



Three Rivers

• WHERE HISTORY IS MADE •

TOWN OF THREE RIVERS

REQUEST FOR PROPOSALS

EMPLOYEE BENEFIT PLAN

December 7, 2023

Introduction

The Town of Three Rivers is inviting proposals from Group Insurance providers having established relationships with small and medium-sized employers.

BACKGROUND

The Town of Three Rivers was officially formed on September 28th, 2018. It was made up of the former towns of Georgetown and Montague, the village of Cardigan, the Communities of Brudenell, Lorne Valley, Lower Montague, Valleyfield and unincorporated areas that stretch from Panmure Island to Launching to Greenfield. The Town has approximately 8,000 people.

The Town is governed by the Three Rivers Town Council, which is comprised of a mayor and eight Councillors representing 4 wards. The mayor is elected at large, and Councillors are elected by ward with elections held every four years. The next election is scheduled for November 7, 2027.

Three Rivers provides a wide array of services including utility, planning, recreational facilities, fire protection, public works and administration. Currently there are eleven (11) full-time management/administrative positions and six (6) full-time maintenance/operations positions, as well as several seasonal employment positions.

NO OBLIGATION TO PROCEED

Though the Town fully intends at this time to proceed through the RFP, the Town is under no obligation to proceed to accept any proposal, or any other stage. The receipt by the Town of any information (including any submissions, ideas, plans, drawings, models or other materials communicated or exhibited by any intended Proponent, or on its behalf) shall not impose any obligations on the Town. There is no guarantee by the Town, its officers, employees or agents, that the process initiated by the issuance of this RFP will continue, or that this RFP process or any RFP process will result in a contract with the Town.

CANCELLATION

The RFP may be cancelled in whole or in part without penalty, when, in the opinion of the Town:

- i. There has been a substantial change in the requirements after this RFP has been issued.
- ii. Information has been received by the Town, after issuance of this RFP, that the Town feels substantially alters the specified procurement.
- iii. There was insufficient competition in order to provide the level of service, quality of goods, or pricing required, or.
- iv. The Town, in its sole discretion, decides that there is any other sufficient justification to cancel this RFP.

The Town of Three Rivers may cancel this RFP, reject all proposals, or seek to acquire the subject of this RFP through a new RFP or by other means.

The Town reserves the right to cancel any request for RFP at any time without recourse by the consultant. The Town has the right to not award this work for any reason.

TOWN'S DECISION MAKING

The Town has the power to make any decision, or to exercise any contractual right or remedy, contemplated in this RFP at its own absolute and unfettered discretion.

ENQUIRIES

The Town has endeavored to provide complete, correct information and estimates to enable proponents to properly assess and determine the scope and complexity of the work required to submit a response to this RFP. Proponents are solely responsible for determining if they require more information or if anything appears incorrect or incomplete, and for contacting the person named in this RFP if they have any questions whatsoever prior to the closing date. All enquiries related to this Request for Proposal are to be directed, in writing, by email, to dherring@threeriverspei.com. Information obtained from any other source is not official and should not be relied upon. The Town will not be responsible for any verbal statement, instruction, or representation. Enquiries and responses will be recorded and may be distributed to all Proponents at the Town's option by way of an addendum. Any enquiries regarding this Request for Proposal must be submitted at least three (3) working days prior to the closing date. Any enquiries submitted after this date may remain unanswered.

ERRORS AND OMISSIONS

Any ambiguities, inconsistencies, uncertainties, or other errors related to this document of which any proponent may become aware should be directed, in writing, to dherring@threeriverspei.com. If necessary, the response to such items shall be made by way of an addendum, which will be posted, serially, on the tender page of the Town's website.

ADDENDA, CORRECTIONS, or EXTENSIONS

The Town of Three Rivers reserves the right to modify the terms of this Request for Proposal by way of an addendum at any time prior to closing, at its sole discretion.

