

Live well.
Save well.
Spend well.



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NOTE: The benefits highlighted and described in this guide may be changed at any time and do not represent a contractual obligation—either implied or expressed—on the part of Stantec.

We offer benefits as unique and meaningful as our employees are.

That's our goal at Stantec, and our commitment to you and your family is constant. The benefits and perks you receive make paying health care expenses, building capital for the future, and providing peace of mind for you and your family easier.

What you value from your benefits package may change as the priorities in your life change, so we're offering you many benefits options. You can choose the ones best suited to your needs each year.

Understand Your Choices Before You Enroll

In this guide, you'll find brief descriptions of the various benefits plans and policies, from health insurance to savings and investment options. You can also:

- Use our new benefit decision-making tool—[ALEX \(myalex.com/stantec/2017\)](http://myalex.com/stantec/2017)—to match what you need to the choices offered.
- Go to StanNet or your Integration Site to find complete descriptions in the Benefits Summary for each benefit.
- Call the vendors directly when you have specific questions about your coverage. [Contact information](#) can be found at the end of this guide.
- Contact the Stantec HR Service Center when you have general questions or call (877) 418-1459—we're happy to assist you!



Ready To Enroll?

Go to our online enrollment tool, benefitsolver.com, to complete your enrollment today. Use Company Key **STN**.

Eligibility

Employee Eligibility

You are eligible to participate in the Stantec benefits plan if you're an active Stantec employee working at least 20 hours per week in an eligible staff type category. Non benefits eligible employees may participate in the 401(k) only.

Your benefits coverage begins on the first of the month following your hire, rehire, or status change to benefits-eligible date or on that date if it coincides with the first of the month.

The only exceptions are

- Short-term disability, which is in place on your date of hire *Does not apply to Craft employees
- 401(k) eligibility (if you're at least 21 years old), which begins 30 days after your date of hire
- Employee Stock Purchase Plan (ESPP) eligibility, which begins after you get your first paycheck

Dependent Eligibility

You may enroll your spouse or domestic partner, as well as your dependent children or domestic partner's children. To participate, you and your dependents must be US citizens or have legal authorization to live and work in the United States. Any time you add a new dependent to a medical or dental health care plan, you'll be required to provide proof of his or her dependent eligibility status.

For the medical, dental, vision, and life insurance plans, Health Care Flexible Spending Accounts (HCFSAs), Employee Assistance Program (EAP), and Accidental Death & Dismemberment (AD&D) program, your eligible dependents are listed below.

- **Your spouse** (excluding Common Law which may qualify as a domestic partner), who may be the same or opposite sex: While federal imputed income tax will not apply to benefits provided for same-sex spouses, state tax may apply.
- **Your domestic partner**, who must qualify under our program's guidelines: You must complete a Domestic Partner Affidavit available on StanNet or your Integration Site or provide documentation showing that your domestic partnership is registered with a government agency. Note, federal imputed income tax will apply.
- **Children up to age 26:** You may cover your dependent children until they reach age 26, regardless of student status. To be eligible for this coverage, children do not need to be financially dependent on you for support, claimed as dependents on your tax return, residents of your household, enrolled as students, or unmarried. Children-in-law (spouses of children) and grandchildren are not eligible. "Children" includes natural children, legally adopted children, stepchildren, domestic partner's children, and foster children who are dependent on you during the waiting period before adoption.

Loss of Eligibility

If you lose benefits eligibility due to termination of employment, status change to "non-benefits eligible," or another qualifying reason, your medical, dental, and vision benefits continue to the end of the month that you lose benefits eligibility. You'll receive a Benefits Termination Reference Guide from HR that outlines specific details.

COBRA – If you are eligible for continuing medical, dental, vision, and flexible spending account coverage under the Consolidated Omnibus Reconciliation Act (COBRA), you will receive enrollment information from our COBRA administrator, WageWorks, within 14 days of WageWorks' receipt of the notice of the qualifying event from Stantec. Coverage under COBRA is retroactive to the date of loss of coverage when elected within the allowed time frame.

DEPENDENTS – If your spouse or dependent child loses coverage under the plan because he or she no longer meets the plan's definition of "dependent," notify HR by submitting a request to the Stantec HR Service Center immediately after the event (within 31 days for a benefit change and within 60 days for COBRA eligibility) to make changes to your benefits and be eligible for continued coverage under COBRA.

COBRA FOR DEPENDENTS TURNING 26 – Dependents turning 26 will automatically be removed from plans at the end of the month that they turn 26. Your dependent will receive enrollment information from our COBRA administrator, WageWorks, within 14 days of WageWorks' receipt of the notice of the qualifying event from Stantec.



Enrollment

Annual Open Enrollment (October 31 – November 11)

Each year during Open Enrollment, current employees have the opportunity to change benefit elections to keep pace with their changing needs. All employees are required to go through the annual enrollment process because of new options and plan changes.

During Open Enrollment, you'll be able to

- Review and compare your plan options
- Change your benefit plan elections
- Add or remove dependents

The elections you choose during Open Enrollment are in effect for the entire plan year: January 1 to December 31. Apart from Open Enrollment, changes during the year are limited to qualifying life events (following IRS guidelines).

IMPORTANT! This year, you must take action during Open Enrollment. If you do not make any elections or changes during Open Enrollment, **you will default to “no coverage.”**

Enrollment For New Employees or Qualifying Life Event Changes

As a new employee, you must select and enroll in your benefits within 31 days of your initial hire date. If you do not complete the enrollment process within 31 days, you will be enrolled by default into employer-paid plans ONLY; you will have NO medical, dental or vision coverage. After 31 days you will not be able to make changes until the next open enrollment period or qualifying life event, whichever occurs first.

Find more information about qualifying life events [here](#).

Note: To be eligible to make benefit changes, you are required to show proof of the life event, such as your marriage certificate, child's birth certificate, proof of loss of coverage, or other dependent verification documents for dependents you want to add to your plan.



How to Enroll in Your Benefits

Benefitsolver is an online benefit enrollment platform. Simply follow the instructions listed below. If you've already reviewed your benefit options and know which ones you want, enrollment should take 15 to 30 minutes. If you want to learn about your options, visit <https://www.myalex.com/stantec/2017>.

1. Go to benefitsolver.com.
2. Click "Register" if you're a first-time user.
(**Note:** If you've already registered on Benefitsolver, skip steps 2 to 7.)
3. Enter Company Key—**STN**—your social security number, and your date of birth; click "Continue."
4. Read through the Electronic Signature notification, and click "Accept."
5. Create a unique user name and password (must be at least seven characters and is case sensitive).
6. Select a security phrase and answer.
7. Click "Continue" twice to proceed to the log-in page.
8. Enter the user name and password that you created and click "Login."
9. Follow the instructions to make your elections.
10. Print your Benefits Summary for future reference.

Important: If you enrolled a dependent in medical or dental benefits, visit the personal message center for instructions on uploading dependent verification documentation within the 31-day deadline.



How to Enroll in Voluntary Benefits

Voluntary benefits include identity theft protection, home and auto insurance, critical illness and accident coverage, and legal services. Once you've enrolled on Benefitsolver, you'll be redirected to the [AlliantCHOICE Plus](#) enrollment platform where you can enroll in or make changes to voluntary benefits.

401(k) and Employee Stock Purchase Plan

To learn about and enroll in our 401(k) and Employee Stock Purchase Plan (ESPP), go to the [Retirement and Stock Purchase](#) section of this guide.

How to Review Your Benefits Selection

Review your Benefits Summary online at benefitsolver.com: click on your name in the top right corner, then click "Benefits Summary." The Benefits Summary lists the benefits you selected, the semimonthly (weekly for certain MWH employees) cost of those benefits, and the dependents and beneficiaries associated with those programs.

Go to <https://Stantec.AlliantCHOICEplus.com> for a summary of your voluntary benefit selections.

How to Waive Coverage

Your decision to waive coverage should be made only after careful consideration. The reason? If you waive coverage and wish to enroll later, you must wait until the next annual Open Enrollment period, unless you have a qualifying life event.

If you still choose to waive the benefits offered by Stantec, you must go online to benefitsolver.com to list your dependents and designate your beneficiaries for the Company-paid life insurance plans.



Qualifying Life Events

The elections you make when you initially become eligible for benefits or during Open Enrollment are in effect for the remainder of the plan year (January 1 to December 31). Changes made during the year are limited to qualifying life events following Internal Revenue Service (IRS) guidelines. Go to benefitsolver.com, the Stantec HR Service Center, or your Integration Site for the Life Event Matrix and more details.

