

# **Camosun College**

**Plan Document Number:** G0083707

**Group Policy Number:** G0039942

**Plan:** D - CUPE

**Employee Name:**

**Certificate Number:**

## **Welcome to Your Group Benefit Program**

**Plan Documents Effective Date:** February 01, 2010

**Group Policy Effective Date:** February 01, 2010

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

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

## Employee Life Insurance

*Employee Life Insurance*

**The Employee Life Insurance Benefit is insured under Manulife Financial's Policy G0039942.**

**Benefit Amount-** 2 times your annual earnings, to a maximum of \$800,000 (minimum benefit of \$25,000)

### Benefit Reduction

*age 65* - .9 times your annual earnings, to a minimum benefit of \$22,500 and maximum of \$800,000

*age 66* - .8 times your annual earnings, to a minimum benefit of \$20,000 and maximum of \$800,000

*age 67* - .7 times your annual earnings, to a minimum benefit of \$17,500 and maximum of \$800,000

*age 68* - .6 times your annual earnings, to a minimum benefit of \$15,000 and maximum of \$800,000

*age 69* - .5 times your annual earnings, to a minimum benefit of \$12,500 and maximum of \$800,000

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

## Employee Optional Life Insurance

*Employee Optional Life Insurance*

**The Employee Optional Life Insurance Benefit is insured under Manulife Financial's Policy G0039942.**

**Benefit Amount** - increments of \$10,000 to a maximum of \$200,000

**Termination Age** - your benefit amount terminates at age 65 or retirement, whichever is earlier.

## Dependent Optional Life Insurance

*Dependent Optional Life Insurance*

**The Dependent Optional Life Insurance Benefit is insured under Manulife Financial's Policy G0039942.**

### Benefit Amount

- Spouse - increments of \$10,000 to a maximum of \$200,000

# Benefit Summary

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**Termination Age** - employee's or spouse's age 65 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 G0039942.**

**Benefit Amount** - 2 x your annual earnings, to a maximum of \$800,000.

### Benefit Reduction

age 65 - 1.8 times your annual earnings, to a maximum of \$800,000

age 66 - 1.6 times your annual earnings, to a maximum of \$800,000

age 67 - 1.4 times your annual earnings, to a maximum of \$800,000

age 68 - 1.2 times your annual earnings, to a maximum of \$800,000

age 69 - 1 times your annual earnings, to a maximum of \$800,000

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

## Extended Health Care

### *The Benefit*

**Overall Benefit Maximum** - Unlimited

**Deductible** - \$50 Individual, \$50 Family, per calendar year(s)

Not applicable to:

Vision

Professional Services (Psychologist only)

Out-of-Province/Canada Emergency Medical Treatment

**Note:** *The deductible is not applicable to Emergency Travel Assistance.*

**Drug Dispensing Fee Maximum** - \$15.00 per prescription

### Benefit Percentage (Co-insurance)

100% for

- Drugs

- Vision

90% for

- Professional Services (Psychologist)

80% of the first \$1,000 of paid expenses and 100% thereafter for

- Hospital Care

- Medical Services & Supplies

- Professional Services (other than Psychologist)

*Extended Health Care  
Extended Health Care -  
The Benefit*

# Benefit Summary

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**Note:**

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

*The Benefit Percentage for Emergency Travel Assistance is 100%.*

**Termination Age** - employee's retirement. On retirement your coverage may continue for 30 days provided you have applied for health and welfare benefits under the municipal pension plan.

## **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

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

- preventative vaccines

- life-sustaining drugs

- 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 administered in hospital on an in-patient or out-patient basis

- drugs determined to be ineligible as a result of due diligence

- anti-smoking drugs

- oral drugs used in the treatment of a sexual dysfunction

- intrauterine devices and diaphragms

- injectable vitamins

### **- Drug Maximums**

Fertility drugs - \$2,500 per lifetime

All other covered drug expenses - Unlimited

**- Drug Maximums**

**- Payment of Covered  
Expenses**

**- Payment of Covered Expenses**

Payment of your covered drug expenses will be subject to any Drug Deductible, any Drug Dispensing Fee Maximum, the Benefit Percentage for drugs and any maximum.

Covered expenses for any prescribed drug will not exceed the price of the lower cost alternative drug that can legally be used to fill the prescription, as listed in the Provincial Drug Benefit Formulary or a lower cost alternative that provides therapeutically similar results as identified by Manulife Financial.

Manulife Financial can limit the covered expense for any drug to that of a lower cost interchangeable drug at the time the drug is purchased.

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# Benefit Summary

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

- 100% for Level I - Basic Services
- 100% for Level II - Supplementary Basic Services
- 80% for Level III - Dentures
- 80% for Level IV - Major Restorative Services
- 60% for Level V - Orthodontics

## **Benefit Maximums**

- unlimited for Level I, Level II, Level III and Level IV
- \$3,000 per lifetime for Level V

**Termination Age** - employee's retirement.

## **Weekly Income (Short Term Disability)**

*Weekly Income*

**The Weekly Income (Short Term Disability) Benefit is insured under Manulife Financial's Policy G0039942.**

**Benefit Amount** - 70% of weekly earnings, to a maximum benefit of \$1,385

**Qualifying Period** - 30 calendar days, if the disability is due to an accident; 30 calendar days, if the disability is due to a sickness

**Maximum Benefit Period** - For Total and Partial Disability - 21 weeks

**Termination Age** - age 70. However, if you attain age 70 while receiving benefits, benefit payments will continue until you have received a total of 21 weeks of benefits.

