

QUEST RESIDENTIAL AND SUPPORT SERVICES INC.

Benefits Booklet

*Alberta Blue Cross Group Number: 71313, 71313 - A
Blue Cross Life Policy Number: 71313, 71313 - 001*

Effective Date: July 1, 2005

Issue Date: March 2009



QUEST RESIDENTIAL AND SUPPORT SERVICES INC.

Alberta Blue Cross Group Number: 71313, 71313 - A
Blue Cross Life Policy Number: 71313, 71313 - 001
Effective Date: July 1, 2005
Eligibility Period: 1st of the month following 6 months of employment
Employee Classification: All Eligible Employees

Schedule of Benefits

Extended Health and Dental Benefits

Underwritten by: Alberta Blue Cross

Extended Health Benefits

- Prescription Drugs
- Hospital
- Health
- Out of Province Emergency Travel

Employee and Family Assistance Program (EFAP)

Dental Benefits

- Basic
- Periodontic

Benefit Year

July 1st - June 30th

Life and Disability Benefits

Underwritten by: Blue Cross Life

Life Insurance Benefits

- Basic Life
- Accidental Death and Dismemberment

Disability Benefits

- Weekly Indemnity

Critical Conditions

Schedule of Benefits

QUEST RESIDENTIAL AND SUPPORT SERVICES INC.

Summary of Benefits

Extended Health and Dental Benefits

Extended Health Plan

Prescription Drug Benefits

Payment Basis:	Direct Bill
Co-payment:	70%
Eligible Drugs:	Drugs requiring a prescription by Provincial or Federal Law as defined in the current Alberta Blue Cross Drug Benefit List (ABCDBL)*
	Selected over the Counter Products as defined in the current Alberta Blue Cross Drug Benefit List (ABCDBL)
	Convention Drugs
Least Cost Alternative Pricing:	Applied
Aerochamber Device:	\$40 in a consecutive 24 month period for children under 11 years of age
Allergy Serums:	Included
Contraceptive Drugs:	Drugs with a duration of action greater than 100 days are limited to \$250 per Participant in a 60 month period
Diabetic Supplies:	Included
Sexual Dysfunction Products:	Excluded
Smoking Cessation Products:	\$200 Lifetime per Participant
Weight Loss Products:	Excluded

* Selected drugs may be considered for coverage through a special authorization process. Special authorization is a process where a physician requests coverage for medications as it pertains to their patient's condition. The list of drugs and their clinical criteria for coverage are specified in the current Alberta Blue Cross Drug Benefit List.

Summary of Benefits

QUEST RESIDENTIAL AND SUPPORT SERVICES INC.

Definitions

1. **Convention Drugs:** Drugs not requiring a prescription by law; however, are prescribed by a physician and are usually only available for sale in an area, which is under the direct supervision of a pharmacist.
2. **Least Cost Alternative:** The lowest cost product within a set of interchangeable drug products. Interchangeable drug products contain the same active ingredients, in the same amounts and same dosage form as a corresponding product made by another manufacturer.
3. **Least Cost Alternative Price:** The maximum unit price that will be paid for a product within an interchangeable grouping as published by Blue Cross.
4. **Over the Counter Drugs:** Drugs not requiring a prescription by law and are usually available for sale in the self-selection area of a pharmacy.
5. **Sexual Dysfunction Products:** Drugs with at least one Health Canada indication for treatment of sexual dysfunction, as defined by Blue Cross.
6. **Smoking Cessation Products:** Drugs with at least one Health Canada indication for smoking cessation, as defined by Blue Cross.
7. **Weight Loss Products:** Drugs with at least one Health Canada indication for weight loss, as defined by Blue Cross.

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Hospital Benefits

Co-payment:	100%
Private/Semi-Private Rooms:	Direct payment basis
Auxiliary Care:	\$1,000 per Participant each Benefit Year

Definitions

1. **Hospital:** An institution located in Canada which is licensed and operates under any federal or provincial health insurance act or law, with facilities to provide active in-patient treatment and care. The term hospital, as used in this Contract, shall not include a rehabilitation hospital, rest facility, nursing home, convalescent home, health spa, hospice, clinic or institutions to treat substance abuses.
2. **Auxiliary Care:** The care provided to the Participant for long term or chronic illnesses in an auxiliary hospital or a publicly funded general active treatment hospital located in Canada.
3. **Private Room:** A room in a Hospital facility which holds only 1 bed.
4. **Semi-Private Room:** A room in a Hospital facility which holds only 2 beds.

QUEST RESIDENTIAL AND SUPPORT SERVICES INC.