Qualifying life-event changes may include but are not limited to

- Gain of dependent (birth, adoption, placement for adoption of a child, marriage, Certified Domestic Partnership)
- Loss of dependent (divorce, legal separation, annulment, termination of partnership, death)
- Commencement or termination of spouse's or domestic partner's employment that affects benefits
- Spouse's or domestic partner's Open Enrollment
- Medicare or Medicaid entitlement changes
- Court orders requiring changes
- Certain changes in cost, composition, or curtailment of coverage of your plan or your spouse's or domestic partner's plan
- Changes consistent with Special Enrollment rights

To make changes due to a qualifying life event, log on to your account at benefitsolver.com within 31 days of the effective date of the event. Elections must relate to the dependent's qualifying event. Without the proper documentation, your request cannot be approved. If you're removing a dependent, COBRA may be offered to the dependent. If COBRA applies, the COBRA packet will be mailed to your dependent's home address.

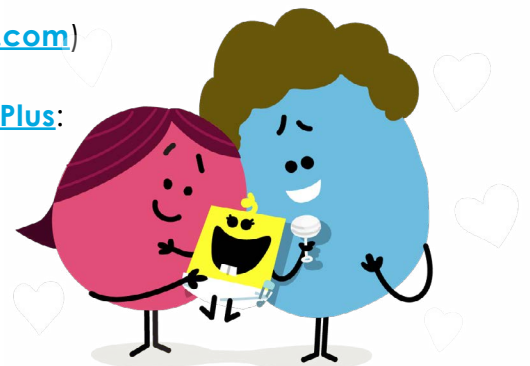
Midyear Changes

You can make changes any time to the following benefits without a qualifying life event by contacting the vendor directly:

- Universal Life Insurance
- Individual Disability Insurance
- 401(k) deferrals and investment selections
- Employee Stock Purchase Plan (ESPP) deferrals
- Commuter Benefits Program
- HSA Contribution Changes (made directly on benefitsolver.com)

Make changes to these benefits by logging into [AlliantCHOICE Plus](#):

- Critical Illness Insurance
- Accident Insurance
- Auto, Homeowners, and Renters Insurance
- LifeLock ID Theft



Medical and Prescription Benefits

Cigna offers four medical plans. To locate a provider, visit www.cigna.com, click Find a Doctor, and select the plan network **OAP: Open Access Plus, OA Plus, Choice Fund OA Plus**. (Note: employees in Alaska should select **PPO: PPO, Choice Fund PPO**). If you live in California or Colorado, you are also eligible to choose a Kaiser medical plan. The tables below provide a summary of each option.

Deductibles and Out-of-Pocket Maximums				
	Plan Year Deductible	Plan Year Out-of-Pocket Maximum (Includes Deductible)	Plan Year Out-of-Network Deductible	Plan Year Out-of-Network, Out-of-Pocket Maximum (Includes Deductible)
Cigna HSA Value Plan*				
Employee only	\$3,000	\$6,550	\$6,000	\$13,100
Employee and spouse or domestic partner	\$6,000	\$13,100	\$12,000	\$26,200
Employee and child(ren)	(\$3,000 Individual)	(\$6,550 Individual)	(\$6,000 Individual)	(\$13,100 Individual)
Family				
Cigna HSA Base Plan*				
Employee only	\$2,600 (\$500 HSA)	\$5,000	\$5,200 (\$500 HSA)	\$10,000
Employee and spouse or domestic partner	\$5,200 (\$1,000 HSA)	\$10,000 (\$5,000 Individual)	\$10,400 (\$1,000 HSA)	\$20,000 (\$10,000 Individual)
Employee and child(ren)	(\$2,600 Individual)		(\$5,200 Individual)	
Family				

*No single individual within a family will be subject to more than the individual deductible or individual out-of-pocket maximum (in or out of network).



What's an HRA? An HSA? How do they work?

To get help picking the plan that's right for you, go to [ALEX \(myalex.com/stantec/2017\)](http://ALEX(myalex.com/stantec/2017)), a great online tool that explains the plans and helps you make decisions.

Deductibles and Out-of-Pocket Maximums (continued)

	Plan Year Deductible	Plan Year Out-of-Pocket Maximum (Includes Deductible)	Plan Year Out-of-Network Deductible	Plan Year Out-of-Network, Out-of-Pocket Maximum (Includes Deductible)
Cigna HSA Buy-up Plan				
Employee only	\$1,500 (\$600 HSA)	\$3,500	\$3,000 (\$600 HSA)	\$7,000
Employee and spouse or domestic partner	\$3,000 (\$1,000 HSA)	\$7,000	\$6,000 (\$1,000 HSA)	\$14,000
Employee and child(ren)				
Family				
Cigna HRA Plan				
Employee only	\$1,400 (\$600 HRA)	\$3,000	\$2,800 (\$600 HRA)	\$6,000
Employee and spouse or domestic partner	\$2,800 (\$1,000 HRA)	\$6,000	\$5,600 (\$1,000 HRA)	\$12,000
Employee and child(ren)				
Family				

Lifetime Maximum – Unlimited

HRA/HSA Guidelines for 2017

Your HRA is fully funded by Stantec upon enrollment in the plan, prorated for new hires and mid-year changes.

Depending on your chosen HSA plan—Value, Base, or Buy-up—you may be eligible for an employer contribution into your Health Savings Account (HSA). Stantec's annual contributions to both the HRA and HSA are indicated in the above table in parentheses. Stantec's contribution to your HSA is funded quarterly, prorated for new hires and mid-year changes. You are also able to make your own pre-tax contributions to your HSA. The combined amounts of what you and Stantec contribute are subject to IRS annual limits, listed below.

	HSA Contribution Limit	HSA Age 55+ Additional Contribution Amount
Single	\$3,400	\$1,000
Family	\$6,750	\$1,000

To qualify and be eligible to make contributions into an HSA, you must meet all of the following conditions:

1. You must be covered by a qualified high-deductible health plan.
2. You cannot be enrolled in a Traditional Healthcare Flexible Spending Account (FSA) or a Health Reimbursement Arrangement (HRA). This includes being enrolled in your spouse's Healthcare FSA (note: you are automatically "enrolled in your spouse's FSA" by IRS guidelines if your spouse elects to participate in their employer's FSA)
3. You cannot be claimed as a dependent on another person's tax return.
4. You are not enrolled in any form of Medicare.
5. Domestic Partners: you may not pay for the healthcare expenses (e.g. deductibles, coinsurance, etc.) of your covered Domestic Partner with your HSA unless they are your IRS-qualified tax dependent.

Benefit Highlights		
	In-Network	Out-of-Network
Routine office visits	Plan pays 80% (after deductible)	Plan pays 60% of the allowed amount (after deductible)
Specialist visits	Plan pays 80% (after deductible)	Plan pays 60% of the allowed amount (after deductible)
Preventive care	Plan pays 100% according to the National Medical Specialty Recommended Schedule (deductible waived)	Plan pays 60% of the allowed amount according to the National Medical Specialty Recommended Schedule (after deductible)
Urgent care (physician and medical services)	Plan pays 80% (after deductible)	Plan pays 60% of the allowed amount (after deductible)
Emergency room	Plan pays 80% (after deductible)	Plan pays 80% (after deductible)
Hospital inpatient and outpatient	Plan pays 80% (after deductible)	Plan pays 60% of the allowed amount (after deductible)
Mental health	Inpatient: Plan pays 80% (after deductible) Outpatient: Plan pays 80% (after deductible)	Plan pays 60% of the allowed amount (after deductible)
Substance abuse	Inpatient: Plan pays 80% (after deductible) Outpatient: Plan pays 80% (after deductible)	Plan pays 60% of the allowed amount (after deductible)
Outpatient scans and lab	Lab and non-complex imaging (x-ray): covered at 100% (deductible waived for HRA ONLY) (deductible applies for HSA plans if not preventive) Complex imaging (MRI, CT, CAT, PET): Plan pays 80% (after deductible for HRA and HSA plans)	Plan pays 60% of the allowed amount (after deductible) Plan pays 60% of the allowed amount (after deductible)
Chiropractic care	Plan pays 80% (after deductible) Maximum of 20 visits per year	Plan pays 60% of the allowed amount (after deductible)

Residents of Alaska: "out-of-network" benefits are enhanced in your area due to limited access to in-network providers. Please reference your Cigna summaries for more details.