## **Long Term Disability**

*Long Term Disability*

**The Long Term Disability Benefit is insured under Manulife Financial's Policy G0039942.**

**Benefit Amount** - 70% of monthly earnings, to a maximum of \$6,000

**Qualifying Period** - 180 days of Disability or expiration of benefits under the Weekly Income benefit, whichever is earlier

**Maximum Benefit Period**

For Total and Partial Disability benefits - to age 65

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





# How to Use Your Benefit Booklet

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In the case of a claimant, access to these documents is limited to that which is relevant to the filing of a claim, or the denial of a claim under the Group Policy and/or Plan Document.

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.**

## ***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.

## **Addiction Facility**

a licensed facility that specializes in the evaluation and treatment of drug addiction, alcoholism and associated disorders

**Addiction Facility**

## **Adherence**

use drug, service or supply in accordance with the terms for which it was prescribed.

**Adherence**

## **Administrator**

Manulife Financial

**Administrator**

## **Advisory Body**

Manulife Financial approved external experts that may provide Manulife Financial with recommendations, applying a pharmacoeconomic or cost effectiveness evaluation.

**Advisory Body**

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

the percentage of Covered Expenses which is payable by the administrator, acting on behalf of your employer.

**Benefit Percentage  
(Co-insurance)**

## **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 administrator, acting on behalf of your employer.

**Deductible**

## **Dependent**

your Spouse or Child who, for Extended Health Care benefits only, 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 for at least 12 months.

### **- Child**

your natural or adopted child, or stepchild, who is:

- unmarried

- under age 21, or under age 25 if a full-time student

- not employed on a full-time basis, and

- not eligible for coverage as an employee under this or any other Group Benefit Program

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

# Explanation of Commonly Used Terms

## *For Long Term Disability*

Gross monthly earnings refer to your normal earnings on the last day of work or sick leave. The gross monthly earnings applicable on the last day of work or sick leave shall be adjusted due to salary increases negotiated retroactively.

If you work less than Full-time or if your regular employment includes a period of layoff with a predetermined recall date of less than nine months, the gross monthly earnings refers to your hours normally worked per month, as determined by averaging the number of hours you actually worked over the 12 month period immediately preceding the date of Disability, times your regular hourly rate, or the hourly equivalent, which are rates in effect at the date of Disability.

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.

## ***Exclusive Distribution***

Manulife Financial approved vendors.

***Exclusive Distribution***

## ***Experimental or Investigational***

not approved as an effective, appropriate and essential treatment of an illness or injury.

***Experimental or  
Investigational***

## ***Immediate Family Member***

for Accidental Death and Dismemberment Benefit, a person who is at least 18 years of age who is your son, daughter, father, mother, brother, sister, son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law, sister-in-law (all of the above include natural, adopted or step relationships), spouse, grandson, granddaughter, grandfather or grandmother.

***Immediate Family  
Member***

for Health and Dental Care Benefits, you, your spouse or child, your parent or your spouse's parent, your brother or sister, or your spouse's brother or sister.

## ***Interchangeable Drug***

includes but is not limited to:

***Interchangeable Drug***

a generic equivalent to the brand name drug deemed to be interchangeable by law where the drug is dispensed;

a drug that contains the same active ingredient that has not been deemed interchangeable in the province where the drug is dispensed; but has been identified as interchangeable by Manulife Financial.

**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**

non-prescription drugs which are necessary to sustain life.

**Lower Cost Alternative**

**Lower Cost Alternative**

if two or more drugs, supplies or services result in therapeutically similar results, or prescribing guidelines recommend alternate drugs, supplies or services be tried first that are lower in cost, the lower cost alternative will be considered.

**Medically Necessary**

**Medically Necessary**

accepted and recognized by the Canadian medical profession and Manulife Financial as effective, appropriate and essential treatment of an illness or injury. Manulife Financial has the right after due diligence has been completed to determine whether the drug, service or supply is covered under the Plan Document.

**Non-Evidence Limit**

**Non-Evidence Limit**

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

**Patient Assistance Program**

**Patient Assistance  
Program**

a program that provides assistance to you or your dependents who are prescribed select drugs, supplies or services. Manufacturers and distributors may provide patient assistance programs that include financial support, along with education and training.

**Pharmacoeconomics**

**Pharmacoeconomics**

the scientific discipline that evaluates the value of pharmaceutical drugs, clinical services or supplies. This discipline includes but is not limited to clinical evaluations, risk analysis, economic value and the cost consequences to plans. Pharmacoeconomic studies serve to guide optimal healthcare resource allocation, in a standardized and scientifically grounded manner as determined by Manulife Financial.

**Prior Authorization**

**Prior Authorization**

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***Provincial Plan***

any plan which provides hospital, medical, or dental benefits established by the

***Provincial Plan***







# The Claims Process

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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.

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

### **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.

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.

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 Claims Process

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## 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.

## **Eligibility**

You are eligible for Group Benefits if you:

**Eligibility**

are an employee of Camosun College,

are a regular member of CUPE holding a continuing appointment of 50% or greater,

for Dental Care benefits, are a regular employee who has completed the Probationary period and holds a continuing appointment of 50% or greater or is a regular employee who has completed the Probationary period and holds a continuing appointment of 49% or less,

for Extended Health Care benefits, are covered under the Provincial plan,

For Employee Life, Employee Optional Life, Dependent Optional Life and Accidental Death and Dismemberment, are a regular employee who has completed the Probationary period and hold a continuing appointment of 50% or greater,

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.

