



**2023 ANNUAL ENROLLMENT HANDBOOK
FOR IBM REGULAR EMPLOYEES**

This enrollment guide is intended to provide an overview of certain plans and programs in which you may participate. Complete details are found in formal plan documents, which are the complete and exclusive statement of the Company's obligations under the plan. The official plan documents shall govern in the event of a conflict between information contained in these or other documents and statements.

To access the official plan documents, please refer to IBM's w3 - You and IBM-Canada website (<https://w3.ibm.com/hr/web/ca/benefits/health/>). The plan administrator retains exclusive authority and discretion to interpret the terms of the benefits plans and programs described herein. The Company reserves the right, in its sole discretion, to amend, change, suspend, or terminate any benefit or other plan, program, practice or policy of the Company at any time. The Company does not have an obligation to, and nothing contained in this enrollment guide shall be construed as creating an express implied obligation or promise on the part of the Company to, maintain, continue to offer, or make available such plans, programs, practices or policies. Eligibility to participate in a plan or program or receipt of benefits does not constitute a promise or right of continued employment or render any person an employee of IBM.

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Annual Enrollment offers you the opportunity to select your IBM Flexible Benefits Plan for the upcoming plan year. For 2023, the enrollment window is November 7 to November 18, 2022. The tool you will use to enroll in your benefits is the Your Benefits Resources™ (YBR) website. YBR is a third-party website owned by Alight and customized for IBM.

During this period, you will be able to choose from a familiar array of benefits options, which includes:

Core Benefits	Optional Benefits
Supplemental Health	Personal Emergency Travel
Dental	Employee AD&D
Health Care Expense Account (HCEA)	Spouse AD&D
Basic Employee Life Insurance	Children AD&D
Long-Term Disability	Employee Optional Life Insurance
	Spouse Life Insurance
	Children Life Insurance

The elections you make during the Annual Enrollment period remain in effect for the whole plan year (January 1 through December 31). If you do not actively enroll you will maintain your current 2022 benefit options and coverage categories for 2023. Changes made outside this period are limited to qualifying life events.

If your family status changes during the year, you may change your benefit plan choices to reflect your new circumstances. If you wish to make changes to your dependents and benefits coverage as a result, you must process this change within 60 days of the eligible change in status effective date. To find out what changes are eligible and how to process a 'Life Event' please visit the w3 policy 'AYC05A: Changing Your Coverage.'

If You Do Not Enroll:

- Any excess Flex Dollars remaining will default to Taxable Cash. For example, if you chose to direct any excess Flex Dollars to your HCEA last year, this will not automatically happen for the 2023 plan year. If you would like excess Flex Dollars directed to the HCEA you will need to make this election as part of your Annual Enrollment.
- The dollars automatically deposited by IBM in your HCEA will be allocated as per your benefits plan options and coverage categories in 2022. The dollar amount is based on the Supplemental Health and/or Dental options selected during enrolment. These dollars are not used to offset the cost of your benefits choices, and cannot be taken as Taxable Cash. Once the money is deposited in your HCEA, it can only be used to cover eligible health care expenses.
- Eligible overage dependents who are age of 19 and up to 25 (26 in Quebec) will not receive coverage under the flexible benefits plan. To cover eligible overage dependents from the age of 19 up to 25 (age 26 in Quebec), you must log onto YBR during annual enrollment and certify every year that they meet the overage dependent eligibility criteria.
- Your current Coordination of Benefits (COB) indicator will also default to your current year's selection for 2023. In order to ensure your eligible dependents receive coverage under the benefits plan, please ensure this indicator reflects your situation for 2023

WHAT IS CHANGING

What to know for 2023

After evaluating the competitiveness of our benefits, and listening to feedback from you, we're making changes to enhance our benefit offerings to better meet the needs of IBMers and their families. We are excited to announce enhancements for 2023, and provide some highlights on what to expect during Annual Enrollment (AE).

Annual Enrollment Highlights:

- Annual Enrollment (AE) will be November 7 – November 18.
- Annual Enrollment is your once-a-year opportunity to make changes to your IBM health and insurance benefits (outside of a 'qualifying life event' such as a new child, marriage, divorce etc.).
- The choices you make during annual enrollment and the changes outlined below will take effect on January 1, 2023.
- IBM is making several enhancements to the benefit offerings to further support IBMers and their families. These changes take the form of financial investments from IBM to keep your health and dental premium costs flat for the third year in a row, and several enhancements to the health, dental, vision, and life insurance benefits offered.
- Your costs:
 - For the third year in a row **IBM is absorbing the full cost of increase** for your health and dental benefits, to keep your costs flat. This means the premium you pay for your health and dental benefits will not change in 2023.
 - Premium rates for **Employee Life Insurance** Options A, B and C and **Optional Child Life Insurance** will increase by 6%.
 - Example: if you earn \$100,000 annually and are enrolled in Option B non-smoker, your bi-weekly Employee Life Insurance deduction will increase by \$0.23.
 - New set of age-banded premium rates will be added for **Employee Life Insurance** Options D - H and **Optional Spousal Life insurance** to accommodate members ages 70 and over.
 - **Long Term Disability and Accidental Death and Dismemberment** premiums will remain the same for 2023.

What's Changing:

	2022	2023
Massage Therapy	Not covered.	Coverage will be offered to employees and dependents at annual maximums of \$200, \$250, and \$300 for option 1, 2, and 3 respectively; subject to coinsurance as per plan reimbursement level of the elected option.
Expansion of Mental Health Practitioners	The plan currently covers Registered Psychologist, Registered Social Worker, Registered Psychotherapist.	Adding to the eligible Mental Health Practitioners list to include Registered Clinical Counsellor (RCC) and Registered Family Therapists.

WHAT IS CHANGING

Dental Fee Guide	All dental claims are adjudicated based on previous year's dental fee guide.	All dental claims will be adjudicated based on the current year's dental fee guide.
Eye Exams	Included as part of the overall Vision Care Annual Maximum.	In addition to the existing Vision Care benefit, Eye Exams will be covered every 24 months as a stand-alone benefit at Reasonable & Customary limits.
Substance Abuse Rehabilitation Treatment	Coverage only includes employees with Lifetime maximum of \$10,000.	Coverage is expanded to include eligible covered dependents with their own lifetime maximum of \$10,000 for each covered dependent.
Change in Group Employee Life Insurance termination	Group Employee Life Insurance terminates at age 70.	Group Employee Life Insurance will continue beyond age 70. Employee Life Insurance benefit coverage will reduce by 50% at age 70; reduce by another 50% at age 75; then reduce to flat amount of \$12,500 at age 80. Coverage terminates at the earlier of the employee's retirement or separation.
Optional Spouse Life Insurance	The coverage ceases when employee and/or spouse reaches age 70.	The coverage will not cease when employee and/or spouse reaches age 70. Coverage will now terminate at the earlier of employee's retirement, separation or when the spouse no longer meets eligibility requirements.
Optional Child Life Insurance	The coverage ceases when the employee reaches age 70.	The coverage will not cease when employee reaches age 70. Coverage will now terminate at the earlier of employee's retirement, separation or when the child no longer meets child eligibility requirements.

Important Information & Reminders:

HCEA Deposits & Claims Grace Period		
HCEA	Deposit Date	Expiry Date
2023 HCEA	Jan 1, 2023	Dec 31, 2024
2022 HCEA	Jan 1, 2022	Dec 31, 2023
90-Day Claim Grace Period: Any 2022 expenses must be submitted and received by Sun Life no later than 90 days into 2023.		