Important Information about Deductibles and Out-of-Pocket Maximums

Your deductible applies for the full plan year: January 1 to December 31. Expenses from the current plan year are not carried over to the following plan year. Under the Health Reimbursement Arrangement (HRA) and HSA Buy-Up plans, there is only one deductible and one out-of-pocket maximum for families, and each can be satisfied by one or any combination of family members covered under the plan. No individual deductible applies to members of a family on these two plans. However, because of IRS regulations, an individual deductible and individual out-of-pocket maximum apply to family members under the HSA Base and the HSA Value plans.

Medical – Kaiser

Kaiser

The Kaiser HMO is available only to employees residing in California or Colorado. The HMO covers virtually all health care expenses as long as the care is provided by a participating physician in the HMO. Expenses from the current plan year are not carried over into the following plan year.

The HMO does not provide benefits if you use a doctor or hospital outside the Kaiser facilities—you must pay the full cost for those services unless there is an emergency.

Kaiser Tools

My Health Manager

Once enrolled, register at www.kp.com to use the tools and calculators to guide you when you make decisions about symptoms, surgeries, tests, and medications. You can also access your medical record, make appointments, and manage your plan, coverage, and prescriptions. Find the information, support, and motivation you need to make lifestyle and health care choices that are right for you.

Mobile Phone App

Easily locate any Kaiser Permanente medical facility using your smartphone's global mapping features and Kaiser Permanente's mobile application, KP Locator. Download it at www.kp.com.



Benefit Highlights

Kaiser HMO Plan

Plan year deductible	\$250 per person \$500 per family
Plan year out-of-pocket maximum (Includes deductible)	\$3000 per person \$6000 per family
Lifetime maximum	Unlimited
Routine office visits	\$10 copay
Specialist visits	\$10 copay
Preventive care	\$0 copay \$0 copay for well child (age 0 to 23 months)
Urgent care (physician and medical services)	\$10 copay (CA) \$35 copay (CO)
Emergency room	90% after deductible
Hospital inpatient and outpatient	90% after deductible
Prescription drugs	
Retail (up to 30 days)	\$10 generic \$30 brand name
Mail order	2x the retail copay Mail order (up to 100 days)
Mental health	Inpatient: 90% after deductible Outpatient: \$10 copay
Substance abuse	Inpatient detoxification: 90% after deductible Outpatient therapy visits: \$10 copay
Outpatient lab and x-ray	\$10 copay (CA) 90% after deductible (CO)
Chiropractic care	\$15 copay up to 20 visits per year (CA) Not covered (CO)
Vision exam	\$10 copay
Prescription eyewear	Not Covered

Prescription Drug Coverage

Your medical plan includes prescription drug coverage. Cigna plans have CVS/Caremark for pharmacy coverage. If you enroll in a Kaiser plan, you can fill your prescriptions at your local Kaiser pharmacy.

Both Cigna and Kaiser offer mail order pharmacy programs, providing convenience and saving you money. You receive three refills for the price of two mail order copayments. With Cigna, this three-for-the-price-of-two discount applies after your deductible is met.

If you signed up for a Cigna medical plan, you automatically receive prescription drug benefits through CVS/Caremark. Remember to bring your CVS ID card when you visit a pharmacy (CVS/Caremark or an in-network neighborhood pharmacy).

For most drugs, the full cost of the prescription is charged. Once your deductible is met, prescriptions are covered by a copayment. Drugs that fall under either the Preventive Medications or the Healthy Rx Savings features are treated differently.

The tables below provide a summary of each option.

CVS Pharmacy Benefit Highlights		
	In-Network	Out-of-Network
Prescription drugs	After the Cigna deductible is satisfied	After the Cigna deductible is satisfied
Short-term prescriptions (up to 30 days)	\$5 generic \$30 preferred brand \$60 non-formulary*	Plan pays 60% of the allowed amount after copay
Long-term prescriptions (for any prescriptions past 60 days)	2x the retail copay after deductible is satisfied. Mail order or CVS Pharmacy (up to 90 days at a time)	Not covered
Preventive Medications and Healthy Rx Savings features	Deductible is waived. See Benefit Solver for lists.	Limitations apply

*Copay ONLY applicable to excluded drugs that are approved via medical necessity

Are you a CIGNA plan member? Do you have ongoing maintenance medications? The Maintenance Choice program is mandatory for most prescriptions you fill monthly. After two 30-day fills, you must fill a 90-day supply at CVS or via mail order. These medications are conveniently delivered to your home or can be picked up at a CVS or Target pharmacy. And once you've met your deductible, you'll get a 90-day supply for the cost of a 60-day supply. Visit caremark.com to manage prescriptions, print or request an ID card, or view your CVS prescription history.

Dental and Vision Benefits

Dental Care

Dental coverage provided through Cigna lets you choose your dental plan based on what's important to you. Whether you are just looking for regular cleanings or have a dependent who needs braces, our dental plans offer cost-effective options. You can go to a dentist of your choice, but you will receive the greatest benefit if you select an in-network provider. To locate a provider, visit www.cigna.com, click Find a Doctor, and select the plan network **Cigna Dental PPO or EPO**.

Dental Plan Benefit Highlights		
	Base Dental Plan	Buy-up Dental Plan
Plan year deductible	\$75 per person \$225 per family	\$50 per person \$150 per family
Preventative and diagnostic care (includes adult and child fluoride, oral cancer screening, and preventative visits two times per year)	Plan pays 90%; you pay 10% (deductible and plan year maximum are waived)	Plan pays 100% (deductible and plan year maximum are waived)
Basic care (fillings, including porcelain; simple extractions; oral surgery; periodontics; and endodontics)*	Plan pays 70%; you pay 30% (after deductible)	Plan pays 80%; you pay 20% (after deductible)
Major care (bridgework, inlays and onlays, crowns, dentures, implants, and night guards)*	Plan pays 50%; you pay 50% (after deductible)	Plan pays 50%; you pay 50% (after deductible)
Plan year maximum per individual (not including orthodontia)	\$1,500	\$2,000
Orthodontia (adult and child)	Not covered	Plan pays 50%; you pay 50% of the allowed amount (deductible is waived)
Lifetime maximum per individual		\$2500

* See plan document for coverage details.

Know what's covered before you get dental care

Before you get dental care, work with your dental provider to get a "predetermination of benefits" from Cigna. This ensures that you and your dental provider understand what costs will be covered by the Stantec dental plan and what costs will be your responsibility.

Vision Care

Our vision plan from VSP helps you save money on eye exams, contact lenses, glasses, Lasik and more. Visit vsp.com for details on these extra savings. The **VSP Signature Network** is used for vision providers.

Vision Benefit Highlights				
	Frequency	Copayment	Coverage from a VSP Preferred Provider	Non-preferred Provider (Also Known as Out-Of-Network) Reimbursement
Exam	12 months	\$20	Covered in full	Up to \$50 allowance
Prescription eyewear	You may choose glasses or contacts. Remember, if you choose contacts, you will not be eligible to receive glasses (lenses and frame) in the same service period.			
Lenses	12 months	\$20 (applied to lenses and frame)	Single vision, lined bifocal, and lined trifocal lenses are covered in full.	Single vision: up to \$50 allowance Lined bifocal: up to \$75 allowance Lined trifocal: up to \$100 allowance
Frame	12 months		Up to \$150 allowance	Up to \$70 allowance \$80 allowance at Costco
Contact lenses	12 months	None	Up to \$150 allowance	Up to \$105 allowance

Note: ID cards are not required or issued for vision benefits. To access your benefits:

- Log in to vsp.com or call the VSP at (800) 877-7195 to locate an in-network eye doctor.
- Contact your VSP Preferred Provider to schedule an appointment and give them this information:
 - Insurance Name: **VSP**
 - Group Number: **12280290**
 - Your Social Security Number: **last four digits only**



Spending Accounts

We offer three spending accounts through WageWorks to help you make the most of your money: Traditional, HSA-compatible, and dependent care flexible spending accounts. Account descriptions and a maximum-contribution table follow.

Traditional Health Care Flexible Spending Account

The Traditional Health Care Flexible Spending Account (FSA) lets you use pretax savings to pay or be reimbursed for eligible expenses not covered by your health plans. Examples of eligible items include medical, dental, and vision deductibles, copayments, coinsurance, and some over-the-counter products.

Learn all the rules and more at wageworks.com.

