



RETURN BIDS TO:

RETOURNER LES SOUMISSIONS À:

Bid Receiving Public Works and Government
Services Canada/Réception des soumissions/Travaux
publics et Services gouvernementaux Canada
Building S-111, Rm C-114

101 Menin Rd. Garrison Petawawa

Petawawa

Ontario

K8H 2X3

Bid Fax: (613) 687-6656

SOLICITATION AMENDMENT MODIFICATION DE L'INVITATION

The referenced document is hereby revised; unless otherwise
indicated, all other terms and conditions of the Solicitation
remain the same.

Ce document est par la présente révisé; sauf indication contraire,
les modalités de l'invitation demeurent les mêmes.

Comments - Commentaires

Veuillez adresser les demandes de renseignements à
l'autorité contractante à
wayne.cook@pwgsc-tpsgc.gc.ca

Vendor/Firm Name and Address

Raison sociale et adresse du
fournisseur/de l'entrepreneur

Issuing Office - Bureau de distribution

Public Works and Government Services Canada Supply
and Services Operation
Petawawa Procurement
Building S-111, Rm C-114
101 Menin Rd. Garrison Petawawa
Petawawa
Ontario
K8H 2X3

Title - Sujet Services de conciergerie	
Solicitation No. - N° de l'invitation W6889-180010/A	Amendment No. - N° modif. 003
Client Reference No. - N° de référence du client W6889-180010	Date 2018-11-06
GETS Reference No. - N° de référence de SEAG PW-\$PET-906-1526	
File No. - N° de dossier PET-8-49003 (906)	CCC No./N° CCC - FMS No./N° VME
Solicitation Closes - L'invitation prend fin at - à 02:00 PM on - le 2018-11-14	
Time Zone Fuseau horaire Eastern Standard Time EST	
F.O.B. - F.A.B. Plant-Usine: <input type="checkbox"/> Destination: <input checked="" type="checkbox"/> Other-Autre: <input type="checkbox"/>	
Address Enquiries to: - Adresser toutes questions à: Cook, Wayne	Buyer Id - Id de l'acheteur pet906
Telephone No. - N° de téléphone (613) 401-0623 ()	FAX No. - N° de FAX (613) 687-6656
Destination - of Goods, Services, and Construction: Destination - des biens, services et construction: Rp Ops Det Petawawa Bldg S-111/Contracts 101 Menin Road Petawawa ON K8H 2X3	

Instructions: See Herein

Instructions: Voir aux présentes

Delivery Required - Livraison exigée	Delivery Offered - Livraison proposée
Vendor/Firm Name and Address Raison sociale et adresse du fournisseur/de l'entrepreneur	
Telephone No. - N° de téléphone Facsimile No. - N° de télécopieur	
Name and title of person authorized to sign on behalf of Vendor/Firm (type or print) Nom et titre de la personne autorisée à signer au nom du fournisseur/ de l'entrepreneur (taper ou écrire en caractères d'imprimerie)	
Signature	Date

Modification N°3

Services de conciergerie

La présente modification vise à répondre aux questions suivantes.

Remarque: Conformément au point 2.4 de la Partie 2 de la demande de propositions, aucune autre question ne sera acceptée.

Questions :

- 1 Partie 7 de la DP, 7.18 d. Pour 7.18 d., le libellé actuel est « pas plus de 10 % ». Veuillez préciser le pourcentage réel des dommages-intérêts.
- 2 Partie 7 de la DP, 7.18 f. Comme l'entrepreneur est responsable des coûts supplémentaires, dans quelles circonstances y aurait-il perte de profit et quel est le montant du profit?
- 3 Annexe A, 4) a) IV) Veuillez confirmer la marque et les modèles des distributeurs d'essuie-tout, de papier hygiénique et de savon à mains.
- 4 Annexe A, 4) b) i) 7 Veuillez préciser ce qui est considéré comme un bâtiment « plus grand ».
- 5 Annexe A, 7) i) ii) Veuillez confirmer si TPSGC fournira des poubelles intérieures et extérieures.
- 6 Annexe A, 8) h) Veuillez confirmer le seuil financier pour la réparation ou le remplacement de l'équipement visé par le contrat par rapport à ce qui peut être facturé à TPSGC.
- 7 Annexe A, 9) c) iv) Veuillez confirmer si TPSGC fournira les affiches de santé et sécurité.
- 8 Annexe A, 11 c) i) Veuillez confirmer si les tapis de catégorie commerciale sont considérés comme des tâches non routinières nécessitant une autorisation.
- 9 Annexe A, 13) c) Veuillez fournir une estimation du taux d'occupation pour aider à déterminer le nombre d'employés requis pour respecter les autorisations de tâches en ce qui concerne le nettoyage des locaux.
- 10 Renseignements sur le projet de loi 7 concernant les titulaires : TPSGC peut-il confirmer l'exactitude des renseignements sur le projet de loi 7 fournis par le titulaire?
- 11 La convention collective actuelle expire le 30 avril 2019 et ne couvre donc que les augmentations salariales jusqu'à cette date.

En ce qui concerne les futures augmentations salariales qui auront lieu pendant la durée du contrat, TPSGC fournira-t-il aux promoteurs une copie de l'ébauche de la convention collective (contenant les

augmentations salariales proposées) ou TPSGC respectera-t-il les augmentations salariales qui auront lieu pendant la durée du contrat en raison de la nouvelle convention?

12. Référez-vous à la demande de propositions et à l'énoncé des travaux aux pages 68 et 69 de 83 – Tableau 1 : Services de nettoyage et d'entretien courants. Le prix est demandé pour chaque spécification fonctionnelle (prix 1-18). Le point 19 demande un prix par lot/an pour les produits sanitaires et les biens non durables. Le point 19 représente-t-il des frais supplémentaires par rapport aux points 1 à 18, ce qui voudrait dire que les coûts pour les points 1 à 18 ne comprennent pas le coût des fournitures du point 19?

13. Référez-vous à la demande de propositions ou à l'énoncé des travaux à la page 69 de 83 – Tableau 1 : Services de nettoyage et d'entretien courants. Même section – Point 20. Conformément à la « Section 8 – Produits livrables » de la demande de propositions ou de l'énoncé des travaux, l'entrepreneur doit partager l'information essentielle sur la stratégie de gestion. Chaque produit livrable de la section 8 est une tâche et non un article d'approvisionnement ou un bien non durable; par conséquent, veuillez préciser quels sont les coûts prévus ici?

14. Référez-vous à la demande de propositions ou à l'énoncé des travaux à la page 70 de 83 – Veuillez indiquer la superficie (taille) des espaces demandés au point 1 (a, b, c, d) ou les dimensions moyennes de ces espaces.

