

Plan Document - Appendix A

Thompson Rivers University

G0081006

March 01, 2010

Employer

Plan Number

Plan Effective Date

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The Extended Health Care, Dental Care and Weekly Income Benefits are being provided directly by Thompson Rivers University which has contracted with the Administrator to adjudicate and administer the claims for these benefits following the standard insurance rules and practices. Payment of any eligible claim will be based on the provisions and conditions outlined in this Plan Document and the Employer's Benefit Plan.

This Plan Document produced October 14, 2015.

2 Group Benefits Schedule

Employer	Thompson Rivers University
Plan Number	G0081006
Plan Effective Date	March 01, 2010
Class Number(s)	Class Number(s)
	001 Faculty Employees Under Age 65 (Plans F and FB)
	002 Support Staff (CUPE) Under 65, Part-time Under Age 70 and Auxiliary Employees (Plans S and SB)
	003 Administrative Employees Under 65 (Plan A)
	004 Open Learning Faculty Members Under 65 (Plans T and TB)
	011 Faculty Employees Age 65 to 70 (Plans FA and FC)
	111 Retired Faculty Employees (Plan FD)
	022 Support Staff (CUPE) 65 to Under Age 70 (Plan SA)
	033 Administrative Employees 65 to Under Age 70 (Plans AA and AE)
	044 Open Learning Faculty Members 65 and Over (Plan TA)
	222 Support Staff (CUPE) Ongoing Specified Terms Under 12 months (Plans SC and SD)
	333 Admin Specified Term Employees (Plans AB, AC and AD)
Plan Number(s)	Plan Number(s)
	A Administrative Employees Under 65
	AA Administrative Employees 65 to Under 70
	AB Administrative Specified Term or Temporary Employees
	AC Administrative Specified Term Employees (Closed Group)
	AD Admin Specified Term Closed Group - EHC/Dental only

Group Benefits Schedule 3

AE	Retired President
F	Faculty Employees Under Age 65
FA	Faculty Employees Age 65 to 70
FB	Faculty Continuing Sessional Employees Under Age 65
FC	Faculty Continuing Sessional Employees Age 65 to 70
FD	Retired Faculty Employees
S	Support Staff (CUPE) under 65
SA	Support Staff (CUPE) 65 to Under Age 70
SB	Support Staff (CUPE) Ongoing Part-time Regular and Auxiliary Employees (Min 17.5 hrs per week) to Under Age 70
SC	Support Staff (CUPE) Ongoing Specified Terms Under 12 months
SD	Support Staff (CUPE) Ongoing Specified Terms Under 12 months - EHC/Dental only
T	Open Learning Faculty Members Under 65 Who Are Eligible for LTD
TA	Open Learning Faculty Members 65 and Over
TB	Open Learning Faculty Members Under 65 Who Are Not Eligible for LTD

Effective Date for Increases in Plan Benefits

When first eligible for the increase

Associated Companies

TRU Community Trust

***Effective Date for
Increases in Plan
Benefits***

***Associated
Companies***

4 Group Benefits Schedule - Plans A, AC and AD

Extended Health Care

Extended Health Care

Drug Benefit for Covered Persons who Reside in Quebec

Drug Benefit for Covered Persons who Reside in Quebec

In accordance with the requirements of the prescription drug insurance legislation in Quebec, An Act Respecting Prescription Drug (R.S.Q. c., A-29-01) and the regulations enacted under this act (hereinafter collectively the "Legislation"), the drug benefit provided under this Plan Document to covered persons who reside in Quebec will be administered as outlined in the Plan Document Addendum - Drug Benefit For Covered Persons Who Reside In Quebec.

Classifications Eligible for Plan Benefits

Classifications Eligible for Plan Benefits

Employees in Plans A, AC and AD

Dependents of Employees in Plans A, AC and AD are also covered for this Benefit.

Overall Plan Maximum

Overall Plan Maximum

\$1,000,000 per lifetime

Not applicable to:

- Out-of-Province/Canada Emergency Medical Treatment
- Out-of-Canada - Referrals

Deductible

Deductible

Individual - \$25 per calendar year(s)
Family - \$25 per calendar year(s)

Not applicable to:

- Hospital Care
- Vision
- Professional Services (Naturopath Supplements)
- Out-of-Province/Canada Emergency Medical Treatment
- Out-of-Canada - Referrals

Benefit Percentage (Co-insurance)

Benefit Percentage (Co-insurance)

80% of the first \$1,000 of paid expenses and 100% thereafter for
Hospital Care
Drugs
Professional Services (other than Naturopath supplements)
Medical Services and Supplies (other than Glucose Monitor)

Group Benefits Schedule - Plans A, AC and AD 5

100% for

Vision (other than Visual Training)
Professional Services (Naturopath supplements)

50% for

Vision (Visual Training)
Medical Services and Supplies (Glucose Monitor)

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

first day of the month coincident with or next following the Employee's attainment of age 65

- *Termination Age*

Survivor Extended Benefit

not applicable

- *Survivor Extended Benefit*

Participation Basis

mandatory

- *Participation Basis*

Waiting Period

first day of the month coincident with or next following the date employment commences

- *Waiting Period*

Covered Expenses and Maximums (per covered person)

The maximums shown below for Covered Expenses are subject to the Overall Plan Maximum.

Covered Expenses and Maximums (per covered person)

Hospital

Private: Unlimited

- *Hospital*

ManuScript Generic Drug Plan 2

Prescription Drugs:

All Covered Drug Expenses: Unlimited

Drug Payment Type: Direct Claims Payment

- ***ManuScript
Generic Drug Plan 2***

6 Group Benefits Schedule - Plans A, AC and AD

- Professional Services

Professional Services

Chiropractor: \$200 per calendar year, limited to \$10 per visit for the first 12 visits in any calendar year

Osteopath: \$200 per calendar year

Podiatrist/Chiropodist: \$200 per calendar year, limited to \$10 per visit for the first 12 visits in any calendar year

Massage Therapist: \$200 per calendar year, limited to \$10 per visit for the first 12 visits in any calendar year

Naturopath: \$200 per calendar year, limited to \$10 per visit for the first 12 visits in any calendar year. In addition, naturopath supplements, to a maximum of \$200 per calendar year.

Speech Therapist: \$200 per calendar year

Physiotherapist: \$10 per visit for the first 12 visits in any calendar year, thereafter unlimited

Psychologist: \$200 per calendar year

Social Worker: Not covered

Acupuncturist: Not covered

Christian Science: \$200 per calendar year

- Vision Care

Vision Care

Prescription Glasses/Elective Contact Lenses/Laser Eye Surgery: \$200 combined per 24 months

Contact Lenses (where medically necessary): \$200 per lifetime

Visual Training: Unlimited

- Medical Services and Supplies

Medical Services and Supplies

Private Duty Nursing: \$5,000 per 3 calendar years

Durable Medical Equipment: \$2,000 per calendar year. In addition, charges for insulin pumps.

Custom-made Orthopaedic Shoes: \$300 per 2 consecutive calendar years combined with Custom-Made Orthotics

Custom-Made Orthotics: \$300 per 2 consecutive calendar years combined with Custom Made Orthopaedic Shoes

Referral outside Canada for medical treatment available in Canada: \$3,000 per 3 calendar year(s)

Group Benefits Schedule - Plans A, AC and AD 7

Hearing Aids: \$200 per lifetime

Surgical Stockings/Support Hose: \$25 per calendar year

Surgical Brassieres: 4 per calendar year

Wigs and Hairpieces: \$500 per lifetime

Glucose Monitor: \$500 per lifetime

All other Medical Services and Supplies: Unlimited

Out of Canada

- Out of Canada

Out-of-Canada Maximum: Unlimited

Emergency Travel Assistance

- Emergency Travel Assistance

Emergency Travel Assistance, a Travel Assist Benefit, is provided up to the maximum shown in the description of this Covered Expense under the Extended Health Care Benefit.

Dental Care

Dental Care

Classifications Eligible for Plan Benefits

Classifications Eligible for Plan Benefits

Employees in Plans A, AC and AD

Dependents of Employees in Plans A, AC and AD are also covered for this Benefit.

Deductible

Deductible

Nil

Benefit Percentage (Co-insurance)

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

50% for Level V - Orthodontics

Maximums

Maximums

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

\$2,500 per lifetime for Level V

8 Group Benefits Schedule - Plans A, AC and AD

- Dental Fee Guide

Dental Fee Guide

Current Fee Guide for General Practitioners and Specialists approved by the Provincial Dental Association in the Province in which the services are rendered

If the services are rendered in Alberta, the Fee Guide is considered to be the 1997 Alberta Dental Association Fee Guide for General Practitioners and Specialists plus inflationary adjustment as determined by the Administrator.

- Termination Age

Termination Age

first day of the month coincident with or next following the Employee's attainment of age 65 or retirement, whichever is earlier

- Survivor Extended Benefit

Survivor Extended Benefit

subject to the Employee's Termination Age for the Dental Care Benefit

- Participation Basis

Participation Basis

mandatory

- Waiting Period

Waiting Period

first day of the month coincident with or next following the date employment commences

**Weekly
Income/Short
Term Disability**

Weekly Income/Short Term Disability

Benefit Amount

Benefit Amount

60% of weekly Earnings rounded to the next higher \$1, if not already a multiple thereof, up to a maximum benefit of \$2,000

- Qualifying Period

Qualifying Period

Accident - the later of 30 days or the expiration of sick leave

Sickness - the later of 30 days or the expiration of sick leave

- Maximum Benefit Period

Maximum Benefit Period

13 weeks

- Termination Age

Termination Age

age 65 or retirement, whichever is earlier

- Earnings

Earnings

the Employee's regular rate of pay, including regular bonuses, regular overtime, commissions and shift differentials and excluding sporadic bonuses, sporadic overtime, incentive pay and automobile allowance

Group Benefits Schedule - Plans A, AC and AD 9

Tax Status

non-taxable

- *Tax Status*

Participation Basis

mandatory

- *Participation Basis*

Waiting Period

first day of the month coincident with or next following the date employment commences

- *Waiting Period*

10 Group Benefits Schedule - Plan AA

Extended Health Care

Extended Health Care

Drug Benefit for Covered Persons who Reside in Quebec

Drug Benefit for Covered Persons who Reside in Quebec

In accordance with the requirements of the prescription drug insurance legislation in Quebec, An Act Respecting Prescription Drug (R.S.Q. c., A-29-01) and the regulations enacted under this act (hereinafter collectively the "Legislation"), the drug benefit provided under this Plan Document to covered persons who reside in Quebec will be administered as outlined in the Plan Document Addendum - Drug Benefit For Covered Persons Who Reside In Quebec.

Classifications Eligible for Plan Benefits

Classifications Eligible for Plan Benefits

Employees in Plan AA

Dependents of Employees in Plan AA are also covered for this Benefit.

Overall Plan Maximum

Overall Plan Maximum

\$1,000,000 per lifetime

Not applicable to:

- Out-of-Province/Canada Emergency Medical Treatment
- Out-of-Canada - Referrals

Deductible

Deductible

Individual - \$25 per calendar year(s)

Family - \$25 per calendar year(s)

Not applicable to:

- Hospital Care
- Vision
- Professional Services (Naturopath Supplements)
- Out-of-Province/Canada Emergency Medical Treatment
- Out-of-Canada - Referrals

Group Benefits Schedule - Plan AA 11

Benefit Percentage (Co-insurance)

Benefit Percentage (Co-insurance)

80% of the first \$1,000 of paid expenses and 100% thereafter for
Hospital Care
Drugs
Professional Services (other than Naturopath supplements)
Medical Services and Supplies (other than Glucose Monitor)

100% for
Vision (other than Visual Training)
Professional Services (Naturopath supplements)

50% for
Vision (Visual Training)
Medical Services and Supplies (Glucose Monitor)

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

- Termination Age

Employee's age 70 or retirement, whichever is earlier

Survivor Extended Benefit

- Survivor Extended Benefit

not applicable

Participation Basis

- Participation Basis

mandatory

Waiting Period

- Waiting Period

first day of the month coincident with or next following the date employment commences

Covered Expenses and Maximums (per covered person)

Covered Expenses and Maximums (per covered person)

The maximums shown below for Covered Expenses are subject to the Overall Plan Maximum.

Hospital

- Hospital

Private: Unlimited

12 Group Benefits Schedule - Plan AA

- Manuscript Generic Drug Plan 2

Manuscript Generic Drug Plan 2

Prescription Drugs:

All Covered Drug Expenses: Unlimited

Drug Payment Type: Direct Claims Payment

- Professional Services

Professional Services

Chiropractor: \$200 per calendar year, limited to \$10 per visit for the first 12 visits in any calendar year

Osteopath: \$200 per calendar year

Podiatrist/Chiropodist: \$200 per calendar year, limited to \$10 per visit for the first 12 visits in any calendar year

Massage Therapist: \$200 per calendar year, limited to \$10 per visit for the first 12 visits in any calendar year

Naturopath: \$200 per calendar year, limited to \$10 per visit for the first 12 visits in any calendar year. In addition, naturopath supplements, to a maximum of \$200 per calendar year.

Speech Therapist: \$200 per calendar year

Physiotherapist: \$10 per visit for the first 12 visits in any calendar year, thereafter unlimited

Psychologist: \$200 per calendar year

Social Worker: Not covered

Acupuncturist: Not covered

Christian Science: \$200 per calendar year

- Vision Care

Vision Care

Prescription Glasses/Elective Contact Lenses/Laser Eye Surgery: \$200 combined per 24 months

Contact Lenses (where medically necessary): \$200 per lifetime

Visual Training: Unlimited

Group Benefits Schedule - Plan AA 13

Medical Services and Supplies

***- Medical Services
and Supplies***

Private Duty Nursing: \$5,000 per 3 calendar years

Durable Medical Equipment: \$2,000 per calendar year. In addition, charges for insulin pumps.

Custom-made Orthopaedic Shoes: \$300 per 2 consecutive calendar years combined with Custom-Made Orthotics

Custom-Made Orthotics: \$300 per 2 consecutive calendar years combined with Custom Made Orthopaedic Shoes

Referral outside Canada for medical treatment available in Canada: \$3,000 per 3 calendar year(s)

Hearing Aids: \$200 per lifetime

Surgical Stockings/Support Hose: \$25 per calendar year

Surgical Brassieres: 4 per calendar year

Wigs and Hairpieces: \$500 per lifetime

Glucose Monitor: \$500 per lifetime

All other Medical Services and Supplies: Unlimited

Out of Canada

- Out of Canada

Out-of-Canada Maximum: Unlimited

Emergency Travel Assistance

***- Emergency Travel
Assistance***

Emergency Travel Assistance, a Travel Assist Benefit, is provided up to the maximum shown in the description of this Covered Expense under the Extended Health Care Benefit.

Dental Care

Dental Care

Classifications Eligible for Plan Benefits

***Classifications
Eligible for Plan
Benefits***

Employees in Plan AA

Dependents of Employees in Plan AA are also covered for this Benefit.

Deductible

Deductible

Nil

14 Group Benefits Schedule - Plan AA

**Benefit Percentage
(Co-insurance)**

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
50% for Level V - Orthodontics

Maximums

Maximums

unlimited for Level I, Level II, Level III and Level IV
\$2,500 per lifetime for Level V

- Dental Fee Guide

Dental Fee Guide

Current Fee Guide for General Practitioners and Specialists approved by the Provincial Dental Association in the Province in which the services are rendered

If the services are rendered in Alberta, the Fee Guide is considered to be the 1997 Alberta Dental Association Fee Guide for General Practitioners and Specialists plus inflationary adjustment as determined by the Administrator.

- Termination Age

Termination Age

Employee's age 70 or retirement, whichever is earlier

**- Survivor Extended
Benefit**

Survivor Extended Benefit

subject to the Employee's Termination Age for the Dental Care Benefit

- Participation Basis

Participation Basis

mandatory

- Waiting Period

Waiting Period

first day of the month coincident with or next following the date employment commences

Group Benefits Schedule - Plan AB 15

Extended Health Care

Extended Health Care

Drug Benefit for Covered Persons who Reside in Quebec

Drug Benefit for Covered Persons who Reside in Quebec

In accordance with the requirements of the prescription drug insurance legislation in Quebec, An Act Respecting Prescription Drug (R.S.Q. c., A-29-01) and the regulations enacted under this act (hereinafter collectively the "Legislation"), the drug benefit provided under this Plan Document to covered persons who reside in Quebec will be administered as outlined in the Plan Document Addendum - Drug Benefit For Covered Persons Who Reside In Quebec.

Classifications Eligible for Plan Benefits

Classifications Eligible for Plan Benefits

Employees in Plan AB

Dependents of Employees in Plan AB are also covered for this Benefit.

Overall Plan Maximum

Overall Plan Maximum

\$1,000,000 per lifetime

Not applicable to:

- Out-of-Province/Canada Emergency Medical Treatment
- Out-of-Canada - Referrals

Deductible

Deductible

Individual - \$25 per calendar year(s)
Family - \$25 per calendar year(s)

Not applicable to:

- Hospital Care
- Vision
- Professional Services (Naturopath Supplements)
- Out-of-Province/Canada Emergency Medical Treatment
- Out-of-Canada - Referrals

Benefit Percentage (Co-insurance)

Benefit Percentage (Co-insurance)

80% of the first \$1,000 of paid expenses and 100% thereafter for
Hospital Care
Drugs
Professional Services (other than Naturopath supplements)
Medical Services and Supplies (other than Glucose Monitor)

16 Group Benefits Schedule - Plan AB

100% for
Vision (other than Visual Training)
Professional Services (Naturopath supplements)

50% for
Vision (Visual Training)
Medical Services and Supplies (Glucose Monitor)

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

Termination Age

first day of the month coincident with or next following the Employee's attainment of age 65

- Survivor Extended Benefit

Survivor Extended Benefit

not applicable

- Participation Basis

Participation Basis

mandatory

- Waiting Period

Waiting Period

first day of the month coincident with or next following the date employment commences

Covered Expenses and Maximums (per covered person)

Covered Expenses and Maximums (per covered person)

The maximums shown below for Covered Expenses are subject to the Overall Plan Maximum.

- Hospital

Hospital

Private: Unlimited

- ManuScript Generic Drug Plan 2

ManuScript Generic Drug Plan 2

Prescription Drugs:

All Covered Drug Expenses: Unlimited

Drug Payment Type: Direct Claims Payment

Group Benefits Schedule - Plan AB 17

Professional Services

- Professional Services

Chiropractor: \$200 per calendar year, limited to \$10 per visit for the first 12 visits in any calendar year

Osteopath: \$200 per calendar year

Podiatrist/Chiropodist: \$200 per calendar year, limited to \$10 per visit for the first 12 visits in any calendar year

Massage Therapist: \$200 per calendar year, limited to \$10 per visit for the first 12 visits in any calendar year

Naturopath: \$200 per calendar year, limited to \$10 per visit for the first 12 visits in any calendar year. In addition, naturopath supplements, to a maximum of \$200 per calendar year.

