

Welcome to the  
**MANAGEMENT & ADMINISTRATIVE STAFF**

Benefit Booklet  
For

**Kwantlen**  
P O L Y T E C H N I C  
U N I V E R S I T Y

*The information in this booklet was last updated October 31, 2008.*

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## GENERAL POLICY INFORMATION

### Manulife Financial Benefits

The following benefits are underwritten by Manulife Financial under:

**Group Policy Number 788007**

**Group Plan Number 788207**

Life Insurance, Emergency Travel Assistance and Long Term Disability  
Extended Health Care, Vision Care and Dental Benefits  
Health Care Spending Account

*For claims inquiries, contact Manulife Financial at 1-800-575-2200.*

### Non-Manulife Financial Benefits

The following benefits are underwritten by Industrial-Alliance Pacific Life Insurance Company:

**Group Policy 100003741**

Accidental Death and Dismemberment

### Important Notes

#### **What this 'e-booklet' is:**

This information has been prepared to help you toward a better understanding of your Group Insurance Coverage. It does not create or confer any contractual or other rights. The terms and conditions governing the insurance are set out in your collective agreement and the group Master Policy/ies issued by The Manufacturers Life Insurance Company. In the event of any variation between the information provided in this website and the provisions of the collective agreement or insurance policy/ies, the collective agreement and insurance policy/ies shall prevail, in that order.

The Accidental Death and Dismemberment Benefit described in this booklet is insured by Industrial-Alliance Pacific Life Insurance Company. Your Plan Sponsor has provided this wording for use in this booklet and is responsible for ensuring it is accurate, up to date and consistent with the governing policy. Manulife Financial is not responsible for any claims in connection with the booklet wording relating to this benefit. In the event of a discrepancy between this booklet and the policy, the terms of the group policy will apply. Manulife shall not be responsible for any detrimental reliance that you may place upon this information whatsoever.

All other benefits are insured or administered by Manulife Financial.

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## SUMMARY OF BENEFITS

This summary section is not a complete booklet. It has been prepared to give you an informal outline of the main features of your group insurance plan.

Please access the other sections of your E-booklet for further details, or contact your Human Resources Department.

**WAITING PERIOD:** the first day of the month coincident with or next following the date employment commences

**EMPLOYEE LIFE INSURANCE:** 3 times annual earnings, to a maximum of \$800,000

On the December 31<sup>st</sup> following your 65<sup>th</sup> birthday, your amount of insurance reduces to:  
1 times annual earnings, to a maximum of \$800,000

**OPTIONAL LIFE INSURANCE:** units of \$10,000 to a maximum of \$200,000 available to employees who are under age 71 and/or to their spouses who are under age 71

**ACCIDENTAL DEATH & DISMEMBERMENT:** 4 times annual earnings, to a maximum of \$800,000

On the December 31<sup>st</sup> following your 65<sup>th</sup> birthday, your amount of insurance reduces to:  
1 times annual earnings, to a maximum of \$800,000

**LONG TERM DISABILITY**

Benefit Amount: 75% of your monthly earnings subject to a maximum of \$12,000/month  
Qualifying Period: 120 days of continuous disability  
Maximum Duration: to age 65

## SUMMARY OF BENEFITS

### EXTENDED HEALTH

Deductible:	\$25 single or family per calendar year (excluding Vision care expenses)
Benefit Percentage:	100%
Lifetime Maximum:	Unlimited
Hospital:	up to private room
Pay-direct Drugs:	prescriptions by law
Paramedical Services:	\$1,000 maximum per calendar year for all practitioners combined:  Chiropractor, Naturopath, Podiatrist/Chiropodist, Osteopath, Psychologist, Speech Therapist, Physiotherapist or Massage Therapist
Orthopedic Shoes:	Orthopedic shoes which are an integral part of a brace, limited to 2 pair of shoes per person per calendar year.
Orthotics:	Orthotic appliances which are specifically designed and constructed for the patient.
Private Duty Nursing:	\$5,000 per calendar year
Hearing Aids:	\$500 every 60 consecutive months
Vision Care:	\$500 every 24 consecutive months for lenses and frames or safety glasses or contact lenses or laser eye surgery \$75 every 24 consecutive months for eye exams (not subject to the deductible )

### EMERGENCY TRAVEL (ETA)

Deductible:	None
Benefit Percentage:	100%
Lifetime Maximum:	Unlimited

## SUMMARY OF BENEFITS

### DENTAL EXPENSE

Deductible:	None
Benefit Percentage:	100% Basic Services 100% Major Services 60% Orthodontics for dependents 6-18 years
Maximums:	Basic Services: unlimited Major Services: \$2,500 per calendar year Orthodontics: \$5,000 lifetime
Recall Exams/Fluoride:	twice per calendar year
Polishing:	2 units of time per calendar year
Scaling:	6 units of time per calendar year
Root Planing:	6 units of time per calendar year

*One unit of time = 15 minutes*

### HEALTH CARE SPENDING ACCOUNT (HCAS)

In order to maintain tax exempt status for your Health Care Spending Account, we must administer your account as required by the Income Tax Act. If you retire, the Income Tax Act prohibits you from having a Health Care Spending Account.

Your Health Care Spending Account (HCSA) allows you to pay for medical and dental expenses not covered by the benefit program as outlined under the Health Care Spending Account section. Each year, you will receive \$500\* in HCSA credits for you and your dependent(s) from your employer.

If your expenses for the year are less than the \$500 HCSA credits, your unused credits will be carried forward and will be available for you to use for expenses incurred in the following calendar year. Carried forward credits not used by the end of that second calendar year, must be forfeited.

You cannot carry forward expenses from one year to the next.

## GENERAL PROVISIONS

### Eligibility

Permanent, full-time employees who work a regularly scheduled work week of at least 20 hours, will become eligible for coverage on the later of the plan Effective Date, or the first day of the month coincident with or next following the date employment commences.

Retired employees are not eligible for coverage.

### When Your Insurance Starts

Your insurance comes into effect on the latest of the following dates if you are actively at work on that date.

- the date you become eligible;
- the date you apply; or
- if Evidence of Insurability is required the date it is approved by the Insurer.

### Evidence of Insurability

Evidence of Insurability is required if:

- you apply for insurance more than 31 days after becoming eligible to apply;
- you reapply after your insurance has terminated due to non-payment of premium; or
- you apply for Optional Life Insurance for you and/or your spouse.

### When Your Insurance Terminates

Your insurance terminates in the event of:

- non-payment of premium;
- a change in your classification to one not insured;
- termination of your employment;
- termination or amendment of the Master Policy;
- your commencing active duty in any armed forces;
- your attainment of the age specified in the Description of Benefits section; or
- your retirement.

