



THE IBM RETIREE BENEFITS PLAN HANDBOOK

Effective January 1, 2024

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DOCUMENT PURPOSE

This Retiree Benefits Handbook summarizes the benefit plans available to you, and your eligible dependents, as an IBM employee who retired prior to October 1, 1994. It contains a list of contacts to call whenever you have benefit questions. It also answers some of the questions that you may have about your benefits right now. Please bear in mind that this is only a summary. Complete Plan details are contained in the official company plan documents and contracts. If there are any differences between this summary and the official documents, IBM will follow the official documents.

TERMS AND CONDITIONS

Nothing contained in this document shall be construed as creating an express or implied obligation on the part of the company to maintain such benefit plans, programs, practices, or policies.

As always, IBM reserves the right to modify (includes change, discontinue, suspend, or improve) any of its plans or programs at its discretion, and the company's decision on all matters relating to the operation, administration and interpretation of this plan will be final. The Plan Administrator retains exclusive authority and discretion to interpret the terms of the Plan. This statement applies to all IBM employees (regular full-time, special/regular part-time, assignees, on-leave), individuals receiving Short or Long-term Medical Disability Income, Retirees and Survivors.

IBM's policy is that its work climate and programs be free from discrimination and harassment based on race, colour, religion, sex, sexual orientation, age, national origin, disability, or other factors that are unrelated to IBM's legitimate business interests.

PROVINCIAL HEALTH CARE PLANS

When you or someone in your family needs the services of a doctor or requires hospitalization within Canada, your provincial health care plan is there to cover most basic expenses such as standard ward care. In most provinces, you must apply directly to your provincial plan for coverage. IBM's role is simply to pay any payroll taxes which go toward funding the plan.

IBM RETIREE BENEFITS PLAN OVERVIEW

HEALTH AND DENTAL PLANS

IBM Supplemental Health Plan*

- 90% of prescribed medications, which legally require a prescription, with a \$5 per prescription deductible. Please see exclusions.
- 100% of semiprivate hospital expenses up to \$150 a day
- 80% of other eligible charges (see below for details)

Vision benefits:

- 80% of expenses per person in any 24-consecutive month period up to the following limits:
 - \$175 for contact lenses OR
 - \$200 for single lenses and frames OR
 - \$250 for bifocal lenses and frames OR
 - \$300 for trifocal lenses and frames

Hearing benefits:

- 80% of eligible expenses up to \$500 per hearing aid per ear every three years.

IBM Dental Plan*

- 80% for eligible routine, major restorative, and orthodontic services, based on 1993 provincial dental fee schedule.

*** Family Lifetime Maximum**

A combined \$250,000 family maximum applies to the IBM Supplemental Health and Dental plans.

PROTECTION PLANS

Group Life Insurance

- If age 65 or older, \$10,000
- If under age 65, \$12,500.

Retirement Pension Plan

- Retirement income as earned based on your employment earnings and years of eligible service.

ELIGIBILITY

IBM Retiree Benefits Plan

You are covered by the IBM Retiree Benefits Plan (e.g. Supplemental Health, Dental and Group Life Insurance) if you retired as a full time employee prior to October 1, 1994 and met the post retirements benefits eligibility in place at the time of your retirement.

IBM Retiree Benefits for Regular Part Time Employees

You have 75% coverage under the IBM Retiree Benefits Plan (e.g. Supplemental Health, Dental and Group Life Insurance) if you were hired prior to November 1987, retired as a regular part time employee prior to October 1, 1994 and met the post retirements benefits eligibility in place at the time of your retirement.

- Life Insurance - \$9,375 up to and including age 64 or \$7,500 age 65 or older
- Ongoing Supplemental Health - 75% of the Regular Retiree coverage
- Ongoing Dental - 75% of the coverage of the Regular Retiree coverage

IBM Retiree Benefits for Special Part-Time Employees

You have 50% coverage under the IBM Retiree Benefits Plan (e.g. Supplemental Health, Dental and Group Life Insurance) if you were hired November 1987 or after, retired as a special part time employee prior to October 1, 1994 and met the post retirements benefits eligibility in place at the time of retirement.

- Life Insurance - \$6,250 up to and including age 64 or \$5000 age 65 or older
- Ongoing Supplemental Health - 50% of the Regular Retiree coverage
- Ongoing Dental - 50% of the coverage of the Regular Retiree coverage

DEPENDENT ELIGIBILITY

NOTE: Your eligible dependents/spouse listed on your profile the day you retired from IBM or added prior to January 1, 2001, will also qualify for coverage under the Plan. New dependents/spouse, after the above dates will not be eligible for coverage under the IBM Retiree Benefits Plan.

