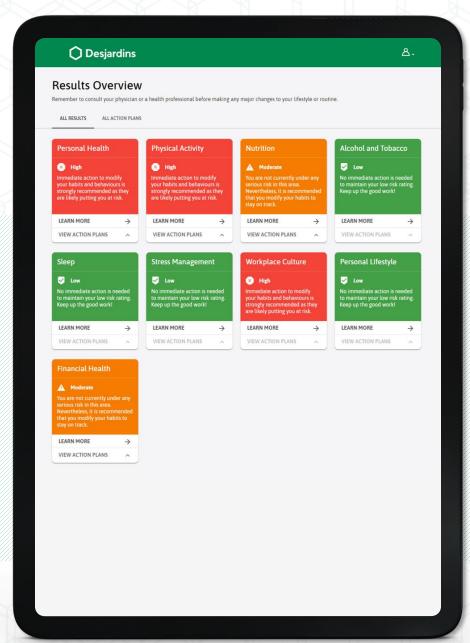
Health Evaluation tool

Plan member advantages

- Identify health risks
- Access to tools
- Obtain realistic action plans
- Track progress

Employer advantages

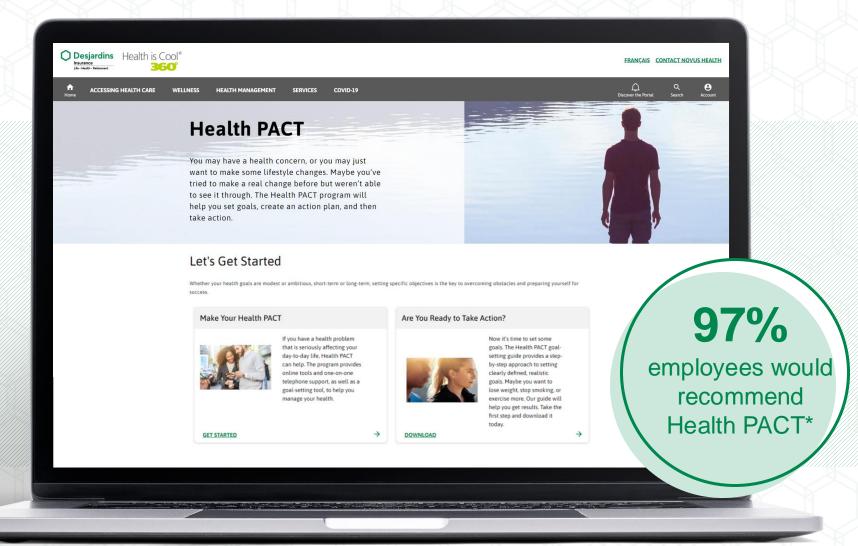
- Identify global plan member health risks
- Access to tools
- Monitor employee willingness to change



Health PACT: Personal health coach

8 conditions included

- Stress and anxiety
- Depression
- Muscle and joint conditions
- Type-2 diabetes
- Pre-diabetes
- Back and neck pain
- High cholesterol
- High blood pressure



The Health PACT program approach:

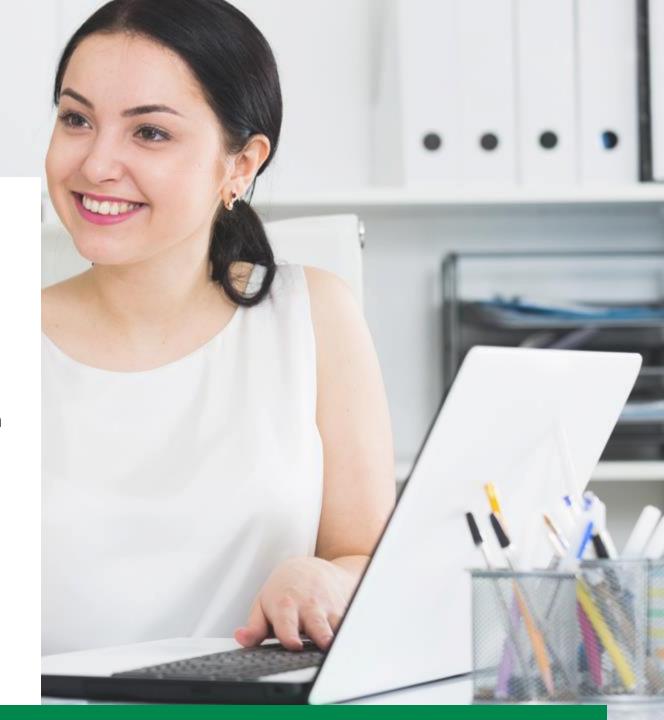
- Proactive identification of at-risk employees
- Practical and realistic action plan

2 Evaluation

Regular coaching and follow-ups

3 Support and strategic planning

6 Evaluation of results



Health is Cool 360°



www.desjardinslifeinsurance.com

Personal assistance



1-877-455-3561 (Bilingual health specialist)

8 a.m. – 11 p.m. Monday to Friday (local time)





Did you know...