Note: If you retire early and defer taking pension income from the university pension plan, you and your dependents remain covered under the Extended Health Care benefit until:

- you begin to receive pension income from the university pension plan;
- the fifth anniversary of the date you retire; or
- the date your coverage would otherwise terminate as explained above.

Note: In the event you are absent from work due to sickness, injury, layoff or leave of absence, your insurance coverages may continue for a period as outlined in the Master Policy, but only if the required premiums are paid.

### Change in Amounts of Insurance

A change in the amount of your insurance shall become effective on the date of change, if you are actively at work for that full scheduled working day, otherwise on the first day thereafter on which you are actively-at-work.

## GENERAL PROVISIONS

### Eligible Dependents

Eligible dependents under this plan shall include:

- Unmarried children who are under age 21, or under age 26 if attending an accredited school, college, or university as a full time student. Dependent children must be dependent on you for support and not employed at a regular full-time job.
- Functionally impaired children who are totally dependent upon you for support. For the purposes of this plan, functionally impaired shall mean an unmarried person who was insured as a dependent prior to becoming functionally impaired who is wholly dependent upon you for support and maintenance within the terms of the Income Tax Act.
- A child of your spouse provided,
  - i) he/she is also your biological child; or
  - ii) your spouse is living with you and has custody of the child.
- Your spouse, which includes:
  - i) a person married to you as a result of a valid civil or religious ceremony; or
  - ii) a person whose common law relationship with you has existed for a minimum period of 12 consecutive months immediately prior to the date on which a claim arose, provided the existence of such relationship includes continuous cohabitation and public representation of married status.

If you have been married to more than one person, you can only claim your current spouse or your current common law relationship if you have been cohabiting for more than 24 months.

### Co-ordination of Benefits

Payment of Extended Health Care, Vision Care, Emergency Travel Assistance and Dental benefits shall be coordinated so that benefits from all plans do not exceed 100% of the eligible claim. For this purpose, Manulife Financial has a right to receive and release information on benefits and if necessary, collect any overpayments made by it.

### Order of benefit payment will be determined as follows:

A variety of circumstances will affect which Plan is considered as the "Primary Carrier" (i.e. responsible for making the initial payment toward the eligible expense), and which Plan is considered as the "Secondary Carrier" (i.e. responsible for making the payment to cover the remaining eligible expenses).

If the other Plan does not provide for Co-ordination of Benefits, it will be considered as the Primary Carrier, and will be responsible for making the initial payment toward the eligible expenses.

If the other Plan does provide for Co-ordination of Benefits, the following rules are applied to determine which Plan is the Primary Carrier.

## GENERAL PROVISIONS

### Co-ordination of Benefits (Continued)

#### For Claims incurred by you or your Dependent Spouse:

The Plan covering you or your Dependent Spouse as an employee/member pays benefits before the Plan covering you or your Spouse as a dependent.

In situations where you or your Spouse have coverage as an employee/member under more than one Plan, the order of benefit payment will be determined as follows:

- The Plan where the person is covered as an active full-time employee, then
- The Plan where the person is covered as an active part-time employee, then
- The Plan where the person is covered as a retiree.

#### For Claims incurred by your Dependent Child:

The Plan covering the parent whose birthday (month/day) is earlier in the calendar year pays benefits first. If both parents have the same birthdate, the Plan covering the parent whose first name begins with the earlier letter in the alphabet pays first.

When parents are separated or divorced, the following order applies:

- The Plan of the parent with custody of the child, then
- The Plan of the spouse of the parent with custody of the child (i.e. if the parent with custody of the child remarries or has a common-law spouse, the new spouse's Plan will pay benefits for the Dependent Child), then
- The Plan of the parent not having custody of the child, then
- The Plan of the spouse of the parent not having custody of the child (i.e. if the parent without custody of the child remarries or has a common-law spouse, the new spouse's Plan will pay benefits for the Dependent Child).

A claim for accidental injury to natural teeth will be determined under Extended Health Care Plans with accidental dental coverage before it is considered under Dental Plans.

If the order of benefit payment cannot be determined from the above, the benefits payable under each Plan will be in proportion to the amount that would have been payable if Co-ordination of Benefits did not exist.

### Submitting a Claim for Co-ordination of Benefits

As per the Order of Benefit Payment section, determine which Plan is the Primary Carrier and which is the Secondary Carrier.

Submit all necessary claim forms and original receipts to the Primary Carrier.

Keep a photocopy of each receipt or ask the Primary Carrier to return the original receipts to you once your claim has been settled.

Once your claim has been settled by the Primary Carrier, you will receive a statement outlining how your claim has been handled. Submit this statement along with all necessary claim forms and receipts to the Secondary Carrier for further consideration of payment, if applicable.

## GENERAL PROVISIONS

### Time Limitations

A claim for disability income benefits must be submitted within 6 months of the end of the qualifying disability period.

A claim for a waiver of premium benefit must be submitted within 12 months of the date disabled.

A claim for any other loss must be submitted within 18 months following the date the loss is incurred. However, in the event of termination of insurance, a claim must be submitted within 90 days following the date of termination of your insurance or the date following termination of a coverage or the policy.

### Medical Information Bureau (MIB)

MIB Group, Inc. (MIB) is a non-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members.

Manulife Financial or its re-insurers may periodically report information to the MIB. If you apply to receive life, disability or health insurance coverage from another MIB member company or submit a claim for benefits to such a company, the MIB upon request will supply the other insurer with the information on file.

Manulife Financial or its reinsurers may also release information in its file to other life and health insurance companies to whom you may apply for insurance or submit a claim for benefits. All Information obtained will be treated as confidential.

Upon your request, the MIB will arrange disclosure of any information it may have in your file. If you question the accuracy of information in the MIB file, you may contact the MIB and seek a correction. Their address is: MIB, 330 University Ave., Suite 501, Toronto, Ontario, M5G 1R7. Tel: (416) 597-0590.

## EMPLOYEE LIFE INSURANCE

In the event of your death while insured, the amount of your Life Insurance is payable to your beneficiary. You may change your beneficiary at any time by written notice to your Employer, subject to any policy or legal limitations.

### Benefit Amount

Under age 65                      3 X your annual earnings, rounded to the next higher \$1,000 if not already a multiple thereof, subject to a maximum of \$800,000.

Age 65 and older                1 X your annual earnings, rounded to the next higher \$1,000 if not already a multiple thereof, subject to a maximum of \$800,000.

Your benefit reduces on the December 31<sup>st</sup> following your 65<sup>th</sup> birthday.

### Termination Age

Your benefit terminates on your 71<sup>st</sup> birthday, or date of retirement if earlier.

### Waiver of Premium for Disability

If you i) qualify for Long Term Disability benefits or ii) become totally disabled for 30 consecutive days before age 65, your Life Insurance will be continued free of charge until you cease to be totally disabled or you reach age 65, whichever occurs first.