Note: Where used in this Benefit Booklet, the term employee shall also mean retiree.

## **Medical Evidence**

# Who Qualifies for Coverage?

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

### ***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.

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***

### ***Termination of Coverage***

Your Group Benefit coverage will terminate on the earliest of:

the date you cease to be an eligible employee, for reasons other than retirement

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

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

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

# Employee Life Insurance

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

## ***Submitting a Claim***

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



# Your Group Benefits

Manulife Financial must receive medical evidence documenting how your illness or injury causes complete inability, such that you are prevented from performing all the duties of:

- your own occupation, during the Qualifying Period plus the first 2 years of Total Disability, 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 current monthly earnings are 75% or more of the current monthly earnings for your own occupation at the date of Disability

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.

## ***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 complete inability, such that you are prevented from performing all the duties of:

- your own occupation, during the Qualifying Period plus the first 2 years of Total Disability, 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 current monthly earnings are 75% or more of the current monthly earnings for your own occupation at the date of Disability

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

**Employee Life  
Insurance - Recurrent  
Disability**

***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.

***Conversion Privilege***

**Employee Life  
Insurance - 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.

# Your Group Benefits

**Termination Age** - your benefit amount terminates at age 65 or retirement, whichever is earlier.

## **Waiting Period**

First of the month following 6 months of employment

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

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

## **Waiver of Premium**

If 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).

*Employee Optional Life Insurance - Waiver of Premium*

## **Exclusions**

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

*Employee Optional Life Insurance - Exclusions*

# Dependent Optional Life Insurance

**The Dependent Optional Life Insurance Benefit is insured under Manulife Financial's Policy G0039942.**

*Dependent Optional Life Insurance*

If your Spouse 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 \$200,000

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

**Qualifying Period for Waiver of Premium** - 180 days of Disability or expiration of benefits under the Weekly Income benefit, whichever is earlier

**Termination Age** - employee's or spouse's age 65 or employee's retirement, whichever is earlier

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### **Waiting Period**

First of the month following 6 months of employment

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

### **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 Plan Administrator. Documents necessary to submit with the form are listed on the form.

A completed claim form must be submitted within 15 months from the date of loss.

### **Waiver of Premium**

*Dependent Optional  
Life Insurance - Waiver  
of Premium*

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

### **Conversion Privilege**

*Dependent Optional  
Life Insurance -  
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 spousal Life Insurance available for conversion will be paid to you, even if you didn't apply for conversion.

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

### **Exclusions**

*Dependent Optional  
Life Insurance -  
Exclusions*

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

## **Accidental Death and Dismemberment**

*Accidental Death and  
Dismemberment*

The Accidental Death and Dismemberment Benefit is insured under Manulife Financial's Policy G0039942.

# Your Group Benefits

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** - \$5,000,000

*AD& D - The Benefit*

**Benefit Amount** - 2 x your annual earnings, to a maximum of \$800,000.

**Qualifying Period for Waiver of Premium**- 180 days of Disability or expiration of benefits under the Weekly Income benefit, whichever is earlier

## **Benefit Reduction**

*age 65* - 1.8 times your annual earnings, to a maximum of \$800,000

*age 66* - 1.6 times your annual earnings, to a maximum of \$800,000

*age 67* - 1.4 times your annual earnings, to a maximum of \$800,000

*age 68* - 1.2 times your annual earnings, to a maximum of \$800,000

*age 69* - 1 times your annual earnings, to a maximum of \$800,000

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

## **Waiting Period**

First of the month following 6 months of employment

## **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%



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 \$15,000.

5% of your Accidental Death and Dismemberment benefit amount, or  
\$5,000

The benefit is payable for up to a maximum of 4 years. If there are no children, an additional \$2,500 will be paid to your designated beneficiary.

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 f



expenses incurred prior to your death

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

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

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

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

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

***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 Plan Administrator, and require a physician's statement.

A completed claim form must be submitted within 15 months from the date of the loss.

***Waiver of Premium***

## **Drug Benefit and Pharmacy Services for Quebec Residents**

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

### ***The Benefit***

**Overall Benefit Maximum** - Unlimited

***Extended Health Care -  
The Benefit***

**Deductible** - \$50 Individual, \$50 Family, per calendar year(s)

Not applicable to:

Vision

Professional Services (Psychologist only)

Out-of-Province/Canada Emergency Medical Treatment

**Note:** *The deductible is not applicable to Emergency Travel Assistance.*

**Extended Health Care -  
Covered Expenses**

**Covered Expenses**

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

medically necessary for the treatment of an illness 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 Prov

**Adherence**

Non-compliance may result in the drug,

*Adherence*

## **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

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

preventative vaccines

life-sustaining drugs

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 administered in hospital on an in-patient or out-patient basis

drugs determined to be ineligible as a result of due diligence

anti-smoking drugs

oral drugs used in the treatment of a sexual dysfunction

intrauterine devices and diaphragms

injectable vitamins

### **- Drug Maximums**

Fertility 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, any Drug Dispensing Fee Maximum, the Benefit Percentage for drugs and any maximum.

Covered expenses for any prescribed drug will not exceed the price of the lower cost alternative drug that can legally be used to fill the prescription, as listed in the Provincial Drug Benefit Formulary or a lower cost alternative that provides therapeutically equivalent generic drugs. (59 a0.0000 TD57 provides) TjET0.00 0.00 0.00 rgete.00 0.00 gally

### **- Drug Maximums**

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

If there is no lower cost alternative drug for the prescribed drug, the amount payable is based on the cost of the prescribed drug.