Speech Therapist: \$200 per calendar year

Physiotherapist: \$10 per visit for the first 12 visits in any calendar year, thereafter unlimited

Psychologist: \$200 per calendar year

Social Worker: Not covered

Acupuncturist: Not covered

Christian Science: \$200 per calendar year

Vision Care

- Vision Care

Prescription Glasses/Elective Contact Lenses/Laser Eye Surgery: \$200 combined per 24 months

Contact Lenses (where medically necessary): \$200 per lifetime

Visual Training: Unlimited

Medical Services and Supplies

- Medical Services and Supplies

Private Duty Nursing: \$5,000 per 3 calendar years

Durable Medical Equipment: \$2,000 per calendar year. In addition, charges for insulin pumps.

Custom-made Orthopaedic Shoes: \$300 per 2 consecutive calendar years combined with Custom-Made Orthotics

Custom-Made Orthotics: \$300 per 2 consecutive calendar years combined with Custom Made Orthopaedic Shoes

Referral outside Canada for medical treatment available in Canada: \$3,000 per 3 calendar year(s)

18 Group Benefits Schedule - Plan AB

Hearing Aids: \$200 per lifetime

Surgical Stockings/Support Hose: \$25 per calendar year

Surgical Brassieres: 4 per calendar year

Wigs and Hairpieces: \$500 per lifetime

Glucose Monitor: \$500 per lifetime

All other Medical Services and Supplies: Unlimited

- Out of Canada

Out of Canada

Out-of-Canada Maximum: Unlimited

- Emergency Travel Assistance

Emergency Travel Assistance

Emergency Travel Assistance, a Travel Assist Benefit, is provided up to the maximum shown in the description of this Covered Expense under the Extended Health Care Benefit.

Dental Care

Dental Care

Classifications Eligible for Plan Benefits

Classifications Eligible for Plan Benefits

Employees in Plan AB

Dependents of Employees in Plan AB are also covered for this Benefit.

Deductible

Deductible

Nil

Benefit Percentage (Co-insurance)

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

50% for Level V - Orthodontics

Maximums

Maximums

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

\$2,500 per lifetime for Level V

Group Benefits Schedule - Plan AB 19

Dental Fee Guide

Current Fee Guide for General Practitioners and Specialists approved by the Provincial Dental Association in the Province in which the services are rendered

If the services are rendered in Alberta, the Fee Guide is considered to be the 1997 Alberta Dental Association Fee Guide for General Practitioners and Specialists plus inflationary adjustment as determined by the Administrator.

Termination Age

first day of the month coincident with or next following the Employee's attainment of age 65 or retirement, whichever is earlier

Survivor Extended Benefit

subject to the Employee's Termination Age for the Dental Care Benefit

Participation Basis

mandatory

Waiting Period

first day of the month coincident with or next following the date employment commences

- *Dental Fee Guide*

- *Termination Age*

- *Survivor Extended Benefit*

- *Participation Basis*

- *Waiting Period*

20 Group Benefits Schedule - Plan AE

Extended Health Care

Extended Health Care

Drug Benefit for Covered Persons who Reside in Quebec

Drug Benefit for Covered Persons who Reside in Quebec

In accordance with the requirements of the prescription drug insurance legislation in Quebec, An Act Respecting Prescription Drug (R.S.Q. c., A-29-01) and the regulations enacted under this act (hereinafter collectively the "Legislation"), the drug benefit provided under this Plan Document to covered persons who reside in Quebec will be administered as outlined in the Plan Document Addendum - Drug Benefit For Covered Persons Who Reside In Quebec.

Classifications Eligible for Plan Benefits

Classifications Eligible for Plan Benefits

Employees in Plan AE

Dependents of Employees in Plan AE are also covered for this Benefit.

Overall Plan Maximum

Overall Plan Maximum

\$1,000,000 per lifetime

Not applicable to:

- Out-of-Province/Canada Emergency Medical Treatment
- Out-of-Canada - Referrals

Deductible

Deductible

Individual - \$25 per calendar year(s)
Family - \$25 per calendar year(s)

Not applicable to:

- Vision
- Professional Services (Naturopath Supplements)
- Out-of-Province/Canada Emergency Medical Treatment
- Out-of-Canada - Referrals

Benefit Percentage (Co-insurance)

Benefit Percentage (Co-insurance)

80% of the first \$1,000 of paid expenses and 100% thereafter for
Hospital Care
Drugs
Professional Services (other than Naturopath supplements)
Medical Services and Supplies (other than Glucose Monitor)

100% for

- Vision (other than Visual Training)
- Professional Services (Naturopath supplements)

Group Benefits Schedule - Plan AE 21

50% for
Vision (Visual Training)
Medical Services and Supplies (Glucose Monitor)

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

- Termination Age

Survivor Extended Benefit

not applicable

- Survivor Extended Benefit

Participation Basis

mandatory

- Participation Basis

Waiting Period

not applicable

- Waiting Period

Covered Expenses and Maximums (per covered person)

The maximums shown below for Covered Expenses are subject to the Overall Plan Maximum.

Covered Expenses and Maximums (per covered person)

Hospital

Private: Unlimited

- Hospital

ManuScript Generic Drug Plan 2

Prescription Drugs:

All Covered Drug Expenses: Unlimited

Drug Payment Type: Direct Claims Payment

- ManuScript Generic Drug Plan 2

Professional Services

Chiropractor: \$200 per calendar year, limited to \$10 per visit for the first 12 visits in any calendar year

Osteopath: \$200 per calendar year

Podiatrist/Chiropodist: \$200 per calendar year, limited to \$10 per visit for the first 12 visits in any calendar year

- Professional Services

22 Group Benefits Schedule - Plan AE

Massage Therapist: \$200 per calendar year, limited to \$10 per visit for the first 12 visits in any calendar year

Naturopath: \$200 per calendar year, limited to \$10 per visit for the first 12 visits in any calendar year. In addition, naturopath supplements, to a maximum of \$200 per calendar year.

Speech Therapist: \$200 per calendar year

Physiotherapist: \$10 per visit for the first 12 visits in any calendar year, thereafter unlimited

Psychologist: \$200 per calendar year

Social Worker: Not covered

Acupuncturist: Not covered

Christian Science: \$200 per calendar year

- Vision Care

Vision Care

Prescription Glasses/Elective Contact Lenses/Laser Eye Surgery: \$200 combined per 24 months

Contact Lenses (where medically necessary): \$200 per lifetime

Visual Training: Unlimited

- Medical Services and Supplies

Medical Services and Supplies

Private Duty Nursing: \$5,000 per 3 calendar years

Durable Medical Equipment: \$2,000 per calendar year. In addition, charges for insulin pumps.

Custom-made Orthopaedic Shoes: \$300 per 2 consecutive calendar years combined with Custom-Made Orthotics

Custom-Made Orthotics: \$300 per 2 consecutive calendar years combined with Custom Made Orthopaedic Shoes

Referral outside Canada for medical treatment available in Canada: \$3,000 per 3 calendar year(s)

Hearing Aids: \$200 per lifetime

Surgical Stockings/Support Hose: \$25 per calendar year

Surgical Brassieres: 4 per calendar year

Wigs and Hairpieces: \$500 per lifetime

Glucose Monitor: \$500 per lifetime

All other Medical Services and Supplies: Unlimited

Group Benefits Schedule - Plan AE 23

Out of Canada

Out-of-Canada Maximum: Unlimited

- *Out of Canada*

Emergency Travel Assistance

Emergency Travel Assistance, a Travel Assist Benefit, is provided up to the maximum shown in the description of this Covered Expense under the Extended Health Care Benefit.

- *Emergency Travel Assistance*

Dental Care

Dental Care

Classifications Eligible for Plan Benefits

Employees in Plan AE

Dependents of Employees in Plan AE are also covered for this Benefit.

Classifications Eligible for Plan Benefits

Deductible

Nil

Deductible

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

50% for Level V - Orthodontics

Benefit Percentage (Co-insurance)

Maximums

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

\$2,500 per lifetime for Level V

Maximums

Dental Fee Guide

Current Fee Guide for General Practitioners and Specialists approved by the Provincial Dental Association in the Province in which the services are rendered

If the services are rendered in Alberta, the Fee Guide is considered to be the 1997 Alberta Dental Association Fee Guide for General Practitioners and Specialists plus inflationary adjustment as determined by the Administrator.

- *Dental Fee Guide*

24 Group Benefits Schedule - Plan AE

- *Termination Age*

Termination Age

Employee's age 70

- *Survivor Extended Benefit*

Survivor Extended Benefit

subject to the Employee's Termination Age for the Dental Care Benefit

- *Participation Basis*

Participation Basis

mandatory

- *Waiting Period*

Waiting Period

not applicable

Group Benefits Schedule - Plans F and FB 25

Extended Health Care

Extended Health Care

Drug Benefit for Covered Persons who Reside in Quebec

Drug Benefit for Covered Persons who Reside in Quebec

In accordance with the requirements of the prescription drug insurance legislation in Quebec, An Act Respecting Prescription Drug (R.S.Q. c., A-29-01) and the regulations enacted under this act (hereinafter collectively the "Legislation"), the drug benefit provided under this Plan Document to covered persons who reside in Quebec will be administered as outlined in the Plan Document Addendum - Drug Benefit For Covered Persons Who Reside In Quebec.

Classifications Eligible for Plan Benefits

Classifications Eligible for Plan Benefits

Employees in Plans F and FB

Dependents of Employees in Plans F and FB are also covered for this Benefit.

Overall Plan Maximum

Overall Plan Maximum

Unlimited

Deductible

Deductible

Individual - \$25 per calendar year(s)
Family - \$25 per calendar year(s)

Not applicable to:

- Vision
- Professional Services (Naturopath Supplements)
- Medical Services and Supplies (Ambulance)
- Out-of-Province/Canada Emergency Medical Treatment
- Out-of-Canada - Referrals

Benefit Percentage (Co-insurance)

Benefit Percentage (Co-insurance)

95% of the first \$1,000 of paid expenses and 100% thereafter for
Hospital Care
Drugs
Professional Services (other than Naturopath supplements)
Medical Services and Supplies (other than Glucose Monitor)

100% for
Vision (other than Visual Training)
Professional Services (Naturopath supplements)

26 Group Benefits Schedule - Plans F and FB

50% for
Vision (Visual Training)
Medical Services and Supplies (Glucose Monitor)

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

Termination Age

Employee's age 65 or retirement, whichever is earlier. However, coverage shall be extended until the end of the month following the month in which such age or retirement is attained.

- Survivor Extended Benefit

Survivor Extended Benefit

not applicable

- Participation Basis

Participation Basis

mandatory

- Waiting Period

Waiting Period

first day of the month coincident with or next following the date employment commences

Covered Expenses and Maximums (per covered person)

Covered Expenses and Maximums (per covered person)

- Hospital

Hospital

Private: Unlimited

- ManuScript Generic Drug Plan 2

ManuScript Generic Drug Plan 2

Prescription Drugs:

All Covered Drug Expenses: Unlimited

Drug Payment Type: Direct Claims Payment

- Professional Services

Professional Services

Chiropractor: \$200 per calendar year, limited to \$10 per visit for the first 12 visits in any calendar year

Osteopath: \$200 per calendar year

Podiatrist/Chiropodist: \$200 per calendar year, limited to \$10 per visit for the first 12 visits in any calendar year

Group Benefits Schedule - Plans F and FB 27

Massage Therapist: \$200 per calendar year, limited to \$10 per visit for the first 12 visits in any calendar year

Naturopath: \$200 per calendar year, limited to \$10 per visit for the first 12 visits in any calendar year. In addition, naturopath supplements, to a maximum of \$200 per calendar year.

Speech Therapist: \$200 per calendar year

Physiotherapist: \$10 per visit for the first 12 visits in any calendar year, thereafter unlimited

Psychologist: \$200 per calendar year

Social Worker: Not covered

Acupuncturist: Not covered

Christian Science: \$200 per calendar year

Vision Care

- Vision Care

Prescription Glasses/Elective Contact Lenses/Laser Eye Surgery: \$225 combined per 24 months

Contact Lenses (where medically necessary): \$200 per lifetime

Visual Training: Unlimited

Medical Services and Supplies

- Medical Services and Supplies

Private Duty Nursing: \$5,000 per 3 calendar years

Durable Medical Equipment: \$2,000 per calendar year. In addition, charges for insulin pumps.

Custom-made Orthopaedic Shoes: \$300 per 2 consecutive calendar years combined with Custom-Made Orthotics

Custom-Made Orthotics: \$300 per 2 consecutive calendar years combined with Custom Made Orthopaedic Shoes

Referral outside Canada for medical treatment available in Canada: \$3,000 per 3 calendar year(s)

Hearing Aids: \$600 per 5 calendar years

Surgical Stockings/Support Hose: \$25 per calendar year

Surgical Brassieres: 4 per calendar year

Wigs and Hairpieces: \$500 per lifetime

Glucose Monitor: \$500 per lifetime

All other Medical Services and Supplies: Unlimited

28 Group Benefits Schedule - Plans F and FB

- Out of Canada	Out of Canada Out-of-Canada Maximum: Unlimited
- Emergency Travel Assistance	Emergency Travel Assistance Emergency Travel Assistance, a Travel Assist Benefit, is provided up to the maximum shown in the description of this Covered Expense under the Extended Health Care Benefit.
Dental Care	Dental Care
Classifications Eligible for Plan Benefits	Classifications Eligible for Plan Benefits Employees in Plans F and FB Dependents of Employees in Plans F and FB are also covered for this Benefit.
Deductible	Deductible Nil
Benefit Percentage (Co-insurance)	Benefit Percentage (Co-insurance) 100% for Level I - Basic Services 100% for Level II - Supplementary Basic Services 70% for Level III - Dentures 70% for Level IV - Major Restorative Services 50% for Level V - Orthodontics
Maximums	Maximums unlimited for Level I, Level II, Level III and Level IV \$2,000 per lifetime for Level V
- Dental Fee Guide	Dental Fee Guide Current Fee Guide for General Practitioners and Specialists approved by the Provincial Dental Association in the Province in which the services are rendered If the services are rendered in Alberta, the Fee Guide is considered to be the 1997 Alberta Dental Association Fee Guide for General Practitioners and Specialists plus inflationary adjustment as determined by the Administrator.

Group Benefits Schedule - Plans F and FB 29

Termination Age

Employee's age 65 or retirement, whichever is earlier. However, coverage shall be extended until the end of the month following the month in which such age or retirement is attained.

- Termination Age

Survivor Extended Benefit

subject to the Employee's Termination Age for the Dental Care Benefit

- Survivor Extended Benefit

Participation Basis

mandatory

- Participation Basis

Waiting Period

first day of the month coincident with or next following the date employment commences

- Waiting Period

Weekly Income/Short Term Disability

**Weekly
Income/Short
Term Disability**

Benefit Amount

70% of weekly Earnings rounded to the next higher \$1, if not already a multiple thereof, up to a maximum benefit of \$2,050

Benefit Amount

Qualifying Period

Accident - 30 calendar days

Sickness - 30 calendar days

- Qualifying Period

Maximum Benefit Period

21 weeks

- Maximum Benefit Period

Termination Age

age 65 or retirement, whichever is earlier. However, coverage shall be extended until the end of the month following the month in which such age or retirement is attained.

- Termination Age

Earnings

Gross weekly Earnings refers to an Employee's normal Earnings on the last day of work or sick leave. The gross weekly Earnings applicable on the last day of work or sick leave shall be adjusted due to salary increases negotiated retroactively.

- Earnings

30 Group Benefits Schedule - Plans F and FB

- *Tax Status*

Tax Status

taxable

- *Participation Basis*

Participation Basis

mandatory

- *Waiting Period*

Waiting Period

first day of the month coincident with or next following the date employment commences

Group Benefits Schedule - Plan FA 31

Extended Health Care

**Extended Health
Care**

Drug Benefit for Covered Persons who Reside in Quebec

***Drug Benefit for
Covered Persons
who Reside in
Quebec***

In accordance with the requirements of the prescription drug insurance legislation in Quebec, An Act Respecting Prescription Drug (R.S.Q. c., A-29-01) and the regulations enacted under this act (hereinafter collectively the "Legislation"), the drug benefit provided under this Plan Document to covered persons who reside in Quebec will be administered as outlined in the Plan Document Addendum - Drug Benefit For Covered Persons Who Reside In Quebec.

Classifications Eligible for Plan Benefits

***Classifications
Eligible for Plan
Benefits***

Employees in Plan FA

Dependents of Employees in Plan FA are also covered for this Benefit.

Overall Plan Maximum

***Overall Plan
Maximum***

Unlimited

Deductible

Deductible

Individual - \$25 per calendar year(s)

Family - \$25 per calendar year(s)

Not applicable to:

Vision

Medical Services and Supplies (Ambulance)

Professional Services (Naturopath Supplements)

Benefit Percentage (Co-insurance)

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

95% of the first \$1,000 of paid expenses and 100% thereafter for

Hospital Care

Drugs

Professional Services (other than Naturopath supplements)

Medical Services and Supplies (other than Glucose Monitor)

100% for

Vision (other than Visual Training)

Professional Services (Naturopath supplements)

50% for

Vision (Visual Training)

Medical Services and Supplies (Glucose Monitor)

32 Group Benefits Schedule - Plan FA

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

Termination Age

Employee's age 70 or retirement, whichever is earlier. However, coverage shall be extended until the end of the month following the month in which such age or retirement is attained.

- Survivor Extended Benefit

Survivor Extended Benefit

not applicable

- Participation Basis

Participation Basis

mandatory

- Waiting Period

Waiting Period

first day of the month coincident with or next following the date employment commences

Covered Expenses and Maximums (per covered person)

Covered Expenses and Maximums (per covered person)

- Hospital

Hospital

Private: Unlimited

- Manuscript Generic Drug Plan 2

Manuscript Generic Drug Plan 2

Prescription Drugs:

All Covered Drug Expenses: Unlimited

Drug Payment Type: Direct Claims Payment

- Professional Services

Professional Services

Chiropractor: \$200 per calendar year, limited to \$10 per visit for the first 12 visits in any calendar year

Osteopath: \$200 per calendar year

Podiatrist/Chiropodist: \$200 per calendar year, limited to \$10 per visit for the first 12 visits in any calendar year

Massage Therapist: \$200 per calendar year, limited to \$10 per visit for the first 12 visits in any calendar year

Group Benefits Schedule - Plan FA 33

Naturopath: \$200 per calendar year, limited to \$10 per visit for the first 12 visits in any calendar year. In addition, naturopath supplements, to a maximum of \$200 per calendar year.

Speech Therapist: \$200 per calendar year

Physiotherapist: \$10 per visit for the first 12 visits in any calendar year, thereafter unlimited

Psychologist: \$200 per calendar year

Social Worker: Not covered

Acupuncturist: Not covered

Christian Science: \$200 per calendar year

Vision Care

- ***Vision Care***

Prescription Glasses/Elective Contact Lenses/Laser Eye Surgery: \$225 combined per 24 months

Contact Lenses (where medically necessary): \$200 per lifetime

Visual Training: Unlimited

Medical Services and Supplies

- ***Medical Services and Supplies***

Private Duty Nursing: \$5,000 per 3 calendar years

Durable Medical Equipment: \$2,000 per calendar year. In addition, charges for insulin pumps.