To qualify during the Qualifying Period and the next 2 years, you must be unable to perform any combination of duties of your own occupation that regularly took at least 60% of your time at work to complete. After this period, total disability means you are unable to earn at least 60% of your earnings from any occupation or employment for which you are or may become qualified by training, education or experience.

Note: In order to qualify for the Waiver of Premium benefit you must notify Manulife Financial of your disability within one (1) year of your last active day at work, and must furnish proof of your disability satisfactory to the Insurer within 18 months of that last active working day.

### Conversion Privilege

If your Group Benefits terminate, you may be eligible to convert your Employee Life Insurance to an individual policy, without medical evidence. You must apply for the individual policy, and pay the first monthly premium within 31 days of the termination of your Employee Life Insurance. For information on the conversion privilege, please see your Human Resources Department.

Note: Conversion does not apply if insurance terminates at the above-noted specified benefit termination age or upon your retirement.

## OPTIONAL LIFE INSURANCE

<b>Benefit Amount</b>	You or your spouse may apply for this coverage in units of \$10,000, subject to a maximum of 20 units (\$200,000). This coverage is available in addition to, not in lieu of, Employee Life Insurance.
<b>No Evidence Limit</b>	Evidence of insurability, satisfactory to Manulife Financial, shall be required for all amounts.
<b>Termination Age</b>	Your benefit terminates on your 71 <sup>st</sup> birthday or earlier retirement.  Your spouse's benefit terminates: ➤ on the date your benefit terminates; or ➤ on the date your spouse attains age 71; whichever is earlier.

In the event of your death while insured, the amount of your Optional Life Insurance is payable to your beneficiary. In the event of the death of your spouse while insured, the amount of your spouse's Optional Life Insurance is payable to you.

However, if you or your spouse die due to self-destruction while sane or insane, Manulife Financial will not pay any part of Optional Life Insurance which became effective less than two years prior to your date of death. Misstatement of non-smoker status by you or your spouse shall constitute fraud and Manulife Financial will not pay any part of Optional Life Insurance regardless of the cause of death.

The provisions of this coverage shall be the same as for Basic Life Insurance except that Waiver of Premium Benefit for the spouse ceases on the earlier of: a) the date the Waiver of Premium for Life Insurance ceases, or b) the date the policy or coverage terminates.

### **Definition of Non-Smoker**

A person who has totally abstained from smoking cigarettes or cannabis for a one year period immediately preceding the date of his/her application for Non-Smoker Status as outlined in the Master Policy.

## BASIC ACCIDENTAL DEATH AND DISMEMBERMENT

This plan is underwritten by  
Industrial-Alliance *Pacific* Life Insurance Company

Policy Number 100003741

### Eligibility

You are eligible for coverage under the Basic Accidental Death & Dismemberment benefit provided you are an eligible employee under the terms of this policy. Your insurance will become effective on the date your Life Insurance coverage commences.

#### Benefit Amount

Under age 65                      4 X your annual earnings, rounded to the next higher \$1,000 if not already a multiple thereof, subject to a maximum of \$800,000.

Age 65 and older                1 X your annual earnings, rounded to the next higher \$1,000 if not already a multiple thereof, subject to a maximum of \$800,000.

Your benefit reduces on the December 31<sup>st</sup> following your 65<sup>th</sup> birthday.

**Termination Age**              Your benefit terminates on your 71<sup>st</sup> birthday, or date of retirement if earlier.

### Benefit Description

Accidental Death & Dismemberment applicable 24 hours a day each and every day.

## BASIC ACCIDENTAL DEATH AND DISMEMBERMENT

### Schedule of Losses

If injury shall, within 365 days of the date of the accident causing such injury, result in any of the following losses, the insurer will pay for loss of or permanent and total loss of use of:

Life	The Principal Sum.
Both Hands	The Principal Sum.
Both Feet	The Principal Sum.
Entire Sight of Both Eyes	The Principal Sum.
One Hand and One Foot	The Principal Sum.
One Hand and the Entire Sight of One Eye	The Principal Sum.
One Foot and the Entire Sight of One Eye	The Principal Sum.
Speech and Hearing in Both Ears	The Principal Sum.
One Arm	Three-Quarters of The Principal Sum.
One Leg	Three-Quarters of The Principal Sum.
One Hand	Three-Quarters of The Principal Sum.
One Foot	Three-Quarters of The Principal Sum.
Entire Sight of One Eye	Three-Quarters of The Principal Sum.
Speech or Hearing in Both Ears	Three-Quarters of The Principal Sum.
Thumb and Index Finger of Either Hand	One-Third of The Principal Sum.
Four Fingers of Either Hand	One-Third of The Principal Sum.
All Toes of One Foot	One-Quarter of The Principal Sum.
Hearing in One Ear	One-Sixth of The Principal Sum.

### PARALYSIS BENEFITS

Quadriplegia (complete paralysis of both upper and lower limbs)	Two Times The Principal Sum.
Paraplegia (complete paralysis of both lower limbs)	Two Times The Principal Sum.
Hemiplegia (complete paralysis of upper and lower limbs of one side of body)	Two Times The Principal Sum.

"Loss" as above and used with reference to hand or foot means complete severance at or above the wrist or ankle joint but below the elbow or knee joint; as used with reference to arm or leg means complete severance at or above the elbow or knee joint; as used with reference to thumb and fingers means complete severance at or above the metacarpophalangeal joint; as used with reference to toes means complete severance at or above the metatarsophalangeal joint; as used with reference to eye means the irrecoverable loss of the entire sight thereof; as used with reference to speech means the total and irrecoverable loss thereof; and as used with reference to hearing means the total and irrecoverable loss thereof. "Loss" as above used with reference to quadriplegia, paraplegia and hemiplegia means the permanent and irrecoverable paralysis of such limbs.

Any indemnity payable for Loss of Use shall be paid only if such loss is permanent, total and irrecoverable and shall have been continuous for a period of twelve months from the date of the accident.

Only one of the amounts shown on the Schedule of Losses, the largest, is payable for all losses resulting from any one accident to any one Insured Person.

### Aggregate Limit of Indemnity

The aggregate limit applicable for all losses from any one accident is \$5,000,000.

## BASIC ACCIDENTAL DEATH AND DISMEMBERMENT

### Description of Hazards

The hazards against which insurance is provided under and subject to the provisions of this policy, is defined as injury sustained by the insured person while this policy is in force.

### Beneficiary

**Death Benefits** – Shall be paid to the beneficiary designated under your Group Life Insurance policy. If no such designation has been filed, death benefits shall be paid to your estate.

**Dismemberment Benefits** - In the case of dismemberment, the benefits are payable to the employee. If death occurs within 365 days of dismemberment the death benefit will be reduced by the amount previously paid.

### Additional Benefits

The **Conversion Option** may allow you to convert your insurance to an individual accident insurance plan with no evidence of insurability should you terminate active employment, other than through retirement. You must apply for conversion within 31 days of your termination date.