15. Référez-vous à la demande de propositions ou à l'énoncé des travaux à la page 71 de 83 – Point 1 – Le coût de la garantie financière doit-il être inclus seulement ici ou également dans le montant en \$/m² indiqué aux pages 68 et 69 de la demande de propositions ou de l'énoncé des travaux?

16. Référez-vous à la demande de propositions ou à l'énoncé des travaux à la page 71 de 83 – Même section – Point 2 – Veuillez fournir les détails de la tarification qui y est demandée.

17. En ce qui concerne le sommaire du coût des primes du régime d'avantages sociaux des employés

Quel est le coût pour l'employeur, par employé, pour la prime de la protection individuelle?

18. D'après les documents fournis concernant la convention collective en vigueur à la BFC Petawawa avec la section locale 00639 de l'Alliance de la Fonction publique du Canada (AFPC) qui doit expirer avant le début du contrat, mais après que les soumissions auront été présentées et que le contrat aura été attribué, Travaux publics et Services gouvernementaux Canada serait-il disposé à renégocier le coût du contrat pour tenir compte de l'augmentation des salaires et des avantages sociaux pour le fournisseur découlant des dispositions de la nouvelle convention collective pour le 1^{er} mai 2019?

19. Si le salaire minimum prescrit par la loi devait augmenter pendant la durée de ce contrat, Travaux publics et Services gouvernementaux Canada serait-il prêt à renégocier le coût du contrat pour tenir compte de l'augmentation du coût salarial pour le fournisseur?

20. Convention de GDI Services Petawawa, lettre d'entente n° 1 : Droit aux prestations Veuillez indiquer s'il est possible d'obtenir une copie de la lettre d'entente n° 1 : Droit aux prestations dont il est question à l'annexe B

Réponses :

1. Le pourcentage réel se situe entre 0,1 et 10 %.
2. La perte de profit serait due au fait que la chambre ne pourrait pas être louée et qu'il y a un écart de coût pour la chambre de remplacement, c'est-à-dire que si la chambre de base coûte 100 \$ par nuit et que la chambre de remplacement en coûte 120 \$, vous devrez couvrir l'augmentation de 20 \$.
3. Le MDN est responsable des coûts en capital pour l'approvisionnement, l'installation et l'entretien de tous les distributeurs. Voici la grande majorité des distributeurs actuellement utilisés :
 - a) Distributeur de savon liquide Bobrick, modèle B-5050 38 UB
 - b) Distributeur d'essuie-main – Wood Wyant, modèle 57-T950TBKWW
 - c) Distributeur de papier hygiénique – Wood Wyant, Twin 9 in JBT, 3.25 Core, modèle R4000TBKWW
4. Consulter la documentation générale présentée lors de la visite des lieux, secteur par bâtiment. Exemple CC-128 = 13 655 m² par rapport à P-49 = 105 m².
5. Le MDN fournit des bacs de collecte de déchets intérieurs et extérieurs.
6. Il n'y a aucun seuil financier. L'entrepreneur assume 100 % de la responsabilité de fournir, d'entretenir et de réparer tout son propre équipement pendant la durée entière du contrat.
7. L'entrepreneur est responsable de fournir tout l'équipement de sécurité, y compris l'affichage.
8. Oui, voir les sous-alinéas 11 c) et iv) de l'annexe A.
9. Voir l'annexe B, Base de paiement, la partie II, le tableau 3, les sous-alinéas 1 a et 1 b, la colonne Usage estimé.
10. Non, le Règlement 287 du ministère du Travail de l'Ontario stipule seulement que l'information doit être fournie. Il n'existe aucun mécanisme de vérification.
11. SPAC ne dira pas aux soumissionnaires comment soumissionner. En ce qui concerne les augmentations salariales, celles qui surviennent après l'expiration de la convention actuelle tomberont sous la responsabilité de l'entrepreneur retenu. Les prix des années à venir sont basés sur les pourcentages d'indexation spécifiés par le soumissionnaire dans la DP (tableau 4), le pourcentage d'indexation étant celui où le soumissionnaire tient compte de la structure salariale potentielle de ses employés au cours des années à venir.
12. Partie A. Point 19 : Les « Fournitures sanitaires et fournitures renouvelables » correspondent à un prix de lot annuel tout compris pour la fourniture d'essuie-tout, de papier hygiénique, de savons à mains liquides et en barres et de sacs à ordures, selon les besoins pour tous les modèles fonctionnels; voir l'annexe A, les sous-alinéas 4 e), i) et ii); et
Partie B. Les points 1 à 18 représentent les coûts annuels que l'entrepreneur doit engager pour fournir des services de conciergerie courants tout compris, conformément au contrat et à l'énoncé des travaux, qui comprennent les produits de nettoyage, les produits chimiques et l'équipement nécessaires.
13. L'entrepreneur doit établir ses propres coûts prévus pouvant être nécessaires à sa conformité à tous les éléments de la section 8 – Produits livrables, sur une base annuelle.
14. Les dimensions typiques des chambres et des suites ont été démontrées au cours de la visite des lieux. Les sous-alinéas 1 c) et d) ont été supprimés de la base de tarification lors d'une modification précédente.

Solicitation No. - N° de l'invitation
W6889-180010/A
Client Ref. No. - N° de réf. du client
W6889-180010

Amd. No. - N° de la modif.
003
File No. - N° du dossier
PET-8-49003

Buyer ID - Id de l'acheteur
PET906
CCC No./N° CCC - FMS No./N° VME

15. SPAC ne dira pas aux soumissionnaires comment soumissionner. L'intention était de ne l'inclure qu'une seule fois à la page 71 au point 1, mais vous pouvez également l'étaler sur l'ensemble de vos prix.

16. L'entrepreneur doit établir ses propres coûts prévus qui peuvent être nécessaires au début et à la mise en œuvre, et à sa conformité à toutes les exigences de l'article 8, une fois, dans les 30 jours suivant le début du contrat.

