Health care benefits

You have a choice of three health care modules, each providing different levels of medical and dental coverage. This means you get to pick which coverage best meets your needs.

Module A includes basic medical coverage with a $1,000 per person per year deductible but no dental benefits. The company pays the full cost of coverage.

Modules B and C provide comprehensive medical coverage with no deductible, including vision care, paramedical services, and dental benefits. You share in the cost of this coverage.

The chart on the next page provides details of the coverage you receive under each module.

Pre-authorization for certain prescription drugs

To manage costs, our medical plan covers the least-costly alternative prescription drug, which will often be a generic. In addition, some costly prescription drugs require prior authorization (pre-approval) before they can be dispensed. This pre-approval step affects certain drugs and biologic therapies which have been identified based on cost and on medical criteria.

If your doctor recommends a drug that requires pre-approval, contact Sun Life and submit a completed prior authorization form for approval before filling the prescription. Sun Life will reply in writing within five business days. If the request is approved, the drug cost will be reimbursed according to the coverage provided in your health care module. If Sun Life does not approve the request, you can still obtain the drug but it will not be reimbursed by the plan.

Prior authorization is required for some, but not all, of the drugs used to treat certain inflammatory conditions, asthma, blood disorders, cancer (oral drugs), cholesterol disorders, diabetes, heart disease, hepatitis, HIV, lupus, multiple sclerosis, muscle-nerve disorder, osteoporosis, pulmonary arterial hypertension, and some rare diseases. Biologics used to treat conditions such as rheumatoid arthritis, Crohn's disease, psoriatic arthritis, ankylosing spondylitis, and plaque psoriasis also require pre-approval.

See the **Prior Authorization Drug List and Forms**.

Health care benefits	Module A *AECOM pays the full cost of the plan*	Module B *You share the cost of the plan with AECOM*	Module C *You share the cost of the plan with AECOM*
Medical Plan			
Deductible (the amount you spend out of pocket before the plan pays)	$1,000 per person per year (does not apply to out-of-province/country emergency medical coverage, or travel assistance)	No deductible	No deductible
Prescription drugs (generic substitution required); up to $10,000 per lifetime for eligible fertility drugs	After the deductible has been met: • 100% reimbursement • $10 dispensing fee limit	• 80% reimbursement • $10 dispensing fee limit • $10,000 out-of-pocket limit per family per year	• 90% reimbursement • $10 dispensing fee limit • $10,000 out-of-pocket limit per family per year
Vision care	No coverage	80% reimbursement of eligible expenses (glasses, contact lenses, surgery) up to $250 per person every 24 months; 80% for contact lenses for the treatment of specific medical conditions up to $150 per person per lifetime	90% reimbursement of eligible expenses (glasses, contact lenses, surgery) up to $350 per person every 24 months; 90% for contact lenses for the treatment of specific medical conditions up to $150 per person per lifetime
Eye exams (if not covered under your provincial plan)	After deductible has been met: 100% reimbursement up to $85 per person every two years	80% reimbursement up to $85 per person every two years	90% reimbursement up to $85 per person every two years
Hearing aids	No coverage	80% reimbursement up to $450 per person every five years	90% reimbursement up to $550 per person every five years
Paramedical services*	No coverage	80% reimbursement up to $500 per practitioner per person per year except for mental health practitioners which is $1,000	90% reimbursement up to $700 per practitioner per person per year except for mental health practitioners which is $1,500
Orthotics	No coverage	80% reimbursement up to $400 per person every three years	90% reimbursement up to $400 per person every three years
Orthopedic shoes	No coverage	80% reimbursement up to $200 per person per year	90% reimbursement up to $200 per person per year
Hospital accommodation	After deductible has been met: • Semi-private room • 100% reimbursement	• Semi-private room • 100% reimbursement	• Semi-private room • 100% reimbursement
Medical supplies and ambulance services	After deductible has been met: 100% reimbursement	80% reimbursement	90% reimbursement
Out-of-province/country medical emergency	• 100% reimbursement for trips up to 180 days • $1,000,000 lifetime maximum	• 100% reimbursement for trips up to 180 days • $1,000,000 lifetime maximum	• 100% reimbursement for trips up to 180 days • $1,000,000 lifetime maximum
Dental Plan			
Basic (diagnostic, preventive, restorative, endodontics)	No coverage	80% reimbursement up to $2,000 per person per year for basic and major services combined	100% reimbursement up to $2,500 per person per year for basic and major services combined
Major (bridges, crowns, dentures, periodontics)	No coverage	50% reimbursement up to $2,000 per person per year for basic and major services combined	50% reimbursement up to $2,500 per person per year for basic and major services combined
Orthodontics (for children up to age 19)	No coverage	50% reimbursement up to $2,000 per person per lifetime	50% reimbursement up to $2,500 per person per lifetime
Recall exam frequency	No coverage	Nine months for adults and six months for children	Six months for children and adults
Spending Accounts			
Health or Personal Spending Account (money can be split between the two accounts)**	$175 per year (Employee + 1 or Employee + 2 or More) $150 per year (Employee Only)	$175 per year (Employee + 1 or Employee + 2 or More) $150 per year (Employee Only)	$175 per year (Employee + 1 or Employee + 2 or More) $150 per year (Employee Only)