Health Benefits

Co-payment:	100%
Accidental Dental:	\$2,000 per Participant per accident for repair, extraction and/or replacement of natural teeth
Ambulance Services:	To a maximum set in the current Blue Cross schedule of ambulance rates. Response fees covered if treatment provided.
Blood Testing Monitor:	* \$150 per Participant once in a 5 year period
Braces:	* 70% of eligible expense once per limb in a 24 month period
Foot Orthotics:	* 70% to a maximum of \$200 per Participant each Benefit Year
Hearing Aids:	* \$500 per Participant in a 4 year period
Home Nursing Care:	* \$15,000 per Participant in any 3 year period
Ileostomy, Colostomy, Urinary Catheters and Supplies:	80% to a maximum of \$1,200 per Participant each Benefit Year
Mastectomy Prosthesis:	* \$200 per Prosthesis once per Participant in a 24 month period
<i>Supporting Brassiere</i>	\$50 each to a maximum of 2 per Participant each Benefit Year
Medical Aids:	
<i>Casts, Canes</i>	Included
<i>Cervical Collars, Crutches</i>	Included
<i>Splints, Trusses,</i>	Included
<i>Traction Kits, Walkers</i>	* Included
<i>Stump Socks</i>	6 pair per Participant each Benefit Year
<i>Surgical Stockings</i>	2 pair per Participant each Benefit Year
Medical Durable Equipment:	
<i>Manual Hospital Beds</i>	* Included
<i>Manual Wheelchairs</i>	* 1 per Participant in a 3 year period
Orthopaedic Shoes:	* \$250 per Participant each Benefit Year
Oxygen and Equipment:	\$2,500 per Participant each Benefit Year

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Paramedical Practitioners:

<i>Chiropodist/Podiatrist</i>	\$25 per visit, to a maximum of \$300 per Participant each Benefit Year
<i>Chiropractor</i>	\$25 per visit, to a maximum of \$300 per Participant each Benefit Year
<i>Massage Therapist</i>	* \$25 per visit, to a maximum of \$300 per Participant each Benefit Year
<i>Physiotherapist</i>	\$25 per visit, to a maximum of \$300 per Participant each Benefit Year
<i>Psychologist</i>	\$50 per visit, to a maximum of \$500 per Participant each Benefit Year
<i>Speech Language Pathologist</i>	\$25 per visit, to a maximum of \$300 per Participant each Benefit Year
Prosthetics:	* Conventional artificial limbs and eyes, excluding myoelectric controlled prosthesis

Limitations

1. * Benefits must be purchased on the written order of a Health Care Professional.
2. Home Nursing Care requires prior approval from Blue Cross.
3. Chiropodist/Podiatrist – Eligible expenses provided by a licensed Chiropodist or Podiatrist for services or supplies which are not funded in whole or part by a provincial government health program
4. Chiropractor – Eligible expenses for services provided by a licensed Chiropractor and the cost of 1 x-ray, once the provincial government's annual maximum has been reached.
5. Massage Therapist – Eligible expenses on the written order of a physician, for therapeutic massages provided by a registered Massage Therapist to treat a medical condition.
6. Physiotherapist – Eligible expenses for services provided by a licensed Physiotherapist, once all provincial government funding has been fully accessed. A Determination of Needs assessment will be required as proof all provincial government funding has been fully accessed.
7. Psychologist – Eligible expenses for individual or family counselling, including assessment, provided by a Chartered Psychologist for treatment of mental or emotional illness.
8. Speech Language Pathologist – Eligible expenses for services provided by a licensed Speech Language Pathologist, once all provincial government funding has been fully accessed.

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Out of Province Emergency Travel Benefits

Benefits are provided as a result of a medical emergency which occurs outside the Participant's province of residence.

Co-payment:	100%
Benefit Period:	30 Days
Maximum	\$2,000,000 in Canadian funds per Participant per incident, subject to the overall Contract Maximum
Accidental Dental:	\$2,000 per Participant per accident to natural teeth
Air Ambulance:	Included
Ambulance Services:	To the nearest qualified medical facility
Cremation or Burial:	Cost of cremation or burial at place of death, to a maximum of \$2,500
Dental Pain Relief:	\$200 per Participant per trip
Diagnostic Services:	Laboratory services, x-rays, blood and blood plasma
Drugs:	Included
Expenses to Visit the Covered Person:	
<i>Transportation</i>	One round trip economy airfare
<i>Meals/Accommodation</i>	\$150 per day per Participant to a maximum of \$1,500 per incident
Hospital Accommodation:	Included
Incidental Expenses:	\$100 per inpatient per hospital stay
Meals and Accommodations:	\$150 per day per Participant to a maximum of \$1,500 per incident for unavoidable additional expenses when remaining with a sick or injured travelling companion
Medical Aids:	
<i>Casts, Canes</i>	Included
<i>Crutches, Slings</i>	Included
<i>Splints, Trusses</i>	Included
<i>Temporary Wheelchair Rental, Walkers</i>	Included

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Medical Evacuation:	
<i>Air Ambulance</i>	Included
<i>Repatriation</i>	Included
Nursing Care:	On the written order of a physician during and following hospitalization
Outpatient Expenses:	Included
Paramedical Practitioners:	
<i>Chiropractor</i>	\$300 per Participant per trip
<i>Chiropodist/Podiatrist</i>	\$300 per Participant per trip
<i>Physiotherapist</i>	\$300 per Participant per trip
Physicians and Surgeons Fees:	Included
Return of Deceased:	Cost of preparation and homeward transportation to province of residence, excluding the cost of a coffin, to a maximum of \$7,000
Travel Assistance:	In the event of a medical emergency contact must be made with the travel assistance service
Vehicle Services:	\$1,000 per incident
Restrictions:	The Out of Province Emergency Travel Benefits will only cover the first 30 days per trip