As an IBM Canada retiree, you may cover your "eligible dependents" for supplemental health and dental. The following family members of an IBM retiree are considered eligible dependents for health and dental benefit coverage:

1. Your Spouse

- 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 on your profile as your spouse no longer meets any of the above definitions, you are required to remove him/her from your profile. You **must** contact the IBM Canada Health Benefits Center (see Resource List below). If you receive benefits on behalf of an ineligible dependent, you are required to reimburse IBM.

2. Your Dependent Children (if not contrary to law)

- Natural or legally adopted, unmarried children who are under age 19; or 19 years of age but who have not reached 23, if they are not employed full time AND dependent upon the retiree for maintenance and support.
- Other unmarried children including stepchildren, brothers or sisters who are under age 19; or 19 years of age but who have not reached age 23 and who are principally dependent upon the retiree for maintenance, not employed full time and when not attending school, permanently reside in the retiree's household in a parent/child relationship.
- An eligible child will be continuously eligible for coverage under the IBM Supplemental Health and Dental plans beyond the age of 22 if, at the time the child reaches the age of 23, he/she has been certified by a medically qualified person to have a **prolonged** mental or physical impairment which causes him/her to be **markedly restricted** in any of the **basic activities of daily living**, he/she **is** unmarried, incapable of working for profit or remuneration and is totally dependent on the IBM retiree for maintenance and support.

Definitions:

Prolonged: Impairment is prolonged if it has lasted, or is expected to last, for a continuous period of at least 12 months.

Markedly Restricted: You may be markedly restricted if, all or almost all the time, you are unable to perform a basic activity of daily living, even with therapy (other than life-sustaining therapy) and the use of appropriate devices and medication.

Basic Activities of Daily Living: walking, speaking, perceiving, thinking and remembering, hearing, feeding and dressing, eliminating bodily waste.

Once ANY of these four conditions is not met for a child beyond the age of 22, coverage is discontinued and not reinstated.

Note: Pre-approval of this dependent status is required for benefits coverage by way of a SunLife form. For more information, please contact SunLife

Children's benefit coverage ceases at midnight on the day prior to his/her 23rd birthday unless you are in the province of Quebec where drug coverage will continue up to and including age 25. If your child no longer meets the eligibility criteria, you **must** contact the IBM Canada Health Benefits Center (see the Resource List).

COORDINATION OF BENEFITS

If you are covered by two health care plans, insurance industry coordination of benefits rules applies to the IBM's Retiree Benefits Plan. For all eligible benefits claims, coverage under any external plan will be coordinated with IBM's Plan, based on the following guidelines:

- Your expenses: IBM is first payer. Submit claims for your own expenses to the IBM Retiree Benefits Plan first. You may then claim any unpaid portion of your expenses under your spouse's plan or any other external plan that you may have.
- Your spouse's expenses: IBM is second payer. Submit your spouse's claims to their plan first. You may then submit any unpaid portion of the expenses under IBM's Retiree Benefits Plan.
- Your eligible dependent children's expenses: Insurance industry's guidelines require the spouse whose birthday is earlier in the calendar year to submit claims for the dependent children to his or her plan first. For example, if you were born in April and your spouse was born in July, then you submit all claims for your children under IBM's Retiree Benefits Plan first. If you are separated or divorced, claims for your dependents should be sent first to the plan of the custodial parent.

How Benefits Are Co-ordinated

When you coordinate eligible expenses with another Benefit Plan (e.g. your spouse's plan or an external plan), the maximum benefits payment that you will received from both plans is limited to what the IBM Retiree Benefits Plan would have paid on its own.

For purposes of example, if your spouse is covered by both their own plan, and, secondly, the IBM plan, he or she must submit claims to his or her plan first. Then, once he/she has received reimbursement from the first plan, you should submit the claim to Sun Life. The IBM plan will then reimburse you for any remaining eligible expenses; up to the dollar amount and co-payment insurance percentages designated (e.g. drugs 90%, etc.). You'll need to attach a copy of the original claim, any receipts, and the original reimbursement statement from the other company.

IBM'S SUPPLEMENTAL HEALTH AND DENTAL PLANS

The IBM Retiree Benefits Plan offers both supplemental health and dental coverage for further benefits coverage. The supplemental health and dental plan are designed to provide you and your eligible dependents a reasonable range of coverage at an affordable cost (shared between yourself and IBM). Below are a few important points you should be aware of:

- Outside assistance may be available from federally or provincially funded programs. Such assistance is generally funded by tax revenues to which both retirees and IBM contribute. The objective of this plan is to provide an extra benefit after the retiree has received all other assistance to which he/she is entitled.
- If a provincial/federally funded program de-lists a benefit, it will not be covered under the IBM Supplemental Health Care Plan.

