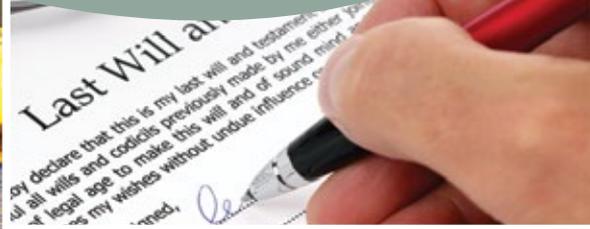


OOS Flexible Spending Plan *Commentary*

Lifestyles Spending Account
Health Spending Account



3sHealth
better together

An overview of the Flexible Spending Plan for Out-of-Scope Employees of 3sHealth participating employers.

January 2021

PROTECTING YOUR PRIVACY

At 3sHealth Employee Benefits respect for the privacy and protection of plan member personal information is foremost among our fundamental business principles. 3sHealth Employee Benefits is committed to safeguarding plan member personal information.

Why does 3sHealth Employee Benefits collect personal information?

3sHealth Employee Benefits primarily collects personal information for the following purposes: (i) processing and preparing benefit applications on behalf of plan members and 3sHealth participating employers; (ii) investigating, assessing and evaluating a plan member's need for benefits under the Plan; (iii) administering benefits and services for the plan member and 3sHealth participating employers generally; (iv) maintaining up to date and accurate plan member records; (v) coordinating the provision of benefits with a plan member's other insurance providers and government agencies (such as the Workers' Compensation Board); and (vi) other reasonable purposes consistent with the objectives of the Plan. 3sHealth Employee Benefits may also use personal information for other purposes to the extent authorized or required by applicable law.

How does 3sHealth Employee Benefits collect personal information?

Generally, 3sHealth Employee Benefits will collect personal information directly from the plan member. 3sHealth Employee Benefits may also collect information from a 3sHealth participating employer and/or, depending on the nature of a claim under the Plan, from the medical

professionals overseeing a plan member's condition. It is important to note that this privacy statement is intended to supplement, and does not replace, any express consents given to 3sHealth Employee Benefits in connection with its collection, use and disclosure of personal information.

When does 3sHealth Employee Benefits disclose personal information?

3sHealth Employee Benefits will only disclose personal information: (i) as required to facilitate the authorized purposes listed above; (ii) to employees who have a legitimate reason for accessing it in connection with the authorized purposes listed above; (iii) to medical consultants, agents or affiliates of 3sHealth Employee Benefits, to facilitate the authorized purposes listed above; or (iv) as required or permitted by applicable law.

Reasonable and appropriate standards to protect plan member personal information are in place whether the personal information is electronic or paper. A variety of reasonable policies, procedures and safeguards (including physical, technological and organizational measures) are used to prevent unauthorized access to any and all paper or electronic documents containing plan member personal information.

Does 3sHealth Employee Benefits provide access to personal information?

3sHealth Employee Benefits provides individuals with access to the personal information about such individuals held by 3sHealth Employee Benefits in accordance with applicable laws. 3sHealth Employee Benefits reserves the right to require that any request for access to personal

information be made in writing. Generally, there is no cost for such access. However, 3sHealth Employee Benefits reserves the right to charge such costs on a case-by-case basis in accordance with applicable laws. The individual will be notified in advance if such charges apply. 3sHealth Employee Benefits will correct or amend the personal information in its files where it can be shown that the information is incorrect or incomplete.

Is there a choice?

Individuals can deny or withdraw their consent to collection, use and disclosure of their personal information by 3sHealth Employee Benefits at any time upon reasonable notice, subject to any legal or contractual requirements. However, if consent is denied or withdrawn, 3sHealth Employee Benefits may not be able to provide and administer benefits and services to a plan member under the Plan.

For further information about the privacy practices of 3sHealth Employee Benefits or to make a request for access to personal information, please contact 3sHealth Employee Benefits or visit the 3sHealth Employee Benefits web page at: www.3sHealth.ca

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FLEXIBLE SPENDING PLAN

The Out-of-Scope Flexible Spending Plan is a part of your comprehensive benefits plan offered by your employer. It is designed to support a healthy lifestyle.