Limitations and Exclusions

1. Blue Cross may not accept liability for hospitalization and related services if the travel assistance service is not contacted within 24 hours of admission. Failure to contact the travel assistance service may result in the payment of medical expenses being denied or delayed.
2. Blue Cross, in consultation with the attending Health Care Professional or travel assistance medical service advisor, reserves the right to transfer the participant to another hospital or return the participant to their province of residence. Refusal to comply with the transfer request will absolve Blue Cross of any further liability.
3. Blue Cross will not pay for services if travel is booked or commenced contrary to medical advice or if medical attention is anticipated during the travel period.
4. This coverage is only available to Participants who are covered by a Canadian provincial government health program.
5. Blue Cross will not pay for services if expenses are incurred when the participant could have been returned to the province of residence without endangering their life or health, even if the treatment available in their province of residence could be of lesser quality or if the participant must go on a waiting list for that treatment.
6. Blue Cross will not pay for services if travel is booked or commenced contrary to recommendations of the Canadian Department of Foreign Affairs and International Trade.

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7. Blue Cross may request proof of departure upon receipt of claim.
8. Blue Cross shall not pay for any benefit relating to an unborn or new born child, pregnancy, miscarriage, childbirth or complications of any of these conditions occurring nine weeks prior to, or any time after the expected date of birth.
9. Blue Cross will not pay for expenses incurred due to:
 - mental or nervous disorder unless Participant is hospitalized; or
 - seeking medical, second opinion advice or treatment intentionally or incidentally, even if the trip is on the medical recommendation of a Health Care Professional; or
 - suicide, attempted suicide or self inflicted injury, whether sane or insane; or
 - abuse of medication, toxic substances, alcohol or non-prescription drugs; or
 - driving a motorized vehicle while impaired by drugs, toxic substances or an alcohol level of more than 80 milligrams in 100 millilitres of blood; or
 - commission of or attempt to commit, directly or indirectly, a criminal act under legislation in the area of commission of the offense; or
 - participation in an insurrection, war or act of war (declared or not), the hostile action of the armed forces of any country, service in the armed forces, hijacking, terrorism, participation in any riot or public confrontation, civil commotion, or any other act of aggression.

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Employee and Family Assistance Program (EFAP)

Service Units: 12 per Participant each Benefit Year

From time to time we all have to deal with difficult or stressful events in our lives. Most of the time we handle these personal challenges fairly well on our own. At other times however, our personal problems can become significant enough that they begin to interfere with our effectiveness, happiness, and safety at work or at home.

The Employee and Family Assistance Program (EFAP) has been designed to help you solve these problems. It provides totally confidential, professional counselling for a broad range of personal and family problems. While the program can be used for crisis intervention, we recommend that the ideal time to use the program is early on, before the problems become so difficult that they put you at serious risk.

The EFAP is a pro-active option for helping you manage your personal health and happiness and solve whatever problems you might be experiencing.

You and your eligible dependents can each receive up to twelve hours of counselling services per year provided through the EFAP.

The EFAP offers confidential, professional counselling (and referrals, when required) for you or your family's personal difficulties such as:

- emotional or physical problems
- marital or family problems
- stress
- work-related problems
- bereavement
- sexual harassment or abuse
- pre-retirement planning
- child and elder care
- financial and legal difficulties
- gambling
- alcohol or drug dependencies

If you require assistance, simply call the Human Solutions office nearest you. You will be asked, confidentially, for some basic registration information to establish your eligibility for this benefit. Then the assistance needed will be arranged. If counselling is required, an experienced psychologist or counsellor will help assess your concerns and aid you in developing practical solutions. If other assistance is recommended, the counsellor will connect you to the appropriate resource.

Human Solutions is contracted to provide and coordinate all services. If counselling is required, a registered psychologist or counsellor in the Human Solutions network will provide it. All Human Solutions counsellors have extensive experience helping individuals with their problems. If longer-term counselling, hospital treatment or specialized services (such as medical, legal or financial help) are required, your counsellor will arrange an appropriate referral and follow-up with you.

Counsellors are required by law to maintain the strictest confidentiality. No one who inquires about - or receives services - under this plan will be identified to anyone without your written approval. You won't be identified to anybody - including your employer.

To speak with someone confidentially, call the Human Solutions office nearest you.

Contact Numbers

Toll Free English	1 800 663 1142
Toll Free French	1 866 398 9505
TTY (Hearing Assistance)	1 888 384 1152
International (Call Collect)	604 689 1717

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Dental Plan

Fee Schedule:

Alberta Blue Cross Dental Schedule

Basic Benefits

Adult: Participants 19 years of age and older
Child: Participants under 19 years of age
Co-payment: 70%
Maximum: \$1,500 per Participant each Benefit Year

Diagnostic Services:

Complete Oral Exam 1 per Participant in any 5 year period
Recall or Specific Oral Exam Adult 1 per Participant per Health Care Professional in any 12 month period
Child 1 per Participant per Health Care Professional in any 6 month period

Emergency Exams

Included

Complete Series/Panoramic Radiographs

1 set per Participant in any 24 month period

Bitewing Radiographs

Adult 1 set per Participant in any 12 month period
Child 1 set per Participant in any 6 month period

Consultations

Only when performed by another Health Care Professional

Preventive Services:

Polishing

Adult 1 time unit per Participant in any 12 month period
Child 1 time unit per Participant in any 6 month period