Employees living in Quebec:

- RAMQ requirements state that you must have a minimum of 65% coverage for prescription drugs. During enrollment, employees living in Quebec who elect supplemental health option 1 (20%) or option 0 (opt out) are required to attest you have coverage elsewhere

YOUR SUPPLEMENTAL HEALTH OPTIONS

Supplemental Health Options – Important Considerations

Consider your and your family’s current medical needs and how they might change over the coming year. Remember that the choices you make now will apply for the entire benefit plan year unless you have a valid family status change that allows you to change your medical coverage to any option or coverage category.

During the annual enrollment period, you may:

- Change to any coverage category, based on your eligible dependents on file
- Increase by one option but may skip over option 1
- Decrease to any option

Current Option	Options Available
0	0,1,2
1	0,1,2
2	0,1,2,3
3	0,1,2,3

Supplemental Health Plan Cost and Flex Dollars

Regular Full Time Employees

Supplemental Health	Coverage Category	Annual Price Tags	Annual Flex Dollars	HCEA Deposit
Option 0	EE	\$0	\$325	\$0
	EE +1	\$0	\$325	\$0
	EE + 2 or more	\$0	\$325	\$0
Option 1	EE	\$389	\$614	\$100
	EE +1	\$774	\$999	\$100
	EE + 2 or more	\$1,356	\$1,581	\$100
Option 2	EE	\$1,195	\$1,195	\$100
	EE +1	\$2,360	\$2,198	\$100
	EE + 2 or more	\$4,072	\$3,680	\$100
Option 3	EE	\$1,354	\$1,195	\$100
	EE +1	\$2,725	\$2,240	\$100
	EE + 2 or more	\$4,715	\$3,750	\$100

YOUR SUPPLEMENTAL HEALTH OPTIONS

Regular Part Time Employees 80% RPT

Supplemental Health	Coverage Category	Annual Price Tags	90% of FT Flex dollars	HCEA deposit
Option 0	EE	\$0	\$293	\$0
	EE +1	\$0	\$293	\$0
	EE + 2 or more	\$0	\$293	\$0
Option 1	EE	\$389	\$553	\$100
	EE +1	\$774	\$899	\$100
	EE + 2 or more	\$1,356	\$1,423	\$100
Option 2	EE	\$1,195	\$1,076	\$100
	EE +1	\$2,360	\$1,978	\$100
	EE + 2 or more	\$4,072	\$3,312	\$100
Option 3	EE	\$1,354	\$1,076	\$100
	EE +1	\$2,725	\$2,016	\$100
	EE + 2 or more	\$4,715	\$3,375	\$100

Regular Part Time Employees 60% RPT

Supplemental Health	Coverage Category	Annual Price Tags	80% of FT Flex dollars	HCEA deposit
Option 0	EE	\$0	\$260	\$0
	EE +1	\$0	\$260	\$0
	EE + 2 or more	\$0	\$260	\$0
Option 1	EE	\$389	\$491	\$100
	EE +1	\$774	\$799	\$100
	EE + 2 or more	\$1,356	\$1,265	\$100
Option 2	EE	\$1,195	\$956	\$100
	EE +1	\$2,360	\$1,758	\$100
	EE + 2 or more	\$4,072	\$2,944	\$100
Option 3	EE	\$1,354	\$956	\$100
	EE +1	\$2,725	\$1,792	\$100
	EE + 2 or more	\$4,715	\$3,000	\$100

Regular Part Time Employees 50% RPT

Supplemental Health	Coverage Category	Annual Price Tags	75% of FT Flex dollars	HCEA deposit
Option 0	EE	\$0	\$244	\$0
	EE +1	\$0	\$244	\$0
	EE + 2 or more	\$0	\$244	\$0
Option 1	EE	\$389	\$461	\$100
	EE +1	\$774	\$749	\$100
	EE + 2 or more	\$1,356	\$1,186	\$100
Option 2	EE	\$1,195	\$896	\$100
	EE +1	\$2,360	\$1,649	\$100
	EE + 2 or more	\$4,072	\$2,760	\$100
Option 3	EE	\$1,354	\$896	\$100
	EE +1	\$2,725	\$1,680	\$100
	EE + 2 or more	\$4,715	\$2,813	\$100

YOUR SUPPLEMENTAL HEALTH OPTIONS

Supplemental Health HCEA Deposit Rules:

- Employees selecting Supplemental Health coverage (option 1, 2 or 3) during enrollment will receive \$100 directly deposited in their own HCEA. Employees opting out of Supplemental Health coverage will not receive the \$100
- Dollars deposited to your HCEA cannot be allocated against the cost of your benefits, nor be taken as taxable cash. These dollars can only be used to pay eligible health related expense as per the Canada Revenue Agency (CRA) rules
- If the employee has a valid life event mid-year (e.g. marriage, birth of child, divorce, etc.) and he/she moved from no coverage to Option 1, 2, or 3, the \$100 will be deposited to his/her HCEA. However, if the employee has Supplemental Health coverage and increases / decreases the plan option (from and to Options 1, 2 or 3) or the coverage category during the Life Event, he/she will not be provided with an additional \$100 deposited in the HCEA
- Employees opting out of Supplemental Health coverage mid -year through a Life Event will not be required to repay the \$100 already deposited in their HCEA as these dollars can only be used to pay for eligible health-related expenses as per the CRA rules
- For RPT employees, please note that the HCEA Annual deposit is not prorated based on the employees' RPT category. The RPT employee will receive the full \$100

Supplemental Health Summary Chart

	Option 0	Option 1	Option 2	Option 3
Plan Reimbursement Level Applied to benefits listed below (Unless stated otherwise)	0%	20% of reasonable & customary limits	80% of reasonable & customary limits	90% of reasonable & customary limits
Plan Deductible	None	None	None	None
Semi-private hospital room in province of residence, including convalescent hospital	None	Max \$100/day	Max \$150/day	Max \$200/day
Vision Care	None	\$200 per 24 months	\$250 per 24 months	\$300 per 24 months
Eye Exams	None	Once every 24 months 100% of Reasonable & Customary Limits	Once every 24 months 100% of Reasonable & Customary Limits	Once every 24 months 100% of Reasonable & Customary Limits
Hearing aids	None	\$300 per ear every 3 years	\$500 per ear every 3 years	\$800 per ear every 3 years
Licensed Physiotherapist, Occupational Therapist	None	\$600/year for all practitioners combined	\$1000/year for all practitioners combined	\$1000/year for all practitioners combined
Licensed Speech Therapist	None	\$1000/year	\$1500/year	\$1500/year
Licensed Acupuncturist, Chiropractor, Podiatrist/Chiropodist	None	\$100 per practitioner/year	\$150 per practitioner/year	\$200 per practitioner/year
Licensed Naturopath, Homeopath, Osteopath	None	\$100 per year for all practitioners combined	\$150 per year for all practitioners combined	\$200 per year for all practitioners combined
Registered Psychologist, Registered Social Worker, Registered Psychotherapist, Registered Clinical Counsellor, Registered Family Therapist	None	<ul style="list-style-type: none"> • No Annual Maximum • 20% of Reasonable & Customary Limits 	<ul style="list-style-type: none"> • No Annual Maximum • 80% of Reasonable & Customary Limits 	<ul style="list-style-type: none"> • No Annual Maximum • 90% of Reasonable & Customary Limits
Registered Massage Therapist	None	\$200/year	\$250/year	\$300/year
Private Duty Nursing	None	\$10,000/year	\$25,000/year	\$25,000/year