HSA-Compatible Flexible Spending Account

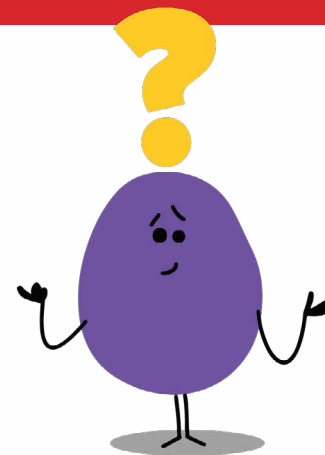
If you're enrolled in a health plan with a Health Savings Account (HSA), you can also enroll in an HSA-compatible Flexible Spending Account (also known as Limited Purpose) to maximize your savings. This helps you take full advantage of the long-term savings power of your HSA.

Here's how it works:

- IRS rules don't allow you to contribute to an HSA if you're enrolled in a Traditional Health Care FSA. But with an HSA-compatible FSA, you can pay for eligible dental and vision expenses for you and your dependents.
- By limiting the HSA-compatible FSA's reimbursements to dental and vision care expenses, you can still participate in both the HSA-compatible FSA and an HSA medical plan.
- After your deductible has been met, WageWorks can approve the use of your FSA funds for medical expenses. For additional details, go to wageworks.com/myhsa-fsa.

Both the Traditional Health Care FSA and the HSA-compatible FSA provide you with a health care debit card. You can see your Statement of Activity at wageworks.com. If you're required to provide receipts and do not, your debit card may be suspended and other claims may be held.

Use our new benefit decision making tool called [ALEX](#) to help best match your needs to the choices offered: myalex.com/stantec/2017.



Dependent Care Flexible Spending Account

This account lets you pay for dependent care on a pretax basis. Examples of eligible care include a variety of child and elder care services.

To be eligible, your dependent care provider must be claiming your payment to them as income on his or her tax form. Dependent Care FSA information is available at wageworks.com.

For the Dependent Care Flexible Spending Account (FSA), your eligible dependents include:

- Your dependent children under age 13 who can be claimed as dependents by you on your federal income tax return
- Your spouse and any other dependent of any age who satisfy the following three criteria
 - Lives with you at least eight hours a day
 - Is physically or mentally unable to care for himself or herself
 - Can be claimed as a dependent on your federal income tax return (can include a dependent elderly relative)

Healthcare Flexible Spending Account (HCFSA) – IRS Limits

2017 maximum contribution: \$2,600

- Spend by 12/31 and claim by March 31 of the following year
- Up to \$500 can rollover into the following year, anything over \$500 is forfeited

Dependent Care Flexible Spending Account (DCFSA) – IRS Limits

2017 maximum contribution

- \$5,000 if single or married and filing jointly
- \$2,500 for a married person filing separately
- You must spend your election by the end of the plan year (12/31) and claim by 3/31 or you forfeit any remaining dollars

Commuter Benefits Program

Save time and money on your way to work with our Commuter Benefits Program. It lets you pay for eligible commuting costs and parking expenses through automatic pretax payroll deductions. A quick online order gets your transit pass delivered to your home every month, and you can set up automatic monthly parking payments to go directly to your provider.

You can also buy transit passes and other commuter products for family members, dependents, or individuals who have their transit costs paid by you.

The deadline to enroll is the fourth of each month. Benefits start the following month.

Example: Enroll by February 4 for a March benefit. For information about enrollment and eligible expenses or to enroll, visit getwageworks.com/commuter or call WageWorks at (877) 924-3967.

Commuter Benefits Plan – IRS Limits

- **2017 parking:** \$255 per month
- **2017 transit:** \$255 per month

Life and Disability Benefits

Life Insurance Benefits

You have options for both Company-paid and voluntary employee-paid term life insurance. Your beneficiary receives a benefit equal to your coverage amount upon your death.

You can change your beneficiary at any time at benefitsolver.com.

Basic Employee and Dependent Life Insurance (Cigna)

Two options are available for electing basic life insurance provided by Stantec:

1. Basic life equal to two times your annual base salary (rounded to the next higher \$1,000) to a maximum of \$500,000
2. A flat \$50,000 to avoid imputed income tax.

You must provide medical evidence of insurability if you first choose option 2 and then decide to switch to option 1.

Your coverage is reduced at the beginning of the plan year when you reach age 70.

Stantec also provides you with coverage for your family: \$10,000 for your spouse or domestic partner and \$5,000 for each child.

Imputed Income Tax

If your total basic employee life insurance exceeds \$50,000, you'll be taxed on the value of the coverage greater than \$50,000, and the value of the additional coverage will be added to your W-2 earnings. The value is determined using Table I (below), published by the IRS. (Note: "Age" is the age on the last day of the employee's taxable year.) If the Stantec-provided life coverage exceeds \$50,000, you can choose to elect \$50,000 to avoid the imputed income tax.

Tax on the value of basic dependent life (for each covered dependent) will also be added to your W-2 earnings. The value is determined using Table I (below), published by the IRS, and is similar to basic employee life but without the lower option to avoid the imputed income tax.



Example: Assume that a 40-year-old employee is covered by \$200,000 of employer-paid group term life insurance. The cost of \$1,000 of insurance for one month is \$.10.

We can calculate the taxable income as follows:

Taxable Income	
1. Taxable coverage (\$200,000 – \$50,000)	\$150,000
2. Annual cost per \$1,000 (12 x \$.10)	\$1.20
3. Includable in employee's income (\$1.20 x 150)	\$180.00

Uniform Premiums - IRS Table 1	
Age	Cost
Under 25	\$0.05
25 through 29	\$0.06
30 through 34	\$0.08
35 through 39	\$0.09
40 through 44	\$0.10
45 through 49	\$0.15
50 through 54	\$0.23
55 through 59	\$0.43
60 through 64	\$0.66
65 through 69	\$1.27
70 and above	\$2.06

Voluntary Employee and Dependent Life Insurance (Cigna)

You can also select additional life insurance coverage for yourself, your spouse or domestic partner, and your dependents.

You may request up to five times your annual salary or a maximum of \$500,000 (in \$10,000 increments), whichever is less. The guaranteed issue amount is three times your annual salary (to a maximum of \$300,000). If you request coverage after your initial enrollment eligibility date, approval is subject to evidence of insurability. Your premiums are based on your age and tobacco use. Your coverage is reduced on the first of the plan year when you reach age 70.

Spouses and domestic partners are eligible for one times your coverage or a maximum of \$250,000 (in \$5,000 increments), whichever is less. The guaranteed issue amount for spouses and domestic partners is \$25,000. After your initial eligibility date, this coverage or any increases to it are subject to evidence of insurability.

Coverage for your children may be purchased in increments of \$2,000 to a maximum of \$10,000 per child from live birth to age 26. The guaranteed issue amount per child is \$10,000. Evidence of insurability does not apply to Voluntary Life for Child(ren).

Accidental Death & Dismemberment – AD&D (Cigna)

You can enroll in both Company-paid and voluntary employee-paid Accidental Death & Dismemberment (AD&D) options. Your beneficiary receives a benefit equal to your coverage amount upon your death.

Basic Employee AD&D (Cigna)

Your AD&D coverage provides a lump-sum benefit to you or your beneficiary if you or any covered dependent dies or suffers a severe injury resulting from an accident. This costs you nothing and provides an AD&D benefit of two times your annual base salary (rounded to the next higher \$1,000) to a maximum of \$500,000.

If you're over 65, please see the plan documents on StanNet for details about your benefits. Your coverage is reduced at the beginning of the plan year when you reach age 70.

Voluntary Employee and Dependent AD&D (Cigna)

You may select additional AD&D coverage for yourself, your spouse or domestic partner, and your children or your domestic partner's children according to the following schedule.

Voluntary AD&D Coverage

AD&D and Personal Accident Insurance (PAI) benefit amount. (AD&D for employees only; PAI for dependents only)

Employee	\$10,000 increments
Spouse or domestic partner	50% of employee amount
Child(ren) live birth to age 26	15% of employee amount per child
Spouse or domestic partner and child(ren)	50% of employee amount for spouse or domestic partner; 15% of employee amount per child

Maximum Benefit

Employee	The lesser of 10x annual salary or \$500,000
Spouse or domestic partner	50% of employee amount to \$250,000
Child(ren) live birth to age 26	15% of employee amount to \$25,000 per child
Spouse or domestic partner and child(ren)	50% of employee amount for spouse or domestic partner; 15% of employee amount to \$25,000 per child

Included Plan Features

Go to mycigna.com for details.	Child Care, Common Accident, Felonious Assault, Healthy Rewards, Identity Theft, Increased Child Dismemberment	Seatbelt, Airbag, Child Special Education, Spouse Survivor, Spouse Training, Will Preparation
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Benefit Reduction Schedule

Employee	65% at age 70
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Disability Benefits and Leaves of Absence

Stantec provides you with short- and long-term disability coverage that pays you benefits if you cannot work due to a non-work-related illness or injury. Your disability may run concurrently with other federal or state leave programs, like the Family and Medical Leave Act (FMLA).