Please note that a combined lifetime family maximum benefit of \$250,000 applies to all health and dental claims for both you and your eligible dependents. Once you have reached the \$250,000 family lifetime maximum, you will no longer be eligible for continued health and dental coverage via the IBM Retiree Benefits Plan.

MANAGING HEALTH CARE COSTS

Here are some steps you can follow to help manage the rising cost associated with Health Care:

- If you use a prescribed medication that you are required to take regularly, consider purchasing a three-month supply. This will help you save on dispensing fees and the \$5 prescription drug deductible.
- Use your Pay-Direct Drug card when purchasing your prescription drugs at your pharmacy.
- Be sure to submit your claims within 15 months of the date the expense is incurred; after that, your claim will not be eligible.

SUPPLEMENTAL HEALTH PLAN

The intent of IBM plan is to help assist you with your expenses for medical supplies and services which are medically necessary, reasonable, and customary, and recommended by a physician.

IBM offers health care plans administered by **Sun Life Financial (policy #23000)**. You may need to give this number to a hospital or other health care provider.

How the plan works?

The IBM plans are designed to help cover some of the health care expenses not covered by your provincial health care plan. For example, where your provincial plan provides standard ward care, IBM builds on that coverage to provide you semi-private hospital accommodation. The plan will pay 100% of the cost of a semi-private room up to \$150 per day. However, IBM's plan is not intended to cover drugs, equipment or treatment that is experimental or cosmetic in nature, nor do they cover any fees your health care professional may charge for completing forms or writing letters, or any medical service that has been delisted by your provincial coverage.

If you are unsure whether an expense is covered and/or you expect to incur any large expense (e.g. over \$300), check with Sun Life to verify the expense is eligible under your IBM Retiree Benefits Plan.

ELIGIBLE SUPPLEMENTAL HEALTH SERVICES

Some conditions to the eligibility of products and/or services may apply. Please contact Sun Life Financial office (contact information below) for additional detail, as required.

If the following services/prescriptions are covered under your provincial health care plan, you must submit your claim first to the provincial plan. If there are any remaining expenses not covered by the provincial plan, they MAY be eligible for reimbursement under the IBM plan.

NOTE: IBM will not automatically absorb health care costs no longer covered by government plans in any province.

IBM Supplemental Health plan covers 90% of the cost of:

- Prescribed drugs that legally require a prescription, including insulin, preventative injections, and allergy serums (after the \$5 per prescription deductible).

Where medically necessary and prescribed by a physician, IBM Supplemental Health plan also covers 80% of the cost of the following services and equipment:

- Professional nursing care and services by a registered nurse (R.N.) Or other registered graduate nurse (other than the retiree, a spouse, or child, brother, sister or parent of the retiree / spouse or a registered nurse or other registered graduate nurse who ordinarily resides in the retiree's home). These claims must

be **pre-approved** by Sun Life. To obtain approval, please provide a letter to Sun Life from your doctor indicating:

- The nature of the condition;
 - The medical necessity of the service to be provided;
 - The nature of nursing duties provided; and
 - The minimum level of nursing expertise required (R.N. or R.N.A.).
- Local ambulance to and from hospital where medically necessary.
 - Treatment by x-ray, radium, and radioactive isotopes.
 - Medicated surgical dressings, casts, splints, trusses, crutches, braces, and rental of wheelchairs or hospital beds. *(Please note that specific conditions for eligibility apply. Contact Sun Life for details)*
 - Artificial limbs and eyes (purchased in Canada).
 - Physiotherapy by a licensed physiotherapist. (Reasonable and Customary)
 - Dental treatment of accidental injury.
 - Registered psychologist, who is legally licensed by your province to provide evaluative and therapeutic services in the treatment of mental and emotional illness, and who renders a service within the scope of his or her license - up to \$1950 per year per person when referred by a physician or through the Employee and Family Assistance Program (EFAP). NOTE: charges for report writing, i.e. assessment, are not covered.
 - For insulin-dependent diabetics: blood glucose monitoring machines, blood-letting devices, and supplies for such equipment, when medically necessary.
 - Prescribed custom molded or custom fitted orthopedic shoes and inlays; maximum of two pairs per year. The maximums are **combined maximums** for both orthotics **and** orthopedic shoes.
 - Injectable prescribed drugs, when administered by a physician.
 - Oxygen and its administration.
 - Intrauterine devices, when prescribed and inserted by a physician.
 - Rental of transcutaneous nerve stimulator, for up to six months.
 - Non-union bone simulators.
 - Pacemakers.
 - Elastic support stockings, when prescribed by a doctor for therapeutic purposes.(maximum 4 pairs/year)
 - Wigs and hairpieces required as a result of medical treatment to a maximum of \$1,500 in a five-year period.
 - Breast pump rental, with supporting documentation from a physician stating medical necessity.
 - Reasonable and customary repairs on eligible medical supplies. *(For more information, please contact Sun Life.)*
 - Chiropractor and podiatrist services to a maximum of \$300 annually per practitioner per individual. *Note: Where your provincial plan provide a specific maximum benefit each year, IBM will not cover whole or part of the additional costs until your provincial coverage ends. Once your provincial coverage ends,*