YOUR SUPPLEMENTAL HEALTH OPTIONS

Custom-made orthotic inserts for shoes and custom-made orthopedic shoes, when prescribed by a doctor, podiatrist, or chiropodist	None	Up to a combined maximum of \$300/year	Up to a combined maximum of \$300/year	Up to a combined maximum of \$300/year
Wigs following chemotherapy	None	\$1500 per 5-year period	\$1500 per 5-year period	\$1500 per 5-year period

*Plan maximums apply to each covered person

Prescribed Drugs				
Prescribed Drugs Deductible	None	N/A	Employee pays 100% of the Dispensing fee	Employee pays 100% of the Dispensing fee
Prescribed drugs eligible under National Formulary	None	20%	80%	90%
Prescribed drugs not eligible under National Formulary	None	20%	60%	75%
Drug card provided (Digital on Sun Life Website)	None	Yes	Yes	Yes

Mandatory Lowest Cost Alternative

For brand-name drugs, which have a lowest alternative (generic) drug available in the market, the maximum amount payable under the IBM Supplemental Health plan (all options), will be limited to the cost alternative (generic) drug available.

RAMQ – Quebec Only

For employees residing in Québec, if drugs listed in the Régie de l'assurance-maladie du Québec (RAMQ) drug formulary have a lower priced equivalent drug, charges more than the lowest priced equivalent drug may not be considered when calculating the reimbursement (unless Sun Life specifically approved the charges for the higher priced drug). To assess the medical necessity of a higher priced drug, SunLife will require the covered person and the attending doctor to complete and submit an exception form. Any conditions under this plan that do not meet the requirements under the Québec drug insurance plan are automatically adjusted to meet the requirements.

Important! Quebec residents must elect the minimum required prescription drug coverage under their employer's benefit plan, if they are not part of any other prescription drug plan (e.g. spouse's plan or a private plan). If the employee has qualifying coverage under another plan, they are required to provide a waiver to their employer stating proof of insurance coverage elsewhere. Otherwise, they must enroll in coverage (for themselves and dependents) that meets or exceeds the mandated RAMQ level coverage of 65%. Quebec employees who elect Supplemental Health option 1 (20%) or option 0 (opt out) will receive a pop-up message requesting confirmation they have the required coverage elsewhere. If you do not confirm you will be re-directed to your enrollment options to select another supplemental health option.

YOUR DENTAL PLAN

Dental Options – Important Considerations

Consider your and your family’s current dental needs and how they might change over the coming year. Remember that the choices you make now will apply for the benefit plan year unless you have a valid family status change that allows you to change your dental coverage.

During the annual enrollment period, you may:

- Change to any coverage category, based on your eligible dependents on file
- Increase by one option but may skip over option 1
- Decrease to any option

Current Option	Options Available
0	0,1,2
1	0,1,2
2	0,1,2,3
3	0,1,2,3

Dental Plan Cost and Flex Dollars

Regular Full Time Employees

Dental	Coverage Category	Annual Price Tags	Annual Flex Dollars	HCEA Deposit
Option 0	EE	\$0	\$235	\$78
	EE +1	\$0	\$235	\$78
	EE + 2 or more	\$0	\$235	\$78
Option 1	EE	\$308	\$393	\$111
	EE +1	\$579	\$664	\$175
	EE + 2 or more	\$1,006	\$1,091	\$269
Option 2	EE	\$747	\$575	\$152
	EE +1	\$1,523	\$1,102	\$293
	EE + 2 or more	\$2,666	\$1,870	\$496
Option 3	EE	\$896	\$575	\$152
	EE +1	\$1,783	\$1,102	\$293
	EE + 2 or more	\$3,124	\$1,870	\$496

YOUR DENTAL PLAN

Regular Part Time Employees 80% RPT

Dental	Coverage Category	Annual Price Tags	90% of FT Flex dollars	HCEA deposit
Option 0	EE	\$0	\$212	\$70
	EE +1	\$0	\$212	\$70
	EE + 2 or more	\$0	\$212	\$70
Option 1	EE	\$308	\$354	\$100
	EE +1	\$579	\$598	\$158
	EE + 2 or more	\$1,006	\$982	\$242
Option 2	EE	\$747	518	\$137
	EE +1	\$1,523	\$992	\$264
	EE + 2 or more	\$2,666	\$1,683	\$446
Option 3	EE	\$896	\$518	\$137
	EE +1	\$1,783	\$992	\$264
	EE + 2 or more	\$3,124	\$1,683	\$446

Regular Part Time Employees 60% RPT

Dental	Coverage Category	Annual Price Tags	80% of FT Flex dollars	HCEA deposit
Option 0	EE	\$0	\$188	\$62
	EE +1	\$0	\$188	\$62
	EE + 2 or more	\$0	\$188	\$62
Option 1	EE	\$308	\$314	\$89
	EE +1	\$579	\$531	\$140
	EE + 2 or more	\$1,006	\$873	\$215
Option 2	EE	\$747	\$460	\$122
	EE +1	\$1,523	\$882	\$234
	EE + 2 or more	\$2,666	\$1,496	\$397
Option 3	EE	\$896	\$460	\$122
	EE +1	\$1,783	\$882	\$234
	EE + 2 or more	\$3,124	\$1,496	\$397

Regular Part Time Employees 50% RPT

Dental	Coverage Category	Annual Price Tags	75% of FT Flex dollars	HCEA deposit
Option 0	EE	\$0	\$176	\$59
	EE +1	\$0	\$176	\$59
	EE + 2 or more	\$0	\$176	\$59
Option 1	EE	\$308	\$295	\$83
	EE +1	\$579	\$498	\$131
	EE + 2 or more	\$1,006	\$818	\$202
Option 2	EE	\$747	\$431	\$114
	EE +1	\$1,523	\$827	\$220
	EE + 2 or more	\$2,666	\$1,403	\$372
Option 3	EE	\$896	\$431	\$114
	EE +1	\$1,783	\$827	\$220
	EE + 2 or more	\$3,124	\$1,403	\$372

YOUR DENTAL PLAN

Dental Plan HCEA Deposit Rules:

- Dollars deposited to the HCEA are based on employees' Dental option and coverage category elected. Employees opting out of Dental coverage (Option 0) will also receive money deposited to their HCEA. These dollars are in addition to the \$100 HCEA deposit provided for Supplemental Health options 1, 2 or 3
- Dollars deposited to your HCEA cannot be allocated against the cost of your benefits, nor be taken as taxable cash. These dollars can only be used to pay eligible health related expense as per the Canada Revenue Agency (CRA) rules
- For RPT employees, the dental HCEA deposit will be prorated based on the employees' RPT category. See above tables for the HCEA amounts
- For new hired employees, the dental HCEA deposit will be prorated based on the number of pay periods left in the year
- If the employee has a valid life event midyear (e.g. marriage, birth of child, divorce, etc.) the dental HCEA deposit will be adjusted for those employees who select a higher plan option/category, and the amount prorated based on the number of pay periods left in the year. However, if the employee decreases the dental plan option/coverage category or if he/she decides to opt out of the plan because of a qualified Life Event, the HCEA balance will not be adjusted. Dollars deposited to an HCEA can only be used to pay for eligible health-related expenses under the CRA rules

