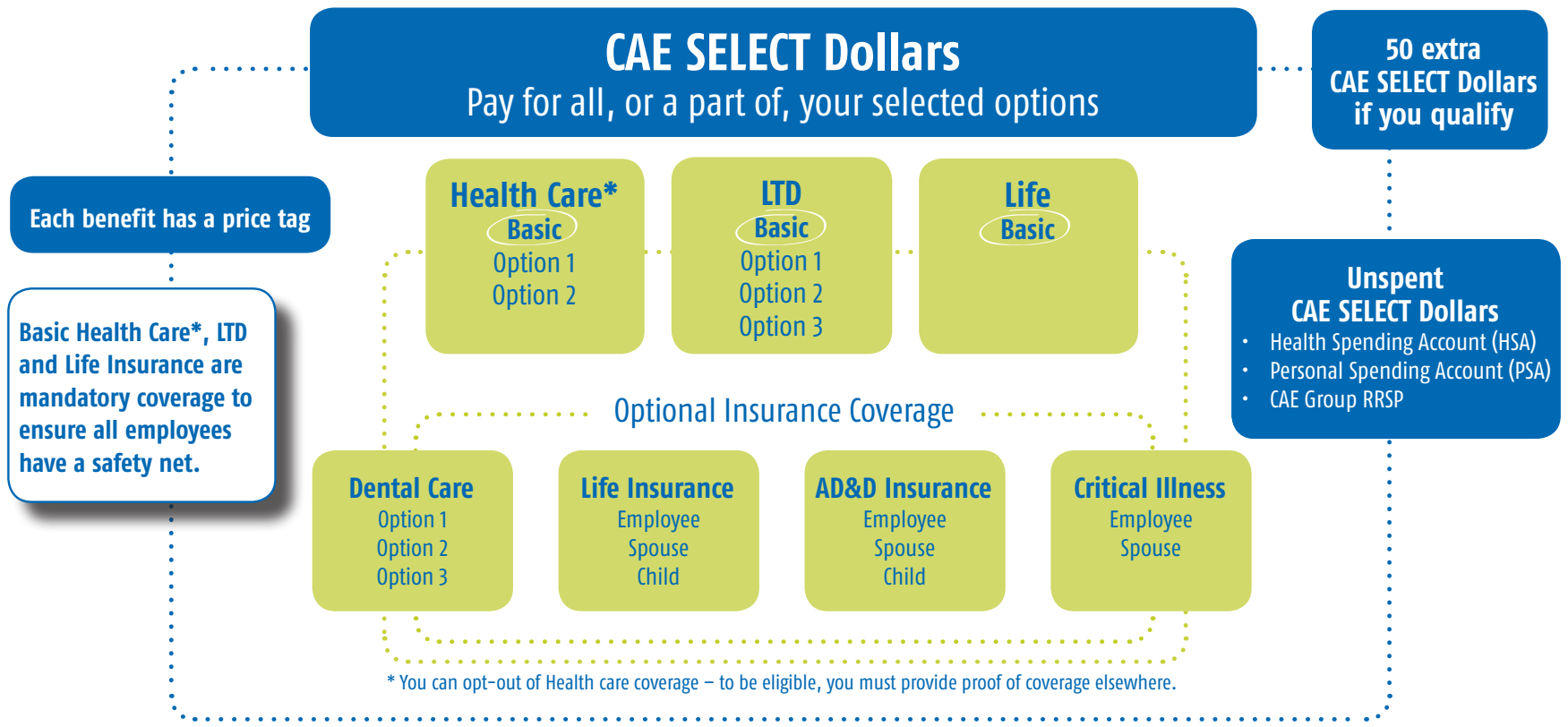


One size does not fit all!

Under the CAE SELECT benefits plan you have the ability to select coverage to meet your needs and those of your family.



The coverage combinations you can choose are endless.