IBM will cover 80% of the total charges for any subsequent visits. Your chiropractor or podiatrist's office will notify you when your provincial plan coverage ends.

- Speech Therapy provided by a licensed speech therapist for the treatment of a medical condition, up to a calendar year maximum of \$1,500 per person.

Expenses NOT covered by the Supplemental Health Plan, include:

- Vitamins, natural health products, dietary supplements and over-the-counter medications are not covered.
- Charges for treatment, services, supplies etc. considered to be experimental, investigational, or cosmetic in nature.
- Cost of over-the-counter drugs, medicines, products (even when prescribed by a doctor).
- Cost of natural health products, whether they have a Natural Product Number (NPN).
- Cost of Insurance (e.g. for eyeglasses or contacts)
- Repairs to eyeglasses
- Non-corrective lenses and associated frames
- Eye examinations
- Batteries (e.g. for hearing aids)
- Substitution of Procedures
- Charges for broken appointments
- Charges for completion of letters, reports or application forms by health care professionals
- Charges in excess of a reasonable charge. The Company may ask the advice of a physician or other such qualified person to determine which treatment, supply or service is eligible for benefits under this Plan and the amount of charges subject to benefits.
- Charges for the difference between the percentage of the fee schedule paid by a Provincial Medicare Plan and the actual amount charged.
- Charges provided for under federal, provincial or municipal legislation. For example, where there are Provincial Pharmacare plans or Provincial Drug Benefit Plans, IBM will limit its coverage to that portion of eligible expenses not covered by the Provincial Plan. The applicable IBM deductible and % factor are to be applied to these expenses when calculating any reimbursement. Expenses should be submitted to the appropriate government plan prior to submission to the IBM Plan.
- Charges covered by the Workplace Safety & Insurance Bureau
- Charges for services provided in hospitals of the Federal, Provincial or Municipal Governments, unless the charges are payable by the individual irrespective of the existence of this Plan.

- Laser Eye Surgery

Vision coverage and limits

The plan provides vision coverage and hearing aids coverage for you and your eligible dependents, IBM will pay 80% of eligible costs subject to the rules as follows:

Vision coverage provides financial assistance for eyeglasses or contact lenses up to the limits below. You are responsible for the costs of any eye examination not covered by Provincial Medicare and any equipment or treatments that are experimental, investigational, or cosmetic in nature.

Note: Laser eye surgery is not an eligible expense for reimbursement.

Vision limits:

- up to \$175 per individual every two years for contact lenses, including disposable contact lenses;
OR
- up to \$200 per person every two years for single lenses and/or frames (single vision lens: A spectacle lens to correct either distance or near (i.e., reading) vision). Prescribed corrective glasses such as magnavision are included here with itemized written receipt;
OR
- up to \$250 per person every two years for bifocal lenses and/or frames (bifocal vision lens: A spectacle lens with two viewing areas, each with its own correcting/focal power. Graduated or progressive multifocal lenses are eligible under the "bifocal maximum";
OR
- up to \$300 per person every two years for trifocal lenses and/or frames. (Trifocal vision lens: A spectacle lens with three viewing areas, each with its own correcting/focal power)

If you have a second claim within 24 months for a different type of lens, and your full reimbursement for the first claim was not fully used, there will be no reimbursement beyond the maximum in place for the first set of lenses and frames.

Expenses should be incurred on the date the service is provided or a supply is received. **Therefore, Sun Life will use the date you receive your glasses from the service provider to determine eligibility for reimbursement under the plan, not the date that the claim was submitted OR the date you ordered your glasses OR the date you paid for them. Therefore, before purchasing your vision services, contact Sun Life to ensure you have satisfied the required time limits.** Also, please ensure claims are mailed to Sun Life within 15 months of when the service was performed.