Scaling and Root Planing

7 time units per Participant in any 12 month period

Fluoride Treatment

Adult 1 per Participant in any 12 month period
Child 1 per Participant in any 6 month period

Pit and Fissure Sealant

Child 1 per tooth in any 5 year period

Space Maintainers

Included

Restorative Services:

Restorations

1 per surface in any 24 month period to a maximum of 5 surfaces per tooth

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Oral Surgery Procedures:

<i>General Surgery Exam</i>	1 per Participant in any 5 year period
<i>General Anesthesia</i>	Included

Endodontics:

<i>Endodontic Exam</i>	1 per Participant in any 5 year period
<i>Root Canal Therapy</i>	1 per tooth in any 24 month period
<i>Apicoectomy</i>	Included
<i>Retrofill</i>	Included
<i>Pulpectomy</i>	Included
<i>Pulpotomy</i>	Included

Denture Services:

<i>Relines</i>	1 service per denture in any 24 month period
<i>Liners</i>	1 service per denture in any 24 month period
<i>Tissue Conditioning</i>	1 service per denture in any 24 month period
<i>Repairs</i>	Included

Pre-Authorization Amount: \$800

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Periodontic Benefits

Adult:	Participants 19 years of age and older
Child:	Participants under 19 years of age
Co-payment:	50%
Maximum:	\$1,500 Lifetime per Participant
Diagnostic Services:	
<i>General Exam</i>	1 per Participant in any 5 year period
<i>Recall or Specific Exam</i>	1 per Participant in any 12 month period
Treatment Procedures:	
Surgical	
<i>Periodontic Surgery</i>	Included
<i>Osseous Surgery</i>	Included
<i>Osseous Grafts</i>	Included
<i>Soft Tissue Grafts</i>	Included
Non-Surgical	
<i>Provisional Splinting</i>	Included
<i>Scaling and Root Planing</i>	In excess of 7 time units per Participant in any 12 month period
<i>Management of Oral Infections</i>	Included

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Periodontic Benefits

Adult:	Participants 19 years of age and older
Child:	Participants under 19 years of age
Co-payment:	50%
Maximum:	\$1,500 Lifetime per Participant
Diagnostic Services:	
<i>General Exam</i>	1 per Participant in any 5 year period
<i>Recall or Specific Exam</i>	1 per Participant in any 12 month period
Treatment Procedures:	
Surgical	
<i>Periodontic Surgery</i>	Included
<i>Osseous Surgery</i>	Included
<i>Osseous Grafts</i>	Included
<i>Soft Tissue Grafts</i>	Included
Non-Surgical	
<i>Provisional Splinting</i>	Included
<i>Scaling and Root Planing</i>	In excess of 7 time units per Participant in any 12 month period
<i>Management of Oral Infections</i>	Included

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Overall Contract Maximum and Termination of Benefits

Extended Health and Dental Overall Contract Maximum

An overall combined maximum of \$2,000,000 per Participant each Benefit Year applies to all Benefits.

Extended Health and Dental Termination of Benefits

Benefit Coverage terminates at 12:01 a.m. on the 1st of the month following the earlier of retirement, termination of employment or age 70.

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Life and Disability Benefits

Life Insurance

Group Life

Benefit Formula:	1 x annual earnings
Maximum Benefit:	\$100,000
	All amounts of insurance are rounded up to the next higher \$1,000 amount
Non-Evidence Limit:	\$100,000
Termination:	Ceases at the earlier of retirement or age 65

Terminal Illness

A special advance payment may be provided if you are suffering from a condition which is expected to result in death within 12 months of your request. The payment must be requested in writing and will be the lesser of \$50,000 or 50% of your group Basic Life coverage.

Extension of Coverage

In the event of your death within 31 days following termination of employment, the Group Life Insurance benefit will be paid to your designated beneficiary provided that any individual policy issued under the conversion privilege is surrendered.

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Accidental Death and Dismemberment

The principal amount is equal to the amount of Group Life.

Termination: Ceases at the earlier of retirement or age 65

In the event of loss occurring within 365 days after the date of injury, the amount payable shall be the following percentage of the principal amount for which the employee is insured on the date of the injury. The principal amounts of the benefits are defined in the Schedule of Benefits. The maximum amount payable for all losses sustained as a result of the same accident shall not exceed 100% of the amount of insurance with the exception of Quadriplegia, Paraplegia and Hemiplegia which will be paid at 200%. Only one amount, the largest applicable, will be payable for injuries to the same limb resulting from any one accident:

Loss of life	100%
Loss of or loss of use of both hands or both feet	100%
Loss of or loss of use of one hand and one foot	100%
Loss of the entire sight of both eyes	100%
Loss of one hand and the entire sight of one eye	100%
Loss of one foot and the entire sight of one eye	100%
Loss of or loss of use of both arms or both legs	100%
Loss of or loss of use of one arm and one leg	100%
Loss of speech and hearing	100%
Quadriplegia	200%
Paraplegia	200%
Hemiplegia	200%
Loss of or loss of use of one arm or one leg	75%
Loss of or loss of use of one hand or one foot	66 2/3%
Loss of the entire sight of one eye	66 2/3%
Loss of speech or hearing	50%
Loss of thumb and index finger on the same hand	33 1/3%
Loss of four fingers on the same hand	33 1/3%
Loss of hearing in one ear	16 2/3%
Loss of all toes on one foot	12 1/2%

Exposure – a loss caused by unavoidable exposure to the elements is covered.

