

# Benefits Comparison

At the bargaining table, there have been various discussions comparing the Appendix A Benefits Plan to the Flex Benefits Plan (for Full time and Part-Time members).

The company put out a tool to compare the benefits costs of Appendix A and Flex plans.

There are two main differences between the Appendix A Plan and the Flex Plan. The first is that in the Appendix A plan, your coverage is static, year after year.

In the Flex Plan, a member is given an amount of “health dollars” based on whether they are Single, a Couple, or a Family. A member can select different levels of coverage, which in turn change the cost of their benefits, and once the health dollars are exhausted, increases and decreases to coverage impact out of pocket expenses. A member can change their coverage, annually, during the “enrolment period,” where members can choose their benefits coverage using a tool, accessible through SAP, called “Flexit360.” For a member who is new to the plan, if they haven’t made any changes to their coverage, they will receive the default level of coverage.

The second difference is the Well-Being Account (WBA), available in the Flex Benefits. This is a \$500 account, that can either be put towards the member’s health dollars, or claimed for a wide variety of reasons. For example, a member can purchase transit passes, gym memberships, professional services (accountants, electricians, etc.).

The Company has argued that the Well-Being Account offsets the cost of the benefits, and as such the Flex Benefits are a better value to the membership.

Below is a comparison of the plan costs. Costs are based on the average wage of \$30.68. At 37.5 hours, this comes to an annual income of \$59,826/year. It also assumes the member has chosen options in the Flex Benefits that mirror their Appendix A Benefits, for the same level of coverage.

	Annual Cost of Appendix A Benefits	Appendix A Benefits Cost, twice Monthly	Annual Cost of Flex Benefits	Flex Benefits Cost, twice Monthly	Flex Benefits Cost, offset by \$500 WBA
<b>Single</b>	\$334	\$14	\$707	\$29	\$207
<b>Couple</b>	\$688	\$28	\$870	\$36	\$370
<b>Family</b>	\$1002	\$42	\$1032	\$43	\$532

The table below compares different levels of coverage with the Flex Benefits plan. New members to a Flex plan are given the opportunity to enroll to different levels of coverage, by selecting available options in a number of categories. If the member never makes any benefit selections, they receive the “Default” level of coverage. Changes in the flex benefit plan can either cost more or less, out of pocket, depending on your selection. Furthermore, all levels of coverage include a \$500 Well-Being Account.

	Default Flex Coverage Cost		Appendix A Equivalent Flex Coverage Cost		Maximum Flex Coverage Cost	
<b>Single</b>	\$380 annually, \$16 twice monthly		\$707 annually, \$29 twice monthly		\$1208 annually, \$50 twice monthly	
<b>Couple</b>	\$377 annually, \$16 twice monthly		\$870 annually, \$36 twice monthly		\$1620 annually, \$68 twice monthly	
<b>Family</b>	\$376 annually, \$16 twice monthly		\$1032 annually, \$43 twice monthly		\$2033 annually, \$85 twice monthly.	
<b>Notes</b>	The prices listed are based on the average wage of \$30.68/hr. At 37.5 hours, this is an annual income of \$59,826/year. The prices vary, based on the member’s annual income. The prices do not include offsets from the \$500 Well-Being Account. Benefits are paid over 24 pay periods.					
	Option	Coverage	Option	Coverage	Option	Coverage
<b>Prescription Drugs</b>	3	No Deductible 90% - Tier 1 80% - Tier2	3	No Deductible 90% - Tier 1 80% - Tier2	4	No Deductible 100% - Tier 1 90% - Tier 2
<b>Paramedical &amp; Vision Care</b>	3	\$200 vision, and eye exam every 2 years  \$500 paramedical max  \$5000 psychology & speech therapy max	4	\$300 vision, and eye exam every 2 years  \$1000 paramedical max  \$5000 psychology & speech therapy max	5	\$400 vision, and eye exam every 2 years  \$1500 paramedical max  \$5000 annual max for psychology & speech therapy max
<b>Medical Services &amp; Supplies</b>  <b>Out-of-Country/Province Emergency Coverage</b>	3	80% Reimbursement  Emergency & Out of Province: 100%, up to \$5M lifetime max	3	80% Reimbursement  Emergency & Out of Province: 100%, up to \$5M lifetime max	4	90% Reimbursement  Emergency & Out of Province: 100%, up to \$5M lifetime max
<b>Basic Dental</b>	4	100% coverage, 12-month recall, no maximum	5	100% coverage, 6-month recall, no maximum	5	100% coverage, 6-month recall, no maximum
<b>Major Dental &amp; Orthodontics</b>	1	Opt-out: No coverage	3	Major Dental: 70%, \$2500 annual maximum Orthodontics: 50%, \$3000 lifetime maximum	3	Major Dental: 70%, \$2500 annual maximum Orthodontics: 50%, \$3000 lifetime maximum