Hearing coverage and limits

- all medically required and prescribed hearing aids, up to \$500 per hearing aid per ear in a 36-month period. You can replace lost or broken hearing aids under the plan provided you have not exceeded the plan limits.
- repairs on hearing aids based on reasonable and customary charges
- batteries are not covered

For Hearing and Vision claims, please ensure the receipt has the provider's name, professional designation and his/her address and telephone number.

Semiprivate hospital coverage

- 100% of the cost of a semi-private room up to \$150 per day

If you or your eligible dependents are hospitalized in a semiprivate room, the hospital should submit the charges for semiprivate hospital expenses directly to Sun Life. You may need to provide the hospital this information:

Carrier name: Sun Life Financial

Policy number: 23000

Your Member ID: It is the same as your IBM serial number.

All expenses are incurred on the date the service was rendered.

SUN LIFE'S PRIOR AUTHORIZATION PROCESS FOR SELECTED DRUGS

Prior Authorization will be required for the reimbursement of a limited number of drugs, including biologic drugs, under the IBM Retiree Benefits Plan.

Prior Authorization will be only applicable to some drugs within selected categories such as: multiple sclerosis, pulmonary arterial hypertension, lupus, muscle nerve disorders, cancer, asthma, osteoporosis, Crohn's disease, arthritis, etc. If the drug therapy that your doctor recommends needs Prior Authorization, you will be required to submit a completed Prior Authorization form to Sun Life, before filling your prescription, to obtain approval for coverage, based on medical criteria. IBM does not participate in this process.

To obtain a Prior Authorization form or to review the complete list of drug therapies subject to the Prior Authorization process, please contact Sun Life at 1-877-SUN-2244 (1-877-786-2244).

Pay-Direct drug card

Accepted at pharmacies across Canada, your Pay-Direct drug card can be used for your prescription drug claims covered by the IBM Plan. All you do is present your card to your pharmacist and pay any deductible or co-insurance that applies to your coverage. For your convenience we have include a copy of your Pay-Direct Card. You can use this card. Please print, cut and include the following information:

- **Your Name**
- **Your Contract Number: 023000**
- **Your Member ID Number:** It is the same as your IBM Employee Serial Number. If it is less than ten digits, please fill in the empty spaces with zeros at the beginning of the number.

Use of this card authorizes the following to collect, use and disclose information for the purposes of underwriting, administration, audit, paying claims and patient safety: Sun Life Assurance Company of Canada, any person or organization who has relevant personal information about me, my spouse or dependents including: the pharmacy through which this card is used, health care practitioners, institutions, investigative agencies and insurers, and any person performing services for Sun Life Assurance Company of Canada. If I am a spouse or a dependent, my claims information will be shared with the plan member for the purposes of claims payment and benefits management. To review our privacy policy, visit our website: www.sunlife.ca

DENTAL PLAN

Dental care for you and your family can be a costly ongoing expense. IBM shares the cost of dental expenses with you through the Dental Plan.

ELIGIBLE DENTAL SERVICES

The plan provides coverage for routine, major and orthodontic treatments. IBM pays 80% of reasonable and customary dental charges based on the 1993 dental fee schedule for your province.

Important! The dental fee guide is fixed in 1993 for all retirees and their eligible dependents under this plan. The dental fee guide will not be updated in the future.

Be sure you understand the type of treatment you are receiving from your dentist and whether it is reasonable and customary, meaning the procedures are normally accepted considering the nature and severity of your condition. If you are unsure whether a dental expense is covered and/or you expect to incur any large expense (e.g. over \$300), check with Sun Life to verify the expense is eligible under your IBM Retiree Benefits Plan. Have your dentist/orthodontist complete a dental form outlining the proposed treatment. Forms are available by calling Sun Life (see the Contact Information for the telephone number).

Basic and Routine Services

- Oral recall examinations (once every nine months);*
- Prophylaxis - the cleaning and scaling of teeth, including supra/sub-gingival scaling and polishing (once every nine months);*
- Bite-wing x-rays (once every nine months);*
- Topical applications of fluoride solutions (once every nine months);*
- Full-mouth series of x-rays (once every three years);
- Extractions and simple alveolectomy at the time of the tooth extraction;
- Surgical extractions of impacted teeth and surgical preparation of dental ridges for prosthetic appliances;
- Surgical removal of tumors, cysts, neoplasms;
- Incision and draining of abscesses;
- Amalgam, silicate, acrylic, and composite fillings; the types which are eligible depend on which tooth is being filled;
- Necessary treatment for relief of dental pain;
- The cost of antibiotic medication and its administration when provided in the dentist's office or prescribed.
- Provision of space maintainers of missing primary teeth;
- Provision of habit-breaking appliances;
- Diagnostic x-ray and laboratory procedures required in relation to dental surgery;
- General anesthesia required in relation to dental surgery;
- Consultations required by attending dentist;
- Pit and fissure sealants;
- Endodontics, including root canal therapy;

- Reasonable and customary periodontal treatment (the treatment of tissues and bones supporting the teeth, including surgery, splinting, and occlusal equilibration).