Disappearance – caused by accidental wrecking, sinking or disappearance of a conveyance is considered to be loss of life.

Coma Benefit – 1% of the principal amount payable monthly, following 31 consecutive days of complete and total unconsciousness caused by accidental injury.

Repatriation – \$7500 maximum reimbursement of burial expenses when death occurs more than 150 kilometers from the deceased's residence.

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Rehabilitation – \$5000 maximum reimbursement of special training expenses for the insured employee.

Occupational Training for Spouse – \$5000 maximum reimbursement for a formal training program.

Education Benefit – the lesser of 5% of employee's principal sum, or \$5000, for each of five years for post-secondary education for eligible dependent children.

Family Travel – \$1500 maximum reimbursement for family members to attend the hospital of confinement of insured employee if confinement is more than 150 kilometers from the insured's residence.

The term "loss" is defined in the Group Contract.

Exclusions and Limitations

No benefit shall be payable if disability, illness, injury or accident occurs while participating in or while engaged in any criminal activity, regardless of whether charges are laid or a conviction obtained.

No benefit will be payable in respect of any loss caused directly or indirectly, wholly or in part by one or more of the following:

1. intentionally self-inflicted injuries, committing suicide, or attempting suicide, while sane or insane.
2. insurrection, war (declared or not), or the hostile action of the armed forces of any country, or participation in any riot or civil commotion.
3. any accident or injury occurring while operating a motor vehicle with a blood alcohol in excess of the legal limit in the jurisdiction where the accident occurred. (Vehicle means any form of transportation which is drawn, propelled or driven by any means and includes, but is not restricted to, an automobile, truck, motorcycle, moped, bicycle, snowmobile or boat).
4. illness or disease of any kind, or medical or surgical treatment thereof, other than septic infection caused through a wound accidentally sustained.
5. travel or flight, in or descent from, any kind of aircraft if the insured person:
 - is a member of the aircraft crew, or
 - has any duties relating to the operation, maintenance, testing or control of the aircraft, or
 - is on the aircraft for the purpose of instruction or training.

Reduction Schedule

The reduction schedule coincides with that of the Basic Group Life plan.

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Disability Benefits

Weekly Indemnity

Benefit Formula:	66.67% of weekly earnings
Maximum Benefit:	\$500 per week
Elimination Period:	0 days for accident 0 days if hospitalized 7 days for sickness
Benefit Period:	17 Weeks
Non-Evidence Limit:	\$500
Termination:	Coverage for active employees ceases at age 65

Benefits under this Weekly Indemnity Insurance provision are non-taxable.

Disability

To be eligible for this benefit, you must be under the continuing care of a physician for the period of the disability, which normally commences with your first visit to a doctor. As an insured employee, you will be considered disabled and entitled to Weekly Indemnity payments if, as a result of sickness or accident you are unable to perform a substantial portion of the duties of your own occupation or regular employment and are not engaged in any occupation or employment for wage or profit.

Recurrent Disability

Successive periods of disability separated by less than two weeks of continuous permanent employment, will be considered one period of disability, unless the subsequent disability is due to an accident or sickness entirely unrelated to the cause of the previous disability and commences after return to permanent employment.

Reduction Clause

The amount of Weekly Indemnity benefit is reduced by any compensation you may receive as a result of the following provided they are deemed acceptable limitations under the Employment Insurance Premium Reduction Regulations:

1. any benefit a claimant is entitled to under any provincial automobile insurance plan which is first payer, and
2. any income or retirement benefits received by the claimant from all sources so as not to exceed 100% of pre-disability weekly income.

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Exclusions and Limitations

No Weekly Indemnity benefit shall be payable if disability, illness, injury or accident occurs while participating in or while engaged in any criminal activity, regardless of whether charges are laid or a conviction obtained.

Weekly Indemnity benefits are also not payable for any of the following:

1. any period during which the employee is not under the appropriate treatment and care of a physician who is a registered Medical Specialist or Health Care Practitioner in the field of medicine which is applicable to the employee's condition, or
2. any period during which the employee is not undergoing a course of medical treatment or participating in a program of rehabilitation which is deemed appropriate in the opinion of Blue Cross, or
3. any period during which the employee is imprisoned, or
4. any disability due to or resulting from self-inflicted injury or sickness, while sane or insane, or
5. any disability due to or resulting from insurrection, war (declared or not) or the hostile actions of the armed forces of any country, or the participation in any riot or civil commotion, or
6. any disability due to or resulting from any cause for which indemnity or compensation is provided under any Workers' Compensation law or other legislation of similar purpose, or
7. any disability period beyond the maximum benefit period, as shown in the Schedule of Benefits. For an employee who attains the maximum coverage age while receiving Weekly Indemnity benefits, the maximum period will be 15 weeks.

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Basic Critical Conditions

Amount of Insurance:	Employee	\$50,000
	Spouse	\$10,000
	Each Child	\$5,000
Waiting Period:	30 consecutive days	
Termination:	Ceases at the earlier of retirement or age 65	

Living Benefit

This benefit will be paid in a lump-sum payment to you if you or your covered dependents are afflicted with a critical condition as shown in the contract. You must provide medical evidence satisfactory to Blue Cross Life within 365 days following the end of the benefit waiting period.