ELIGIBILITY

Proposals will not be evaluated if the Proponent's current or past corporate or other interests may, in the Town's opinion, give rise to a conflict of interest in connection with this RFP.

EVALUATION AND SELECTION

Proposals will be evaluated against the mandatory criteria. Proposals not meeting all mandatory criteria will be rejected without further consideration. Proposals that do meet all the mandatory criteria will then be assessed and scored against the desirable criteria. The Town's intent is to enter into a Contract with the Proponent who has the highest overall ranking.

By responding to this Request for Proposal, Proponents will be deemed to have accepted all the terms, conditions, and/or specifications herein and have agreed that the decision of the Evaluation Team will be final and binding.

PROPOSAL CLARIFICATION

The Town reserves the right, upon reasonable notice, to interview, examine, and make inquiries of any proponent after the closing date, generally, and also for the purpose of clarifying or verifying any particular portion of the proposal submitted, which may, in the opinion of the Town, be unclear or require verification. All Proponents agree at their own expense to attend such interviews, and to fully co-operate with the Town on any such inquiry, and to provide, at the Proponent's own expense, any such clarification and/or verification as requested by the Town.

Inquiries made of one or more proponents for the above purpose will not obligate the Town to clarify or seek further information from any or all other proponents.

DEBRIEFING

Unsuccessful Proponents may request a debriefing meeting with the Town.

SIGNED PROPOSALS

The proposal must be signed by the person(s) authorized to sign on behalf of the Proponent and to bind the Proponent to statements made in response to this Request for Proposal. All proponents who operate through an incorporated company shall affix their corporate seal to the submission documents in addition to the authorized signature.

ALTERNATIVE SOLUTIONS

If alternative solutions are offered, please submit the information in the same format, as a separate proposal.

If alternative solutions are offered, which, in the Proponent's opinion may be advantageous to the Town, economic or otherwise, please submit the information in the same format as a separate proposal. This alternative should clearly enumerate the advantages as well as any associated cost implications. Please indicate that it is an alternative to the initial submission and not a replacement by writing "Alternative Submission #" on the envelope as well as in the document itself.

CHANGES TO PROPOSAL WORDING

The Proponent will not change the wording of its proposal after closing and no words or comments will be added to the proposal unless requested by the Town for purposes of

IRREVOCABILITY OF PROPOSALS

A Proponent who has already submitted a proposal may submit a further proposal at any time up to the official closing time. The last proposal received shall supersede and invalidate all proposals previously submitted by that proponent for this Request for Proposal. Any proponent may withdraw or qualify his/her proposal at any time up to the official closing time by re-submitting a new proposal to the Town. The time and date of receipt will be marked thereon, and the new proposal will be placed in the tender box. The new proposal shall be marked on the sealed envelope by the Proponent as "Resubmission #" along with the name of the Request for Proposal and to the attention of the INTERIM CAO Executive Assistant, as noted above in the Request for Proposal. Proposals may be withdrawn at any time prior to opening upon written request from the proponent. Negligence on the part of the proponent in preparing his/her proposal shall not constitute a right to withdraw a proposal subsequent to the tender opening.

Upon closing time, all proposals become irrevocable. By submission of a proposal, the Proponent agrees that should its proposal be successful, and the Town should decide to proceed, the Proponent will enter into a contract with the Town of Three Rivers by either signing a contract document or accepting a Purchase Order issued by the Town.

COMPLETENESS OF PROPOSAL

By submission of a proposal the Proponent warrants that, if this Request for Proposal is to design, create or provide a system or manage a program, all components required to run the system or manage the program have been identified in the proposal or will be provided by the Proponent at no charge.

SUB-CONTRACTING

- a) Using a subcontractor (who must be clearly identified in the proposal) is acceptable. This includes a joint submission by two Proponents having no formal corporate links. However, in this case,

one of these Proponents must be prepared to take overall responsibility for successful interconnection of the two product or service lines and this must be defined in the proposal.