The Flexible Spending Plan is made of two separate accounts:

1. Health Spending Account (HSA) – this plan is a non-taxable benefit and monies allocated into this account can be used to top up health and dental expenses.
2. Lifestyles Spending Account (LSA) - this plan is taxable at the same rate as your regular income. Money allocated into this plan can be used for sport, recreation and financial expenses.

Each calendar year, you will receive annual credits that can be allocated to the account(s) of your choice. Your options include the following:

- 100% of allocation to HSA
- 100% of allocation to LSA
- 50% to HSA, 50% to LSA

It is the employee's responsibility to enroll within the designated time frame and submit proof of claim.

Review this booklet to determine the best option for you.

ELIGIBILITY

You are eligible for the Flexible Spending Plan if:

- you work for a 3sHealth participating employer
- you are an out-of-scope employee
- you are eligible for health and/or dental benefits and
- you are actively at work

Note: Employees who are temporary out-of-scope with any in-scope home position are NOT eligible to participate in the Flexible Spending Plan. If an employee is in perm OOS position and has an in-scope position they are still eligible (ex. perm Part-Time OOS and perm Part-Time In-Scope).

Full-Time Employees

If you work for a participating employer on a permanent full-time basis you are eligible for coverage on the date you qualify for health and/or dental benefits provided you:

- fall within an eligible employee group, and
- are actively at work

Once you become eligible part way through the calendar year, your flexible spending amount will be pro-rated. The calculation used to determine your prorated amount will be based on the number of full months remaining in the calendar year, excluding the month of eligibility.

Your coverage begins effective your enrolment date; claims incurred prior to this date are not eligible for reimbursement. You will automatically be defaulted to the HSA plan and have 30 days to elect to change your plan.

If you are not actively at work on the day you would otherwise have coverage, your coverage will start on the day you return to active employment.

Other Full-Time Employees

If you are other than a full-time employee working for a participating employer on a part-time, temporary or casual basis, you will become eligible for coverage on the date you qualify for health and/or dental benefits provide you:

- fall within an eligible employee group, and are actively at work

Once you become eligible, your dollar credit will be pro-rated. The calculation used to determine your prorated amount will be based on the number of full months remaining in the calendar year excluding the month of eligibility. This pro-rated amount will also be adjusted by the hours you worked as a percentage of full time hours.

Your coverage begins effective your enrolment date; claims incurred prior to this date are not eligible for reimbursement. You will automatically be defaulted to the HSA plan and have 30 days to elect to change your plan.

If you wish to change how your credits are allocated, you must do so during the annual re-allocation period which occurs in November to December, each year. During this period, you will receive a letter and re-allocation form that can be used to change the upcoming year's allocation. The completed change form, reflecting your new election, must be received by December 31st. Please note your credit allocation cannot be changed for the current calendar year and change forms will not be accepted outside the annual reallocation period.

A change in your percentage of coverage under your other health and dental benefits during the calendar year will not affect your coverage under this plan. You will maintain your credit amount determined at your original eligibility for the duration of the calendar year.

If you are not actively at work on the day you would otherwise have coverage, your coverage will start on the day you return to active employment.

If you had already become eligible for coverage under this plan and your coverage terminated because you did not work the minimum number of hours required in the previous calendar year, you will again be eligible for coverage on the January 1 following the calendar year in which you work at least 780 hours.

Coverage While on an Approved Leave of Absence

If you were at work on January 1st and had money deposited into your flexible spending plan and you take a leave of absence, you can continue to use your credits while on an approved leave. If you return to work in the same calendar year in which your leave began, re-enrolment is not required as you will maintain your pre-leave credit allocation.

If you are not actively at work on January 1st, each year, you will not receive credits for that calendar year until you return to work. Once you actively return to work, your credits will be prorated. The calculation used to determine your prorated amount will be based on the number of full months remaining in the calendar year excluding the month of eligibility. You will be required to make a new allocation upon your return from leave. You will not be able to incur or submit expenses prior to this date.

Changes will only be accepted during the annual re-allocation period.

Coverage at Termination

If you terminate employment and, within 30 days of your termination, you recommence employment in a class of employees who participates in the Plan with the same or another 3sHealth participating Employer who participates in the Plan, your coverage may be reinstated. You must advise your new Employer, who participates in the Plan, of your previous eligibility under the Plan.