* Paramedical services include chiropractic, osteopathic, speech therapy, podiatry, massage therapy, dietetics, acupuncture, naturopathy, physiotherapy and mental health (psychologist, social worker, psychotherapist, marriage and family therapist, psychoanalysts, clinical counsellors). Practitioners must be provincially licensed and registered.

** Funds directed to your Health Spending Account or Personal Spending Account cannot be moved once allocated. The spending account allocation is pro-rated for new hires based on hire date.

Choosing your health module

When choosing your health care module, consider the following:

Module A:

- AECOM pays the full cost.
- Includes out-of-country medical emergency coverage for up to 180 days.
- Includes semi-private hospital accommodation (after deductible has been met)
- Covers prescription drugs and eye exams only after you've met the $1,000 deductible for the year.
- Does not include dental benefits.
- Intended for people who typically have low health care expenses or who have access to health care coverage under their spouse's benefits plan and can coordinate their benefits to minimize costs (see **page 4**).

Modules B and C:

- You and AECOM share the cost (AECOM pays the majority).
- Both cover a wide range of medical and dental expenses, including vision care and paramedical services.
- There is no deductible.
- Costs are based on the module you choose and the coverage you select (Employee Only, Employee + 1, Employee + 2 or More).
- Module C is more expensive as it offers a higher level of co-insurance for many services, a lower out-of-pocket limit, and other enhancements.