### **- 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, any Drug Dispensing Fee Maximum, the Benefit Percentage for drugs and any maximum.

### **Payment of Drug Claims**

Your Pay Direct Drug Card provides payment to your pharmacist with

**Extended Health Care -  
Professional Services**

**Professional Services**

Services provided by the following licensed practitioners:

Chiropractor - \$400 per calendar year combined with athletic therapist. X-rays are not covered.

Podiatrist/Chiropodist - \$200 per calendar year. X-rays are not covered.

Massage Therapist - unlimited

Naturopath - \$500 per calendar year. X-rays are not covered.

Speech Therapist - \$100 per calendar year

Physiotherapist - unlimited. X-rays are not covered.

Psychologist - \$3,000 per family per calendar year combined with social worker and clinical counsellor



Covered Expenses are subject to a maximum of \$25,000 per lifetime.

*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 pat

stock-item orthopaedic shoes and modifications or adjustments to stock-item orthopaedic shoes or regular footwear (recommendation of either a physician or a podiatrist is required) and 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 (must

# Your Group Benefits

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*Charges for masculinization procedures as follows:*

breast/chest surgery - mastectomy, chest masculinization

genital surgery - hysterectomy, salpingo-oophorectomy, metoidioplasty or phalloplasty, urethroplasty, vaginectomy, glansplasty, scrotoplasty and insertion of testicular implants; and insertion of an erectile device

non-genital, non-breast interventions - facial masculinization surgery such as facial bone reconstruction, rhinoplasty and blepharoplasty, abdominoplasty, liposuction, lipofilling, pectoral implants, electrolysis or laser hair removal of skin graft and laryngoplasty/vocal cord surgery

*Charges for the following expenses are not covered:*

expenses related to travel or accommodation under this benefit

services obtained outside of Canada

services that are considered cosmetic, except as otherwise provided under the list of eligible expenses as outlined in the feminization and masculinization procedures mentioned above

expenses related to the reversal of gender affirmation treatments

expenses related to sperm preservation and/or cryopreservation of fertilized embryos and expenses related to infertility

any services/expenses payable under any Provincial/Territorial Plan.

The purpose of this coverage is related to masculinization or feminization, not elective cosmetic enhancement. All eligible services must be medically necessary and ordered by a physician involved in the transitioning treatment.

In order to be eligible for the gender affirmation treatment expenses outlined in this section, the covered person must go through the provincial/territorial process, where provincial/territorial coverage exists.

A covered person must provide the Administrator with one of the following:

proof of approval from the province/territory that has accepted coverage under their gender affirmation program, where provincial/territorial coverage exists, OR

proof of completing a recognized program at a specialized gender identity treatment centre (such as the CAMH Gender Identity Clinic), OR

proof that the covered person has met the clinical eligibility for gender affirming surgery as determined by the World Professional Association for Transgender Health (WPATH) Standards of Care (SoC) criteria and have been assessed by a physician, specialist, nurse practitioner (NP) and/or a health care professional (HCP) trained in the WPATH SoC.

If the covered person elects not to follow the WPATH identity treatment guidelines or not go through the provincial/territorial process (where provincial/territorial coverage exists), the covered person will not be eligible for any of the gender affirmation treatment expenses outlined in this section.

Only expenses incurred while the covered person is covered under this plan and while this benefit provision is in force will be eligible for consideration.

Manulife is responsible for determining a covered person's eligibility for coverage under the gender affirmation benefit. Before incurring an expense, the covered person must contact the Administrator to predetermine the eligibility of their claim. The Administrator reserves the right to request details of the services, along with provincial/territorial approval with respect to the assessment/approval for coverage under the provincial/territorial gender affirmation program. The Administrator will assess all medical expenses based on the terms of this plan and considering WPATH's standards of care for Gender Identity Dysphoria.

Covered Expenses are subject to a maximum of \$30,000 per lifetime.

### **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 365 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. Expenses are not subject to an overall maximum.

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

# Your Group Benefits

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physician's services

hospital room and board up to the hospital maximum 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 365 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

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

# Your Group Benefits

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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.

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.

# Your Group Benefits

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

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.

## 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.

## 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,



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 all countries. For more information, call 1-800-457-7872 or visit [www.uscis.gov](http://www.uscis.gov). For emergency travel assistance, call 1-800-457-7872 or visit [www.uscis.gov](http://www.uscis.gov).

# Your Group Benefits

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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)***

### ***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 administrator, acting on behalf of your employer 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 administrator those amounts you recover which, when added to the payments you received from the administrator, exceed 100% of your incurred expenses.

