

GROUP

BENEFITS

Prepared by

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Disclaimer

The benefits information is provided as a descriptive summary only. While we endeavored to accurately reflect the benefit programs, policies and plans, the information in this document does not create any contractual or other rights between the Transource and its employees.

SCHEDULE OF BENEFITS

BASIC LIFE INSURANCE

- Coverage amount: \$10,000
- Coverage reduces to 50% at the age of 65
- Termination age is 71

ACCIDENTAL DEATH & DISMEMBERMENT

- Coverage amount: \$10,000
- Coverage reduces to 50% at the age of 65
- Termination age is 71

DENTALCARE

- Coverage amount: \$1,000 (Max: 2 visits/year)
- Basic coverage: 80% coinsurance
- Accidental dental coverage: 100% coinsurance
- Basic coverage includes
 - Examinations, extractions, fillings
 - Scaling
 - Prophylaxis, fluoride treatment
 - X-rays
 - Oral surgery
 - Endodontics (root canal therapy)
 - Periodontics (treatment of the gums)
 - Denture relines, rebases and repairs
 - Pit and fissure sealants
 - Recall Examinations

SCHEDULE OF BENEFITS

HEALTHCARE

- Basic coverage: 80% coinsurance
- Basic coverage includes
 - Semi-private hospital room
 - Licensed ambulance services
 - Diagnostic services
 - Rental or Purchase of the following medical supplies when prescribed by a physician:
 - Diabetic supplies
 - Breathing equipment
 - Orthopedic equipment
 - Prosthetic equipment
 - Mobility aids
- Healthcare Benefits
 - Hospital
 - Nursing (Max \$10,000/ year)
 - Out of country coverage
 - Out of Canada emergency care
 - Out of Canada non-emergency care (pre-approval required)
 - Out of province care
 - Hearing aids (Max \$700/5 years)
 - Global medical assistance
 - Best doctors
 - Virtual healthcare services
 - Diagnostic services
 - Compression hose (Max \$250/12 months)
 - Orthopedic shoes including foot orthotics (Max \$300/12 months)

SCHEDULE OF BENEFITS

PARAMEDICAL

- Coverage: 80% coinsurance
- Coverage amount: \$500 each/year
- Coverage includes
 - Chiropractor
 - Dietician
 - Physiotherapist
 - Podiatrist/Chiropodist
 - Psych/Social Worker Comb
 - Speech Therapist
 - Osteopath
 - Naturopath
 - Masseur
 - Acupuncturist

DRUG PLAN

- Coverage: 80% coinsurance
- Coverage amount: \$1,000/ year

VISIONCARE

- Basic coverage: 100% coinsurance
- Coverage amount
 - Eye examinations: Reasonable & customary
- Lens, frames or contacts: \$200/24 months

PLAN COST

From JUN 2022 to MAY 2023		Per month		
Pay-ID	Plan type	Pan cost	Your cost	Company share
Pay-ID starts with number 1	Single	\$ 77.43	\$ 38.72	\$ 38.72
	Family	\$ 194.79	\$ 97.40	\$ 97.40
Pay-ID starts with number 2	Single	\$ 77.43	\$ 38.72	\$ 38.72
	Family	\$ 194.79	\$ 97.40	\$ 97.40
Pay-ID starts with number 3	Single	\$ 77.43	\$ 38.72	\$ 38.72
	Family	\$ 194.79	\$ 97.40	\$ 97.40
Pay-ID starts with number 4	Single	\$ 77.43	\$ 77.43	\$ -
	Family	\$ 194.79	\$ 194.79	\$ -
Pay-ID starts with number 5	Single	\$ 77.43	\$ 77.43	\$ -
	Family	\$ 194.79	\$ 194.79	\$ -
Pay-ID starts with number 8	Single	\$ 77.43	\$ 38.72	\$ 38.72
	Family	\$ 194.79	\$ 97.40	\$ 97.40