HEALTH CARE	BASIC COVERAGE	OPTION 1	OPTION 2	
EMERGENCY MEDICAL				
Covered fees	100%; certain maximums apply			
• Hospitalization (Semi-private room)				
• Travel assistance				
• Private duty nurse				
• Ambulance				
• Dental after an accident				
• Certain miscellaneous services and supplies				
Lab tests (employee only)	100%			
Psychologist / psychotherapist (employee only)	100%; maximum \$750/year			
Physiotherapist (employee only)	100%; maximum \$750/year			
DRUGS				
Deductible	\$950/adult (children's expenses added to employee's)*	Deductible per drug: \$7	Deductible per drug: \$7	
Coinsurance	100% (Generic limit applies)**	85% (Generic limit applies)**	100% (Generic limit applies)**	
Drug definition	Requiring a prescription			
Vaccines	\$250	\$350	\$500	
Smoking cessation products	\$650			
COMPLEMENTARY CARE				
Overall maximum (including vision care)				
Paramedical services:				
• Acupuncturist, audiologist, chiropractor, dietician, occupational therapist, osteopath, podiatrist/chiropodist, psychologist, psychotherapist, physiotherapist & speech therapist	Not covered	85% \$800/person/year	100% \$1,600/person/year	
• Massage therapy when medically required, with a prescription (maximum \$50/visit)				
Lab tests and diagnostic x-rays (dependents)				
Orthopaedic shoes and other miscellaneous services and supplies (certain maximums apply)				
Vision Care: Lenses and frames		Max. \$250/2 years + one eye exam/year	Max. \$400/2 years + one eye exam/year	
DENTAL CARE	OPTION 1	OPTION 2	OPTION 3	
Deductible	\$50 for Individual coverage / \$100 for Family and Single-Parent coverage			
Coinsurance				
• Preventive dental procedures	80%	85%	100%	
• Basic dental procedures	50%	85%	100%	
• Major dental procedures	Not covered	50%	70%	
• Orthodontics procedures ***	Not covered	Not covered	50%	
Benefit year maximum (excluding orthodontics)	\$750 per person	\$1,500 per person	\$2,000 per person	
Orthodontics (Lifetime maximum)	Not covered	Not covered	\$2,500 per person	
Recall examination	9 months	9 months	6 months	
Fee guide	Current year			
HEALTH SPENDING ACCOUNT	Can be used to cover health care and dental care expenses that are not paid by CAE SELECT. For example, the deductible, the amount of eligible expenses that is not reimbursable, and even certain expenses not covered by the plan. You and your dependents can benefit from a HSA.			
SHORT-TERM DISABILITY	BASIC COVERAGE			
Same coverage for all employees	Up to 26 weeks covered at 75% or 100% of salary based on years of service			
LONG-TERM DISABILITY	BASIC COVERAGE	OPTION 1	OPTION 2	OPTION 3
Benefit amount	50% of monthly basic earnings	75% of monthly basic earnings	50% of monthly basic earnings	60% of monthly basic earnings
Benefit taxability	Taxable	Taxable	Non taxable	Non taxable
Maximum	\$15,000/month			
Indexation On January 1 st following 2 years of disability	Not covered	Annually, CPI, max. 3%	Not covered	Annually, CPI, max. 3%
Waiting period	26 weeks			
All source maximum	85% of pre-disability earnings			
Termination	Age 65 or retirement	Age 65 or retirement	Age 65 or retirement	Age 65 or retirement
LIFE INSURANCE	BASIC COVERAGE	OPTIONAL COVERAGE		
• For you	1 time annual basic earnings	1, 2, 3, 4, 5, 6 or 7 times annual basic earnings (max. \$1.2M) (1 times at same cost as Basic Coverage)		
• For your spouse	Not covered	Units of \$25,000; Max: \$250,000		
• For your child	Not covered	Units of \$5,000; Max: \$25,000		
ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)	OPTIONAL COVERAGE			
• For you	1 to 8 times annual basic earnings (max. \$1.2M)			
• For your spouse	Units of \$25,000; Max: \$250,000			
• For your child	Units of \$5,000; Max: \$25,000			
CRITICAL ILLNESS INSURANCE	OPTIONAL COVERAGE			
• For you	Units of \$10,000; Max: \$250,000 (min. \$20,000)			
• For your spouse	Units of \$10,000; Max: \$250,000 (min. \$20,000)			

* The \$950 annual deductible is applicable to all drug claims for the employee and any dependent children.

** Charges in excess of the lowest priced equivalent drug are not covered.

*** Only children under age 19 are covered for these procedures.

