

# Flex Your Benefits

Your 2024 Flex Guide



**Are you making the most of your benefits?** SLB Flex provides you with options to best support your life's needs now and in the future. Check out what's offered to help you live your best year yet. Ready to uncover your options?

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## SLB Flex and our commitment to you

At SLB, we are committed to providing retirement and savings and benefit plan options that work for you. We recognize that all employees have unique needs, and these can change throughout the duration of their careers.

In this guide you can expect to find information about the Retirement and Savings Plan and more detailed information about the Flex Benefits Plan. Read this guide to learn more about what's available, so you can make the right choice for yourself and any covered dependents.

# Retirement and Savings Plan

When it comes to saving money, everyone's needs are unique. You might have short-term or mid-term savings goals, while others are planning for life much further down the road. That's why SLB offers a range of financial benefits with substantial employer contributions and flexible matching options—to help you not only save for retirement and invest in the future but live your best life in the here and now.

SLB is here to support you and your overall financial wellness. We set you up with a great plan that comes with a range of perks, from employer contributions to direct paycheque deductions, tax advantages, exclusive investment opportunities, and access to online tools and videos to help make saving even easier. The SLB Canada Retirement and Savings Plan is made up of the following products to help you save for your future:

- Defined Contribution Pension Plan (DCPP);
- Registered Retirement Savings Plan (RRSP);
- Tax-Free Savings Account (TFSA); and
- Non-Registered Savings Account (NREG).

## Here are the highlights:

Plan	Feature
DCPP	SLB will contribute a base 6% of your admissible compensation.
DCPP, RRSP, TFSA, and NREG	When you contribute up to 4%, SLB will match 100% of this contribution.

If you do not actively enroll in any of the Retirement and Savings Plan products, you will be auto-enrolled in the DCPP at a 6% employer base contribution, 4% employee contribution, and 4% employer match to ensure that you receive the full employer match. Your investment option will be the target date fund closest to your 65th birthday, and your beneficiary will be your estate. You can update your enrolled products, contribution, investments options, and beneficiaries anytime through Sun Life.



As a member of the Retirement and Savings Plan, you have free access to licensed financial advisors and retirement consultants who can help you reach your retirement and savings goals. You can also take advantage of additional online tools. Check out the [Benefits Central Retirement and Savings Plan page](#) for more details.



# Your 2024 Flex Benefits Options

Flex Benefits offer a variety of coverage choices for some benefits and mandatory coverage for others. Here's an overview of what you have.

## → Flex dollars

Each year, SLB gives you Flex dollars to spend. The provided Flex dollars are enough to cover health and dental for you and your covered dependents if you select Option 1 or Option 2. Basic life insurance for you and your dependents and basic AD&D for you are also covered by Flex dollars. If you choose a higher level or additional coverage, you will be responsible for paying any additional cost.

If, after you elect your desired coverage, you find that you have remaining Flex dollars to spend, you can deposit those extra funds in your:

- Health Spending Account (HSA)
- Personal Spending Account (PSA)
- Registered Retirement Savings Plan (RRSP)  
(available during annual enrollment only)

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 [Learn more on the Benefits Central Health and Personal Spending Accounts page.](#)

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For personalized information on how your Flex dollars add up, model your choices on the [My Benefits Portal](#).



## → Extended health care

With Flex Benefits, you choose the option that provides the level of coverage you need for prescription drugs and other medical services and supplies.