- b) Sub-contracting to any firm or individual whose current or past corporate or other interests may, in the Town's opinion, give rise to a conflict of interest in connection with this project will not be permitted. This includes, but is not limited to, any firm or individual involved in the preparation of this Request for Proposal.
- c) Any Sub-contracting of the service to any firm or individual after the award of a Contract must have prior approval by the Town.

ASSIGNMENT

This RFP and any resulting contract may not be assigned by either party without the prior written consent and approval of the other party, which consent may not be unreasonably withheld; provided however, either party, without such consent, may assign or sell the same in connection with the transfer or sale of substantially its entire business to which this contract pertains or in the event of its merger or consolidation with another company. Any permitted assignee shall assume all obligations of its assignor under this contract. No assignment shall relieve any party of responsibility for the performance of any accrued obligation that such party then has hereunder.

CONFIDENTIALITY

The successful proponent agrees not to release or, in any way, cause to release any confidential information of the Town of Three Rivers unless an appropriate official of the Town has specifically approved them to do so in writing.

The Proponents agree to treat all information contained in this Request for Proposal as confidential, to use such information only for purposes of responding to this Request for Proposal, and not to disclose any such information, in whole or in part, to any other party without the express prior written consent of either party or pursuant to legal power, other than: a) to an agent who in the Town's reasonable opinion, is seeking information on behalf of the Proponent, b) to a party used by the Town to evaluate the Proponents creditworthiness. Each party agrees to allow the other party to store contact information, such as names, phone numbers, and email addresses for its business representatives, in any country where that party does business and to use such information internally and to communicate with the other party for the purposes of their business relationship. Proponents agree to handle any personal information that it may gain access to through this RFP in accordance with the requirements of privacy laws, and in a manner consistent with the Town's published privacy policies, as amended from time to time.

CONFLICT OF INTEREST

Any potential conflict of interest must be disclosed to the Town in writing. Any conflict of interest identified will be considered and evaluated by the Town. The Town has the sole discretion to take the steps they deem necessary to resolve the conflict. If, during the term of the Contract, a conflict or risk of conflict of interest arises, the successful proponent will notify the Town immediately in writing of that conflict or risk and take any steps that the Town reasonably requires to resolve the conflict or deal with the risk.

LAWS OF PRINCE EDWARD ISLAND

This Request for Proposal will be governed by and will be construed and interpreted in accordance with the laws of the Province of Prince Edward Island.

FINAL AGREEMENT

This solicitation does not contain all the terms and conditions necessary for conducting business with the Town of Three Rivers.

GRATUITIES

The Town of Three Rivers may, by written notice to a proponent, cancel any contract if it is found by the Town that gratuities, in the form of entertainment, gifts, or otherwise, were offered or given by the proponent, or the agent or representative of the proponent, to any employee or agent of the project with a view toward securing favorable treatment with respect to the awarding or amending, or making any determinations with respect to performing of such contract.

PERFORMANCE

The Town has the right to cancel agreements based on performance with the Town as the sole judge of that performance.

VALIDITY OF PROPOSALS

All Proposals must remain valid and open for acceptance by the Town for a period of one hundred, twenty (120) days after the closing date. This period may be extended if requested by the Town and agreed to by the Proponent in writing.

PROPOSED CONTRACT TERM

The proposed contract term shall be included in the proposal to be considered by the Town.

PROPOSAL

The proposal request is divided into several components as outlined below. Included in the proposal is a request for late entrant provision, complete with benefit limitations as well as eligibility for seasonal employees that work a minimum of six (6) months per year as well as continuation of insurance in the event of work interruption for the following situations.