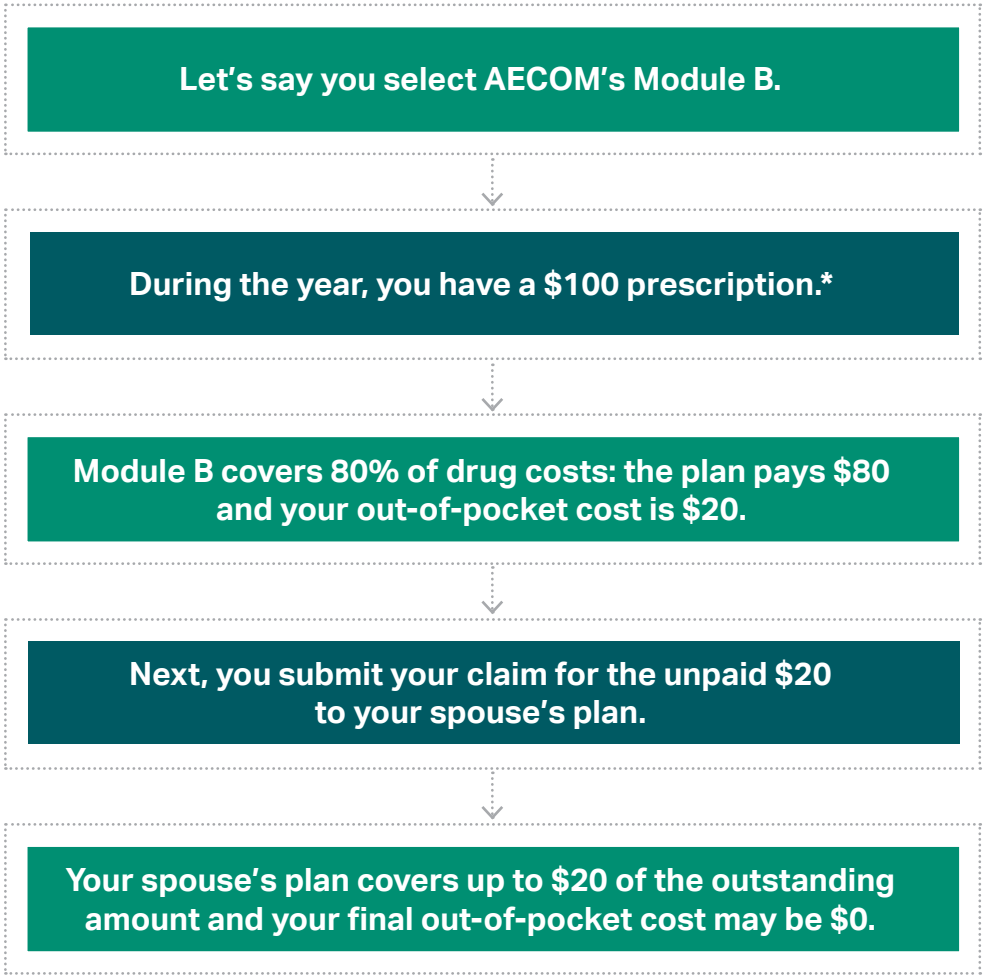
5 steps to make your decision:

1. **Determine what you spend on items like prescription drugs, paramedical services and dental care.** You can access your claims history on the Sun Life website at **mysunlife.ca/aecom**.
2. **Estimate your expenses for next year.** While some of your expenses may be the same from year to year, you may also have some upcoming "one-time" expenses. For example, you may need major dental work or your child may need braces. Only Modules B and C cover these expenses.
3. **Look at the coverage provided under each module and decide if you'd be better off staying with your current module or making a change.** Which module offers the best coverage for the types of expenses you expect to have?
4. **Consider the cost of each module.** If you're debating between Modules B and C, determine whether it's worthwhile to pay a little extra through payroll deductions for the enhanced coverage included in Module C.
5. **If available, consider coverage under your spouse's benefits plan.** If you have coverage under your spouse's plan, determine what kind of coverage the plan offers and at what price. You might consider electing Module A, which is fully paid for by AECOM.

Once you've selected your benefits, they will remain in effect for a full year. You cannot change your selection until the following Benefits Open Enrolment, unless you experience a qualifying life event.

Coordinating benefits with your spouse

Coordinating benefits with your spouse's health care coverage is a great way to maximize the value of both benefits plans. By coordinating benefits, you and your spouse may be able to have up to 100% of your eligible expenses reimbursed without using your HSA. To do this, you each enrol as dependents in the other's benefits plan, along with your dependent children. Here's how it works:



* Equal to the reasonable and customary cost of the expense.

For your dependent children, send the claim first to the insurance company of the spouse who has the earlier birth month in the year. If both spouses have the same birth month, then send claims to the one whose birth date is earlier. Then send any unpaid portion to the other spouse's plan.

Log in at **mysunlife.ca/aecom** for coordination of benefits guidelines and examples.