Coverage	Option 1	Option 2	Option 3
<b>Paying for coverage</b>	Covered by Flex dollars	Covered by Flex dollars	Covered by Flex dollars plus a contribution from you
<b>Reimbursement for all eligible expenses<sup>1</sup></b>	60%	90%	100%
<b>Prescription drugs</b>			
<b>Generic substitution unless physical override</b>	All drugs legally requiring a prescription plus life-sustaining drugs		
<b>Dispensing fee</b>	Not covered unless dispensed through a Costco pharmacy		
<b>Paramedical services</b> (Note: A description of each service can be found on the next page.)			
<b>Physical services</b>			
→ Maximum per specialty	\$500	\$750	\$1,250
→ Annual combined maximum	\$1,000	\$1,500	\$2,500
<b>Holistic services</b>			
→ Maximum per specialty	\$500	\$750	\$1,250
→ Annual combined maximum	\$1,000	\$1,500	\$2,500
<b>Psychological services</b>			
→ Maximum per specialty	None	None	None
→ Annual combined maximum	\$1,000	\$1,500	\$2,500
<b>Vision services</b>			
<b>Vision care</b> (every 24 months)	No coverage	\$300	\$500
<b>Eye exams</b>	1 every 24 months		
<b>Other</b>			
<b>Hospital</b>	Semi-private		Private
<b>Hearing aids</b>	\$5,000 (every 5 years)		
<b>Foot orthotics</b>	\$600 (every 36 months for adults and every 12 months for children)		
<b>Fertility drugs</b> (lifetime maximum)	No coverage	\$5,000	\$10,000
<b>Fertility coverage</b> (lifetime maximum)	No coverage	\$10,000	\$20,000
<b>Gender affirmation</b> (Lifetime maximum)	No coverage	\$10,000	\$20,000
<b>Out-of-country medical emergency insurance</b>	100% emergency travel assistance (includes a maximum of 90 days per trip and a lifetime maximum of \$3,000,000 per person)		
<b>Lumino Health Virtual Care services</b>	Includes 24/7 access to health care professionals via Lumino Health's website or mobile app		
<b>Wellness Personal Spending Account</b>	\$450 per benefit year for employee fitness, nutrition, and wellness-related expenses		

<sup>1</sup> See the SLB Extended Health Wellness Benefits Policy found on the Benefits Central website [Forms & Plan Documents page](#) for full coverage details.

Paramedical services include three different service types and multiple practitioners. Know that with your SLB Flex Benefits, you have access to a wide range of service providers to support both your physical and mental wellbeing.

## Paramedical services

### Physical services include:

- Physiotherapists
- Athletic therapists
- Kinesiologist
- Occupational therapist
- Massage therapist
- Chiropractor
- Podiatrists or chiropodists
- Osteopaths

### Holistic services include:

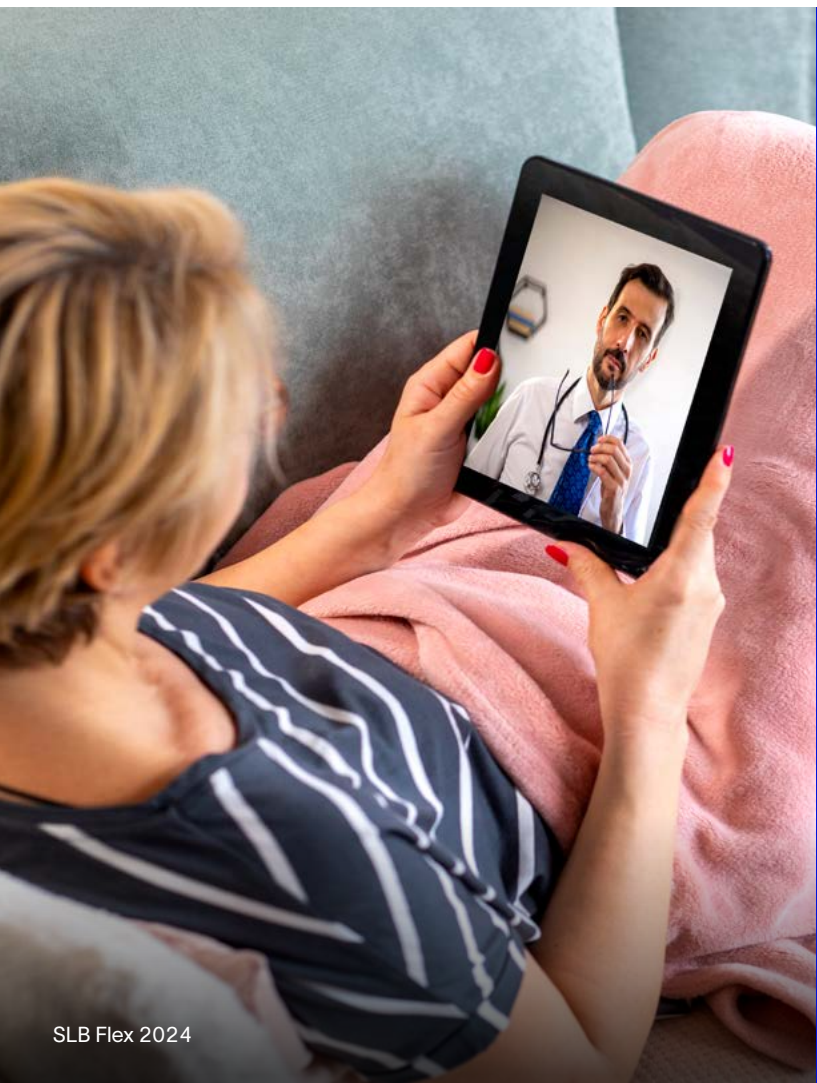
- Naturopaths
- Acupuncturists
- Dietitians
- Homeopaths
- Speech therapists
- Audiologists