Custom-made Orthopaedic Shoes: \$300 per 2 consecutive calendar years combined with Custom-Made Orthotics

Custom-Made Orthotics: \$300 per 2 consecutive calendar years combined with Custom Made Orthopaedic Shoes

Referral outside Canada for medical treatment available in Canada: \$3,000 per 3 calendar year(s)

Hearing Aids: \$600 per 5 calendar years

Surgical Stockings/Support Hose: \$25 per calendar year

Surgical Brassieres: 4 per calendar year

Wigs and Hairpieces: \$500 per lifetime

Glucose Monitor: \$500 per lifetime

All other Medical Services and Supplies: Unlimited

34 Group Benefits Schedule - Plan FA

- Out of Canada	Out of Canada Out-of-Canada Maximum: Unlimited
- Emergency Travel Assistance	Emergency Travel Assistance Emergency Travel Assistance, a Travel Assist Benefit, is provided up to the maximum shown in the description of this Covered Expense under the Extended Health Care Benefit.
Dental Care	Dental Care
Classifications Eligible for Plan Benefits	Classifications Eligible for Plan Benefits Employees in Plan FA Dependents of Employees in Plan FA are also covered for this Benefit.
Deductible	Deductible Nil
Benefit Percentage (Co-insurance)	Benefit Percentage (Co-insurance) 100% for Level I - Basic Services 100% for Level II - Supplementary Basic Services 70% for Level III - Dentures 70% for Level IV - Major Restorative Services 50% for Level V - Orthodontics
Maximums	Maximums unlimited for Level I, Level II, Level III and Level IV \$2,000 per lifetime for Level V
- Dental Fee Guide	Dental Fee Guide Current Fee Guide for General Practitioners and Specialists approved by the Provincial Dental Association in the Province in which the services are rendered If the services are rendered in Alberta, the Fee Guide is considered to be the 1997 Alberta Dental Association Fee Guide for General Practitioners and Specialists plus inflationary adjustment as determined by the Administrator.

Group Benefits Schedule - Plan FA 35

Termination Age

Employee's age 70 or retirement, whichever is earlier. However, coverage shall be extended until the end of the month following the month in which such age or retirement is attained.

- Termination Age

Survivor Extended Benefit

subject to the Employee's Termination Age for the Dental Care Benefit

- Survivor Extended Benefit

Participation Basis

mandatory

- Participation Basis

Waiting Period

first day of the month coincident with or next following the date employment commences

- Waiting Period

Weekly Income/Short Term Disability

**Weekly
Income/Short
Term Disability**

Benefit Amount

70% of weekly Earnings rounded to the next higher \$1, if not already a multiple thereof, up to a maximum benefit of \$2,050

Benefit Amount

Qualifying Period

Accident - 30 calendar days

Sickness - 30 calendar days

- Qualifying Period

Maximum Benefit Period

21 weeks

- Maximum Benefit Period

Termination Age

age 70 or retirement, whichever is earlier. However, coverage shall be extended until the end of the month following the month in which such age or retirement is attained.

- Termination Age

Earnings

Gross weekly Earnings refers to an Employee's normal Earnings on the last day of work or sick leave. The gross weekly Earnings applicable on the last day of work or sick leave shall be adjusted due to salary increases negotiated retroactively.

- Earnings

36 Group Benefits Schedule - Plan FA

- *Tax Status*

Tax Status

taxable

- *Participation Basis*

Participation Basis

mandatory

- *Waiting Period*

Waiting Period

first day of the month coincident with or next following the date employment commences

Group Benefits Schedule - Plan FC 37

Extended Health Care

Extended Health Care

Drug Benefit for Covered Persons who Reside in Quebec

Drug Benefit for Covered Persons who Reside in Quebec

In accordance with the requirements of the prescription drug insurance legislation in Quebec, An Act Respecting Prescription Drug (R.S.Q. c., A-29-01) and the regulations enacted under this act (hereinafter collectively the "Legislation"), the drug benefit provided under this Plan Document to covered persons who reside in Quebec will be administered as outlined in the Plan Document Addendum - Drug Benefit For Covered Persons Who Reside In Quebec.

Classifications Eligible for Plan Benefits

Classifications Eligible for Plan Benefits

Employees in Plan FC

Dependents of Employees in Plan FC are also covered for this Benefit.

Overall Plan Maximum

Overall Plan Maximum

Unlimited

Deductible

Deductible

Individual - \$25 per calendar year(s)
Family - \$25 per calendar year(s)

Not applicable to:

- Vision
- Medical Services and Supplies (Ambulance)
- Professional Services (Naturopath Supplements)

Benefit Percentage (Co-insurance)

Benefit Percentage (Co-insurance)

95% of the first \$1,000 of paid expenses and 100% thereafter for
Hospital Care
Drugs
Professional Services (other than Naturopath supplements)
Medical Services and Supplies (other than Glucose Monitor)

100% for
Vision (other than Visual Training)
Professional Services (Naturopath supplements)

50% for
Vision (Visual Training)
Medical Services and Supplies (Glucose Monitor)

38 Group Benefits Schedule - Plan FC

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

Termination Age

Employee's age 70 or retirement, whichever is earlier. However, coverage shall be extended until the end of the month following the month in which such age or retirement is attained.

- Survivor Extended Benefit

Survivor Extended Benefit

not applicable

- Participation Basis

Participation Basis

mandatory

- Waiting Period

Waiting Period

first day of the month coincident with or next following the date employment commences

Covered Expenses and Maximums (per covered person)

Covered Expenses and Maximums (per covered person)

- Hospital

Hospital

Private: Unlimited

- Manuscript Generic Drug Plan 2

Manuscript Generic Drug Plan 2

Prescription Drugs:

All Covered Drug Expenses: Unlimited

Drug Payment Type: Direct Claims Payment

- Professional Services

Professional Services

Chiropractor: \$200 per calendar year, limited to \$10 per visit for the first 12 visits in any calendar year

Osteopath: \$200 per calendar year

Podiatrist/Chiropodist: \$200 per calendar year, limited to \$10 per visit for the first 12 visits in any calendar year

Massage Therapist: \$200 per calendar year, limited to \$10 per visit for the first 12 visits in any calendar year

Group Benefits Schedule - Plan FC 39

Naturopath: \$200 per calendar year, limited to \$10 per visit for the first 12 visits in any calendar year. In addition, naturopath supplements, to a maximum of \$200 per calendar year.

Speech Therapist: \$200 per calendar year

Physiotherapist: \$10 per visit for the first 12 visits in any calendar year, thereafter unlimited

Psychologist: \$200 per calendar year

Social Worker: Not covered

Acupuncturist: Not covered

Christian Science: \$200 per calendar year

Vision Care

- *Vision Care*

Prescription Glasses/Elective Contact Lenses/Laser Eye Surgery: \$225 combined per 24 months

Contact Lenses (where medically necessary): \$200 per lifetime

Visual Training: Unlimited

Medical Services and Supplies

- *Medical Services and Supplies*

Private Duty Nursing: \$5,000 per 3 calendar years

Durable Medical Equipment: \$2,000 per calendar year. In addition, charges for insulin pumps.

Custom-made Orthopaedic Shoes: \$300 per 2 consecutive calendar years combined with Custom-Made Orthotics

Custom-Made Orthotics: \$300 per 2 consecutive calendar years combined with Custom Made Orthopaedic Shoes

Referral outside Canada for medical treatment available in Canada: \$3,000 per 3 calendar year(s)

Hearing Aids: \$600 per 5 calendar years

Surgical Stockings/Support Hose: \$25 per calendar year

Surgical Brassieres: 4 per calendar year

Wigs and Hairpieces: \$500 per lifetime

Glucose Monitor: \$500 per lifetime

All other Medical Services and Supplies: Unlimited

40 Group Benefits Schedule - Plan FC

- Out of Canada	Out of Canada Out-of-Canada Maximum: Unlimited
- Emergency Travel Assistance	Emergency Travel Assistance Emergency Travel Assistance, a Travel Assist Benefit, is provided up to the maximum shown in the description of this Covered Expense under the Extended Health Care Benefit.
Dental Care	Dental Care
Classifications Eligible for Plan Benefits	Classifications Eligible for Plan Benefits Employees in Plan FC Dependents of Employees in Plan FC are also covered for this Benefit.
Deductible	Deductible Nil
Benefit Percentage (Co-insurance)	Benefit Percentage (Co-insurance) 100% for Level I - Basic Services 100% for Level II - Supplementary Basic Services 70% for Level III - Dentures 70% for Level IV - Major Restorative Services 50% for Level V - Orthodontics
Maximums	Maximums unlimited for Level I, Level II, Level III and Level IV \$2,000 per lifetime for Level V
- Dental Fee Guide	Dental Fee Guide Current Fee Guide for General Practitioners and Specialists approved by the Provincial Dental Association in the Province in which the services are rendered If the services are rendered in Alberta, the Fee Guide is considered to be the 1997 Alberta Dental Association Fee Guide for General Practitioners and Specialists plus inflationary adjustment as determined by the Administrator.

Group Benefits Schedule - Plan FC 41

Termination Age

Employee's age 70 or retirement, whichever is earlier. However, coverage shall be extended until the end of the month following the month in which such age or retirement is attained.

- Termination Age

Survivor Extended Benefit

subject to the Employee's Termination Age for the Dental Care Benefit

- Survivor Extended Benefit

Participation Basis

mandatory

- Participation Basis

Waiting Period

first day of the month coincident with or next following the date employment commences

- Waiting Period

Weekly Income/Short Term Disability

**Weekly
Income/Short
Term Disability**

Benefit Amount

70% of weekly Earnings rounded to the next higher \$1, if not already a multiple thereof, up to a maximum benefit of \$2,050

Benefit Amount

Qualifying Period

Accident - 30 calendar days

Sickness - 30 calendar days

- Qualifying Period

Maximum Benefit Period

21 weeks

- Maximum Benefit Period

Termination Age

age 70 or retirement, whichever is earlier. However, coverage shall be extended until the end of the month following the month in which such age or retirement is attained.

- Termination Age

Earnings

Gross weekly Earnings refers to an Employee's normal Earnings on the last day of work or sick leave. The gross weekly Earnings applicable on the last day of work or sick leave shall be adjusted due to salary increases negotiated retroactively.

- Earnings

42 Group Benefits Schedule - Plan FC

- *Tax Status*

Tax Status

taxable

- *Participation Basis*

Participation Basis

mandatory

- *Waiting Period*

Waiting Period

first day of the month coincident with or next following the date employment commences

Group Benefits Schedule - Plan FD 43

Extended Health Care

Extended Health Care

Drug Benefit for Covered Persons who Reside in Quebec

Drug Benefit for Covered Persons who Reside in Quebec

In accordance with the requirements of the prescription drug insurance legislation in Quebec, An Act Respecting Prescription Drug (R.S.Q. c., A-29-01) and the regulations enacted under this act (hereinafter collectively the "Legislation"), the drug benefit provided under this Plan Document to covered persons who reside in Quebec will be administered as outlined in the Plan Document Addendum - Drug Benefit For Covered Persons Who Reside In Quebec.

Classifications Eligible for Plan Benefits

Classifications Eligible for Plan Benefits

Employees in Plan FD

Dependents of Employees in Plan FD are also covered for this Benefit.

Overall Plan Maximum

Overall Plan Maximum

Unlimited

Deductible

Deductible

Individual - \$25 per calendar year(s)
Family - \$25 per calendar year(s)

Not applicable to:

- Vision
- Medical Services and Supplies (Ambulance)
- Professional Services (Naturopath Supplements)

Benefit Percentage (Co-insurance)

Benefit Percentage (Co-insurance)

95% of the first \$1,000 of paid expenses and 100% thereafter for
Hospital Care
Drugs
Professional Services (other than Naturopath supplements)
Medical Services and Supplies (other than Glucose Monitor)

100% for
Vision (other than Visual Training)
Professional Services (Naturopath supplements)

50% for
Vision (Visual Training)
Medical Services and Supplies (Glucose Monitor)

44 Group Benefits Schedule - Plan FD

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

Termination Age

the end of the month following the month in which the Employee retires

- Survivor Extended Benefit

Survivor Extended Benefit

not applicable

- Participation Basis

Participation Basis

mandatory

- Waiting Period

Waiting Period

not applicable

Covered Expenses and Maximums (per covered person)

Covered Expenses and Maximums (per covered person)

- Hospital

Hospital

Private: Unlimited

- ManuScript Generic Drug Plan 2

ManuScript Generic Drug Plan 2

Prescription Drugs:

All Covered Drug Expenses: Unlimited

Drug Payment Type: Direct Claims Payment

- Professional Services

Professional Services

Chiropractor: \$200 per calendar year, limited to \$10 per visit for the first 12 visits in any calendar year

Osteopath: \$200 per calendar year

Podiatrist/Chiropodist: \$200 per calendar year, limited to \$10 per visit for the first 12 visits in any calendar year

Massage Therapist: \$200 per calendar year, limited to \$10 per visit for the first 12 visits in any calendar year

Naturopath: \$200 per calendar year, limited to \$10 per visit for the first 12 visits in any calendar year. In addition, naturopath supplements, to a maximum of \$200 per calendar year.

Group Benefits Schedule - Plan FD 45

Speech Therapist: \$200 per calendar year

Physiotherapist: \$10 per visit for the first 12 visits in any calendar year, thereafter unlimited

Psychologist: \$200 per calendar year

Social Worker: Not covered

Acupuncturist: Not covered

Christian Science: \$200 per calendar year

Vision Care

- ***Vision Care***

Prescription Glasses/Elective Contact Lenses/Laser Eye Surgery: \$225 combined per 24 months

Contact Lenses (where medically necessary): \$200 per lifetime

Visual Training: Unlimited

Medical Services and Supplies

- ***Medical Services and Supplies***

Private Duty Nursing: \$5,000 per 3 calendar years

Durable Medical Equipment: \$2,000 per calendar year. In addition, charges for insulin pumps.

Custom-made Orthopaedic Shoes: \$300 per 2 consecutive calendar years combined with Custom-Made Orthotics

Custom-Made Orthotics: \$300 per 2 consecutive calendar years combined with Custom Made Orthopaedic Shoes

Referral outside Canada for medical treatment available in Canada: \$3,000 per 3 calendar years

Hearing Aids: \$600 per 5 calendar years

Surgical Stockings/Support Hose: \$25 per calendar year

Surgical Brassieres: 4 per calendar year

Wigs and Hairpieces: \$500 per lifetime

Glucose Monitor: \$500 per lifetime

All other Medical Services and Supplies: Unlimited

Out of Canada

- ***Out of Canada***

Out-of-Canada Maximum: Unlimited

46 Group Benefits Schedule - Plan FD

- Emergency Travel Assistance

Emergency Travel Assistance

Emergency Travel Assistance, a Travel Assist Benefit, is provided up to the maximum shown in the description of this Covered Expense under the Extended Health Care Benefit.

Dental Care

Dental Care

Classifications Eligible for Plan Benefits

Classifications Eligible for Plan Benefits

Employees in Plan FD

Dependents of Employees in Plan FD are also covered for this Benefit.

Deductible

Deductible

Nil

Benefit Percentage (Co-insurance)

Benefit Percentage (Co-insurance)

100% for Level I - Basic Services

100% for Level II - Supplementary Basic Services

70% for Level III - Dentures

70% for Level IV - Major Restorative Services

50% for Level V - Orthodontics

Maximums

Maximums

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

\$2,000 per lifetime for Level V

- Dental Fee Guide

Dental Fee Guide

Current Fee Guide for General Practitioners and Specialists approved by the Provincial Dental Association in the Province in which the services are rendered

If the services are rendered in Alberta, the Fee Guide is considered to be the 1997 Alberta Dental Association Fee Guide for General Practitioners and Specialists plus inflationary adjustment as determined by the Administrator.

- Termination Age

Termination Age

the end of the month following the month in which the Employee retires

Group Benefits Schedule - Plan FD 47

Survivor Extended Benefit

subject to the Employee's Termination Age for the Dental Care Benefit

***- Survivor Extended
Benefit***

Participation Basis

mandatory

- Participation Basis

Waiting Period

not applicable

- Waiting Period

48 Group Benefits Schedule - Plan S

Extended Health Care

Extended Health Care

Drug Benefit for Covered Persons who Reside in Quebec

Drug Benefit for Covered Persons who Reside in Quebec

In accordance with the requirements of the prescription drug insurance legislation in Quebec, An Act Respecting Prescription Drug (R.S.Q. c., A-29-01) and the regulations enacted under this act (hereinafter collectively the "Legislation"), the drug benefit provided under this Plan Document to covered persons who reside in Quebec will be administered as outlined in the Plan Document Addendum - Drug Benefit For Covered Persons Who Reside In Quebec.

Classifications Eligible for Plan Benefits

Classifications Eligible for Plan Benefits

Employees in Plan S

Dependents of Employees in Plan S are also covered for this Benefit.

Overall Plan Maximum

Overall Plan Maximum

Unlimited

Deductible

Deductible

Individual - \$25 per calendar year(s)

Family - \$25 per calendar year(s)

Not applicable to:

Vision

Professional Services (Naturopath Supplements)

Hospital Care

Benefit Percentage (Co-insurance)

Benefit Percentage (Co-insurance)

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

Hospital Care

Drugs

Professional Services (other than Naturopath supplements)

Medical Services and Supplies (other than Glucose Monitor)

100% for

Vision (other than Visual Training)

Professional Services (Naturopath supplements)

Group Benefits Schedule - Plan S 49

50% for
Vision (Visual Training)
Medical Services and Supplies (Glucose Monitor)

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

Termination Age

Employee's age 65 or retirement, whichever is earlier

- Termination Age

Survivor Extended Benefit

not applicable

- Survivor Extended Benefit

Participation Basis

mandatory

- Participation Basis

Waiting Period

first day of the month coincident with or next following the date employment commences

- Waiting Period

Covered Expenses and Maximums (per covered person)

Covered Expenses and Maximums (per covered person)

Hospital

Private: Unlimited

- Hospital

ManuScript Generic Drug Plan 2

Prescription Drugs:

All Covered Drug Expenses: Unlimited

Drug Payment Type: Direct Claims Payment

- ManuScript Generic Drug Plan 2

Professional Services

Chiropractor: \$200 per calendar year

Osteopath: \$200 per calendar year

Podiatrist/Chiropodist: \$200 per calendar year

Massage Therapist: \$200 per calendar year

Naturopath: \$200 per calendar year. In addition, naturopath supplements, to a maximum of \$200 per calendar year.

Speech Therapist: \$200 per calendar year

Physiotherapist: Unlimited

- Professional Services

50 Group Benefits Schedule - Plan S

Psychologist: \$200 per calendar year

Social Worker: Not covered

Acupuncturist: Not covered

Christian Science: \$200 per calendar year

- Vision Care

Vision Care

Prescription Glasses/Elective Contact Lenses/Laser Eye Surgery: \$250 combined per 24 months

Contact Lenses (where medically necessary): \$200 per lifetime

Visual Training: Unlimited

- Medical Services and Supplies

Medical Services and Supplies

Private Duty Nursing: \$5,000 per 3 calendar years

Durable Medical Equipment: \$2,000 per calendar year. In addition, charges for insulin pumps.