If you are eligible in your new position, your pre-termination credit allocation and amounts will be carried over. You will not be entitled to earn a second credit allocation. The credits allocated under the Plan can only be allocated once per calendar year.

Eligible expenses incurred before your coverage end date will be reimbursed if they are submitted within 60 days after your eligibility ends.

Termination of Coverage – Employee

Your coverage for both the Health Spending Account and the Lifestyles Spending Account will terminate on the earliest of:

- the January 1st following any full calendar year in which you worked less than 780 hours;
- the date you cease to work for a participating employer;
- the date you cease to work for a participating employer in an Out-of-Scope position;
- the date the policy cancels;

- the date your participating employer's coverage under the policy cancels;

Termination of Coverage – Dependent

Your dependent coverage under the Health Spending Account (HSA) will terminate on the earliest of:

- the date your employee coverage terminates;
- the date your dependent no longer satisfies the definition of Dependent;

Coverage for a Child (non-student) terminates on the Child's 21st birthday.

Coverage for a Child (student) terminates on the Child's 26th birthday.

There is no dependent coverage under the Lifestyles Spending Account (LSA).

HOW MANY CREDITS YOU RECEIVE

The annual credit amount is based on a permanent full-time employee. The current spending account annual credit amount is posted on the 3sHealth Website at www.3sHealth.ca or call 1-866-278-2301.

Please note that the annual credit amounts are pro-rated for other than full-time employees as detailed below.

% of Regular Full-Time Hours	Level of Coverage
Less than 40%	No Coverage
41%-50%	50%
51%-60%	60%
61%-70%	70%
More than 70%	100%

New employees who are eligible for spending account credits are subject to the waiting period for their employee status (see Eligibility). Your credit amount will then be pro-rated based on the amount of time from the first of the month following your waiting period to the end of the plan year (December 31).

A change in your percentage of coverage for the other health and dental benefits during the calendar year will not affect your coverage under this plan. You will maintain the credit amount determined at your original eligibility for the duration of the calendar year.

At the end of the calendar year any of your unused Health Spending Account credits may be carried forward and used the next year, for a maximum of one year. Unused Lifestyles Spending Account credits cannot be carried forward and will be forfeited each year.

WHAT TO DO WITH YOUR CREDITS

You can choose to allocate your credits to the Health Spending Account (HSA), the Lifestyles Spending Account (LSA), or a combination of both. This selection is done when you enroll. Your options are:

Option 1: 100% of allocation to HSA (default option)

Option 2: 100% of allocation to LSA

Option 3: 50% to HSA, 50% to LSA

The default option: You will automatically be enrolled in the Health Spending Account and have 30 days from your enrolment to date to elect to option 2 or 3.

ENROLMENT

Initial Enrolment into the Plan

When you become eligible to enroll in the plan your employer will:

- Notify 3sHealth that you are eligible to enroll
- Provide you with an Account Selection Form to choose how you would like your credits allocated

Effective the date of your enrolment you will be placed 100% into the Health Spending Account (HSA). You will have 30 days to send your completed Account Selection Form to 3sHealth in order to elect the Lifestyle Spending Account (LSA) or 50% HSA and 50% LSA.

Important: Your coverage begins effective your enrollment date; claims incurred prior to this date are not eligible for reimbursement.

Your credit allocation cannot be changed once your credits have been allocated for the current calendar year.

Annual Allocation of Credits

Your allocation choice will be carried forward to future years. The funds will be credited to your account on January 1st each year as long as you are actively at work. If you wish to change how your credits are allocated, you must do so during the annual re-allocation period which occurs in the late fall each year. During this period, you will receive a letter and a re-allocation form that can be used to change the upcoming calendar year's allocation. The completed change form, reflecting your new election, must be received by the date indicated in the letter in order to change your allocation for the following year. Please note that we will not accept change forms outside the annual reallocation period.

ABOUT THE HEALTH SPENDING ACCOUNT

The Health Spending Account (HSA) is an account for eligible health and dental expenses. The HSA offers one important tax advantage: You are not taxed on the HSA credits you receive.