### Psychological services include:

- Mental health practitioners
- Clinical counselors
- Clinical therapists
- Marriage and family therapists
- Mental health counselors
- Psychiatrists
- Psychoanalysts
- Psychotherapists
- Psychologists
- Social workers



For more information on how an extended health care plan option reimburses eligible expenses, visit the [Benefits Central Extended Health Care page](#). Note that if you cover dependents, the maximums shown are per covered person.



## Virtual health care

When a health care need arises, you have many support options, including Lumino Health Virtual Care, powered by Dialogue.\* You can access health care professionals who are available 24/7 through Lumino Health Virtual Care. Learn how to enroll in Lumino Health Virtual Care by reading this [step-by-step guide](#).

### \* A note on confidentiality

Only you and Lumino Health Virtual Care will have access to your medical information. Neither Sun Life nor SLB has access to any medical information you provide to or discuss with Lumino Health Virtual Care during the visit with them. This medical information is confidential. Please refer to Dialogue's Privacy Policy and Terms of Agreement for more information.

## → Dental care

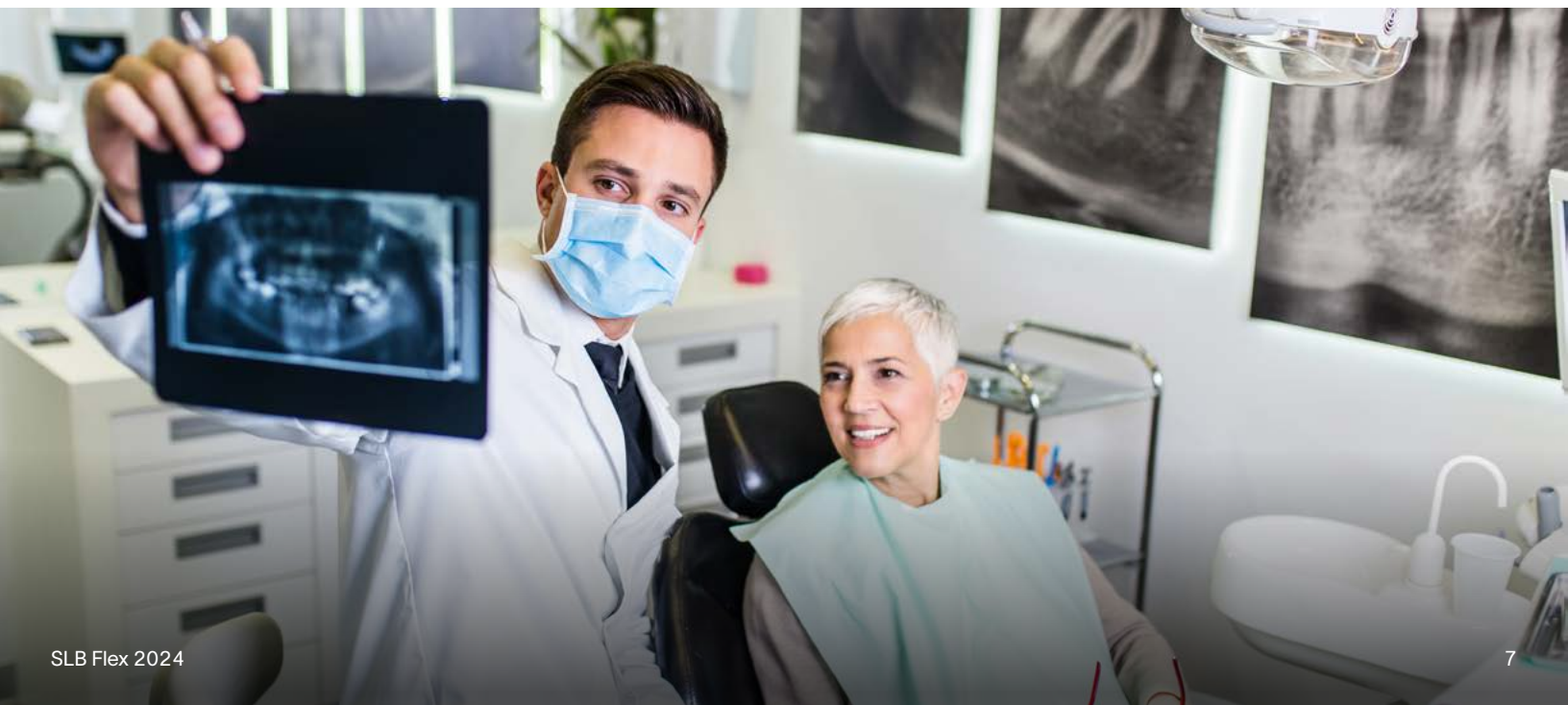
You have four different dental options to choose from:

Coverage	Option 1	Option 2	Option 3*	Option 4	
<b>Paying for coverage</b>	Covered by Flex dollars	Covered by Flex dollars	Covered by Flex dollars plus a contribution from you	<b>No coverage;</b> if you choose this option, you are electing to opt out of dental care.	
<b>Annual combined maximum</b> (basic and major dental services)	\$1,500	\$2,500	\$3,500		
<b>Dental fee guide</b>	Current year		Current year plus 20% (for basic dental services only)		
<b>Basic dental</b>					
<b>Services</b>	60%	90%	100%		
<b>Recall examinations</b>	Every 6 months				
<b>Periodontics</b> (scaling and root planing)	16 units				
<b>Major dental</b>					
<b>Services</b> (includes dentures and implants)	50%	70%	80%		
<b>Orthodontia</b>					
<b>Services</b>	No coverage	50% (up to a \$2,500 lifetime maximum)	50% (up to a \$3,500 lifetime maximum)		

\* If you choose dental Option 3, there is a lock-in provision, which means you cannot change your coverage for two full plan years, unless you experience a qualified life event.




Visit the Benefits Central [Dental page](#) to learn more about your options, including what is covered for basic and major dental services and for orthodontia.



# Who your benefits cover


You can choose from three coverage tier options for extended health and dental care:

- **Employee only** – That’s coverage just for you.
- **Employee plus one dependent** – That’s coverage for you plus your spouse or partner or child.
- **Employee plus two or more dependents** – That’s coverage for you plus coverage for your spouse or partner and/or multiple children.

 Visit the [Benefits Central Enrolling & Making Changes page](#) for more information on how eligibility is defined.

## → Health and Personal Spending Accounts

When you enroll, your Flex dollars and payroll deductions will be automatically assigned to pay for your coverage. Depending on the options you’ve selected, you may have remaining Flex dollars to spend that you can deposit in one of your spending accounts or split between your Health Spending Account (HSA) and Personal Spending Account (PSA).

 For more information, visit the [Benefits Central Health and Personal Spending Accounts page](#).

## → Wellness Personal Spending Account

In addition to your HSA and PSA, you have access to the Wellness Personal Spending Account (WPSA). The WPSA is an employee fitness and healthy living benefit. Each new plan year, SLB deposits \$450 into your WPSA, which you can immediately use to fund any qualified wellness-related activity or expense. While the WPSA is meant for your fitness and healthy living, you can enjoy it with your family too. For example, you can use your WPSA dollars toward a family ski pass or gym membership.

### Comparing the HSA, PSA, and WPSA

	HSA	PSA	WPSA
<b>Eligible expenses</b>	<ul style="list-style-type: none"> <li>→ Extended health care or dental expenses not covered by our core plan</li> <li>→ Anything claimable as a medical expense by the Canada Revenue Agency</li> </ul>	<ul style="list-style-type: none"> <li>→ Optional life and critical illness insurance premiums</li> <li>→ Paid long-term disability premiums</li> <li>→ Fitness and nutrition</li> <li>→ Education</li> <li>→ Electronic devices</li> </ul>	<ul style="list-style-type: none"> <li>→ Fitness and exercise</li> <li>→ Nutrition</li> <li>→ Wellness</li> </ul>
	For more details on expense eligibility, contact Sun Life	For more details on expense eligibility, see the claim form on the <a href="#">Benefits Central website</a>	
<b>How to submit your claims</b>	You can submit your claims through the Sun Life website or mobile app, or by using their paper form	You can submit your claims using Sun Life's paper form	
<b>Taxable</b>	Non-taxable	Reimbursement is taxable	
<b>Expiration</b>	Expires after 2 years (use it or lose it)		Expires after 1 year (use it or lose it)
<b>Covered dependents</b>	Yourself, your eligible dependents, and any person you may claim as a dependent under the Income Tax Act	Yourself and your eligible dependents	Yourself only or your family expenses where you are covered