Custom-made Orthopaedic Shoes: \$300 per 2 consecutive calendar years combined with Custom-Made Orthotics

Custom-Made Orthotics: \$300 per 2 consecutive calendar years combined with Custom Made Orthopaedic Shoes

Referral outside Canada for medical treatment available in Canada: Not covered

Hearing Aids: \$600 per 5 calendar years

Surgical Stockings/Support Hose: \$25 per calendar year

Surgical Brassieres: 4 per calendar year

Wigs and Hairpieces: \$500 per lifetime

Glucose Monitor: \$500 per lifetime

All other Medical Services and Supplies: Unlimited

- Out of Canada

Out of Canada

Out-of-Canada Maximum: Unlimited

- Emergency Travel Assistance

Emergency Travel Assistance

Not covered

Group Benefits Schedule - Plan S 51

Dental Care

Dental Care

Classifications Eligible for Plan Benefits

Classifications Eligible for Plan Benefits

Employees in Plan S

Dependents of Employees in Plan S are also covered for this Benefit.

Deductible

Deductible

Nil

Benefit Percentage (Co-insurance)

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

50% for Level V - Orthodontics

Maximums

Maximums

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

\$1,500 per lifetime for Level V

Dental Fee Guide

- Dental Fee Guide

Current Fee Guide for General Practitioners and Specialists approved by the Provincial Dental Association in the Province in which the services are rendered

If the services are rendered in Alberta, the Fee Guide is considered to be the 1997 Alberta Dental Association Fee Guide for General Practitioners and Specialists plus inflationary adjustment as determined by the Administrator.

Termination Age

- Termination Age

Employee's age 65 or retirement, whichever is earlier

Survivor Extended Benefit

- Survivor Extended Benefit

subject to the Employee's Termination Age for the Dental Care Benefit

Participation Basis

- Participation Basis

mandatory

52 Group Benefits Schedule - Plan S

- <i>Waiting Period</i>	<i>Waiting Period</i> first day of the month coincident with or next following the date employment commences
Weekly Income/Short Term Disability	Weekly Income/Short Term Disability
<i>Benefit Amount</i>	<i>Benefit Amount</i> 66 2/3% of weekly Earnings rounded to the next higher \$1, if not already a multiple thereof, up to a maximum benefit of \$748
- <i>Qualifying Period</i>	<i>Qualifying Period</i> Accident - the later of 30 days or the expiration of sick leave Sickness - the later of 30 days or the expiration of sick leave
- <i>Maximum Benefit Period</i>	<i>Maximum Benefit Period</i> 13 weeks
- <i>Termination Age</i>	<i>Termination Age</i> age 65 or retirement, whichever is earlier
- <i>Earnings</i>	<i>Earnings</i> the Employee's regular rate of pay, including regular bonuses, regular overtime, commissions and shift differentials and excluding sporadic bonuses, sporadic overtime, incentive pay and automobile allowance
- <i>Tax Status</i>	<i>Tax Status</i> taxable
- <i>Participation Basis</i>	<i>Participation Basis</i> mandatory
- <i>Waiting Period</i>	<i>Waiting Period</i> 4 months

Group Benefits Schedule - Plan SA 53

Extended Health Care

Extended Health Care

Drug Benefit for Covered Persons who Reside in Quebec

Drug Benefit for Covered Persons who Reside in Quebec

In accordance with the requirements of the prescription drug insurance legislation in Quebec, An Act Respecting Prescription Drug (R.S.Q. c., A-29-01) and the regulations enacted under this act (hereinafter collectively the "Legislation"), the drug benefit provided under this Plan Document to covered persons who reside in Quebec will be administered as outlined in the Plan Document Addendum - Drug Benefit For Covered Persons Who Reside In Quebec.

Classifications Eligible for Plan Benefits

Classifications Eligible for Plan Benefits

Employees in Plan SA

Dependents of Employees in Plan SA are also covered for this Benefit.

Overall Plan Maximum

Overall Plan Maximum

Unlimited

Deductible

Deductible

Individual - \$25 per calendar year(s)

Family - \$25 per calendar year(s)

Not applicable to:

Vision

Professional Services (Naturopath Supplements)

Hospital Care

Benefit Percentage (Co-insurance)

Benefit Percentage (Co-insurance)

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

Hospital Care

Drugs

Professional Services (other than Naturopath supplements)

Medical Services and Supplies (other than Glucose Monitor)

100% for

Vision (other than Visual Training)

Professional Services (Naturopath supplements)

54 Group Benefits Schedule - Plan SA

50% for
Vision (Visual Training)
Medical Services and Supplies (Glucose Monitor)

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

- Termination Age

Termination Age

Employee's age 70 or retirement, whichever is earlier

- Survivor Extended Benefit

Survivor Extended Benefit

not applicable

- Participation Basis

Participation Basis

mandatory

- Waiting Period

Waiting Period

first day of the month coincident with or next following the date employment commences

Covered Expenses and Maximums (per covered person)

Covered Expenses and Maximums (per covered person)

- Hospital

Hospital

Private: Unlimited

- Manuscript Generic Drug Plan 2

Manuscript Generic Drug Plan 2

Prescription Drugs:

All Covered Drug Expenses: Unlimited

Drug Payment Type: Direct Claims Payment

- Professional Services

Professional Services

Chiropractor: \$200 per calendar year

Osteopath: \$200 per calendar year

Podiatrist/Chiropodist: \$200 per calendar year

Massage Therapist: \$200 per calendar year

Naturopath: \$200 per calendar year. In addition, naturopath supplements, to a maximum of \$200 per calendar year.

Speech Therapist: \$200 per calendar year

Physiotherapist: Unlimited

Group Benefits Schedule - Plan SA 55

Psychologist: \$200 per calendar year

Social Worker: Not covered

Acupuncturist: Not covered

Christian Science: \$200 per calendar year

Vision Care

- Vision Care

Prescription Glasses/Elective Contact Lenses/Laser Eye Surgery: \$250 combined per 24 months

Contact Lenses (where medically necessary): \$200 per lifetime

Visual Training: Unlimited

Medical Services and Supplies

- Medical Services and Supplies

Private Duty Nursing: \$5,000 per 3 calendar years

Durable Medical Equipment: \$2,000 per calendar year. In addition, charges for insulin pumps.

Custom-made Orthopaedic Shoes: \$300 per 2 consecutive calendar years combined with Custom-Made Orthotics

Custom-Made Orthotics: \$300 per 2 consecutive calendar years combined with Custom Made Orthopaedic Shoes

Referral outside Canada for medical treatment available in Canada: Not covered

Hearing Aids: \$600 per 5 calendar years

Surgical Stockings/Support Hose: \$25 per calendar year

Surgical Brassieres: 4 per calendar year

Wigs and Hairpieces: \$500 per lifetime

Glucose Monitor: \$500 per lifetime

All other Medical Services and Supplies: Unlimited

Out of Canada

- Out of Canada

Out-of-Canada Maximum: Unlimited

Emergency Travel Assistance

- Emergency Travel Assistance

Not covered

56 Group Benefits Schedule - Plan SA

Dental Care	Dental Care
Classifications Eligible for Plan Benefits	Classifications Eligible for Plan Benefits Employees in Plan SA Dependents of Employees in Plan SA are also covered for this Benefit.
Deductible	Deductible Nil
Benefit Percentage (Co-insurance)	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 50% for Level V - Orthodontics
Maximums	Maximums unlimited for Level I, Level II, Level III and Level IV \$1,500 per lifetime for Level V
- Dental Fee Guide	Dental Fee Guide Current Fee Guide for General Practitioners and Specialists approved by the Provincial Dental Association in the Province in which the services are rendered If the services are rendered in Alberta, the Fee Guide is considered to be the 1997 Alberta Dental Association Fee Guide for General Practitioners and Specialists plus inflationary adjustment as determined by the Administrator.
- Termination Age	Termination Age Employee's age 70 or retirement, whichever is earlier
- Survivor Extended Benefit	Survivor Extended Benefit subject to the Employee's Termination Age for the Dental Care Benefit
- Participation Basis	Participation Basis mandatory

Group Benefits Schedule - Plan SA 57

Waiting Period

first day of the month coincident with or next following the date employment commences

- *Waiting Period*

Weekly Income/Short Term Disability

**Weekly
Income/Short
Term Disability**

Benefit Amount

66 2/3% of weekly Earnings rounded to the next higher \$1, if not already a multiple thereof, up to a maximum benefit of \$748

Benefit Amount

Qualifying Period

Accident - the later of 30 days or the expiration of sick leave

Sickness - the later of 30 days or the expiration of sick leave

- *Qualifying Period*

Maximum Benefit Period

13 weeks

- *Maximum Benefit
Period*

Termination Age

age 70 or retirement, whichever is earlier

- *Termination Age*

Earnings

the Employee's regular rate of pay, including regular bonuses, regular overtime, commissions and shift differentials and excluding sporadic bonuses, sporadic overtime, incentive pay and automobile allowance

- *Earnings*

Tax Status

taxable

- *Tax Status*

Participation Basis

mandatory

- *Participation Basis*

Waiting Period

4 months

- *Waiting Period*

58 Group Benefits Schedule - Plan SB

Extended Health Care

Extended Health Care

Drug Benefit for Covered Persons who Reside in Quebec

Drug Benefit for Covered Persons who Reside in Quebec

In accordance with the requirements of the prescription drug insurance legislation in Quebec, An Act Respecting Prescription Drug (R.S.Q. c., A-29-01) and the regulations enacted under this act (hereinafter collectively the "Legislation"), the drug benefit provided under this Plan Document to covered persons who reside in Quebec will be administered as outlined in the Plan Document Addendum - Drug Benefit For Covered Persons Who Reside In Quebec.

Classifications Eligible for Plan Benefits

Classifications Eligible for Plan Benefits

Employees in Plan SB

Dependents of Employees in Plan SB are also covered for this Benefit.

Overall Plan Maximum

Overall Plan Maximum

Unlimited

Deductible

Deductible

Individual - \$25 per calendar year(s)
Family - \$25 per calendar year(s)

Not applicable to:

Vision
Professional Services (Naturopath Supplements)
Hospital Care

Benefit Percentage (Co-insurance)

Benefit Percentage (Co-insurance)

80% of the first \$1,000 of paid expenses and 100% thereafter for
Hospital Care
Drugs
Professional Services (other than Naturopath Supplements)
Medical Services and Supplies (other than Glucose Monitor)

100% for

Vision (other than Visual Training)
Professional Services (Naturopath Supplements)

Group Benefits Schedule - Plan SB 59

50% for
Vision (Visual Training)
Medical Services and Supplies (Glucose Monitor)

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

Termination Age

Employee's age 70 or retirement, whichever is earlier

- Termination Age

Survivor Extended Benefit

not applicable

- Survivor Extended Benefit

Participation Basis

mandatory

- Participation Basis

Waiting Period

first day of the month coincident with or next following the date employment commences

- Waiting Period

Covered Expenses and Maximums (per covered person)

Hospital

Private: Unlimited

Covered Expenses and Maximums (per covered person)

- Hospital

ManuScript Generic Drug Plan 2

Prescription Drugs:

All Covered Drug Expenses: Unlimited

Drug Payment Type: Direct Claims Payment

- ManuScript Generic Drug Plan 2

Professional Services

Chiropractor: \$200 per calendar year

Osteopath: \$200 per calendar year

Podiatrist/Chiropodist: \$200 per calendar year

Massage Therapist: \$200 per calendar year

Naturopath: \$200 per calendar year. In addition, naturopath supplements, to a maximum of \$200 per calendar year.

Speech Therapist: \$200 per calendar year

Physiotherapist: Unlimited

- Professional Services

60 Group Benefits Schedule - Plan SB

Psychologist: \$200 per calendar year

Social Worker: Not covered

Acupuncturist: Not covered

Christian Science: \$200 per calendar year

- Vision Care

Vision Care

Prescription Glasses/Elective Contact Lenses/Laser Eye Surgery: \$250 combined per 24 months

Contact Lenses (where medically necessary): \$200 per lifetime

Visual Training: Unlimited

- Medical Services and Supplies

Medical Services and Supplies

Private Duty Nursing: \$5,000 per 3 calendar years

Durable Medical Equipment: \$2,000 per calendar year. In addition, charges for insulin pumps.

Custom-made Orthopaedic Shoes: \$300 per 2 consecutive calendar years combined with Custom-Made Orthotics

Custom-Made Orthotics: \$300 per 2 consecutive calendar years combined with Custom Made Orthopaedic Shoes

Referral outside Canada for medical treatment available in Canada: Not covered

Hearing Aids: \$600 per 5 calendar years

Surgical Stockings/Support Hose: \$25 per calendar year

Surgical Brassieres: 4 per calendar year

Wigs and Hairpieces: \$500 per lifetime

Glucose Monitor: \$500 per lifetime

All other Medical Services and Supplies: Unlimited

- Out of Canada

Out of Canada

Out-of-Canada Maximum: Unlimited

- Emergency Travel Assistance

Emergency Travel Assistance

Not covered

Dental Care

Dental Care

Classifications Eligible for Plan Benefits

Classifications Eligible for Plan Benefits

Employees in Plan SB

Dependents of Employees in Plan SB are also covered for this Benefit.

Deductible

Deductible

Nil

Benefit Percentage (Co-insurance)

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

50% for Level V - Orthodontics

Maximums

Maximums

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

\$1,500 per lifetime for Level V

Dental Fee Guide

- Dental Fee Guide

Current Fee Guide for General Practitioners and Specialists approved by the Provincial Dental Association in the Province in which the services are rendered

If the services are rendered in Alberta, the Fee Guide is considered to be the 1997 Alberta Dental Association Fee Guide for General Practitioners and Specialists plus inflationary adjustment as determined by the Administrator.

Termination Age

- Termination Age

Employee's age 70 or retirement, whichever is earlier

Survivor Extended Benefit

- Survivor Extended Benefit

subject to the Employee's Termination Age for the Dental Care Benefit

Participation Basis

- Participation Basis

mandatory

Waiting Period

- Waiting Period

first day of the month coincident with or next following the date employment commences

62 Group Benefits Schedule - Plans SC and SD

Extended Health Care

Extended Health Care

Drug Benefit for Covered Persons who Reside in Quebec

Drug Benefit for Covered Persons who Reside in Quebec

In accordance with the requirements of the prescription drug insurance legislation in Quebec, An Act Respecting Prescription Drug (R.S.Q. c., A-29-01) and the regulations enacted under this act (hereinafter collectively the "Legislation"), the drug benefit provided under this Plan Document to covered persons who reside in Quebec will be administered as outlined in the Plan Document Addendum - Drug Benefit For Covered Persons Who Reside In Quebec.

Classifications Eligible for Plan Benefits

Classifications Eligible for Plan Benefits

Employees in Plans SC and SD

Dependents of Employees in Plans SC and SD are also covered for this Benefit.

Overall Plan Maximum

Overall Plan Maximum

Unlimited

Deductible

Deductible

Individual - \$25 per calendar year(s)
Family - \$25 per calendar year(s)

Not applicable to:

Vision
Professional Services (Naturopath Supplements)

Benefit Percentage (Co-insurance)

Benefit Percentage (Co-insurance)

80% of the first \$1,000 of paid expenses and 100% thereafter for
Hospital Care
Drugs
Professional Services (other than Naturopath supplements)
Medical Services and Supplies (other than Glucose Monitor)

100% for

Vision (other than Visual Training)
Professional Services (Naturopath supplements)

Group Benefits Schedule - Plans SC and SD 63

50% for
Vision (Visual Training)
Medical Services and Supplies (Glucose Monitor)

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

Termination Age

Employee's age 70 or retirement, whichever is earlier

- *Termination Age*

Survivor Extended Benefit

not applicable

- *Survivor Extended Benefit*

Participation Basis

mandatory

- *Participation Basis*

Waiting Period

first day of the month coincident with or next following the date employment commences

- *Waiting Period*

Covered Expenses and Maximums (per covered person)

Hospital

Private: Unlimited

Covered Expenses and Maximums (per covered person)

- *Hospital*

ManuScript Generic Drug Plan 2

Prescription Drugs:

All Covered Drug Expenses: Unlimited

Drug Payment Type: Direct Claims Payment

- *ManuScript Generic Drug Plan 2*

Professional Services

Chiropractor: \$200 per calendar year

Osteopath: \$200 per calendar year

Podiatrist/Chiropodist: \$200 per calendar year

Massage Therapist: \$200 per calendar year

Naturopath: \$200 per calendar year. In addition, naturopath supplements, to a maximum of \$200 per calendar year.

Speech Therapist: \$200 per calendar year

Physiotherapist: Unlimited

- *Professional Services*

64 Group Benefits Schedule - Plans SC and SD

Psychologist: \$200 per calendar year

Social Worker: Not covered

Acupuncturist: Not covered

Christian Science: \$200 per calendar year

- Vision Care

Vision Care

Prescription Glasses/Elective Contact Lenses/Laser Eye Surgery: \$250 combined per 24 months

Contact Lenses (where medically necessary): \$200 per lifetime

Visual Training: Unlimited

- Medical Services and Supplies

Medical Services and Supplies

Private Duty Nursing: \$5,000 per 3 calendar years

Durable Medical Equipment: \$2,000 per calendar year. In addition, charges for insulin pumps.

Custom-made Orthopaedic Shoes: \$300 per 2 consecutive calendar years combined with Custom-Made Orthotics

Custom-Made Orthotics: \$300 per 2 consecutive calendar years combined with Custom Made Orthopaedic Shoes

Referral outside Canada for medical treatment available in Canada: Not covered

Hearing Aids: \$600 per 5 calendar years

Surgical Stockings/Support Hose: \$25 per calendar year

Surgical Brassieres: 4 per calendar year

Wigs and Hairpieces: \$500 per lifetime

Glucose Monitor: \$500 per lifetime

All other Medical Services and Supplies: Unlimited

- Out of Canada

Out of Canada

Out-of-Canada Maximum: Unlimited

- Emergency Travel Assistance

Emergency Travel Assistance

Not covered

Group Benefits Schedule - Plans SC and SD 65

Dental Care

Dental Care

Classifications Eligible for Plan Benefits

Classifications Eligible for Plan Benefits

Employees in Plans SC and SD

Dependents of Employees in Plans SC and SD are also covered for this Benefit.

Deductible

Deductible

Nil

Benefit Percentage (Co-insurance)

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

50% for Level V - Orthodontics

Maximums

Maximums

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

\$1,500 per lifetime for Level V

Dental Fee Guide

- Dental Fee Guide

Current Fee Guide for General Practitioners and Specialists approved by the Provincial Dental Association in the Province in which the services are rendered

If the services are rendered in Alberta, the Fee Guide is considered to be the 1997 Alberta Dental Association Fee Guide for General Practitioners and Specialists plus inflationary adjustment as determined by the Administrator.

