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Welcome to the  
**FlexMax Benefits Plan** 

An important component of *myRewards* at ABB



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# Welcome to FlexMax

FlexMax is a flexible benefits plan with a comprehensive range of coverage options that puts you in control of your health and wellbeing. With FlexMax, you tailor your benefits coverage to meet your personal and family needs – and you can review and update that coverage as those needs change in the future.

As a key part of our competitive myRewards program – along with your pay, pension, growth opportunities and more – FlexMax helps make this a great place to work.

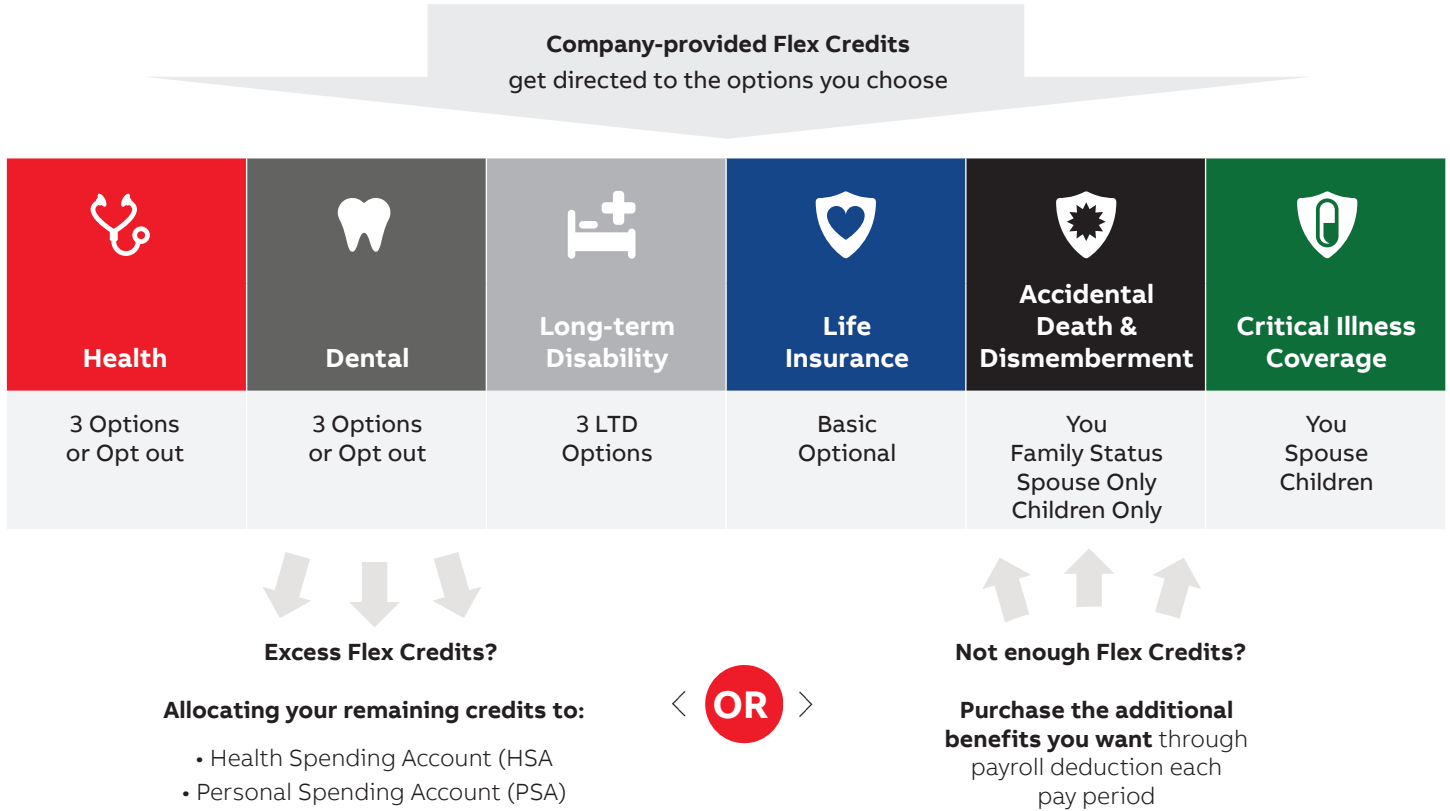
This guide includes important information about your FlexMax group benefits including tools and tips to help you make the most of what’s available to you.