## ***Exclusions***

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

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

any illness or injury arising out of or in the course of employment when the person is insured by or is eligible for coverage by workers' compensation

any illness or injury for which benefits are payable under any government plan or legally mandated program

for Out-of-Province/Out-of-Canada and Emergency Travel Assistance only, self-inflicted injuries, either directly or indirectly, unless medical evidence establishes that the injuries are related to a mental health illness

services or supplies which were necessitated either wholly or partly, directly or indirectly as the result of committing, attempting, or provoking an assault or criminal offence, or by a war or act of war (whether declared or undeclared), insurrection or riot, or hostilities of any kind

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

charges for supplies and services:

- when there would have been no charge at all in the absence of plan benefit coverage
- when reimbursement would have been made under a government-sponsored plan in the absence of plan benefit coverage
- which are received from a medical or dental department maintained by an employer, association or trade union
- which are required for recreation or sports, but which are not medically necessary for regular activities

- which would have been payable by the Provincial Government if proper application had been made
- which are performed or provided by the covered person, an immediate family member or a person who lives with the covered person
- which are not specified as a covered expense under this benefit

charges which were considered an insured service of any provincial government plan at the time this plan document was issued and subsequently were modified, suspended or discontinued

charges for general health examinations, and examinations required for use of a third party, other than, for you, the employee, examinations required for employment purposes

charges for eye examination

- charges for eye examination



# Your Group Benefits

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## 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) will not apply to drugs on the RAMQ List or covered pharmacy services. Drug and covered pharmacy service 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) only covered pharmacy services that are performed for drugs on the RAMQ List are covered, and
- iii) 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 and covered pharmacy services 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
- only covered pharmacy services performed for a drug in 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.

## f) **Termination Age for Covered Drug and Pharmacy Service Expenses**

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) only covered pharmacy services related to a drug on the RAMQ List are covered,
- iii) the percentage payable by the Administrator for covered expenses is the percentage as stipulated in the then applicable Legislation,
- iv) the Annual Out-of-Pocket Maximum is as stipulated in the then applicable Legislation, and
- v) 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

*Dental Care*

**Your Dental Care Benefit is provided directly by Camosun College. 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 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***

*Dental Care - The Benefit*

**Deductible** - Nil

**Dental Fee Guide** - British Columbia Dental Association Approved Fee Guide for General Practitioners and Specialists

**Benefit Percentage (Co-insurance)**

- 100% for Level I - Basic Services
- 100% for Level II - Supplementary Basic Services
- 80% for Level III - Dentures

- 80% for Level IV - Major Restorative Services

- 60% for Level V - Orthodontics

**Benefit Maximums**

- unlimited for Level I, Level II, Level III and Level IV

- \$3,000 per lifetime for Level V

**Termination Age** - employee's retirement.

**Waiting Period**

First of the month following 6 months of employment

**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 your employer or Manulife Financial, taking all factors into account

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

**Dental Care - Covered Expenses**

**Level I - Basic Services**

complete oral exam, one per 36 months

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

one unit of light scaling and one unit of polishing once every 6 months for dependent children under 19 and once every 9 months for any other person, when the service is performed outside Quebec, or prophylaxis (polishing) once every 6 months for dependent children under 19 and once every 9 months for any other person, when the service is performed in Quebec

recall exams, bit

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





**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 5 years 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

**Level IV - Major Restorative Services**

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

crowns when the function of a tooth is impaired due to cuspal or incisal angle

damage caused by 5uefd bd90.0000 458nEy.12 0.10 0.09 rgBT72.0000 469.9709 TD0000D 12.0000 Tf-0.0434 Tw(.

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

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

Covered expenses related to dental treatment

## Your Group Benefits

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- which are performed or provided by the covered person, an immediate family member or a person who lives with the covered person
- which are not specified as a covered expense under this Benefit

treatment rendered for a full mouth reconstruction, for a vertical dimension, or for a correction of temporomandibular joint dysfunction

cosmetic treatment, unless this is needed because of an accidental injury which occurred while the person was covered under this Plan

implants, or any services rendered in conjunction with implants

treatment which is not generally recognized by the dental profession as an effective, appropriate and essential form of treatment for the dental condition

the replacement of removable appliances which are lost, mislaid or stolen

laboratory fees which exceed reasonable and customary charges, as determined by the employer or the administrator

charges related to dental surgery which require hospitalization

services or supplies which are not medically necessary to the care and treatment of any existing or suspected injury, or disease

# Your Group Benefits

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## Survivor Extended Benefit

### *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 the end of the month following the month of your death, for all benefits other than Psychologist

the date which is 12 months from your death, for Psychologist benefits, or

the date the Plan Document terminates

## Weekly Income (Short Term Disability)

### *Weekly Income*

**The Weekly Income (Short Term Disability) Benefit is insured under Manulife Financial's Policy G0039942.**

If you become Totally Disabled while covered and meet the Entitlement Criteria for this benefit, your employer will pay a disability benefit.

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

### *Weekly Income - Definition of Totally Disabled*

Totally Disabled means your inability because of accident or sickness to perform the regular duties of your own occupation.

### ***The Benefit***

### *Weekly Income - The Benefit*

**Benefit Amount-** 70% of weekly earnings, to a maximum benefit of \$1,385

**Qualifying Period** - 30 calendar days, if the disability is due to an accident; 30 calendar days, if the disability is due to a sickness

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. Otherwise, benefits are not payable until the date you are first treated by your physician.

**Maximum Benefit Period** - For Total and Partial Disability - 21 weeks

**Termination Age** - age 70. However, if you attain age 70 while receiving benefits, benefit payments will continue until you have received a total of 21 weeks of benefits.