- *Family Leave* 12 months (or up to 18 months for Maternity and Parental leave)
- *Authorized unpaid leave of absence* 6 months
- *Temporary layoff* 6 months

COMPONENTS

Group Life Insurance

<i>Benefit Amount</i>	\$25,000
<i>Maximum Benefit without Evidence of Insurability</i>	\$25,000
<i>Benefit Reduction</i>	The Benefit Amount reduces by 50% at age 65.
<i>Waiver of Premium</i>	The Elimination Period for Waiver of Premium matches the Elimination Period for Long-Term Disability (LTD) if You are eligible to receive LTD benefits. Otherwise, the Elimination Period for Waiver of Premium is 6 months of continuous Total

<i>Definition of Total Disability</i>	Disability As defined under the Long-Term Disability (LTD) benefit, or if You are not covered for LTD, then as defined in the Group Life Insurance benefit description.
<i>Conversion Privilege</i>	Included to age 65
<i>Living Benefit</i>	If You suffer a terminal illness, You may be eligible to receive 50% of Your Benefit Amount <ul style="list-style-type: none"> ▪ the maximum benefit payable under this section is \$50,000.
<i>Termination Age</i>	Your insurance terminates on the day You turn 70 or retire, whichever is earlier.

Dependent Life Insurance

<i>Benefit Amount for Spouse</i>	\$10,000
<i>Benefit Amount for Each Child</i>	\$5,000
<i>Dependent Child Eligibility</i>	A Dependent Child is eligible from birth to: <ul style="list-style-type: none"> ▪ age 22, or ▪ age 26 if in full-time attendance as a student at a recognized educational institution
<i>Conversion Privilege</i>	Included
<i>Stillbirth Benefit</i>	In the event of a stillbirth the Insurer will pay the Dependent Child Benefit Amount
<i>Waiver of Premium</i>	Premiums are waived during the period that premiums are waived for Group Life Insurance
<i>Termination Age</i>	Your insurance terminates on the day You turn 70 or retire, whichever is earlier

Accidental Death, Disease and Dismemberment (ADD&D)

<i>Benefit Amount</i>	Equal to the Group Life Insurance Benefit Amount
<i>Benefit Reduction</i>	Same as Group Life Insurance
<i>Schedule of Losses</i>	If, within 12 months of the date of the Accident, Injury results in and of the following losses, the Insurer will pay, subject to terms, conditions and limitations as follows:

Table of Losses:	% of Benefit Amount
Quadriplegia (complete paralysis of both upper and lower limbs)	200%
Paraplegia (complete paralysis of both lower limbs)	200%

Hemiplegia (complete paralysis of upper and lower limbs of one side of body)	200%
Use of Both Arms or Both Legs	200%
Use of One Arm and One Leg on the same side of the body	200%
Life	100%
Both Arms or Both Legs	100%
Both Hands	100%
Both Feet	100%
One Hand and One Foot	100%
Use of Both Hands	100%
Use of Both Feet	100%
Entire Sight of Both Eyes	100%
One Hand and One Foot	100%
One Hand or Arm and One Leg	100%
Use of Hand or Arm and One Leg	100%
One Hand and the Entire Sight of One Eye	100%
One Foot and the Entire Sight of One Eye	100%
Speech and Hearing in Both Ears	100%
One Arm	75%
Use of One Arm	75%
One Leg	75%
Use of One Leg	75%
One Hand	66 $\frac{2}{3}$ %
One Foot	66 $\frac{2}{3}$ %
Speech	66 $\frac{2}{3}$ %
Hearing in Both Ears	66 $\frac{2}{3}$ %
Entire Sight of One Eye	66 $\frac{2}{3}$ %
Use of One Hand or One Foot	66 $\frac{2}{3}$ %
Thumb and Index Finger of Same Hand	33 $\frac{1}{3}$ %
Four Fingers of One Hand	33 $\frac{1}{3}$ %
Hearing in One Ear	33 $\frac{1}{3}$ %
All Toes of One Foot	25%