Dental Chart

Dental plan	Option 0	Option 1	Option 2	Option 3
Basic Services	No coverage	20%; unlimited maximum	80%; unlimited Maximum	90%; unlimited maximum
Major Restorative	No coverage	50%; \$1,000 / year maximum	60%; \$1,300 / year maximum	80%; \$1,750 / year maximum
Endodontics / Periodontics	No coverage	20%; unlimited maximum	80%; unlimited maximum	90%; unlimited maximum
Orthodontics	No coverage	No coverage	80%; \$2,400 lifetime max	80%; \$3,000 lifetime max
Fee Guide	No coverage	Current benefit year	Current benefit year	Current benefit year
Recall Exams	No coverage	9 months	9 months	9 months
Co-ordination of Benefits	No coverage	100% of Reasonable and Customary limits	100% of Reasonable and Customary limits	100% of Reasonable and Customary limits

Predetermination of Benefits

A predetermination of benefits provides you an estimate of the total cost, what will be covered and what will be paid out-of-pocket prior to carrying out a dental treatment/service. Prior to commencing dental work, you or your dental care provider will submit the necessary details outlining the recommended treatment and estimated costs. Evidence to support the treatment may also be submitted. SunLife will review and assess the necessity of the proposed treatment, and will advise you how much will be covered. The amount payable when the actual treatment takes place is subject to IBM's plan provisions as of the date of service. That is, actual reimbursement at the time the service is rendered may differ from the estimate.

YOUR HEALTH CARE EXPENSE ACCOUNT

There are two ways employees receive company provided flex dollars deposited into the HCEA:

- 1) Each regular employee will receive a deposit based on the plan option/coverage category elected during the Annual Enrollment (refer to the Supplemental Health/Dental Cost charts)
- 2) During Annual Enrollment IBM will provide flex dollars to offset the cost of your coverage. These flex dollars are allocated by the enrollment tool in a tax efficient hierarchy. Flex dollars are directed to the following plans, in order of: Supplemental Health, Dental and Personal Emergency Travel Assistance (PETA). Depending on your elections there may be excess flex dollars available. These excess flex dollars can be allocated all or in part by you at the end of your enrollment

When you incur an eligible expense that isn't covered by your Supplemental Health or Dental plan, you can request the claim to be paid from your HCEA. If you have a roll-over balance, claims will first be paid with those funds. HCEA funds can only be used towards claims incurred in the year they were deposited in, and in the following plan year if there is a roll-over balance. For example, if you receive a deposit of \$500 into your HCEA for 2023, these dollars can only be used towards claims incurred in 2023 and/or in 2024 (if there is a roll-over balance). You cannot claim expenses incurred in 2022 from the 2023 deposit amount.

There is a 90-day grace period to submit expenses incurred in the previous plan year. For the first 90 days of 2023, you can submit both 2022 and 2023 claims. Once the grace period is over, 2022 year expenses are no longer eligible for payment. Your 2022 claims **must** be received by SunLife by March 30, 2023. After this date, only 2023 claims are eligible.

Activity	Date	Transaction Amount	HCEA Balance
First year 2023 HCEA deposit	January 1, 2023	\$500	\$500
Claim #1	February 1, 2023	\$50	\$450
Claim #2	December 1, 2023	\$150	\$300
Year-end balance	December 31, 2023		\$300 (unused HCEA balance that will be rolled over for use in 2024)
Second year 2024 HCEA deposit	January 1, 2024	\$500	\$800 (\$300 from 2023 plus \$500 dollars provided in 2024)
Claim #1	February 1, 2024	\$50	\$750
Year-end-balance	December 31, 2024	(\$250) Unused balance from 2023 is forfeited	\$500 (unused 2024 HCEA balance would be rolled over)

YOUR HEALTH CARE EXPENSE ACCOUNT

Examples of Eligible Expenses:

- Deductibles and coinsurance payments not covered in your supplemental health or dental plans
- Any portion of the cost of prescription glasses, contact lenses or prescription sunglasses not covered by your supplemental health plan
- Dental expenses for dentures, orthodontia, etc. that are not fully covered by your dental plan
- Expenses above plan maximums or the dental fee guide. Other eligible expenses not covered by the supplemental health and dental plans

*For a more exhaustive list please refer to the CRA website, or alternatively for a specific expense please contact SunLife.

There are various ways you can submit claims against the HCEA: e-claim via SunLife's member website, SunLife's Mobile App, or a paper claim. Please contact SunLife for further assistance on the claim process.

Important Considerations:

- Once flex dollars are deposited into the HCEA, they can only be used for the reimbursement of health-related eligible expenses deemed eligible by the CRA
- There is a one-year roll-over for any unused balance from the year in which flex dollars were deposited into the HCEA (examples in the chart below)
- Any balance remaining at the end of the year in which the flex dollars were carried over will be forfeited, and cannot be taken as cash
- Deposits made into the HCEA are non-taxable, except in the province of Quebec. For Quebec residents the taxable benefit is based on the amount claimed, plus applicable expenses and retail sales tax
- The HCEA may reimburse eligible expenses for family members who would not otherwise be eligible for coverage under the IBM plan. Please refer to the CRA website for the definition of eligible dependents

Please refer to our policy for more details on this coverage (AYC14: 2023 HCEA).

YOUR GROUP LIFE INSURANCE

The Group Life Insurance plan offers financial protection in the event of a death. It is important for every employee to have a minimum amount of Employee Life Insurance coverage. Therefore, you cannot opt out of employee life insurance. You can also choose to purchase optional Spouse Life Insurance and/or Children's Life Insurance coverage for your eligible dependents. Please refer to our policy for more details on this coverage (AYC09: 2023 Group Life Insurance).

Employee Life Insurance Options

All Employee Life Insurance options offer coverage based on your annual salary (frozen benefits pay) as defined below:

- For a non-executive, non-incentive employee – annual salary is defined as the regular base salary
- For a non-executive, incentive plan employee – annual salary is defined as the reference salary (as published in your Workday profile)
- For an executive – annual salary is defined as the base salary plus the target incentive amount (as published in your Workday profile) under the applicable Executive Annual Incentive Plan
- Your frozen benefits pay is determined for annual enrollment based on your regular annual salary at a specified time in the fall

Option	Coverage
Option A	0.5 x frozen benefits pay
Option B	1 x frozen benefits pay
Option C	2 x frozen benefits pay
Option D	3 x frozen benefits pay
Option E	4 x frozen benefits pay
Option F	5 x frozen benefits pay
Option G	6 x frozen benefits pay
Option H	7 x frozen benefits pay

Note: If the benefit becomes payable, payment will be based on current annual salary equivalent at date of death and not the frozen benefits pay. Eligible payments are made to a maximum of \$2 million

YOUR GROUP LIFE INSURANCE

Cost of Employee Life Insurance

Option A – rate of 0.001332 (smoker status does not apply)

Options B and C – based on your smoker status

- Smoker status – rate of 0.001692
- Non-smoker status – rate of 0.001092

Options D to H – price tags are calculated by adding the price tag of Option C with your smoker status rate multiplied by the rate for your age

Note: All calculations are rounded to the nearest thousand.