*This document provides an overview of the ABB Canada FlexMax flexible benefits program. Although this document is an important information source, it is not intended to replace the official plan documents. In the event of a discrepancy between this information and the official plan documents, the plan documents will be considered correct and will govern in all cases. ABB reserves the right to modify or eliminate any total reward elements in the future, in accordance with applicable laws, and any collective agreements, if applicable.*

# How does FlexMax work?

With FlexMax, we provide you with a set amount of Flex Credits to allocate to the type of coverage that matters most to you and your family.



## Coverage for you and your family

When you enrol in FlexMax, you will choose the coverage level that suits your needs. Benefits coverage, and pricing for each of the Health Care and Dental Care options are based on the following coverage levels:

**Single** 😊   **Family** 😊😊😊




The status (single or family) must be the same for both health and dental care coverage. You can review your coverage every two years during the enrolment period to suit your changing needs. You can make changes outside of the enrolment period only if you have a qualifying life event – a change in your personal situation that may affect your benefit needs. For more information on a qualifying life event, see page 5.



## Health Care coverage options

FlexMax supports your health care needs through the coverage options outlined below. You can buy the health care coverage that best meets your needs with Flex Credits and, if needed, through payroll deduction.

|  HEALTH CARE   | Option 1   | Option 2  | Option 3  | Option 4 - Opt-Out |
|---|--|---|---|--------------------|
| <b>PRESCRIPTION DRUGS</b>   |  |   |   |                    |
| <b>Reimbursement for generic drugs</b>  | 90%  | 90%   | 90%   |                    |
| <b>Reimbursement for brand name drugs with no generic equivalent</b> (or for drugs subject to Prior Authorization program)  | 70%  | 80%   | 90%   |                    |
| <b>Reimbursement for brand name drugs with generic equivalent</b>   | based on lowest cost generic equivalent                            | based on lowest cost generic equivalent                             | based on lowest cost generic equivalent                             |                    |
| <b>Pay-Direct drug card</b>   | Yes  | Yes   | Yes   |                    |
| <b>Dispensing fee maximum for 2022 (outside Quebec)</b> to be updated annually  | \$11/script (limited to 5 dispensing fees for maintenance drugs)   | \$11/script (limited to 5 dispensing fees for maintenance drugs)    | \$11/script (limited to 5 dispensing fees for maintenance drugs)    |                    |
| <b>Annual out-of-pocket maximum for 2022</b> to be updated annually   | \$1,100/adult  | \$800/adult   | \$500/adult   |                    |
| <b>Smoking cessation drugs</b><br><b>Anti-obesity drugs</b><br><b>Vaccines</b><br><b>Fertility drugs</b>  | Covered (up to a maximum amount)                                   | Covered (up to a maximum amount)                                    | Covered (up to a maximum amount)                                    |                    |
| <b>MEDICAL SERVICES AND EQUIPMENT</b> (except for Mental Health Practitioners)  | 70%  | 80%   | 90%   |                    |
| <b>Mental Health Practitioners</b>  | 100%, \$1,250 combined/person/year                                 | 100%, \$1,250 combined/person/year                                  | 100%, \$1,250 combined/person/year                                  | No coverage        |
| <b>Physiotherapist, Chiropractor &amp; Massage Therapist</b>  | \$500 combined/person/year   | \$750 combined/person/year  | \$1,000 combined/person/year  |                    |
| <b>Other paramedical services</b> (Acupuncturist, Audiologist, Chiropracist, Dietician, Naturopath, Osteopath, Podiatrist, Registered nutritionist and Speech language pathologist) | Not covered  | \$750 combined/person/year  | \$1,000 combined/person/year  |                    |
| <b>Orthotics</b>  | 1 pair/18 months   | 1 pair/18 months  | 1 pair/18 months  |                    |
| <b>Orthopaedic shoes</b>  | 1 pair/year (non custom-made); 1 pair/year custom-made), max \$300 | 1 pair/year (non custom-made); 1 pair/year (custom-made), max \$300 | 1 pair/year (non custom-made); 1 pair/year (custom-made), max \$300 |                    |
| <b>Support stockings/pressure hose</b>  | 2 pairs (max \$75/person/year)                                     | 2 pairs (max \$75/person/year)                                      | 2 pairs (max \$75/person/year)                                      |                    |
| <b>Hearing aids</b>   | \$750/person/5 years   | \$750/person/5 years  | \$750/person/5 years  |                    |


### For your information

If you have health care coverage through your spouse's plan and do not need two plans, you may choose to opt out of health care coverage and receive additional Flex Credits.