The **Day-Care Benefit** may pay toward the cost of day-care expenses for your children if you become fatally injured, up to a maximum of 5% of your selected amount of insurance or \$10,000.00 per year, but not to exceed four consecutive years.

The **Family Transportation Benefit** may pay up to \$10,000.00 for the transportation and lodging of an immediate family member to visit you if confined to a hospital which is at least 150km from your normal residence.

The **Home Alteration and Vehicle Modification Benefit** may pay up to \$10,000.00 within three years of the accident to modify your home or vehicle to make them wheelchair accessible should you become permanently paralyzed, lose both feet or lose the use of both feet.

The **Repatriation Benefit** may pay up to \$15,000.00 toward the expense of burial preparation and shipment of your remains to your city of residence should you become fatally injured outside of your normal city of residence.

The **Rehabilitation Benefit** may pay up to \$15,000.00 within three years of the date of the accident toward the cost of reasonable and necessary expenses resulting from undergoing special training in order to be qualified to engage in a special occupation because injury from an accident did not allow you to continue in your current occupation.

The **Seat Belt Benefit** may pay an additional 10% of your amount of insurance if at the time of the accident you were driving or riding in a vehicle and wearing a properly fastened seat belt.

The **Spousal Retraining Benefit** may pay up to \$10,000.00 within three years from the date of accident for the spouse to engage in a formal occupational training program in order to become qualified for active employment in an occupation for which she/he would not otherwise have sufficient qualifications. Payment will not be made for room, board or other ordinary living, travelling or clothing expenses.

The **Education Benefit** may pay 5% of the principal sum, subject to a maximum of \$5,000.00 per year per dependent child to attend a school of Higher Learning on a full-time basis; but not to exceed four consecutive school years. The loss must occur within 12 months of the injury or death. Payment will not be made for room, board or other ordinary living, travelling or clothing expenses.

## **BASIC ACCIDENTAL DEATH AND DISMEMBERMENT**

### **Termination of Insurance**

Insurance on an employee will automatically terminate:

- on the date specified in the Termination Age on the first page of the Basic Accidental Death and Dismemberment section, or
- on the date the employee terminates his employment.

### **Exclusions**

The plan does not cover loss caused by suicide or any attempt thereafter while sane or insane; intentionally self-inflicted injury; injury sustained in consequence of riding as a crew member or pilot in any vehicle or device for aerial navigation; injury sustained in consequence of riding as a passenger in aircraft owned, operated or leased by your employer; declared or undeclared war or any act thereof or full-time active service in the armed forces of any country.

**THIS IS AN ILLUSTRATION OF BENEFITS ONLY AND IS SUBJECT TO THE TERMS AND CONDITIONS OF THE MASTER POLICY ON FILE WITH YOUR EMPLOYER.**

## LONG TERM DISABILITY

In the event you become totally disabled for the required period of time known as the Qualifying Period and you are under the continual treatment of a legally qualified physician deemed appropriate by Manulife Financial, you will receive a monthly income benefit.

<b>Benefit Amount</b>	75% of your monthly earnings. The benefit is rounded to the next higher \$1 if not already a multiple thereof, subject to a maximum of \$12,000 per month.
<b>Qualifying Period</b>	120 days
<b>Maximum Benefit Period</b>	Benefits will continue to December 31st following your 65th birthday.
<b>Termination Age</b>	Age 65 less the Qualifying Period, or retirement, whichever is earlier.

### Tax Status of Benefits

Any disability benefits you receive will be taxable income.

### Qualifying Period

The qualifying period starts when you first become totally disabled and ends after 120 days, provided your disability is continuous and you are under age 65. If the disability is not continuous, the days you are disabled will be accumulated to satisfy the qualifying disability period provided:

- 1) no interruption is longer than 2 weeks;
- 2) the disabilities arise from the same or related disease or injury.

### Total Disability

You are considered totally disabled due to sickness or injury during the Qualifying Period and the next 2 years, if you are unable to perform any combination of duties of your own occupation that regularly took at least 60% of your time at work to complete. After this period, total disability means you are unable to earn at least 60% of your earnings from any occupation or employment for which you are or may become qualified by training, education or experience.

### Recurrent Disability

If a disability recurs and it is due to the same or related causes, it will be considered as one continuous disability and will not be subject to the Qualifying Period unless you have returned to active, full-time employment for a period of 6 consecutive months or longer, or you have been in a comprehensive rehabilitation program for more than 24 months.

If your new disability is due to causes unrelated to your prior disability you may be eligible for a new disability period, subject to the Qualifying Disability Period, if you have returned to active work for at least one full day.

### Offsets

The amount payable under this benefit for total disability is calculated by deducting from your benefit any other sources of income. These are specified in the Master Policy and include the following:

- payments received from the Canada or Quebec Pension Plan, excluding payments made in respect of dependent children;
- any payments on account of your disability from any workers' compensation law or similar law.

## LONG TERM DISABILITY

### All Source Maximum

Your total monthly income while disabled (Long Term Disability benefit plus any income listed above and any wages from retirement or pension plans and government automobile insurance) cannot exceed 85% of your gross pre-disability earnings. To account for inflation, your pre-disability earnings will be adjusted each January, based on the change in the Consumer Price Index for the preceding year.

If your total income exceeds 85%, your Long Term Disability benefit will be reduced accordingly.

### Rehabilitative Employment

If you are receiving disability benefits and enter into a rehabilitation program approved by Manulife Financial, you will still be considered totally disabled during your participation in the program and your benefits will continue.

If you receive income from the rehabilitation program, your benefit payments from Manulife Financial will be reduced so that the total income you receive from all sources does not exceed 100% of your pre-disability earnings.

### Waiver of Premium

The premium for your Long Term Disability benefit will be waived during any period your are eligible to receive Long Term Disability benefit payments.

### Disability Case Management Program

Manulife Financial has developed a disability case management program. The purpose of this program is to assist you, in the event you become totally disabled and qualify for benefits, to return to productive employment. Our disability case management team includes medical consultants, claim adjudicators and a field coordinator. This team will work with you, your employer and your physician to assist you to recover and return to the workplace.

### Subrogation

If you recover damages from or reach a settlement with a third party who has caused or contributed to a disability for which you have received benefits under the Long Term Disability Benefit, Manulife Financial has the right to be reimbursed to the extent of the payments under this Benefit.