17. Le tableau suivant présente les prestations horaires, les noms des employés ayant été supprimés.

Taux	Disponib.	Poste	Description du groupe de travail	Nom du régime d'avantages sociaux	Couverture des avantages sociaux	A-V DE BASE	ADMA	SANTÉ	DENT.	COÛT MENSUEL DES AVANTAGES SOCIAUX (y compris les taxes)
14,50 \$	Actifs	TRAV. LÉG.	TEMPS PLEIN	BFC Petawawa	FAM.	O	O	O	O	169,41 \$
15,00 \$	Actifs	TRAV. LÉG.	TEMPS PLEIN	BFC Petawawa	IND.	O	O	O	O	72,18 \$
17,25 \$	Actifs	SUPERV.	TEMPS PLEIN	BFC de Petawawa – Superviseurs horaires	FAM.	O	O	O	O	147,77 \$
15,00 \$	Actifs	TRAV. LÉG.	TEMPS PLEIN	BFC Petawawa	IND.	O	O	O	O	72,18 \$
15,00 \$	Actifs	TRAV. LÉG.	TEMPS PLEIN	BFC Petawawa	FAM.	O	O	O	O	169,41 \$
15,00 \$	Actifs	TRAV. LÉG.	TEMPS PLEIN	BFC Petawawa	IND.	O	O	O	O	72,18 \$
15,00 \$	Actifs	TRAV. LÉG.	TEMPS PLEIN	BFC Petawawa	IND.	O	O	O	O	72,18 \$
15,00 \$	Actifs	TRAV. LÉG.	TEMPS PLEIN	BFC Petawawa	FAM.	O	O	O	O	169,41 \$
15,00 \$	Actifs	TRAV. LÉG.	TEMPS PLEIN	BFC Petawawa	IND.	O	O	O	O	72,18 \$
15,00 \$	Actifs	TRAV. LÉG.	TEMPS PLEIN	BFC Petawawa	FAM.	O	O	O	O	169,41 \$
15,00 \$	Actifs	TRAV. LÉG.	TEMPS PLEIN	BFC Petawawa	IND.	O	O	O	O	72,18 \$
14,75 \$	Actifs	TRAV. LÉG.	TEMPS PLEIN	BFC Petawawa	FAM.	O	O	O	O	169,41 \$
15,00 \$	Actifs	TRAV. LÉG.	TEMPS PLEIN	BFC Petawawa	IND.	O	O	O	O	72,18 \$

15,00 \$	Actifs	TRAV. LÉG.	TEMPS PLEIN	BFC Petawawa	IND.	O	O	O	O	72,18 \$
17,25 \$	Actifs	SUPERV.	TEMPS PLEIN	BFC de Petawawa – Superviseurs horaires	IND.	O	O	O	O	62,29 \$
15,00 \$	Actifs	TRAV. LÉG.	TEMPS PLEIN	BFC Petawawa	IND.	O	O	O	O	70,44 \$
14,75 \$	Actifs	TRAV. LÉG.	TEMPS PLEIN	BFC Petawawa	FAM.	O	O	O	O	169,41 \$
15,00 \$	Actifs	TRAV. LÉG.	TEMPS PLEIN	BFC Petawawa	FAM.	O	O	O	O	169,41 \$
14,75 \$	Actifs	TRAV. LÉG.	TEMPS PLEIN	BFC Petawawa	FAM.	O	O	O	O	169,41 \$
14,50 \$	Actifs	TRAV. LÉG.	TEMPS PLEIN	BFC Petawawa	IND.	O	O	O	O	72,18 \$
15,00 \$	Inactifs	TRAV. LÉG.	TEMPS PLEIN	BFC Petawawa	IND.	O	O	O	O	72,18 \$
14,50 \$	Actifs	TRAV. LÉG.	TEMPS PLEIN	BFC Petawawa	IND.	O	O	O	O	72,18 \$
14,75 \$	Actifs	TRAV. LÉG.	TEMPS PLEIN	BFC Petawawa	IND.	O	O	O	O	72,18 \$
17,50 \$	Actifs	SUPERV.	TEMPS PLEIN	BFC de Petawawa – Superviseurs horaires	FAM.	O	O	O	O	147,77 \$
14,75 \$	Actifs	TRAV. LÉG.	TEMPS PLEIN	BFC Petawawa	FAM.	O	O	O	O	169,41 \$
14,50 \$	Actifs	TRAV. LÉG.	TEMPS PLEIN	BFC Petawawa	FAM.	O	O	O	O	169,41 \$
14,75 \$	Actifs	TRAV. LÉG.	TEMPS PLEIN	BFC Petawawa	IND.	O	O	O	O	72,18 \$

14,75 \$	Actifs	TRAV. LÉG.	TEMPS PLEIN	BFC Petawawa	IND.	O	O	O	O	O	72,18 \$
14,75 \$	Actifs	TRAV. LÉG.	TEMPS PLEIN	BFC Petawawa	FAM.	O	O	O	O	O	169,41 \$
15,50 \$	Actifs	TRAV. LOURDS	TEMPS PLEIN	BFC Petawawa	FAM.	O	O	O	O	O	169,41 \$
15,00 \$	Actifs	TRAV. LÉG.	TEMPS PLEIN	BFC Petawawa	IND.	O	O	O	O	O	72,18 \$
14,75 \$	Actifs	TRAV. LÉG.	TEMPS PLEIN	BFC Petawawa	FAM.	O	O	O	O	O	169,41 \$
15,00 \$	Actifs	TRAV. LÉG.	TEMPS PLEIN	BFC Petawawa	IND.	O	O	O	O	O	72,18 \$
15,00 \$	Actifs	TRAV. LÉG.	TEMPS PLEIN	BFC Petawawa	IND.	O	O	O	O	O	72,18 \$
15,00 \$	Actifs	TRAV. LÉG.	TEMPS PLEIN	BFC Petawawa	IND.	O	O	O	O	O	70,44 \$
14,75 \$	Actifs	TRAV. LÉG.	TEMPS PLEIN	BFC Petawawa	FAM.	O	O	O	O	O	169,41 \$
14,50 \$	Actifs	TRAV. LÉG.	TEMPS PLEIN	Pas encore admissibles aux avantages sociaux							
14,75 \$	Actifs	TRAV. LÉG.	TEMPS PLEIN	BFC Petawawa	FAM.	O	O	O	O	O	169,41 \$
14,75 \$	Actifs	TRAV. LÉG.	TEMPS PLEIN	BFC Petawawa	IND.	O	O	O	O	O	72,18 \$
14,75 \$	Actifs	TRAV. LÉG.	TEMPS PLEIN	BFC Petawawa	FAM.	O	O	O	O	O	169,41 \$
15,00 \$	Actifs	TRAV. LÉG.	TEMPS PLEIN	BFC Petawawa	IND.	O	O	O	O	O	72,18 \$