You may use these Flex Credits to buy alternative coverage and/or allocate them to your Health Spending Account (HSA) and/or your Personal Spending Account (PSA).

## Health Care coverage options (cont'd)



|  HEALTH CARE | Option 1  | Option 2                                      | Option 3                                      | Option 4 - Opt-Out |
|---|---|---|---|--------------------|
| <b>VISION CARE</b>  | <b>Not covered</b>  | <b>80%</b>                                    | <b>90%</b>                                    | No coverage        |
| <b>Eye exam</b>   | Not covered   | 1 every 24 months (per 12 months if under 18) | 1 every 24 months (per 12 months if under 18) |                    |
| <b>Eye Glasses/contact lenses/laser surgery</b>   | Not covered   | up to <b>\$300</b> /person/24 months          | up to <b>\$450</b> /person/24 months          |                    |
| <b>DIAGNOSTIC SERVICES</b>  | <b>Not covered</b>  | <b>80%</b>                                    | <b>90%</b>                                    |                    |
| <b>Lab tests and X-rays</b> (only in Quebec)  | Not covered   | Max <b>\$1,000</b> /person/12 months          | Max <b>\$1,000</b> /person/12 months          |                    |
| <b>Other Medical Services/Equipment</b>   | <b>70%</b>  | <b>80%</b>                                    | <b>90%</b>                                    |                    |
| <b>OTHER SERVICES</b>   | <b>100%</b>   | <b>100%</b>                                   | <b>100%</b>                                   |                    |
| <b>Ambulance</b>  | Covered   | Covered                                       | Covered                                       |                    |
| <b>Hospital</b>   | Semi-private room   | Semi-private room                             | Semi-private room                             |                    |
| <b>Private-duty nursing</b>   | <b>\$10,000</b> /12 months                                  | <b>\$10,000</b> /12 months                    | <b>\$10,000</b> /12 months                    |                    |
| <b>Personal Spending Account</b>  | Excess flex credits only                                    | Excess flex credits only                      | Excess flex credits only                      |                    |
| <b>Health Spending Account</b>  | Excess flex credits only                                    | Excess flex credits only                      | Excess flex credits only                      |                    |
| <b>AVAILABLE TO ALL EMPLOYEES</b>   |   |   |   |                    |
| <b>Out-Of-Province/Country Emergency Medical And Travel Assistance</b>                        | 182 days/trip (lifetime maximum <b>\$5,000,000</b> /person) |   |   |                    |
| <b>EQ Care</b>  | Available at no additional charge                           |   |   |                    |
| <b>Best Doctors®</b>  | Available at no additional charge                           |   |   |                    |

## Dental Care coverage options

### Words to know

#### Payroll Contributions:

The amount deducted from your paycheque to pay for the coverage you choose that exceeds your Flex Credits allocation.

#### Coordination of Benefits:


If you have coverage elsewhere (e.g., through a spouse’s plan), that plan might cover amounts not otherwise covered by the options you choose. With coordination of benefits, you may wish to choose a plan with lower reimbursement amounts if you are covered elsewhere – or, you may want to opt out altogether and receive additional Flex Credits to allocate to an HSA or to a PSA.

#### Dependant:

A dependant is a person who is eligible to be covered by you under your plan.

#### Qualifying life event:

A change in your situation that can make you eligible for a special enrolment period, allowing you to change your insurance coverage outside of the enrolment period. Qualifying life events include: a change in marital status, birth or adoption of a child, spouse’s loss of health and dental care coverage or the death of a dependant.

|  DENTAL CARE | Option 1  | Option 2  | Option 3   | Option 4 - Opt-Out  |
|---|---|---|--|---|
| <b>Preventative and basic dental services</b>   | 100%  | 100%  | 100%   | Dental care coverage is not mandatory even if you don't have coverage through your spouse's plan. You may choose to opt out and receive Flex credits. |
| <b>Recall exams</b>   | 1 every 9 months (adult) or 1 every 6 months (under 18) | 1 every 9 months (adult) or 1 every 6 months (under 18) | 1 every 6 months                                   |   |
| <b>Endodontic/periodontic services</b>  | 70%   | 80%   | 90%  |   |
| <b>Major restorative services</b> (e.g., inlays, crowns)                                      | Not covered   | 50%   | 60%  |   |
| <b>Dentures</b>   | Not covered   | 50%<br>1 replacement /60 months                         | 60%<br>1 replacement /60 months                    |   |
| <b>Orthodontic service</b>  | Not covered   | 50% (child only)  | 60% (adult and child)                              |   |
| <b>Annual maximum</b> (except orthodontic services)   | \$1,000/person/year                                     | \$1,500/person/year                                     | \$2,000/person/year                                |   |
| <b>Lifetime orthodontic maximum</b>   | Not covered   | \$1,500/child   | \$2,500/person                                     |   |
| <b>Fee guide</b>  | Current year  | Current year  | Current year (including the specialists fee guide) |   |



# Allocating your Flex Credits

Each year you receive Flex Credits that you can use to purchase life, disability, health, dental and other insurance coverage.