### Exclusions and Limitations

Benefits are not payable for the following:

- for any portion of a period of disability unless you are receiving ongoing supervision/treatment by a physician deemed appropriate by the Insurer for the impairment which is causing the disability. You will not be paid for any portion of a period of disability during which you do not participate in the treatment program recommended by said physician;
- for any portion of a period of disability during which you are receiving treatment by a therapist unless such treatment is recommended by a physician deemed appropriate by the Insurer;
- for any portion of a period of disability resulting from substance abuse, including alcoholism and drug addiction, unless you are participating in a recognized substance withdrawal program;
- disabilities resulting from self-inflicted injuries or attempted suicide;
- disabilities as a result of active duty in the armed forces, participation in a war, riot, insurrection or criminal act;

## LONG TERM DISABILITY

- a disability resulting from an accident which occurs while you are operating a motor vehicle and the blood contains more than 80 milligrams of alcohol in 100 millilitres of blood (.08%);
- for the portion of a period of disability during which you are
  - a) imprisoned in a penal institution; or
  - b) confined in a hospital, or similar institution, as a result of criminal proceedings;
- any period of disability, or portion thereof, during any leave of absence (including maternity leave) as defined in the Definitions section of this booklet, subject to human rights legislation;
- for a disability which commences on or after the date a strike or layoff begins, except as outlined in the Master Policy, subject to applicable labour standards legislation;
- if you refuse to participate in a rehabilitation program which is deemed appropriate by Manulife Financial, the attending physician or on the advice of independent medical opinion.

### Canadian Residency Requirement

No benefits are payable if you reside outside Canada for any period exceeding 90 consecutive days or a total of 180 days in any 365 day period, unless:

- I. you have previously notified and received approval in writing from Manulife Financial; and
- II. you remain under the regular care of a licensed physician deemed appropriate by Manulife Financial; and
- III. proof of the ongoing disability can be determined on evidence satisfactory to Manulife Financial in English or French within 30 days of request.

## EXTENDED HEALTH CARE

In the event you incur any of the Eligible Expenses listed below, you will be paid a percentage of such expenses, as outlined below:

<b>Deductible</b>	\$25 Single per calendar year, or \$25 Family per calendar year Deductible applicable to all benefits excluding Vision Care
<b>Coinsurance</b>	100% of eligible expenses
<b>Lifetime Maximum</b>	Unlimited
<b>Termination</b>	Your benefit terminates upon your retirement.

### Eligible Expenses

Eligible Expenses describes the benefits provided and any specific limitations. Such expenses must be reasonable and customary, medically necessary and/or prescribed by a physician.

### Hospital (*inside Canada*)

Charges, in excess of the hospital's public ward charge, for private accommodation.

### Vision Care

Lenses and frames or contact lenses or safety glasses or laser eye surgery, up to a maximum benefit of \$500 during any 24 consecutive month period.

Eye examinations performed by a qualified Optometrist or Ophthalmologist, up to a maximum benefit of \$75 during any 24 consecutive month period (not subject to the deductible).

### Ambulance

Licensed ambulance service, including air ambulance, to and from the nearest hospital where adequate treatment is available, up to maximum benefit of \$300 per calendar year.

### Convalescent Care

Private accommodation for confinement in a convalescent care facility which begins following a minimum of 3 days hospital confinement.

## EXTENDED HEALTH CARE

**Professional Services:** Charges for treatment (in excess of amounts payable by any Provincial Health Plan when permitted by law) by a practitioner who is registered and legally practising within the scope of his/her license, subject to the following maximums:

Practitioner	Calendar Year Maximum	Maximum per Visit
Chiropractor	\$1,000 **	* The first 12 visits are covered up to \$10 maximum per visit each calendar year.
Osteopath	\$1,000 **	Reasonable and customary charges.
Podiatrist or Chiropodist	\$1,000 **	* The first 12 visits are covered up to \$10 maximum per visit each calendar year.
Naturopath	\$1,000 **	* The first 12 visits are covered up to \$10 maximum per visit each calendar year.
Speech Therapist	\$1,000 **	Reasonable and customary charges.
Clinical Psychologist	\$1,000 **	Reasonable and customary charges.
Physiotherapist	\$1,000 **	* The first 12 visits are covered up to \$10 maximum per visit each calendar year.
Massage Therapist***	\$1,000 **	* The first 12 visits are covered up to \$10 maximum per visit each calendar year.

**Note:**

- \* After the first 12 visits, eligible expenses for the remainder of that year will be based on reasonable and customary charges.
- \*\* \$1,000 calendar year maximum per person combined for all practitioners.
- \*\*\* A new physician's written referral for treatment by a Masseur is required every 12 months.
- X-rays: one x-ray per practitioner included in the above calendar year maximum.

**Private Duty Nursing**

Services provided in your home (other than custodial care, homemaking services and supervision) by a Registered Nurse, a Registered Nursing Assistant, a Certified Nursing Assistant, or a Licensed Practical Nurse, to a maximum of \$5,000 per calendar year.

*Charges for the following services are not eligible:*

- Service performed by a nursing practitioner who is related to or lives with the patient.
- Service performed while the patient is in a hospital, nursing home, or similar institution.
- Services which can be performed by a person of lesser qualification, a relative, friend, or a member of the patient's household.

**Accidental Dental**

Charges for the treatment of accidental injuries to natural teeth or jaw, provided the treatment is rendered within 6 months of the accident, excluding injuries due to biting or chewing.

**Laboratory Tests and X-rays,** when not covered under the provincial government plan.

## EXTENDED HEALTH CARE

### Orthopedic Shoes and Foot Orthotics

Charges for custom fitted orthopedic shoes and foot orthotics, including repairs and modifications, which have been specially designed and molded for the patient and are required to correct a diagnosed physical impairment, provided that the following information is supplied:

- a diagnosis, including a list of symptoms and the primary complaint;
- description of the physical findings from the clinical examination;
- a brief description of the gait abnormality associated with the diagnosis; and
- confirmation that the product has been custom-made.

In order to be eligible for reimbursement, orthopedic shoes and foot orthotics must be prescribed, on an annual basis, by providers with the following professional qualifications:

- Medical General Practitioner or Specialist (MD); or
- Podiatrist (DPM); or
- Chiropodist (D CH or D Pod M); and

must be dispensed by one of the following provider types:

- Medical General Practitioner or Specialist (MD); or
- Orthotist Co(c) or CPO(c); or
- Pedorthist C Ped (C) or C Ped (MC); or
- Podiatrist (DPM); or
- Chiropodist (D CH or D Pod M).

Orthopedic shoes must be an integral part of a brace and reimbursement will be limited to two pairs of shoes per person per calendar year.