Termination Age

- Termination Age

Employee's age 70 or retirement, whichever is earlier

Survivor Extended Benefit

- Survivor Extended Benefit

subject to the Employee's Termination Age for the Dental Care Benefit

Participation Basis

- Participation Basis

mandatory

Waiting Period

- Waiting Period

first day of the month coincident with or next following the date employment commences

66 Group Benefits Schedule - Plans SC and SD

**Weekly
Income/Short
Term Disability**

Weekly Income/Short Term Disability

Benefit Amount

Benefit Amount

66 2/3% of weekly Earnings rounded to the next higher \$1, if not already a multiple thereof, up to a maximum benefit of \$748

- Qualifying Period

Qualifying Period

Accident - the later of 30 days or the expiration of sick leave

Sickness - the later of 30 days or the expiration of sick leave

***- Maximum Benefit
Period***

Maximum Benefit Period

13 weeks

- Termination Age

Termination Age

age 70 or retirement, whichever is earlier

- Earnings

Earnings

the Employee's regular rate of pay, including regular bonuses, regular overtime, commissions and shift differentials and excluding sporadic bonuses, sporadic overtime, incentive pay and automobile allowance

- Tax Status

Tax Status

taxable

- Participation Basis

Participation Basis

mandatory

- Waiting Period

Waiting Period

4 months

Group Benefits Schedule - Plans T and TB 67

Extended Health Care

Extended Health Care

Drug Benefit for Covered Persons who Reside in Quebec

Drug Benefit for Covered Persons who Reside in Quebec

In accordance with the requirements of the prescription drug insurance legislation in Quebec, An Act Respecting Prescription Drug (R.S.Q. c., A-29-01) and the regulations enacted under this act (hereinafter collectively the "Legislation"), the drug benefit provided under this Plan Document to covered persons who reside in Quebec will be administered as outlined in the Plan Document Addendum - Drug Benefit For Covered Persons Who Reside In Quebec.

Classifications Eligible for Plan Benefits

Classifications Eligible for Plan Benefits

Employees in Plans T and TB

Dependents of Employees in Plans T and TB are also covered for this Benefit.

Overall Plan Maximum

Overall Plan Maximum

Unlimited

Deductible

Deductible

Individual - \$25 per calendar year(s)
Family - \$25 per calendar year(s)

Not applicable to:

- Vision
- Out-of-Province/Canada Emergency Medical Treatment
- Out-of-Canada - Referrals

Benefit Percentage (Co-insurance)

Benefit Percentage (Co-insurance)

95% of the first \$1,000 of paid expenses and 100% thereafter for
Hospital Care
Drugs
Vision
Professional Services
Medical Services and Supplies

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%.

68 Group Benefits Schedule - Plans T and TB

- Termination Age

Termination Age

Employee's age 65 or retirement, whichever is earlier

- Survivor Extended Benefit

Survivor Extended Benefit

subject to the Employee's Termination Age for the Extended Health Care Benefit

- Participation Basis

Participation Basis

mandatory

- Waiting Period

Waiting Period

April 1st provided the Tutor qualified for benefits in the previous year and the average of his previous 5 years Earnings is at least \$14,879. If the Tutor qualified for benefits the previous year and the average of his previous 5 years earnings is below \$14,879 he may continue benefits provided post-dated payments are provided to the Employer.

Covered Expenses and Maximums (per covered person)

Covered Expenses and Maximums (per covered person)

- Hospital

Hospital

Private: Unlimited

- Prescription Drugs

Prescription Drugs

Prescription Drugs:

Sclerotherapy: \$20 per visit

All Other Covered Drug Expenses: Unlimited

Drug Payment Type: Reimbursement

- Professional Services

Professional Services

Chiropractor: \$275 per calendar year, including x-rays to a maximum of \$20 per calendar year

Osteopath: Not covered

Podiatrist/Chiropodist: \$275 per calendar year

Massage Therapist: \$275 per calendar year

Naturopath: \$275 per calendar year

Speech Therapist: \$100 per calendar year

Physiotherapist: \$275 per calendar year

Psychologist: \$275 per calendar year combined with Social Worker

Group Benefits Schedule - Plans T and TB 69

Social Worker: \$275 per calendar year combined with Psychologist

Acupuncturist: \$100 per calendar year

Christian Science: Not covered

Vision Care

- Vision Care

Prescription Glasses/Elective Contact Lenses/Laser Eye Surgery: \$150 combined per 24 months

Contact Lenses (where medically necessary): \$150 per 24 months

Visual Training: Not covered

Medical Services and Supplies

- Medical Services and Supplies

Private Duty Nursing: \$10,000 per 12 months, commencing on the 1st day of care

Durable Medical Equipment: Unlimited

Custom-made Orthopaedic Shoes: \$200 per calendar year for dependent children and \$400 per calendar year for any other person, combined with Custom-made Orthotics

Custom-Made Orthotics: \$200 per 3 calendar years for dependent children and \$400 per 3 calendar years for any other person, combined with Custom-made Orthopaedic Shoes

Referral outside Canada for medical treatment available in Canada: \$3,000 per 3 calendar year(s)

Hearing Aids: \$600 per 5 calendar years

Surgical Stockings/Support Hose: 4 pair per calendar year

Surgical Brassieres: 4 per calendar year, to a maximum of \$150 per calendar year

Wigs and Hairpieces: Covered

Glucose Monitor: one per 4 calendar years

All other Medical Services and Supplies: Unlimited

Out of Canada

- Out of Canada

Out-of-Canada Maximum: Unlimited

Emergency Travel Assistance

- Emergency Travel Assistance

Emergency Travel Assistance, a Travel Assist Benefit, is provided up to the maximum shown in the description of this Covered Expense under the Extended Health Care Benefit.

70 Group Benefits Schedule - Plans T and TB

Dental Care	Dental Care
Classifications Eligible for Plan Benefits	Classifications Eligible for Plan Benefits Employees in Plans T and TB Dependents of Employees in Plans T and TB are also covered for this Benefit.
Deductible	Deductible Nil
Benefit Percentage (Co-insurance)	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 50% for Level V - Orthodontics
Maximums	Maximums unlimited for Level I, Level II, Level III and Level IV \$1,750 per lifetime for Level V
- Dental Fee Guide	Dental Fee Guide Current Fee Guide for General Practitioners and Specialists approved by the Provincial Dental Association in the Province in which the services are rendered If the services are rendered in Alberta, the Fee Guide is considered to be the 1997 Alberta Dental Association Fee Guide for General Practitioners and Specialists plus inflationary adjustment as determined by the Administrator.
- Termination Age	Termination Age Employee's age 65 or retirement, whichever is earlier

Group Benefits Schedule - Plans T and TB 71

Survivor Extended Benefit

not applicable

- *Survivor Extended Benefit*

Participation Basis

mandatory

- *Participation Basis*

Waiting Period

April 1st provided the Tutor qualified for benefits in the previous year and the average of his previous 5 years Earnings is at least \$14,879. If the Tutor qualified for benefits the previous year and the average of his previous 5 years earnings is below \$14,879 he may continue benefits provided post-dated payments are provided to the Employer.

- *Waiting Period*

72 Group Benefits Schedule - Plan TA

Extended Health Care

Extended Health Care

Drug Benefit for Covered Persons who Reside in Quebec

Drug Benefit for Covered Persons who Reside in Quebec

In accordance with the requirements of the prescription drug insurance legislation in Quebec, An Act Respecting Prescription Drug (R.S.Q. c., A-29-01) and the regulations enacted under this act (hereinafter collectively the "Legislation"), the drug benefit provided under this Plan Document to covered persons who reside in Quebec will be administered as outlined in the Plan Document Addendum - Drug Benefit For Covered Persons Who Reside In Quebec.

Classifications Eligible for Plan Benefits

Classifications Eligible for Plan Benefits

Employees in Plan TA

Dependents of Employees in Plan TA are also covered for this Benefit.

Overall Plan Maximum

Overall Plan Maximum

Unlimited

Deductible

Deductible

Individual - \$25 per calendar year(s)
Family - \$25 per calendar year(s)

Not applicable to:
Vision

Benefit Percentage (Co-insurance)

Benefit Percentage (Co-insurance)

95% of the first \$1,000 of paid expenses and 100% thereafter for
Hospital Care
Drugs
Vision
Professional Services
Medical Services and Supplies

- Termination Age

Termination Age

Employee's retirement

- Survivor Extended Benefit

Survivor Extended Benefit

subject to the Employee's Termination Age for the Extended Health Care Benefit

Group Benefits Schedule - Plan TA 73

Participation Basis

mandatory

- Participation Basis

Waiting Period

April 1st provided the Tutor qualified for benefits in the previous year and the average of his previous 5 years Earnings is at least \$14,879. If the Tutor qualified for benefits the previous year and the average of his previous 5 years earnings is below \$14,879 he may continue benefits provided post-dated payments are provided to the Employer.

- Waiting Period

Covered Expenses and Maximums (per covered person)

**Covered Expenses
and Maximums (per
covered person)**

Hospital

Private: Unlimited

- Hospital

Prescription Drugs

Prescription Drugs:

Sclerotherapy: \$20 per visit

All Other Covered Drug Expenses: Unlimited

Drug Payment Type: Reimbursement

- Prescription Drugs

Professional Services

**- Professional
Services**

Chiropractor: \$275 per calendar year, including x-rays to a maximum of \$20 per calendar year

Osteopath: Not covered

Podiatrist/Chiropodist: \$275 per calendar year

Massage Therapist: \$275 per calendar year

Naturopath: \$275 per calendar year

Speech Therapist: \$100 per calendar year

Physiotherapist: \$275 per calendar year

Psychologist: \$275 per calendar year combined with Social Worker

Social Worker: \$275 per calendar year combined with Psychologist

Acupuncturist: \$100 per calendar year

Christian Science: Not covered

74 Group Benefits Schedule - Plan TA

- Vision Care

Vision Care

Prescription Glasses/Elective Contact Lenses/Laser Eye Surgery: \$150 combined per 24 months

Contact Lenses (where medically necessary): \$150 per 24 months

Visual Training: Not covered

- Medical Services and Supplies

Medical Services and Supplies

Private Duty Nursing: \$10,000 per 12 months, commencing on the 1st day of care

Durable Medical Equipment: Unlimited

Custom-made Orthopaedic Shoes: \$200 per calendar year for dependent children and \$400 per calendar year for any other person, combined with Custom-made Orthotics

Custom-Made Orthotics: \$200 per 3 calendar years for dependent children and \$400 per 3 calendar years for any other person, combined with Custom-made Orthopaedic Shoes

Referral outside Canada for medical treatment available in Canada: Not covered

Hearing Aids: \$600 per 5 calendar years

Surgical Stockings/Support Hose: 4 pair per calendar year

Surgical Brassieres: 4 per calendar year, to a maximum of \$150 per calendar year

Wigs and Hairpieces: Covered

Glucose Monitor: one per 4 calendar years

All other Medical Services and Supplies: Unlimited

- Out of Canada

Out of Canada

Out-of-Canada Maximum: Not covered

- Emergency Travel Assistance

Emergency Travel Assistance

Not covered.

Group Benefits Schedule - Plan TA 75

Dental Care

Dental Care

Classifications Eligible for Plan Benefits

Classifications Eligible for Plan Benefits

Employees in Plan TA

Dependents of Employees in Plan TA are also covered for this Benefit.

Deductible

Deductible

Nil

Benefit Percentage (Co-insurance)

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

50% for Level V - Orthodontics

Maximums

Maximums

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

\$1,750 per lifetime for Level V

Dental Fee Guide

- Dental Fee Guide

Current Fee Guide for General Practitioners and Specialists approved by the Provincial Dental Association in the Province in which the services are rendered

If the services are rendered in Alberta, the Fee Guide is considered to be the 1997 Alberta Dental Association Fee Guide for General Practitioners and Specialists plus inflationary adjustment as determined by the Administrator.

Termination Age

- Termination Age

Employee's retirement

76 Group Benefits Schedule - Plan TA

**- Survivor Extended
Benefit**

Survivor Extended Benefit

not applicable

- Participation Basis

Participation Basis

mandatory

- Waiting Period

Waiting Period

April 1st provided the Tutor qualified for benefits in the previous year and the average of his previous 5 years Earnings is at least \$14,879. If the Tutor qualified for benefits the previous year and the average of his previous 5 years earnings is below \$14,879 he may continue benefits provided post-dated payments are provided to the Employer.

Accident

an unexpected or unforeseen happening or event involving an external force, causing loss or injury, independently of all other causes.

Accident**Actively at Work**

at work for the Employer or any Associated Company shown in the Benefit Schedule on a Full-time, Part-time or Part-time Job Sharing basis at the Employee's usual place of work.

Actively at Work

On weekends or holidays, or when on vacation, an Employee is deemed to be Actively at Work if he was Actively at Work on his last normal working day or on his last scheduled shift.

Administrator

Manulife Financial.

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

the percentage of Covered Expenses which is payable by the Administrator, acting on behalf of the Employer.

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

a doctor of dentistry, licensed to practice dentistry in the place where the services are provided.

Dentist**Dependent**

an Employee's Spouse or Child who is covered under the Provincial Plan.

Dependent**- Spouse**

For all Plans other than Plans T, TA and TB

the Employee's legal Spouse, or the person who has, for at least 12 months, been continuously living with the Employee in a role like that of a marriage partner.

Spouse

For Plans T, TA and TB

A legal or common-law Spouse who is at least 18 years of age and not related by blood closer than would legally bar marriage.

For all Plans

Only one Spouse will be eligible for benefits under this Plan, and will be as indicated by the Employee on his application for benefits under this Plan. Where this information is not contained on the Employee's application, the person who qualifies last under this Plan's definition of Spouse will be the eligible Spouse.

78 Definitions

Child

- Child

an Employee's natural or adopted child, or stepchild, who

- a) is unmarried;
- b) is not employed on a full-time basis;
- c) is not eligible for plan benefits as an employee under this or any other group plan; and
- d) for all Plans other than Plans T, TA and TB, is either under 21 years of age, or, if a full-time student at an accredited school, college or university, under 25 years of age; or
- e) for Plans T, TA and TB, is either under 21 years of age, or, is a full-time student at an accredited school, college or university for 15 hours or more per week in the preceding 6 months. A child will not be considered a full-time student if he is paid to attend school.

For Plans T, TA and TB, a child under 21 is not eligible for benefits if the child is working more than 30 hours per week unless the child is a full-time student.

A student whose normal residence is Canada will be considered a dependent while attending school outside of Canada.

A child of the Employee's Spouse shall be considered a dependent only if:

- a) the child is also the Employees child; and
- b) the Spouse is living with the Employee and has custody of the child.

A child covered under this Plan, who is incapacitated due to a mental or physical disability on the date he reaches the age when he would otherwise cease to be an eligible Dependent, will continue to be an eligible Dependent under this Plan.

A child is considered incapacitated if he 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 disability.

The Administrator, acting on behalf of the Employer, may require written proof of the Dependent's condition as often as may reasonably be necessary.

A stepchild must be living with the Employee to be an eligible Dependent.

Disability or Disabled

Disability or Disabled

the state of being Totally Disabled or Partially Disabled.

Drug

Drug

a medication that has been approved for use by the Federal Government of Canada and has a Drug Identification Number

Earnings

Earnings

for a benefit which is earnings-related, the definition of earnings is shown in the Benefit Schedule. An Employee's Earnings may also include other income as agreed to in writing by the Employer and the Administrator, and which is reported periodically.

For Plans A, AC, AD, S, SA, SC and SD: Gross weekly Earnings refer to an Employee's normal earnings on the last day of work or sick leave and shall be adjusted due to salary increases negotiated retroactively.

For Plans F, FA, FB and FC: Gross weekly Earnings refer to an Employee's normal earnings on the last day of work or sick leave. The gross weekly Earnings applicable on the last day of work or sick leave shall be adjusted due to salary increases negotiated retroactively.

For an Employee working less than Full-time, or an Employee whose regular employment includes a period of lay-off with a pre-determined recall date of less than 9 months, the gross weekly Earnings refers to an Employee's hours normally worked per week, as determined by averaging the number of hours actually work over the 52 week period immediately preceding the date of Disability or illness, times the Employee's regular hourly rate, or the hourly equivalent, which are rates in effect at the date of Disability.

Employee

Employee

a person who:

- a) is compensated for services by the Employer;
- b) is residing in Canada; and
- c) is directly employed by the Employer:
 - i) for all Plans other than Plans T, TA and TB, on a permanent and Full-time Part-time or Part-time Job-sharing basis;
 - ii) for Auxiliary Employees of Plan SB, with a posting of one year or longer;
 - iii) for Plans T, TA and TB, on a permanent, non-seasonal Full-time basis; or
- d) is age 55 and over and who has retired prior to age 65 in accordance with the Employer's Early Retirement incentive Plan.

For the purposes of those Benefits which continue beyond retirement, the term Employee also means Retiree.

- Retiree

Retiree

a person who was an Employee immediately prior to his retirement.

80 Definitions

Employer

Employer

Thompson Rivers University or any Associated Company shown in the Benefit Schedule.

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.

Full-time basis

Full-time basis

For Full-time Employees of all Plans other than Plans T, TA and TB: normal work schedule of at least 35 hour(s) per week.

For Full-time Employees of Plans T, TA and TB: normal work schedule of at least 15 hour(s) per week

For Part-time or Part-time Job-Sharing Faculty Employees: normal work schedule of at least 17.5 hour(s) per week.

For Part-time CUPE Employees: normal work schedule of at least 17.5 hour(s) per week (35 hours bi-weekly).

For Auxiliary Employees of Plan SB: normal work schedule of at least 17.5 hour(s) per week.

Full-time as used in this policy can also mean and include Employees working on a Part-time, Part-time Job-Sharing or Auxiliary basis, whenever the context requires it.

Hospital

Hospital

a legally licensed institution which is operated for the care and treatment of sick and injured persons as in-patients, and which:

- a) is eligible to receive payments under a provincial hospital plan;
- b) provides organized facilities for diagnosis, major surgery, or rehabilitation;
- c) provides 24-hour nursing service by registered nurses, and has a Physician in regular attendance;
- d) is not primarily operated as a nursing home or a place for rest, or for the care and treatment of the aged, the blind or deaf; and
- e) is not primarily operated as a place for the care and treatment of alcoholics, drug addicts, or the mentally ill, unless the institution is eligible to receive payments under a provincial hospital plan.

For the purpose of this Plan, the chronic beds of a Hospital are not considered to be part of that Hospital.

Immediate Family Member

a person who is:

- a) the Employee;
- b) the Employee's Spouse or Child;
- c) the Employee's or Spouse's parent; or
- d) the Employee's or Spouse's brother or sister.

Immediate Family Member

Leave of Absence

a period of absence from work for which the dates are fixed by legislation or by mutual agreement between the Employer and the Employee. Leave of absence includes Maternity and Parental Leave of Absence.

Leave of Absence

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.

Licensed, Certified, Registered

Life-Sustaining Drugs

Drugs which are necessary for the survival of the patient.

Life-Sustaining Drugs

Maternity Leave of Absence

the period of formal maternity leave to which an Employee is entitled by legislation governing the Employer, or a longer period, if the Employer's normal practice permits.