<i>Critical Disease Benefit</i>	Participants under age 65 who are Totally Disabled from a covered Critical Disease may be eligible to receive a benefit as follows: <ul style="list-style-type: none"> ▪ a lump sum payment equal to 10% of their Benefit Amount ▪ the maximum benefit payable under this section is \$50,000 ▪ covered Critical Diseases include Poliomyelitis, Parkinson's Disease, Multiple Sclerosis, Amyotrophic Lateral Sclerosis (ALS), Alzheimer's Disease, Huntington's Chorea, Type 1 Diabetes (insulin dependent), Peripheral Vascular Disease and Necrotizing Fasciitis
<i>Day Care Benefit</i>	Included <ul style="list-style-type: none"> ▪ the lesser of 3% of Benefit Amount or \$3,000 per year and; ▪ payable per year for 4 years for each child to a maximum of \$12,000
<i>Education Benefit</i>	Included <ul style="list-style-type: none"> ▪ \$5,000 per year and; ▪ payable per year for 4 years which must run consecutively with respect to each dependent child.
<i>Family Transportation Benefit</i>	Included <ul style="list-style-type: none"> ▪ maximum \$10,000
<i>Home Alteration Benefit</i>	Included <ul style="list-style-type: none"> ▪ also includes Vehicle Modification Benefit ▪ combined maximum \$10,000
<i>Rehabilitation Benefit</i>	Included <ul style="list-style-type: none"> ▪ maximum \$10,000
<i>Repatriation Benefit</i>	Included <ul style="list-style-type: none"> ▪ maximum \$10,000
<i>Seat Belt Benefit</i>	Included <ul style="list-style-type: none"> ▪ amount payable in the event of a loss is increased by 10% if You were wearing a seat belt
<i>Spousal Occupational Training Benefit</i>	Included <ul style="list-style-type: none"> ▪ maximum \$10,000
<i>Exposure and Disappearance Waiver of Premium</i>	Included Premiums are waived during the period that premiums are waived for Group Life Insurance
<i>Termination Age</i>	Your insurance terminates on the day You turn 70 or retire, whichever is earlier

Long-Term Disability (LTD)

<i>Benefit Amount</i>	66.67% of the 1 st \$2,500 of Monthly Salary, plus 50% of the next \$4,000 of Monthly Salary, plus 40% of the balance
<i>Maximum Benefit With Evidence of Insurability</i>	\$8,000 per month
<i>Maximum Benefit Without Evidence of Insurability</i>	\$3,500 per month
<i>Maximum From All Sources</i>	The overall maximum from all sources must not exceed 85% of the pre-disability net Monthly Salary
<i>Elimination Period</i>	17 weeks for Accident 17 weeks for Hospitalization 17 weeks for Sickness
<i>Maximum Benefit Period</i>	To age 65
<i>Definition of Total Disability</i>	2 year own occupation from the end of the Elimination Period and any occupation thereafter
<i>Taxability of Benefits</i>	Benefits are non-taxable
<i>Work Re-entry Program</i>	Included
<i>Survivor Benefit</i>	Included Lump sum payment equal to 3 monthly benefit payments
<i>Waiver of Premium</i>	Included
<i>Pre-Existing Conditions</i>	Included
<i>Termination Age</i>	Your insurance terminates on the day You turn 65 or retire, whichever is earlier

Critical Illness Insurance (Complete)

<i>Benefit Amount</i>	\$20,000
<i>Maximum Benefit Without Evidence of Insurability</i>	
<i>You</i>	\$20,000
<i>Benefit Reduction</i>	The Benefit Amount reduces by 50% at age 65
<i>Waiver of Premium</i>	Premiums are waived during the period that premiums are waived for Group Life Insurance

Hospital

Maximum

*Hospital Room
calendar year*

semi-private room \$10,000 per person per

Convalescent Care

Included \$20 per day
 Combined maximum of 180 days per calendar year per disability

Health Care Practitioners

Maximums shown are per person per calendar year. Where certain practitioners are combined below, the fees of these practitioners are combined for purposes of satisfying the maximum indicated.