Depending on the combination of options you choose, your costs may be more or less than the available Flex Credits. If the options you choose cost more than the Flex Credits you have available, you will have a payroll deduction for the difference. If the options you choose cost less than your available Flex Credits, you can direct these excess credits to your HSA and/or your PSA.\*

\*Note: you can allocate Flex Credits to your PSA up to an annual maximum amount of \$2,000.

|  |   |
|--|---|
| <p>Health Spending Account (HSA)</p>   | <ul style="list-style-type: none"> <li>✓ Can direct excess Flex Credits to an HSA</li> <li>✓ Flex Credits deposited into an HSA will not be taxed (except in Quebec where provincial income tax is applicable)</li> <li>✓ Eligible expenses and eligible dependants as allowed by the Income Tax Act</li> <li>✓ Unused Flex Credits can be carried forward for one plan year</li> </ul> |
| <p>Personal Spending Account (PSA)</p> | <ul style="list-style-type: none"> <li>✓ Can direct excess Flex Credits to a PSA</li> <li>✓ Flex Credits deposited into a PSA are taxed</li> <li>✓ Broad definition of eligible expenses set by company</li> <li>✓ Flex Credits allocated to your PSA in a given year must be used within one calendar year</li> </ul>  |

## HEALTH SPENDING ACCOUNT (HSA)

Flex Credits allocated to your HSA may be used to pay for a variety of health and dental care expenses not fully reimbursed by FlexMax (and/or your spouse’s plan), including some expenses not covered under FlexMax.



### The two-year HSA rule

Any unused HSA amounts may be carried forward up to one calendar year to cover eligible expenses during the second year. Unused HSA amounts after two years are forfeited, according to Income Tax Act regulations.

## PERSONAL SPENDING ACCOUNT FOR YOUR WELLNESS (PSA)

The PSA allows you to use Flex Credits to support you and your family’s wellbeing. Some of the eligible expenses include club/gym membership, personal trainer, fitness equipment, nutrition and smoking cessation counselling programs and many other expenses to take care of you and your loved ones.



### The one-year PSA rule

Credits allocated to your PSA in a given year must be used within one calendar year. At the end of each year, unused credits will be forfeited.





## Benefits for everyone

All employees, even those opting out of the Health Care option, has access to the following coverage that ABB provides at no cost to you and your family:



**OUT-OF-PROVINCE EMERGENCY MEDICAL AND TRAVEL ASSISTANCE:** Help is just a phone call away should you need assistance for an out-of-province medical emergency while you are travelling for business purposes or while on vacation. All you need is to print out your Sun Life Travel Card before you leave.



**BUSINESS TRAVEL ACCIDENT INSURANCE:** Should death or permanent disability occur in an accident while you are travelling for business, this insurance provides up to five times your annual basic earnings to your beneficiaries.



**BEST DOCTORS®:** is a second medical opinion service. Whether you or one of your eligible family members is diagnosed with, or suspects they are suffering from, a serious medical condition, this confidential service gives you access to world-renowned specialists. They can help you understand your medical condition and treatment options to help ensure you make the right decisions.



**EQ CARE:** is a virtual medical service that provides you and your dependants with confidential access to doctors and other health care professionals, using an online medical service intended for non-emergency health issues. EQ Care will place you in a unique position to benefit from immediate, personal and professional medical support from your laptop, iPhone or Android device.

Please visit your portal at [abb.eqcare.com](http://abb.eqcare.com) to get started, fill in the group number (9202) and your employee number. Or you can download the EQ Care app via the App store or Google Play store. Please contact EQ care on **1-855-449-4994** for more information.