## → Insurances

When the unexpected occurs, you have insurance options through SLB to protect yourself and your family financially. These options include basic life insurance and basic AD&D insurance, which are provided automatically by SLB at no cost to you. Note that these insurances are considered taxable benefits by the Canada Revenue Agency. This means you will pay tax on the premiums paid by SLB, but the benefits you receive are not taxed.

In addition to the coverages automatically provided to you by SLB, you also have the option to buy additional life, AD&D, and critical illness coverages during your initial enrollment or annual enrollment windows.

Refer to this key when reviewing your coverage options below.

✦ – Automatically provided by SLB    ✓ – Optional purchase through payroll deductions



### What is eligible compensation?

For employees with more than one year of service, eligible compensation is the greater of the last full year of admissible compensation at annual enrollment, or this year's base salary. For employees with less than one year of service, eligible compensation is your base salary only. Eligible compensation includes base pay, overtime, bonuses, commissions, and geographical coefficients.

## Basic and Optional Life Insurance

Coverage Type	Coverage Level	Amount
<b>Basic life insurance</b> ✦	You	2x your eligible compensation
	Your spouse or partner	Up to \$10,000
	Your dependent children	Up to \$5,000 per dependent child
<b>Optional life insurance</b> ✓ (Note: Evidence of insurability (EOI) is required for optional life insurance.)	You	Up to \$500,000 in coverage (available in multiples of \$25,000)
	Your spouse or partner	
	Your dependent children	Up to \$25,000 in coverage (available in multiples of \$5,000)

## Basic and Optional Accidental Death and Dismemberment (AD&D) Insurance

Coverage Type	Coverage Level	Amount
<b>Basic AD&amp;D insurance</b> ✦	You	2x your eligible compensation
<b>Optional AD&amp;D insurance</b> ✓	You	Up to \$500,000 in coverage (available in multiples of \$25,000)
	Your spouse or partner	
	Your dependent children	Up to \$25,000 in coverage (available in multiples of \$5,000)

## Optional Critical Illness Insurance


Coverage Level	Amount
<b>You</b> ✓	Between \$20,000 and \$250,000 (available in multiples of \$10,000)
<b>Your spouse or partner</b> ✓	Between \$20,000 and \$250,000 (available in multiples of \$10,000)
<b>Your dependent children</b> ✓	Up to \$5,000

Note: Evidence of insurability (EOI) is required for optional critical illness insurance.




### Business and travel accident insurance

In addition to your basic life and AD&D insurances outlined on this page, SLB also automatically provides you with business travel accident insurance, equal to 4.5x your eligible compensation, up to \$1 million, at no cost to you. This coverage pays a benefit in the event you die or suffer dismemberment as a result of an accident while traveling on SLB business. This is a taxable benefit.

 [Learn more about your insurance options by visiting the Benefits Central Insurance page.](#)

## → Disability coverage

Dealing with a disability is stressful, and you should not have to worry about your income while you are recovering. That's why SLB offers comprehensive short-term disability and long-term disability benefits in the event of the unexpected. These benefits provide various types of financial protection, depending on how long you are away from work.

 Visit the Benefits Central [Disability page](#) to review full details.

### Short-term disability (STD)

Your STD coverage is automatically provided by SLB at no cost to you. It is intended to be a wage continuation benefit, if you cannot work for a short time due to a non-work-related illness or injury. There are some differences in coverage, as noted below.

Coverage Level	Onset of STD to 26 Weeks (maximum 6 months)	27 Weeks to 52 Weeks (maximum 12 months)
All employees	100% of base salary	80% of base salary
Legacy SLB field direct employees	130% of base salary	110% of base salary

### Long-term disability (LTD)

Your LTD coverage is a mandatory benefit that all SLB employees must participate in. You choose your coverage option and pay the premiums associated with your LTD benefits. This ensures that any disability benefit you may receive will be tax free. If your STD coverage has ended and you cannot return to work, you may qualify for LTD benefits. Once your LTD claim is approved, your coverage will begin.