How it Works

You can use your HSA account to cover out-of-pocket health and dental expenses:

- For yourself, your spouse, and eligible dependents
- That exceed maximums for the health and dental plans
- That aren't insured under the health and dental plans but are considered medically necessary under the Canada Revenue Agency's Income Tax Act

IMPORTANT: Benefit payments from the HSA should be coordinated with the benefits provided by your other health coverage to provide up to 100% of coverage. To maximize the benefits of your HSA, submit expenses first to your health plan (if eligible), and if you have additional health coverage through a spouse's plan, submit your expenses to that plan next. Then submit your expenses to your HSA for reimbursement.

Use your HSA balance by the end of the year, or carry forward any unused credits to the next year. If you do not use them in the following year, you forfeit them; they are not redeemable as cash.

Eligible Expenses

As the HSA is a non-taxable account, expenses that are eligible must follow the Canada Revenue Agency's (CRA) list under the *Income Tax Act* for private health services plans.

The chart below lists examples of eligible and non-eligible expenses under the HSA.

Eligible	Non-Eligible
<ul style="list-style-type: none"> ▪ Prescription Eye Glasses, Prescription Sunglasses or Contact Lenses ▪ Eye Exams ▪ Orthopedic Shoes and Orthotics ▪ Hearing Aids ▪ Laser Eye Surgery ▪ Diabetic Supplies ▪ Prescription Medicines, Drugs & Vitamins that aren't covered by the plan ▪ Dental Repairs, Crowns, and Bridges ▪ Podiatry ▪ Medical Practitioners that are covered under our existing health and dental plan (ex: Chiropractor) ▪ Dentures ▪ Orthodontics ▪ Needles and Syringes ▪ Travel Expenses (only if medical treatment is not available within 40 kilometers of your location) 	<ul style="list-style-type: none"> ▪ Liposuction ▪ Hair Replacement Procedures ▪ Teeth Whitening ▪ Botulinum (Botox) injections ▪ Cosmetic Surgeries (unless medically necessary for reconstructive purposes, congenital abnormalities, etc.)

The eligible and ineligible expenses listed are examples only, 3sHealth and/or its insurance provider, Canada Life, reserves the right to determine the eligibility of any claims submitted.

For a complete detailed listing of eligible health-related expenses visit the CRA website at: www.cra-arc.gc.ca. In the search box, enter the words *eligible medical expenses* and select a page entitled *Which Medical Expenses are Eligible*.

Please review the CRA list carefully as some expenses require a prescription in order to be considered an eligible expense.

Incurred Date

Under the HSA, dental expenses, other than orthodontic expenses, are considered to be incurred when treatment is completed. Orthodontic expenses are considered to be incurred on a periodic bases throughout the course of treatment. All other expenses are considered to be incurred when the person receives the service or supply.

Eligible expenses must be incurred after the date of enrolment/re-enrolment or they will not be reimbursed. Expenses incurred and unpaid from the prior year can't be carried forward for reimbursement to the current year.

Use it or lose it! You may carry unused HSA credits over for a maximum of one year. All unused credits after that point will be forfeited.

ABOUT THE LIFESTYLES SPENDING ACCOUNT

As per Canada Revenue Agency guidelines, the Lifestyles Spending Account (LSA) is a taxable account and is subject to statutory deductions including: income tax, EI, CPP. This account can be used to help pay for many expenses, such as equipment for sport and exercise, recreation, and – even RRSP contributions. Unlike the HSA, you cannot claim expenses for your dependents through the LSA. Only your personal expenses are eligible through the LSA.

How it Works

Submit your eligible expenses to the LSA for reimbursement. Use your LSA balance by the end of the calendar year, as you cannot carry forward any unused credits to the next calendar year.

Eligible Expenses

Eligible and ineligible expenses listed below are examples only. All claims will be adjudicated by 3sHealth and 3sHealth reserves the right to determine the eligibility of any claims submitted. All eligible expenses must be incurred by and used for the benefit of the employee only.

3sHealth uses the Public Service Commission's list of eligible expenses for lifestyle claims reimbursement. By using the Public Service Commission's list, we will ensure fairness and consistency across all public service employees in Saskatchewan.

The list of eligible items is available at www.cs.gov.sk.ca/1205FlexExamples.