For the purposes of this Plan, Maternity Leave of Absence will be deemed to commence on the earlier of:

- a) the date fixed by mutual agreement between the Employee and the Employer; and
- b) the date the child is born.

Maternity Leave of Absence

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.

Medically Necessary

Natural Health Products

products licensed for sale in Canada by Health Canada as a Natural Health Product.

Natural Health Products

82 Definitions

***Parental Leave of
Absence***

Parental Leave of Absence

the period of formal child care leave to which an Employee is entitled by legislation governing the Employer, or a longer period, if the Employer's normal practice permits.

Physician

Physician

a doctor of medicine, licensed to practice medicine in the place where the services are provided.

Prior Plan

Prior Plan

a previous Group Plan which covered all or some of the persons covered under this Plan, and which terminated within 31 days prior to the Effective Date of this Plan.

Provincial Plan

Provincial Plan

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

Qualifying Period

Qualifying Period

a period of continuous Total Disability, starting with the first day of Total Disability, which must be completed by the Employee in order to qualify for benefits. The Qualifying Period is shown in the Benefit Schedule.

***Reasonable and
Customary***

Reasonable and Customary

the lowest of:

- a) 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;
- b) the amount shown in the applicable professional association fee guide; or
- c) the maximum price established by law.

Temporary Lay-Off

Temporary Lay-Off

a period during which the Employee is laid off work and for which there is a fixed recall date.

Waiting Period

Waiting Period

a period of continuous active employment with the Employer, as shown in the Benefit Schedule, following which the Employee becomes eligible for plan benefits.

Ward

Ward

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

Eligibility for Plan Benefits

Employee

An Employee is eligible for plan benefits under this Plan if he:

- a) is a member of a Classification which is eligible for plan benefits, as set out in the Benefit Schedule;
- b) is younger than the Termination Age shown in the Benefit Schedule; and
- c) has continuously been an Employee, as defined, for a period as long as the Waiting Period shown in the Benefit Schedule.

If an Employee accepts a temporary position of 6 months or more, the Employee will be transitioned to the appropriate new Plan and will receive the benefits as outlined in the Benefits Schedule for that Plan. An Employee who accepts a temporary position of less than 6 months will remain in the normal Plan for their position.

If an Employee is employed by the Employer in more than one job, then the Employee must satisfy the eligibility requirements under each Plan to be eligible for plan benefits. Hours may not be accumulated over two or more Plans when assessing eligibility for plan benefits under this Plan.

Re-hired Employees

If an Employee is re-hired within 12 months of termination of coverage under this Plan due to termination of employment, he must re-apply for coverage under this Plan, however requirement to satisfy another Waiting Period is up to the discretion of the Plan Administrator and any Pre-Existing Condition limitations under this Plan will commence as of the date of re-hire.

Dependent

An Employee's Dependent becomes eligible for plan benefits at the same time that the Employee does. However, the Employee must apply for the Employee coverage in order for the Dependent to be eligible. A person who becomes a Dependent after the Employee becomes covered is eligible on the date that person becomes a Dependent.

Amount of Plan Benefit Coverage

The amount of plan benefit coverage for which a person is eligible under any Benefit will be determined in accordance with the Benefit Schedule.

How to Become Covered

To become covered under this Plan, an eligible Employee must apply in writing on approved forms. Coverage for Dependents must also be applied for on approved forms.

Eligibility for Plan Benefits

- Employee

- Re-hired Employees

- Dependent

Amount of Plan Benefit Coverage

How to Become Covered

84 Eligibility for Plan Benefits

Evidence of Good Health

When Evidence of Good Health is Required

For all benefits, except Dental Care, evidence of good health is required whenever an Employee makes a Late Application for coverage on any person.

In this case, the Employee will bear the cost of supplying evidence which conforms to the Administrator's rules.

- Late Application

Late Application

For non-mandatory benefits, an application is considered late when an Employee:

- a) applies for coverage on any person after having been eligible for more than 31 days; or
- b) re-applies for coverage on any person whose coverage had earlier been cancelled.

For mandatory and non-mandatory benefits, an application is considered late when, after having previously waived benefits under this Plan because he was covered for similar benefits under his Spouse's plan, an Employee:

- a) applies for coverage more than 31 days after his benefits terminated under the Spouse's plan; or
- b) if he applies for coverage, and benefits under his Spouse's plan have not terminated.

- Late Dental Application

Late Dental Application

A late applicant for Dental coverage will be subject to a maximum of \$200 per person, for the first 12 consecutive months of coverage, for Levels I, II, III and IV combined. No coverage for Level V is eligible for the first 12 consecutive months of coverage.

Effective Date of Plan Benefits

Effective Date of Plan Benefits

Once an application for Employee or Dependent plan benefits has been completed, coverage becomes effective as follows, if the Employee is then Actively at Work:

- a) for all plan benefit coverage which does not require evidence of good health, on the date the Employee or Dependent becomes eligible for this coverage; and
- b) for all plan benefit coverage which does require evidence of good health, on the date this evidence is approved by the Employer or the Administrator.

If the Employee is not Actively at Work when plan benefit coverage would otherwise take effect, this coverage will take effect on the next day on which he is again Actively at Work.

An Employee who is not Actively at Work on the Effective Date may still be eligible for plan benefits under this Plan through a Transfer of Benefits from the Prior Plan.

Dependent plan benefits will not take effect prior to the Effective Date of the Employee's plan benefits.

Increases in Plan Benefits

Increases in Plan Benefits

An increase in plan benefits on an Employee or Dependent will take effect as follows, if the Employee is then Actively at Work:

- a) if evidence of good health is not required, on the Effective Date for Increases in Plan Benefits shown in the Benefit Schedule; and
- b) if evidence of good health is required, on the date this evidence is approved by the Administrator, acting on behalf of the Employer.

If the Employee is not Actively at Work when an increase in plan benefits would otherwise take effect, this increase in plan benefits will take effect on the next day on which he is again Actively at Work.

Decreases in Plan Benefits

Decreases in Plan Benefits

A decrease in the amount for which any person is covered takes effect when the person is first eligible for the decreased amount.

86 Transfer of Benefits from the Prior Plan

This Section applies only if this Plan replaces a Prior Plan.

Concessions Granted

Concessions Granted

The Administrator, acting on behalf of the Employer, grants the following concessions to persons who were covered under the Prior Plan when it terminated:

- a) a Transfer of Coverage for Employees not Actively at Work; and
- b) the Carry-Forward of any Deductible.

These concessions are as described below.

Transfer of Coverage

Transfer of Coverage

An Employee who is not Actively at Work on the Effective Date is still eligible under this Plan if he:

- Eligibility

- a) was covered under the Prior Plan when that Plan terminated; and
- b) would be eligible for plan benefits under this Plan if Actively at Work on its Effective Date.

- Amount Transferred

An Employee eligible to transfer benefits will be eligible under this Plan for the lesser of:

- a) the amount for which he was covered under the Prior Plan when it terminated; and
- b) the amount of plan benefits for which he would be eligible under the Plan if Actively at Work on its Effective Date.

- Effective Date of Transfer

Plan benefits under a transferred benefit will become effective on the later of:

- a) the date plan benefits provided under the Prior Plan would terminate in the absence of this provision; and
- b) the Effective Date of this Plan.

Deductible Carry-Forward

Deductible Carry-Forward

For persons covered under this provision, expenses incurred during the current calendar year while covered under the Prior Plan will be counted in satisfying the Deductible as if they were incurred while covered under this Plan.

Termination of Employee Plan Benefits

Termination of Employee Plan Benefits

An Employee's plan benefit coverage terminates on the earliest of:

- a) the date the Employee no longer satisfies the definition of Employee;
- b) the date the Employee ceases to be Actively at Work, unless he ceases to be Actively at Work due to retirement;
- c) the date the Employer terminates the Employee's coverage;
- d) the date the Employee enters the armed forces of any country on a full-time basis;
- e) the date this Plan terminates or coverage on the classification to which the Employee belongs terminates;
- f) the date the Employee reaches the Termination Age, as shown under each Benefit in the Benefit Schedule; or
- g) the date the Employee dies.

When Employment Terminates Due to Retirement

When Employment Terminates Due to Retirement

This Plan provides coverage for some benefits for Retirees. Retiree coverage is as indicated in the Schedule pages. Coverage for those benefits which are not indicated in the Schedule pages terminates when the Employee retires.

Exceptions to Termination of Employment not due to Retirement

Exceptions to Termination of Employment not due to Retirement

If an Employee ceases to be Actively at Work, his coverage will normally terminate as specified under the Termination of Employee Plan Benefits provision. However, the Employer will waive this rule and continue plan benefit coverage under the conditions set out below. An Employee's plan benefit coverage can only be continued on a basis that does not discriminate against another Employee.

- Due to Illness or Injury

Due to Illness or Injury

If an Employee ceases to be Actively at Work due to illness or injury, all plan benefit coverage will continue until the Employer terminates the coverage.

88 Termination of Plan Benefits

- Due to Maternity or Parental Leave of Absence

Due to Maternity or Parental Leave of Absence

If an Employee ceases to be Actively at Work due to Maternity or Parental leave of absence, all plan benefit coverage may continue for the period of leave to which the Employee is entitled by legislation governing the Employer.

In jurisdictions where the continuation of plan benefit coverage is mandated by legislation, a copy of the Employee's written and signed notice to discontinue any required contribution must also accompany the request for termination.

- Due to Other Leave of Absence

Due to Other Leave of Absence

For all Plans and benefits other than Plans F, FA, FB and FC Weekly Income

If an Employee ceases to be Actively at Work due to a leave of absence other than Maternity or Parental leave, all plan benefit coverage may continue until the Employer terminates the coverage.

For Plans F, FA, FB and FC Weekly Income

If an Employee ceases to be Actively at Work due to a leave of absence other than Maternity or Parental leave, all plan benefit coverage may continue until the Employer terminates it, but in no event, in the case of an unpaid leave of absence only, for more than 18 months (or 24 months in the case of a leave for educational purposes) after the Employee was last Actively at Work.

- Due to Lay-Off

Due to Lay-Off

For all Plans other than Plans F, FA, FB and FC, if an Employee ceases to be Actively at Work due to Lay-off, all plan benefit coverage will continue only if the Employer informs the Administrator that this is the case, but in no event for more than 4 months following the month in which the Employee was last Actively at Work. Even if plan benefit coverage is to continue, any disability coverage provided under this Plan terminates when the Employee ceases to be Actively at Work.

For Plans F, FA, FB and FC, if an Employee ceases to be Actively at Work due to Lay-off, all plan benefit coverage will continue only if the Employer informs the Administrator that this is the case, but in no event for more than 4 months following the month in which the Employee was last Actively at Work for Extended Health Care and Dental coverage, or for more than 31 days after the Employee was last Actively at Work for Weekly Income coverage.

For Plans F, FA, FB and FC, Weekly Income: Employees whose period of employment includes a pre-determined recall date of less than 9 months, insurance coverage may continue for the duration of the lay-off. For a Temporary Lay-off in excess of 9 months, the Employer may apply to Manulife Financial for continuation of coverage.

For Plans F, FA, FB and FC, Weekly Income: If a lay-off or separation notice was given to the Employee prior to the commencement of a Disability, all insurance coverage will cease on date of the lay-off or separation only if such Disability commenced within two months of the effective date of the lay-off or separation.

Due to Strike

If an Employee ceases to be Actively at Work due to a strike, plan benefit coverage will continue only if the Employer informs the Administrator that this is the case, but in no event for more than the end of the month following the month in which the Employee was last Actively at Work. For all Plans other than Plans F, FA, FB and FC, even if plan benefit coverage is to continue, any disability coverage provided under this Plan terminates when the Employee ceases to be Actively at Work

- Due to Strike

Disability Coverage During Leave of Absence and Lay-Off

If, while covered for disability benefits under this Plan Document, an Employee becomes disabled on or after the date Leave of Absence or Lay-Off commences, the Qualifying Period for disability benefits will start as of the date of disability. Benefits will become payable on the later of:

*- Disability Coverage
During Leave of
Absence and Lay-Off*

- a) the date the Qualifying Period is satisfied; or
- b) the date the Employee is scheduled to return to work.

Legislated Benefit Extensions

If legislation mandates that employee benefits continue for a limited period after an Employee's employment terminates, the Employer will extend each plan benefit for the minimum period required by law.

*Legislated Benefit
Extensions*

Termination of Dependent Plan Benefits

Plan benefit coverage on an Employee's Dependent terminates on the earliest of:

- a) the date the Employee's plan benefit coverage terminates;
- b) the date the Dependent is no longer eligible for coverage under the provisions of this Plan;
- c) the date written notification is received from the Employee to cease his Dependent coverage because his Dependents are covered under another benefit plan for benefits similar to the ones in this Plan; or
- d) the date a required contribution is due but not paid.

*Termination of
Dependent Plan
Benefits*

90 Extended Health Care Benefit

The Benefit

The Benefit

The Administrator, acting on behalf of the Employer will pay the Benefit Percentage of all Covered Expenses incurred for the care of a covered person once he has satisfied the Deductible.

Payment is subject to an overall Maximum Benefit and to any maximum amount shown in the Benefit Schedule and in the Covered Expenses section below. Lifetime maximums apply to all periods combined in which a covered person is covered by the Employer.

- Claim Amounts Applied To The Maximum

Claim Amounts Applied To The Maximum

Claim amounts that will be applied to the maximum are the amounts paid by the Administrator, acting on behalf of the Employer for Covered Expenses after applying the Deductible, Benefit Percentage and any other applicable Plan Document provisions.

Satisfying the Deductible

Satisfying the Deductible

The Deductible is satisfied:

- a) when Covered Expenses incurred for the care of a covered person exceed the Individual Deductible; or
- b) when expenses applied to Individual Deductibles for a covered person's family exceed the Family Deductible.

- Deductible Carry-Forward

Deductible Carry-Forward

Covered Expenses used to satisfy a Deductible in the last 3 months of a calendar year may also be used to satisfy the Deductible in the following calendar year.

Covered Expenses

Covered Expenses

Expenses shown below are covered if they:

- a) are Medically Necessary for the treatment of an illness or injury of a covered person and are recommended by a Physician; and
- b) are incurred for the care of a person while he is covered under this Benefit; and
- c) are reasonable taking all factors into account.

Note: The term illness as used above does not include infertility.

Extended Health Care Benefit 91

These Expenses are covered to the extent that:

- a) they are Reasonable and Customary, unless otherwise noted, as determined by the Administrator or the Employer; and
- b) they are not covered under the Provincial Plan or any other government-sponsored program; and
- c) they can legally be covered.

All Extended Health Care Benefits are paid as if the person were covered under the Provincial Plan.

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 Plan 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

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, except for covered Drug expenses.

- 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 the Physician or Dentist; or
- b) a 90 day supply.

Hospital Services in Canada

Hospital Services in Canada

- Hospital Care

- Hospital Care

Hospital charges in excess of the charges for standard Ward accommodation, up to the Hospital maximum shown in the Benefit Schedule, provided:

- a) the covered person was confined to Hospital on an in-patient basis; and
- b) the accommodation was specifically elected in writing by the covered person.

- Expenses Not Covered

- Expenses Not Covered

Charges for any portion of the cost of Ward accommodation, utilization or copayment fees (or similar charges).

92 Extended Health Care Benefit

Prescription Drugs

- Drugs

Prescription Drugs

- Drugs

For Plans T, TA and TB

Charges for any Drug that is dispensed by a licensed Pharmacist and which by law or convention requires the written prescription of a Physician or Dentist, up to the maximum for this Covered Expense shown in the Benefit Schedule.

Charges for life-sustaining drugs.

Charges for injectable medications.

Charges for sclerotherapy.

Charges for Iron Supplements as determined by Manulife Financial which are licensed for sale in Canada by Health Canada as a Natural Health Product.

Charges for the following expenses are not covered:

- a) the administration of injectable Drugs;
- b) 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;
- c) oral contraceptives prescribed for any condition other than hormone replacement therapy;
- d) fertility Drugs;
- e) anti-smoking Drugs; and
- f) Drugs used in the treatment of a sexual dysfunction.

- Preventive Drugs

- Preventive Drugs

Charges for oral contraceptives prescribed for hormone replacement therapy.

Charges for intrauterine devices and diaphragms.

Charges for preventive vaccines (oral or injected).

- Diabetic Supplies

- Diabetic Supplies

Charges for 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).

ManuScript Generic Drug Plan 2 - Prescription Drugs

For all Plans other than Plans T, TA and TB

Charges incurred for the following when prescribed in writing by a Physician or Dentist and dispensed by a licensed Pharmacist, up to the maximum for this Covered Expense shown in the Benefit Schedule.

- Drugs For Treatment of an Illness or Injury

**- Drugs For Treatment
of an Illness or Injury**

Charges for any Drug which by law or convention requires the written prescription of a Physician or Dentist.

Charges for life-sustaining drugs.

Charges for injectable medications.

Charges for sclerotherapy.

Charges for Iron Supplements as determined by Manulife Financial which are licensed for sale in Canada by Health Canada as a Natural Health Product.

Charges for the following expenses are not covered:

- a) the administration of injectable Drugs, other than for charges for the administration of preventative vaccines by a Physician;
- b) 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;
- c) intrauterine devices and diaphragms;
- d) fertility Drugs;
- e) anti-smoking Drugs; and
- f) Drugs used in the treatment of a sexual dysfunction.

- Preventive Drugs

- Preventive Drugs

Charges for oral contraceptives.

Charges for preventive vaccines (oral or injected).

- Diabetic Supplies

- Diabetic Supplies

Charges for 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).

94 Extended Health Care Benefit

- Payment of Covered Expenses

- Payment of Covered Expenses

Applicable to Pay Direct Drug card submissions only

The maximum amount for any Covered Expense is 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.

The amount payable is subject to any Drug Deductible, any Drug Dispensing Fee Maximum, and the Benefit Percentage for Drugs, as shown in the Benefit Schedule.

- No Substitution Prescriptions

- No Substitution Prescriptions

Where a prescription contains a written direction from the Physician or Dentist that the prescribed drug is not to be substituted with another product, the full cost of the prescribed product is covered if it is a Covered Expense under this Benefit.

The amount payable is subject to any Drug Deductible, any Drug Dispensing Fee Maximum, and the Benefit Percentage for Drugs, as shown in the Benefit Schedule.

- Direct Claims Payment

- Direct Claims Payment

The Administrator, acting on behalf of the Employer, will provide a Pay Direct Drug Card for each Employee covered for this Benefit. The Pay Direct Drug Card is honoured by participating Pharmacists displaying the appropriate Pay Direct Drug decal.

To fill a prescription for covered Drug expenses the covered Employee must:

- a) present the Pay Direct Drug Card to the Pharmacist; and
- b) pay any amounts that are not covered under this Benefit.

Reimbursement of covered Drug expenses will be payable directly to the Pharmacist. Prescriptions for covered drug expenses purchased without the Pay Direct Drug Card will be reimbursed directly to the Employee.

