

# Saskatchewan School Boards Association

**Employer:** Prairie Spirit S.D. #206

**Plan Document Number:** G0083400

**Group Policy Number:** G0035505

**Class:** Prairie Spirit S.D. #206 Group 206-1

**Employee Name:** \_\_\_\_\_

**Certificate Number:** \_\_\_\_\_

## Welcome to Your Group Benefit Program

**Plan Document Effective Date:** May 1, 2005

**Group Policy Effective Date:** May 1, 2005

This Benefit Booklet has been specifically designed with your needs in mind, providing easy access to the information you need about the benefits to which you are entitled.

Group Benefits are important, not only for the financial assistance they provide, but for the security they provide for you and your family, especially in case of unforeseen needs.

Your employer can answer any questions you may have about your benefits, or how to submit a claim.

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# Benefit Summary

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This Benefit Summary provides information about the specific benefits supplied by Manulife Financial that are part of your Group Plan.

**This version of the Benefit Summary provided electronically:** October 2, 2013

## Health Service Navigator™

Available as part of your Critical Illness benefit, Health Service Navigator provides health resources and information to assist you and your eligible dependants in learning more about your health concerns and health services available within Canada and your local community. It features access to:

- A national physician search database

- Provincial health plan information Tips and tools to best navigate and leverage the Canadian health resources available

- Credible health, medical condition, treatment plan and medication information

- A second opinion service, where applicable delivered through a second opinion provider and a consortium of provider hospitals.

**The member care centre support is available from 8 AM to 8 PM Monday to Friday your local time.**

*Health Service  
Navigator™*

## Employee Life Insurance

**The Employee Life Insurance Benefit is insured under Manulife Financial's Policy G0035505**

**Benefit Amount** - 2 times your annual earnings, rounded to the next highest \$1,000 if not already a multiple thereof, to a maximum of \$350,000

**Termination Age** - your benefit amount terminates at age 70 or retirement, whichever is earlier

*Employee Life  
Insurance*

## Employee Optional Life Insurance

**The Employee Optional Life Insurance Benefit is insured under Manulife Financial's Policy G0035505.**

**Benefit Amount** - increments of \$10,000 to a maximum of \$350,000

**Termination Age** - age 70 or retirement, whichever is earlier

*Employee Optional Life  
Insurance*

# Benefit Summary

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## Dependent Optional Life Insurance

*Dependent Optional  
Life Insurance*

The **Dependent Optional Life Insurance Benefit** is insured under Manulife Financial's Policy G0035505.

**Benefit Amount**

- Spouse - increments of \$10,000 to a maximum of \$350,000

**Termination Age** - spouse's age 70 or employee's retirement, whichever is earlier

## Accidental Death and Dismemberment

*Accidental Death and  
Dismemberment*

The **Accidental Death and Dismemberment Benefit** is insured under Manulife Financial's Policy G0035505.

**Benefit Amount** - 2 times your annual earnings, rounded to the next highest \$1,000 if not already a multiple thereof, to a maximum of \$350,000

**Termination Age** - your benefit amount terminates at age 70 or retirement, whichever is earlier

## Employee Optional Accidental Death and Dismemberment

*Employee Optional  
Accidental Death and  
Dismemberment*

The **Employee Optional Accidental Death and Dismemberment Benefit** is insured under Manulife Financial's Policy G0035505.

**Benefit Amount** - increments of \$10,000 to a maximum of \$350,000

**Termination Age** - age 70 or retirement, whichever is earlier

## Dependent Optional Accidental Death and Dismemberment

*Dependent Optional  
Accidental Death and  
Dismemberment*

The **Dependent Optional Accidental Death and Dismemberment Benefit** is insured under Manulife Financial's Policy G0035505.

**Benefit Amount**

- Spouse - 0.5 of the amount of the Employee's Optional Accidental Death and Dismemberment Benefit to a maximum benefit of \$175,000 if there are no children; 0.4 of the amount of the Employee's Optional Accidental Death and Dismemberment Benefit to a maximum benefit of \$140,000 if there are children.

# Benefit Summary

- Child - 0.15 of the amount of the Employee's Optional Accidental Death and Dismemberment Benefit to a maximum benefit of \$52,500 if there is no spouse; 0.1 of the amount of the Employee's Optional Accidental Death and Dismemberment Benefit to a maximum benefit of \$35,000 if there is a spouse.

For loss other than loss of life, the amount of Child Benefit, shown above will be calculated using 2 times the percentage for the loss indicated in the SPECIFIED LOSS table, up to a maximum of \$75,000

**Termination Age** - employee's age 70 or retirement, whichever is earlier

## Extended Health Care

### *The Benefit*

**Overall Benefit Maximum** - Unlimited

**Deductible** - Nil

**Drug Dispensing Fee** - the Employee will pay 100% of any Drug Dispensing Fee

### **Benefit Percentage (Co-insurance)**

100% for

Hospital Care

Professional Services

Medical Supplies and Services

80% for

Prescription Drugs

**Note:** The Benefit Percentage for Out-of-Province/Canada Emergency Medical Treatment is 100%.

The Benefit Percentage for Referral outside Canada for Medical Treatment Available in Canada is 50%.

The Benefit Percentage for Emergency Travel Assistance is 100%.

**Termination Age** - employee's age 70 or retirement, whichever is earlier

### ***ManuScript Generic Drug Plan 2 - Prescription Drugs***

Charges incurred for the following expenses are payable when prescribed in writing by a physician or dentist and dispensed by a licensed pharmacist.

drugs for the treatment of a sickness or injury, which by law or convention require the written prescription of a physician or dentist

oral contraceptives, intrauterine devices and diaphragms

vitamin B6 and B12 for weight loss.

injectable medications (charges made by a practitioner or physician to administer injectable medications are not covered)

*Extended Health Care  
Extended Health Care -  
The Benefit*

*Extended Health Care -  
ManuScript Generic  
Drug Plan 2 -  
Prescription Drugs*

# Benefit Summary

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life-sustaining drugs

preventive vaccines and medicines (oral or injected)

standard syringes, needles and diagnostic aids, required for the treatment of diabetes (charges for cotton swabs, rubbing alcohol, automatic jet injectors and similar equipment are not covered)

*Charges for the following expenses are not covered:*

drugs, biologicals and related preparations which are intended to be administered in hospital on an in-patient or out-patient basis and are not intended for a patient's use at home

flu shots

## **- Drug Maximums**

### **- Drug Maximums**

Fertility drugs - \$2,500 per lifetime

Anti-smoking drugs - \$600 per lifetime

Sexual Dysfunction drugs: \$2,500 per lifetime

All other covered drug expenses - Unlimited

## **- Payment of Covered Expenses**

### **- Payment of Covered Expenses**

Payment of your covered drug expenses will be subject to any Drug Deductible and the Co-insurance.

Covered expenses for any prescribed drug will not exceed the price of the lowest cost generic equivalent product that can legally be used to fill the prescription, as listed in the Provincial Drug Benefit Formulary.

If there is no generic equivalent product for the prescribed drug, the amount covered is the cost of the prescribed product.

## **- No Substitution Prescriptions**

### **- No Substitution Prescriptions**

If your prescription contains a written direction from your physician or dentist that the prescribed drug is not to be substituted with another product and the drug is a covered expense under this benefit, the full cost of the prescribed product is covered.

When you have a "no substitution prescription", please ask your pharmacist to indicate this information on your receipt, when you pay for the prescription. This will help to ensure that your expenses will be reimbursed appropriately when your claim is submitted to Manulife Financial for payment.

Payment of your covered drug expenses will be subject to any Drug Deductible and the Co-insurance.

# Benefit Summary

## **Professional Services**

Services provided by the following licensed practitioners:

- Chiropractor - \$300 per calendar year, including one x-ray per calendar year
- Osteopath - \$300 per calendar year, including one x-ray per calendar year
- Podiatrist/Chiropodist - \$300 per calendar year, including one x-ray per calendar year
- Massage Therapist - \$300 per calendar year
- Speech Therapist - \$300 per calendar year
- Physiotherapist - \$300 per calendar year
- Psychologist or social worker- \$300 per calendar year
- Naturopath: \$300 per calendar year, including supplements
- Homeopath: \$300 per calendar year, including supplements

**Extended Health Care -  
Professional Services**

## **Dental Care**

### **The Benefit**

**Deductible** - Nil

**Dental Fee Guide** - Current Fee Guide for General Practitioners for your Province of Residence

If you reside in Alberta, the current Fee Guide is considered to be the 1997 Alberta Dental Association Fee Guide for General Practitioners plus inflationary adjustment as determined by Manulife Financial.

### **Benefit Percentage (Co-insurance)**

- 80% for Level I - Basic Services
- 80% for Level II - Supplementary Basic Services
- 50% for Level III - Dentures
- 50% for Level IV - Major Restorative Services
- 50% for Level V - Orthodontics

### **Benefit Maximums-**

- \$2,000 per calendar year combined for Level I, Level II, Level III and Level IV
- \$1,500 per lifetime for Level V

**Termination Age** - employee's age 70 or retirement, whichever is earlier

**Dental Care  
Dental Care - The  
Benefit**

# Benefit Summary

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## *Long Term Disability*

### Long Term Disability

The Long Term Disability Benefit is insured under Manulife Financial's Policy G0035505.

**Benefit Amount** - 75% of monthly earnings, to a maximum of \$15,000

**Qualifying Period** - 105 days

**Maximum Benefit Period** - to age 65

**Termination Age** - age 65 less the Qualifying Period, or retirement, whichever is earlier

### Employee Optional Critical Illness Insurance

## *Employee Optional Critical Illness Insurance*

**Benefit Type** - Comprehensive

**Benefit Amount** - increments of \$5,000, to a maximum of \$150,000 (minimum benefit of \$10,000)

**Termination Age** - your benefit amount reduces to \$10,000 at age 65 and terminates at the earlier of age 70, your retirement, or your Critical Illness benefit is paid out

### Spousal Optional Critical Illness Insurance

## *Spousal Optional Critical Illness Insurance*

**Benefit Type** - Comprehensive

**Benefit Amount** - increments of \$5,000, to a maximum of \$150,000 (minimum benefit of \$10,000)

**Termination Age** - your spouse's benefit amount reduces to \$10,000 at your spouse's age 65 and terminates at the earlier of your age 70, your retirement, or your Spousal Critical Illness benefit is paid out

### Child Optional Critical Illness Insurance

## *Child Optional Critical Illness Insurance*

**Benefit Type** - Child

**Benefit Amount** - \$5,000 each child

**Termination Age** - your benefit terminates at the earlier of your age 70, your retirement, your child's age 18 or your Child Critical Illness benefit is paid out



# How to Use Your Benefit Booklet

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## ***Designed with Your Needs in Mind***

The Benefit Booklet provides the information you need about your Group Benefits and has been specifically designed with YOUR needs in mind. It includes:

a detailed Table of Contents, allowing quick access to the information you are searching for,

Explanation of Commonly Used Terms, which provides a brief explanation of the terms used throughout this Benefit Booklet,

a clear, concise explanation of your Group Benefits,

information you need, and simple instructions, on how to submit a claim.

***Your Benefit Booklet  
includes...***

## ***Important Note***

The purpose of this booklet is to outline the benefits for which you are eligible as an employee of Prairie Spirit S.D. #206. The information in this booklet is a summary of the provisions of the Group Policy for the Employee Life Insurance, Employee Optional Life Insurance, Dependent Optional Life Insurance, Accidental Death and Dismemberment, Employee Optional Accidental Death and Dismemberment, Dependent Optional Accidental Death and Dismemberment, Long Term Disability and Critical Illness Benefits, and the Plan Document for the Extended Health Care and Dental Care Benefits. In the event of a discrepancy between this booklet and the Policy or Plan Document, the terms of the Policy or Plan Document will apply.

***Important Note***

The booklet in either its paper or electronic form is provided for information purposes only and does not create or confer any contractual rights or obligations.

Possession of this booklet alone does not mean that you or your dependents are covered. The Group Policy and Plan Document must be in effect and you must satisfy all the requirements of the Plan.

You or any of your covered dependents have the right to request a copy of any or all of the following items:

the Group Policy,

your application for group benefits, and

any Evidence of Insurability you submitted as part of your application for benefits.

Manulife Financial reserves the right to charge you for such documentation after your first request.

**We suggest you read this Benefit Booklet carefully, then file it in a safe place with your other important documents.**

# How to Use Your Benefit Booklet

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## ***Your Group Benefit Card***

### ***Your Group Benefit Card***

Your Group Benefit Card is the most important document issued to you as part of your Group Benefit Program. It is the only document that identifies you as a Plan Member. The Group Policy Number, Plan Document Number and your personal Certificate Number may be required before you are admitted to a hospital, or before you receive dental or medical treatment.

The Group Policy Number, Plan Document Number and your Certificate Number are also necessary for ALL correspondence with Manulife Financial. Please note that you can print your Certificate Number on the front of this booklet for easy reference.

*Your Group Benefit Card is an important document. Please be sure to carry it with you at all times.*

# Explanation of Commonly Used Terms

The following is an explanation of the terms used in this Benefit Booklet.

## **Benefit Percentage (Co-insurance)**

the percentage of Covered Expenses which is payable by your plan.

**Benefit Percentage  
(Co-insurance)**

## **Birth**

the complete live delivery of a child from its mother.

**Birth**

## **Common Accident**

the same accidental injury or separate accidental injuries occurring within a 24 hour period.

## **Covered Expenses**

expenses that will be considered in the calculation of payment due under your Extended Health Care or Dental Care benefit.

**Covered Expenses**

## **Deductible**

the amount of Covered Expenses that must be incurred and paid by you or your dependents before benefits are payable by the plan.

**Deductible**

## **Dependent**

your Spouse or Child who is covered under the Provincial Plan.

**Dependent**

### **- Spouse**

your legal spouse, or a person continuously living with you in a role like that of a marriage partner.

### **- Child**

your natural or adopted child, stepchild or child for whom you are legal guardian, who is:

- unmarried;
- under age 21, or under age 25 if a full-time student; and
- not employed on a full-time basis.

a child who is incapacitated on the date he or she reaches the age when coverage would normally terminate will continue to be an eligible dependent. However, the child must have been covered under this Benefit Program immediately prior to that date.

A child is considered incapacitated if he or she is incapable of engaging in any substantially gainful activity and is dependent on the employee for support, maintenance and care, due to a mental or physical handicap.

The Administrator may require written proof of the child's condition as often as may reasonably be necessary.

# Explanation of Commonly Used Terms

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a stepchild, unless a full-time student, must be living with you to be eligible.

a newborn child shall become eligible from the moment of birth.

## ***Drug***

### ***Drug***

medications that have been approved for use by the Federal Government of Canada and have a Drug Identification Number.

## ***Earnings***

### ***Earnings***

your regular rate of pay from your employer (prior to deductions), excluding regular bonuses, regular overtime pay and regular commissions and including holiday and statutory pay.

For the purposes of determining the amount of your benefit at the time of claim, your earnings will be the lesser of:

the amount reported on your claim form, or

the amount reported by your employer to Manulife Financial and for which premiums have been paid.

## ***Experimental or Investigational***

### ***Experimental or Investigational***

not approved or broadly accepted and recognized by the Canadian medical profession, as an effective, appropriate and essential treatment of a sickness or injury, in accordance with Canadian medical standards.

## ***Immediate Family Member***

### ***Immediate Family Member***

you, your spouse or child, your parent or your spouse's parent, your brother or sister, or your spouse's brother or sister.

## ***Licensed, Certified, Registered***

### ***Licensed, Certified, Registered***

the status of a person who legally engages in practice by virtue of a license or certificate issued by the appropriate authority, in the place where the service is provided.