15,50 \$	Actifs	TRAV. LOURDS	TEMPS PLEIN	BFC Petawawa	IND.	O	O	O	O	O	72,18 \$
14,75 \$	Actifs	TRAV. LÉG.	TEMPS PLEIN	BFC Petawawa	IND.	O	O	O	O	O	72,18 \$
15,00 \$	Actifs	TRAV. LÉG.	TEMPS PLEIN	BFC Petawawa	IND.	O	O	O	O	O	72,18 \$
15,00 \$	Actifs	TRAV. LÉG.	TEMPS PLEIN	BFC Petawawa	IND.	O	O	O	O	O	72,18 \$
14,50 \$	Actifs	TRAV. LÉG.	TEMPS PLEIN	BFC Petawawa	IND.	O	O	O	O	O	72,18 \$
15,00 \$	Actifs	TRAV. LÉG.	TEMPS PLEIN	BFC Petawawa	IND.	O	O	O	O	O	72,18 \$
14,50 \$	Actifs	TRAV. LÉG.	TEMPS PLEIN	BFC Petawawa	FAM.	O	O	O	O	O	169,41 \$
14,75 \$	Actifs	TRAV. LÉG.	TEMPS PLEIN	BFC Petawawa	IND.	O	O	O	O	O	72,18 \$
14,50 \$	Actifs	TRAV. LÉG.	SUR APPEL/TEMP	BFC Petawawa	FAM.	O	O	O	O	O	169,41 \$
14,75 \$	Actifs	TRAV. LÉG.	TEMPS PLEIN	BFC Petawawa	FAM.	O	O	O	O	O	169,41 \$
14,50 \$	Actifs	TRAV. LÉG.	TEMPS PLEIN	BFC Petawawa	IND.	O	O	O	O	O	72,18 \$
15,00 \$	Actifs	TRAV. LÉG.	TEMPS PLEIN	BFC Petawawa	IND.	O	O	O	O	O	72,18 \$
14,50 \$	Actifs	TRAV. LÉG.	TEMPS PLEIN	Pas encore admissibles aux avantages sociaux							
15,00 \$	Actifs	TRAV. LÉG.	TEMPS PLEIN	BFC Petawawa	IND.	O	O	O	O	O	72,18 \$

14,75 \$	Actifs	TRAV. LÉG.	TEMPS PLEIN		BFC Petawawa	FAM.	O	O	O	O	169,41 \$
15,00 \$	Inactifs	TRAV. LÉG.	TEMPS PLEIN		BFC Petawawa	IND.	O	O	O	O	72,18 \$
14,75 \$	Actifs	TRAV. LÉG.	TEMPS PLEIN		BFC Petawawa	IND.	O	O	O	O	72,18 \$
14,50 \$	Actifs	TRAV. LÉG.	TEMPS PLEIN		BFC Petawawa	IND.	O	O	O	O	72,18 \$
15,00 \$	Actifs	TRAV. LÉG.	TEMPS PLEIN		BFC Petawawa	IND.	O	O	O	O	72,18 \$
17,75 \$	Inactifs	SUPERV.	TEMPS PLEIN		BFC de Petawawa – Superviseurs horaires	IND.	O	O	O	O	62,29 \$
15,00 \$	Actifs	TRAV. LÉG.	TEMPS PLEIN		BFC Petawawa	FAM.	O	O	O	O	169,41 \$
15,00 \$	Actifs	TRAV. LÉG.	TEMPS PLEIN		BFC Petawawa	IND.	O	O	O	O	72,18 \$
15,00 \$	Actifs	TRAV. LÉG.	TEMPS PLEIN		BFC Petawawa	IND.	O	O	O	O	72,18 \$
15,00 \$	Actifs	TRAV. LÉG.	TEMPS PLEIN		BFC Petawawa	IND.-EXCL.	O	O			3,48 \$
17,25 \$	Actifs	SUPERV.	TEMPS PLEIN		BFC de Petawawa – Superviseurs horaires	FAM.	O	O	O	O	147,77 \$
14,50 \$	Actifs	TRAV. LÉG.	TEMPS PLEIN		BFC Petawawa	FAM.	O	O	O	O	169,41 \$
15,00 \$	Actifs	TRAV. LÉG.	TEMPS PLEIN		BFC Petawawa	IND.	O	O	O	O	72,18 \$
15,00 \$	Actifs	TRAV. LÉG.	TEMPS PLEIN		BFC Petawawa	IND.	O	O	O	O	72,18 \$

15,50 \$	Actifs	TRAV. LOURDS	TEMPS PLEIN		BFC Petawawa	IND.	O	O	O	O	O	72,18 \$
15,00 \$	Actifs	TRAV. LÉG.	TEMPS PLEIN		BFC Petawawa	IND.	O	O	O	O	O	72,18 \$
15,50 \$	Actifs	TRAV. LOURDS	TEMPS PLEIN		BFC Petawawa	IND.	O	O	O	O	O	72,18 \$
14,50 \$	Actifs	TRAV. LÉG.	TEMPS PLEIN		BFC Petawawa	IND.	O	O	O	O	O	72,18 \$
14,75 \$	Actifs	TRAV. LÉG.	TEMPS PLEIN		BFC Petawawa	IND.	O	O	O	O	O	72,18 \$
14,50 \$	Actifs	TRAV. LÉG.	TEMPS PLEIN		BFC Petawawa	IND.	O	O	O	O	O	72,18 \$
15,00 \$	Actifs	TRAV. LÉG.	TEMPS PLEIN		BFC Petawawa	FAM-EXCL.	O	O				3,48 \$
14,50 \$	Actifs	TRAV. LÉG.	TEMPS PLEIN		BFC Petawawa	IND.	O	O	O	O	O	72,18 \$
14,50 \$	Actifs	TRAV. LÉG.	TEMPS PLEIN		BFC Petawawa	IND.	O	O	O	O	O	72,18 \$
17,50 \$	Actifs	A	TEMPS PLEIN		BFC de Petawawa – Superviseurs horaires	FAM.	O	O	O	O	O	147,77 \$
15,00 \$	Actifs	TRAV. LÉG.	TEMPS PLEIN		BFC Petawawa	IND.	O	O	O	O	O	72,18 \$
15,00 \$	Actifs	TRAV. LÉG.	TEMPS PLEIN		BFC Petawawa	FAM.	O	O	O	O	O	169,41 \$
14,75 \$	Actifs	TRAV. LÉG.	TEMPS PLEIN		BFC Petawawa	FAM.	O	O	O	O	O	169,41 \$
14,50 \$	Actifs	TRAV. LÉG.	TEMPS PLEIN		BFC Petawawa	IND.	O	O	O	O	O	72,18 \$