Coverage Level	Option 1	Option 2	Option 3
<b>Formula</b> (based on eligible compensation)	45% of first \$5,500 and 32% of remainder	55% of first \$4,000 and 42% of remainder	65% of first \$2,000, 53% of next \$5,000, and 45% of remainder with COLA
<b>Indexing</b>	None		Yes
<b>Monthly benefit maximum</b>	\$15,000 per month		
<b>Benefits payable</b>	At age 65, retirement, recovery, or death (earliest of)		

Note: Evidence of insurability (EOI) is required for LTD coverage increases during annual enrollment.



### How to report a disability claim

To report a disability claim, call HumanaCare at 1-877-305-9551. From here, a HumanaCare nurse will walk you through the claims process. Consider them to be your disability advocate. Lean on them for assistance when you need it.



## → Employee Assistance Program (EAP)

If you or a family member needs some extra support, the EAP is here to help. Confidential, professional coaches, consultants, and counselors are available 24/7 to assist with any work, health, or life concern through TELUS Health. The EAP can provide you with services related to issues both big and small and support your mental, financial, physical, and emotional wellbeing.



For more information, visit the Benefits Central [Employee Assistance Program page](#).

Access your TELUS Health EAP 24/7 by:

→ Phone: 1-844-880-9142

→ Web: [one.telushealth.com](https://one.telushealth.com)

→ Mobile app: Download the TELUS Health One mobile app

Use username "slb" and password "EAP" for both the TELUS Health website and mobile app.



# How to Make Good Benefits Choices

Before making your benefits choices, take these steps to ensure that you're thinking through every scenario when it comes to your new coverage:

- ✓ **Consider who needs to be covered.** Are your benefits just for you, or are there other dependents who need coverage?
- ✓ **Evaluate your financial situation and health needs.** Does it make sense for you to pay more up front but have higher levels of coverage for anticipated care?  
In the event of an accident or emergency, do you have significant savings, or will you need more insurance for the unexpected?
- ✓ **Designate your beneficiaries.** This ensures that your insurance benefits will go to your loved ones in the event of the unexpected. If you do not designate your beneficiaries, your insurance benefits may have to go through probate, which will cost time and money.
- ✓ **Look back at how you used coverage in the past year.**  
Did you have more out-of-pocket costs? If so, you may want to consider increasing your level of coverage.
- ✓ **Think ahead to what you'll need in the coming year.** Are you expecting a child? Do you have any planned procedures or treatments that will require enhanced coverage?
- ✓ **Review what's available to you in this guide.**  
Get more detailed information by visiting the [Benefits Central website](#).
- ✓ **Ready to enroll?** Visit [My Benefits Portal](#) to elect your choices.



# Enrolling in Flex Benefits

There are two times you can enroll in Flex Benefits:

- 1 As a new hire or transfer to Canada, within 30 days of receiving your enrollment invitation, or
- 2 During annual enrollment, a once-a-year window when you can elect and make changes to your benefits.

## → Initial enrollment

When you enroll in benefits as a new hire or a transfer to Canada, you are electing benefits for the remainder of the calendar year. If you are a new hire or transfer to Canada during annual enrollment, you'll enroll in this year's benefits, as well as elect benefits for the new plan year, beginning January 1.

## → Annual enrollment


This once-a-year opportunity to elect or make changes to your benefits is one you won't want to miss. If you don't enroll during annual enrollment, you will default to coverage that may not suit your needs or cover your dependents. See "If you do not enroll in coverage" below for more information.

## → How to enroll in coverage

After you review your coverage options, it's time to enroll. When you are ready to enroll, visit [My Benefits Portal](#). You can access your My Benefits Portal account without logging in if you are on the SLB intranet. If you are using an external computer and are not on the SLB intranet, you will need to enter your LDAP email and LDAP password to log in. After logging in, select **Enroll**, then follow the instructions for completing your enrollment in SLB Flex.



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 For more information on enrolling in coverage, see the Benefits Central [Enrolling & Making Changes page](#).

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## → If you do not enroll in coverage

If you do not enroll, you will default to the lowest level of coverage for all required plans and potentially have no coverage for any voluntary plans. Plus, your dependents may not be covered if it is your initial enrollment—they must be added. Default coverage will remain in effect until the next annual enrollment or eligible life event, whichever comes first.