The benefit amount will be paid once for any covered condition resulting from the same or related illness or disease. Two unrelated occurrences per lifetime will be covered. Therefore, the lifetime maximum amount payable for all Critical Conditions is two times the amounts shown in the Benefit Summary, provided the Employee continues to be actively at work and premium is remitted in the usual manner.

Overview of Critical Conditions

The following Critical Conditions are covered. All conditions, with the exception of burns, must be the result of illness or disease. Conditions resulting from an accident (except in the case of burns) will not be eligible for coverage. The "Activities of Daily Living" referred to are described in this insert.

1. Alzheimer's disease: Definite diagnosis of a progressive degenerative disease of the brain made by a certified neurologist or gerontologist, where there is a significant reduction in mental and social functioning.
2. Blindness: Definite diagnosis made by a certified ophthalmologist, of the permanent loss of sight in both eyes.
3. Burns: Third degree burns, as a result of a single event, covering at least 20% of the body surface.
4. Coma: State of unconsciousness with no reaction to external stimuli or response to internal needs, for a continuous period of 30 days.
5. Deafness: Definite diagnosis made by a certified otolaryngologist acceptable, of permanent loss of hearing in both ears.
6. Major Organ Failure requiring transplant: The irreversible failure of the kidneys, liver, lungs or heart requiring receipt of a transplant of that organ. To qualify, the insured must be accepted in a transplant program.
7. Major Organ Failure: Advanced or rapidly progressing incurable terminal kidney, liver, lung or heart failure where the insured is not a candidate for organ transplant, as determined by a medically acceptable specialist.
8. Life-threatening cancer: A malignant tumor characterized by uncontrollable growth and spread of malignant cells (including leukemia).

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9. Loss of speech: Complete, permanent and uncorrectable loss of speech.
10. Motor neurone disease, Multiple Sclerosis or Parkinson's disease: Unequivocal diagnosis by a specialist. The condition must be to the degree of severity that the insured person is unable to perform 2 of the 5 Activities of Daily Living without assistance.
11. Paralysis: The complete and permanent loss of use of two or more limbs resulting from a neurological deficit with measurable objective impairment that cannot be corrected by surgery or any other means, as diagnosed by a medically appropriate specialist.
12. Senile dementia: Definite clinical diagnosis, made by a certified neurologist or gerontologist, of a progressive degenerative disease of the brain resulting in a significant reduction in mental and social functioning.
13. Severe heart attack: The death of heart muscle to a degree of severity of at least Class 4 of the Canadian Cardiovascular Society's classification of cardiac impairment.
14. Severe stroke: Significant, permanent neurological impairment as determined by a specialist. The condition must be to the degree of severity that the insured person is unable to perform 2 of the 5 Activities of Daily Living without assistance.

Activities of Daily Living

The five Activities of Daily Living that a person would normally perform without assistance are:

1. Eating: manipulating prepared food or liquid into the mouth.
2. Dressing: putting on and removing necessary articles of clothing that are normally worn, including leg braces.
3. Bathing: the ability to cleanse the entire body using soap and water, including turning on faucets and shower mechanisms, getting into and out of the bath itself and drying oneself off.
4. Ambulation: the ability to move independently from place to place with or without the use of equipment.
5. Toileting (including continence, which is the ability to control bowel and bladder function): the ability to use a toilet, bedside commode or urinal.

Exclusions and Limitations

No Critical Conditions benefit shall be payable if disability, illness, injury or accident occurs while participating in or while engaged in any criminal activity, regardless of whether charges are laid or a conviction obtained.

As well, Critical Conditions benefits are not payable for any condition due to or resulting directly or indirectly from any of the following:

1. an accident except for severe burns, or
2. self-inflicted injury or sickness, while sane or insane, or
3. insurrection, war (declared or not), or the hostile action of the armed forces of any country, or participation in any riot or civil commotion, or
4. any accident or injury occurring while operating a motor vehicle with a blood alcohol in excess of the legal limit in the jurisdiction where the accident occurred. (Vehicle means any form of transportation which is drawn, propelled or driven by any means and includes but is not restricted to an automobile, truck, motorcycle, moped, bicycle, snowmobile or boat)

QUEST RESIDENTIAL AND SUPPORT SERVICES INC.

Pre-Existing Conditions

A pre-existing condition means an illness or condition for which you or your dependent has received medical treatment, consultation, care or services (including diagnostic measures) or has been prescribed medication during the 24 months immediately prior to the effective date of the Critical Conditions coverage.

Critical Conditions benefits are not payable as a result of any pre-existing condition unless commencement of the critical condition occurs after 24 consecutive months of coverage.

QUEST RESIDENTIAL AND SUPPORT SERVICES INC.

General Provisions

Employee

A person who is an active and permanent Employee of the Policyholder. An Employee must belong at all times to the class or classes of Employees covered by this Contract as specified in the Benefit Summary. All Employees must be residents of Canada and be eligible for benefits under the provincial government health care programs in the province of residence in order to be eligible for coverage.

In order to be eligible for all benefits under this Contract, an Employee, must be required to work at least 30 hours per week.

All Employee individual applications should be completed and submitted to Blue Cross within 31 days of the start of this eligibility period.