17,50 \$	Actifs	SUPERV.	TEMPS PLEIN	BFC de Petawawa – Superviseurs horaires	FAM.	O	O	O	O	O	147,77 \$
15,50 \$	Actifs	TRAV. LÉG.	TEMPS PLEIN	BFC Petawawa	IND.	O	O	O	O	O	72,18 \$
14,75 \$	Actifs	TRAV. LÉG.	TEMPS PLEIN	BFC Petawawa	FAM.	O	O	O	O	O	169,41 \$
15,00 \$	Actifs	TRAV. LÉG.	TEMPS PLEIN	BFC Petawawa	IND.	O	O	O	O	O	72,18 \$
15,00 \$	Actifs	TRAV. LÉG.	TEMPS PLEIN	BFC Petawawa	IND.	O	O	O	O	O	72,18 \$
15,00 \$	Actifs	TRAV. LÉG.	TEMPS PLEIN	BFC Petawawa	FAM.	O	O	O	O	O	169,41 \$
14,75 \$	Actifs	TRAV. LÉG.	TEMPS PLEIN	BFC Petawawa	FAM.	O	O	O	O	O	169,41 \$
15,00 \$	Actifs	TRAV. LÉG.	TEMPS PLEIN	BFC Petawawa	FAM.	O	O	O	O	O	169,41 \$
14,75 \$	Actifs	TRAV. LÉG.	TEMPS PLEIN	BFC Petawawa	FAM.	O	O	O	O	O	169,41 \$
15,50 \$	Actifs	TRAV. LÉG.	TEMPS PLEIN	BFC Petawawa	IND.	O	O	O	O	O	72,18 \$
15,00 \$	Actifs	TRAV. LÉG.	TEMPS PLEIN	BFC Petawawa	FAM.	O	O	O	O	O	169,41 \$
15,50 \$	Actifs	TRAV. LÉG.	TEMPS PLEIN	BFC Petawawa	FAM.	O	O	O	O	O	169,41 \$
15,00 \$	Actifs	TRAV. LÉG.	TEMPS PLEIN	BFC Petawawa	IND.	O	O	O	O	O	72,18 \$
14,75 \$	Actifs	TRAV. LÉG.	TEMPS PLEIN	BFC Petawawa	IND.	O	O	O	O	O	72,18 \$

17,25 \$	Actifs	SUPERV.	TEMPS PLEIN	BFC de Petawawa – Superviseurs horaires	IND.	O	O	O	O	62,29 \$
15,00 \$	Actifs	TRAV. LÉG.	TEMPS PLEIN	BFC Petawawa	IND.	O	O	O	O	72,18 \$
15,00 \$	Actifs	TRAV. LÉG.	TEMPS PLEIN	BFC Petawawa	IND.	O	O	O	O	72,18 \$
17,25 \$	Actifs	SUPERV.	TEMPS PLEIN	BFC Petawawa – Superviseurs horaires	FAM.-EXCL.	O	O			2,56 \$
15,00 \$	Actifs	TRAV. LÉG.	TEMPS PLEIN	BFC Petawawa	IND.	O	O	O	O	72,18 \$
14,75 \$	Inactifs	TRAV. LÉG.	TEMPS PLEIN	Aucun avantage social						
15,00 \$	Actifs	TRAV. LÉG.	TEMPS PLEIN	BFC Petawawa	FAM.	O	O	O	O	169,41 \$
14,75 \$	Actifs	TRAV. LÉG.	TEMPS PLEIN	BFC Petawawa	IND.	O	O	O	O	72,18 \$
14,50 \$	Actifs	TRAV. LÉG.	TEMPS PLEIN	BFC Petawawa	IND.	O	O	O	O	72,18 \$
15,00 \$	Actifs	TRAV. LÉG.	TEMPS PLEIN	BFC Petawawa	FAM.-EXCL.	O	O			3,48 \$

18. Non, le Canada ne renégociera pas ces taux. Voir également la question 11 et la réponse correspondante.

19. Non, le Canada ne renégociera pas ces taux.

20. La lettre d'entente se trouve au bas de la page 37 et au haut de la page 38 de la convention collective qui a été fournie lors de la visite des lieux.
 Veuillez noter que la compagnie d'assurance est maintenant Manuvie. La Compagnie d'assurance Standard Life a été acquise par Manuvie. La couverture et les limites demeurent les mêmes. Vous trouverez ci-joint les brochures sur les avantages sociaux en anglais seulement. Il n'y a pas de copies traduites.

Sollicitation No. - N° de l'invitation W6889-180010/A	Amd. No. - N° de la modif. 003	Buyer ID - Id de l'acheteur PET906
Client Ref. No. - N° de réf. du client W6889-180010	File No. - N° du dossier PET-849003	CCC No./N° CCC - FMS No./N° VME

GDI Services (Canada) L.P.

Plan Document Number: G0632920

Group Policy Number: G0632922

Plan AE: CFB Petawawa Hourly Supervisors

Employee Name: _____

Certificate Number: _____

Welcome to Your Group Benefit Program

Plan Document Effective Date: June 1, 2016

Group Policy Effective Date: June 1, 2016

This Benefit Booklet has been specifically designed with your needs in mind, providing easy access to the information you need about the benefits to which you are entitled.

Group Benefits are important, not only for the financial assistance they provide, but for the security they provide for you and your family, especially in case of unforeseen needs.

Your employer can answer any questions you may have about your benefits, or how to submit a claim.

This booklet produced: March 14, 2017

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Benefit Summary

This Benefit Summary provides information about the specific benefits supplied by Manulife Financial that are part of your Group Plan.

Employee Life Insurance

The Employee Life Insurance Benefit is insured under Manulife Financial's Policy G0632922.

Benefit Amount - \$10,000

Termination Age - your benefit amount terminates upon age 70 or retirement, whichever is earlier

Employee Optional Life Insurance

The Employee Optional Life Insurance Benefit is insured under Manulife Financial's Policy G0632922.

Benefit Amount - increments of \$10,000, to a maximum of \$250,000

Termination Age - your benefit amount terminates at age 65 or retirement, whichever is earlier

Dependent Optional Life Insurance

The Dependent Optional Life Insurance Benefit is insured under Manulife Financial's Policy G0632922.

Benefit Amount

- Spouse - increments of \$10,000 to a maximum of \$250,000

Termination Age - employee's or spouse's age 65 or retirement, whichever is earlier

Accidental Death and Dismemberment

The Accidental Death and Dismemberment Benefit is insured under Manulife Financial's Policy G0632922.

Benefit Amount - \$10,000

Termination Age - your benefit amount terminates upon age 70 or retirement, whichever is earlier

Benefit Summary

Extended Health Care

The Benefit

Overall Benefit Maximum - Unlimited

Deductible - \$50 Individual, \$100 Family, per calendar year(s)

Not applicable to:

- Drugs
- Medical Services and Supplies (Ambulance, Dental Accident)
- Out-of-Province/Canada Emergency Medical Treatment
- Out-of-Canada – Referrals

Note: *The deductible is not applicable to Emergency Travel Assistance.*

Drug Dispensing Fee Maximum - \$10.00 per prescription

Benefit Percentage (Co-insurance)

80% for

- Hospital Care
- Drugs (Provincial Formulary)
- Vision
- Professional Services
- Medical Services and Supplies

50% for

- Drugs (ManuScript Generic Drug Plan 2)

Note:

The Benefit Percentage for Out-of-Canada Emergency Medical Treatment is 100%.