**EMPLOYEE ASSISTANCE PROGRAM (EAP):** In addition to health care coverage, the EAP offers, through Workplace Options professional services, the support needed to resolve personal challenges before they become overwhelming. You may contact EAP professionals for issues related to family and social relationships, personal problems, dependency issues, legal and financial advice, wellness issues, crisis, etc. **It's completely confidential and available 24/7 for you and your immediate family members.**

**To find out more about EAP, please visit [global.resourcesforyourlife.com](http://global.resourcesforyourlife.com) (company code: ABB) or call 1.877.847.4525.**





## Financial security


|  LONG-TERM DISABILITY (LTD) | Option 1  | Option 2  | Option 3  |
|--|---|---|---|
| <b>Elimination period</b>  | <b>26 weeks</b><br>(based on short-term disability program administered outside of FlexMax) | <b>26 weeks</b><br>(based on short-term disability program administered outside of FlexMax) | <b>26 weeks</b><br>(based on short-term disability program administered outside of FlexMax) |
| <b>Monthly benefit</b>   | <b>60%</b> of monthly base pay<br>(up to <b>\$10,000</b> maximum amount)                    | <b>70%</b> of monthly base pay<br>(up to <b>\$12,000</b> maximum amount)                    | <b>70%</b> of monthly base pay<br>(up to <b>\$12,000</b> maximum amount)                    |
| <b>Indexation</b>  | None  | None  | CPI max. <b>3%/year</b>   |

## Life insurance

You must select one option for basic life insurance. Should you require additional coverage for yourself and your dependants, you can also select optional life insurance.

Basic life insurance options are provided as a multiple of your annual base pay (50%, 1x or 2x your base pay, minimum \$25,000).

When considering your life insurance coverage options, ask yourself the following questions: Will basic life insurance be enough to keep my family financially secure? How much money would my dependants need if I died? What expenses would I have to cover if my spouse died? How much debt do I have, including mortgage and outstanding loans? Do I have any mortgage insurance? The cost of basic life insurance is a flat rate for all employees however the cost of optional additional life insurance is based on age, gender, and smoker status and might require for you to submit a *Health Statement form* (see page 11 for form submission details).


|  LIFE INSURANCE | Option 1        | Option 2    | Option 3    | OPTIONAL ADDITIONAL COVERAGE  |
|--|-----------------|-------------|-------------|---|
| <b>For you</b>   | 50% of base pay | 1x base pay | 2x base pay | Units of <b>\$10,000</b><br>(max <b>\$2,000,000</b> combined with basic life) |
| <b>For your spouse</b>   | N/A             | N/A         | N/A         | Units of <b>\$10,000</b><br>max <b>\$250,000</b>                              |
| <b>For your children</b>   | N/A             | N/A         | N/A         | Units of <b>\$5,000</b><br>max <b>\$50,000</b>                                |

- A 50% reduction applies at age 70 to any of the options you choose
- Optional additional coverage for you is only available if you have selected Option 3 for basic life insurance coverage

## Accidental Death and Dismemberment (AD&D) insurance

AD&D insurance coverage is available for you (single coverage) or for you and your dependants (family coverage) and provides for an additional benefit if the insured person is seriously injured or dies following an accident.




|  <b>AD&amp;D</b> | <b>OPTIONAL COVERAGE</b>  |
|---|---|
| <b>For you</b><br>(single or family status)   | <b>1x, 2x, 3x or 4x</b> base pay (max <b>\$2,000,000</b> )  |
| <b>With spouse &amp; children</b>   | Your spouse's coverage: <b>50%</b> of your AD&D optional coverage<br>Each child coverage: <b>10%</b> of your AD&D optional coverage |
| <b>With spouse ONLY</b>   | Your spouse's coverage: <b>60%</b> of your AD&D optional coverage   |
| <b>With children ONLY</b>   | Your spouse's coverage: <b>20%</b> of your AD&D optional coverage   |

## Critical illness insurance

Critical illness insurance coverage is available for you and/or your eligible dependants on an optional basis. It is designed to help protect you and your family in the event of a critical illness diagnosis. Critical illness insurance pays a tax-free lump-sum benefit if the insured person is diagnosed with one of the covered conditions. Examples of covered conditions include: cancer, heart attack, stroke, Alzheimer's disease, aortic surgery, paralysis, Parkinson's disease, multiple sclerosis, loss of independent existence, some child-specific conditions, and more (please contact Sun Life for more information).

The cost of critical illness insurance coverage is determined based on age, gender, and smoker status. You and your spouse are eligible for up to \$50,000 of coverage (and \$5,000 for your children) without having to submit proof of good health. Should you wish to have more than \$50,000 of coverage, you will be required to submit a *Health Statement form*.