Employee Life Insurance Rates

Age	Non-Smoker	Smoker	Age	Non-Smoker	Smoker
Less than 32	\$ 0.42	\$0.55	48	\$2.30	\$2.71
32	\$0.47	\$0.57	49	\$2.53	\$3.03
33	\$0.51	\$0.61	50	\$2.78	\$3.32
34	\$0.55	\$0.67	51	\$3.03	\$3.66
35	\$0.57	\$0.73	52	\$3.32	\$4.11
36	\$0.61	\$0.76	53	\$3.66	\$4.54
37	\$0.66	\$0.83	54	\$3.95	\$5.02
38	\$0.67	\$0.87	55	\$4.21	\$5.47
39	\$0.76	\$0.96	56	\$4.54	\$5.95
40	\$0.81	\$1.01	57	\$4.93	\$6.52
41	\$0.83	\$1.05	58	\$5.38	\$7.09
42	\$1.05	\$1.26	59	\$5.88	\$7.72
43	\$1.20	\$1.49	60	\$6.33	\$8.29
44	\$1.40	\$1.70	61	\$6.91	\$9.05
45	\$1.64	\$1.90	62	\$7.47	\$9.80
46	\$1.80	\$2.13	63	\$8.20	\$10.77
47	\$2.06	\$2.43	64	\$8.64	\$11.36
			65 to 69	\$9.05	\$11.96
			70 and above	\$9.57	\$11.96

YOUR GROUP LIFE INSURANCE

Spouse Life Insurance Options

The Spouse Life Insurance options are designed to allow you the opportunity to purchase term insurance for your spouse at group rates. A Proof of Insurability (POI) will be required at the initial enrollment, and any future increases in option. Please see options below:

Option	Coverage Level
Option 1	\$25,000
Option 2	\$50,000
Option 3	\$100,000
Option 4	\$150,000
Option 5	\$200,000

Cost of Spouse Life Insurance

Rates are based on your spouse's age and smoker status. Annual price tags are per \$1000 of coverage. Age is calculated at a frozen point in time prior to Annual Enrollment.

Spouse Life Insurance Rates

Age	Non-Smoker	Smoker	Age	Non-Smoker	Smoker
Less than 32	\$ 0.42	\$0.54	49	\$2.48	\$2.98
32	0.46	0.57	50	2.72	3.25
33	0.51	0.61	51	2.98	3.57
34	0.54	0.67	52	3.25	4.01
35	0.57	0.71	53	3.57	4.44
36	0.61	0.73	54	3.85	4.90
37	0.64	0.79	55	4.11	5.37
38	0.67	0.83	56	4.44	5.83
39	0.73	0.94	57	4.85	6.36
40	0.78	1.00	58	5.26	6.93
41	0.79	1.00	59	5.77	7.55
42	1.00	1.25	60	6.18	8.11
43	1.18	1.44	61	6.74	8.87
44	1.37	1.66	62	7.31	9.61
45	1.60	1.86	63	8.02	10.53
46	1.76	2.07	64	8.46	11.13
47	2.01	2.38	65 to 69	9.08	11.71
48	2.25	2.66	70 and above	9.61	12.38

YOUR GROUP LIFE INSURANCE

Child Life Insurance Options

The Child Life Insurance options are designed to allow you the opportunity to purchase term insurance for your dependent children at group rates. Child Life Insurance can be purchased for your eligible dependent children. No POI is required. The coverage option selected applies to all eligible dependent children covered under your plan. The annual price tags below are based on the option you select.

Option	Coverage Level	Annual Cost
Option 1	\$5,000 per child	\$15
Option 2	\$10,000 per child	\$29

Changing Your Coverage

During Annual Enrollment, any increases in Employee Life Insurance/Spouse Life Insurance coverage will require a POI. If you purchase Child Life Insurance coverage for your eligible dependent children, a POI is not required for any increase. When you elect to increase your coverage, you will maintain your current level of coverage. A POI form will be generated with questions for the insurer to review before a decision is made on your request to increase coverage. You are required to print, complete, and mail the POI to SunLife for review within the specified deadline. If your POI is approved, your newly elected coverage and any corresponding payroll deductions will take effect for the remainder of the plan year. If the POI is not approved, you will maintain your current level of coverage. Failure to complete and return by mail the POI will prevent the insurer from considering your request to increase coverage.

Beneficiary Designation

If you choose not to designate to specific persons, then you must designate your Estate. After you have confirmed your beneficiary elections, a form will be sent based on your correspondence preference (via Canada Post to your address on file or uploaded to the "Your Secure Mailbox" link in YBR within 24 hours). Complete the form and mail **all** pages to the address by the deadline date (indicated on the first page of the form). Failure to complete and return the signed beneficiary form will result in your elected beneficiaries not taking place and defaulting to your Estate.

If you currently have an irrevocable beneficiary and you wish to change this information, you are required to provide the appropriate legal documentation before the change can be made. Please contact the IBM Canada Health Benefits Centre for this form or if you do not receive your form shortly after designation of a new beneficiary. If you appoint a minor beneficiary, you will need to appoint a minor trustee.

The beneficiary(ies) that you designate in YBR will apply to all 3 plans: Group Life Insurance, Accidental Death and Dismemberment (AD&D) and your IBM Business Travel Accident Insurance Plan.

YOUR LONG-TERM DISABILITY

Long-Term Disability (LTD) plan provides extended income replacement (pre-disability earnings) benefits to employees who are disabled and unable to work due to a prolonged illness or injury. Please refer to our policy for more details on this coverage (AYC13: 2023 Long Term Disability IBM).

There are three options available, all of which are insured plans with SunLife. In the event you become disabled, have exhausted the qualifying period (Short Term Disability) and become eligible for Long Term Disability, your payments will be made by SunLife. Payments are tax-free as employees pay the premiums for this benefit. Not sure what option to select? In the enrollment tool is our LTD Calculator. Input your salary and then review the estimated cost and payout between the 3 LTD plan options.

		Options		
		Option A	Option B	Option C
Benefit Amount	<p>45% of the first \$2,500, plus 40% of the next \$5,000, plus 30% of the balance of pre-disability pay, up to a monthly maximum of \$10,000. No cost-of-living adjustment available.</p>	<p>55% of the first \$2,500, plus 45% of the next \$8,000, plus 30% of the balance of pre-disability pay, up to a monthly maximum of \$15,000. Maximum cost of living adjustment is 5% per year</p>	<p>60% of the first \$4,000, plus 50% of the next \$6,500, plus 35% of the balance of pre-disability pay, up to a monthly maximum of \$20,000. Maximum cost of living adjustment is 5% per year</p>	
<p>The benefit amount may be reduced by benefits and payments provided from other sources such as C/QPP, workers compensation etc. If the combined amount from all sources of income exceeds 85% of monthly pre-disability pay after income tax, the LTD payment will be reduced by the excess.</p>				

Cost of Coverage

The cost of LTD coverage is based on your Frozen Benefits Pay multiplied by the option rate, to the nearest dollar (see rates below). Employees will receive Flex Dollars equal to the cost of Option B. To prevent a taxable benefit, employees will pay for LTD via payroll deductions where the associated Flex Dollars will be allocated based on a tax effective hierarchy. Please see 'Frequently Asked Questions' for more details.