The Benefit Percentage for Referral outside Canada for Medical Treatment Available in Canada is 100%.

The Benefit Percentage for Emergency Travel Assistance is 100%.

Termination Age - employee's age 70 or retirement, whichever is earlier

Provincial Drug Plan 1

Charges incurred for the following expenses are payable when prescribed in writing by a physician or dentist and dispensed by a licensed pharmacist.

- charges for any drug which is included as a benefit in the current Provincial Formulary in which the covered person resides
- oral contraceptives
- preventive vaccines and medicines (oral or injected)
- sclerotherapy

Charges for the following expenses are not covered:

- the administration of injectable medications
- drugs, biologicals and related preparations which are administered in hospital on an in-patient or out-patient basis

Benefit Summary

- drugs determined to be ineligible as a result of due diligence
- fertility drugs
- anti-smoking drugs
- anti-obesity drugs
- drugs used in the treatment of a sexual dysfunction
- intrauterine devices and diaphragms

- Drug Maximums

Sclerotherapy - up to \$20 per visit

All other covered drug expenses - Unlimited

Diabetic Supplies

The cost of standard syringes, needles and diagnostic aids, required for the treatment of diabetes, including charges for cotton swabs, insulins and rubbing alcohol (automatic jet injectors and similar equipment are not covered).

- Payment of Covered Expenses

Payment of your covered drug expenses will be subject to any Drug Deductible, any Drug Dispensing Fee Maximum, the Benefit Percentage for drugs and any maximum.

Covered expenses for any prescribed drug will not exceed the price of the lower cost alternative drug that can legally be used to fill the prescription, as listed in the Provincial Drug Benefit Formulary or a lower cost alternative that provides therapeutically similar results as identified by Manulife Financial.

Manulife Financial can limit the covered expense for any drug to that of a lower cost interchangeable drug at the time the drug is purchased.

If there is no lower cost alternative drug for the prescribed drug, the amount payable is based on the cost of the prescribed drug.

- No Substitution Prescriptions

If your prescription contains a written direction from your physician or dentist that the prescribed drug is not to be substituted with another product and the drug is a covered expense under this benefit, the full cost of the prescribed product is covered.

When you have a "no substitution prescription", please ask your pharmacist to indicate this information on your receipt, when you pay for the prescription. This will help to ensure that your expenses will be reimbursed appropriately when your claim is submitted to Manulife Financial for payment.

Payment of your covered drug expenses will be subject to any Drug Deductible, any Drug Dispensing Fee Maximum, the Benefit Percentage for drugs and any maximum.

- Payment of Drug Claims

Your Pay Direct Drug Card provides your pharmacist with immediate confirmation of covered drug expenses. This means that when you present your Pay Direct Drug Card to your pharmacist at the time of purchase, you and your eligible dependents will not incur out-of-pocket expenses for the full cost of the prescription.

Benefit Summary

The Pay Direct Drug Card is honoured by participating pharmacists displaying the appropriate Pay Direct Drug decal.

To fill a prescription for covered drug expenses:

- a) present your Pay Direct Drug Card to the pharmacist at the time of purchase, and
- b) pay any amounts that are not covered under this benefit.

You will be required to pay the full cost of the prescription at time of purchase if:

- you cannot locate a participating Pay Direct Drug pharmacy
- you do not have your Pay Direct Drug Card with you at that time
- the prescription is not payable through the Pay Direct Drug Card system

For details on how to receive reimbursement after paying the full cost of the prescription, please see your Plan Administrator.

ManuScript Generic Drug Plan 2 - Prescription Drugs

Charges incurred for the following expenses are payable when prescribed in writing by a physician or dentist and dispensed by a licensed pharmacist.

- drugs for the treatment of a sickness or injury, which by law or convention require the written prescription of a physician or dentist
- oral contraceptives
- injectable medications (charges made by a practitioner or physician to administer injectable medications are not covered)
- life-sustaining drugs
- standard syringes, needles and diagnostic aids, required for the treatment of diabetes (charges for cotton swabs, rubbing alcohol, automatic jet injectors and similar equipment are not covered)
- sclerotherapy

Charges for the following expenses are not covered:

- drugs, biologicals and related preparations which are administered in hospital on an in-patient or out-patient basis
- drugs determined to be ineligible as a result of due diligence
- fertility drugs
- anti-smoking drugs
- anti-obesity drugs
- drugs used in the treatment of a sexual dysfunction
- preventive vaccines and medicines (oral or injected)
- intrauterine devices and diaphragms

Benefit Summary

- Drug Maximums

Sclerotherapy - \$20 per visit

All other covered drug expenses - Unlimited

- Payment of Covered Expenses

Payment of your covered drug expenses will be subject to any Drug Deductible, any Drug Dispensing Fee Maximum, the Benefit Percentage for drugs and any maximum.

Covered expenses for any prescribed drug will not exceed the price of the lower cost alternative drug that can legally be used to fill the prescription, as listed in the Provincial Drug Benefit Formulary or a lower cost alternative that provides therapeutically similar results as identified by Manulife Financial.

Manulife Financial can limit the covered expense for any drug to that of a lower cost interchangeable drug at the time the drug is purchased.

If there is no lower cost alternative drug for the prescribed drug, the amount payable is based on the cost of the prescribed drug.

- No Substitution Prescriptions

If your prescription contains a written direction from your physician or dentist that the prescribed drug is not to be substituted with another product and the drug is a covered expense under this benefit, the full cost of the prescribed product is covered.

When you have a "no substitution prescription", please ask your pharmacist to indicate this information on your receipt, when you pay for the prescription. This will help to ensure that your expenses will be reimbursed appropriately when your claim is submitted to Manulife Financial for payment.

Payment of your covered drug expenses will be subject to any Drug Deductible, any Drug Dispensing Fee Maximum, the Benefit Percentage for drugs and any maximum.

- Payment of Drug Claims

Your Pay Direct Drug Card provides your pharmacist with immediate confirmation of covered drug expenses. This means that when you present your Pay Direct Drug Card to your pharmacist at the time of purchase, you and your eligible dependents will not incur out-of-pocket expenses for the full cost of the prescription.

The Pay Direct Drug Card is honoured by participating pharmacists displaying the appropriate Pay Direct Drug decal.

To fill a prescription for covered drug expenses:

- a) present your Pay Direct Drug Card to the pharmacist at the time of purchase, and
- b) pay any amounts that are not covered under this benefit.

Benefit Summary

You will be required to pay the full cost of the prescription at time of purchase if:

- you cannot locate a participating Pay Direct Drug pharmacy
- you do not have your Pay Direct Drug Card with you at that time
- the prescription is not payable through the Pay Direct Drug Card system

For details on how to receive reimbursement after paying the full cost of the prescription, please see your Plan Administrator.