## ***Life-Sustaining Drugs***

### ***Life-Sustaining Drugs***

drugs which are necessary for the survival of the patient.

## ***Medically Necessary***

### ***Medically Necessary***

broadly accepted and recognized by the Canadian medical profession as effective, appropriate and essential in the treatment of a sickness or injury, in accordance with Canadian medical standards.

## ***Non-Evidence Limit***

### ***Non-Evidence Limit***

you must submit satisfactory medical evidence to Manulife Financial for Benefit Amounts greater than this amount.

# Explanation of Commonly Used Terms

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## ***Provincial Plan***

any plan which provides hospital, medical, or dental benefits established by the government in the province where the covered person lives.

***Provincial Plan***

## ***Qualifying Period***

a period of continuous total disability, starting with the first day of total disability, which you must complete in order to qualify for disability benefits.

***Qualifying Period***

## ***Reasonable and Customary***

the lowest of:

the prevailing amount charged for the same or comparable service or supply in the area in which the charge is incurred, as determined by Manulife Financial;

the amount shown in the applicable professional association fee guide; or

the maximum price established by law.

***Reasonable and Customary***

## ***Take Home Pay (Net Earnings)***

your earnings, less deductions normally made for federal and provincial income tax.

***Take Home Pay (Net Earnings)***

## ***Waiting Period***

the period of continuous employment with your employer which you must complete before you are eligible for Group Benefits.

***Waiting Period***

## ***Ward***

a hospital room with 3 or more beds which provides standard accommodation for patients.

***Ward***

# Why Group Benefits?

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## **Why Group Benefits?**

Government health plans can provide coverage for such basic medical expenses as hospital charges and doctors' fees. In case of disability, government plans (such as Employment Insurance, Canada/Quebec Pension Plan, Workers' Compensation Act, etc.) may provide some financial assistance.

But government plans provide only basic coverage. Medical expenses or a disability can create financial hardship for you and your family.

Private health care and disability programs supplement government plans and can provide benefits not available through any government plan, providing security for you and your family when you need it most.

## **Your Employer's Representative**

### **Your Employer's Representative**

Your employer is responsible for ensuring that all employees are covered for the Benefits to which they are entitled by reporting all new enrolments, terminations, changes, etc., and keeping all records up to date.

As a member of this Group Benefit Program, it is up to you to provide your employer with the necessary information to perform such duties.

|  |
|--|
| Your Employer's Representative is _____<br>Phone Number: (_____) _____ - _____ |
|--|

*Please record the name of your representative and the contact number in the space provided.*

## **Applying for Group Benefits**

### **Applying for Group Benefits**

To apply for Group Benefits, you must submit a completed Employee Benefit Plan Enrollment Form, available from your employer. Your employer then forwards the application to the Administrator.

## **Making Changes**

### **Making Changes**

To ensure that coverage is kept up to date for yourself and your dependents, it is vital that you report any changes to your employer. Such changes could include:

- change in Dependent Coverage
- change in Beneficiary
- applying for coverage previously waived
- change in Name

# The Claims Process

## ***Naming a Beneficiary***

Manulife Financial does not accept beneficiary designations for any benefits other than Employee Life Insurance, Employee Optional Life Insurance, Accidental Death and Dismemberment and Optional Accidental Death and Dismemberment.

***Naming a Beneficiary***

**This Plan contains a provision removing or restricting the right of the group life insured to designate persons to whom or for whose benefit insurance money is to be payable.**

## ***How to Submit a Claim***

All claim forms, available from your employer, must be correctly completed, dated and signed. Remember, always provide your Group Policy Number, Plan Document Number and your Certificate number (found on your Group Benefit Card) to avoid any unnecessary delays in the processing of your claim.

***How to Submit a Claim***

Your employer can assist you in properly completing the forms, and answer any questions you may have about the claims process and your Group Benefit Program.

You may not commence legal action against Manulife Financial less than 60 days after proof has been filed as outlined under Submitting a Claim. Every action or proceeding against Manulife Financial for the recovery of insurance money payable under the plan is absolutely barred unless commenced within the time set out in the Insurance Act or applicable legislation.

## ***Payment of Extended Health Care and Dental Claims***

Once the claim has been processed, Manulife Financial will send a Claim Statement to you.

***Claim Payment***

The top portion of this form outlines the claim or claims made, the amount subtracted to satisfy deductibles, and the benefit percentage used to determine the final payment to be made to you. If you have any questions on the amount, your employer will help explain.

The bottom portion of this form is your claims payment, if applicable. Simply tear along the perforated line, endorse the back of the cheque and you can cash it at any chartered bank or trust company.

You should receive settlement of your claim within three weeks from the date of submission to Manulife Financial. If you have not received payment, please contact your employer or please call Manulife Financial Customer Service at 1-800-268-6195.

## ***Co-ordination of Extended Health Care and Dental Care Benefits***

If you or your dependents are covered for similar benefits under another Plan, this information will be taken into account when determining the amount of expenses payable under this Program.

***Co-ordination of  
Extended Health Care  
and Dental Care  
Benefits***

This process is known as Co-ordination of Benefits. It allows for reimbursement of covered medical and dental expenses from all Plans, up to a total of 100% of the actual expense incurred.

# The Claims Process

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Plan means:

- other Group Benefit Programs;
- any other arrangement of coverage for individuals in a group; and
- individual travel insurance plans.

Plan does not include school insurance or Provincial Plans.

## Order of Benefit Payment

### **Order of Benefit Payment**

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

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 expense.

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

- 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.

However, if you and your Spouse are separated or divorced, the following order applies:

- The Plan of the parent with custody of the child, then



# The Claims Process

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- 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).

Where you and your spouse share joint custody of the 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.

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.

If the person is also covered under an individual travel insurance plan, benefits will be co-ordinated in accordance with the guidelines provided by the Canadian Life and Health Insurance Association.

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

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

To submit a claim when Co-ordination of Benefits applies, refer to the following guidelines:

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.

# Who Qualifies for Coverage?

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## **Eligibility**

### **Eligibility**

You are eligible for Group Benefits if you:

- are a full-time or part-time employee of Prairie Spirit S.D. #206 and work at least the Required Number of Hours,
- are a member of an eligible class,
- are younger than the Termination Age,
- are residing in Canada, and
- have completed the Waiting Period.

The Termination Age and Waiting Period may vary from benefit to benefit. For this information, please refer to each benefit in the section entitled Your Group Benefits.

Your dependents are eligible for coverage on the date you become eligible or the date you first acquire a dependent, whichever is later. You must apply for coverage for yourself in order for your dependents to be eligible.

## **Required Number of Hours**

### **Required Number of Hours**

Full-time employee - 15 hour(s) per week

Part-time employee - 15 hour(s) per week

## **Medical Evidence**

### **Medical Evidence**

Medical evidence is required for all benefits, except Dental, when you make a Late Application for coverage on any person. Medical evidence is required when you apply for coverage for Employee Optional Life or Dependent Optional Life.

## **Late Application**

### **Late Application**

An application is considered late when you:

- apply for coverage on any person after having been eligible for more than 31 days; or

- re-apply for coverage on any person whose coverage had earlier been cancelled.

If you apply for benefits that were previously waived because you were covered for similar benefits under your spouse's plan or another co-ordinating benefit plan, your application is considered late when you:

- apply for benefits more than 31 days after the date benefits terminated under your spouse's plan; or

- apply for benefits, and benefits under your spouse's plan have not terminated.

Medical evidence can be submitted by completing the Evidence of Insurability form, available from your employer. Further medical evidence may be requested by Manulife Financial.

# Who Qualifies for Coverage?

## ***Late Dental Application***

If you apply for coverage for Dental for yourself or your dependents late, the benefit will be limited to \$125 for each covered person for the first 12 months of coverage.

***Late Dental Application***

## ***Effective Date of Coverage***

If medical evidence is not required, your Group Benefits will be effective on the date you are eligible.

If medical evidence is required, your Group Benefits will be effective on the date you become eligible or the date the evidence is approved by Manulife Financial, whichever is later.

***Effective Date of Coverage***

You must be actively at work for plan benefit coverage to become effective. If you are not actively at work on the date your coverage would normally become effective, your coverage will take effect on the next day on which you are again actively at work.

Your dependent's coverage becomes effective on the date the dependent becomes eligible, or the date any required medical evidence on the dependent is approved by Manulife Financial, whichever is later.

Your dependent's coverage will not be effective prior to the date your coverage becomes effective. This does not apply to Dependent Optional Life Insurance which may still become effective if you are declined for Employee Optional Life.

## ***Termination of Coverage***

Your Group Benefit coverage will terminate on the earliest of:

the date you cease to be an eligible employee,

the date your employer terminates coverage,

the date you enter the armed forces of any country on a full-time basis,

the date the Group Policy or Plan Document terminates or coverage on the class to which you belong terminates,

the date you reach the Termination Age,

the date of your death, or

the date you cease to be actively at work, unless the Group Policy or the Plan Document allows for your coverage to be extended beyond this date. Some examples of such extensions are as follows:

- if you are absent due to illness or injury, your coverage may be continued as determined by your employer.
- If you have been approved for Long Term Disability payments, you may elect to continue your Extended Health Care and Dental Care coverage at your own expense until the earlier of:
  - 2 years and 105 days from the date of your disability; or

***Termination of Coverage***

## Who Qualifies for Coverage?

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- the date you are no longer receiving Long Term Disability benefit payments.
- If you are on a leave of absence (other than maternity or parental) or temporary lay-off, you may elect to continue your benefits coverage at your own expense until the earlier of:
  - 12 months after the date you were last actively at work; or
  - the date you return to work.

However, if you are on a leave of absence designated as “Other” by your employer’s administrative practices, your Long Term Disability insurance shall not be continued.

- If you are on a maternity or parental leave of absence, your coverage shall continue for the period of leave to which you are entitled by governing legislation.

Your dependents’ coverage terminates on the date your coverage terminates or the date the dependent ceases to be an eligible dependent, whichever is earlier.

# Your Group Benefits

## Health Service Navigator Services

### *Health Service Navigator Services*

Your Critical Illness benefit includes Health Service Navigator, a service designed to provide credible health information and resources to assist you in better understanding your health concerns and health services available within Canada and your local community. It includes provincial guides that summarize the coverage available to you through your provincial health plan coverage, a national physician search database and tips on how to navigate and leverage the myriad of health resources available to you within the Canadian health care system. Health Service Navigator also provides access to a second opinion service delivered through a premiere second opinion service coordinator with a consortium of highly ranked U.S. based hospitals that support the service. Second opinions are available for a broad range of specific medical conditions.

### ***Limitations***

Any medical conditions that are a direct result of either of the following events are excluded from coverage for Health Service Navigator:

Radioactive Contamination that is not associated with one's occupation; or

War or warlike operations (whether war is declared or not), invasion, act of foreign enemy, hostilities, mutiny, riot, civil commotion, civil war, rebellion, revolution, insurrections, conspiracy, military or usurped power, martial law or state of siege, or any events or causes which determine the proclamation or maintenance of martial law or state of siege.

Furthermore, Manulife Financial shall not be liable for any expense incurred by you or your eligible dependent which is not specifically described and covered under this Health Service Navigator benefit or your Group Benefits Policy, including but not limited to the cost of treatment, travel costs, fees, medical expenses, appointment cancellation charges and other expenses.

### ***Right of Refusal***

In some cases, the medical information submitted by the patient may be determined by the physicians of the consortium hospitals to be insufficient, or not of an adequate quality to render a second opinion. In such cases, the second opinion service coordinator will inform the patient within 24 hours, of the reasons for the inability to deliver a report. The patient will then have the opportunity to deliver additional or alternative material to the second opinion service coordinator, for consideration by the physicians of the consortium hospital rendering the opinion. If such information is still insufficient, then the physicians of such consortium hospital have the right to refuse to render a second opinion, and neither they nor the second opinion service coordinator nor Manulife shall have any further obligation in relation to such second opinion request.

### ***Summary Only***

Please note that the provisions in this section of the booklet are only intended as a brief summary of the services available under Health Service Navigator. Your plan member brochure has additional information concerning the services. Your Plan Administrator or Manulife Financial can answer any questions you may have about this benefit.

# Your Group Benefits

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## Employee Life Insurance

### *Employee Life Insurance*

**The Employee Life Insurance Benefit is insured under Manulife Financial's Policy G0035505.**

If you die while insured, this benefit provides financial assistance to your beneficiary. If your beneficiary dies before you or if there is no designated beneficiary, this benefit is payable to your estate.

### *The Benefit*

### *Employee Life - The Benefit*

**Benefit Amount** - 2 times your annual earnings, rounded to the next highest \$1,000 if not already a multiple thereof, to a maximum of \$350,000

**Non-Evidence Limit** - \$350,000

**Qualifying Period for Waiver of Premium** - 105 days

**Termination Age** - your benefit amount terminates at age 70 or retirement, whichever is earlier

**Waiting Period** - first of the month following 3 months of employment

### *Naming a Beneficiary*

### *Employee Life Insurance - Naming a Beneficiary*

You have the right to designate and/or change a beneficiary, subject to governing law. The necessary forms are available from your Plan Administrator.

You should review your beneficiary designation to be sure that it reflects your current intent.

### *Submitting a Claim*

### *Employee Life Insurance - Submitting a Claim*

To submit an Employee Life Insurance claim, your beneficiary must complete the Life Claim form which is available from your employer.

Documents necessary to submit with the form are listed on the form.

A completed claim form must be submitted within 90 days from the date of the loss.

To submit a claim for the Waiver of Premium benefit you must complete a Waiver of Premium claim form, which is available from your Plan Administrator. Your attending physician must also complete a portion of this form.

A completed claim form must be submitted within 180 days from the end of the qualifying period.

# Your Group Benefits

## **Waiver of Premium**

If you become Totally Disabled while insured and prior to age 65 and meet the Entitlement Criteria outlined below, your Life Insurance will continue without payment of premium.

**Employee Life  
Insurance - Waiver of  
Premium**

## **Definition of Totally Disabled**

Totally Disabled means a restriction or lack of ability due to an illness or injury which prevents you from performing the essential duties of:

your own occupation, during the Qualifying Period and the 2 years immediately following the Qualifying Period

any occupation for which you are qualified, or may reasonably become qualified by training, education or experience, after the 2 years specified above

The availability of work will not be considered by Manulife Financial in assessing your disability.

If you must hold a government permit or licence to perform the duties of your job, you will not be considered Totally Disabled solely because your permit or licence has been withdrawn or not renewed.

**Employee Life  
Insurance - Totally  
Disabled**

## **Entitlement Criteria**

To be entitled to Waiver of Premium, you must meet the following criteria:

you must be continuously Totally Disabled throughout the Qualifying Period. If you cease to be Totally Disabled during this period and then become disabled again within 3 weeks due to the same or related illness or injury, your Qualifying Period will be extended by the number of days during which you ceased to be Totally Disabled.

Manulife Financial must receive medical evidence documenting how your illness or injury causes restrictions or lack of ability, such that you are prevented from performing the essential duties of:

- your own occupation, during the Qualifying Period and the following 2 years, and
- any occupation for which you are qualified, or may reasonably become qualified by training, education or experience, after the 2 years specified above.

you must be receiving from a physician, regular, ongoing care and treatment appropriate for your disabling condition, as determined by Manulife Financial.

At any time, Manulife Financial may require you to submit to a medical, psychiatric, psychological, functional, educational and/or vocational examination or evaluation by an examiner selected by Manulife Financial.