Dependent

The Employee's eligible spouse and children as defined below.

1. Spouse shall mean a person who is legally married to the Employee, or who is not legally married to the Employee but has continuously resided with the Employee for not less than 12 consecutive months having been represented as members of a conjugal relationship (common-law).

The Employee requesting coverage for a common-law spouse must give written notice to Blue Cross. Unless such written request is made, the person legally married to the Employee shall be considered to be the covered spouse. Discontinuance of cohabitation with the Employee shall terminate coverage of the common-law spouse.

The Employee cannot claim a status of legally married and common-law at the same time. Only 1 spouse, as defined above, can be covered during any 1 period of time.

2. Children shall mean the Employee's natural, adopted, stepchildren or children for whom the Employee is a legal guardian who are dependent upon the Employee for financial care and support. Such children must be:
 - (a) unmarried,
 - (b) unemployed and not eligible to apply for coverage as a Employee under another employer sponsored plan, and
 - (c) less than 21 years of age; or, if 21 years of age but less than 26 years of age, they must be attending an accredited educational institution, college or university on a full-time basis.

The children of the Employee's common-law spouse shall be covered provided the children are dependent upon the Employee for financial care and support.

Unmarried and unemployed children 21 years of age or older shall qualify, if they are dependent upon the Employee by reason of a mental or physical disability, and became totally disabled prior to attaining age 21, and who have been continuously disabled since that time. Unmarried and unemployed children who became totally disabled while attending an accredited educational institution, college or university on a full-time basis prior to their attaining age 26, and have been continuously so disabled since that time shall also qualify as a Dependent.

All changes to add or delete eligible Dependents must be made in writing to Blue Cross.

General Provisions

QUEST RESIDENTIAL AND SUPPORT SERVICES INC.

Conversion Privilege

Health and Dental

Conversion Privilege

If a Member's coverage ceases because of termination of employment, or termination of membership in the class of Employees eligible for coverage under this Contract, then the Member may apply within 31 days of the termination date of this Contract to convert to one of the programs available to individuals through Blue Cross at that time.

The conversion option is also extended to Dependents. In the event of loss of coverage due to a change in status, or the Member's death, a spouse or dependent child may apply within 31 days of the change to convert to one of the programs available to individuals through Blue Cross at that time.

Survivor Benefit

In the event of a Member's death, Blue Cross will waive the monthly Member rates and continue benefits for the surviving Dependent(s) commencing the first day of the month following death and will be effective for a period not exceeding 24 months.

Group Life

Conversion Privilege

If your Basic Group Life Insurance coverage ceases on or before attaining 65 years of age because of retirement, termination of employment or termination of membership in the class of employees eligible for insurance under this plan, then the employee may purchase an Individual Policy of the type then being offered by Blue Cross in an amount not to exceed \$200,000.

If you terminate employment prior to your 65th birthday, you may convert to an Individual Policy issued by the insured, without evidence of insurability. Written application must be made and the required premium submitted during the 31 day period immediately following the date of termination.

This option does not apply to scheduled reductions or termination of coverage which become effective at specific ages.

Limited conversion rights are available on termination of the Group Contract in accordance with the Superintendents of Insurance Guidelines. If the Group Life Insurance contract is not being replaced, all employees who had been insured for at least five continuous years may convert their group life coverage in the same manner as terminating employees.

Conversion Privilege

QUEST RESIDENTIAL AND SUPPORT SERVICES INC.

Claiming Provisions

Claiming Benefits

1. * Prescription Drug benefits are provided on a direct payment basis. Upon presenting your Blue Cross identification card, most pharmacies will bill Blue Cross directly.
2. * Hospital benefits are provided on a direct payment basis. Upon presenting your Blue Cross identification card, most hospitals will bill Blue Cross directly.
3. * Health Services are covered on a reimbursement basis. The Member must pay the provider, obtain an official receipt and submit this to Blue Cross along with a fully completed Health Services Claim Form.
Claim forms may be obtained from any pharmacy or your local Blue Cross office.
4. * Out of Province Emergency Travel benefits should be claimed on a Travel Claim Form which is available at any Blue Cross office.
5. * Dental Claim Forms may be obtained from your Health Care Professional's office or any Blue Cross office.

The Dental Claim Form must be completed by the Health Care Professional at the time the dental treatment is provided.

The Health Care Professional may elect to bill Blue Cross directly for payment, or he may choose to collect the cost of services from the patient. It is then the patient's responsibility to forward the completed Dental Claim Form to Blue Cross for reimbursement.

6. In reference to Group Life, Accidental Death & Dismemberment, Dependent Life, Weekly Indemnity or Long Term Disability claims, please obtain the necessary form from your Employer. Certain portions must be completed by the Employer, the claimant and/or the attending physician. Once the claim forms are completed, they should be submitted to the insurer for processing. Written notice of claim must be given to the insurer within 31 days of loss. Claims for disability benefits should be reported within 30 days before the end of the Elimination Period; or, if this is not reasonably possible, at least within six months of the commencement of disability.

Blue Cross may, at any time, require a totally disabled employee to join a program of Rehabilitative Employment

Rehabilitation means a program of medical, employment or vocational Rehabilitation and it may consist of:

- any medical care or treatment, diagnostic measures or any medication prescribed, or
- full-time or part-time work or any other employment for an employee whether or not wages are payable, or
- any vocational training or re-training program or period of work for the purpose of Rehabilitation

Claiming
Provisions

QUEST RESIDENTIAL AND SUPPORT SERVICES INC.