### Medical Equipment and Supplies

Rental or, at your employer's option, purchase of the following services, supplies, appliances and prosthetic devices provided they are prescribed by a physician:

- standard wheelchairs and electric wheelchairs;
- standard hospital beds (excluding electric hospital beds), bed rails and trapeze bars;
- splints (excluding dental splints), canes, walkers, crutches and casts;
- Jobst burn garments, Jobst sleeves for lymphoedema following mastectomy and Jobst support hose;
- braces with rigid supports (excluding lumbar supports);
- stump socks, shoulder harnesses, head halters, traction apparatus and cervical collars;
- colostomy apparatus, ileostomy apparatus and catheters;
- enuretic devices;
- PUVA therapy for psoriasis, when administered by a dermatologist;
- intermittent positive pressure breathing machine;
- aerosol equipment, mist tents and nebulizers for cystic fibrosis, acute emphysema, chronic obstructive bronchitis, or chronic asthma;
- apnea monitors for respiratory dysrhythmias;
- iron lung;

## **EXTENDED HEALTH CARE**

- insulin syringe and Clinitest or similar home chemical testing supplies for diabetics;
- artificial eyes (including repairs);
- one pair of eyeglasses or contact lenses following cataract surgery;
- artificial limbs (including repairs and replacement), and including myoelectrical limbs;
- external breast prostheses, once per calendar year, post-mastectomy;
- transcutaneous nerve stimulator for up to 6 months;
- non-union bone stimulators;
- pacemakers;
- hearing aids, excluding batteries and repairs, obtained either on the written prescription of a physician or from a qualified audiologist on the recommendation of a physician, subject to a maximum benefit of \$600 in any period of 60 consecutive months.

### **Out-of-Province/Out of Canada Referral Expenses**

If you are referred by a physician for non-emergency treatment outside your province of residence, the following expenses in excess of any provincial government plan allowance are covered, provided they are eligible for reimbursement in whole or in part by any provincial government plan.:

- reasonable and customary charges for semi-private or private accommodation;
- reasonable and customary charges for the services of a physician;
- reasonable and customary charges for hospital services and supplies furnished during hospitalization, and for x-ray examinations and laboratory tests related to medical treatment rendered without hospitalization.

## EXTENDED HEALTH CARE

### Exclusions

No Extended Health Care benefits are payable for any expense which is directly or indirectly related to:

- surgical procedures or treatment performed primarily for beautification
- self-inflicted injuries
- war, riot, insurrection or civil commotion
- committing or attempting to commit an assault or criminal offence
- an illness or injury for which benefits are payable under any provincial government plan or workers' compensation
- periodic medical check-ups, third party examinations, physician's travel, broken appointments, communication costs, filing out forms, or physician's supplies
- services or supplies for which no charge would normally be made in the absence of group benefit coverage
- services or supplies which are not permitted by law to be paid
- charges which are not medically necessary to the care and treatment of any existing or suspected injury, disease or pregnancy
- dental work where a third party is responsible for payment
- services or supplies furnished without the recommendation or approval of a physician acting within the scope of his licence
- charges for transport or travel, medical treatment or surgical procedure by a physician other than as specifically provided under this plan
- medical treatment which is not usual or customary, or is experimental or investigational in nature
- experimental drugs or supplies and those not approved by Health and Welfare - Canada

### Survivor Benefits

Extended Health Expense (excluding Vision Care) coverage for eligible dependents will continue following the death of the employee up to a maximum of 12 months from the date of death or the date the policy or benefit terminates, whichever is earlier.

## PRESCRIPTION DRUGS

(part of *Extended Health Care*)

<b>Deductible</b>	\$25 Single per calendar year, or \$25 Family per calendar year
<b>Coinsurance</b>	100% of eligible expenses
<b>Termination</b>	Your benefit terminates upon your retirement.

### Eligible Expenses

Reasonable and customary charges for medically necessary drugs and medicines which are dispensed by a licensed pharmacist and are prescribed by a physician or other professional authorized by provincial legislation to prescribe drugs for the treatment of an illness or injury. They include:

- a) drugs which by law require a prescription for purchase
- b) drugs, medicines, oral contraceptives, injectable preparations, insulin and other diabetic supplies and allergy serums

Note:

- Smoking cessation aids which require a prescription, to a lifetime maximum of \$500 per individual.
- Fertility drugs and treatment to a lifetime maximum of \$2,500 per individual.
- Oral medications for the treatment of erectile dysfunction are not covered.

### Purchase Options:

Each time you have a drug claim, you have the option to:

- (A) Purchase your drugs and submit your receipts as a paper claim for reimbursement,

**OR**

- (B) Present your Drug Card to the pharmacist for point of sale assessment and no requirement to submit receipts to the Insurer. If a Brand Name drug is purchased with the Drug Card and there is a Generic substitute available, reimbursement will be based on the lowest cost Generic drug.

### Supply Limits

Drug purchases are limited to a supply which is reasonably used within 90 days.

## EMERGENCY TRAVEL ASSISTANCE

Your employer has arranged to provide you and your family with Emergency Travel Assistance coverage. *World Access Canada Inc.*, a multi-service corporation which assists travelers, has contracted with Manulife Financial to provide you with timely, efficient assistance when you travel.

<b>Deductible</b>	-	Nil
<b>Benefit Percentage</b>	-	100% of eligible expenses in addition to eligible services are covered.
<b>Lifetime Maximum</b>	-	Unlimited
<b>Termination Age</b>	-	Your benefit terminates: <ul style="list-style-type: none"><li>➤ on your 71<sup>st</sup> birthday; or</li><li>➤ on the date you retire;</li></ul> whichever is earlier.

### How to Claim (ETA Plan # 9778)

Dial the number on the back of your identification card and you will be connected with the World Access Operation Centre. Be sure to carry your identification card (supplied by your employer) with you when you travel. The card contains the information you are required to give to World Access in the event you need assistance.

If your claim is for payment of \$200 or less, you will be asked to make the payment and keep the receipts. Your provincial health plan and the Insurer will reimburse you for the eligible expenses upon your return.

### Services

The following services are covered in the event of an emergency which occurs while you or your dependents are traveling for non-medical reasons outside your province of residence:

- Multilingual assistance by toll-free telephone, 24 hours a day, 365 days a year, for insured individuals and providers of medical services to obtain aid and assistance;
- Referral to a legally qualified physician, dentist, legal advisor or an appropriate medical care facility;
- Assistance in arranging a cash advance from credit cards or family and friends to post bail and pay legal fees;
- Assistance in replacement (but not cost) of necessary travel documents or tickets in the event of theft or loss;
- Multilingual telephone interpretation services in the event of an emergency;
- A centre for communication of messages between you and your family, friends or business associates. Messages are held for 15 days;
- Medical consultation and monitoring of medical care and services if you or your dependents are hospitalized, and arrangement for contact with the patient, the attending physician and the patient's personal physician and family if necessary.