**Employee Life  
Insurance - Entitlement  
Criteria**

# Your Group Benefits

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## ***Termination of Waiver of Premium***

### ***Employee Life Insurance - Termination of Waiver of Premium***

Your Waiver of Premium will cease on the earliest of:

the date you cease to be Totally Disabled, as defined under this benefit.

the date you do not supply Manulife Financial with appropriate medical evidence documenting how your illness or injury causes restrictions or lack of ability, such that you are prevented from performing the essential duties of:

- your own occupation, during the Qualifying Period and the following 2 years, and

- any occupation for which you are qualified, or may reasonably become qualified by training, education or experience, after the 2 years specified above.

the date you are no longer receiving from a physician, regular, ongoing care and treatment appropriate for the disabling condition, as determined by Manulife Financial.

the date you do not attend an examination by an examiner selected by Manulife Financial.

the date of your death.

the date of your 65th birthday.

## ***Recurrent Disability***

### ***Employee Life Insurance - Recurrent Disability***

If you become Totally Disabled again from the same or related causes as those for which premiums were previously waived, and such disability recurs within 6 months of cessation of the Waiver of Premium benefit, Manulife Financial will waive the Qualifying Period.

Your amount of insurance on which premiums were previously waived will be reinstated.

If the same disability recurs more than 6 months after cessation of your Waiver of Premium benefit, such disability will be considered a separate disability.

Two disabilities which are due to unrelated causes are considered separate disabilities if they are separated by a return to work of at least one day.



# Your Group Benefits

## ***Conversion Privilege***

If your Group Benefits terminate or reduce, you may be eligible to convert your Employee Life Insurance to an individual policy, without medical evidence. Your application for the individual policy along with the first monthly premium must be received by Manulife Financial within 31 days of the termination or reduction of your Employee Life Insurance. If you die during this 31-day period, the amount of Employee Life Insurance available for conversion will be paid to your beneficiary or estate, even if you didn't apply for conversion.

For more information on the conversion privilege, please see your Plan Administrator. Provincial differences may exist.

***Employee Life  
Insurance - Conversion  
Privilege***

## **Employee Optional Life Insurance**

**The Employee Optional Life Insurance Benefit is insured under Manulife Financial's Policy G0035505.**

If you die while insured, this benefit provides financial assistance to your beneficiary, in addition to your Employee Life Insurance Benefit. If your beneficiary dies before you or if there is no designated beneficiary, this benefit is payable to your estate.

***Employee Optional Life  
Insurance***

### ***The Benefit***

**Benefit Amount** - increments of \$10,000 to a maximum of \$350,000

**Non-Evidence Limit** - All amounts are subject to Evidence of Insurability.

**Qualifying Period for Waiver of Premium** - 105 days

**Termination Age** - age 70 or retirement, whichever is earlier

**Waiting Period** - first of the month following 3 months of employment

To apply for Employee Optional Life Insurance you must complete the Application for Optional Life form which is available from your employer.

For details on **Naming a Beneficiary, Submitting a Claim and Conversion Privilege**, please refer to Employee Life Insurance.

***Employee Optional Life  
Insurance - The Benefit***

### ***Waiver of Premium***

If you become Totally Disabled while insured and prior to age 65 and meet the Entitlement Criteria outlined below, your Life Insurance will continue without payment of premium.

***Employee Optional Life  
Insurance - Waiver of  
Premium***

# Your Group Benefits

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## ***Definition of Totally Disabled***

### ***Employee Optional Life Insurance - Totally Disabled***

Totally Disabled means a restriction or lack of ability due to an illness or injury which prevents you from performing the essential duties of:

your own occupation, during the Qualifying Period and the 2 years immediately following the Qualifying Period

any occupation for which you are qualified, or may reasonably become qualified by training, education or experience, after the 2 years specified above

The availability of work will not be considered by Manulife Financial in assessing your disability.

If you must hold a government permit or licence to perform the duties of your job, you will not be considered Totally Disabled solely because your permit or licence has been withdrawn or not renewed.

## ***Entitlement Criteria***

### ***Employee Optional Life Insurance - Entitlement Criteria***

To be entitled to Waiver of Premium, you must meet the following criteria:

you must be continuously Totally Disabled throughout the Qualifying Period. If you cease to be Totally Disabled during this period and then become disabled again within 3 weeks due to the same or related illness or injury, your Qualifying Period will be extended by the number of days during which you ceased to be Totally Disabled.

Manulife Financial must receive medical evidence documenting how your illness or injury causes restrictions or lack of ability, such that you are prevented from performing the essential duties of:

- your own occupation, during the Qualifying Period and the following 2 years, and
- any occupation for which you are qualified, or may reasonably become qualified by training, education or experience, after the 2 years specified above.

you must be receiving from a physician, regular, ongoing care and treatment appropriate for your disabling condition, as determined by Manulife Financial.

At any time, Manulife Financial may require you to submit to a medical, psychiatric, psychological, functional, educational and/or vocational examination or evaluation by an examiner selected by Manulife Financial.

# Your Group Benefits

## ***Termination of Waiver of Premium***

### ***Employee Optional Life Insurance - Termination of Waiver of Premium***

Your Waiver of Premium will cease on the earliest of:

the date you cease to be Totally Disabled, as defined under this benefit.

the date you do not supply Manulife Financial with appropriate medical evidence documenting how your illness or injury causes restrictions or lack of ability, such that you are prevented from performing the essential duties of:

- your own occupation, during the Qualifying Period and the following 2 years, and
- any occupation for which you are qualified, or may reasonably become qualified by training, education or experience, after the 2 years specified above.

the date you are no longer receiving from a physician, regular, ongoing care and treatment appropriate for the disabling condition, as determined by Manulife Financial.

the date you do not attend an examination by an examiner selected by Manulife Financial.

the date of your death.

the date of your 65th birthday.

## ***Recurrent Disability***

### ***Employee Optional Life Insurance - Recurrent Disability***

If you become Totally Disabled again from the same or related causes as those for which premiums were previously waived, and such disability recurs within 6 months of cessation of the Waiver of Premium benefit, Manulife Financial will waive the Qualifying Period.

Your amount of insurance on which premiums were previously waived will be reinstated.

If the same disability recurs more than 6 months after cessation of your Waiver of Premium benefit, such disability will be considered a separate disability.

Two disabilities which are due to unrelated causes are considered separate disabilities if they are separated by a return to work of at least one day.

## ***Exclusions***

### ***Employee Optional Life Insurance - Exclusions***

If death results from suicide any amount of Optional Life Insurance that has been in effect for less than one year will not be payable.

# Your Group Benefits

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## Dependent Optional Life Insurance

### *Dependent Optional Life Insurance*

The **Dependent Optional Life Insurance Benefit** is insured under **Manulife Financial's Policy G0035505**.

If one of your dependents dies while insured, the amount of this benefit will be paid to you.

### *The Benefit*

### *Dependent Optional Life Insurance - The Benefit*

#### **Benefit Amount**

- Spouse - increments of \$10,000 to a maximum of \$350,000

**Non-Evidence Limit** - All amounts are subject to Evidence of Insurability.

**Termination Age** - spouse's age 70 or employee's retirement, whichever is earlier

**Waiting Period** - first of the month following 3 months of employment

To apply for Dependent Optional Life Insurance you must complete the Application for Optional Life form which is available from your employer.

### *Submitting a Claim*

### *Dependent Optional Life Insurance - Submitting a Claim*

To submit a Dependent Optional Life Insurance claim, you must complete the Life Claim form which is available from your employer. Documents necessary to submit with the form are listed on the form.

A completed claim form must be submitted within 90 days from the date of loss.

### *Waiver of Premium*

Please refer to Employee Life Insurance for details on the Waiver of Premium provision.

#### **- Exception**

If you are not insured for Employee Optional Life, the Waiver of Premium provision will not apply to your spouse's Dependent Optional Life Insurance, unless:

at the time you applied for Dependent Optional Life Insurance on your spouse, you also provided Manulife Financial with evidence of insurability for yourself, and

Manulife Financial approved your evidence of insurability

### *Dependent Optional Life Insurance - Waiver of Premium*

# Your Group Benefits

## ***Conversion Privilege***

If your spouse's insurance terminates, you may be eligible to convert the terminated insurance to an individual policy, without medical evidence. Your spouse's application for the individual policy, along with the first monthly premium, must be received by Manulife Financial within 31 days of the termination date. If your spouse dies during this 31-day period, the amount of Dependent Optional Life Insurance available for conversion will be paid to you, even if your spouse didn't apply for conversion.

For more information on the conversion privilege, please see your employer. Provincial differences may exist.

***Dependent Optional  
Life Insurance -  
Conversion Privilege***

## ***Exclusions***

If death results from suicide any amount of Dependent Optional Life Insurance that has been in effect for less than one year will not be payable.

***Dependent Optional  
Life Insurance -  
Exclusions***

# Accidental Death and Dismemberment

**The Accidental Death and Dismemberment Benefit is insured under Manulife Financial's Policy G0035505.**

If you sustain an accidental injury while insured and suffer a loss specified in the Schedule of Losses below, this benefit provides financial assistance to you or your beneficiary. In the event of your death, the benefit is payable to your beneficiary. If your beneficiary dies before you or if there is no designated beneficiary, this benefit is payable to your estate. For losses other than Loss of Life, the benefit is payable to you.

***Accidental Death and  
Dismemberment***

## ***The Benefit***

**Aggregate Limit** - \$1,000,000

**Benefit Amount** - 2 times your annual earnings, rounded to the next highest \$1,000 if not already a multiple thereof, to a maximum of \$350,000

**Non-Evidence Limit** - \$350,000

**Qualifying Period for Waiver of Premium** - 105 days

**Termination Age** - your benefit amount terminates at age 70 or retirement, whichever is earlier.

**Waiting Period** - first of the month following 3 months of employment

***AD&D - The Benefit***

# Your Group Benefits

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## ***Schedule of Losses***

### ***AD&D - Schedule of Losses***

A loss shown in this schedule is covered provided it:

is a direct result of the accidental injury

occurs within 365 days from the date of the accidental injury

is total and irreversible or irrecoverable

In the case of loss of speech or hearing, or loss of use of an arm, hand or leg, the loss must be continuous for 12 months and determined to be permanent, after which time the benefit is payable.

The amount payable for each loss is a percentage of your Accidental Death and Dismemberment benefit amount which was in effect as of the date of the injury.

Loss of Life - 100%

Loss of or Loss of Use of Both Hands or Both Feet - 100%

Loss of Sight of Both Eyes - 100%

Loss of One Hand and One Foot - 100%

Loss of One Hand and Sight of One Eye - 100%

Loss of One Foot and Sight of One Eye - 100%

Loss of Hearing in Both Ears and Speech - 100%

Loss of or Loss of Use of One Arm or One Leg - 75%

Loss of or Loss of Use of One Hand or One Foot - 66 2/3%

Loss of Sight of One Eye - 66 2/3%

Loss of Speech or Hearing in Both Ears - 66 2/3%

Loss of Thumb and Index Finger or at least Four Fingers of One Hand - 33 1/3%

Loss of All Toes of One Foot - 25%

Loss of Hearing in One Ear - 25%

Hemiplegia, Paraplegia or Quadriplegia - 200%

Only one percentage, the largest, will be paid for multiple losses to the same limb due to any one accident.

No more than 100% will be paid for all losses due to any one accidental Injury, except in the case of hemiplegia, paraplegia or quadriplegia, where the total amount paid will not exceed 200% (provided the benefit is paid while you are living).

# Your Group Benefits

## ***Exposure and Disappearance***

If a loss occurs due to unavoidable exposure to the elements, after a conveyance in which you were travelling made a forced landing, or was lost, wrecked, stranded or sank, a benefit will be payable for that loss. The amount payable will be determined in accordance with the Schedule of Losses.

If you disappear after a conveyance in which you were travelling made a forced landing, or was lost, wrecked, stranded or sank, a benefit for loss of life will be payable if your body is not found within 365 days after the incident occurred.

***AD& D - Exposure and Disappearance***

## ***Rehabilitation Expenses***

If, as a direct result of an accidental injury, you suffer a loss specified in the Schedule of Losses and require participation in a formal rehabilitation program in order to return to gainful employment, Manulife Financial will pay incurred expenses, provided the expenses are:

reasonable and necessary, as determined by Manulife Financial

incurred within a period of 3 years from the date of the accidental injury

The amount payable is subject to a maximum of \$10,000.

No amount will be paid for room and board expenses, or other living, travelling or clothing expenses.

***AD& D - Rehabilitation Expenses***

## ***Repatriation Expenses***

If you die as a direct result of an accidental injury which occurs while travelling 150 kilometres or more from your place of residence, Manulife Financial will pay for expenses incurred for the preparation and transportation of your body to your place of residence.

The amount payable is subject to a maximum of \$10,000.

***AD& D - Repatriation Expenses***

## ***Family Transportation Expenses***

If, as a direct result of an accidental injury, you suffer a loss specified in the Schedule of Losses and are confined to a hospital located 150 kilometres or more from your place of residence, Manulife Financial will pay the hotel and travel expenses incurred by an immediate family member, provided the expenses are:

reasonable and necessary, as determined by Manulife Financial

for hotel accommodations in the vicinity of the hospital

for transportation by the most direct route to the hospital, including return fare

If transportation is by means other than a conveyance which is licensed to transport fare-paying passengers, expenses incurred will be reimbursed at a rate of \$0.20 per kilometre travelled.

***AD& D - Family Transportation Expenses***

# Your Group Benefits

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The amount payable is subject to a maximum of \$10,000 per accident.

## ***Dependent Education Expenses***

### ***AD& D - Dependent Education Expenses***

If you die as a direct result of an accidental injury, Manulife Financial will pay the tuition for each child who is enrolled as a full-time student:

in a school for higher learning above the secondary school level, or

at the secondary school level, but who enrolls as a full-time student in a school for higher learning within 365 days after your death

A school for higher learning means any accredited university, private college, collèges d'enseignement général et professionnel (CEGEP), community college or trade school.

The maximum payable each year for each child is the lesser of:

5% of your Accidental Death and Dismemberment benefit amount, or

\$5,000

The benefit is payable for up to a maximum of 4 years.

No payment will be made for:

tuition expenses incurred prior to your death

room and board expenses, or other living, travelling or clothing expenses

## ***Spousal Occupational Training Expenses***

### ***AD& D - Spousal Occupational Training Expenses***

If you die as a direct result of an accidental injury and your spouse must participate in a formal occupational training program to become qualified for employment for which he or she would not otherwise have sufficient qualifications, Manulife Financial will pay for expenses incurred by your spouse, provided the expenses are:

reasonable and necessary, as determined by Manulife Financial

incurred within a period of 3 years from the date of the accidental injury

The amount payable is subject to a maximum of \$10,000.

No amount will be paid for room and board expenses, or other living, travelling or clothing expenses.

## ***Seat Belt Benefit***

### ***AD& D - Seat Belt Benefit***

If you die as a direct result of an accidental injury sustained while driving or riding in an automobile, Manulife Financial will pay an additional amount equal to 10% of your Accidental Death and Dismemberment benefit, provided you were wearing your seat belt and it was properly fastened at the time of the accidental injury.



# Your Group Benefits

## **Day-Care Expenses**

### **AD&D - Day-Care Expenses**

If you die as a direct result of an accidental injury, Manulife Financial will pay day-care expenses for each child under 13 years of age who is enrolled in a legally licensed day-care centre at the time of the accidental injury, or who becomes enrolled within 365 days from the date of your death.

The maximum payable each year for each child is the lesser of:

5% of your Accidental Death and Dismemberment benefit amount, or

\$5,000

The benefit is payable for up to a maximum of 4 years.