Option A	Frozen Benefits Pay x 0.00546
Option B	Frozen Benefits Pay x 0.00761
Option C	Frozen Benefits Pay x 0.01155

Changing Your Coverage

YOUR LONG-TERM DISABILITY

During Annual Enrollment, you may elect any LTD option without having to complete a Proof of Insurability (POI). Employees may make future changes to their LTD option during Annual Enrollment, or if perform a valid life event mid-year. However, any increases in LTD coverage will require a POI. You must be actively at work to make changes to your LTD option.

When you elect to increase your coverage, you will maintain your current level of coverage. A POI form will be generated. You are required to print, complete, and mail the POI to SunLife for review within the specified deadline. If your POI is approved, your newly elected coverage and any corresponding payroll deductions will take effect for the remainder of the plan year. If the POI is not approved, you will maintain your current level of coverage.

End of Coverage

Coverage for Long-Term Disability ends six months prior to reaching age 65. The premiums, and associated flex dollars, will cease at this time. Employees will notice a change in their bi-weekly deductions as a result.

THE PERSONAL EMERGENCY TRAVEL ASSISTANCE PLAN

The Personal Emergency Travel Assistance plan provides coverage in the event of a medical emergency while traveling outside of the province and/or outside of the country for personal reasons (i.e., vacation). Medical Assistance is provided through Allianz Global Assistance. Please refer to our policy for more information i.e. travel card, how to submit a claim in the event of a medical emergency (AYC07A: 2023 Personal Emergency Travel Assistance).

Options

Coverage Category	Annual Cost
You	\$66
You + 1	\$132
You + 2 or more	\$165

Cost of Coverage

Depending on how your flex dollars are allocated, all or a portion of the benefit may be paid for with flex dollars. If you do not have enough flex dollars to pay for your coverage, you will pay for the remainder through after-tax payroll deductions. If you work in Quebec and you pay for part or the full cost of the coverage with flex dollars, a taxable benefit will apply for provincial income tax purposes.

ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE PLAN

Accidental Death and Dismemberment (AD&D) insurance pays a benefit in the event of death or serious injury as a result of an accident. This is a voluntary benefit which may cover you, your spouse, and/or your eligible dependent children. AD&D benefits are payable in addition to any life insurance and business travel accident benefits. Proof of Insurability is not required to increase your AD&D coverage. Please refer to our policy for more details on this coverage (AYC10: 2023 Accidental Death & Dismemberment).

Options

Employee

Option	Coverage
Option A	0.5 x frozen benefits pay
Option B	1 x frozen benefits pay
Option C	2 x frozen benefits pay
Option D	3 x frozen benefits pay
Option E	4 x frozen benefits pay
Option F	5 x frozen benefits pay
Option G	6 x frozen benefits pay
Option H	7 x frozen benefits pay

Spouse

Option	Coverage
Option 1	\$ 25,000
Option 2	\$ 50,000
Option 3	\$100,000
Option 4	\$150,000
Option 5	\$200,000

Child

Option	Coverage
Option 1	\$ 5,000 per child
Option 2	\$10,000 per child

End of Coverage

The Accidental Death and Dismemberment Insurance coverage ends when you reach age 70. Coverage for Spouse AD&D Insurance ends the earlier of when you turn 70 or when your spouse reaches age 70. Coverage for Child AD&D Insurance ends when you each age 70. Additionally, coverage for Spouse Life/Child AD&D Insurance ends when the dependent no longer meets IBM's coverage eligibility criteria.

UNDERSTANDING COORDINATION OF BENEFITS

The IBM medical and dental plans will provide reimbursement for eligible dependents based on the Canadian Life and Health Insurance Association (CLHIA) guidelines. During enrollment you will be asked to identify if your eligible dependents have coverage under another plan. It is important that you answer this question for both the health and dental coverage areas separately. Your response to this question will determine who first payer for your spouse is and/or child(ren)'s claims. If this is not completed accordingly, your dependents may face issues when submitting their claims under your plan.

Examples of opportunities to coordinate:

- Your spouse/partner has benefits from another employer
- Your spouse/partner also works for IBM. You and your spouse must be covered under both plans to coordinate
- You are retired from another employer (not IBM) and have retiree benefits as well as IBM benefits

An employer is the first payer for their employee's claims. You must submit your personal claims to your IBM plan first; then you can claim the eligible balance from your spouse's employer's plan. Remember, you must also be covered under your spouse's plan. If your spouse has coverage under their group benefit plan, any of their personal expenses must be submitted to their plan first. They will need to submit their 'Explanation of Benefits' to verify what was already reimbursed via their plan.

If both parents have coverage under a health care/dental plan, any expense for their children must be submitted to the plan whose parent's birthday falls first in the calendar year (month then day). The eligible unpaid balance can then be submitted to the other parent's plan for reimbursement. For example, if your birthday is in April and your spouse's birthday is in October then you will submit your child(ren)'s claims under your plan with IBM first. If both parent's birthday is in April, it then goes by whose date is first.

Important: If your spouse incurs an expense for a service that is not covered under their plan, the expense must still be submitted to their plan first. An Explanation of Benefits (EOB) will provide proof the claim has been denied, confirming no reimbursement under the primary plan. You may then submit the expense under the IBM plan by including the EOB with the claim form.

ADDITIONAL BENEFIT PROGRAMS

Discounts for IBMers

Through our vendor Beneplace, IBM Canada employees can explore and access a wide variety of discounts (electronics, car insurance, hotels and more). Access the IBM Canada Discount Program website via <https://ibmcanada.savings.beneplace.com/home>. You will need to register for the site with your IBM Canada e-mail address by creating a password.

Lumino Resources & Offers (LRO)

Employees can access an array of health resources including exclusive discounts, free resources and tools from leading providers and retailers. Lumino Resources & Offers includes categories such as medical product and resources, mental wellness, fitness and activity and food and nutrition, and more. Please visit the SunLife member website, once registered: <https://sunlife.ca/>. You can access Lumino Resources & Offers from the home page, by scrolling down to the middle of the page.

Employee Family Assistance Program (EFAP)

IBM also provides a wealth of resources offered through the Employee Family Assistance Program (EFAP) provided by Lifeworks. This includes nutritional courses, access to homecare networks, and legal aid assistance. There is also nutritional counselling, smoking cessation, and stress management programs available to employees.

SPOUSE AND CHILD ELIGIBILITY RULES

Spouse and children (dependent) information is entered by you in the enrollment tool as part of your new hire event. This information is not held or retained in IBM systems. You are required to ensure spouse and dependent information is current and up to date in the Benefits enrollment tool.

Spouse Eligibility Rules

You can only have one spouse listed on your profile. IBM Canada defines your SPOUSE as one of the following for benefit coverage eligibility:

- a person to whom you are legally married
- a person to whom you are not married but has been residing with you for at least one year in a conjugal relationship and you publicly represent as your common law spouse or same sex partner OR
- a person who is the parent of your child and to whom you are not married but resides with you in a conjugal relationship and you publicly represent as your common law spouse or same sex partner

Note: Once the person registered as your spouse no longer meets any of the above definitions, you are required to remove that person from your profile in YBR. Audits are performed, and any benefit payments made on behalf of a dependent who is ineligible under the plan, will be required to be paid back.