Eligible	Non-Eligible
<p>Financial Products and Services</p> <ul style="list-style-type: none"> • RRSPs (including spousal) • Professional financial advice • Costs incurred to prepare a will • Student line of credit • Tax-sheltered GICs • Tax-Free Savings Accounts <p>Physical Activities</p> <ul style="list-style-type: none"> • League fees (e.g. curling, bowling, ball, hockey) • Memberships and multi-visit passes (e.g. gym—including family memberships and locker fees—golf, yoga) • Professional fitness counselling • Athletic programs and lessons running for at least six weeks • Consultations with a trainer or nutritionist • Fees for weight loss management programs <p>Equipment</p> <ul style="list-style-type: none"> • Athletic footwear (e.g. running shoes, skates, skis and ski boots) • Athletic or fitness equipment (e.g. treadmills, bicycles, tennis racquets) • Work-out/exercise tapes • Trampolines • Kayaks and canoes • Gym locker associated with a membership • Hiking boots 	<p>Financial Products and Services</p> <ul style="list-style-type: none"> • RESPs • Other investments <p>Physical Activities</p> <ul style="list-style-type: none"> • Memberships for family members • Individual fitness classes or rounds of golf • Food of any kind • Spa treatments • Travel and accommodation • Nutrition supplements (e.g. power bars, energy drinks, vitamins, steroids) • Healthcare costs of any kind (e.g. vaccinations) • Marathon fees <p>Equipment</p> <ul style="list-style-type: none"> • Clothing • Equipment, registration, or licensing for hunting (e.g. firearms, knives, bows and arrows) • Motorized vehicles (e.g. motorbikes, ATVs, watercraft) • Camping gear and fees • Fishing fees and equipment • Video games and consoles (e.g. Nintendo Wii) • Work-out/exercise books • Accessories not required to perform the physical activity (e.g. pedometers, iPods, MP3 players, fitness trackers - Fitbit) • Jogging strollers • Bicycle racks • Orthotic shoe inserts

For RRSP and TFSA purchases, the receipt must clearly indicate:

- Your name
- The date of the purchase
- The amount of your purchase
- The type of account (RRSP or TFSA)
- The name of the financial institution

Date Incurred

All expenses for the flexible spending plan are considered to be incurred when the person pays for the service or supply.

Eligible expenses must be incurred after the date of enrolment/re-enrolment or they will not be reimbursed. The value of expenses claimed under the LSA is a taxable benefit. Unused credits at the end of the plan year will be forfeited. Unlike the HSA, expenses incurred and unpaid from the prior year cannot be carried forward for reimbursement to the upcoming year.

Use it or lose it! At the end of the calendar year, any unused Lifestyles Spending Account credits will be forfeited.

CLAIMS

This section contains information about the payment of claims, the appropriate claim forms to use and the documents that are required to ensure that claims are paid promptly. Claim payments are accompanied by statements explaining how benefits have been determined according to the Plan. There are different submission guidelines for each program.

How to Submit a Health Spending Account Claim

When you wish to submit a claim:

1. Obtain a 3sHealth Health Spending Account Claim form. You can obtain a form in the following way:
 - from your employer
 - at www.3sHealth.ca
 - at www.canadalife.com or by logging into GroupNet for Plan members
2. When completing your form, be sure to indicate that you would like the claim to be paid from the "HSA"
3. Submit the completed form to Canada Life at the address shown on the claim form or online through Groupnet for plan members.

Canada Life will only reimburse expenses from your HSA account if you indicate to do so on the claim form.

Co-ordination of Benefits for HSA Claims

Benefit payments from the HSA should be coordinated with the benefits provided by your other health coverage to provide up to a maximum of 100% of coverage.

To maximize the benefits of your HSA, submit expenses first to your health plan, and if you have additional health coverage through a spouse's plan, submit your expenses to that plan next. Then submit your expenses to your HSA for reimbursement.

Remember, you can use the HSA account to cover expenses for you and your eligible dependents.

Deadline for Submitting Claims

Claims must be submitted:

- Within 60 days after the calendar year end, December 31, for expenses incurred during the previous year.
- Within 60 days after your termination of employment for expenses incurred prior to your termination.
- Within 60 days after the date you cease to work for a participating employer in an Out-of-Scope position for expenses incurred prior to your change in employment.

Submission Deadline: Active employees have 60 days after the calendar year end (Dec. 31) to submit claims for expenses incurred during the previous year.