No payment will be made for:

expenses incurred prior to your death

room and board expenses, or other living, travelling or clothing expenses

## **Home Alteration and Vehicle Modification Expenses**

### **AD&D - Home Alteration and Vehicle Modification Expenses**

If, as a direct result of an accidental injury, you:

suffer a loss of, or loss of use of, both feet or both legs, or

become a hemiplegic, paraplegic, or quadriplegic

and require the use of a wheelchair to be ambulatory, Manulife Financial will pay for incurred expenses, provided the expenses are:

reasonable and necessary, as determined by Manulife Financial

incurred within 3 years from the date of the accidental injury

for alterations to your home for the purpose of making it wheelchair accessible

for modifications to one motor vehicle for the purpose of making it wheelchair accessible

The amount payable is subject to a maximum of \$10,000.

## **Critical Disease Benefit**

*If you have been:*

### **AD&D - Critical Disease Benefit**

diagnosed with a critical disease prior to age 65 and after September 1, 1999,  
and

totally disabled from that disease and has not been able to work at any occupation for at least 9 months, you will be eligible for the Critical Disease Benefit.

# Your Group Benefits

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*“Critical Disease” shall mean any one of the following diseases diagnosed after the later of September 1, 1999 and the effective date of your coverage: Poliomyelitis, Parkinson’s Disease, Huntington’s Chorea, Multiple Sclerosis, Alzheimer’s Disease, Type 1 Diabetes (insulin dependent), Amyotrophic Lateral Sclerosis (ALS), Peripheral Vascular Disease and Necrotizing Fasciitis.*

The amount payable will be subject to 10% of the Benefit Amount, to a maximum of \$50,000 and limited to the first covered critical disease in your lifetime.

## **Non-Duplication of Expenses**

### **AD&D - Non-Duplication of Expenses**

Expenses which are eligible under this benefit and for which you are also eligible under any other benefit, policy, or plan providing similar coverage will be paid first under such other benefit, policy or plan. Any expenses not paid will then be considered under this benefit, subject to any stated maximum.

The total amount of payments from all coverages combined will not exceed 100% of the eligible expenses incurred.

## **Naming a Beneficiary**

### **AD&D - Naming a Beneficiary**

See Employee Life Insurance... Naming a Beneficiary.

## **Submitting a Claim**

### **AD&D - Submitting a Claim**

To submit an Accidental Death Claim, your beneficiary must complete a Life Claim form.

To submit a Dismemberment Claim, you must complete an Accidental Dismemberment Claim form.

Both forms are available from your employer, and require a physician’s statement.

A completed claim form must be submitted within 90 days from the date of loss.

## **Waiver of Premium**

### **AD&D - Waiver of Premium**

If, while the Group Policy is in force, your Employee Life Insurance premium is waived because you are totally disabled, the premium for this benefit will also be waived. (See Employee Life Insurance...Waiver of Premium). Waiver of Premium for this benefit ceases if the benefit terminates.

## **Exclusions**

### **AD&D - Exclusions**

*No Accidental Death & Dismemberment benefits are payable if the loss results from:*

suicide or self-inflicted injuries

war or insurrection, the hostile actions of any armed forces, or participation in a riot or civil commotion

# Your Group Benefits

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an infection (except pyogenic infections from an accidental cut or wound), illness or disease, or the medical treatment of any illness or disease, or bodily or mental infirmity

riding in, boarding or leaving, or descending from, any aircraft as a pilot, operator or member of the crew

riding in, boarding or leaving, or descending from, any aircraft which is owned, operated or leased by or on behalf of your employer

committing or attempting to commit an assault or criminal offence

injuries sustained while operating a motor vehicle while under the influence of any intoxicant, including alcohol

## Employee Optional Accidental Death and Dismemberment

*Employee Optional  
Accidental Death and  
Dismemberment*

**The Employee Optional Accidental Death and Dismemberment Benefit is insured under Manulife Financial's Policy G0035505.**

If you sustain an accidental injury while insured and suffer a loss specified in the Schedule of Losses below, this benefit provides financial assistance to you or your beneficiary. In the event of your death, the benefit is payable to your beneficiary. If your beneficiary dies before you or if there is no designated beneficiary, this benefit is payable to your estate. For losses other than Loss of Life, the benefit is payable to you.

### ***The Benefit***

**Aggregate Limit** - \$1,000,000

**Benefit Amount** - increments of \$10,000 to a maximum of \$350,000

**Non-Evidence Limit** - \$350,000

**Qualifying Period for Waiver of Premium** - 105 days

**Termination Age** - age 70 or retirement, whichever is earlier

**Waiting Period** - first of the month following 3 months of employment

*Employee Optional  
AD&D - The Benefit*

# Your Group Benefits

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## **Schedule of Losses**

### **Employee Optional AD&D - Schedule of Losses**

A loss shown in this schedule is covered provided it:

is a direct result of the accidental injury

occurs within 365 days from the date of the accidental injury

is total and irreversible or irrecoverable

In the case of loss of speech or hearing, or loss of use of an arm, hand or leg, the loss must be continuous for 12 months and determined to be permanent, after which time the benefit is payable.

The amount payable for each loss is a percentage of your Employee Optional Accidental Death and Dismemberment benefit amount which was in effect as of the date of the injury.

Loss of Life - 100%

Loss of or Loss of Use of Both Hands or Both Feet - 100%

Loss of Sight of Both Eyes - 100%

Loss of One Hand and One Foot - 100%

Loss of One Hand and Sight of One Eye - 100%

Loss of One Foot and Sight of One Eye - 100%

Loss of Hearing in Both Ears and Speech - 100%

Loss of or Loss of Use of One Arm or One Leg - 75%

Loss of or Loss of Use of One Hand or One Foot - 66 2/3%

Loss of Sight of One Eye - 66 2/3%

Loss of Speech or Hearing in Both Ears - 66 2/3%

Loss of Thumb and Index Finger or at least Four Fingers of One Hand - 33 1/3%

Loss of All Toes of One Foot - 25%

Loss of Hearing in One Ear - 25%

Hemiplegia, Paraplegia or Quadriplegia - 200%

Only one percentage, the largest, will be paid for multiple losses to the same limb due to any one accident.

No more than 100% will be paid for all losses due to any one accidental injury, except in the case of hemiplegia, paraplegia or quadriplegia, where the total amount paid will not exceed 200% (provided the benefit is paid while you are living).

# Your Group Benefits

## ***Exposure and Disappearance***

If a loss occurs due to unavoidable exposure to the elements, after a conveyance in which you were travelling made a forced landing, or was lost, wrecked, stranded or sank, a benefit will be payable for that loss. The amount payable will be determined in accordance with the Schedule of Losses.

If you disappear after a conveyance in which you were travelling made a forced landing, or was lost, wrecked, stranded or sank, a benefit for loss of life will be payable if your body is not found within 365 days after the incident occurred.

***Employee Optional  
AD& D - Exposure and  
Disappearance***

## ***Rehabilitation Expenses***

If, as a direct result of an accidental injury, you suffer a loss specified in the Schedule of Losses and require participation in a formal rehabilitation program in order to return to gainful employment, Manulife Financial will pay incurred expenses, provided the expenses are:

reasonable and necessary, as determined by Manulife Financial

incurred within a period of 3 years from the date of the accidental injury

The amount payable is subject to a maximum of \$10,000.

No amount will be paid for room and board expenses, or other living, travelling or clothing expenses.

***Employee Optional  
AD& D - Rehabilitation  
Expenses***

## ***Repatriation Expenses***

If you die as a direct result of an accidental injury which occurs while travelling 150 kilometres or more from your place of residence, Manulife Financial will pay for expenses incurred for the preparation and transportation of your body to your place of residence.

The amount payable is subject to a maximum of \$10,000.

***Employee Optional  
AD& D - Repatriation  
Expenses***

## ***Family Transportation Expenses***

If, as a direct result of an accidental injury, you suffer a loss specified in the Schedule of Losses and are confined to a hospital located 150 kilometres or more from your place of residence, Manulife Financial will pay the hotel and travel expenses incurred by an immediate family member, provided the expenses are:

reasonable and necessary, as determined by Manulife Financial

for hotel accommodations in the vicinity of the hospital

for transportation by the most direct route to the hospital, including return fare

***Employee Optional  
AD& D - Family  
Transportation  
Expenses***

## Your Group Benefits

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If transportation is by means other than a conveyance which is licensed to transport fare-paying passengers, expenses incurred will be reimbursed at a rate of \$0.20 per kilometre travelled.

The amount payable is subject to a maximum of \$10,000 per accident.

### ***Dependent Education Expenses***

#### ***Employee Optional AD&D - Dependent Education Expenses***

If you die as a direct result of an accidental injury, Manulife Financial will pay the tuition for each child who is enrolled as a full-time student:

in a school for higher learning above the secondary school level, or

at the secondary school level, but who enrolls as a full-time student in a school for higher learning within 365 days after your death

A school for higher learning means any accredited university, private college, collèges d'enseignement général et professionnel (CEGEP), community college or trade school.

The maximum payable each year for each child is the lesser of:

5% of your Employee Optional Accidental Death and Dismemberment benefit amount, or

\$5,000

The benefit is payable for up to a maximum of 4 years.

No payment will be made for:

tuition expenses incurred prior to your death

room and board expenses, or other living, travelling or clothing expenses

### ***Spousal Occupational Training Expenses***

#### ***Employee Optional AD&D - Spousal Occupational Training Expenses***

If you die as a direct result of an accidental injury and your spouse must participate in a formal occupational training program to become qualified for employment for which he or she would not otherwise have sufficient qualifications, Manulife Financial will pay for expenses incurred by your spouse, provided the expenses are:

reasonable and necessary, as determined by Manulife Financial

incurred within a period of 3 years from the date of the accidental injury

The amount payable is subject to a maximum of \$10,000.

No amount will be paid for room and board expenses, or other living, travelling or clothing expenses.

# Your Group Benefits

## **Day-Care Expenses**

If you die as a direct result of an accidental injury, Manulife Financial will pay day-care expenses for each child under 13 years of age who is enrolled in a legally licensed day-care centre at the time of the accidental injury, or who becomes enrolled within 365 days from the date of your death.

The maximum payable each year for each child is the lesser of:

5% of your Employee Optional Accidental Death and Dismemberment benefit amount, or

\$5,000

The benefit is payable for up to a maximum of 4 years.

No payment will be made for:

expenses incurred prior to your death

room and board expenses, or other living, travelling or clothing expenses

**Employee Optional  
AD& D - Day-Care  
Expenses**

## **Common Accident**

\$1,000,000

**Employee Optional  
AD& D - Common  
Accident**

## **Home Alteration and Vehicle Modification Expenses**

If, as a direct result of an accidental injury, you:

suffer a loss of, or loss of use of, both feet or both legs, or

become a hemiplegic, paraplegic, or quadriplegic

and require the use of a wheelchair to be ambulatory, Manulife Financial will pay for incurred expenses, provided the expenses are:

reasonable and necessary, as determined by Manulife Financial

incurred within 3 years from the date of the accidental injury

for alterations to your home for the purpose of making it wheelchair accessible

for modifications to one motor vehicle for the purpose of making it wheelchair accessible

The amount payable is subject to a maximum of \$10,000.

**Employee Optional  
AD& D - Home  
Alteration and Vehicle  
Modification Expenses**

# Your Group Benefits

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## ***Non-Duplication of Expenses***

### ***Employee Optional AD&D - Non-Duplication of Expenses***

Expenses which are eligible under this benefit and for which you are also eligible under any other benefit, policy, or plan providing similar coverage will be paid first under such other benefit, policy or plan. Any expenses not paid will then be considered under this benefit, subject to any stated maximum.

The total amount of payments from all coverages combined will not exceed 100% of the eligible expenses incurred.

## ***Comatose Benefit***

### ***Employee Optional AD&D - Comatose Benefit***

If a covered person, while insured under this benefit sustains a covered accidental injury, which independently of all other causes, results in the covered person being in a coma, a Comatose Benefit will be paid. This benefit will be the difference between the amount of the Principal Sum and any other benefits received on account of such Accidental Injury.

The benefit amount for the covered person will be paid to the Employee at the end of the Qualifying Period, at the rate of 1% each month for:

- a) 100 months;
- b) Until death occurs; or
- c) Until the covered person is deemed no longer to be in a Coma or Comatose state, whichever occurs first.

Any remaining benefits at the time of the covered person's death will be paid to the estate of the Employee.

"Coma" shall mean during the elimination period, starting within 31 days of the date of the accident, being in a profound stupor or state of complete and total unconsciousness. Qualifying Period is a 31 day period from the date the insured employee, insured spouse and/or dependent child(ren) becomes comatose for which no benefits are payable.

## ***Naming a Beneficiary***

### ***Employee Optional AD&D - Naming a Beneficiary***

See Employee Life Insurance... Naming a Beneficiary.

## ***Submitting a Claim***

### ***Employee Optional AD&D - Submitting a Claim***

To submit an Employee Optional Accidental Death Claim, your beneficiary must complete a Life Claim form. To submit an Employee Optional Dismemberment Claim, you must complete an Accidental Dismemberment Claim form. Both forms are available from your employer, and require a physician's statement.



# Your Group Benefits

A completed claim form must be submitted within 90 days from the date of loss.

## ***Waiver of Premium***

If, while the Group Policy is in force, your Employee Life Insurance premium is waived because you are totally disabled, the premium for this benefit will also be waived. (See Employee Life Insurance...Waiver of Premium). Waiver of Premium for this benefit ceases if the benefit terminates.

***Employee Optional  
AD& D - Waiver of  
Premium***

## ***Exclusions***

*No Employee Optional Accidental Death & Dismemberment benefits are payable if the loss results from:*

***Employee Optional  
AD& D - Exclusions***

suicide or self-inflicted injuries

war or insurrection, the hostile actions of any armed forces, or participation in a riot or civil commotion

an infection (except pyogenic infections from an accidental cut or wound), illness or disease, or the medical treatment of any illness or disease, or bodily or mental infirmity

riding in, boarding or leaving, or descending from, any aircraft as a pilot, operator or member of the crew

riding in, boarding or leaving, or descending from, any aircraft which is owned, operated or leased by or on behalf of your employer

committing or attempting to commit an assault or criminal offence

injuries sustained while operating a motor vehicle while under the influence of any intoxicant, including alcohol

## **Dependent Optional Accidental Death and Dismemberment**

**The Dependent Optional Accidental Death and Dismemberment Benefit is insured under Manulife Financial's Policy G0035505.**

***Dependent Optional  
Accidental Death and  
Dismemberment***

If one of your dependents sustains an accidental injury while insured and suffers a loss specified in the Schedule of Losses below, this benefit provides financial assistance.

# Your Group Benefits

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## *The Benefit*

*Dependent Optional  
AD&D Insurance - The  
Benefit*

**Aggregate Limit** - \$1,000,000

### **Benefit Amount**

- Spouse - 0.5 of the amount of the Employee's Optional Accidental Death and Dismemberment Benefit to a maximum benefit of \$175,000 if there are no children; 0.4 of the amount of the Employee's Optional Accidental Death and Dismemberment Benefit to a maximum benefit of \$140,000 if there are children.

- Child - 0.15 of the amount of the Employee's Optional Accidental Death and Dismemberment Benefit to a maximum benefit of \$52,500 if there is no spouse; 0.1 of the amount of the Employee's Optional Accidental Death and Dismemberment Benefit to a maximum benefit of \$35,000 if there is a spouse.

For loss other than loss of life, the amount of Child Benefit, shown above will be calculated using 2 times the percentage for the loss indicated in the SPECIFIED LOSS table, up to a maximum of \$75,000

### **Non-Evidence Limit**

- Spouse: \$175,000

- Child: \$52,500

**Qualifying Period for Waiver of Premium** - 105 days

**Termination Age** - employee's age 70 or retirement, whichever is earlier

**Waiting Period** - first of the month following 3 months of employment

### **Schedule of Losses**

*Dependent Optional  
AD&D - Schedule of  
Losses*

A loss shown in this schedule is covered provided it:

is a direct result of the accidental injury

occurs within 365 days from the date of the accidental injury

is total and irreversible or irrecoverable

In the case of loss of speech or hearing, or loss of use of an arm, hand or leg, the loss must be continuous for 12 months and determined to be permanent, after which time the benefit is payable.