Child Eligibility Rules

IBM Canada defines your eligible CHILD(REN) for benefit coverage as follows:

A child is defined as:

- your natural born child
- your legally adopted child
- A child for whom you are an appointed legal guardian
- Your stepchild
- Any other child (including your brothers or sisters who meet the criteria listed below)

A CHILD must meet the following criteria to be eligible for benefits coverage:

- they under the age of 19 **and**
- they are unmarried **and**
- they rely on you for financial support

Your child(ren)'s benefit coverage will cease at the end of the calendar year in which they reach age 19 unless they are certified as an overage dependent or disabled child. Certification will occur on an annual basis during the Annual Benefits Enrollment for an overage dependent. If you do not certify that your overage child meets the eligibility criteria by the given date on YBR, benefits coverage will cease for your dependent. Certification on a disabled child is only required once.

SPOUSE AND CHILD ELIGIBILITY RULES

Rules for Overage Dependents

You can cover a dependent 19 years and over as an overage dependent if:

- he/she is under the age of 25 (26 in Quebec) **and**
- he/she is not employed full time **and**
- he/she is unmarried **and**
- he/she relies on you for financial support

Note for Quebec Resident Employees: Children meeting the above criteria for an overage dependent and are in school full time are eligible for RAMQ formulary drug coverage under Supplemental Health Options 2 & 3 only, up to age 26. Dental coverage is provided to eligible overage dependents to age 25.

Important! Your eligible overage dependents must be certified in YBR during your enrollment. If you fail to certify your eligible overage dependents, they will not receive coverage under the IBM plans. Retroactive overage dependent certification is **not** permitted. If you receive benefit payments on behalf of an ineligible child, you would be required to reimburse IBM.

ANNUAL ENROLLMENT: STEP BY STEP

Step 1: Review your options: It is important to review your current health and dental selections and the annual payroll deductions.

Step 2: Consider your personal and financial needs: Carefully consider your health care needs and their effect on your anticipated costs.

Step 3: Review your claims history via the Sun Life Financial website. Log onto the Sun Life Member Services website (<http://www.mysunlife.ca>) to view/print your claims history to determine your health care consumption. If you have not already, take this time to setup Direct Deposit.

Step 4: Understand the total financial picture: Compare your costs for coverage (biweekly deductions) with what you pay when you seek care (deductibles, coinsurance percentages, etc.). Check provisions that limit how much the plan pays – like annual maximums.

Step 5: Make your decisions and enroll: Annual Enrollment will run from November 7, 2021, to November 18, 2022. Once again, you will use the YBR website to enroll in your benefits for the 2023 benefit plan year.

Getting your User ID and/or Password (PIN)

- If you have accessed YBR in the past and have forgotten either your User ID or PIN, please see instructions below on the steps to obtain your User ID and/or to log in by responding to your security questions.

If you forget your User ID

- From the Log on page, click on “Forgot User ID or Password?”
- Enter your 6-digit IBM serial number and birth date
- Your User ID will be retrieved and displayed on the Log on page
- Enter your PIN to continue the logging on process

If you forget your PIN

- From the Log on page, click on “Forgot User ID or Password?”
- If a Hint is available as a part of your security setup, it will be displayed
- If the Hint does not help, click on “Answer Your Security Questions”
- Correctly answer the three (3) security questions which will be displayed
- The account will lock after 5 incorrect attempts at entering the PIN – Resetting the PIN (“Send Me a New Password”) is the only way to unlock your profile; your old PIN will be voided and you will need to use the new PIN to access YBR

If necessary, it is recommended that you reset your password prior to the start of enrollment.

ANNUAL ENROLLMENT: STEP BY STEP

YBR security model setup

If you are to forget your PIN on future visits to the YBR website, the YBR security model setup will assist you in accessing YBR without resetting and waiting for a new PIN.

Enroll online via Your Benefits Resources (YBR)TM

1. To access YBR enter <http://digital.alight.com/portfolio/> on your Web browser.
2. At the Login screen, enter your previously established User ID [e.g. your 6 digit employee serial number (0xxxxx)] and password (PIN).
3. Under "Action Needed!" click on "Enroll" to access the "Annual Enrollment" screen.
4. If you haven't already done so, it is mandatory to designate a beneficiary during the annual enrollment process. You won't be able to proceed with your enrollment if this is not completed. If you choose not to designate to specific persons, then you must designate your estate.
Please select "Update Your Beneficiary Information" under "Your Action Needed!". You'll then be prompted to select your desired beneficiary (ies). After you have confirmed your beneficiary elections, a form will be sent to you depending on your preference setting for correspondence. (via Canada Post to your address on file or posted under the "Your Secure Mailbox" link on YBR within 24 hours). You will be notified when your Beneficiary Authorization form is posted on YBR, via a Lotus Notes from the sender id "IBM – Your Benefits Resources / IBM – Vos avantages sociaux en ligne".
Complete this form as requested and mail all pages to the address by the deadline date, both of which are indicated on the first page of the form. If you currently have an irrevocable beneficiary and you wish to change this information, you are required to provide the appropriate legal documentation before the change can be made.
5. From the screen you can learn what's new, view your plan information and add/review your dependents (if applicable).

alight worklife

Health & Insurance ▾ Life Events ▾



Annual Enrollment Deadline November 18

Related Info

Coverage as of Today for You and Your Dependents



Before You Enroll in Your Benefits

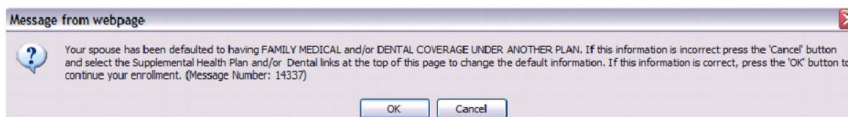
- 1 Learn What's New and Changing
- 2 View Plan Information
- 3 Add/Update Dependent(s)
- 4 Enroll in Your Benefits

ANNUAL ENROLLMENT: STEP BY STEP

6. Validate information on your dependents. Select "Add Your Dependent" option and click on the "Add, Modify and /or Validate Dependent information" button. You will see a list of your dependents on the screen. If all information is correct, click Continue. If any of your dependents are listed incorrectly, click on the dependant's name to change their personal information. If you need to add any new dependents, click on "Do you want to add a dependent?". At this time you must identify the eligible dependents that will be covered under your plan options.

Note: Certify that your overage dependents are eligible for benefits (if applicable). An overage dependent is 19 years old up to age 25 (26 in Quebec) who is not employed full time, unmarried and relies on you for financial support. If you do not certify your overage dependents each year their benefits coverage will cease under the IBM plan.

7. Enroll in your benefits.
From the Annual Enrollment screen, select "Enroll in Your Benefits" and click on "Enroll now".
8. You will be directed to the "Enroll in Your Benefits" screen. From there, review your current benefits choices and modify your elections by clicking on each plan name.
9. Click on Supplemental Health and/or Dental Plan.
 - You will need to choose your option and select from your eligible dependents those who will require coverage under the plan. YBR will assign the coverage category according to the number of eligible dependents selected.
 - You will need to **certify whether your spouse has medical and/or dental coverage elsewhere.**



- If you are a resident of Quebec, you must ensure that you have medical coverage that provides at least the **minimum RAMQ reimbursement level of 65%**. See RAMQ rules section for more information.
 - When you are satisfied with your selections, click on OK & View Choices.
If the one or both certifications for Supplemental Health and Dental plans) are left at "Yes – Family", you will receive the below prompt upon completion of your enrollment.
10. Select "Employee Life Insurance" and click on the "Make Changes" button to review/change your coverage and to ensure that your beneficiary designation(s) are correctly identified.
 - Update your beneficiary(ies) information as necessary (if permitted by law). Once you have confirmed your beneficiary elections, a Beneficiary Authorization form will be sent to you depending on your preference setting for correspondence (either via Canada Post to your address on file or posted under the "Your Secure Mailbox" link on YBR within 24 hours).
 - Review your smoker status to ensure that the correct life insurance rates are applied, as rates are affected for Options B to H.
 - When you are satisfied with your selections, click on OK & View Choices.