Practitioner	Maximum	Maximum
Acupuncturist	\$500	Combined Maximum For All Practitioners \$1,500
Chiropractor (includes x-rays)	\$500	
Massage Therapist	\$500	
Naturopath	\$500	
Osteopath (includes x-rays)	\$500	
Physiotherapist	\$500	
Podiatrist/Chiropodist (includes x-rays)	\$500	
Psychologist/Social Worker/Registered Clinical Counselor/Psychoanalyst/Psychotherapist	\$500	
Speech Therapist	\$500	

Vision Care

Maximum

Vision Care

Eyeglasses and contact lenses Adults – maximum \$250 every 24- months consecutive months.
 Dependent Children – maximum \$250 every 24-months

Laser vision correction The maximum payable is equal to double the available vision care benefit once per lifetime.

		<u>Maximum</u>
<i>Ambulance (air, rail or water require pre-approval)</i>		<ul style="list-style-type: none"> ▪ Reasonable and Customary cost
<i>Artificial Eye</i>	Once every 60 consecutive months	<ul style="list-style-type: none"> ▪ Reasonable and Customary cost
<i>Artificial Limbs</i>	Per lifetime	<ul style="list-style-type: none"> ▪ \$10,000
<i>Blood Glucose Monitor</i>	<ul style="list-style-type: none"> ▪ Continuous Glucose Monitor ▪ a maximum of 36 sensors per calendar year ▪ a maximum of 2 transmitters per calendar year 	<ul style="list-style-type: none"> ▪ Combined maximum of \$4,000 per person per calendar year
	<ul style="list-style-type: none"> ▪ Glucometer 	<ul style="list-style-type: none"> ▪ Maximum of \$500 per calendar year
<i>Breathing Equipment</i>	Rental, or purchase, whichever is more economical, of:	
	<ul style="list-style-type: none"> ▪ Mist tents and nebulizers. 	<ul style="list-style-type: none"> ▪ Replacement period of once every 60 months
	<ul style="list-style-type: none"> ▪ Oxygen and the equipment needed for its administration (including cylinders and concentrators) 	<ul style="list-style-type: none"> ▪ Replacement period of once every 60 months
	<ul style="list-style-type: none"> ▪ Bi-level Positive Airway Pressure Machine (Bi-PAP) 	<ul style="list-style-type: none"> ▪ Replacement period of once every 60 months
	<ul style="list-style-type: none"> ▪ Continuous positive airway pressure machine (CPAP & APAP). 	<ul style="list-style-type: none"> ▪ Replacement period of once every 60 months
	<ul style="list-style-type: none"> ▪ Apnea monitors for respiratory dysrhythmias. 	<ul style="list-style-type: none"> ▪ Replacement period of once every 60 months
	<ul style="list-style-type: none"> ▪ Aerochambers for Dependent Children 	<ul style="list-style-type: none"> ▪ Reasonable and Customary cost
	<ul style="list-style-type: none"> ▪ CPAP and APAP Supplies (Mask, Tubing, Battery Pack, Filters, Wipes for Mask and Nose Pillows). 	<ul style="list-style-type: none"> ▪ Replacement period of once per month
	<ul style="list-style-type: none"> ▪ Intermittent positive pressure breathing machine (IPPB) - Supplies are included 	<ul style="list-style-type: none"> ▪ One (1) per lifetime per Insured Person