The amount payable for each loss is a percentage of your Dependent Optional Accidental Death and Dismemberment benefit amount which was in effect as of the date of the injury.

Loss of Life - 100%

Loss of or Loss of Use of Both Hands or Both Feet - 100%

# Your Group Benefits

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Loss of Sight of Both Eyes - 100%

Loss of One Hand and One Foot - 100%

Loss of One Hand and Sight of One Eye - 100%

Loss of One Foot and Sight of One Eye - 100%

Loss of Hearing in Both Ears and Speech - 100%

Loss of or Loss of Use of One Arm or One Leg - 75%

Loss of or Loss of Use of One Hand or One Foot - 66 2/3%

Loss of Sight of One Eye - 66 2/3%

Loss of Speech or Hearing in Both Ears - 66 2/3%

Loss of Thumb and Index Finger or at least Four Fingers of One Hand - 33 1/3%

Loss of All Toes of One Foot - 25%

Loss of Hearing in One Ear - 25%

Hemiplegia, Paraplegia or Quadriplegia - 200%

Only one percentage, the largest, will be paid for multiple losses to the same limb due to any one accident.

No more than 100% will be paid for all losses due to any one accidental injury, except in the case of hemiplegia, paraplegia or quadriplegia, where the total amount paid will not exceed 200% (provided the benefit is paid while the insured person is living).

## ***Exposure and Disappearance***

If a loss occurs due to unavoidable exposure to the elements, after a conveyance in which the insured person was travelling made a forced landing, or was lost, wrecked, stranded or sank, a benefit will be payable for that loss. The amount payable will be determined in accordance with the Schedule of Losses.

If the insured person disappears after a conveyance in which he was travelling made a forced landing, or was lost, wrecked, stranded or sank, a benefit for loss of life will be payable if the insured person's body is not found within 365 days after the incident occurred.

## ***Repatriation Expenses***

If the insured person dies as a direct result of an accidental injury which occurs while travelling 150 kilometres or more from his place of residence, Manulife Financial will pay for expenses incurred for the preparation and transportation of the insured person's body to his place of residence.

***Dependent Optional  
AD&D - Exposure and  
Disappearance***

***Dependent Optional  
AD&D - Repatriation  
Expenses***

# Your Group Benefits

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The amount payable is subject to a maximum of \$10,000.

## ***Family Transportation Expenses***

***Dependent Optional  
AD& D - Family  
Transportation  
Expenses***

If, as a direct result of an accidental injury, the insured person suffers a loss specified in the Schedule of Losses and is confined to a hospital located 150 kilometres or more from the insured person's place of residence, Manulife Financial will pay the hotel and travel expenses incurred by an immediate family member, provided the expenses are:

reasonable and necessary, as determined by Manulife Financial

for hotel accommodations in the vicinity of the hospital

for transportation by the most direct route to the hospital, including return fare

If transportation is by means other than a conveyance which is licensed to transport fare-paying passengers, expenses incurred will be reimbursed at a rate of \$0.20 per kilometre travelled.

The amount payable is subject to a maximum of \$10,000 per accident.

## ***Common Accident***

***Dependent Optional  
AD& D - Common  
Accident***

\$1,000,000

## ***Home Alteration and Vehicle Modification Expenses***

***Dependent Optional  
AD& D - Home  
Alteration and Vehicle  
Modification Expenses***

If, as a direct result of an accidental injury, the insured person:

suffers a loss of, or loss of use of, both feet or both legs, or

becomes a hemiplegic, paraplegic, or quadriplegic

and requires the use of a wheelchair to be ambulatory, Manulife Financial will pay for incurred expenses, provided the expenses are:

reasonable and necessary, as determined by Manulife Financial

incurred within 3 years from the date of the accidental injury

for alterations to the insured person's home for the purpose of making it wheelchair accessible

for modifications to one motor vehicle for the purpose of making it wheelchair accessible

The amount payable is subject to a maximum of \$10,000.

# Your Group Benefits

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## ***Non-Duplication of Expenses***

Expenses which are eligible under this benefit and for which the insured person is also eligible under any other benefit, policy, or plan providing similar coverage will be paid first under such other benefit, policy or plan. Any expenses not paid will then be considered under this benefit, subject to any stated maximum.

The total amount of payments from all coverages combined will not exceed 100% of the eligible expenses incurred.

***Dependent Optional  
AD& D -  
Non-Duplication of  
Expenses***

## ***Comatose Benefit***

If a covered person, while insured under this benefit sustains a covered accidental injury, which independently of all other causes, results in the covered person being in a coma, a Comatose Benefit will be paid. This benefit will be the difference between the amount of the Principal Sum and any other benefits received on account of such Accidental Injury.

The benefit amount for the covered person will be paid to the Employee at the end of the Qualifying Period, at the rate of 1% each month for:

- a) 100 months;
- b) Until death occurs; or
- c) Until the covered person is deemed no longer to be in a Coma or Comatose state, whichever occurs first.

Any remaining benefits at the time of the covered person's death will be paid to the estate of the Employee.

"Coma" shall mean during the elimination period, starting within 31 days of the date of the accident, being in a profound stupor or state of complete and total unconsciousness. Qualifying Period is a 31 day period from the date the insured employee, insured spouse and/or dependent child(ren) becomes comatose for which no benefits are payable.

***Dependent Optional  
AD& D - Comatose  
Benefit***

## ***Submitting a Claim***

To submit a Dependent Optional Accidental Death Claim, a Life Claim form must be submitted. To submit a Dependent Optional Dismemberment Claim, you must complete an Accidental Dismemberment Claim form. Both forms are available from your employer, and require a physician's statement.

A completed claim form must be submitted within 90 days from the date of loss.

***Dependent Optional  
AD& D - Submitting a  
Claim***

# Your Group Benefits

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## ***Waiver of Premium***

### ***Dependent Optional AD& D - Waiver of Premium***

If, while the Group Policy is in force, your Employee Life Insurance premium is waived because you are totally disabled, the premium for this benefit will also be waived. (See Employee Life Insurance...Waiver of Premium). Waiver of Premium for this benefit ceases if the Group Policy terminates.

## ***Exclusions***

### ***Dependent Optional AD& D - Exclusions***

*No Dependent Optional Accidental Death & Dismemberment benefits are payable if the loss results from:*

suicide or self-inflicted injuries

war or insurrection, the hostile actions of any armed forces, or participation in a riot or civil commotion

an infection (except pyogenic infections from an accidental cut or wound), illness or disease, or the medical treatment of any illness or disease, or bodily or mental infirmity

riding in, boarding or leaving, or descending from, any aircraft as a pilot, operator or member of the crew

riding in, boarding or leaving, or descending from, any aircraft which is owned, operated or leased by or on behalf of your employer

committing or attempting to commit an assault or criminal offence

injuries sustained while operating a motor vehicle while under the influence of any intoxicant, including alcohol

## **Extended Health Care**

### ***Extended Health Care***

**The Extended Health Care Benefit is administered through Manulife Financial Contract G0083400. Manulife Financial has been contracted to adjudicate and administer your claims for this benefit following the standard insurance rules and practices. Payment of any eligible claim will be based on the provisions and conditions outlined in this booklet and your employer's Benefit Plan.**

If you or your dependents incur charges for any of the Covered Expenses specified, your Extended Health Care benefit can provide financial assistance.

Payment of Covered Expenses is subject to any maximum amounts shown below under The Benefit and in the expenses listed under Covered Expenses.

Claim amounts that will be applied to the maximum are the amounts paid after applying the Deductible, Benefit Percentage, and any other applicable provisions.

# Your Group Benefits

## Drug Benefit for Quebec Residents

Group benefit plans that provide prescription drug coverage to Quebec residents must meet certain requirements under Quebec's prescription drug insurance legislation (An Act Respecting Prescription Drug Insurance And Amending Various Legislative Provisions). If you and your dependents reside in Quebec, the provisions specified under Drug Benefit For Persons Who Reside In Quebec, will apply to your drug benefit.

### *The Benefit*

**Overall Benefit Maximum** - Unlimited

**Deductible** - Nil

**Drug Dispensing Fee** - the Employee will pay 100% of any Drug Dispensing Fee

### **Benefit Percentage (Co-insurance)**

100% for  
Hospital Care  
Professional Services  
Medical Supplies and Services

80% for  
Prescription Drugs

**Note:** The Benefit Percentage for Out-of-Province/Canada Emergency Medical Treatment is 100%.

The Benefit Percentage for Referral outside Canada for Medical Treatment Available in Canada is 50%.

The Benefit Percentage for Emergency Travel Assistance is 100%.

**Termination Age** - employee's age 70 or retirement, whichever is earlier

**Waiting Period** - first of the month following 3 months of employment

### **Covered Expenses**

The expenses specified are covered to the extent that they are reasonable and customary, as determined by Manulife Financial, provided they are:

medically necessary for the treatment of sickness or injury and recommended by a physician

incurred for the care of a person while covered under this Group Benefit Program

reasonable taking all factors into account

not covered under the Provincial Plan or any other government-sponsored program

legally insurable

*Extended Health Care -  
The Benefit*

*Extended Health Care -  
Covered Expenses*

# Your Group Benefits

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In the event that a Provincial Plan or government-sponsored program or plan or legally mandated program discontinues or reduces payment for any services, treatments or supplies formerly covered in full or in part by such plan or program, this Policy will not automatically assume coverage of the charges for such treatments, services or supplies, but will reserve the right to determine, at the time of change, whether the expenses will be considered eligible or not.

## ***Advance Supply Limitation***

### ***Extended Health Care - Advance Supply Limitation***

Payment of any Covered Expenses under this benefit which may be purchased in large quantities will be limited to the purchase of up to a 3 months' supply at any one time.

### ***- Drug Expenses***

#### **- Drug Expenses**

The maximum quantity of drugs that will be payable for each prescription will be limited to the lesser of:

- a) the quantity prescribed by your physician or dentist, or
- b) a 34 day supply.

A quantity of up to a 100 day supply may be payable in long term therapy cases, where the larger quantity is recommended as appropriate by your physician and pharmacist.

## ***Hospital Care***

### ***Extended Health Care - Hospital Care***

charges, in excess of the hospital's public ward charge, for semi-private accommodation, provided:

- the person was confined to hospital on an in-patient basis, and
- the accommodation was specifically elected in writing by the patient

semi-private accommodation for confinement in a chronic care facility which starts within 14 days of discharge from a hospital confinement of at least 5 days

charges for any portion of the cost of ward accommodation, utilization or co-payment fees (or similar charges) are not covered

## ***ManuScript Generic Drug Plan 2 - Prescription Drugs***

### ***Extended Health Care - ManuScript Generic Drug Plan 2 - Prescription Drugs***

Charges incurred for the following expenses are payable when prescribed in writing by a physician or dentist and dispensed by a licensed pharmacist.

drugs for the treatment of a sickness or injury, which by law or convention require the written prescription of a physician or dentist

oral contraceptives, intrauterine devices and diaphragms



# Your Group Benefits

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vitamin B6 and B12 for weight loss.

injectable medications (charges made by a practitioner or physician to administer injectable medications are not covered)

life-sustaining drugs

preventive vaccines and medicines (oral or injected)

standard syringes, needles and diagnostic aids, required for the treatment of diabetes (charges for cotton swabs, rubbing alcohol, automatic jet injectors and similar equipment are not covered)

*Charges for the following expenses are not covered:*

drugs, biologicals and related preparations which are intended to be administered in hospital on an in-patient or out-patient basis and are not intended for a patient's use at home

flu shots

## **- Drug Maximums**

Fertility drugs - \$2,500 per lifetime

Anti-smoking drugs - \$600 per lifetime

Sexual Dysfunction drugs: \$2,500 per lifetime

All other covered drug expenses - Unlimited

## **- Payment of Covered Expenses**

Payment of your covered drug expenses will be subject to any Drug Deductible and the Co-insurance.

Covered expenses for any prescribed drug will not exceed the price of the lowest cost generic equivalent product that can legally be used to fill the prescription, as listed in the Provincial Drug Benefit Formulary.

If there is no generic equivalent product for the prescribed drug, the amount covered is the cost of the prescribed product.

## **- No Substitution Prescriptions**

If your prescription contains a written direction from your physician or dentist that the prescribed drug is not to be substituted with another product and the drug is a covered expense under this benefit, the full cost of the prescribed product is covered.

When you have a "no substitution prescription", please ask your pharmacist to indicate this information on your receipt, when you pay for the prescription. This will help to ensure that your expenses will be reimbursed appropriately when your claim is submitted to Manulife Financial for payment.

**- Drug Maximums**

**- Payment of Covered Expenses**

**- No Substitution Prescriptions**

# Your Group Benefits

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Payment of your covered drug expenses will be subject to any Drug Deductible and the Co-insurance.

## **Professional Services**

Services provided by the following licensed practitioners:

Chiropractor - \$300 per calendar year, including one x-ray per calendar year

Osteopath - \$300 per calendar year, including one x-ray per calendar year

Podiatrist/Chiropodist - \$300 per calendar year, including one x-ray per calendar year

Massage Therapist - \$300 per calendar year

Speech Therapist - \$300 per calendar year

Physiotherapist - \$300 per calendar year

Psychologist or social worker- \$300 per calendar year

Naturopath: \$300 per calendar year, including supplements

Homeopath: \$300 per calendar year, including supplements

Expenses for some of these Professional Services may be payable in part by Provincial Plans. Coverage for the balance of such expenses prior to reaching the Provincial Plan maximum may be prohibited by provincial legislation. In those provinces, expenses under this Benefit Program are payable after the Provincial Plan's maximum for the benefit year has been paid.

Recommendation by a physician for Professional Services is not required.

## **Medical Services and Supplies**

For all medical equipment and supplies covered under this provision, Covered Expenses will be limited to the cost of the device or item that adequately meets the patient's fundamental medical needs.

## **Private Duty Nursing**

Services which are deemed to be within the practice of nursing and which are provided in the patient's home by:

a registered nurse, or

a registered nursing assistant (or equivalent designation) who has completed an approved medications training program

Covered Expenses are subject to a maximum of \$5,000 per calendar year(s)

*Extended Health Care -  
Professional Services*

*Extended Health Care -  
Medical Services and  
Supplies*

*- Private Duty Nursing*

# Your Group Benefits

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*Charges for the following services are not covered:*

service provided primarily for custodial care, homemaking duties, or supervision

service performed by a nursing practitioner who is an immediate family member or who lives with the patient

service performed while the patient is confined in a hospital, nursing home, or similar institution

service which can be performed by a person of lesser qualification, a relative, friend, or a member of the patient's household

## *Pre-Determination of Benefits*

Before the services begin, it is advisable that you submit a detailed treatment plan with cost estimates. You will then be advised of any benefit that will be provided.