ANNUAL ENROLLMENT: STEP BY STEP

11. If you have no more changes to make, choose “**Complete Enrollment**” at the bottom of the "Enroll in Your Benefits" screen.

12. If you have any excess flex dollars remaining, you will be asked to allocate them either to a tax-free **Health Care Expense Account** or to obtain them as **Taxable Cash** remitted on your biweekly pay. Your HCEA allocation is fixed for the benefit plan year. No further changes can be made to your HCEA during the calendar year.
13. **Complete your enrolment and please print a copy of your enrollment benefits confirmation for your records.**

You can log back on to YBR and adjust your choices, if you choose to, before the enrollment period ends. If you make changes more than once during the enrollment period, the last confirmed selection will be saved. You must ensure that you receive the **Completed Successfully** page to ensure that your new selections were saved.

Receiving mail from “IBM – Your Benefits Resources / IBM – Vos avantages sociaux en ligne”

“IBM – Your Benefits Resources / IBM – Vos avantages sociaux en ligne” will appear as the 'sender' for all emails coming from Alight. This includes emails relating to password resets and “Your Action Needed” messages, notifying you that a beneficiary and/or proof of insurability form has been sent to “Your Secure Mailbox” within YBR.

YBR Availability

The YBR website is an internet site and does not require IBM network access. It is available 24 hours a day, 7 days a week, except 12:00am - 1:00pm Sunday ET, for system maintenance.

FREQUENTLY ASKED QUESTIONS

Q. Where do I go if I need navigational assistance?

A. If you require assistance with logging in to YBR and/or completing your enrollment, please contact the IBM Canada Health Benefits Centre. Agents are available to assist you 8am to 6pm EST from Monday to Friday via phone or chat service.

Q. How long do I have to complete my enrollment?

A. Eligible employees have until 11:59pm on Friday, November 18th 2022 to complete their enrollment for 2023.

Q. What if I am travelling out of the country during the enrollment period?

A. The enrollment website, YBR, is available 24/7. Access the following link to log in anywhere with internet access: <http://digital.alight.com/portfolio/>. You will need your User ID and password to log in. If you require assistance with accessing the site, please contact the IBM Canada Health Benefits Centre.

Q. When are my benefit changes effective?

A. If you make changes to your coverage during the Annual Enrollment period, the changes will take effect January 1st, 2023. Unless you experience a qualifying Life Event during the year, the changes you make during Annual Enrollment will remain in effect until December 31st, 2023.

Q. What will happen to my benefits if I do not enroll?

A. If you do not actively enroll during the Annual Enrollment period, your current coverage will rollover to the new plan year. Any excess flex dollars will automatically be allocated to taxable cash. The next opportunity to change your benefit options will be if you experience a qualifying Life Event during the year. If you have an overage dependent, they will not be certified and will be subsequently dropped from coverage effective January 1st 2023.

Q. How do I certify my overage dependent?

A. You will need to certify your overage dependents in the YBR website each Annual Enrollment until they reach the limiting age. Under the supplemental plan, a dependent is no longer eligible when they reach age 25 (age 26 in Quebec for drug coverage). Coverage ends on the overage dependent's birth date. If during Annual Enrollment your overage dependent will be turning 25 in the next calendar year, you are still required to certify during the enrollment period. They will automatically be removed from coverage.

Q. How do I certify my child who is disabled?

A. You will be required to certify your child as disabled once they become an overage dependent (19) but prior to reaching the limiting age (25). You must complete the 'Disabled Child Coverage' Form and submit it to SunLife (address listed on the form). Please refer to the AYC04: Dependents You Can Cover for this form or contact the IBM Canada Health Benefits Centre. Please ensure you review IBM's Dependents You Can Cover policy to verify your child meets the criteria.

FREQUENTLY ASKED QUESTIONS

Q. Are flex dollars considered a taxable benefit?

A. Flex dollars are tax free when used for Medical, Dental or a Health Care Expense Account, except in the province of Quebec. The enrollment tool is setup to ensure your flex dollars are allocated in the most tax effective manner. Therefore, employees pay for the Life Insurance, AD&D Insurance and Long-Term Disability through payroll deductions. This also includes any flex dollars allocated as cash.

Q. Can I contribute to my HCEA?

A. No. Only company provided flex dollars can be deposited into the HCEA. If you actively enroll and have any excess flex dollars that IBM has provided you can direct them towards taxable cash and/or your HCEA.

Q. Can I take the dollars deposited into the HCEA as cash instead?

A. No. IBM deposits these dollars to your HCEA for the purpose of enhancing the plan's flexibility in allowing employees to decide how they decide to utilize those funds for health care related expenses.

Q. Where do I access my drug card?

A. Log in to the SunLife member website to access your virtual drug card. Hard copies are not provided. From the homepage scroll down near the bottom of the page and on the right-hand side you will see a link titled, 'Drug card.' This will take you to the page where you can print your card. Only the employee's information will be reflecting on the card however, the information is applicable for all eligible dependents covered under the plan.

CONTACTS & RESOURCES

Alight Solutions – Benefits Administration

Alight is the owner of the Your Benefits Resources (YBR) website tool. You will use YBR to enroll and customize your IBM Flexible Benefits Plan, and to add your dependent and beneficiary information. To process your benefits enrolment or if you need to add, remove, or update any of your dependents, these actions must be done via the YBR website. For general questions and inquiries about your IBM Flexible Benefits Plan contact the **IBM Canada Health Benefits Centre at:**

1-855-614-0190 (ENGLISH)

1-855-544-0189 (FRENCH)

To chat with a call representative, log on to YBR and click on the Live Chat button

To access the enrollment tool <http://digital.alight.com/portfolio/>

SunLife – Group Benefits Insurance Carrier

SunLife is IBM's insurance carrier for the IBM's Supplemental Health, Dental, Group Life Insurance plans, Disability plans and the Defined Contribution (DC) and DC Match Pension plans. The Sun Life Welcome e-mail contains instructions on how to access and register on the Sun Life website.

You will already be automatically enrolled in the DC Match Plan and the 'Benefits Centre' is where you will access your group benefits insurance coverage. Your Sun Life ID access is your one stop shop for both pension information and benefit claims. For questions about your supplemental health and dental claims (e.g., vision, hearing, drugs, etc.) contact **Sun Life Financial:**

1-877-SUN-2244 or 1-877-786-2244

To submit benefits claims visit <http://www.mysunlife.ca>

Have your policy number/contract number (**#23000**) and employee serial number (i.e., Certificate Number) ready.

RESOURCES

A brief description of your IBM Flexible Benefits Plan appears in this guide. For detailed policy information please refer to:

w3/You and IBM-Canada Link: <https://w3.ibm.com/hr/web/ca/benefits/health>