



DOW CHEMICAL CANADA ULC

Survivor Group Benefits Program

Benefits at a Glance 2024-2025

| EXTENDED HEALTH CARE | BASIC | |
|--|---|--|
| Deductible (excluding hospital stay) | \$50 / person | |
| Coverage | 90% of the first \$2,000 paid expenses ^{1,2} 100% thereafter ¹ (excludes hospital stay) ² (excludes drugs for members in Quebec) | |
| Drug reimbursement • Members residing outside Quebec • Members in Quebec without RAMQ | 90% | |
| Drug reimbursement • Members in Quebec with RAMQ | Not applicable | |
| Medical services and supplies • crutches, canes, casts, rental of hospital beds, wheelchairs, ambulance services, etc. | 90% | |
| Hospital expenses in your province | 100%, up to a \$150/day maximum | |
| Private duty nursing | 90% up to \$25,000/3 years | |
| Licensed Psychologist/ Social Worker • combined maximum • maximum \$25/visit | 90%, up to \$300 per person per benefit year | |
| Licensed Massage therapist/ Speech therapist/ Acupuncturist/ Visual therapist | 90%, up to \$300 per person per benefit year | |
| Licensed Podiatrist/ Chiropodist combined maximum • maximum \$25/visit | 90%, up to \$300 per person per benefit year | |
| Licensed Chiropractor/ Osteopath/ Naturopath maximum \$25/visit | 90%, up to \$300 per person per benefit year | |
| Licensed Physiotherapist/ Occupational therapist • combined maximum | 90%, up to \$1,000 per person per benefit year | |
| Licensed Ophthalmologist/ Optometrist | None | |
| Orthopaedic shoes | \$400/pair; maximum 3 pairs/year | |
| Orthotics | \$450/pair; maximum 3 pairs/year | |
| Out of province emergency and referral Lifetime maximum | 100% and 80% \$500,000 | |
| Annual maximum | \$4,000/year excluding hospital stay and Private duty nursing | |
| Benefit year | January 1 – December 31 | |

| DENTAL CARE | BASIC | |
|--|--|---|
| Check-up frequency | Once every 9 months | |
| Preventive | 80% | |
| Fillings and extractions | 80% | |
| Basic; Periodontics/ Endodontics | 50% | |
| Major | 50% | Maximum for Bridges – \$800/year Maximum for Crowns – \$250/year |
| Dentures | 50% | Maximum for Dentures – \$500/year |
| Benefit year maximum (other than maximums noted) | \$1,000 | |
| Deductible | None | |
| Fee guide | 2-year lag in Dental Association Fee Guide | |

Preventive services include procedures typically performed at a Dental check-up, such as oral exams, cleanings and x-rays.

Basic services; Periodontics/ Endodontics include root canal treatment and minor surgical procedures.

Major services include procedures such as crowns, bridgework and major surgical procedures.

Denture services include full or partial dentures.

2024-2025/300/500