## **Ambulance**

licensed ambulance service provided in the patient's province of residence, including air ambulance, to transfer the patient to the nearest hospital where adequate treatment is available

**- Ambulance**

## **Medical Equipment**

rental or, when approved by Manulife Financial, purchase of:

**- Medical Equipment**

- Mobility Equipment: crutches, canes, walkers, and wheelchairs

- Durable Medical Equipment: manual hospital beds, respiratory and oxygen equipment, and other durable equipment usually found only in hospitals

## **Non-Dental Prostheses, Supports and Hearing Aids**

**- Non-Dental  
Prostheses, Supports  
and Hearing Aids**

external prostheses

surgical stockings, up to a maximum of 2 pairs per calendar year

surgical brassieres, up to a maximum of 2 per calendar year

braces (other than foot braces), trusses, collars, leg orthosis, casts and splints

stock-item orthopaedic shoes and modifications or adjustments to stock-item orthopaedic shoes or regular footwear, up to a maximum of \$100 per calendar year(s) combined with custom-made orthotics (recommendation of either a physician or a podiatrist is required)

custom-made shoes which are required because of a medical abnormality that, based on medical evidence, cannot be accommodated in a stock-item orthopaedic shoe or a modified stock-item orthopaedic shoe, up to a maximum of 1 pair per calendar year (must be constructed by a certified orthopaedic footwear specialist)

# Your Group Benefits

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casted, custom-made orthotics, up to a maximum of \$100 per calendar year(s) combined with stock-item orthopaedic shoes (recommendation of either a physician or a podiatrist is required)

cost, installation, repair and maintenance of hearing aids, (including charges for batteries) to a maximum of \$500 per 3 consecutive year(s)

## **Other Supplies and Services**

### **- Other Supplies and Services**

ileostomy, colostomy and incontinence supplies

medicated dressings and burn garments

wigs and hairpieces for patients with hair loss, up to a maximum of 1 per lifetime

blood pressure monitors, up to a maximum of \$200 per 5 years

oxygen

microscopic and other similar diagnostic tests and services rendered in a licensed laboratory in the province of Quebec

charges for the treatment of accidental injuries to natural teeth or jaw, provided the treatment is rendered within 12 months of the accident, excluding injuries due to biting or chewing

# Your Group Benefits

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## Out-of-Province/Out-of-Canada

-  
*Out-of-Province/Out-of-Canada*

treatment required as a result of a medical emergency which occurs during the first 60 days while temporarily outside the province of residence, provided the covered person who receives the treatment is also covered by the Provincial Plan during the absence from the province of residence.

A Medical Emergency is

- a sudden, unexpected injury or a new medical condition which occurs while a covered person (you or your dependent) is travelling outside of his province of residence, or
- a specific medical problem or chronic condition that was diagnosed but medically stable prior to departure.

Stable means that, in the 90 days before departure, the covered person (you or your dependent) has not:

- been treated or tested for any new symptoms or conditions
- had an increase or worsening of any existing symptoms
- changed treatments or medications (other than normal adjustments for ongoing care)
- been admitted to the hospital for treatment of the condition

Coverage is not available if you (or your dependents) have scheduled non-routine appointments, tests or treatments for the condition or an undiagnosed condition.

Coverage is also available for medical emergencies related to pregnancy as long as travel is completed at least 4 weeks before the due date.

A medical emergency ends when the attending physician feels that, based on the medical evidence, a patient is stable enough to return to his home province or territory.

expenses are subject to the overall maximum

referral outside Canada for treatment which is available in Canada to a maximum of \$3,000 per 3 calendar year(s)

If, while outside Canada on referral for medical treatment, the covered person requires treatment for a medical condition which is related directly or indirectly to the referral treatment, the total expenses payable for all treatment are subject to the maximum of \$3,000 every 3 calendar year(s).

# Your Group Benefits

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*For all non-emergency medical treatment out of Canada:*

the treatment must be recommended by a physician practicing in Canada, and  
it is advisable that you submit a detailed treatment plan with cost estimates before treatment begins. You will then be notified of any benefit that will be provided.

*Charges for the following are payable under this expense:*

physician's services

hospital room and board at standard ward rates. Charges in excess of ward rates are payable, if hospital coverage is provided under this Benefit Program.

the cost of special hospital services

hospital charges for out-patient treatment

licensed ambulance services, including air ambulance, to transfer the patient to the nearest medical facility or hospital where adequate treatment is available

medical evacuation for admission to a hospital or medical facility in the province where the patient normally resides

The amount payable for these expenses will be the reasonable and customary charges less the amount payable by the Provincial Plan.

Charges incurred outside the province of residence for all other Covered Extended Health Care Expenses are payable on the same basis as if they were incurred in the province of residence.

## ***Emergency Travel Assistance***

### ***Extended Health Care - Emergency Travel Assistance***

Emergency Travel Assistance is a travel assistance program available for you and your covered dependents. The assistance services are delivered through an international organization, specializing in travel assistance. The following services are provided, when required as a result of a medical emergency during the first 60 days while travelling outside your province of residence.

Details on your Emergency Travel Assistance benefit are provided below, as well as in your Emergency Travel Assistance brochure.

## **Medical Emergency Assistance**

A Medical Emergency is:

a sudden, unexpected injury or a new medical condition which occurs while a covered person (you or your dependent) is travelling outside of his province of residence, or

a specific medical problem or chronic condition that was diagnosed but medically stable prior to departure

# Your Group Benefits

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Stable means that, in the 90 days before departure, the covered person (you or your dependent) has not:

- been treated or tested for any new symptoms or conditions
- had an increase or worsening of any existing symptoms
- changed treatments or medications (other than normal adjustments for ongoing care)
- been admitted to the hospital for treatment of the condition

Coverage is not available if you (or your dependents) have scheduled non-routine appointments, tests or treatments for the condition or an undiagnosed condition.

Coverage is also available for medical emergencies related to pregnancy as long as travel is completed at least 4 weeks before the due date.

A medical emergency ends when the attending physician feels that, based on the medical evidence, a patient is stable enough to return to his home province or territory.

a) **24-Hour Access**

Multilingual assistance is available 24 hours a day, seven days a week, through telephone (toll-free or call collect), telex or fax.

b) **Medical Referral**

Referral to the nearest physician, dentist, pharmacist or appropriate medical facility, and verification of coverage, is provided.

c) **Claims Payment Service**

If a hospital or other provider of medical services requires a deposit or payment in full for services rendered, and the expenses exceed \$200 (Canadian), payment of such expenses will be arranged and claims co-ordinated on behalf of the covered person.

Payment and co-ordination of expenses will take into account the coverage that the covered person is eligible for under a Provincial Plan and this benefit. If such payments are subsequently determined to be in excess of the amount of benefits to which the covered person is entitled, the administrator shall have the right to recover the excess amount by assignment of Provincial Plan benefits and/or refund from you.

## Your Group Benefits

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d) **Medical Care Monitoring**

Medical care and services rendered to the covered person will be monitored by medical staff who will maintain contact, as frequently as necessary, with the covered person, the attending physician, the covered person's personal physician and family.

e) **Medical Transportation**

If medically necessary, arrangements will be made to transfer a covered person to and from the nearest medical facility or to a medical facility in the covered person's province of residence. Expenses incurred for the medical transportation will be paid, as described under Medical Services and Supplies - Ambulance.

If medically necessary for a qualified medical attendant to accompany the covered person, expenses incurred for round-trip transportation will be paid.

f) **Return of Dependent Children**

If dependent children are left unattended due to the hospitalization of a covered person, arrangements will be made to return the children to their home. The extra costs over and above any allowance available under pre-paid travel arrangements will be paid.

If necessary for a qualified escort to accompany the dependent children, expenses incurred for round-trip transportation will be paid.



# Your Group Benefits

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## g) **Trip Interruption/Delay**

If a trip is interrupted or delayed due to an illness or injury of a covered person, one-way economy transportation will be arranged to enable each covered person and a Travelling Companion (if applicable) to rejoin the trip or return home. Expenses incurred, over and above any allowance available under pre-paid travel arrangements will be paid.

A Travelling Companion is any one person travelling with the covered person, and whose fare for transportation and accommodation was pre-paid at the same time as the covered person's fare.

If the covered person chooses to rejoin the trip, further expenses incurred which are related directly or indirectly to the same illness or injury, will not be paid.

If an insured person must return home due to the hospitalization or death of an Immediate Family Member, one way economy transportation will be arranged and expenses incurred, over and above any allowance available under the pre-paid travel arrangements, will be paid.

## h) **After Hospital Convalescence**

If a covered person is unable to travel due to medical reasons following discharge from a hospital, expenses incurred for meals and accommodation after the originally scheduled departure date will be paid, subject to the maximum shown in part l) of this provision.

## i) **Visit of Family Member**

Expenses incurred for round-trip economy transportation will be paid for an immediate family member to visit a covered person who, while travelling alone, becomes hospitalized and is expected to be hospitalized for longer than 7 days. The visit must be approved in advance by the administrator.

## j) **Vehicle Return**

If a covered person is unable to operate his owned or rented vehicle due to illness, injury or death, expenses incurred for a commercial agency to return the vehicle to the covered person's home or nearest appropriate rental agency will be paid, up to a maximum of \$1,000 (Canadian).

## k) **Identification of Deceased**

If a covered person dies while travelling alone, expenses incurred for round-trip economy transportation will be paid for an immediate family member to travel, if necessary, to identify the deceased prior to release of the body.

# Your Group Benefits

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## l) **Meals and Accommodation**

Under the circumstances described in parts f),g),h),i), and k) of this provision, expenses incurred for meals and accommodation will be paid, subject to a combined maximum of \$2,000 (Canadian) per medical emergency.

## **Non-Medical Assistance**

### a) **Return of Deceased to Province of Residence**

In the event of the death of a covered person, the necessary authorizations will be obtained and arrangements made for the return of the deceased to his province of residence. Expenses incurred for the preparation and transportation of the body will be paid, up to a maximum of \$5,000 (Canadian). Expenses related to the burial, such as a casket or an urn, will not be paid.

### b) **Lost Document and Ticket Replacement**

Assistance in contacting the local authorities is provided, to help a covered person in replacing lost or stolen passports, visas, tickets or other travel documents.

### c) **Legal Referral**

Referral to a local legal advisor, and if necessary, arrangement for cash advances from the covered person's credit cards, family or friends, is provided.

### d) **Interpretation Service**

Telephone interpretation service in most major languages is provided.

### e) **Message Service**

Telephone message service is provided for messages to or from family, friends or business associates. Messages will be held for up to 15 days.

### f) **Pre-trip Assistance Service**

Up-to-date information is provided on passport and visa, vaccination and inoculation requirements for the country where the covered person plans to travel.

## **Exceptions**

The administrator, and the company contracted by the administrator to provide the travel assistance services described in this benefit, will not be responsible for the availability, quality, or results of any medical treatment, or the failure of a covered person to obtain medical treatment or emergency assistance services for any reason.

# Your Group Benefits

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Emergency assistance services may not be available in all countries due to conditions such as war, political unrest or other circumstances which interfere with or prevent the provision of any services.

## **How to Access Emergency Travel Assistance - Your Emergency Travel Assistance Card**

Your Emergency Travel Assistance card lists the toll free numbers to call in case of an emergency, while travelling outside your province. The toll free number will put you in touch with the international travel assistance organization.

Your Emergency Travel Assistance card also lists your I.D. number and plan document number, which the travel assistance organization needs to confirm that you are covered by Emergency Travel Assistance.

If you do not have an Emergency Travel Assistance Card, please contact your employer.

## ***Submitting a Claim***

To submit an Extended Health Care claim, you must complete an Extended Health Care Claim form, except when claiming for physician or hospital expenses incurred outside your province of residence. For these expenses, you must complete an Out-of-Province/Out-of-Canada claim form. Claim forms are available from your employer.

All applicable receipts must be attached to the completed claim form when submitting it to Manulife Financial.

All claims must be submitted within 15 months after the date the expense was incurred.

Claims for Out-of-Canada expenses must first be submitted to the Provincial Plan for payment. Any outstanding balance should be submitted to Manulife Financial, along with the explanation of payment from the Provincial Plan.

## ***Subrogation (Third Party Liability)***

If your medical expenses result from an injury caused by another person and you have the legal right to recover damages, the Plan may request that you complete a subrogation reimbursement agreement when you submit a claim for such expenses.

On settlement or judgement of your legal action, you will be required to reimburse the Plan those amounts you recover which, when added to the payments you received from your employer, exceed 100% of your incurred expenses.

## ***Extended Health Care - Submitting a Claim***

## ***Subrogation (Third Party Liability)***

# Your Group Benefits

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## **Exclusions**

### **Extended Health Care - Exclusions**

*No Extended Health Care benefits are payable for expenses related to:*

self-inflicted injuries

war, insurrection, the hostile actions of any armed forces or participation in a riot or civil commotion

committing or attempting to commit an assault or criminal offence

injuries sustained while operating a motor vehicle while under the influence of any intoxicant, including alcohol

an illness or injury for which benefits are payable under any government plan or workers' compensation

charges for periodic check-ups, broken appointments, third party examinations, travel for health purposes, or completion of claim forms

services or supplies provided by an employer's medical or dental department

services or supplies for which no charge would normally be made in the absence of group benefit coverage

services and supplies where reimbursement would have been made under a government-sponsored plan, in the absence of coverage

services or supplies which are not permitted by law to be paid

services or supplies which are required for recreation or sports

services or supplies which would have been payable by the Provincial Plan if proper application had been made

medical treatment which is not usual or customary, or is experimental or investigational in nature

medical or surgical care which is cosmetic

services or supplies which are performed or provided by the covered person, an immediate family member or a person who lives with the covered person

services or supplies which are provided while confined in a hospital on an in-patient basis

services or supplies which are not specified as a covered expense under this benefit

## **Continuation of Coverage**

### **Extended Health Care - Continuation of Coverage**

If a person is disabled when coverage under this Extended Health Care Benefit terminates, covered expenses related to the treatment of the disability will continue to be payable by Manulife Financial, for up to 90 days. However, coverage will terminate if the disabled person becomes eligible for coverage under another group plan.

# Your Group Benefits

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You will be considered disabled if you are eligible for disability benefits under any other provision of this Group Benefit Program.

## ***Drug Benefit For Persons Who Reside In Quebec***

If you and your dependents reside in Quebec, the following provisions apply to your drug benefit coverage.

### ***Covered Drug Expenses***

The following expenses are covered:

drugs that are on the List of Insured Drugs that is published by the Régie de l'assurance-maladie du Québec (RAMQ List), provided such drugs are on the list at the time the expense is incurred; and

drugs that are listed as a covered expense in this Benefit Booklet, but are not on the RAMQ List.

### ***Coverage for drugs on the List of Insured Drugs that is published by the Régie de l'assurance-maladie du Québec (RAMQ List)***

The following provisions apply only to the coverage of drugs that are on the RAMQ List, as legislated by An Act Respecting Prescription Drug Insurance (R.S.Q. c., A-29-01). Coverage for all other drugs will be subject to the regular provisions included in this Benefit Booklet:

#### **a) Benefit Percentage**

Prior to the annual out-of-pocket maximum being reached, the percentage of covered drug expenses payable under this benefit will be as follows:

- i) For any drug on the RAMQ List which is not otherwise covered under the terms of this Benefit, the percentage payable is the percentage as set out by the then applicable Legislation
- ii) For any drug on the RAMQ List which is covered under the terms of this Benefit, the percentage payable is the greater of:
  - ° the benefit percentage stated under The Benefit; and
  - ° the percentage as set out by the then applicable Legislation.

After the annual out-of-pocket maximum has been reached, the percentage of covered drug expenses payable under this benefit will be 100%.

#### **b) Annual Out-of-Pocket Maximum**

The annual out-of-pocket maximum is the portion of covered drug expenses which must be paid by you and your spouse in a calendar year, before the percentage payable under this benefit will be 100%. Amounts that will be applied to the annual out-of-pocket maximum are

- i) deductible amounts, and

## Your Group Benefits

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- ii) the portion of covered drug expenses that is paid by a covered person, when the percentage of covered expenses payable under this benefit is less than 100%.

The annual out-of-pocket maximum for you and your spouse is as stipulated in the Legislation and includes those portions of covered drug expenses paid for your dependent children.