***Recall Visits are services for "complete initial" or "previous patient" oral exams, fluoride, bitewing x-ray and prophylaxis (polishing and light scaling) Recall visits will be covered nine months after the date of your previous recall exam.**

Major Restorative Services

Note: For major restorative treatments, you **must obtain prior approval** by having your dentist submit a proposed treatment plan to Sun Life. The annual maximum per individual for major treatment is \$1,750.

Major restorative services include:

- Crowns and inlays (replacement as medically necessary once every five years);
- Fixed partial denture prosthesis (bridgework every three years);
- Relines, rebases, and repairs of existing dentures;
- Replacement of an existing appliance (i.e., bridges/dentures), only eligible if the following conditions are met:
 - Replacement is necessary for oral health or dental reasons and the existing appliance is at least three years old and cannot be made serviceable; or
 - The existing appliance was temporary and is being replaced by a permanent one.

Orthodontic Services

Orthodontic services for the correction of malposed teeth as rendered by a dentist or orthodontist are covered. The maximum reimbursement for orthodontia is \$2,400 per person.

Note: Orthodontic treatment is usually given over an extended period of time. Before treatment begins, your orthodontist must submit a proposed treatment plan and a cost estimate for the entire plan. Sun Life will send you written confirmation of coverage and will outline the reimbursement process. Based on this estimate, your benefits will be spread over the proposed treatment period. If treatment is less than 24 months, the treatment period will be assumed to be 24 months for payment purposes.

Expenses NOT covered by the Dental Plan, include:

- Charges for cosmetic dental services;
- Education programs such as instruction in plaque control, oral hygiene, or diet therapy;
- Protective mouth guards;
- Charges for broken appointments or the completion of application forms or letters;
- Replacement of lost or stolen dentures or bridges;
- Dental implant procedures.
- Substitution of procedures.

SUBMITTING CLAIMS

To submit your prescription drug claims, dental claims, and major paramedical claims online follow these steps:

1. Visit www.mysunlife.ca and sign on using your Access ID and Password. If you do not have an Access ID, Password or you have forgotten this information, follow the instructions on Sun Life's Website or contact Sun Life at 1-877-786-2244.
2. From the main screen, access IBM's contract number 23000.
3. Select "Submit a Claim" under the 'Take me to' menu on the right side of the screen or select the type of claim from "Claims" on the blue menu bar.
4. Follow the rest of the steps on Sun Life's Website to complete the submission of your claim. For example, if you are entering a prescription drug claim, the system will ask for the Drug Identification Number (DIN), date of the expense and the amount paid.
5. You will be required to sign up for direct deposit. Select 'direct deposit' under the 'Take me to' menu on the right side of the screen and then select 'Register'.
6. By providing your e-mail address Sun Life will send you an online notification when your claims have been processed.

Important! Sun Life may randomly audit claims submitted online. If your claim is chosen for audit, Sun Life will ask you to mail your original receipts before they will process your reimbursement. Please be sure to keep your original receipts and supporting documentation.

Following five simple steps will ensure timely processing and reimbursement of your claims.

To submit paper claim form, follow these steps:

1. Complete and sign a Supplemental Health Plan (Policy/Contract - # 23000) claim form. (Note: Contract # = Policy #, Member ID = IBM 6 digit serial number).
2. Attach your original itemized receipts to your claim.
3. Make a photocopy of your claim before submitting it.
4. Mail your completed claim to the appropriate location, as shown on the claims form in the case of Sun Life.

After your claim is processed, your reimbursement will be sent to your home address or directly deposited into your bank account (if registered for the Direct Deposit option on the Sun Life Member Services web site. See **Sun Life Member Services Web site** for more details).

CLAIM SUBMISSION DEADLINE

Every new year you will have 90 days to submit claims for the previous year.

There is a 90-day grace period for you to submit your claims. At the start of the calendar year, for the first 90 days, you can submit expense from the previous year and current year. Once the 90-day grace period is over, only current year expenses are eligible for payment.

Expenses cannot be older than 15 months from the date the service was received.

PROTECTION PLANS

IBM provides retiree life insurance to your beneficiary.