Leave of Absence Management

Cigna manages leaves of absence, including FMLA, disability, personal, and military leaves. All leaves must be reported in advance when possible to your supervisor, Cigna, and the Stantec HR Service Center. Contact the Stantec HR Service Center if you have questions or need instructions for initiating any type of leave of absence.

Short-Term Disability (STD) Plan (Cigna) *Does not apply to Craft employees

As a benefits-eligible employee, you're automatically covered under the Short-Term Disability (STD) plan at no cost to you. This benefit replaces 60% of your base earnings for each week you're unable to work due to an approved disability. Here are some key details:

- STD benefits begin after the 7 calendar-day elimination period and may continue for up to 26 weeks maximum (including the elimination period). The elimination period for your disability period is the first consecutive 7 days. For that time, you'll be paid with your available sick or vacation time. If you do not have paid time available, your elimination period will be unpaid.
- Employees in New York, New Jersey, California, Rhode Island, and Hawaii are covered by state short-term disability. Your plan is coordinated with state benefits and any other disability benefit.
- The disability carrier, Cigna, manages STD coverage on behalf of Stantec and provides details to Stantec regarding wages due for approved claims. STD payments are then coordinated through Stantec's payroll. If you're enrolled in medical, dental, or other group insurance plans, the premiums normally withheld from your paycheck, along with other deductions like 401(k) loan payments, will continue to be deducted from your STD payments. If you're on short-term disability, you do not receive a paycheck from Stantec, and your payroll deductions will be due for each missed payroll.
- To be eligible for benefits, you must be actively at work on the scheduled workday prior to your disability. To request disability benefits, you must call Cigna's intake center and your physician must complete the medical certification. Contact the Stantec HR Service Center any time you initiate a claim.

Long-Term Disability (LTD) Plan (Cigna) *Does not apply to Craft employees

As a benefits-eligible employee, you're automatically covered under the Long-Term Disability (LTD) plan paid by Stantec. You will pay only the imputed income tax on the premium, and you will see this reflected on your pay statement. Paying tax on the premium means the benefit will be nontaxable when paid.

If illness or injury keeps you out of work longer than the 26 weeks covered under the STD plan, the LTD plan pays a benefit equal to 60% of your monthly pay (based on your annual base salary before you went on disability), up to a monthly benefit of \$20,000. Your benefit continues until you recover, reach normal social security retirement age, or die.

Voluntary Benefits

Voluntary benefits are offered by leading national companies in addition to your core benefit plans and provide solutions for a number of insurance needs. Enrollment is simple through [AlliantCHOICE Plus](#). Buy only the coverage you need, and get access to special savings and discounts. Enjoy the convenience of payroll deductions.

Following is an overview of plans available to you. More detailed information about the plans, coverage, and rates can be found on the enrollment site at <https://Stantec.AlliantCHOICEplus.com> or [benefitsolver.com](#). If you have questions about your voluntary benefits options, contact AlliantCHOICE customer service by phone at **(844) 812-7754** or email at choiceplus@alliant.com.

Product	Detail
Auto and Home MetLife, Traveler's, Liberty Mutual	Auto & home insurance offers competitive coverage and special savings, as well as free no-obligation quotes from up to three leading carriers. By comparison shopping, you might save some money.
Critical Illness Aflac	<p>A critical illness can be life changing because of the physical challenges and the extra medical and living expenses. Critical Illness coverage provides financial resources to help pay your expenses so you can focus on your recovery.</p> <p>For each covered illness, the plan pays a lump-sum benefit which you can use for any purpose, including medical expenses not covered by your health plan, rent, mortgage, child care, groceries, utilities, or any other day-to-day bills or living expenses. A Health Screening Benefit can be earned annually for screenings such as serum cholesterol tests, colonoscopies, or chest X-rays.</p> <p>Visit the AlliantCHOICE Plus website to see which illnesses are covered and find out about benefit amounts and member costs.</p>
Accident Aflac	An accident can happen when you least expect it, and unexpected costs can arise, including out-of-pocket medical costs, extra living expenses, and lost wages. Accident insurance helps you prepare for the unexpected and keeps your finances healthy while you focus on getting better.
ID Theft LifeLock	<p>Being a victim of identity theft can cost you more than your good name. It can also damage your credit score, cause legal troubles, and cost thousands of dollars to fix. Even then, the consequences can follow you for a lifetime.</p> <p>Identity theft protection works around the clock to monitor your information, alerts you to suspicious activity, and helps restore your name and credit if fraud occurs.</p>
Legal Hyatt Legal	<p>Many ordinary situations—like writing a will, reviewing a contract, and buying or selling a home—call for a trusted legal advisor. And so too do complicated, uncommon situations—like resolving a neighbor or consumer dispute, getting a divorce, or dealing with a tax audit. With a legal protection plan, you get an experienced and licensed attorney to represent you, and no expensive legal fees will be added to your list of concerns.</p> <p>This is not like other legal services programs that provide just a small discount. Comprehensive covered services are provided with no deductible, no copayments, and no claim forms or limits on use when you use one of over 13,000 nationally contracted attorneys.</p>

Note about Terms and Changes: You can enroll in the discounts with auto/home insurance or the ID Theft at any time, and drop them at any time. You can enroll in Accident, Critical Illness and Legal insurance only during Open Enrollment or a Life Event. You can drop Accident and Critical Illness at any time, but you can only drop legal at Open Enrollment or a Life Event.

Wellness and Employee Assistance Programs

Wellness Program

Stantec is excited to partner with Vitality in 2017. Look for communications regarding enrollment and the incentive plan in the first quarter of 2017.

Employee Assistance Program (LifeWorks)

This program is provided to all benefits-eligible employees at no cost. No matter which medical option you choose, even if you waive coverage, you'll be covered under the Employee Assistance Program (EAP). However, you may be responsible for any professional services you are referred to that are not covered by the EAP or medical plan.

All contacts are confidential. Information about your situation will not be made available to anyone, including Stantec. Even a simple phone call to inquire about the plan is completely private.

For in-person assistance, you have up to five sessions available to you and your household members. You can call **(877) 418-1536** or go [online](#) to search the provider directory and request a referral before receiving services.

Reasons to Call

The EAP can help you balance the demands of work and home. The EAP helps you with the following—and more:

- Marriage, family, and relationship issues
- Emotional, personal, and stress-related concerns
- Alcohol and drug abuse
- Child and elder care resources
- Financial and credit assistance
- Legal consultations



Retirement and Stock Purchase

401(k) Enrollment

You may enroll in the 401(k) any time after 30 days of service as long as you are at least 21 years old. Go to benefits.ml.com, the Stantec HR Service Center, or benefitsolver.com to learn about the key features of your plan and read the information provided by Merrill Lynch.

This retirement program is managed by Merrill Lynch. Representatives are available to provide you with information about the plan and your account through Benefits Online at benefits.ml.com and through the Retirement Service Center at (800) 228-4015.

Limits for 2017 will be released at the end of the year and can be found at irs.gov.

Contribution Details

You may contribute from 1% to 75% of your eligible compensation (**including** bonuses and overtime) on a pretax and Roth 401(k) after-tax basis up to the annual limits. You can modify your contribution level at any time following your initial eligibility. If you're 50 or older during the calendar year, you're eligible to make an additional catchup contribution.

The pretax and Roth 401(k) after-tax contributions you defer are eligible for Company-matching contributions of 100% of the first 3% you defer and 50% of the next 2% of eligible compensation (**excluding** bonuses and overtime). All Company-matching contributions are 100% vested at all times. A payroll deduction must be made to receive a match; therefore, spread your deferral evenly over all paychecks in the year to ensure that matching contributions are made.

Following are directions for enrolling and accessing your account information. If you haven't yet created your user ID and password, have your social security number handy. If you have already enrolled, skip step 2.