**Waiting Period**

first of the month following your date of hire

**Entitlement Criteria**

To be entitled to disability benefits, you must meet the following criteria:

you must be continuously Totally Disabled throughout the Qualifying Period

Manulife Financial must receive medical evidence documenting how your illness or injury causes incapacitation, such that you are prevented from performing the regular duties of your own occupation

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

**Weekly Income -  
Entitlement Criteria**

# Your Group Benefits

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- proof of the ongoing Disability can be determined on evidence satisfactory to Manulife Financial in English or French within 30 days of request

imprisoned in a penal institution for the portion of a period of disability

## **Amount of Disability Benefit Payable**

### **Weekly Income - Amount of Disability Benefit Payable**

In the event you are entitled to any other disability income from your employer as a result of the same accident or sickness that caused you to be eligible to receive benefits from this plan, the benefits from this plan will be reduced by 100% of such other disability income as well as:

primary disability benefits to which the person is entitled on his own behalf under the Canada Pension Plan or Quebec Pension Plan, or a plan in another country for which there is a reciprocal agreement with the Canada or Quebec Pension Plan; except for increases that take effect after the benefit period starts

benefits under any Workers' Compensation Act or similar law except for:

- permanent partial disability awards related to the disability for which you are receiving weekly disability income benefit; and
- Benefits related to any other employment with another employer.

If you receive earnings during the weekly income period, and if such earnings are derived from employment which has not been approved as rehabilitative employment, then the regular monthly benefit from the plan will be reduced by 100% of such earnings.

## **Subrogation**

### **Weekly Income - Subrogation**

Manulife Financial shall have full rights of subrogation with respect to the full or partial amount of any weekly income benefits paid or payable to a claimant where the disability of the claimant is caused or contributed to by the action of any third party.

With respect to Insurance Corporation of British Columbia (ICBC) weekly indemnity payments, integration will apply to the extent that the combination of benefits payable under this Policy and ICBC weekly indemnity payments exceeds either:

100% of your gross weekly Earnings; or

the applicable benefit percentage of your average total monthly income in the 12-month period immediately preceding commencement of the disability, whichever is greater.

Where this provision is to apply, you will be required to provide satisfactory evidence of your total monthly income.

Where you make a successful wage loss claim against a third party for an injury for which you received or would receive weekly income benefits, Manulife Financial will be entitled to recover or decrease plan benefits by an amount equal to the amount that plan benefits in combination with the wage loss claim paid exceed 100% of pay subject to the following:

the amount of plan benefit recovered or decreased will be reduced or limited to the legal fees attributed to Manulife Fi

# Your Group Benefits

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If, while receiving weekly income benefits you engage in rehabilitative employment, your earnings from rehabilitative employment plus the weekly income benefit and income from other sources specified in the Amount of Disability Benefit Payable section cannot exceed 100% of your gross Earnings. If total income exceeds 100%, the weekly income benefit will be reduced by the amount of such excess.

“Rehabilitative employment” shall mean any occupation or employment for wage or profit or any course or training that entitles you to an allowance, provided such rehabilitative employment has the approval of your doctor, your employer and Manulife Financial.

## ***Partial Disability Benefit***

If you become Partially Disabled, Manulife Financial will pay a Partial Disability Benefit, as outlined below.

### **Partial Disability Definition**

Disability due to an accidental injury or sickness to the extent that you are able to perform only a portion of your normal workload.

In order to qualify to receive Partial Disability Benefits, the following conditions must be satisfied:

you must be under the care of a legally qualified doctor of medicine for treatment of the condition that causes you to be disabled

your inability to perform a portion of your normal instructional and non-instructional workload must be confirmed by Manulife Financial for your employer

your employer must agree that your inability to perform a portion of your normal workload due to your disability conforms with the standards your employer has established to determine what a normal workload is, for all areas of activity and function mandated by your job category

if you qualify for a partial sick-leave absence as established under your employer’s human resources practices, then you are able to work no more than 80% of your normal workload full-time hours.

If you are determined to be partially Disabled and are entitled to employer paid sick leave on a pro-rated basis, you will be deemed to have satisfied the Qualifying Period for short-term disability benefits when the pro-rated days of partial disability add up to a total of thirty complete calendar days. In any event, to qualify for short-term disability benefits you must complete the Qualifying Period within six (6) months of the date you commenced part-time sick leave

the disability which entitles you to receive partial disability benefits must commence while you are insured under this coverage by Manulife Financial

the other provisions and conditions of the Weekly Income Benefit, including but not limited to the Periods for which You are not Entitled to Benefits and Disabilities Not Covered provisions, the Amount of Disability Benefit provision and the Subrogation provision will apply during any period in which you receive partial disability Benefits.

***Weekly Income - Partial  
Disability Benefit***



# Your Group Benefits

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Your employer and Manulife Financial agree that the standards established by your employer regarding the parameters of a normal workload will comply with any law or regulation governing employment standards and conditions of work and with the requirements of any collective bargaining agreement or similar agreement governing your employment. Any such standard applied under the partial disability benefit provision will be deemed to be automatically amended to comply with the requirements of such laws and regulations and with any collective bargaining agreement or similar agreement entered into by your employer and later modified.

The application of the provisions under the partial disability benefit will not exempt your employer from its legal obligation to accommodate a disabled Employee to continue working.

The benefit amount becomes payable once you have satisfied the Qualifying Period. However, in order to qualify for Partial Disability Benefits, within six months of the commencement of disability, you need only be absent from work due to your disability for an accumulated total number of hours that would be equivalent to the number of full days of continuous disability that would qualify you to receive benefits due to being disabled as defined by the Definition of Disability and Qualifying Period for Weekly Income benefits.

## **Amount of Partial Disability Benefit**

Benefits will be 70% of your pre-disability gross weekly earnings from Manulife for the time that you are not working due to partial disability; and 100% of gross earnings from your employer for the time you are working.