Your dependent children are covered:

If they're under 21 or under 26 and attending school full-time You have to send proof that they're in school to HR every August to ensure continued coverage

When you leave the company or retire:

You can convert your current insurance to an individual policy without proof of good health

You'll find all the information you need in our brochures.



Coordination of benefits

Submit claims to your own employer's plan first

Any expenses not paid by your plan can be submitted to your spouse's plan

For children, the claims are submitted under the plan of the parent whose birthday comes first in the year

If both you and your spouse have coverage with Desjardins, we will automatically coordinate your claims



TO GET THE MOST OUT OF YOUR INSURANCE COVERAGE

What does "coordination of benefits" mean?

When different members of the same family have jobs, or multiple jobs, or are enrolled in an educational institution, they may have health or dental care coverage under more than one group insurance plan. If this applies to you, you may be able to claim up to 100% of the eligible expenses you incur by submitting separate claims to each plan. That's what we mean by "coordination of benefits."

In which order do the claims have to be submitted?

Different factors can influence the order in which claims should be submitted, but the first thing to consider best on neutral the submitted by the first thing to consider best on neutral the submitted.

Expenses incurred by a plan member

Situation 1: You are covered under a group insurance plan as an active member and es a gebeugeur nuger kom absenseja Buorib bijeur You must submit your claims in the following order:

1. Yourpkn

Your spouse's plan

Situation 2: You are covered under two separate group insurance plans as an active plan member and you are also covered as a dependent under your spouse's group plan You must submit your claims in the following order:

- 1. The plan under which you have been covered as an
- active plan member for the largest period of time. 2. The plot under which you have been covered as an active plan member for the shortest period of time
- 3. Your spouse's plan

Situation 3: You are covered as an active plan member and a retired plan member under two separate group insurance plans. You must submit your claims in the following order:

- 1. The plan under which you are covered as an active plan member
- 2. The plan under which you are covered as a retired plan member

savings that over the million it is also one of the country's best capitalized financial

adian and international banks

liter good physical, mental

the Heart & Stroke Foundation

Things to consider...

Stability clause (travel) - Within 30 days of travelling:

No change in medication

No deterioration or new symptoms

Don't require a Hospitalization or to consult a specialist

No medical examination, test for investigate purpose awaiting results and no treatment planned, pending or not completed.

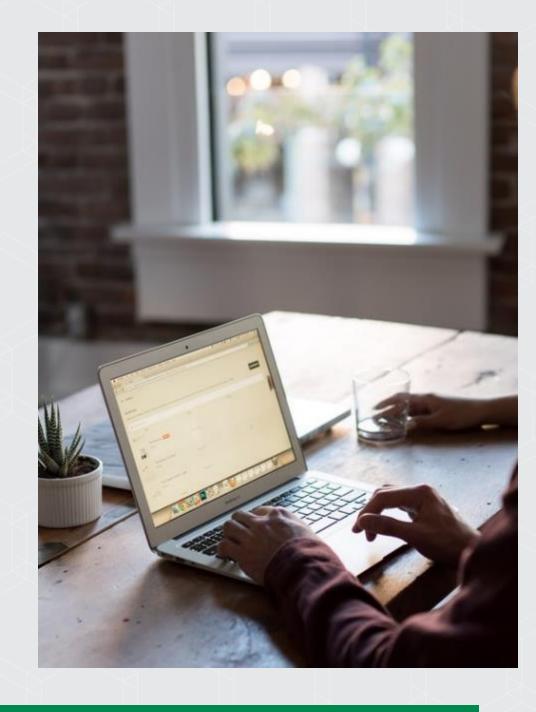
Random claims audits

Predeterminations:

Dental expenses over \$500

Miscellaneous and therapeutic equipment (braces, surgical stockings, CPAP, etc.)

Prior authorization drugs



Always there when it counts



Life · Health · Retirement