Vision Care

- eye exams, to a maximum of \$50 per 12 consecutive months for persons under age 18 and \$50 per 24 consecutive months for persons age 18 and over

Professional Services

Services provided by the following licensed practitioners:

- Chiropractor - \$300 per calendar year
- Osteopath - \$300 per calendar year
- Podiatrist/Chiropodist - \$300 per calendar year
- Massage Therapist - \$500 per calendar year combined for acupuncturist and massage therapist
- Naturopath - \$300 per calendar year
- Speech Therapist - \$300 per calendar year
- Physiotherapist - \$300 per calendar year
- Psychologist - \$300 per calendar year combined for psychologist and social worker
- Acupuncturist - \$500 per calendar year combined for acupuncturist and massage therapist
- Christian Science Practitioner - \$300 per calendar year
- Social Worker - \$300 per calendar year combined for psychologist and social worker

Dental Care

The Benefit

Deductible - \$50 Individual, \$100 Family, per calendar year(s)

Dental Fee Guide - Fee Guide for General Practitioners which was in effect 1 year(s) prior to the current Fee Guide for the Province in which the services are rendered

Benefit Percentage (Co-insurance)

80% for Level I - Basic Services

50% for Level II - Supplementary Basic Services

Benefit Maximums

\$1,000 per calendar year combined for Level I and Level II

Termination Age - employee's age 70 or retirement, whichever is earlier

Who Qualifies for Coverage?

Eligibility

You are eligible for Group Benefits if you:

- are a full-time employee of GDI Services (Canada) L.P. and work at least the Required Number of Hours,
- are a member of an eligible class,
- are younger than the Termination Age,
- are residing in Canada, and
- have completed the Waiting Period.

The Termination Age and Waiting Period may vary from benefit to benefit. For this information, please refer to each benefit in the section entitled Your Group Benefits.

Your dependents are eligible for coverage on the date you become eligible or the date you first acquire a dependent, whichever is later. You must apply for coverage for yourself in order for your dependents to be eligible.

Required Number of Hours

Full-time employee - 25 hour(s) per week

Medical Evidence

Medical evidence is required for all benefits, except Dental, when you make a Late Application for coverage on any person. Medical evidence is required when you apply for coverage in excess of the Non-Evidence Limit.

Late Application

An application is considered late when you:

- apply for coverage on any person after having been eligible for more than 31 days, or
- re-apply for coverage on any person whose coverage had earlier been cancelled.

If you apply for benefits that were previously waived because you were covered for similar benefits under your spouse's plan, your application is considered late when you:

- apply for benefits more than 31 days after the date benefits terminated under your spouse's plan, or
- apply for benefits, and benefits under your spouse's plan have not terminated.

Medical evidence can be submitted by completing the Evidence of Insurability form, available from your employer. Further medical evidence may be requested by Manulife Financial.

Late Dental Application

If you apply for coverage for Dental for yourself or your dependents late, the benefit will be limited to \$125 for each covered person for the first 12 months of coverage.

GDI Services (Canada) L.P.

Plan Document Number: G0632920

Group Policy Number: G0632922

Plan M - CFB Petawawa

Employee Name: _____

Certificate Number: _____

Welcome to Your Group Benefit Program

Plan Document Effective Date: June 1, 2016

Group Policy Effective Date: June 1, 2016

This Benefit Booklet has been specifically designed with your needs in mind, providing easy access to the information you need about the benefits to which you are entitled.

Group Benefits are important, not only for the financial assistance they provide, but for the security they provide for you and your family, especially in case of unforeseen needs.

Your employer can answer any questions you may have about your benefits, or how to submit a claim.

This booklet produced: October 21, 2016

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Benefit Summary

This Benefit Summary provides information about the specific benefits supplied by Manulife Financial that are part of your Group Plan.

This version of the Benefit Summary produced: October 21, 2016

Employee Life Insurance

The Employee Life Insurance Benefit is insured under Manulife Financial's Policy G0632922.

Benefit Amount

\$10,000

Benefit Reduction

On attainment of age 65, your benefit amount is reduced by 50% of the amount in effect immediately prior to age 65

Termination Age

Your benefit amount terminates at age 70 or retirement, whichever is earlier.

Employee Optional Life Insurance

The Employee Optional Life Insurance Benefit is insured under Manulife Financial's Policy G0632922.

Benefit Amount

increments of \$10,000, to a maximum of \$250,000 (minimum of \$10,000)

Termination Age

Your benefit amount terminates at age 65 or retirement, whichever is earlier.

Dependent Optional Life Insurance

The Dependent Optional Life Insurance Benefit is insured under Manulife Financial's Policy G0632922.

Benefit Amount

Spouse: increments of \$10,000, to a maximum of \$250,000

Termination Age

Spouse: employee's or spouse's age 65 or employee's retirement, whichever is earlier

Benefit Summary

Accidental Death and Dismemberment

The Accidental Death and Dismemberment Benefit is insured under Manulife Financial's Policy G0632922.

Benefit Amount

\$10,000

Benefit Reduction

On attainment of age 65, your benefit amount is reduced by 50% of the amount in effect immediately prior to age 65

Termination Age

Your benefit amount terminates at age 70 or retirement, whichever is earlier.

Extended Health Care

The Benefit

Overall Benefit Maximum

Unlimited

Deductible

Nil

Benefit Percentage (Co-insurance)

100% for

- Vision
- Medical Services and Supplies (Custom-Made Orthopaedic Shoes, Custom-Made Orthotics, Stock-Item Orthopaedic Shoes)
- Out of Province/Out of Canada
- Out of Canada Referral
- Emergency Travel Assistance

80% for

- Hospital Care
- Drugs
- Professional Services
- Medical Services and Supplies (Ambulance, Dental Accident, Hearing Aids, Private Duty Nursing, Surgical Brassieres, Surgical Stockings, Wigs and Hairpieces)

Termination Age

employee's age 70 or retirement, whichever is earlier

Benefit Summary

ManuScript Generic Drug Plan 2 - Prescription Drugs

Charges incurred for the following expenses are payable when prescribed in writing by a physician or dentist and dispensed by a licensed pharmacist.