1. Log on to Benefits OnLine (BOL) (benefits.ml.com) Merrill Lynch's convenient website or call Merrill Lynch's Advice Access at **(800) 228-4015**.
2. Create your user ID and password—if this is your first time signing on—by following the system instructions.
3. Select your investments and how much you want to contribute—in whole percentages from 1% to 75% for each investment.

Note: If you're 50 or older, you may elect to make catchup contributions. Contact Advice Access at (800) 228-4015 to help you make these decisions (see additional information under Investment Direction).

Once you make your contribution election, deductions will begin on the next available payroll. You can make changes to your deferral elections, investment selections, and fund allocations at any time.

Retirement Services Advice

Advice Access can answer many of your questions about investing, as well as monitor and manage your accounts. It's flexible, so you decide how you want to implement the service. For more information, log on to your account at benefits.ml.com or speak to a Retirement Services representative at **(800) 228-4015**.

Employee Stock Purchase Plan (ESPP)

The work you do every day creates value for Stantec. And in return, you get to participate in the value that you're creating through the Employee Stock Purchase Plan (ESPP). Your participation allows you to share in the Company's financial potential and expand your ownership of Stantec. Under the ESPP, your financial interests and the interests of the Company's shareholders are linked. Here are the essentials:

- Each pay period, you may authorize between 1% and 20% of your total compensation to be used for purchasing shares in the Company.

Note: Your percentages must be in whole numbers, and your deductions are withheld on an after-tax basis.

- The Company will provide a matching contribution for the sole purpose of purchasing additional shares. If you elect a payroll deduction of 1% of compensation, the Company match will be 0.5%. If you elect 2% or more, the match will be 1%. This additional compensation is taxable income and will be reflected in each paycheck that you receive a match. Your gross match will be used to purchase stock under the plan. Purchases are made through convenient payroll deductions.

Go to the Stantec HR Service Center for the ESPP Explanatory Guide, which will give you full details.

Note: Any sales of shares that are less than two years old will result in a 12-month suspension of your Company-matching contributions.

Enrollment Details

You may enroll in the Employee Stock Purchase Plan (ESPP) any time after your first paycheck. Do this online on Computershare's plan member website or by phone using Computershare's Interactive Voice Response system. Once you make your contribution election, deductions will begin on the next available paycheck.

Log on to

<https://www-us.computershare.com/employee>

1. Enter Company Code STN
2. Enter your social security number
3. Enter your PIN-MMDD1 (your birthday month and date, plus "1"); for example, September 27 is 09271)

Dial

(866) 410-5340

1. Press 1
2. Enter your social security number
3. Enter your PIN-MMDD1 (your birthday month and date, plus "1"); for example, September 27 is 09271), then #

International Business Travel Programs

If you travel for business out of your home country (but not between the United States and Canada) for a short- or long-term business trip, you MUST follow the Company's international travel booking process before leaving. Email international@stantec.com for more information. You'll receive details on your benefits program while you travel internationally.

Those traveling between the United States and Canada for short- or long-term business trips should contact their Human Resources team representative for details about crossing the border.

Medical Benefits Abroad Program and Short-Term International Business Travel (Cigna)

If you're an international business traveler and you expect to travel outside of your home country for less than six months, the Medical Benefits Abroad (MBA) program offers accident and illness coverage. Note: This is not to be used for personal travel.

This program has no enrollment process. Coverage is automatically in place for all active employees traveling on approved short-term business trips or on assignments outside of their country of residence.

This plan generally covers reasonable and customary charges associated with an accident or illness, according to the norms of the country where you receive care. Coverage is provided for medical treatment, hospital admissions, and prescription coverage resulting from an accident or illness. Routine medical care and dependent medical care are not covered. To see full details and get a member ID card, contact the Stantec HR Service Center.

International Expatriate Benefit Program and Long-Term International Business Travel (Cigna)

If you're traveling for business outside of your home country for over six months, an Expatriate Benefit Program may be available to you and your dependents. You should contact the Stantec HR Service Center to discuss this program before departing.

Business Emergency Travel Assistance and Evacuation – International SOS

To keep you safe while you're traveling for business or living outside of your home country (but not between the United States and Canada) you have access to a program through International SOS. In an emergency (medical or physical threat), International SOS can ensure you get immediate care, whether this requires evacuating you to a center of medical excellence or closely monitoring your condition with local doctors.

Go to the Stantec HR Service Center for additional program and coverage details

2017 Contact Information

If you have questions about any benefits plan, including retirement and leaves of absence, please submit a **Stantec HR Service Center** request or call (877)418-1459.

You can also contact any of our vendors directly (see below).

Plan Resources			
Entity	Coverage	Phone, Web, Email	Usernames and Addresses
LifeWorks	General Inquiries Concierge EAP	www.lifeworks.com 877-418-1459 877-418-1536	Username: Stantecus Password: lifeworks
Benefitsolver	Enrollment Service	1-855-874-6790 www.benefitsolver.com	
Cigna	Medical	800-CIGNA24 (800-244-6224) TTY/TDD Service: Call 711 then enter 800-244-6224 www.mycigna.com	Group Number: 3340178
24 Hour Nurseline		800-CIGNA24 (800-244-6224) TTY/TDD Service: Call 711 then enter 800-244-6224	
American Well (not available in Alaska, Arkansas or Texas)	Cigna Telehealth Connection	855-667-9722 www.AmWellforCigna.com	(Link available Jan 1, 2017)
MDLIVE (not available in Arkansas. Service limited to video in Idaho and phone in Texas)		888-726-3171 TTY/TDD Service: Call 711 then enter 800-770-5531 www.MDLIVEforCigna.com	(Link available Jan 1, 2017)
	Medical Precertification	800-CIGNA24 (800-244-6224)	
CVS Pharmacy	Pharmacy Management	855-299-3265 www.caremark.com	Group Number: RX0145 Pharmacy Claims: CVS/Caremark Claims Department PO Box 52136 Phoenix AZ 85072-2136
	Mail Order Prescriptions	855-299-3265 www.caremark.com	Mail Order CVS/Caremark PO Box 659541 San Antonio TX 78265-9541

Plan Resources (continued)

Entity	Coverage	Phone, Web, Email	Usernames and Addresses
Kaiser Permanente	Northern California Customer Service 24 Hr Advice Pharmacy Services Mail Order Pharmacy	www.kp.com 800-464-4000 866-454-8855 888-218-6245	Group Number: 21488 Claims PO Box 12923 Oakland CA 94604-2923 Kaiser Foundation CPP Pharmacy PO Box 5060 Livermore, CA 94551-5075
	Southern California Customer Service 24 Hr Advice Pharmacy Services Mail Order Pharmacy	800-464-4000 888-KPONCALL (888-576-6225) On your ID Card 866-206-2985	Group Number: 229150 Claims PO Box 12923 Oakland CA 94604-2923 Kaiser Foundation CPP Pharmacy PO Box 5060 Livermore, CA 94551-5075
	Colorado Customer Service 24 Hr Advice Pharmacy Services Mail Order Pharmacy	303-338-3800 303-338-4545 303-338-4503 866-938-0077	Group Number: 3504 Claims PO Box 373150 Denver CO 80237-3150 Kaiser Foundation CPP Pharmacy PO Box 5060 Livermore, CA 94551-5075
Cigna Dental PPO	Dental	800-CIGNA24 800-244-6224 TTY/TDD Service: Call 711 then enter 800-244-6224 www.mycigna.com	Group Number: 3340178 Cigna Dental Claims P.O. Box 188037 Chattanooga, TN 37422-8037
Cigna HSA	HSA Bank (all inquiries regarding the HSA should be sent directly to Cigna, fully integrated solution)		HSA Bank PO Box 939 Sheboygan WI 53082-0939
	Customer Service	800-CIGNA24 (800-244-6224) www.mycigna.com	
Vision Service Plan (VSP)	Vision Customer Service	800-877-7195 www.vsp.com	Group Number: 12280290 VSP PO Box 385018 Birmingham, AL 35238-5018
Wageworks	Spending Accounts (Health Care, Dependent Care, Transit Program)	wageworks.com	Claims Administrator PO Box 14053 Lexington KY 40511
	Customer Service Claims Submission	877-924-3967 Fax: 877-353-9236	

Plan Resources (continued)