Vision Care

Vision Care

Charges for the following Vision Care expenses when prescribed by an ophthalmologist, optometrist, or oculist:

- a) for all Plans other than Plans T, TA and TB, eye exams including refractions, once per 12 months for persons under age 21 and once per 24 months for persons age 21 and over;
- b) purchase and fitting of prescription glasses or elective contact lenses, as well as repairs, or elective laser vision correction procedures, up to the Prescription Glasses/Elective Contact Lenses/Laser Eye Surgery maximum shown in the Benefit Schedule;

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- c) contact lenses if prescribed as medically necessary or required to improve vision to at least a 20/40 level in the better eye, provided this level cannot be attained with glasses, up to the Contact Lenses maximum shown in the Benefit Schedule; and
- d) for all Plans other than Plans T, TA and TB, visual training, up to the Visual Training maximum shown in the Benefit Schedule. Visual Training expenses are not subject to Reasonable & Customary limitations.

Professional Services

Professional Services

Services of a licensed chiropractor, osteopath, podiatrist/chiroprapist, massage therapist, naturopath, speech therapist, physiotherapist, social worker, acupuncturist, psychologist and Christian science practitioner up to the Professional Services maximum shown in the Benefit Schedule.

For Plans S, SA, SB, SC, SD, T, TA and TB, Reasonable and Customary charges will not apply.

For all Plans other than Plans T, TA and TB, the recommendation of a Physician is not required for Professional Services, except for services of a massage therapist which requires a referral once every 12 months.

For Plans T, TA and TB, the recommendation of a Physician is not required for Professional Services.

Expenses for some of these Professional Services may be payable in part by Provincial Plans. In those provinces, expenses under this Benefit are payable only after the Provincial Plan's maximum for the benefit year has been paid.

Medical Services and Supplies

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

- 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) a registered nurse; or
- b) a registered nursing assistant (or equivalent designation) who has completed an approved medications training program.

For all Plans other than Plans T, TA and TB, services provided by the Victorian Order of Nurses are also covered.

Covered Expenses are subject to the Private Duty Nursing maximum shown in the Benefit Schedule.

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For Plans T, TA and TB, the Private Duty Nursing maximum may be reinstated if a period of nursing follows a period of at least 6 months during which no nursing services were needed or nursing is required due to a new or unrelated medical condition.

Charges for the following services are not covered:

- a) service provided primarily for custodial care, homemaking duties, or supervision;
- b) service performed by a nursing practitioner who is an Immediate Family Member or who lives with the patient;
- c) service performed while the patient is confined in a hospital, a nursing home, or any similar institution; and
- d) service which can be performed by a person of lesser qualification, a relative, friend, or a member of the patient's household.

The Administrator, acting on behalf of the Employer, suggests that a detailed treatment plan be submitted with cost estimates before Private Duty Nursing services begin. The Administrator will then advise the Employee of any benefit that will be provided.

- Major Medical Equipment

- Rental of Major Medical Equipment

The rental or, when approved by the Administrator or the Employer, purchase of:

- a) Mobility Equipment: crutches, canes, walkers, and wheelchairs; and
- b) Durable Medical Equipment: electric hospital beds, respiratory and oxygen equipment, and other durable equipment usually found only in hospitals, up to the Durable Medical Equipment maximum shown in the benefit schedule.

- Non-Dental Prostheses, Supports and Hearing Aids

- Non-Dental Prostheses, Supports and Hearing Aids

Charges for external prostheses. For Plans T, TA and TB, myoelectric arms are limited to \$10,000 per prosthesis. Charges for repairs are not subject to the maximum.

For Plans T, TA and TB, charges for internal breast prostheses, payable to the cost of an external prosthesis only.

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

Charges for custom-made shoes which are:

- a) constructed by a Certified Orthopaedic Footwear Specialist; and
- b) 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.

Charges will be subject to the Custom-made Orthopaedic Shoes maximum shown in the Benefit Schedule.

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Charges for casted, custom-made orthotics which are recommended by a Physician or podiatrist, up to the Custom-Made Orthotics maximum shown in the Benefit Schedule.

Charges for cost, installation, repair, and maintenance of a hearing aid or aids (including charges for batteries), up to the Hearing Aids maximum shown in the Benefit Schedule.

Charges for surgical stockings and support hose up to the Surgical Stockings/Support Hose maximum shown in the Benefit Schedule.

Charges for surgical brassieres up to the Surgical Brassieres maximum shown in the Benefit Schedule.

Charges for glucose monitors up to the Glucose Monitor maximum shown in the Benefit Schedule.

- Other Supplies

- Other Supplies

For Plans T, TA and TB, the cost of custom-made burn garments.

For Plans T, TA and TB, the cost of extremity pumps for lymphoedema or severe postphlebotic syndrome, once per lifetime to a maximum of \$1,500.

The cost of ileostomy, colostomy and incontinence supplies.

For Plans T, TA and TB, the cost of mechanical or hydraulic patient lifters, once per 5 years, to a maximum of \$2,000 per lifter.

The cost of medicated dressings and burn garments.

For Plans T, TA and TB, the cost of outdoor wheelchair ramps, one per lifetime to a maximum of \$2,000.

The cost of oxygen.

For all Plans other than Plans T, TA and TB, Physician's fees for medically necessary procedures, where permitted by law. Charges for notes, letters or the cost of shipping such documentation are not eligible.

The cost of a sleep apnea oral device.

The cost of viscosupplementation, to a maximum of 9 injections every 12 months.

For Plans T, TA and TB, the cost of transcutaneous nerve stimulators, to a maximum of \$700 per lifetime.

The cost of wigs and hairpieces for patients with temporary hair loss as a result of medical treatment, up to the Wigs and Hairpieces maximum shown in the Benefit Schedule.

- Diagnostic Procedures

- Diagnostic Procedures

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

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- Ambulance

- Ambulance

Charges for licensed ambulance service provided in the covered person's province of residence, including air ambulance, to transfer the patient to and from the nearest hospital where adequate treatment is available. For Plans T, TA and TB, emergency transportation by air, subject to the cost of economy air fare and, if medically required, a medical attendant, are also covered.

- Dental Treatment

- Dental Treatment

Charges for the treatment of accidental injuries to the natural teeth or jaw. For all Plans other than Plans T, TA and TB, expenses are limited to a maximum of \$500 per accident. For Plans T, TA and TB, expenses are limited to \$5,000 every 12 consecutive months. The accident must be due to a force or blow external to the mouth and have occurred while the person was covered for this Benefit.

For all Plans other than Plans T, TA and TB, the treatment must be received and approved for payment within 3 years of the accident.

For Plans T, TA and TB, the treatment must begin within 60 days after the accident (this requirement will be waived if a medical condition delays treatment beyond 60 days) and must be completed within 12 months of the accident.

Injuries due to biting or chewing are not covered.

- Out-of-Province or Out-of-Canada

- Out-of-Province or Out-of-Canada

Not Applicable for Plan TA

Charges incurred for the following medical treatment given outside the covered person's province of residence:

- a) treatment required as a result of a Medical Emergency arising while temporarily outside the province of residence provided that 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 occurs when a covered person requires immediate medical attention while a covered person is travelling outside his province of residence due or related to:

- i) a sudden, unexpected injury which occurs or a new medical condition which begins while a covered person is travelling outside his province of residence; or
- ii) a previously identified medical condition that was stable, but not diagnosed as terminal or prescribed for palliative care, at the time of departure from his province of residence.

Stable means that the covered person:

- i) has not in the 90 days before the departure date:
 - 1) been under treatment or evaluation for new symptoms or conditions uncovered in a medical examination; or
 - 2) experienced a worsening or increased frequency of existing symptoms or examination findings related to the medical condition, disease or illness - diagnosed or undiagnosed - if the covered person has been seen by a medical professional in relation to the symptoms; or
 - 3) been prescribed or recommended a change in treatment or medication related to the medical condition by a Physician or other medical professional, not including regular changes in medication that are made as part of an ongoing treatment or a reduction in medication due to an improvement in the medical condition; or
 - 4) been admitted to or treated at a hospital for the medical condition; or
- ii) did not have future non-routine tests, investigations or new treatment planned for a previously identified medical condition or future medical appointment planned with respect to an undiagnosed medical condition.

Such Medical Emergency no longer exists when, in the opinion of the attending physician and supporting medical evidence, the covered person is able to return to his province of residence. No coverage is provided for any Medical Emergency related to a pregnancy for covered persons who are pregnant and travelling within 4 weeks of the due date.

- b) For Plans other than Plans S, SA, SB, SC and SD, Referral out of Canada for medical treatment which is available in Canada, up to the Referral outside Canada maximum shown in the Benefit Schedule.

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 Referral outside Canada maximum shown in the Benefit Schedule.

These charges are subject to the Out-of-Canada Maximum shown in the Benefit Schedule.

For all treatment given out of Canada, other than emergency medical treatment, the Administrator, acting on behalf of the Employer:

- a) requires that it be recommended as necessary by a Physician practicing in Canada, and
- b) suggests that a detailed treatment plan be submitted with cost estimates before treatment begins.

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The Administrator will then advise the Employee of any benefit that will be provided.

Charges for the following are payable under this Covered Expense:

- a) Physician's services;
- b) Hospital room and board, up to the Hospital maximum shown in the Benefit Schedule;
- c) the cost of special Hospital services;
- d) Hospital charges for out-patient treatment;
- e) licensed ambulance services, including air ambulance, to transfer the patient to the nearest medical facility or Hospital where adequate treatment is available; and
- f) medical evacuation for admission to a Hospital or medical facility in the province where the patient normally resides.

Covered Expenses will be limited to Reasonable and Customary charges less the amount payable by the Provincial Plan, or which would have been payable had proper application been made.

All other charges incurred while outside the province of residence are payable under the appropriate Covered Expense on the same basis as if they were incurred in the province of residence.

Emergency Travel Assistance

Emergency Travel Assistance

Travel Assistance

Not Applicable for Plans S, SA, SB, SC, SD and TA

The following assistance services are provided for a covered person when required as a result of a Medical Emergency while travelling outside such person's province of residence. The services are available during the period that the person is covered for the Out-of-Province or Out-of-Canada expense, provided under this Benefit.

Medical Emergency Assistance

Medical Emergency Assistance

A Medical Emergency occurs when a covered person requires immediate medical attention while a covered person is travelling outside his province of residence due or related to:

- a) a sudden, unexpected injury which occurs or a new medical condition which begins while a covered person is travelling outside his province of residence; or
- b) a previously identified medical condition that was stable, but not diagnosed as terminal or prescribed for palliative care, at the time of departure from his province of residence.

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Stable means that the covered person:

- a) has not in the 90 days before the departure date:
 - i) been under treatment or evaluation for new symptoms or conditions uncovered in a medical examination; or
 - ii) experienced a worsening or increased frequency of existing symptoms or examination findings related to the medical condition, disease or illness - diagnosed or undiagnosed - if the covered person has been seen by a medical professional in relation to the symptoms; or
 - iii) been prescribed or recommended a change in treatment or medication related to the medical condition by a Physician or other medical professional, not including regular changes in medication that are made as part of an ongoing treatment or a reduction in medication due to an improvement in the medical condition; or
 - iv) been admitted to or treated at a hospital for the medical condition; or
- b) did not have future non-routine tests, investigations or new treatment planned for a previously identified medical condition or future medical appointment planned with respect to an undiagnosed medical condition.

Such Medical Emergency no longer exists when, in the opinion of the attending physician and supporting medical evidence, the covered person is able to return to his province of residence.

No coverage is provided for any Medical Emergency related to a pregnancy for covered persons who are pregnant and travelling within 4 weeks of the due date.

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.

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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 Plan. 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 the Employee.

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 - Out-of-Province or 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, 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.

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.

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Non-Medical Assistance

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.

Expenses Not Covered

Expenses Not Covered

No benefit is payable for any expense which is directly or indirectly related to:

- a) any illness or injury arising out of or in the course of employment when the person is covered by or is eligible for coverage by workers' compensation;
- b) any illness or injury for which benefits are payable under any government plan or legally mandated program;
- c) self-inflicted injuries or illnesses, whether the person is sane or insane;
- d) war, insurrection, the hostile action of any armed forces or participation in a riot or civil commotion;
- e) charges for periodic check-ups, broken appointments, third party examinations, travel for health purposes, or completion of claim forms;

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- f) charges for services or supplies:
 - i) when there would have been no charge at all in the absence of plan benefit coverage;
 - ii) when reimbursement would have been made under a government-sponsored plan in the absence of plan benefit coverage;
 - iii) which would have been payable by the Provincial Plan if proper application had been made;
 - iv) which are performed or provided by the covered person, an Immediate Family Member or a person who lives with the covered person;
 - v) which are not specified as a Covered Expense under this Benefit;
- g) medical or surgical care which is cosmetic, other than for sclerotherapy;
- h) medical treatment which is not usual and customary, or which is Experimental or Investigational in nature;
- i) charges for medical treatment or surgical procedure by a Physician other than as specifically provided under Out-of-Canada or Out-of-Province expenses;
- j) charges which the Administrator is not permitted, by law or regulation, to cover;
- k) charges for dental work where a third party is responsible for the payment of such charges;
- l) charges for Drugs, sera, injectable Drugs or supplies when administered in a hospital setting, whether administered on an in-patient or out-patient basis, except as provided for under the Out-of-Province or Out-of-Canada provision; or
- m) charges which are not Medically Necessary to the care and treatment of any suspected injury, disease or pregnancy.

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The Benefit

The Benefit

The Administrator, acting on behalf of the Employer will pay the Benefit Percentage of all Covered Expenses incurred for the dental care of a covered person.

Payment is subject to any maximum amounts shown in the Benefit Schedule and to any limit on benefits shown in the Covered Expenses section below. Lifetime Maximums apply to all periods combined in which a person is covered by the Employer.

In determining if an expense is covered, the Administrator, acting on behalf of the Employer, may require the following information:

- a) x-rays and a complete dental chart showing any extractions, fillings, or other work performed prior to the date of the incurred expenses for which claim is being made;
- b) itemized bills from the dentist or other sources, of services or treatments; and
- c) laboratory or hospital reports, casts, molds or study models, or other similar evidence of the condition or treatment of the teeth or mouth.

- Claim Amounts Applied To The Maximum

- Claim Amounts Applied To The Maximum

Claim amounts that will be applied to the maximum are the amounts paid by the Administrator, acting on behalf of the Employer, for Covered Expenses after applying the Deductible, Benefit Percentage and any other applicable Plan Document provisions.

Covered Expenses

Covered Expenses

Expenses shown below are covered if they:

- a) are incurred for the necessary dental care of a covered person;
- b) are incurred for the care of a person while he is covered under this Benefit;
- c) 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;
- d) are reasonable as determined by the Employer or the Administrator, taking all factors into account; and
- e) do not exceed:
 - i) the fees recommended in the Dental Fee Guide shown in the Benefit Schedule, or
 - ii) reasonable and customary charges, as determined by the Employer or the Administrator, if such expenses are not included in the Dental Fee Guide shown in the Benefit Schedule.

Alternate Benefits

Alternate Benefits

Where any two or more courses of treatment covered under this Benefit would produce professionally adequate results for a given condition, the Administrator, acting on behalf of the Employer, will pay Benefits, unless otherwise specified, as if the least expensive course of treatment were used. The Administrator will determine the adequacy of the various courses of treatment available, through a professional dental consultant.

Level I - Basic Services

Level I - Basic Services

- a) complete oral examinations:
 - i) for all Plans other than T, TA and TB, or for persons covered under Plans T, TA and TB who have gum disease or other dental problems, once every 6 months, and
 - ii) for Plans T, TA and TB covered persons who do not have gum disease or other dental problems, once every 9 months
- b) for Plans T, TA and TB, a complete oral examination and diagnosis, once per general practitioner and once per specialist, to a maximum of twice per lifetime
- c) full mouth x-rays, one per 36 months
- d) for Plans T, TA and TB, complete series of x-rays, one per 36 months
- e) panoramic x-rays:
 - i) for all Plans other than Plans T, TA and TB, one per 36 months, and
 - ii) for Plans T, TA and TB, one per 12 months
- f) recall examinations (not subject to the following limitations when performed by a specialist):
 - i) for Plans A, AA, AB, AC, AD and AE, and, in addition, for Plans T, TA and TB covered persons who have gum disease or other dental problems, once every 6 months, and
 - ii) for all Plans other than Plans A, AA, AB, AC, AD and AE, once every 6 months for dependent children under age 19 and once every 9 months for any other person

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- g) bitewing x-rays:
 - i) for Plans A, AA, AB, AC, AD and AE, once every 6 months, and
 - ii) for all Plans other than Plans A, AA, AB, AC, AD and AE, once every 6 months for dependent children under age 19 and once every 9 months for any other person
- h) routine diagnostic and laboratory procedures
- i) one unit of light scaling and one unit of polishing:
 - i) for Plans A, AA, AB, AC, AD and AE, once every 6 months, and
 - ii) for all Plans other than Plans A, AA, AB, AC, AD and AE, once every 6 months for dependent children under age 19 and once every 9 months for any other person, when the service is performed outside Quebec
- j) prophylaxis (polishing):
 - i) for Plans A, AA, AB, AC, AD and AE, once every 6 months, and
 - ii) for all Plans other than Plans A, AA, AB, AC, AD and AE, once every 6 months for dependent children under age 19 and once every 9 months for any other person, when the service is performed in Quebec
- k) fluoride treatment:
 - i) for Plans A, AA, AB, AC, AD and AE, once every 6 months, and
 - ii) for all Plans other than Plans A, AA, AB, AC, AD and AE, once every 6 months for dependent children under age 19 and once every 9 months for any other person
- l) oral hygiene instruction, one per 6 months
- m) space maintainers (excluding appliances placed for orthodontic purposes), limited to dependent children only
- n) fillings, (amalgam, silicate, acrylic and composite) and pit and fissure sealants. Bonded amalgam fillings are not subject to alternate treatment. For Plans T, TA and TB, gold restorations and repairs to existing gold restorations are also covered.
- o) retentive pins. For Plans T, TA and TB, pins to retain castings are limited to two per tooth.
- p) onlays
- q) pre-fabricated full-coverage restorations (metal and plastic)
- r) minor surgical procedures, simple extractions, and post surgical care

- s) complicated extractions including impacted and residual roots
- t) consultation, anaesthesia, and conscious sedation
- u) 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
- v) injection of antibiotic Drugs when administered by a Dentist in conjunction with dental surgery

Level II - Supplementary Basic Services

Level II - Supplementary Basic Services

- a) surgical procedures not included in Level I (excluding implant surgery)
- b) periodontal services for treatment of diseases of the gums and other supporting tissue of the teeth, including:
 - i) for Plans , T, TA and TB scaling not covered under Level I, and root planing
 - ii) for all Plans other than Plans T, TA and TB, scaling not covered under Level I, and root planing, up to a combined maximum of 16 units per calendar year
 - iii) provisional splinting
 - iv) occlusal equilibration
- c) 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.

Work in Progress when Coverage under this Plan ends

Work in Progress when Coverage under this Plan ends

If a person's plan benefit coverage terminates under this Plan for reasons other than termination of this Plan or this Dental Care Benefit, and endodontic treatment had begun exposing a tooth, the Administrator, acting on behalf of the Employer, will pay for expenses related to such treatment provided the expense is incurred within 31 days after the plan benefits terminate.