GROUP LIFE INSURANCE

If you are under age 65, the group life coverage is \$12,500. Once at age 65, the group life insurance becomes \$10,000. You are insured through Sun Life under Policy #83500.

Your Beneficiary

You may choose or change your life insurance beneficiary at any time (unless restricted by law).

Any "new" designations will need to be made on the Your Benefits Resources™ (YBR) website (<http://digital.alight.com/portfolio/>). You can now designate beneficiaries entirely on-line via e-beneficiary with no need to print and mail a form. However, we do still have the paper form beneficiary process available.

To Verify Designated Beneficiaries

- Access the YBR Web site <http://digital.alight.com/portfolio/> or contact the IBM Canada Health Benefits Center if you do not have internet access to view your beneficiary information online.

Designate your beneficiaries on-line;

- Log on to YBR Alight's website <http://digital.alight.com/portfolio/>
- Click "Beneficiaries" on the home page
- Click "Choose Beneficiaries"
- Add beneficiary information (person, trust, etc.,) using the "Add Beneficiary" drop-down menu
- Use radio buttons to designate beneficiary(ies) as Primary or Contingent
- Click "Continue"
- Enter the Beneficiary Percentages (percentages must total 100%)
- If residing in Quebec and designating a spouse, use the radio button to identify your spouse as "Revocable" or "Irrevocable". NOTE: If there is an existing irrevocable beneficiary designation on file you will not be able to change your beneficiary designations online. You must contact the IBM Canada Health Benefits Centre to make a change
- Click "Save and Continue"
- Review your request
- Read the disclaimer text and attest by clicking "Request These Beneficiaries"
- Print the "Completed Successfully" page and keep for your personal records

Designate your beneficiaries via telephone (hard copy option):

- Contact the IBM Canada Health Benefits Centre at 1-855-614-0190 (EN) or 1-855-554-0189 (FR) Monday to Friday, 8:00am to 6:00pm EST.
- A Beneficiary Authorization form will be sent to your preferred form of correspondence indicated on the YBR website (i.e. either the secure participant mailbox or via Canada Post);
- To complete your beneficiary designation, you must print the form (if you receive it on-line), sign and date the form and return it to Alight Solutions by the deadline date provided on the form. Except where requested to provide specific information, this form will not be considered valid when received by Alight Solutions if any information is marked or revised;
- Beneficiary designations will stay in a "pending" status until Alight Solutions receives the signed and dated Beneficiary Authorization form. If Alight Solutions has not received the completed form by the deadline date, your designation will be voided. A new Beneficiary Authorization form will need to be generated by accessing the YBR website if you would like to make a change to your beneficiary.

REPORTING A DEATH

If you or one of your enrolled dependents passes away your respective Pension and Benefits vendors will need to be notified. If you have an eligible spouse enrolled in your post-retirement benefits plan, they will continue coverage as a surviving spouse for the duration in which you as the member are entitled to receive post-retirement benefits. If an enrolled dependent passes, they will need to be removed from the plan. This will result in a change in the annual premium. It's also important to review your current designated beneficiaries for your retiree life insurance. Please ensure your beneficiaries, estate planner or notary are aware of the following places to contact in the event of a death:

Post Retirement Benefits & Retiree Life Insurance	DB Pension Plan	DC Pension Plan
Contact: IBM Canada Health Benefits Center at 1-855-614-0190 (EN) or 1-855-544-0189 (FR) Mon to Fri 8am to 6pm EST	Contact: LifeWorks (formerly Morneau) 1-888-813-1735 8:30am to 5pm EST	Contact: Sun Life Financial 1-877-786-2244 8am to 8pm EST
	IBMCanadaDBPension@hroffice.com	

For more information on reviewing or changing your beneficiary for retiree life insurance please visit the "Designate a Beneficiary" section of this document.

SUN LIFE MEMBER SERVICES WEBSITE

The Sun Life Plan Member Services website (www.mysunlife.ca) makes it easy to make a claim and get the information you need about your benefits and claims. In addition to making claims (as outlined above), here are just some of the things you can do:

- View your past Supplemental Health/Dental claims to help you keep track
- Register for **Direct Deposit** for faster claim payment
- Update your banking information
- Download Supplemental Health claim forms with your personal information already filled in
- Link to the Health and Work Resource Centre, which contains a wide range of information on health-related topics, from stress management to good nutrition.

You can access Sun Life's Plan Member Services website with an Access ID and password. You can use the same Access ID and password used to access your Sun Life Financial Group Retirement Services on the Web. You can register online for an Access ID and password. Go to www.mysunlife.ca and follow the easy instructions.