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 Learn more about how default coverage works, through the Benefits Central [Enrolling & Making Changes page](#).

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## → Making life event changes throughout the year

Plan rules do not allow for changes outside the initial enrollment or annual enrollment periods, with one exception: an eligible life event. These include:

- Marriage, civil union, or a common-law relationship of six months or more
- Divorce, separation, or end of a common-law relationship
- Addition of an eligible dependent child
- Loss of a child's status as a dependent (marriage, age limit, leaves school, etc.)
- Your spouse or partner gains or loses benefits coverage
- Death of a spouse or partner or child

If you experience one of these events, you are responsible for updating your dependents and coverage within 30 days on [My Benefits Portal](#). If you do not report the life event within 30 days, your next opportunity to make changes will be annual enrollment or if you experience another life event. Your new coverage and any payroll deductions will be retroactive to the date of the eligible life event.



# Contacts

Resource	How to Get There	Support Type
Benefits Central Website	Visit <a href="https://slb-benefits.ca">slb-benefits.ca</a>	All your benefits information needs can be found here
SLB Canada Benefits Centre	Call <b>1-866-557-5222</b> (toll-free), Monday to Friday, 6:30 a.m. to 3 p.m. MT	<ul style="list-style-type: none"> <li>→ Enrollment support</li> <li>→ Help updating coordination of benefits or dependents</li> </ul>
My Benefits Portal	Visit <a href="https://slb.seb-admin.com">slb.seb-admin.com</a>	<ul style="list-style-type: none"> <li>→ Enroll in your benefits</li> <li>→ Make a life event change</li> <li>→ Designate beneficiaries for insurances</li> <li>→ View your enrollment choices</li> <li>→ View your Total Rewards Statement</li> <li>→ Access the single sign-on to your Sun Life account</li> </ul>
Enterprise Service Management Portal (ESM-HR)	Visit <a href="https://esm.slb.com/hr">esm.slb.com/hr</a>	<ul style="list-style-type: none"> <li>→ SLB's employee support platform</li> <li>→ View common FAQs, and submit a ticket here to get internal support for personal benefits questions or issues</li> </ul>
Sun Life	Visit <a href="https://mysunlife.ca">mysunlife.ca</a> , call <b>1-866-896-6976</b> (toll-free) Monday to Friday, 6 a.m. to 6 p.m. MT, or download the my Sun Life mobile app  Contract numbers: <ul style="list-style-type: none"> <li>→ Health and Dental – 150939</li> <li>→ Basic and Optional Life Insurance – 103039</li> <li>→ Optional Critical Illness Insurance – 105739</li> <li>→ Health Spending Account – 150939</li> <li>→ Personal Spending Account – 151039</li> <li>→ Wellness Personal Spending Account – 152260</li> </ul>	<ul style="list-style-type: none"> <li>→ Retirement and Savings Plan – Enroll in products, select investments options, and designate beneficiaries</li> <li>→ Contact for health and dental claims support, claims status, and coverage support or general benefits questions</li> <li>→ Use the website to view your account online, print claim forms or cards, and use the drug look-up tool</li> <li>→ Use the my Sun Life mobile app for quick access to your accounts and coverage card</li> </ul>
Global Excel Management (GEM)	For 24/7 medical assistance while traveling, call: <ul style="list-style-type: none"> <li>→ <b>1-800-511-4610</b> (U.S. and Canada)</li> <li>→ <b>1-519-514-0351</b> (anywhere else)</li> </ul>	Contact if you need support to start an emergency medical claim or for emergency medical assistance while traveling out of province or country
HumanaCare	Call <b>1-877-305-9551</b> (toll-free) Monday to Friday, 6:30 a.m. to 4 p.m. MT	Contact if you need to start a short-term disability claim
TELUS Health	For 24/7 support, visit <a href="https://one.telushealth.com">one.telushealth.com</a> , call <b>1-844-880-9142</b> , or download the TELUS Health One mobile app (Username: slb   Password: EAP)	Contact to access the Employee Assistance Program (EAP)

The information in this document is a general description of your employer-sponsored benefits plans. These plans are subject to change from time to time. In the event of any discrepancy or misunderstanding, benefits will be paid according to the applicable contracts, policies, plan documents, and legislation.