Adjudication of HSA Claims

HSA claims will be adjudicated by Canada Life. Canada Life and 3sHealth have the right to determine the eligibility of all expenses submitted for reimbursement under the HSA. Eligibility will be based on the Canada Revenue Agency's list under the *Income Tax Act* for private health services plans.

Payment of HSA Claims

All benefit reimbursements will be paid to you by Canada Life by cheque or direct deposit. Reimbursement through Direct Deposit will be deposited to the account number Canada Life currently has on file.

How to Submit a Lifestyles Spending Account (LSA) Claim

For your convenience you can submit Lifestyle claims by mail, fax, or email.

To submit a claim:

1. Obtain a 3sHealth Lifestyle Spending Account Claim form. You can obtain a form in the following way:
 - from your Employer
 - at www.3sHealth.ca
 - email ebp@3sHealth.ca
2. Complete the entire form.
3. Attach your receipts to the completed claim form. Please ensure the receipt clearly indicates the amount, date of purchase and what was purchased. For RRSP and TFSA purchases the receipt must include your name, date of purchase, amount of purchase, the name of the financial institution, and clearly indicate that it was an RRSP or TFSA that was purchased. 3sHealth reserves the right to request further information as required.
4. Submit the completed form and receipts to 3sHealth Employee Benefits at the address shown on the claim form.

Co-ordination of Benefits for LSA Claims

Unpaid medical expenses from your health and dental plan are not eligible under your LSA.

Remember, you can only use the LSA account to cover expenses for yourself. Dependents are not eligible under the LSA.

Deadline for Submitting LSA Claims

Claims must be submitted:

- Within 60 days after the calendar year end, December 31, for expenses incurred during the previous year.
- Within 60 days after your termination of employment for expenses incurred prior to your termination.
- Within 60 days after the date you cease to work for a participating employer in an Out-of-Scope position for expenses incurred prior to your change in employment.

Adjudication of LSA Claims

All LSA claims will be adjudicated by 3sHealth. 3sHealth reserves the right to adjudicate all claims in order to determine the eligibility of any claims submitted.

Payment of LSA Claims

All benefits will be paid to you through payroll and will be identified on your pay-stub as "LFSTYLTX". Appropriate tax withholding will be performed and withheld from your reimbursement proceeds along with all applicable statutory deductions; CPP, EI, etc. Reimbursement proceeds will be reflective of the net amount.

LSA claims will be reimbursed monthly on the second pay date of the month. Once processed, you will receive an explanation of benefits from 3sHealth.

TAXATION ON LSA CLAIMS

Previous year's claims which are paid within the first 60 days of a new year will be paid from the previous year's credits but will be reflective of the current year's taxable income.

All benefits will be paid to you through payroll and classified as a taxable benefit. This may bump your earnings into the next tax bracket which may result in additional tax deduction. Appropriate tax withholding will be performed and withheld from your reimbursement proceeds along with all applicable statutory deductions; CPP, EI, etc. Reimbursement proceeds will be reflective of the net amount.

If you are unsure of how this will affect your personal financial situation, please speak to a tax advisor for guidance.

CHOOSING THE ACCOUNT THAT MEETS YOUR NEEDS

To help you decide about the coverage you need, meet three representative employees deciding which spending account to fund with their credits.

Employee A:

Employee A is a full-time employee, earning \$55,000 annually. He is 38 years old, married, with two young children. Both Employee A and his wife work outside the home. As a family, they incur higher costs for prescription drugs. Employee A also wants to improve his fitness by joining a gym. As a full-time employee, he receives 100% of the annual spending account credit amount.

Since Employee A and his wife have prescription costs that are not always fully covered, they would like additional funds to help pay for these expenses which is considered eligible under the HSA. Employee A's gym membership would be an eligible expense through the LSA. Employee A chooses the 50/50 split option to allocate his spending account credits to both the LSA and the HSA.

Employee A

- ✓ **Full time employee, 100% of annual credit amount**
- ✓ **Spending account credits: 50%to LSA, 50% to HSA**

Employee B:

Employee B is a part-time employee, earning \$31,000 annually. She is 29 years old, with no dependents. She is very health conscious – she doesn't smoke and works out regularly, taking yoga classes. She doesn't anticipate many health or dental costs this year. Employee B is planning to purchase her first condo and is saving through her RRSP. Working at 60% of full-time hours, she receives 60% of the annual credit amount.