Automated Telephone Inquiry Services

Access to your benefits information is as close as your nearest touch tone phone. Just call the special toll-free number for IBM plan members (1-877-SUN-2244 / 1-877-786-2244) and enter your Access ID and password when prompted. You'll be able to:

- Check the payment status of your recent Supplemental Health/Dental claims
- Check the status of your claim – to see if it's been entered into our system and is "under review" or "paid"
- You can talk to a Sun Life Financial Customer Care Representative, Monday to Friday, excluding holidays, between 8:00 A.M. and 8:00 P.M. EST.

ANSWERS TO COMMON QUESTIONS

This section answers some typical benefit questions.

What if I need information about a particular benefit or claim?

Much of the information you require may be obtained from the organizations that administer our benefit plans. Contact the appropriate organization by using the Contact Information List. If you need still further information, please contact the IBM Canada Health Benefits Center.

What if I move?

If you change your permanent residence, you are responsible to notify IBM. Please direct your change of address to:

IBM Canada Ltd. Employee Records B2/XK5/3600/MKM 3600 Steeles Avenue East Markham, Ontario L3R 9Z7	
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Please note: IBM is not responsible for any lost or misdirected mail.

What if I travel out of the country?

IBM Canada does not provide out-of-country hospital/surgical/medical coverage. However, if you are traveling outside Canada, you remain eligible for many supplemental health and dental expenses. If you incur emergency health care costs while traveling outside Canada, you'll need to pay the bill then submit your expenses directly to your provincial health insurance plan for reimbursement. Because each province has time limits on claim submissions, be sure you send in your claim on a timely basis.

Depending on the amount your provincial plan reimburses, and the cost of health care in the area in which your expenses are incurred, your share of out-of-country health care costs could be quite substantial. **IBM strongly recommends you investigate and purchase private health care coverage if you travel outside Canada.**

What if I live outside Canada for more than 6 months of the year?

If you live outside Canada for more than six months of the year, you remain eligible for most IBM retiree benefits. Supplemental Health and Dental expenses (e.g. prescription drugs, emergency dental) may be reimbursed through the normal claims process while you are living outside the country. However, where hospital/surgical/medical expenses are concerned, be aware that you will only be covered for services by your provincial health insurance or private travel insurance, as IBM provides no coverage. If you, your spouse, or your dependent children live outside Canada for more than six months a year, you may no longer meet provincial health care residency rules and, as a result, may not be eligible for provincial health care (or for some IBM supplemental health and

dental benefits), while you are living out of the country and perhaps even while living in Canada.

Be sure to notify your provincial health insurance plan of your residency outside Canada. You should consider purchasing alternate health care coverage for your second country of residence, in case you no longer have provincial coverage while living in Canada.

- The Canada/Quebec Pension Plan will pay benefits regardless of where you reside;
- Old Age Security benefits will continue if you meet certain Canadian residency requirements.

What if my marital status or dependents change?

Your eligible dependents/spouse listed on your profile the day you retired from IBM or added prior to January 1, 2001, will also qualify for coverage under the IBM Retiree Benefits Plan. New dependents/spouse, after the above dates will not be eligible for coverage under the IBM Retiree Benefits Plan.

If your marital status or dependents change, notify the IBM Canada Benefits Center (See the Contact Information List). Please include your name, your spouse's or dependent's name, birth date and effective date of change. Your change will be recorded, and IBM will notify our benefit carriers where applicable.

Please note your designated beneficiary for a joint and survivorship option under the retirement plan cannot be altered/re-elected once pension payments have started.

You may also want to confirm your beneficiary under any other plan or personal policy you may have. (i.e., IBM Group Life Insurance)

What if I die?

In the event of your death, someone (your spouse, a relative, or friend) should call IBM right away at the IBM Canada Health Benefits Center. Please see Contact Information for telephone number.

CONTACT INFORMATION

The list below shows whom to contact for information about each of your IBM retiree benefits. *Please note: If you have questions regarding a claim, you should always contact the carrier before contacting IBM.*

IBM POLICY AND PROGRAMS

IBM Canada Health Benefits Center

1-855-614-0190 (English)

1-855-544-0189 (French)

International Toll Number

1-704-646-8893

HEALTH CARE AND LIFE INSURANCE PLANS

SUPPLEMENTAL HEALTH
AND DENTAL

Sun Life

(Policy #23000)

1-877-SUN-2244

1-877-786-2244

IBM GROUP LIFE
INSURANCE

Sun Life

(Policy #83500)

1-877-SUN-2244

1-877-786-2244