## EMERGENCY TRAVEL ASSISTANCE

### Eligible Expenses

Medical Services - Charges incurred for medical and surgical fees, hospital accommodations and prescribed drugs;

Emergency Transportation - Emergency transportation to the nearest appropriate medical care facility and if medically necessary from the medical care facility to a hospital in Canada. Upon written recommendation of a physician, such charges shall include a medical attendant if necessary who is neither a resident in the employee's home nor a relative of the employee or the employee's spouse;

Return of Deceased - Charges incurred for the return of a deceased employee or dependent to the place of former residence in Canada, subject to a maximum benefit of \$5,000 per individual;

\* Return of Dependent Children - Charges incurred for the return of dependent children to their residence in Canada in the event you or your spouse is hospitalized and the children are left unattended. The children must be under 16 years of age. Arrangements for an escort to accompany the children will be made if necessary;

\* Return Trip Delay - Transportation - Charges incurred for delay of the return trip of an insured individual due to the hospitalization of that individual or another insured individual with whom the individual is traveling, limited to the cost of one way economy class transportation;

\* Visit of Family Member - Charges incurred for transportation of an immediate family member to visit a hospitalized insured individual. Such individual must have been traveling alone and confined to a hospital for more than 7 days. The cost of transportation is limited to return economy fare for one family member. An immediate family member is defined as a spouse, parent, child, brother or sister or a person with whom the insured individual normally resides;

*\* Charges for these expenses are subject to a combined maximum benefit of \$5,000 per emergency.*

Return of Vehicle - Charges incurred in connection with the return of an insured's vehicle in the event the insured is unable to return it due to illness, injury or death, subject to a maximum benefit of \$500 per trip. The vehicle will be returned to the insured's residence or nearest appropriate rental agency. Such charges shall not include commercial transport vehicles;

Return Trip Delay - Accommodation - Charges incurred for commercial accommodation and meals for insured individuals while staying with a hospitalized insured family member when their return trip is delayed due to an illness or accident. Such charges are subject to a maximum benefit of \$700 per family;

Convalescent Benefit - Charges incurred for accommodation for insured individuals requiring convalescence following hospitalization, subject to a maximum benefit of \$75 per day for not more than 5 days for each insured individual.

## **EMERGENCY TRAVEL ASSISTANCE**

### **Exclusions**

The foregoing list of services shall not include any of the following:

- charges for surgical procedures or treatment performed primarily for beautification;
- charges for services or supplies resulting from self-inflicted injuries;
- charges for bodily injury resulting from war (whether declared or undeclared), riot, insurrection or civil commotion;
- charges for an illness or injury for which benefits are payable under any provincial government plan;
- services or supplies for which no charge would normally be made in the absence of group benefit coverage
- services or supplies which are not permitted by law to be paid
- charges which are not medically necessary for the care and treatment of any existing or suspected injury, disease or pregnancy
- charges for dental work where a third party is responsible for payment
- services or supplies furnished without the recommendation or approval of a physician acting within the scope of his licence
- charges for transport or travel, other than as specifically provided under this plan;
- charges for medical treatment which is not usual or customary, or is experimental or investigational in nature;
- charges for experimental drugs or supplies and those not approved by Health and Welfare - Canada;
- charges which are not incurred as a result of an emergency while travelling;
- charges in connection with childbirth and medical complications resulting from childbirth when the delivery takes place after the beginning of the 32nd week of pregnancy.

### **Liability**

The Insurer is not responsible for the availability, quantity, quality or results of any medical treatment received by an insured individual, or for the failure of an insured individual to receive Medical treatment for any reason.

### **Travel to Countries in Civil Distress**

If you or your dependents plan on traveling to a country that may be under distress or in strife, you should be aware that there may be difficulty obtaining Emergency Travel Assistance while in that country.

The Department of Foreign Affairs and International Trade publishes and updates a list of countries that are currently affected. This list can be obtained from World Access Canada Inc. by calling one of the telephone numbers on the back of your Emergency Travel Assistance identification card.

If you have further concerns, please contact your Plan Administrator.

## DENTAL EXPENSE BENEFIT

In the event you incur any of the eligible expenses listed below, you will be paid a percentage of such expenses as outlined below:

<b>Deductible</b>	Nil
<b>Coinsurance</b>	100% for Basic Services 100% for Major Restorative Services 60% for Orthodontics
<b>Benefit Maximums</b>	Basic - Unlimited Major - \$2,500 per calendar year Ortho - \$5,000 per lifetime for dependent children ages 6 to 18
<b>Termination</b>	Your benefit terminates upon your retirement.

### Late Enrollment Limitation

If you apply for dental coverage for yourself and/or your dependents more than 31 days following the date you are eligible to apply, the maximum benefit for the first twelve consecutive months of coverage is \$100 for Basic and Major treatment combined. No coverage is provided for Orthodontic treatment for the first 24 consecutive months. After such twelve consecutive months, the maximum benefit will be as outlined above.

### Dental Fee Guide

The British Columbia fee guide for General Practitioners and Specialists in effect on the date the charge is incurred.

### Alternate Benefits and Submission of Treatment Plan

Where there are two or more courses of treatment available to adequately correct a dental condition, Manulife Financial will determine reimbursement based on the least expensive treatment.

As a service to you, Manulife Financial will advise you in advance of the amount of its liability when a proposed course of treatment includes major restorative dentistry or orthodontics. To use this service, simply have your dentist complete a treatment plan on forms available from your employer, including pretreatment x-rays if the proposed treatment involves crowns, dentures, bridgework or implants.

## DENTAL EXPENSE BENEFIT

### Eligible expenses

#### Plan A - Basic Services

Charges for the following supplies and services are considered Eligible Expenses if they do not exceed the Fee Guide for General Practitioners and Specialists of the British Columbia Dental Association. Further details may be found in the Master Policy.

#### Basic Services

##### Diagnostics:

- standard oral or specific examinations: twice in any calendar year
- initial examination: once every 24 consecutive months
- bitewing x-rays: two in any calendar year
- x-rays: complete mouth series or equivalent once every 24 consecutive months
- panoramic x-rays once every 24 consecutive months
- consultations: twice in any calendar year

##### Preventive Services:

- topical fluoride: twice per calendar year
- polishing: two units of time in any calendar year
- scaling: six units of time in any calendar year
- oral hygiene: recall instruction twice in any calendar year (initial instruction once every 24 months)
- passive space maintainers for dependent children under 16 years
- pit and fissure sealants for permanent teeth for dependent children under 16 years, limited to once per tooth per lifetime

##### Restorative Services:

- amalgam, silicate, acrylic and composite restorations

##### Surgical Services:

- extractions
- excision of carious lesions, tumors, cysts or abscesses

##### Endodontics:

- treatment of diseases of the pulp chamber and pulp canal (root canal)

##### Periodontics:

treatment of diseases of the soft tissue (gum) and bones surrounding and supporting the teeth, but not bone or tissue grafts:

- root planing limited to six units of time per calendar year
- acute infections, occlusal adjustment,
- gingival curettage, gomgovoplasty, gingivectomy or osseous surgery
- special periodontal appliances

##### Prosthetic Repairs:

- adjustment to dentures: twice in any calendar year
- repair to dentures: twice in any calendar year
- relines or rebases to existing denture, but not both: once every 24 consecutive months

***(One unit of time = 15 minutes)***

## DENTAL EXPENSE BENEFIT

### Plan A - Basic Services (Continued)

#### Oral Surgery:

- Surgical incision and drainage.
- Osteoplasty.
- Alveoplasty, removal of neoplasms and enucleation of teeth.
- Stomatoplasty, frenectomy and sialolithotomy.
- Removal of root from maxillary sinus.
- Diagnostic laboratory procedures including soft tissue biopsy, oral pathology, cytological tests and bacteriological examinations.
- Post-surgical treatment.
- Excision of torus palatinus, and unilateral and bilateral excision of torus mandibularis.