If you qualify to receive Weekly Indemnity or Long Term disability benefits under this policy you may at any time be required to participate in a Rehabilitation program which Blue Cross deems appropriate.

Benefits payable under this policy while you are participating in a Rehabilitation program approved by Blue Cross will be coordinated with the Integration of Benefits Clauses shown in this booklet

Refusal to enter, participate or comply with a program of Rehabilitation deemed appropriate by Blue Cross will result in the termination of Weekly Indemnity or Long Term Disability benefit payments.

* NOTE: Payment of allowable expenses will be made providing a claim is submitted within 12 months of the date such expense was incurred.

Disclaimer

This material summarizes the important features of your group program. It is prepared as information only; and does not, in itself constitute an Agreement. The exact terms and conditions of your group benefits program are described in the Group Benefits Contract held by your employer. In the event of a discrepancy between this booklet and the Group Benefits Contract, the Group Benefits Contract will be deemed accurate.

Confidentiality, Security & Privacy

Personal information is the foundation of Blue Cross' business. Without specific, individual information about plan Members and their Dependents Blue Cross cannot administer their health, dental and life and disability benefits. As a health-information based organization, Blue Cross has always operated within a culture of confidentiality; respecting and maintaining the privacy and security of all of the personal information it holds. Blue Cross has developed information privacy and security policies and procedures to guide the actions of anyone working for us, from the moment we begin receiving customers' personal information to enrolling them to disposing of it when no longer needed. These are summarized on our web site at: www.ab.bluecross.ca or are available upon request by calling Blue Cross.

QUEST RESIDENTIAL AND SUPPORT SERVICES INC.

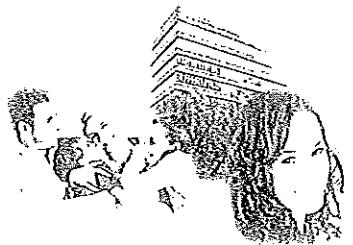
Benefits Booklet

Alberta Blue Cross Group Number: 71313, 71313 - A

Blue Cross Life Policy Number: 71313, 71313 - 001

Effective Date: July 1, 2005

Issue Date: November 2011



QUEST RESIDENTIAL AND SUPPORT SERVICES INC.

Alberta Blue Cross Group Number: 71313, 71313 - A
Blue Cross Life Policy Number: 71313, 71313 - 001
Effective Date: July 1, 2005
Eligibility Period: 1st of the month following 6 months of employment
Employee Classification: All Eligible Employees

Schedule of Benefits

Extended Health and Dental Benefits

Underwritten by: Alberta Blue Cross

Extended Health Benefits

- Prescription Drugs
- Hospital
- Health
- Out of Province Emergency Travel
- Vision Care

Employee and Family Assistance Program (EFAP)

Dental Benefits

- Basic
- Periodontic

Benefit Year

July 1st - June 30th

Life and Disability Benefits

Underwritten by: Blue Cross Life

Life Insurance Benefits

- Basic Life
- Accidental Death and Dismemberment

Disability Benefits

- Weekly Indemnity

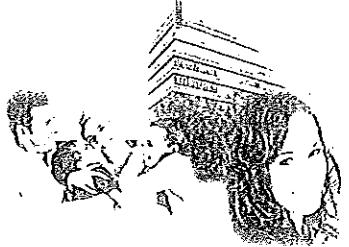
Critical Conditions

Schedule of Benefits

QUEST RESIDENTIAL AND SUPPORT SERVICES INC.

Vision Care Benefits

Adult:	Participants 14 years of age and older
Child:	Participants under 14 years of age
Co-payment:	100%
Maximum:	Adult \$300 per Participant each Benefit Period Including Eye Examinations Child \$300 per Participant each Benefit Period
Benefit Period:	Adult 24 consecutive months Child 12 consecutive months
Eligible Benefits:	Contact Lenses Eye Glasses (Frames and/or Lenses) Intraocular Lenses Eye Examinations \$40 per Participant between 19 and 64 years of age each Benefit Period
Exclusions:	Industrial Safety Glasses Sunglasses Eye Examinations which are medically required Laser Eye Surgery



QUEST RESIDENTIAL AND SUPPORT SERVICES INC.

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Claim forms may be obtained from any pharmacy or your local Blue Cross office.

4. * Out of Province Emergency Travel benefits should be claimed on a Travel Claim Form which is available at any Blue Cross office.
5. * Vision Services are covered on a reimbursement basis. The Member must pay the provider, obtain an official receipt and submit this to Blue Cross along with a fully completed Health Services Claim Form.

Claim forms may be obtained from any pharmacy or your local Blue Cross office.

6. * Dental Claim Forms may be obtained from your Health Care Professional's office or any Blue Cross office.

The Dental Claim Form must be completed by the Health Care Professional at the time the dental treatment is provided.

The Health Care Professional may elect to bill Blue Cross directly for payment, or he may choose to collect the cost of services from the patient. It is then the patient's responsibility to forward the completed Dental Claim Form to Blue Cross for reimbursement.

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Claiming Provisions