	<ul style="list-style-type: none"> ▪ Tracheostoma tubes 	<ul style="list-style-type: none"> ▪ Reasonable and Customary cost
<i>Colostomy and ileostomy supplies</i>	In excess of the amount reimbursed by the government	<ul style="list-style-type: none"> ▪ Reasonable and Customary cost
<i>Custom-made burn garments</i>		<ul style="list-style-type: none"> ▪ Replacement period of once every 60 months
<i>Custom-made pressure supports for lymphedema</i>		<ul style="list-style-type: none"> ▪ Replacement period of once every 60 months and maximum \$1,500 lifetime
<i>Dental Accident</i>	Care must be received within 12 months of the date of the Accident	<ul style="list-style-type: none"> ▪ Reasonable and Customary cost
<i>External Breast Prostheses</i>	2 per breast per calendar year	<ul style="list-style-type: none"> ▪ Reasonable and Customary cost
<i>Extremity Pumps for Lymphedema</i>	Once every 60 consecutive months	<ul style="list-style-type: none"> ▪ Replacement period of once every 60 months and maximum \$1,500 lifetime
<i>Hospital Bed</i>	Once every 60 consecutive months	<ul style="list-style-type: none"> ▪ \$3,000 per lifetime
<i>Eye Examinations</i>	<p>One examination:</p> <ul style="list-style-type: none"> ▪ adults – in any period of 24 consecutive months ▪ Dependent Children – in any period of 12 consecutive months 	<ul style="list-style-type: none"> ▪ maximum of \$125
<i>Head halters</i>		<ul style="list-style-type: none"> ▪ Replacement period of once every 60 months
<i>Hearing Aids</i>	Once every 60 months	<ul style="list-style-type: none"> ▪ \$500
<i>Insulin infusion and reservoir sets</i>		<ul style="list-style-type: none"> ▪ Reasonable and Customary cost
<i>Insulin infusion pumps</i>		<ul style="list-style-type: none"> ▪ \$3,000 per 4 years
<i>Intrauterine Device (IUD)</i>		<ul style="list-style-type: none"> ▪ When inserted by a physician
<i>Laboratory analysis and x-rays</i>	Administered in a private laboratory or clinic for purposes of prevention or Diagnosis	<ul style="list-style-type: none"> ▪ Reasonable and Customary cost
<p><i>Mobility Aids</i></p> <p>Rental or purchase, whichever is most economical,</p>	<p> Scooter, standard wheelchair or an electric wheelchair, crutches, canes (including cane tips) and walkers</p>	<ul style="list-style-type: none"> ▪ Replacement period of once every 60 months
<i>Nursing</i>		<ul style="list-style-type: none"> ▪ \$10,000 per calendar year
<i>Orthotics</i>	Digitally or physically casted, custom-made foot orthotics	<ul style="list-style-type: none"> ▪ \$200 per calendar year
<i>Orthopedic Shoes</i>	Custom-made orthopedic shoes	<ul style="list-style-type: none"> ▪ \$350 per calendar year

<i>Orthopedic apparatus</i>		<ul style="list-style-type: none"> ▪ Replacement period of once every 60 months, except for casts and trusses
<i>Sclerosing Agents</i>		<ul style="list-style-type: none"> ▪ \$15 per visit
<i>Speech Aids</i>		<ul style="list-style-type: none"> ▪ \$1,000 per lifetime
<i>Stump Socks and shoulder harnesses</i>		<ul style="list-style-type: none"> ▪ 6 pairs per calendar year ▪ Harness replacement period of harness of once every 60 months
<i>Support Hose</i>		<ul style="list-style-type: none"> ▪ 2 pairs per calendar year
<i>Surgical Brassiere</i>		<ul style="list-style-type: none"> ▪ 2 per calendar year
<i>Traction apparatus</i>		<ul style="list-style-type: none"> ▪ Replacement period of once every 60 months
<i>Transcutaneous Electrical Nerve Stimulator (TENS)</i>	Cumulative every 60 consecutive months	<ul style="list-style-type: none"> ▪ \$1,000
<i>Trapeze bars</i>		<ul style="list-style-type: none"> ▪ Replacement period of once every 60 months
<i>Urethral catheters</i>		<ul style="list-style-type: none"> ▪ Reasonable and Customary cost
<i>Wigs (Including Hair Pieces)</i>		<ul style="list-style-type: none"> ▪ Lifetime maximum \$1,000

Survivor Benefit

Included

Out-of-Province Medical Referral

Non-Emergency Treatment

\$10,000 per calendar year

Emergency Travel Assistance (Out of Province Emergency)

Emergency Travel Assistance

\$2,000,000 per Insured Person per trip

- maximum duration of coverage: up to 90 days per trip (45 days for retirees)

Employee and Family Assistance Program

Employee & Family Assistance (EFAP) and

LifeWorks is an Employee and Family Assistance Program work-life/wellbeing resource designed to help You and Your Dependents with a variety of issues, concerns, or questions. The program is a benefit of employment and provided at no additional cost to You by the Policyholder.