Entity	Coverage	Phone, Web, Email	Usernames and Addresses
Cigna	Disability Claims	800-362-4462 www.mycigna.com	Cigna Group Insurance PO Box 22328 Pittsburgh, PA 15222-0328
	Will Preparation	800-901-7534 www.CignaWillCenter.com	
	Secure Travel and ID Theft	888-226-4567 cigna@europassistance-usa.com	
	Life/AD&D and Disability Plans	Basic AD&D – OK965288 Voluntary AD&D – OK965289 Basic Life – FLX963658 Voluntary Life – FLX963659 Long Term Disability - LK962597 Short Term Disability - SHD961855 HI Statutory Disability – TDI960397 NJ Statutory Disability - SDJ960220 NY Statutory Disability - NYD074832 FMLA – FML961855	
AlliantCHOICE Plus	Voluntary Products Customer Service	844-812-7754 choiceplus@alliant.com	
	Enrollment	https://Stantec.AlliantCHOICEplus.com	
Merrill Lynch	401 (K)	800-228-4015 Info available on StanNet www.benefits.ml.com	
Computershare	ESPP	866-410-5340 www-us.computershare.com/employee	
Healthcompare	Individual Plans Exchange Plans Retiree Coverage	877-470-5430 www.healthcompare.com/GO/StanecIns	
Cigna Global	Short and Long Term Travel Benefits (work only)	800-243-1348 302-797-3535 (collect) www.cignaenvoy.com	
International SOS	Evac and Security for Travelers	800-243-1348 302-797-3535 (collect)	Membership# 27AYCS000002
Unum Individual Disability Insurance (IDI)	Customer Service for those who have existing policies	800-633-7490 Fax: 877-851-7624	Group # 144703, 1447-04 Unum Benefits Center PO Box 100158 Columbia SC 29202
Trustmark	Voluntary Universal Whole Life Existing Insureds Only	800-918-8877 www.trustmarkins.com	

Costs of Coverage

Medical Plans					
	Total Monthly Cost	Monthly Employee Rate with Platinum Discount	Monthly Employee Rate with Gold Discount	Monthly Employee Rate with Standard Discount	COBRA
Cigna HSA Value Plan					
Employee only	\$378.66	\$15.00	\$50.00	\$90.00	\$386.23
Employee and spouse or domestic partner	\$795.19	\$150.00	\$205.00	\$261.00	\$811.09
Employee and child(ren)	\$681.60	\$100.00	\$155.00	\$211.00	\$695.23
Family	\$1,135.98	\$225.00	\$280.00	\$336.00	\$1,158.70
Cigna HSA Base Plan					
Employee only	\$470.97	\$40.00	\$102.00	\$165.00	\$427.69
Employee and spouse or domestic partner	\$989.04	\$258.00	\$320.00	\$383.00	\$913.62
Employee and child(ren)	\$847.76	\$240.00	\$302.00	\$365.00	\$769.51
Family	\$1,412.91	\$348.00	\$410.00	\$473.00	\$1,345.97
Cigna HSA Buy-Up Plan					
Employee only	\$561.60	\$60.00	\$135.00	\$210.00	\$511.63
Employee and spouse or domestic partner	\$1,179.30	\$290.00	\$365.00	\$440.00	\$1,107.69
Employee and child(ren)	\$1,010.80	\$280.00	\$355.00	\$430.00	\$935.85
Family	\$1,684.70	\$402.00	\$477.00	\$552.00	\$1,623.19
Cigna HRA Plan					
Employee only	\$587.80	\$75.00	\$163.00	\$251.00	\$594.46
Employee and spouse or domestic partner	\$1,234.30	\$340.00	\$428.00	\$516.00	\$1,253.89
Employee and child(ren)	\$1,058.00	\$320.00	\$408.00	\$496.00	\$1,074.06
Family	\$1,763.30	\$450.00	\$538.00	\$626.00	\$1793.47

Medical Plans (continued)

	Total Monthly Cost	Monthly Employee Rate with Platinum Discount	Monthly Employee Rate with Gold Discount	Monthly Employee Rate with Standard Discount	COBRA
Kaiser HMO (CA)					
Employee only	\$472.11	\$154.00	\$180.00	\$295.00	\$481.55
Employee and spouse or domestic partner	\$1,062.26	\$403.00	\$456.00	\$544.00	\$1,083.51
Employee and child(ren)	\$897.02	\$342.00	\$397.00	\$483.00	\$914.96
Family	\$1,534.37	\$537.00	\$608.00	\$678.00	\$1,565.06
Kaiser HMO (CO)					
Employee only	\$507.15	\$154.00	\$180.00	\$295.00	\$517.29
Employee and spouse or domestic partner	\$1,039.66	\$403.00	\$456.00	\$544.00	\$1,060.45
Employee and child(ren)	\$1,014.30	\$342.00	\$397.00	\$483.00	\$1,034.59
Family	\$1,465.67	\$537.00	\$608.00	\$678.00	\$1,494.98

Spouse and Domestic Partner Medical Plan Surcharge

If your spouse or domestic partner is covered under our health plan and has the ability to be covered under his or her own employer's group medical plan, a \$150 per month surcharge will be included in your medical premium deduction to maintain coverage with Stantec. If you elect medical coverage for your spouse or domestic partner when you enroll online, you'll be asked if he or she has access to other group medical coverage (excluding Medicare).

Dental Plans

	Total Monthly Cost	Monthly Employee Rate	COBRA
Cigna Dental Base Plan			
Employee only	\$41.21	\$20.00	\$42.03
Employee and spouse or domestic partner	\$81.88	\$67.00	\$83.52
Employee and child(ren)	\$70.79	\$57.00	\$72.21
Family	\$115.16	\$87.00	\$117.46
Cigna Dental Buy-up Plan			
Employee only	\$53.53	\$32.00	\$54.60
Employee and spouse or domestic partner	\$107.75	\$91.00	\$109.91
Employee and child(ren)	\$92.97	\$78.00	\$94.83
Family	\$152.12	\$122.00	\$155.16



Employee Paid Vision

	Total Monthly Cost	COBRA
Employee only	\$8.46	\$8.63
Employee and spouse or domestic partner	\$13.14	\$13.40
Employee and child(ren)	\$13.42	\$13.69
Family	\$20.84	\$21.26

Voluntary Term Life, Employee, Spouse, or Domestic Partner

Age bracket	Non-Smoker Monthly Rate per \$1,000	Smoker Monthly Rate per \$1,000
<25	\$0.071	\$0.098
25 to 29	\$0.086	\$0.113
30 to 34	\$0.114	\$0.150
35 to 39	\$0.128	\$0.169
40 to 44	\$0.143	\$0.188
45 to 49	\$0.214	\$0.293
50 to 54	\$0.328	\$0.449
55 to 59	\$0.613	\$0.871
60 to 64	\$0.941	\$1.386
65 to 69	\$1.810	\$2.762
70+	\$2.936	\$4.480

Voluntary Term Life, Child(ren)

	Monthly Rate per \$1,000
Live birth to age 26 Covers all eligible children in family	\$0.110

Voluntary AD&D

	Monthly Rate per \$1,000
Employee Only	\$0.025
Employee and child(ren)	\$0.030
Employee and spouse of domestic partner	\$0.037
Employee and family	\$0.040



Disclosure and Legal Information

Disclosure

Privacy

The personal data we receive when enrolling you into our plan is protected in accordance with the Health Insurance Portability and Accountability Act (HIPAA). If you have any questions about our HIPAA privacy and security policies and procedures or if you have any questions about your Stantec benefits plan or the information contained in this guide, please contact the Stantec HR Service Center.

Overview

This Benefits Guide is intended to provide you with easy-to-understand explanations of certain key features of your benefits. It does not include the complete details of the benefits plan. These are contained in the official plan documents, which legally govern the administration of the plan.

Every effort has been made to ensure the accuracy of the information contained in this guide. However, if there is ever a conflict or difference between what is written here and the plan documents, the plan documents will always rule.

Stantec expects to continue the benefits plan; however, the Company reserves the right to amend, change, modify, or terminate the plan at any time and for any reason.

Participation in the Employee Stock Purchase Plan (ESPP) is entirely voluntary, and Stantec makes no recommendations to its employees with respect to the purchase of its stock or participation in this plan. There is no guarantee under the plan against loss because of market fluctuations. In seeking share ownership, employees must also accept the risks.

This guide is not an offer or contract of continued employment with Stantec or any of its affiliated companies.

2017 Qualified Default Investment Alternative Notice

Right to direct investments.

As a participant in the Stantec Consulting Inc. 401(k) Profit Sharing Plan, you have the right to direct your contributions and account balance into any of the available plan investment options.