Because Employee B is in good health and has minimal prescription drug expenses, she doesn't want to direct her funds to health related expenses. She decides she wants extra funds to pay for her fitness activities and to help her save for her upcoming condo purchase. She chooses to allocate all of her credits to the LSA, through which both her yoga and RRSP contributions are eligible expenses. She knows the LSA credits will add to her taxable income, but isn't worried as she still remains in the same tax bracket.

Employee B

- ✓ **Part-time employee, 60% of annual credit amount**
- ✓ **Spending account credits: 100% to LSA**

Employee C:

Employee C is 41 years old and earns \$95,000 per year. Her husband is self-employed with no additional health coverage. They have no dependents. While relatively healthy, Employee C has bad eyesight and knows she and her husband are looking at a large amount of dental work this year. As a full-time employee, Employee C receives 100% of the annual credit amount.

Employee C is looking at the option of laser eye surgery to correct her vision, a cost that would be covered under the HSA. She also knows that their dental costs as a couple will go above her regular dental plan coverage, an eligible expense under the HSA. She also does not want to add to her taxable income, and so she decides to allocate all of her credits to the non-taxable HSA.

Employee C

- ✓ **Full time employee, 100% of annual credit amount**
- ✓ **Spending account credits: 100% to HSA**

LIMITATIONS

No amount is payable by the Insurer or 3sHealth for any of the following services or charges:

- For which the Employee obtains or is entitled to obtain benefits under any Government Plan,
- For which the Employee is entitled to obtain without charge,
- Any treatment which is principally for cosmetic purposes,
- Any treatment commencing before you or your dependent became eligible for coverage under this benefit,
- Any item listed as a non-eligible expense for the Health Spending Account or Lifestyles Spending Account,
- Any charge deemed non-eligible after the production of this commentary.

OVERPAYMENTS

If you receive an overpayment of benefits under the Plan, for whatever reason, you must repay the amount of the net benefit paid to you. 3sHealth, your employer and/or Canada Life reserves the right to work with you to recover those payments or to deduct those payments from your remaining credits.

HEALTH SPENDING ACCOUNT (HSA) CONTACT INFORMATION

CANADA LIFE'S GROUP CUSTOMER CONTACT SERVICE CENTRE

English: 1-866-408-0213
TTY- Available to the Deaf or Hard of Hearing: 1-800-990-6654

FAST, EASY, CONVENIENT

**Available Monday to Friday
7:00 a.m. to 7:00 p.m. CST**

When you have questions about your coverage or claims, you know you can call the number above. And when you do, a customer service representative will provide quick and easy answers to all your questions.

When you call you'll be greeted by an automated attendant. You will then need to select the appropriate option, health spending account, which will connect you to a customer service representative who will assist you with your inquiries.

When calling you will need:

- **Touch-tone phone**
- **Plan number 335663**
- **Benefit I.D.**

The customer service representative will ask you for this information.

Don't know your group or certificate numbers? While any caller can receive general information, to protect your privacy, you'll need those numbers if you want details about your confidential paid claims. These numbers can be found on your Explanation of Benefits statement or your Canada Life Pay Direct Card.

Canada Life Online

Information and details on Canada Life's corporate profile, our products and services, investor information, news releases and contact information can all be found at our website <http://www.canadalife.com>

**LIFESTYLES SPENDING ACCOUNT (LSA)
CONTACT INFORMATION**

3sHealth Employee Benefits

**Employee Benefits
3sHealth Employee Benefits
600-1919 Saskatchewan Drive
Regina, SK S4P 4H2**

**T. 1-866-278-2301 F. 306-347-5910
E-mail ebp@3sHealth.ca
Web site: www.3shealth.ca**

January 2021

This Commentary is presented as a matter of general information only. The contents are not to be accepted or construed as a substitute for the provisions of the Plan. If there are any discrepancies between the official plan documents and this guide, the Plan documents will prevail. Copies of these documents are available from Human Resources. 3sHealth reserves the right to revise or discontinue this Plan at any time.



3sHealth
better together



January 2021
January 2018