For the purposes of calculating the out-of-pocket maximum for you and your spouse, those portions of covered drug expenses paid for your dependent children will be applied to the person who is closest to reaching the annual out-of-pocket maximum.

c) **Deductible**

Deductible amounts (if any) for the drug benefit will apply, until the annual out-of-pocket maximum is reached. Thereafter, the deductible will not apply.

d) **Lifetime Maximums**

Lifetime maximums (if any) for the drug benefit will not apply. Drug coverage provided after the lifetime maximum amount stated under the benefit is reached is subject to the following conditions:

- i) only drugs that are on the RAMQ List are covered, and
- ii) the percentage payable by the Administrator for covered expenses is the percentage as set out by the then applicable Legislation.

e) **Eligible Dependent Children**

Your eligible dependent children who are in full-time attendance at an accredited educational institution will be covered until the later of:

- i) the age specified in this Benefit Booklet (please refer to definition of child in the Explanation of Common Insurance Terms); and
- ii) age 26.

Drug coverage provided for dependent children after the age stated in this Benefit Booklet is subject to the following conditions:

- only drugs that are on the RAMQ List are covered, and
- the percentage payable by the Administrator for covered expenses is the percentage as set out by the then applicable Legislation.

# Your Group Benefits

## f) Termination Age

Provided you are otherwise eligible for the drug benefit, the Termination Age (if any) for the drug benefit will not apply. Drug coverage provided after the Termination Age specified under the benefit is subject to the following conditions:

- i) only drugs that are on the RAMQ List are covered,
- ii) the percentage payable by the Administrator for covered expenses is the percentage as stipulated in the then applicable Legislation
- iii) the Annual Out-of-Pocket Maximum is as stipulated in the then applicable Legislation
- iv) the cost required for the drug coverage is the cost of the Extended Health Care benefit.

### ***Coverage for drugs that are listed as a covered expense in this Benefit Booklet but are not on the RAMQ List***

Coverage for drugs that are listed as a covered expense under this Benefit but not on the RAMQ List will be subject to all the standard provisions included in this Benefit Booklet.

## Dental Care

**The Dental Care benefit is administered through Manulife Financial Contract G0083400. Manulife Financial has been contracted to adjudicate and administer your claims for this benefit following the standard insurance rules and practices. Payment of any eligible claim will be based on the provisions and conditions outlined in this booklet and your employer's Benefit Plan.**

*Dental Care*

If you or your dependents require any of the dental services specified under Covered Expenses, your Dental Care benefit can provide financial assistance.

Payment of Covered Expenses is subject to any maximum amounts shown below under The Benefit and in the expenses listed under Covered Expenses.

Claim amounts that will be applied to the maximum are the amounts paid after applying the Deductible, Benefit Percentage, and any other applicable provisions.

### ***The Benefit***

**Deductible - Nil**

*Dental Care - The Benefit*

**Dental Fee Guide** - Current Fee Guide for General Practitioners for your Province of Residence

If you reside in Alberta, the current Fee Guide is considered to be the 1997 Alberta Dental Association Fee Guide for General Practitioners plus inflationary adjustment as determined by Manulife Financial.

# Your Group Benefits

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## **Benefit Percentage (Co-insurance)**

- 80% for Level I - Basic Services
- 80% for Level II - Supplementary Basic Services
- 50% for Level III - Dentures
- 50% for Level IV - Major Restorative Services
- 50% for Level V - Orthodontics

## **Benefit Maximums**

- \$2,000 per calendar year combined for Level I, Level II, Level III and Level IV
- \$1,500 per lifetime for Level V

**Termination Age** - employee's age 70 or retirement, whichever is earlier

**Waiting Period** - first of the month following 3 months of employment

## ***Covered Expenses***

### ***Dental Care - Covered Expenses***

The following expenses are covered if they:

are incurred for the necessary dental care of a covered person while covered under this benefit

are incurred for services provided by a dentist, a dental hygienist working within the scope of his license, or a denturist working within the scope of his license

are reasonable as determined by Manulife Financial, taking all factors into account, and

do not exceed the fees recommended in the Dental Fee Guide, or reasonable and customary charges as determined by Manulife Financial, if the expenses are not listed in the Dental Fee Guide.

## ***Alternate Treatment***

### ***Dental Care - Alternate Treatment***

Where any two or more courses of treatment covered under this benefit would produce professionally adequate results for a given condition, the Plan will pay benefits as if the least expensive course of treatment were used. Manulife Financial will determine the adequacy of the various courses of treatment available, through a professional dental consultant.



# Your Group Benefits

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## **Level I - Basic Services**

complete oral exam, one per 2 calendar years

full-mouth x-rays, one per 2 calendar years

one unit of light scaling and one unit of polishing once every 6 months, when the service is performed outside Quebec, or prophylaxis (polishing) one every 6 months, when the service is performed in Quebec

recall exams, bitewing x-rays, and fluoride treatments, one every 6 months

routine diagnostic and laboratory procedures

initial oral hygiene instruction, plus one recall

pit and fissure sealants

space maintainers (appliances placed for orthodontic purposes are not covered) for dependent children under age 22

**Dental Care - Level I -  
Basic Services**

## **Level II - Supplementary Services**

fillings (amalgam, silicate, acrylic and composite) and retentive pins.

Replacement fillings are covered provided:

- the existing filling is at least 12 months old and must be replaced either due to significant breakdown of the existing filling or recurrent decay, or
- the existing filling is amalgam and there is medical evidence indicating that the patient is allergic to amalgam

pre-fabricated full coverage restorations (metal and plastic)

minor surgical procedures and post surgical care

extractions (including impacted and residual roots)

consultations, anaesthesia, and conscious sedation

denture repairs, relines and rebases, only if the expense is incurred later than 3 months after the date of the initial placement of the denture

injection of antibiotic drugs when administered by a Dentist in conjunction with dental surgery

surgical procedures not included in Level I (excluding implant surgery)

**Dental Care - Level II -  
Supplementary  
Services**

# Your Group Benefits

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periodontal services for treatment of diseases of the gums and other supporting tissue of the teeth, including:

- scaling not covered under Level I, and root planing, up to a combined maximum of 16 units per calendar year;
- provisional splinting; and
- occlusal equilibration, up to a maximum of 8 units per calendar year

endodontic services which include root canals and therapy, root amputation, apexifications and periapical services

- root canals and therapy are limited to one initial treatment plus one re-treatment per tooth per lifetime
- re-treatment is covered only if the expense is incurred more than 12 months after the initial treatment

## ***Level III - Dentures***

### ***Dental Care - Level III - Dentures***

initial provision of full or partial removable dentures

replacement of removable dentures, provided the dentures are required because:

- a natural tooth is extracted and the existing appliance cannot be made serviceable;
- the existing appliance is at least 60 months old and cannot be made serviceable;  
or
- the existing appliance is temporary and is replaced with the permanent dentures within 12 months of its installation

expenses for dentures required solely to replace a natural tooth which was missing prior to becoming covered for this expense are not payable

## ***Level IV - Major Restorative Services***

### ***Dental Care - Level IV - Major Restorative Services***

crowns and onlays when the function of a tooth is impaired due to cuspal or incisal angle damage caused by trauma or decay

inlays, covering at least 3 surfaces, provided the tooth cusp is missing

initial provision of fixed bridgework

# Your Group Benefits

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replacement of bridgework, provided the new bridgework is required because:

- a natural tooth is extracted and the existing appliance cannot be made serviceable;

- the existing appliance is at least 60 months old and cannot be made serviceable; or

- the existing appliance is temporary and is replaced with the permanent bridge within 12 months of its installation

expenses for bridgework required solely to replace a natural tooth which was missing prior to becoming covered for this expense are not payable

## ***Level V - Orthodontics***

orthodontic services for dependent children only, provided treatment commences prior to reaching age 19

***Dental Care - Level V - Orthodontics***

## ***Late Entrant Limitation***

If you or your dependents become covered for dental benefits more than 31 days after you first become eligible to apply, the amount payable in the first 12 months of coverage will be limited to \$125 for each covered person.

***Dental Care - Late Entrant Limitation***

## ***Pre-Determination of Benefits***

If the cost of any proposed dental treatment is expected to exceed \$500, it is suggested that you submit a detailed treatment plan, available from your dentist, before the treatment begins. You can then be advised of the amount you are entitled to receive under this benefit.

***Dental Care - Pre-Determination of Benefits***

## ***Work in Progress When Coverage Terminates***

Covered expenses related to dental treatment that was in progress at the time your dental benefits terminate (for reasons other than termination of the Plan Document or the Dental Care Benefit) are payable, provided the expense is incurred within 31 days after your benefit terminates.

***Dental Care - Work in Progress When Coverage Terminates***

## ***Submitting a Claim***

To submit a claim, you and your dentist must complete a Dental Claim form available from your employer.

***Dental Care - Submitting a Claim***

All claims must be submitted within 15 months after the date the expense was incurred.

# Your Group Benefits

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## ***Subrogation (Third Party Liability)***

### ***Subrogation (Third Party Liability)***

If your dental expenses result from an injury caused by another person and you have the legal right to recover damages, the Plan may request that you complete a subrogation reimbursement agreement when you submit a claim for such expenses.

On settlement or judgement of your legal action, you will be required to reimburse the Plan those amounts you recover which, when added to the payments you received from your employer, exceed 100% of your incurred expenses.

## ***Exclusions***

### ***Dental Care - Exclusions***

*No Dental Care benefits will be payable for expenses resulting from:*

self-inflicted injuries

war, insurrection, the hostile actions of any armed forces or participation in a riot or civil commotion

dental care which is cosmetic, unless required because of an accidental injury which occurred while the patient was covered under this benefit

anti-snoring or sleep apnea devices

broken dental appointments, third party examinations, travel to and from appointments, or completion of claim forms

services which are payable by any government plan

services or supplies provided by an employer's medical or dental department

services or supplies for which no charge would normally be made in the absence of group benefit coverage

treatment rendered for a full mouth reconstruction, for a vertical dimension or for a correction of temporomandibular joint dysfunction

replacement of removable dental appliances which have been lost, mislaid or stolen

laboratory fees which exceed reasonable and customary charges

services or supplies which are performed or provided by the covered person, an immediate family member or a person who lives with the covered person

implants, or any services rendered in conjunction with implants. However, where an implant is the choice of treatment and a denture or bridge would produce professionally adequate results for the condition, the plan will pay the cost of the implant expense and any related services, at a cost equal to the least expensive cost of a denture or bridge.

treatment which is not generally recognized by the dental profession as an effective, appropriate and essential form of treatment for the dental condition

services or supplies which are not specified as a covered expense under this benefit

# Your Group Benefits

## ***Continuation of Coverage***

If a person is disabled when coverage under this Dental Care Benefit terminates, covered expenses related to the treatment of the disability will continue to be payable by Manulife Financial, for up to 90 days. However, coverage will terminate if the disabled person becomes eligible for coverage under another group plan.

You will be considered disabled if you are eligible for disability benefits under any other provision of this Group Benefit Program.

***Dental Care -  
Continuation of  
Coverage***

## **Survivor Extended Benefit**

If you die while your dependents are covered under this Group Benefit Program, your employer will continue the Extended Health Care and Dental Care benefits without requiring any contribution from you, until the earliest of:

the date your dependent is no longer a dependent, according to the definition of dependent (see Explanation of Commonly Used Terms),

the date similar coverage is obtained elsewhere,

the date which is 12 months from your death or

the date the Plan Document terminates.

***Survivor Extended  
Benefit***

## **Long Term Disability**

**The Long Term Disability Benefit is insured under Manulife Financial's Policy G0035505.**

If you become Totally Disabled while insured and meet the Entitlement Criteria for this benefit, Manulife Financial will pay a disability benefit.

### ***Definition of Totally Disabled***

Totally Disabled means a restriction or lack of ability due to an illness or injury which prevents you from performing the essential duties of:

your own occupation, during the Qualifying Period and the 2 years immediately following the Qualifying Period

any occupation for which you are qualified, or may reasonably become qualified, by training, education or experience, after the 2 years specified above

The availability of work will not be considered by Manulife Financial in assessing your disability.

***Long Term Disability***

***Long Term Disability -  
Definition of Totally  
Disabled***

# Your Group Benefits

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If you must hold a government permit or licence to perform the duties of your job, you will not be considered Totally Disabled solely because your permit or licence has been withdrawn or not renewed.

## ***The Benefit***

### ***Long Term Disability - The Benefit***

**Benefit Amount** - 75% of monthly earnings, to a maximum of \$15,000

**Maximum Benefit Entitlement** - \$15,000

**Qualifying Period** - 105 days

Benefits are payable from the end of the Qualifying Period. Benefits are not payable for or during the Qualifying Period.

You must be receiving regular, ongoing care and treatment from a physician during the Qualifying Period in order for benefits to be payable at the end of the Qualifying Period.

**Maximum Benefit Period** - to age 65

**Termination Age** - age 65 less the Qualifying Period, or retirement, whichever is earlier

**Waiting Period** - first of the month following 3 months of employment

## ***Entitlement Criteria***

### ***Long Term Disability - Entitlement Criteria***

To be entitled to disability benefits, you must meet the following criteria:

you must be continuously Totally Disabled throughout the Qualifying Period. If you cease to be Totally Disabled during this period and then become disabled again within 3 weeks due to the same or related illness or injury, your Qualifying Period will be extended by the number of days during which you ceased to be Totally Disabled.

Manulife Financial must receive medical evidence documenting how your illness or injury causes restrictions or lack of ability, such that you are prevented from performing the essential duties of:

- your own occupation, during the Qualifying Period and the following 2 years, and
- any occupation for which you are qualified, or may reasonably become qualified, by training, education or experience, after the 2 years specified above.

you must be receiving from a physician, regular, ongoing care and treatment appropriate for your disabling condition, as determined by Manulife Financial.

At any time, Manulife Financial may require you to submit to a medical, psychiatric, psychological, functional, educational and/or vocational examination or evaluation by an examiner selected by Manulife Financial.

# Your Group Benefits

## **Periods for Which You are Not Entitled to Benefits**

*You are not entitled to benefit payments for any period that you are:*

not receiving from a physician, regular, ongoing care and treatment appropriate for your disabling condition, as determined by Manulife Financial

receiving Employment Insurance maternity or parental benefits

on lay-off during which you become Totally Disabled, other than school closure dates

on leave of absence during which you become Totally Disabled, unless your employer is required to pay benefits during this period as a result of legislation, regulation or case law

receiving benefits under an employer-sponsored salary continuance or short term wage loss replacement plan

working in any occupation, except as provided for under the Rehabilitation Assistance provision

incarcerated in a prison, correctional facility, or mental institution by order of authority of a criminal court

**Long Term Disability -  
Periods for Which You  
are Not Entitled to  
Benefits**

## **Amount of Disability Benefit Payable**

The amount of disability benefit payable to you is the Benefit Amount shown above reduced by any disability benefits you receive or are entitled to receive from the following sources for the same or related disability:

Workers' Compensation or similar coverage

Canada or Quebec Pension Plans, including dependent benefits

any government motor vehicle automobile insurance plan or policy, unless prohibited by law

If necessary, the amount of your benefit will be further reduced so that your total income from all sources does not exceed 85% of your pre-disability gross earnings (net earnings, if your benefit is non-taxable). All sources include those sources stated above and any benefit you are entitled to receive from:

any group, association or franchise plan

any retirement or pension plan

earnings or payments from any employer, including severance payments and vacation pay. However, if you perform two separate jobs for the same board for which 2 separate premiums are paid for this Benefit coverage and you subsequently becomes Totally Disabled from only one of the jobs, the Earnings received from the other job shall not be included in the All Source reduction. However, if the board increases the hours of work and/or Earnings for the other job (except increases as a result of normal union or performance factors), your Long Term Disability benefit will be directly reduced by that increase;

**Long Term Disability -  
Amount of Disability  
Benefit Payable**

# Your Group Benefits

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self-employment, excluding income from farming;

any government plan, excluding Employment Insurance Benefits

Canada or Quebec Pension Plans including dependent benefits

Once benefits become payable, the amount of your benefit will not be affected by any subsequent cost of living increase in benefits you are receiving from other sources.

