

Rocky Mountain Solar Co.

All Field Employees

The below is intended to be a brief overview of our plan design. Please refer to the booklet for greater detail. In the event of a discrepancy between this document and the booklet, the booklet will apply.

Plan Parameters	
Eligibility	Full Time, Permanent, Minimum 20 hours per week
Waiting Period	3 months of continuous employment
Participation	Mandatory
Dependent Eligibility	Employee can waive health & dental if covered under a spousal plan Spouse: Legal Marriage or Common Law (after 12 months) Children: Live birth to age 22, to age 26 if fulltime student, any age for eligible disabled dependents
Cost Sharing	Employee Pays 50% of GroupSource Premium Employer Pays all other premium including the myHSA Spending Account
Life Insurance & Accidental Death & Dismemberment Insurance (AD&D) - GroupSource #781819	
Benefit Amount	1 times annual earnings
Guaranteed Issue Limit	\$175,000
Maximum	\$500,000
Reduction	If you qualify for an amount above the guaranteed issue limit, please contact HR to obtain an Evidence of Insurability form 50% at age 65
Living Benefit	Under age 62, 50% Max \$50,000
Termination, earlier of	Age 71, or retirement
Dependent Life Insurance - GroupSource #781819	
Benefit Amount	\$10,000 (Spouse), \$5,000 (Child)
Stillbirth Benefit	Included
Termination, earlier of	Age 70, or retirement
Long Term Disability (LTD) - GroupSource #781819	
Benefit Formula	78% of the first \$1,250 plus 59% of the next \$3,750 plus 50% of the remainder of gross monthly earnings
Guaranteed Issue Limit	\$4,200 / month
Maximum	\$6,000 / month
Waiting Period	If you qualify for an amount above the guaranteed issue limit, please contact HR to obtain a Statement of Health 16 weeks
Benefit Period	To age 65
Definition of Disability	2 year own occupation, any occupation thereafter
Pre-Existing Condition Clause	3 months prior to effective date / 12 months post effective date
Survivor Benefit	3 months
Taxability	Non-Taxable
Termination, earlier of	Age 65 less waiting period, or retirement
Extended Health Care - GroupSource #781819	
Benefit Year	Calendar Year
Deductible	Nil
Prescription Drugs	
Coinsurance	80%
Pay Direct Drug Card	Included
Generic Substitution	Mandatory Generic
Specialty Drugs	Formulary Protect Plus
Annual Drug Maximum	The plan excludes high-cost specialty drugs that are in excess of \$10,000 annually and listed on the Provincial Formulary provided through the Blue Cross Non-Group Program (BCNG). If your claim falls into this category, you can submit an application to Coverage Navigation Service which will support and assist you in obtaining coverage elsewhere.
Preventative Vaccines	Unlimited
Lifestyle Drugs	Included with physician referral
Fertility	Max \$2,500 / lifetime
Smoking Cessation	\$500 / lifetime
Emergency Medical Travel Insurance	
Coinsurance	100%
Maximum days per trip	90 days
Benefit Maximum	\$2,000,000 / trip
Medical Services & Supplies	
Coinsurance	See booklet for more details 80% unless otherwise indicated
Paramedical Practitioner Maximum	\$500 / person / year / category
Categories	Acupuncturist, Chiropractor, Naturopath, Occupational Therapist, Physiotherapist, Osteopath, Podiatrist/Chiropodist, Psychiatrist/ Psychologist/ Psychoanalyst/Psychotherapist/Clinical Counsellor/Social Worker (MSW), Speech Therapist

Find direct billing providers: <https://plus.telushealth.co/locator/eclaims>

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Plan Parameters Extended Health Care - GroupSource #781819

Eye Exams	Frequency	Once every 24 months (Adults), every 12 months (Child) Max \$110
Ambulance		Ground, Air, Rail & Water Transportation to medical facility
Hospital Room		100% Semi-Private
Private Duty Nursing		\$10,000 / calendar year
Hearing Aids		\$500 every 60 months
Dental Accident		Reasonable & Customary, within 12 months
Custom Made Orthotic Shoes/Inserts		Shoes: Max \$250 / 24 months Inserts: Max \$250 / 24 months
Survivor Benefit		24 months
Termination, earlier of		Age 75, or retirement

Dental Care - GroupSource #781819

Benefit Year	Calendar Year
Deductible	Nil
Check Up Frequency	1 every 6 months
Scaling Units (1 unit = 15 minutes)	10 units per year
Fee Guide	General practitioner fee guide in province of service

Basic Dental Services

Cleanings, Fillings, Root Canals, Extractions, Check Ups, etc.

Coinsurance	80%
Maximum	\$1,500 / person / year

Major Dental Services

Crowns, Bridges, Dentures

Coinsurance	50%
Maximum	Combined with Basic

Survivor Benefit	24 months
Termination, earlier of	Age 75, or retirement

Health/Wellness Spending Account - myHSA

Benefit Amount	\$500 per employee per calendar year
Eligibility	Employee & eligible dependents
Allocation Method	Each January 1, the Employee will allocate the benefit amount to a Health Account (non-taxable) or a Wellness Account (taxable) or a combination of both. Once the allocation is made it cannot be changed until the next calendar year.

Eligible Expenses	Consult your myHSA Dashboard for covered items
Remaining Funds	Unused funds do not carry forward at the end of the year
Grace Period for Claims Submission	30 days following the end of a calendar year

Employee & Family Assistance Program (EFAP) - Inkblot

Short term confidential counselling

Mental Health, Legal & Financial, Work & Career, Family & Relationships

5 hours per year, per category
Share this information with your family!

Provided through Inkblot
1-855-933-0103
Download the App or visit
Follow the prompts in your Inkblot Welcome Email OR
<https://registration.inkblottherapy.com/?country=ca>
Organization Code: RMSolar1
Employee ID: Your Email Address



Inkblot Therapy
Health & Fitness



Scan the QR Code

Virtual Health Care - Maple

Telemedicine

4 visits per family per year
7am - Midnight, 7 days a week

Provided through Maple
See a Doctor Online within minutes
Click on the "Maple" tile in the Inkblot platform
or visit <https://app.getmaple.ca/register>
Use your email to register



Maple - Online Doctors
24/7
Virtual Medical Care & Advice

Once you are registered, you can invite your spouse & adult children. Minor children receive care through your access.

Family Status Changes & Late Applicants

To avoid being considered a late applicant, please report all family status changes to HR within 31 days. Failure to report a change within this time frame may require proof of good health before coverage can be issued.

Employee Benefits Orientation Video

Take some time to familiarize yourself with our plan:

[Rocky Mountain Solar - Field Employee Benefits Presentation](#)

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Insurer Support

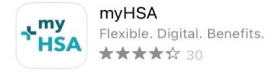
GroupSource

Website: <https://portal.mygroupsource.ca/login>
Mobile App: Download the myGroupSource app
Phone: 1-888-547-6947



myHSA

Website: <https://www.getmyhsa.com>
Mobile App: Download the myHSA app
Inquiries: Web Chat



Broker Support

Magna Benefits Consulting

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