Note: Pre-existing condition limitations apply for any coverage that did not require a Health Statement form. For more detailed information on limitations and exclusions, please contact Sun Life directly at **1.866.881.0583**

|  <b>CRITICAL ILLNESS INSURANCE</b> | <b>OPTIONAL COVERAGE</b>  |
|---|---|
| <b>For you</b>  | Units of <b>\$5,000</b> (min. <b>\$10,000</b> max. <b>\$250,000</b> ) |
| <b>For your spouse</b>  | Units of <b>\$5,000</b> (min. <b>\$10,000</b> max. <b>\$250,000</b> ) |
| <b>For your children</b>  | Units of <b>\$5,000</b> (max. <b>\$25,000</b> )                       |

### Submitting a proof of good health

#### For optional life insurance & critical illness

If you wish to increase your optional life insurance coverage or critical illness insurance, you must complete a *Health Statement form*. The additional coverage subject to medical evidence will take effect upon Sun Life's approval. You have up to 31 days after the end of the enrolment period to submit your completed *Health Statement form* to Sun Life. If you fail to do so, your election will be automatically cancelled, and any released Flex Credits will be allocated to your HSA.

### Naming a beneficiary

Be sure to designate your beneficiary and update it as needed over time. If you name a beneficiary, the proceeds of your life insurance are paid directly and tax-free to your named beneficiary rather than to your estate where probate fees and potential delays may apply.

# Enrolment

Every two years, you will have an opportunity to enrol and make changes to your benefits for the upcoming benefit period. Here's how:

## 1. Go to [mysunlife.ca](https://mysunlife.ca)

Enter the Plan Number **101162**

Enter your Member Number as communicated by Sun Life

## 2. Choose your coverage levels

The enrolment system is programmed with current Flex Credits and price tags for each of the FlexMax options so that you can immediately see the impact of your choices, including any excess credits you may have, or any payroll deductions needed

## 3. Submit your choices

Once you have finalized and are satisfied with your decisions, click on the submit button to lock in your selections. This will generate a confirmation statement that you can print or save as an electronic copy and retain with your personal files

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### Your enrolment checklist

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- Read the provided documentation.
  - Determine who will be covered – is it just you or your family as well?
  - Consider the level of coverage you need. You can go to [mysunlife.ca](https://mysunlife.ca) to see your previous insurance claims to help you pinpoint what coverage is best for you and your eligible dependants.
  - Use the Sun Life online enrolment tool and evaluate various scenarios and options.
  - You can select your choices online and then review/change them as often as you like until the end of the enrolment period. **The choices made in the enrolment tool at the closing date of the enrolment period will be considered final.**
  - Review and update your dependants and beneficiary information online (irrevocable beneficiary designations require a paper process).
  - Enrol and print out your confirmation of selected coverage, as well as your drug and travel insurance cards from the Sun Life website.
  - Complete and return any *Health Statement form* that may be required to Sun Life within 31 days of the enrolment period.
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## Before you enrol

### Take time to:

1. Consider your family's coverage needs carefully
2. Review coverage available through your spouse's or partner's plan (if applicable)
3. Think about how the HSA might supplement your medical and dental coverage

# Claims

FlexMax keeps the claims process simple by allowing you, or sometimes your health care or dental care provider, to submit your expenses online to Sun Life for payment.

## Mobile claims app

Submit claims on the go or check on the status of claims using your mobile phone. Simply download the Sun Life Mobile App and register your FlexMax account using your Plan Number (101162) and Member Number as communicated by Sun Life.

## Online claims

1. Sign-in at **mysunlife.ca**
2. Select “Submit a claim”
3. Follow the prompts to complete your claim.
4. Reimbursement for the covered portion will be automatically deposited into your bank account.

## Paper claims form

You can submit claims using the Sun Life Claims Form. You can download and print the form at **mysunlife.ca**. Once you complete your form, mail it to the address on the form along with your original receipts. For help with completing a form, contact Sun Life at **1.866.881.0583**.

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## Contact Information

**Sun Life:** Visit **mysunlife.ca** or call **1.866.881.0583**

**ABB:** Submit an AskHR ticket **abb.service-now.com/hr**

Contact Sun Life with any questions about the plan, or to report a change in your personal situation, such as a qualifying life event; change your beneficiary; and/or make any updates regarding your covered dependants.



Scan this QR code with your smart phone for instant access to the Sun Life Mobile App and **mysunlife.ca**.

*Please reference the following group contract numbers:*

- Benefits plan: **101162**
- Personal Spending Account for your wellness: **150562**
- Critical Illness: **105762**