## **Benefit Calculation Rules**

### **Long Term Disability - Benefit Calculation Rules**

Manulife Financial will apply the following rules in determining your disability benefit:

benefits payable from other sources which began before the commencement of your current Disability will not be taken into account;

benefits payable from other sources will not be adjusted to take into account any difference between the tax status of those benefits and the benefit payable by Manulife Financial;

subsequent changes in benefits from other sources, other than cost of living increases, will be taken into consideration and a new benefit amount may be established;

benefits payable under individual disability income insurance will not be taken into account;

for benefits payable other than on a monthly basis, a monthly equivalent of such benefit will be estimated by Manulife Financial; and

if you do not apply for a benefit for which you are eligible, the amount of such benefit will be estimated by Manulife Financial and assumed to be paid.

## **Subrogation**

### **Long Term Disability - Subrogation**

If your disability is caused by another person and you have a legal right to recover damages, Manulife Financial will request that you complete a subrogation reimbursement agreement when you submit your Long Term Disability claim.

On settlement or judgement of your legal action, you will be required to reimburse Manulife Financial those amounts you recover which, when added to the disability benefits that Manulife Financial paid to you, exceed 100% of your lost income.

## **Tax Status of Benefits**

### **Long Term Disability - Tax Status**

The tax position of any payments you receive under this benefit depends on whether you or your employer pays the cost of the benefit.

If your employer pays a portion or all of the cost, then any disability benefit payments you receive will be taxable. If you pay the full cost of the benefit, then any disability benefit payments you receive will be non-taxable.



# Your Group Benefits

## ***Payment of Disability Benefits***

Disability benefit payments will be made monthly in arrears. Any payment for a period of less than one month will be made at a daily rate of one-thirtieth of your monthly benefit amount.

***Long Term Disability -  
Payment of Disability  
Benefits***

## ***Rehabilitation Assistance***

Once Manulife Financial determines that you are Totally Disabled, if appropriate, and at Manulife Financial's discretion, you may be offered rehabilitation to assist you in returning to gainful employment, either to your pre-disability occupation or to another occupation.

***Long Term Disability -  
Rehabilitation  
Assistance***

In considering whether Rehabilitation Assistance is appropriate for you, Manulife Financial will take into account:

- the nature, extent and expected duration of your disability
- your level of education, training or experience
- the nature, scope, objectives and cost of a Vocational Plan

### **- Vocational Plan**

A Vocational Plan is a training or job placement program that is expected to facilitate your return to gainful employment.

***- Vocational Plan***

If it is determined that Rehabilitation Assistance is appropriate for you, in partnership with you and your employer, Manulife Financial will provide a structured Vocational Plan that will prepare you for a return to work, either:

- with your employer
- with an alternate employer
- in a self-employed capacity

### **- Disability Benefits During Rehabilitation**

***- Disability Benefits  
During Rehabilitation***

You will continue to be entitled to disability benefits while participating in the Vocational Plan. If you receive any earnings as part of the plan, your disability benefit will be reduced once your total income (your disability benefit plus your earnings) exceeds 100% of your pre-disability gross earnings; net earnings if your benefit is not taxable.

If you cease to participate in the Vocational Plan because of a change in your medical status, Manulife Financial will require medical evidence documenting how your current medical status prevents you from continuing with the Vocational Plan.

If you are not available or do not co-operate or participate in the Vocational Plan, you will no longer be entitled to disability benefits.

# Your Group Benefits

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## ***Termination of Benefit Payments***

### ***Long Term Disability - Termination of Benefit Payments***

Your disability benefit payments will cease on the earliest of:

the date you cease to be Totally Disabled, as defined under this benefit.

the date you do not supply Manulife Financial with appropriate medical evidence documenting how your illness or injury causes restrictions or lack of ability such that you are prevented from performing the essential duties of:

- your own occupation, during the Qualifying Period and the following 2 years, and

- any occupation for which you are qualified, or may reasonably become qualified, by training, education or experience, after the 2 years specified above.

the date you do not attend an examination by an examiner selected by Manulife Financial.

the date on which benefits have been paid up to the Maximum Benefit Period for this benefit.

the date of your death.

## ***Recurrent Disability***

### ***Long Term Disability - Recurrent Disability***

If you become Totally Disabled again from the same or related causes within 6 months from the end of the period for which Long Term Disability benefits were paid, Manulife Financial will treat the disability as a continuation of your previous disability.

You will not be required to satisfy the Qualifying Period again. The benefit payable to you will be based on your earnings as at the date of your previous disability. Benefits for all such recurrent disabilities will not be paid for a combined period longer than the Maximum Benefit Period for this benefit.

If the same disability recurs more than 6 months after the end of the period for which benefits were paid, such disability will be considered a separate disability.

Two disabilities which are due to unrelated causes are considered separate disabilities if they are separated by a return to work of at least one day.

## ***Waiver of Premium***

### ***Long Term Disability - Waiver of Premium***

The premium for your Long Term Disability benefit will be waived during any period you are entitled to receive Long Term Disability benefit payments. When the Waiver of Premiums is approved, premiums will be waived from the premium due date coincident with or next following the end of the Qualifying Period.

## ***Submitting a Claim***

### ***Long Term Disability - Submitting a Claim***

To submit a claim, you must complete the Long Term Disability claim form which is available from your employer. Your attending physician must also complete a portion of this form.

# Your Group Benefits

A completed claim form must be submitted to Manulife Financial within 180 days from the end of the Qualifying Period.

## **Exclusions**

*No benefits are payable for any disability related to:*

self-inflicted injuries or illnesses.

war, insurrection, the hostile actions of any armed forces or participation in a riot or civil commotion.

medical or surgical care which is not medically necessary.

the committing of or the attempt to commit an assault or criminal offence.

injuries sustained while operating a motor vehicle while under the influence of any intoxicant, including alcohol.

abuse of addictive substances, including drugs and alcohol, unless you are actively participating and co-operating in an in-patient medical treatment program for substance abuse which has been approved by Manulife Financial.

a Pre-Existing Condition which causes disability within the first 12 months of your Long Term Disability coverage. A Pre-Existing Condition is any injury or illness (whether diagnosed or not) for which you were treated or attended by a physician, or for which drugs were prescribed, within 6 months prior to the effective date of your coverage.

**Long Term Disability -  
Exclusions**

## **Critical Illness Benefits**

**Your Plan Contract number for Critical Illness benefits is G0031008.**

Please refer to your **Critical Illness Employee Brochures** for more details on this benefit.

**Critical Illness Benefits**

## **Employee Optional Critical Illness Insurance**

If, while you are insured for this benefit, you are diagnosed with one of the covered Critical Illness conditions shown in the Covered Critical Illness Conditions Appendix, you can submit a claim for your Employee Optional Critical Illness benefit. You must have survived your illness for 30 days or more past the date you were first diagnosed. We will evaluate your claim using the Entitlement Criteria.

**Employee Optional  
Critical Illness  
Insurance**

# Your Group Benefits

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## *The Benefit*

*Employee Optional  
Critical Illness  
Insurance - The Benefit*

**Benefit Type** - Comprehensive

**Benefit Amount** - increments of \$5,000, to a maximum of \$150,000 (minimum benefit of \$10,000)

**Non-Evidence Limit** - All amounts are subject to Evidence of Insurability. However, evidence of insurability will be waived for an amount of Optional Critical Illness Insurance which is \$25,000 or less.

**Termination Age** - your benefit amount reduces to \$10,000 at age 65 and terminates at the earlier of age 70, your retirement, or your Critical Illness benefit is paid out

**Waiting Period** - first of the month following 3 months of employment

## Spousal Optional Critical Illness Insurance

*Spousal Optional  
Critical Illness  
Insurance*

If, while you are insured for this benefit, your spouse is diagnosed with one of the covered Critical Illness conditions shown in the Covered Critical Illness Conditions Appendix, you can submit a claim for your Spousal Optional Critical Illness benefit. Your spouse must have survived his or her illness for 30 days or more past the date he or she was first diagnosed. We will evaluate your claim using the Entitlement Criteria.

## *The Benefit*

*Spousal Optional  
Critical Illness  
Insurance - The Benefit*

**Benefit Type** - Comprehensive

**Benefit Amount** - increments of \$5,000, to a maximum of \$150,000 (minimum benefit of \$10,000)

**Non-Evidence Limit** - All amounts are subject to Evidence of Insurability. However, evidence of insurability will be waived for an amount of Spousal Optional Critical Illness Insurance which is \$25,000 or less.

**Termination Age** - your spouse's benefit amount reduces to \$10,000 at your spouse's age 65 and terminates at the earlier of your age 70, your retirement, or your Spousal Critical Illness benefit is paid out

**Waiting Period** - first of the month following 3 months of employment

# Your Group Benefits

## Child Optional Critical Illness Insurance

If, while you are insured for this benefit, your child is diagnosed with one of the covered Critical Illness conditions shown in the Covered Critical Illness Conditions Appendix, you can submit a claim for your Child Optional Critical Illness benefit. Your child must have survived his or her illness for 30 days or more past the date he or she was first diagnosed. We will evaluate your claim using the Entitlement Criteria.

*Child Optional Critical Illness Insurance*

### **The Benefit**

**Benefit Type** - Child

*Child Optional Critical Illness Insurance - The Benefit*

**Benefit Amount**- \$5,000 each child

**Non-Evidence Limit** - \$5,000

**Termination Age** - your benefit terminates at the earlier of your age 70, your retirement, your child's age 18 or your Child Critical Illness benefit is paid out

**Waiting Period** - first of the month following 3 months of employment

### **Explanations of Terms Associated with Critical Illness Benefits**

#### **Child**

you or your spouse's natural or legally adopted child, or stepchild who:

*Child*

is insured under the provincial plan;

is unmarried;

is not employed on a full-time basis;

is not eligible for insurance as an employee under this or any other group policy;  
and

under age 21, or under age 25 if a full-time student

#### **Employee**

the person having the primary relationship with the policyholder and:

*Employee*

is at least 18 years old but less than 65 years old;

is directly employed by the policyholder on a permanent and full-time basis;

is compensated for services by the policyholder; and

is residing in Canada.

# Your Group Benefits

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## **Immediate Family Member**

### **Immediate Family Member**

an Immediate Family Member is a person who is:

the Employee; or

the Employee's Spouse or Child

## **Physician**

### **Physician**

a doctor of medicine, licensed to practice medicine in the place in Canada where the services are provided.

## **Spouse**

### **Spouse**

a Spouse is your legal spouse, or the person continuously living with you in a role like that of a marriage partner, who is insured under the provincial plan. The spouse you indicate on your application for Spousal Critical Illness Insurance will be the only one spouse eligible for Spousal Critical Illness Insurance under this policy. For this coverage, we will not consider a person you have divorced, a person cohabiting with you who is not in the role of a marriage partner, or a person you are separated from, (regardless of whether or not there is a court order or formal separation agreement).

## **Submitting a Claim**

### **Submitting a Claim**

To submit a Critical Illness Insurance claim, the person must have survived their illness for 30 days or more past the date they were first diagnosed.

For all Critical Illness coverage, we will need to receive your completed claim form within 90 days of date of diagnosis of the Critical Illness.

You can obtain a claim form directly from the **Forms and Brochures** section on the Manulife Financial Group Benefits Employee Internet Site, otherwise, you can get a form from your Plan Administrator.

The form shows all of the necessary document you need to submit to support your claim.

## **Entitlement Criteria**

### **Entitlement Criteria**

Manulife Financial will apply the following criteria in determining your entitlement to Critical Illness Benefits:

Manulife Financial receives medical evidence documenting your diagnosis of a covered Critical Illness condition;

the diagnosis of any Critical Illness is made by a Physician, practicing medicine in Canada in a specialty relating to the applicable Critical Illness.

At any time, Manulife Financial may require you to submit to a medical examination or evaluation by an examiner selected by Manulife Financial.

## **Exclusions**

### **Exclusions**

No benefits are payable for any Critical Illness related to:

any specific exclusions associated with a given condition set out in the Covered Critical Illness Conditions Appendix

## Your Group Benefits

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self-inflicted injuries or illnesses

abuse of addictive substances, including drugs and alcohol

war, insurrection, the hostile actions of any armed forces or participation in a riot or civil commotion

the committing of or the attempt to commit an assault or criminal offence

injuries sustained while operating a motor vehicle, either while under the influence of any intoxicant or if the Insured's blood contained more than 80 milligrams of alcohol per 100 milliliters of blood at the time of the injury

taking a poisonous substance or inhaling toxic gases or fumes

a situation where your child is born and diagnosed with a condition within the first ten months of the effective date of child coverage

a pre-existing condition incurred or diagnosed during the 24 months prior to the effective date of coverage or latest reinstatement. This limitation applies whether or not the insured person was aware of their condition or had received a diagnosis prior to the effective date of coverage or latest reinstatement

## Your Group Benefits

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A pre-existing condition is an illness or injury for which the Insured person has exhibited signs or symptoms, received medical treatment, care or services (including diagnostic measures), consulted a Physician or has been prescribed medication - or where treatment would have been received by a prudent individual - during the 24 months prior to the effective date of coverage or latest date of reinstatement for this Critical Illness Benefit.

cancer or benign brain tumour if within the **first 90 days** of your coverage effective date you have any of the following:

- signs or symptoms that lead to a diagnosis of cancer or benign brain tumour, regardless of the date when the diagnosis is made
- medical consultations, tests or any form of clinical evaluation, that lead to a diagnosis of cancer or benign brain tumour, regardless of when the diagnosis is made
- a diagnosis of cancer or benign brain tumour



## Your Group Benefits

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| Group Critical Illness Covered Conditions                                  | You and your spouse | Your child |
|--|---------------------|------------|
| Alzheimer's Disease  | X                   | X          |
| Aortic Surgery   | X                   | X          |
| Benign Brain Tumour  | X                   | X          |
| Blindness  | X                   | X          |
| Cancer (Life-Threatening)  | X                   | X          |
| Coma   | X                   | X          |
| Coronary Artery Bypass Surgery   | X                   | X          |
| Deafness   | X                   | X          |
| Heart Attack (Myocardial Infarction)                                       | X                   | X          |
| Heart Valve Replacement  | X                   | X          |
| Kidney Failure (End Stage Renal Disease)                                   | X                   | X          |
| Loss Of Limbs  | X                   | X          |
| Loss Of Speech   | X                   | X          |
| Major Organ Failure On Waiting List For Transplant                         | X                   | X          |
| Major Organ Transplant   | X                   | X          |
| Motor Neuron Disease   | X                   | X          |
| Multiple Sclerosis   | X                   | X          |
| Occupational HIV Infection   | X                   | X          |
| Paralysis  | X                   | X          |
| Parkinson's Disease  | X                   | X          |
| Severe Burns   | X                   | X          |
| Stroke (Cerebrovascular Accident)  | X                   | X          |
| Autism   |                     | X          |
| Cerebral Palsy   |                     | X          |
| Congenital Heart Disease (for which corrective surgery has been performed) |                     | X          |
| Cystic Fibrosis  |                     | X          |
| Down Syndrome  |                     | X          |
| Muscular Dystrophy   |                     | X          |
| Type 1 Diabetes Mellitus   |                     | X          |