- drugs for the treatment of a sickness or injury, which by law or convention require the written prescription of a physician or dentist
- oral contraceptives
- injectable medications
- life-sustaining drugs
- standard syringes, needles and diagnostic aids, required for the treatment of diabetes (charges for cotton swabs, rubbing alcohol, automatic jet injectors and similar equipment are not covered)
- sclerotherapy

Charges for the following expenses are not covered:

- fertility drugs
- anti-smoking drugs
- anti-obesity drugs
- drugs used in the treatment of a sexual dysfunction
- preventive vaccines and medicines (oral or injected)
- intrauterine devices and diaphragms
- the administration of injectable medications
- drugs, biologicals and related preparations which are administered in hospital on an in-patient or out-patient basis
- drugs determined to be ineligible as a result of due diligence

- Drug Maximums

Sclerotherapy - up to \$20 per visit

All other covered drug expenses - Unlimited

Benefit Summary

- Payment of Covered Expenses

Payment of your covered drug expenses will be subject to any Drug Deductible, any Drug Dispensing Fee Maximum, the Benefit Percentage for drugs and any maximum.

Covered expenses for any prescribed drug will not exceed the price of the lower cost alternative drug that can legally be used to fill the prescription, as listed in the Provincial Drug Benefit Formulary or a lower cost alternative that provides therapeutically similar results as identified by Manulife Financial.

Manulife Financial can limit the covered expense for any drug to that of a lower cost interchangeable drug at the time the drug is purchased.

If there is no lower cost alternative drug for the prescribed drug, the amount payable is based on the cost of the prescribed drug.

- No Substitution Prescriptions

If your prescription contains a written direction from your physician or dentist that the prescribed drug is not to be substituted with another product and the drug is a covered expense under this benefit, the full cost of the prescribed product is covered.

When you have a "no substitution prescription", please ask your pharmacist to indicate this information on your receipt, when you pay for the prescription. This will help to ensure that your expenses will be reimbursed appropriately when your claim is submitted to Manulife Financial for payment.

Payment of your covered drug expenses will be subject to any Drug Deductible, any Drug Dispensing Fee Maximum, the Benefit Percentage for drugs and any maximum.

- Payment of Drug Claims

Your Pay Direct Drug Card provides your pharmacist with immediate confirmation of covered drug expenses. This means that when you present your Pay Direct Drug Card to your pharmacist at the time of purchase, you and your eligible dependents will not incur out-of-pocket expenses for the full cost of the prescription.

The Pay Direct Drug Card is honoured by participating pharmacists displaying the appropriate Pay Direct Drug decal.

To fill a prescription for covered drug expenses:

- a. present your Pay Direct Drug Card to the pharmacist at the time of purchase, and
- b. pay any amounts that are not covered under this benefit.

You will be required to pay the full cost of the prescription at time of purchase if:

- you cannot locate a participating Pay Direct Drug pharmacy
- you do not have your Pay Direct Drug Card with you at that time
- the prescription is not payable through the Pay Direct Drug Card system

For details on how to receive reimbursement after paying the full cost of the prescription, please see your Plan Administrator.

Specialty Drug Care

The Specialty Drug Care program includes a preferred pharmacy network, pharmacy services, preferred pricing and case management services for Specialty Drugs. Specialty Drugs, as determined by Manulife Financial, are high cost medications used to treat complex chronic and life-threatening conditions; they may require special storage, handling and administration (including injection and infusion), and involve a significant degree of patient education, monitoring and management. The services described below are applicable to covered persons who enroll in this program.

- Case Management

Case management services may include but are not limited to:

- program introduction;
- arrangement for medication dispensing and distribution;
- disease and medication education;
- therapy optimization;
- coordination of efficacy tests to ensure therapy is working;
- health coaching in 4 areas: nutrition, physical activity, smoking cessation and stress;
- assistance locating and in applying for alternative sources of funding, which may include patient assistance programs or provincial funding;
- coordination and transfer of prescriptions to the network pharmacy;
- medication adherence monitoring; and
- support with side effect management.

The amount of health case management services will vary depending on the diagnosis, Drug, and recommended treatment plan.

- Specialty Drug Care Pharmacy Services

Specialty Drug Care pharmacy services include:

- Preferred pricing;
- Specialty medication management and expertise;
- Drug delivery to the location of choice – home, infusion clinic, or doctor's office;
- Access to a 24/7 pharmacist hotline for consultation;
- Expertise in cold chain (temperature sensitive) drug management and shipping; and
- Expertise in managing infusions, injections, education and high touch oncology and biologic medication management.

Due to current regulations in Quebec, Manulife Financial is unable to offer a preferred provider network in this province. At such time as the regulations change, Manulife Financial will make these services available.

Benefit Summary

- Payment of Specialty Drugs

Where a Drug has been determined to be eligible under the Plan, and where other Drugs will provide therapeutically similar results, the program will provide and reimburse the Lower Cost Alternative Drug. In cases where the Physician provides medical evidence that the alternate Drug cannot be tolerated, or is ineffective for the patient, the prescribed Drug will be eligible for consideration.

The amount payable is subject to any Drug Deductible, any Drug Dispensing Fee Maximum, the Benefit Percentage for Drugs and any maximum, as shown in the Benefit Schedule.

Manulife may require the covered person to apply to and participate in any patient assistance program to which the covered person is entitled. Manulife will co-ordinate benefits payable under this Plan with any benefits payable through a patient assistance program.

Vision Care

- eye exams, to a maximum of 1 exam(s) per 24 consecutive month(s)
- purchase and fitting of prescription glasses or elective contact lenses, as well as repairs, or elective laser vision correction procedures, to a maximum of \$150 per 24 consecutive month(s)

Professional Services

Services provided by the following licensed practitioners:

- Acupuncturist: \$300 per calendar year(s)
- Chiropractor: \$300 per calendar year(s)
- Christian Science Practitioner: \$300 per calendar year(s)
- Massage Therapist: \$300 per calendar year(s)
- Naturopath: \$300 per calendar year(s)
- Osteopath: \$300 per calendar year(s)
- Physiotherapist: \$300 per calendar year(s)
- Podiatrist/Chiropodist: \$300 per calendar year(s)
- Psychologist: \$600 per calendar year(s) combined for services of a(n) psychologist, social worker
- Social Worker: \$600 per calendar year(s) combined for services of a(n) psychologist, social worker
- Speech Therapist: \$300 per calendar year(s)

Dental Care

The Benefit

Deductible

\$50 Individual, \$100 Family, per calendar year(s)

Dental Fee Guide

Fee Guide for General Practitioners which was in effect 1 year(s) prior to the current Fee Guide for the Province in which the services are rendered

If the services are rendered in Alberta, the current Fee Guide is considered to be the 1997 Alberta Dental Association Fee Guide for General Practitioners plus inflationary adjustment as determined by Manulife Financial.

Benefit Percentage (Co-insurance)

80% for Level I - Basic Services

50% for Level II - Supplementary Basic Services

Benefit Maximums

\$1,000 per calendar year(s) combined for Level I and Level II

Termination Age

employee's age 65 or retirement, whichever is earlier

Toutes les autres modalités de la demande de proposition demeurent inchangées.