The amount of the gross weekly benefit payable to an employee who qualifies for Partial Disability Benefits will be calculated as follows:

Regular work schedule less proportionate share currently worked under partial disability program equals Percentage of Time Loss, and

Percentage Time Loss multiplied by gross pre-disability weekly earnings x 70% = benefit payable.

The amount determined by the above formula is the amount payable before any reductions are applied. Partial Disability Benefits will be reduced by other disability benefits and by other income you are entitled to receive as described under the Amount of Disability Benefit provision.

In addition to the other circumstances in which your entitlement to receive benefits under the terms and conditions of this Policy terminates, under the Partial Disability Benefits provision your entitlement to receive Partial Disability Benefits also ceases:

when you meet the requirements to be deemed Totally Disabled as defined within this policy

when you recover from your disability and return to work on a full-time basis

# Y o u r b e n e f i t s

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## **Termination of Benefit Payments**

### **Weekly Income - 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, except as provided for under the Partial Disability Benefit provision

the date you fail to participate or co-operate in an approved rehabilitation program

the date on which benefits have been paid up to the Maximum Benefit Period for this benefit

the end of the month following the date you retire

the end of the month following the date of your death

If a repayment is owed to Manulife Financial, you shall make immediate repayment or repayment in a schedule approved by Manulife Financial.

### **Recurrent Disability**

### **Weekly Income - Recurrent Disability**

If you are completing the Qualifying Period or are receiving weekly income benefits and become Totally Disabled from the same or related Disability within 14 consecutive days after returning to active work, provided it is not considered rehabilitative employment, you will be considered to be within the original Qualifying Period or within the original weekly income benefit period. If you have returned to active work for one full day and become Totally Disabled (e314new u wnessame injuryforor relatup to t)T3019269402 0

### **Exclusions of Income Period. be Weekly Income - Exclusions**

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No benefits are pay TDp for any disability related to:

participation in t

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course of performing the duties of your regular occupation.

# Long Term Disability

The Long Term Disability Benefit is insured under Manulife Financial's Policy G0039942.

*Long Term Disability*

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***

***Long Term Disability -  
Definition of Totally  
Disabled***

Totally Disabled means your complete inability because of accident or sickness to perform all the duties of:

your own occupation, during the Qualifying Period plus the first 2 years of Total Disability, and

any occupation for which

- you are qualified, or may reasonably become qualified, by training, education or experience, after the 2 years specified above, and
- the current monthly earnings are 75% or more of the monthly earnings for your own occupation at the date of Disability

## ***The Benefit***

***Long Term Disability -  
The Benefit***

**Benefit Amount** - 70% of monthly earnings, to a maximum of \$6,000

**Non-Evidence Limit** - \$6,000

**Qualifying Period** - 180 days of Disability or expiration of benefits under the Weekly

Income 507.045e8685.5636 0.0000 TD(, whichever is earlier)TJET0.12e0.0000 BT72.00002812.0143 TD/Symb 12.0

***Entitlement Criteria***

***Long Term Disability -  
Entitlement Criteria***

To be entitled to disability benefits, you must meet the following criteria:

- proof of the ongoing Disability can be determined on evidence satisfactory to Manulife Financial within 30 days of request

incarcerated in a prison or correctional facility as a result of criminal proceedings

### ***Amount of Disability Benefit Payable***

### ***Long Term Disability - Amount of Disability Benefit Payable***

In the event you are Totally Disabled and entitled to any other disability income as a result of the same accident or sickness that caused you to be eligible to receive benefits from this Policy, the benefits from this plan will be reduced by 100% of such other disability income. In the event that income from all other sources related to your specific Disability for which you are receiving disability benefits and the benefit paid under this plan exceed 100% of your gross earnings at the date of Disability, the benefit from this plan will be further reduced by the excess amount.

Other disability income shall include, but not limited to:

any amount payable under the Workers' Compensation Act or Law or any other legislation of similar purpose

any amount you receive from any group insurance, wage continuation or pension plan of your employer that provides disability or retirement income

any amount of disability income provided by any compulsory act or law

any periodic primary disability benefit payment from the Canada or Quebec Pension Plans or other similar social security plan of any country to which you are entitled

any amount of disability income provided by any group or association disability plan to which you might belong or subscribe

any amount of Guaranteed Available Income for Need (GAIN) benefits received for the same period, except where the GAIN benefits received for that period are repaid to GAIN. Where you have been deemed eligible for GAIN benefits, which exceed the Long Term Disability benefits level, Long Term Disability benefits will not be subject to reduction for that additional amount.

# Your Group Benefits

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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***

Manulife Financial shall have full rights of subrogation with respect to the full or partial amount of any disability benefits paid or payable to a claimant where the Disability of the claimant is caused or contributed to by the action of any third party.

With respect to Insurance Corporation of British Columbia (ICBC) weekly indemnity payments, integration will apply to the extent that the combination of benefits payable under this Policy and ICBC weekly indemnity payments exceeds either:

100% of your gross monthly earnings, or

the applicable benefit percentage of your average total monthly income in the 12-month period immediately preceding commencement of the Disability, whichever is greater.

Where this provision is to apply, you will be required to provide satisfactory evidence of your total monthly income.

Where you make a successful wage loss claim against a third party for an injury for which you received or would receive disability benefits, Manulife Financial will be entitled to recover or decrease plan benefits by an amount equal to the amount that plan benefits in combination with the wage loss claim paid exceed 100% of pay subject to the following:

the amount of plan benefit recovered or decreased will be reduced or limited to the legal fees attributed to Manulife Financial's share of total claim recovery

the existence of an action commenced by or on behalf of yourself does not preclude Manulife Financial from joining your action or commencing an action on its own behalf respecting the benefits paid

where Manulife Financial or you intend to commence or join such an action, each shall advise the other in writing of that intention

The above does not apply to a war disability pension paid under an Act of Government of Canada or other Commonwealth countries.