If you do not exercise your right to direct investments.

If you do not affirmatively direct the investment of your contributions and account balance in the plan, the Stantec 401(k) Administrative Plan Committee (the "Committee") has a policy that directs that your contributions and account balance be invested in what is commonly called a Qualified Default Investment Alternative (QDIA). The Committee has designated the JPMorgan SmartRetirement Funds as the plan's QDIA for participants who entered the plan on or after January 1, 2012.

A fund will be selected for you based on your birth date in the following chart. Each fund is designed to provide a different degree of long-term appreciation and income through a mix of stock, bond, and capital preservation investments based on the target retirement date. The investments and associated risk level change over time with the objective of becoming more conservative as the target retirement date gets closer. The funds range from more aggressive—for a participant with a longer investment horizon—to more conservative—for those near and in retirement. The more aggressive funds will likely have a greater chance of having a short-term loss than the more conservative funds.

Description of the Qualified Default Investment Alternative (QDIA)			
Date of Birth	Default Fund Name	Ticker	Net Expense Ratio
1983 and after	JPMorgan SmartRetirement 2050 Institutional	JTSIX	0.70%
1978 to 1982	JPMorgan SmartRetirement 2045 Institutional	JSAIX	0.70%
1973 to 1977	JPMorgan SmartRetirement 2040 Institutional	SMTIX	0.70%
1968 to 1972	JPMorgan SmartRetirement 2035 Institutional	SRJIX	0.69%
1963 to 1967	JPMorgan SmartRetirement 2030 Institutional	JSMIX	0.67%
1958 to 1962	JPMorgan SmartRetirement 2025 Institutional	JNSIX	0.65%
1953 to 1957	JPMorgan SmartRetirement 2020 Institutional	JTIX	0.63%
1948 to 1952	JPMorgan SmartRetirement 2015 Institutional	JSFIX	0.58%
As of January 1, 1948	JPMorgan SmartRetirement Income Institutional	JSIIX	0.53%
Unknown	JPMorgan SmartRetirement 2050 Institutional	JTSIX	0.70%

Description of the Qualified Default Investment Alternative

Name of Fund	BlackRock Global Allocation Fund (Class I)
Description	The Fund invests in domestic and foreign equities, debt securities, and money market instruments. The combination can vary based on market and economic conditions. It invests primarily in the securities of corporate and government issuers located in North and South America, Europe, Australia, and the Far East.
Investment objective	The Fund seeks to provide high total investment return.
Risk and return characteristics	Stock and bond values fluctuate in price, so the value of your investment can go up or down depending on market conditions. Asset allocation strategies do not assure profit and do not protect against loss. The two main risks related to fixed income investing are interest rate risk and credit risk. Typically, when interest rates rise, there is a corresponding decline in the market value of bonds. Credit risk refers to the possibility that the issuer of the bond will not be able to make principal and interest payments. International investing involves risks, including risks related to foreign currency, limited liquidity, less government regulation, and the possibility of substantial volatility due to adverse political, economic, or other developments. Investments in noninvestment-grade debt securities (called high-yield bonds or junk bonds) may be subject to greater market fluctuations and risk of default or loss of income and principal than securities in higher rating categories may be.
Fees and expenses	The current gross expense ratio for the Fund is 0.81%.
Description	The Trust invests primarily in a broadly diversified portfolio of guaranteed investment contracts and in obligations of US government and US government agency securities. The Trust also invests in high-quality money market securities. Participants purchase units that the Trust seeks to maintain at \$1 per unit, although this cannot be assured. Income is declared and reinvested each day (although the Trust purchases guaranteed investment contracts, neither the Trust nor its units are guaranteed).
Investment objective	The Trust seeks to provide preservation of participants' investments, liquidity, and current income that is typically higher than money market funds.
Risk and return characteristics	Due to its objective to preserve capital, the risk associated with the Trust will be less than funds that invest in equity or longer term fixed income securities. However, the opportunity to earn a greater return will also be less.
Fees and expenses	The current gross expense ratio for the Trust is 0.20%.



Right to alternative investment.

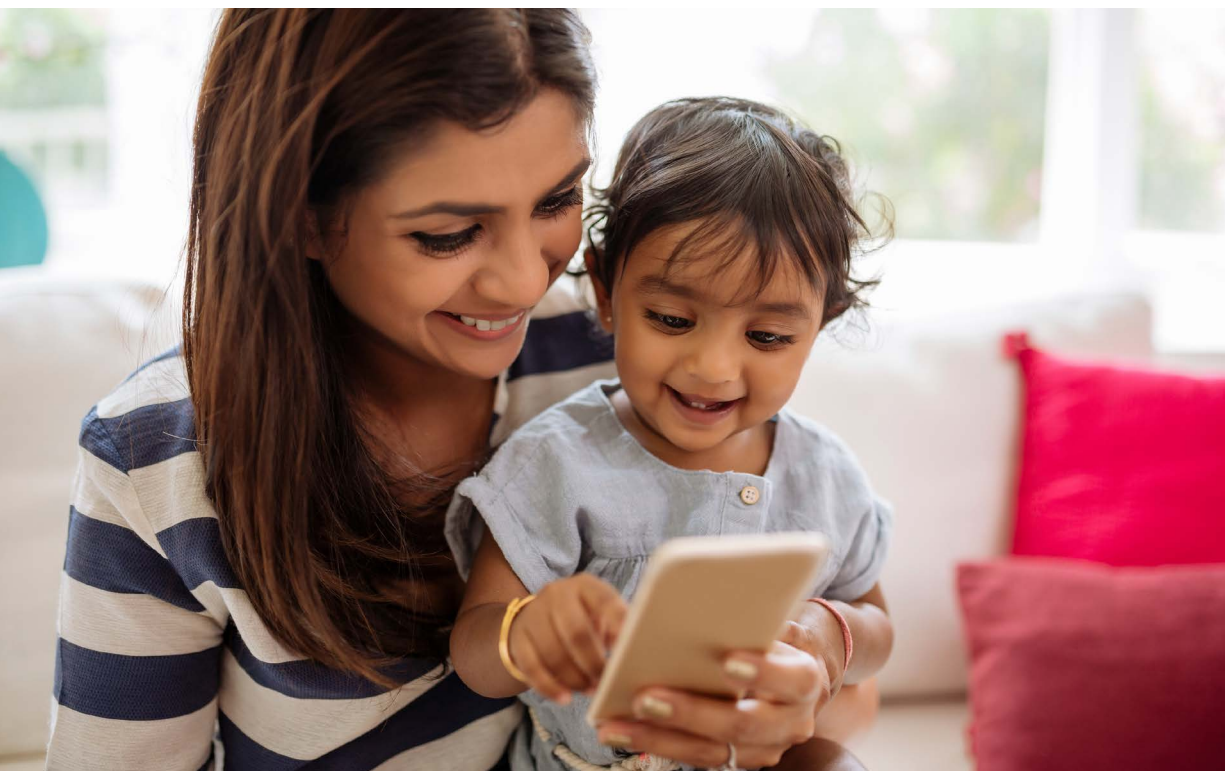
If your account balance has been defaulted into either the JPMorgan SmartRetirement Funds or the BlackRock Global Allocation Fund (Class I), you have the right at all times to transfer your account balance into one or more of the other plan investment options without incurring a fee or expense for the transfer.

You can make an investment change at any time by accessing Merrill Lynch's secure Benefits OnLine website at benefits.ml.com or by calling Merrill Lynch at (800) 228-4015. The cutoff time for submitting an investment change is 4:00 PM (ET). Investment changes submitted after 4:00 PM (ET) will be executed on the next business day. Some plan investment options other than the Qualified Default Investment Alternative (QDIA) may be subject to restrictions designed to prevent short-term trading, also known as market timing. You can find information about these restrictions, if any, on the Benefits OnLine website under "Investments", "Investment Choices", by scrolling over the description of the "Investment Options".

Please remember that you're responsible for investing your plan accounts and reviewing the plan investment options. You should periodically review the investment performance of your plan accounts to ensure that you're comfortable with their performance and that you can meet your financial objectives.

Where to go for further investment information.

You can obtain further investment information about the other investment options available under the plan on Merrill Lynch's secure Benefits OnLine website at benefits.ml.com or by calling Merrill Lynch at (800) 228-4015. If you have questions about accessing your account, you can also contact a member of the Stantec US Benefits team at (855) 874-6790 or send a request to the Stantec HR Service Center.



Live well.
Save well.
Spend well.