### Plan B - Major Services

Extensive Restorative Dentistry: Those procedures, including inlays, onlays and crowns (including stainless steel crowns), used to restore the natural teeth to their normal functions where the tooth, as a result of extensive caries or fracture, cannot be restored with a filling.

Gold foil or cast gold restorations on teeth posterior to the second bicuspid if such treatment could not have been rendered at a lower cost by means of a reasonable substitute consistent with generally accepted dental practice.

Fixed Prosthetic Devices: The initial installation of fixed bridgework.

Recementing and replacement of the facing or veneer of the fixed bridgework. Extension of or addition of teeth to existing fixed bridgework is limited to once in any period of 24 consecutive months, if required because at least one additional tooth was extracted after becoming insured under this benefit.

Replacement of an existing appliance is not covered except if:

- a) The replacement is required because of extraction, loss or fracture of one or more sound natural teeth after the individual became insured under this plan or
- b) The existing appliance is at least 5 years old and no longer serviceable.

Removable Prosthetic Devices: The initial installation of partial dentures or full dentures, excluding temporary dentures, provided you have been covered under this benefit for at least 12 months.

Replacement of an existing appliance is not covered except if:

- a) The replacement is required because of extraction, loss or fracture of one or more sound natural teeth after the individual became insured under this plan or
- b) The replacement is more than 12 months after the individual became insured under this coverage, and the existing appliance is at least 5 years old and no longer serviceable.

Extension of or addition of teeth to a partial dentures is limited to once in any period of 24 consecutive months, if required because at least one additional tooth was extracted after becoming insured under this benefit.

Equilibration in connection with denture repair limited to once in any period of 24 consecutive months.

Replacement of lost or stolen dentures, the duplication of dentures and personalization or characterization of dentures is not covered.

#### Implants

Tooth implantation or transplantation and surgical implantation of fabricated implants limited to the Fee Guide amount that would be allowed if a denture or bridge had been provided instead of an implant.

## DENTAL EXPENSE BENEFIT

**Orthodontics** *(coverage only for dependent children age 6 but under 18 years)*

The diagnosis or correction of teeth irregularities and malocclusion of jaws, by wire appliances, braces or other mechanical aids, commonly known as "straightening of the teeth". These include active space retainers, or orthodontic appliances, for the purpose of repositioning or moving of the teeth.

### Exclusions

No benefit is payable for the following:

- Miscellaneous charges such as for counselling, travel, broken appointments, completion of forms, written reports or communication costs.
- Services or supplies that are primarily for cosmetic dentistry.
- Services or supplies resulting from self-inflicted injuries.
- Services or supplies resulting from war (whether declared or undeclared), riot, insurrection or civil commotion.
- Services or supplies resulting from committing or attempting to commit an assault or criminal offence.
- Hospital charges for room and board and related services and supplies.
- Services which are payable by any provincial government plan.
- Services or supplies for which no charge would normally be made in the absence of group benefit coverage.
- Any dental examination required by a third party.
- Services or supplies which are not medically necessary to the care and treatment of any existing or suspected injury or disease.
- Services or supplies in connection with any procedures not listed as an eligible expense.

### Survivor Benefits

Dental Expense coverage for eligible dependents will continue following the death of the employee up to a maximum of 3 months from the date of death or the date the policy or benefit terminates, whichever is earlier.

## HEALTH CARE SPENDING ACCOUNT

### Eligibility

Your coverage is effective once your account opening balance is established with Manulife Financial. Manulife Financial acts as the administrator of your account on your employer's behalf.

Your eligible dependents are defined earlier in the General Provisions section of this booklet. In addition, any person whom Revenue Canada allows you to claim as a dependent on your income tax return will also be a covered dependent under this benefit. This could be your parent or grandparent.

### Health Care Spending Account Benefit

If you or your dependent incurs expenses described in this section, you will be reimbursed in accordance with the provisions which follow.

An eligible expense shall be deemed incurred as of the date the service or supply is furnished to you or your dependent.

### Maximum Benefit

Your account opening balance is established in full on the first day of each calendar year.

### Carry Forward of Unused Credits

At the end of each calendar year, any unused balance in your account will be carried forward and added to the deposit for the following calendar year. But in order to keep your account tax free, the unused balance must be forfeited at the end of that following calendar year.

Because this Carry Forward of Unused Credits is allowed for your account, the Income Tax Act prohibits any unpaid expenses being carried forward. Please remember that an expense can only be reimbursed in the same calendar year that the expense is incurred.

### Account Balance

Anytime you want to check the balance in your account, you can call Manulife Financial at the following toll-free number:

**1-866-507-2727**

## HEALTH CARE SPENDING ACCOUNT

### Eligible Expenses

The following eligible expenses are reimbursed by Manulife Financial:

Health care and dental care expenses which qualify as a medical expense under section 118.2(2) of the Canadian Income Tax Act and Regulation 5700, as amended from time to time, or health care and dental care expenses that Manulife Financial deems an eligible medical expense under a private health services plan or a group accident and sickness plan.

To be reimbursed such expenses must be:

1. medically necessary for the treatment of an illness or injury of a covered person;
2. incurred for the care of the person while covered under this plan;
3. not covered under a Provincial Plan or any other government-sponsored program; and
4. not prohibited by law from being covered under this plan.

Examples of eligible expenses are:

- Health/Dental Deductibles, benefit percentage amounts and premiums - under this plan or any other medical or dental plan;
- Registered Practitioners - physician, speech therapist, clinical psychologist, osteopath, chiropractor, physiotherapist, naturopath, podiatrist, acupuncturist, Christian Science, massage therapist, nurses, optometrist, occupational therapist, or psychoanalyst;
- Dental expenses - preventive, diagnostic, restorative, orthodontic and therapeutic care.

### Termination of Coverage

Your coverage under this benefit ceases on the date your employment ceases. The unused balance in your account will be forfeited.

Coverage ends for one of your family members:

- when your coverage ends;
- when that person ceases to be an eligible dependent as defined in the General Provisions section of this booklet; or
- when that person ceases to be an eligible family member as defined by the Income Tax Act.