Dental Care

General Benefit Provisions

Dependent Children Eligibility

Dependent Children are eligible from birth to:

- age 22, or
- age 26 if in full-time attendance as a student at a recognized educational institution

Survivor Benefit

If You die while an Insured Person, insurance will continue for Your Dependents who were covered under this benefit at the time of Your death

- without premium payment
- until the earliest of the following dates
 - 24 months from the date of Your death;
 - the date when insurance for Your Dependents would have terminated if Your death had not occurred;
 - the date when Your Dependents become eligible for similar coverage under another insurance Policy;
 - the date the Policy terminates

Termination Age

Your insurance terminates on the day You turn 75 or retire, whichever is earlier

<i>Calendar Year Deductible</i>	None
<i>Rates Based on Dental Procedure Fee Guide:</i>	Current fee guide for general practitioners in the province where the expenses were incurred. When a fee guide is not published for a given year, the term fee guide may also mean an adjusted fee guide established by the Insurer.
<i>% Payment of Allowable Expenses</i>	<p>Basic Dental Care 80 %</p> <ul style="list-style-type: none"> • Examinations and Diagnostic Services • Preventive Dental Care <p>Examinations and Diagnostic Services</p> <ul style="list-style-type: none"> • recall or specific oral examination: once every 6 months • complete oral examination: once every 36 months • emergency oral examination: twice every 12 months • specialty examination per specialty: once every 12 months • Radiographs (X-rays) <ul style="list-style-type: none"> • Bitewings: 4 every 6 months • Complete series of x-rays or panorex: once every 36 months • Periapical: 10 every 36 months • Laboratory tests and examinations: subject to certain limits <p>Preventive Services</p> <ul style="list-style-type: none"> • polishing of coronal portion of teeth: two units every 6 months • scaling and root planing: 10 units of time combined per calendar year. • topical application of fluoride: once every 6 months • oral hygiene instruction: once every 6 months

	<p>Routine Dental Care 80 %</p> <ul style="list-style-type: none"> • Minor Restorative Services • Endodontics • Periodontics • Rebase, Reline, Adjustment and Repair of Removable Dentures • Repair of Fixed Bridges and Crowns • Oral Surgery • Additional Services <p>Dental Restorative Services 50 %</p> <ul style="list-style-type: none"> • Major Restorative Services and Fixed Prosthodontics • Removable Dentures • Fixed Bridges <p>Orthodontic Care 50 %</p> <ul style="list-style-type: none"> • Orthodontics - dependent children under age 20 only <p>Please see the Dental Care coverage section of this Handbook for more details of limits</p>
<p><i>Maximum Amount Covered</i></p>	<p>Basic Dental Care / Routine Dental Care / Dental Restorative Services</p> <ul style="list-style-type: none"> • \$1,500 per Insured Person per calendar year to a combined maximum of \$5,000 per certificate per calendar year <p>Orthodontic Care</p> <ul style="list-style-type: none"> • \$1,500 per insured per lifetime

SUBMISSION AND DEADLINE

Interested parties shall provide a written response in either digital or print form by **December 21st, 2023 no later than 2:00PM**, addressed to: Danielle Herring, Manager of Corporate Services, 172 Fraser Street, P.O. Box 546, Montague PE, C0A 1R0 or by email to dherring@threeriverspei.com.

EVALUATION OF SUBMISSION

Proposals will be evaluated on the following:

- a. Level of coverage provided.
- b. Level of access to support for Benefit Plan Administration.
- c. Ease of submitting and processing claims.
- d. Corresponding premium cost for each benefit identified.

Proposals will be evaluated by management in January 2024, with the intention of a recommendation to be brought forward to the January 22, 2024, Committee of Council meeting.