## ***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.

# Your Group Benefits

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As your employer pays all of the cost, any disability benefit payments you receive will be taxable.

## ***Payment of Disability Benefits***

Disability benefit payments will be made bi-weekly 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

Expenses that you incur in connection with the Vocation Plan will be reimbursed by Manulife Financial provided such expenses are:

- Reasonable and Customary
- not payable through any government program or third-party insurer

## **- Vocational Plan**

***- Vocational Plan***

A Vocational Plan is a training or job placement program that is expected to facilitate your return to gainful employment.

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 dt



the other provisions and conditions of the Long Term Disability benefit, including but not limited to the Periods for which You are not Entitled to Benefits and Disabilities not Covered provisions, the Amount of Disability Benefit provision and the Subrogation provision will apply during any period in which you receive Partial Disability benefits.

Your employer and Manulife Financial agree that the standards established by your employer regarding the parameters of a normal workload will comply with any law or regulation governing employment standards and conditions of work and with the requirements of any collective bargaining agreement or similar agreement governing your employment. Any such standard applied under the Partial Disability benefit provision will be deemed to be automatically amended to comply with the requirements of such laws and regulations and with any collective bargaining agreement or similar agreement entered into by your employer and later modified.

The application of the provisions under the Partial Disability benefit will not exempt your employer from your employer's legal obligation to accommodate a disabled employee to continue working.

The benefit amount becomes payable once you have satisfied the Qualifying Period. However, in order to qualify for Partial Disability benefits, within six months of the commencement of disability, you need only be absent from work due to your disability for an accumulated total number of hours that would be equivalent to the number of full days of continuous disability that would qualify you to receive benefits due to being disabled as defined by the Definition of Disability and Qualifying Period for Long Term Disability benefits.

#### **- Amount of Partial Disability Benefit**

The amount of the gross monthly benefit payable to you after qualifying for Partial Disability benefits will be 70% of your pre-disability gross monthly earnings from Manulife for the time that you are not working due to partial disability; and 100% of gross earnings from your employer for the time you are working.

The amount of the gross monthly benefit payable after qualifyi

#### ***- Amount of Partial Disability Benefit***

when you meet the requirements to be deemed Totally Disabled as defined within this policy, or

when you recover from your disability and return to work on a full-time basis.

Partial Disability benefits will continue to be payable beyond the end of the maximum period of 24 months that you participate in a rehabilitation program as described under Rehabilitation Assistance. The continuation of Partial Disability benefits in this circumstance must be approved by Manulife Financial.

In order to qualify for this continuation of Partial Disability benefits, you must continue to work a portion of your nTjET0.00 0.0/Tj of lof your nTjssist187 0103.9187 0.00002nmf1j82 in this

## **Adjudication of Claims**

### **Long Term Disability - Adjudication of Claims**

Long Term Disability claims will be adjudicated and paid by Manulife Financial.

In the event you dispute the decision of Manulife Financial regarding a claim for benefits under this policy, you may arrange to have your claim reviewed by a Claims Review Committee composed of three medical doctors: one designated by yourself, one by your employer from a list of doctors provided by Manulife Financial and a third agreed to by the first two. Written notice of a disputed claim or an appeal under this Policy shall be sent to your employer and Manulife Financial.

Written notice of an appeal must be submitted to your employer within 60 days from the date Manulife Financial rejected the claim. Due to extenuating circumstances, the time frame may be extended by Manulife Financial.

Where Manulife Financial denies benefits due to insufficient medical evidence being provided, you will have 60 days in which to provide satisfactory medical evidence to support his claim. Members of the Claims Review Committee may not consider medical reports, which were not provided by Manulife Financial unless the reports were initiated by the Claims Review Committee.

In such circumstances the 60-day appeal period as described above will not commence until Manulife Financial renders its decision based on the medical evidence provided. If you fail to provide further satisfactory medical evidence within the 60-day period, the claim will be deemed to have been denied and the appeal period as described above shall commence.

Appeal period 60 days from date of denial of claim. If you fail to provide further satisfactory medical evidence within the 60-day period, the claim will be deemed to have been denied and the appeal period as described above shall commence.

# Your Group Benefits

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## ***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.

## ***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 Plan Administrator. Your attending physician must also complete a portion of this form.

A completed claim form must be submitted to Manulife Financial within 6 months following the first month after the end of the Qualifying Period.

## ***Exclusions***

### ***Long Term Disability - Exclusions***

*No benefits are payable for any disability related to:*

the commission of a criminal offence

injury or disease which occurred while you are on active duty in the armed forces of any country, state or international organization or for disability resulting from war or act of war, whether declared or undeclared

voluntary participation in a riot or civil commotion except while an Employee is in the course of performing the duties of his/her regular occupation

any Total Disability commencing within 12 months of your effective date of insurance if the Disability is caused or contributed to by, or is a consequence of, a sickness or injury for which you have received medical treatment or services or has taken a prescribed drug or drugs or medicine at any time or times within ninety days before the effective date of insurance.

In the event that this is a replacing contract, then for purposes of the above paragraph only, the effective date of insurance (if you were insured under a previous contract covering this group) will be deemed to be the last date from which you have been continuously insured.