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Level III - Dentures

Level III - Dentures

- a) initial provision of full or partial removable dentures
- b) replacement of removable dentures, provided the new dentures are necessary due to one of the following:
 - i) a natural tooth is extracted and the existing appliance cannot be made serviceable
 - ii) the existing appliance is at least 5 years old and cannot be made serviceable
 - iii) the existing appliance is temporary and within 12 months of its installation it is replaced by a permanent denture. The total amount payable for both the temporary and permanent dentures is the amount which would have been allowed for permanent dentures.

Work in Progress when Coverage under this Plan ends

Work in Progress when Coverage under this Plan ends

If a person's plan benefit coverage terminates under this Plan for reasons other than termination of this Plan or this Dental Care Benefit, and an impression for a denture had been taken prior to the termination, the Administrator, acting on behalf of the Employer, will pay for expenses related to the installation of the denture provided the expense is incurred within 31 days after the plan benefits terminate.

Level IV - Major Restorative Services

Level IV - Major Restorative Services

- a) crowns (only when function is impaired due to cuspal or incisal angle damage caused by trauma or decay). Charges for temporary crowns are not eligible.
- b) inlays
- c) initial provision of fixed bridgework
- d) replacement of fixed bridgework or the addition of teeth to bridgework, provided the replacement or addition is due to one of the following:
 - i) a natural tooth is extracted and the existing appliance cannot be made serviceable
 - ii) the existing appliance is at least 5 years old and cannot be made serviceable

- iii) the existing appliance is temporary and within 12 months of its installation it is replaced by a permanent bridge. The total amount payable for both the temporary and permanent bridge is the amount which would have been allowed for a permanent bridge.

Work in Progress when Coverage under this Plan ends

If a person's plan benefit coverage terminates under this Plan for reasons other than termination of this Plan or this Dental Care Benefit, and an impression for a crown, onlay or bridgework had been taken prior to the termination, the Administrator, acting on behalf of the Employer, will pay for expenses related to the installation of the crown, onlay or bridgework provided the expense is incurred within 31 days after the plan benefits terminate.

***Work in Progress when
Coverage under this
Plan ends***

Level V - Orthodontics

- a) correction of malocclusion of the teeth
- b) observation and adjustment
- c) appliances for tooth guidance or uncomplicated tooth movement
- d) appliances to control harmful habits
- e) retention appliances
- f) fixed or cemented, unilateral and bilateral appliances

***Level V -
Orthodontics***

Pre-Determination of Benefits

When a proposed course of treatment is expected to cost more than \$500, a treatment plan should be filed with the Administrator before treatment begins.

The Administrator will then advise the Employee of the amount, if any, that is payable.

***Pre-Determination of
Benefits***

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Expenses not Covered

Expenses not Covered

No benefit is payable for any expense which is directly or indirectly related to:

- a) a charge, or a portion of a charge, which is eligible for reimbursement under any other part of this Plan, or through a government plan or legally mandated program;
- b) self-inflicted injuries or illnesses, whether the person is sane or insane;
- c) war, insurrection, the hostile action of any armed forces or participation in a riot or civil commotion;
- d) charges for broken appointments, third party examinations, travel to and from appointments, or completion of claim forms;
- e) charges for services or supplies:
 - i) when there would have been no charge at all in the absence of plan benefit coverage;
 - ii) which are performed or provided by the covered person, an Immediate Family Member or a person who lives with the covered person;
 - iii) which are not specified as a Covered Expense under this Benefit;
- f) treatment rendered for a full mouth reconstruction or for a vertical dimension;
- g) cosmetic treatment, unless this is needed because of an accidental injury which occurred while the person was covered under this Plan;
- h) implants, or any services rendered in conjunction with implants;
- i) treatment which is not generally recognized by the dental profession as an effective, appropriate and essential form of treatment for the dental condition;
- j) the replacement of removable appliances which are lost, mislaid or stolen (considered on a case by case basis); or
- k) laboratory fees which exceed Reasonable and Customary charges, as determined by the Employer or the Administrator.

Survivor Extended Benefit 113

The Benefit

If an Employee dies while covered for this Benefit and while his Dependents are covered under this Plan, the Employer will continue the Dependent coverage for a period of up to:

- a) 12 months for Extended Health Care benefits, (for Plans T, TA and TB); and
- b) 90 days for Dental Care benefits, (for all Plans other than Plans T, TA and TB).

The Benefit Schedule shows which Dependent coverage will be continued under this Benefit.

Plan Benefit Coverage Continued

The coverage continued on a Dependent will be the same as that which was in effect on the date of the Employee's death. This coverage will be subject to any age reduction or termination shown in the Plan at that time.

Termination of Plan Benefit Coverage

The maximum period for extended coverage is

- a) 12 months for Extended Health Care benefits; and
- b) 90 days for Dental Care benefits.

Coverage on any Dependent ceases prior to this:

- a) if the Dependent would cease to qualify as a Dependent, even if the Employee were still alive;
- b) if the Dependent obtains similar coverage elsewhere; or
- c) if this Plan terminates.

The Benefit

- Plan Benefit Coverage Continued

- Termination of Plan Benefit Coverage

114 Weekly Income Benefit/Short Term Disability

The Benefit

The Benefit

If an Employee becomes Totally Disabled while covered for this Benefit, the Administrator, acting on behalf of the Employer, will pay a Disability Benefit as outlined below, provided the Employee meets the Entitlement Criteria.

Benefits are payable from the end of the Qualifying Period. Benefits are not payable for or during the Qualifying Period. The Employee 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 will not be payable until the date the Employee is first treated by his Physician.

Total Disability Definition

Definition of Total Disability or Totally Disabled

For Plans A, AC, AD, S, SA, SC and SD

Incapacitated due to an illness or injury which prevents an Employee from performing all the usual and customary duties of his own occupation.

The availability of work will not be considered by the Administrator or the Employer in assessing an Employee's Disability.

An Employee who must hold a government permit or licence to perform his duties will not be considered Totally Disabled solely because such permit or licence has been withdrawn or not renewed.

For Plans F, FA, FB and FC

Restriction or lack of ability due to an illness or injury which prevents an Employee from performing the regular duties of his own occupation.

The availability of work will not be considered by the Administrator or the Employer in assessing an Employee's Disability.

An Employee who must hold a government permit or licence to perform his duties will not be considered Totally Disabled solely because such permit or licence has been withdrawn or not renewed.

Entitlement Criteria

Entitlement Criteria

The Employer or the Administrator will apply the following criteria in determining an Employee's entitlement to Disability Benefits:

- a) the Employee has been continuously Totally Disabled throughout the Qualifying Period;
- b) for Plans A, AC, AD, S, SA, SC and SD, the Employer or the Administrator receives medical evidence documenting how the Employee's illness or injury causes incapacitation, such that the Employee is prevented from performing all the usual and customary duties of his own occupation;

Weekly Income Benefit/Short Term Disability 115

- c) for Plans F, FA, FB and FC, the Employer or the Administrator receives medical evidence documenting how the Employee's illness or injury causes restrictions or lack of ability, such that the Employee is prevented from performing the regular duties of his own occupation; and
- d) the Employee is receiving from a Physician, regular, ongoing care and treatment appropriate for the disabling condition, as determined by the Employer or the Administrator.

At any time, the Employer or the Administrator may require the Employee to submit to a medical, psychiatric, psychological, functional, educational and/or vocational examination or evaluation by an examiner selected by the Employer or the Administrator.

For Plans F, FA, FB and FC, subject to the aforementioned criteria, the Employee may elect to use banked sick leave in replacement of weekly income benefits for all or a portion of the 21 week disability benefit period provided the application for weekly income is approved by the Administrator.

Periods for Which the Employee is Not Entitled to Benefits

***Periods for Which
the Employee is Not
Entitled to Benefits***

The Employee is not entitled to benefit payments for any period that he is:

- a) not receiving from a Physician, regular, ongoing care and treatment appropriate for the disabling condition, as determined by the Employer or the Administrator;
- b) receiving Employment Insurance maternity or parental benefits;
- c) Totally Disabled on or after the date a strike or lay-off begins, subject to any provincial Employment or Labour Standards Act;
- d) on leave of absence during which the Employee becomes Totally Disabled, unless the Employer is required to pay benefits during this period as a result of legislation, regulation or case law (in some provinces, Employers with a benefit plan are required to provide benefits to an Employee during the health-related portion of a Maternity Leave of Absence), other than for the post-natal recovery period of a maternity leave;
- e) receiving earnings or payments from any employer, including severance payments and vacation pay;
- f) receiving benefits under an employer-sponsored salary continuance or wage loss replacement plan, or receiving temporary disability benefits from workers' compensation; or
- g) incarcerated in a prison, correctional facility, or mental institution by order of authority of a criminal court.

116 Weekly Income Benefit/Short Term Disability

Amount of Disability Benefit

Amount of Disability Benefit

For Plans A, AC, AD, S, SA, SC and SD

The Amount of Disability Benefit payable is the Benefit Amount shown in the Benefit Schedule, less any amount of benefits the Employee receives, or is entitled to receive, from the following source(s) for the same or related Disability:

- a) Canada or Quebec Pension Plans, including dependent benefits; and
- b) any government motor vehicle automobile insurance plan or policy which is considered an allowable exclusion under the Employment Insurance Premium Reduction Regulations, unless prohibited by law.

For Plans F, FA, FB and FC

The Amount of Disability Benefit payable is the Benefit Amount shown in the Benefit Schedule, less any amount of benefits the Employee receives, or is entitled to receive, from the following source(s) for the same or related Disability:

- a) Primary disability benefits to which the person is entitled under his behalf under CPP or QPP, or a plan in another country for which there is a reciprocal agreement with the CPP/QPP pension plan, except for increases that take effect after the benefit period starts; and
- b) Benefits under any Workers' Compensation Act or similar law except for:
 - i) Permanent partial disability awards related to the disability for which the employee is receiving weekly disability income benefit; and
 - ii) Benefits related to any other employment with another employer.

Subrogation

Subrogation

For Plans A, AC, AD, S, SA, SC and SD

Conditional payments shall be made to an Employee with a potential loss of income claim against a third party who caused or contributed to the disability. Any such payments are subject to the Employer's subrogation right to reimbursement when the Employee is indemnified through a judgement or settlement.

For Plans F, FA, FB and FC

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.

Weekly Income Benefit/Short Term Disability 117

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:

- a) 100% of the Employee's gross weekly Earnings; or
- b) the applicable benefit percentage of the Employee's average total monthly income in the 12 month period immediately preceding commencement of the Disability, whichever is greater.

Where this provision is to apply, the Employee will be required to provide satisfactory evidence of his total monthly income.

Where an Employee makes a successful wage loss claim against a third party for an injury for which the Employee 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:

- a) 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;
- b) The existence of an action commenced by or on behalf of an Employee does not preclude Manulife Financial from joining the Employee's action or commencing an action on its own behalf respecting the benefits paid; and
- c) Where Manulife Financial or the Employee intends to commence or join such an action, they 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.

Payment of Disability Benefits

For Plans A, AC, AD, S, SA, SC and SD

Disability benefit payments will be made weekly in arrears. Any payment for a period of less than one week will be made at a daily rate of one-seventh of the Employee's weekly benefit amount.

For Plans F, FA, FB and FC

Disability benefit payments will be made bi-weekly in arrears. Any payment for a period of less than two weeks will be made at a daily rate of one-fourteenth of the Employee's bi-weekly benefit amount.

***Payment of
Disability Benefits***

118 Weekly Income Benefit/Short Term Disability

- Partial Disability Benefit

Partial Disability Benefit

For Plans F, FA, FB and FC

If an Employee becomes Partially Disabled after qualifying for Disability Benefits, the Administrator, acting on behalf of the Employer, will pay a Partial Disability Benefit, as outlined below.

- Definition of Partial Disability or Partially Disabled

- Partial Disability Definition

Partially Disabled shall mean the Employee is unable to do a portion of his normal workload, where such portion is agreed by the Employer to conform to the configuration of Employee workload in the Employee's instructional or non-instructional areas and where the partial sick leave is in any event no greater than 80% of a full-time workload in that area.

An Employee who is determined to be Partially Disabled, will be entitled to sick leave on a pro-rated basis until the Employee has satisfied the Qualifying Period for Weekly Income benefits of 30 calendar days. In any event, to qualify for Weekly Income benefits, the Employee must complete the Qualifying Period within 6 months of the date the Employee commenced part-time sick leave.

- Rehabilitation Assistance

Rehabilitation Assistance

For Plans F, FA, FB and FC

Manulife Financial acknowledges and supports the efforts of the Disability Management Rehabilitative Committee, made up of representatives of the Employer and Employees. Rehabilitation provisions and guidelines have been established by the Disability Management Rehabilitative Committee.

Manulife Financial reserves the right to recommend a program of rehabilitation for an Employee eligible for weekly income benefits, where no such program exists and where Manulife Financial deems appropriate.

Manulife Financial will reimburse reasonable and customary expenses incurred by the Employee in connection with an approved program. Manulife Financial shall not reimburse expenses that are payable through government programs or a third party insurer.

Termination of Benefit Payments

Termination of Benefit Payments

Disability benefit payments will cease on the earliest of:

- a) the date the Employee ceases to meet this Benefit's definition of Totally Disabled, except as provided for under the Partial Disability Benefit provision.;
- b) the date the Employee works in any occupation for wage or profit;

Weekly Income Benefit/Short Term Disability 119

- c) for Plans A, AC, AD, S, SA, SC and SD, the date the Employee does not supply the Employer or the Administrator with appropriate medical evidence documenting how the Employee's illness or injury causes incapacitation, such that the Employee is prevented from performing all the usual and customary duties of his own occupation;
- d) for Plans F, FA, FB and FC, the date the Employee does not supply the Employer or the Administrator with appropriate medical evidence documenting how the Employee's illness or injury causes restrictions or lack of ability, such that the Employee is prevented from performing the regular duties of his own occupation.

If the Employee is receiving a Partial Disability Benefit, benefits will cease on the date the Employee does not supply Manulife Financial with appropriate medical evidence documenting how his illness or injury limits him to returning to work in a reduced capacity, as defined under the Partial Disability Benefit;

- e) the date the Employee does not attend a medical, psychiatric, psychological, educational and/or vocational examination or evaluation by an examiner selected by the Employer or the Administrator;
- f) the date on which benefits have been paid up to the Maximum Benefit Period shown in the Benefit Schedule;
- g) the date the Employee retires; or
- h) the date the Employee dies.

Recurrent Disability

Recurrent Disability

For Plans A, AC, AD, S, SA, SC and SD

Where an Employee becomes Totally Disabled again from the same or related causes as those for which Weekly Income benefits have been paid under this Plan and such Disability recurs within 2 weeks from the end of the period for which benefits were paid under this Plan, the Qualifying Period will be waived.

All such recurrences will be considered a continuation of the same Disability. The benefit payable will be based on the Employee's Earnings as at the original date of Disability. Benefits for all recurrences will not be paid for a combined period longer than the Maximum Benefit Period shown in the Benefit Schedule.

If the same Disability recurs more than 2 weeks 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.

If the Disability recurs within 6 months after the termination of the benefit, the Administrator, acting on behalf of the Employer, will continue to pay benefits to the Employee but only for the remainder of the original maximum benefit period. Such Disability must have been caused by an Accident or sickness that occurred before termination.

120 Weekly Income Benefit/Short Term Disability

For Plans F, FA, FB and FC

If an Employee who is completing the Qualifying Period or who was receiving weekly income benefits becomes Totally Disabled from the same or related Disability within 14 consecutive days after returning to active work, provided it is not considered rehabilitative employment, he will be considered to be within the original Qualifying Period or within the original weekly income benefit period. If an Employee has returned to active work for one full day and becomes Disabled from a new illness or injury unrelated to the illness or injury that caused the previous absence, it will be considered a new period of Disability.

Taxability

Taxability

The Employer must notify the Administrator in writing 31 days prior to a change in the tax status of this Benefit.

Waiver of Premium

Waiver of Premium

Premiums required on behalf of an Employee for this Benefit will be waived during any period for which Long Term Disability Benefits are payable.

Disabilities Not Covered

Disabilities Not Covered

No benefits are payable for any Disability directly or indirectly related to:

- a) any illness or injury which arises out of or in the course of employment, unless the Employee's claim has been denied by workers' compensation;
- b) medical or surgical care which is not Medically Necessary;
- c) war, insurrection, the hostile actions of any armed forces or participation in a riot or civil commotion;
- d) abuse of addictive substances, including Drugs and alcohol, unless the Employee is actively participating and co-operating in an in-patient medical treatment program for substance abuse which has been approved by the Employer or the Administrator;
- e) the committing of or the attempt to commit an assault or criminal offence;
- f) injuries sustained while operating a motor vehicle, either while under the influence of any intoxicant or if the Employee's blood contained more than 80 milligrams of alcohol per 100 millilitres of blood at the time of injury; or
- g) self-inflicted injuries or illnesses, whether the Employee is sane or insane.

Payees

Payees

All benefits for an Employee and such Employee's Dependents are payable to the Employee, unless the Employee has previously authorized payment to be made to the person and/or corporation which has rendered services, treatment or supplies. If the Employee is not alive, these benefits are payable to such Employee's estate.

Payment of Small Amounts

- Payment of Small Amounts

If any amount up to \$2,000 is payable to a person who is not alive or who cannot give a valid discharge for such payment, the Administrator, acting on behalf of the Employer, may pay the amount to:

- a) any relative of that person; or
- b) any person or institution incurring expenses for the care or maintenance of that person.

Requirement of Proof

Requirement of Proof

No claim for benefits will be paid until the Administrator, acting on behalf of the Employer, receives satisfactory proof in writing that such benefits are payable under the terms of this Plan.

The Employer or Administrator reserves the right to request any additional information necessary, as determined by the Employer or Administrator, to validate the eligibility of a claim for benefits under this Plan. The Employee is responsible for any expenses incurred for obtaining this additional information.

Submission of Proof

- Submission of Proof

Claims for drug benefits which were not submitted by a Pay Direct Drug card must be submitted on forms provided by the administering company and forwarded to the address shown on the form. Proof that benefits are payable must be submitted by or on behalf of the Employee and received by the Employer or the Administrator at their respective Head Offices or at one of their local offices within:

- a) 180 days from the end of the Qualifying Period, for claims for disability benefits; and
- b) 15 months from the date the expense was incurred, for claims for Extended Health Care and Dental Care benefits, while plan benefits under this Plan are in force. Proof that Extended Health Care and Dental Care benefits are payable must be submitted prior to termination of a person's plan benefits under this Plan, or termination of plan benefit coverage.

122 Payment of Claims

Date Costs are Incurred

Date Costs are Incurred

The expense for a service or supply is deemed to have been incurred on the date the service was performed or the supply furnished. If a procedure involves multiple appointments, the expense is deemed to be incurred on the date the procedure is completed. For supplies that have to be ordered, the expense will be deemed to be incurred on the date the supplies were paid for. Proof of receipt of the supplies is required.

Continuing Proof

Continuing Proof

If benefits are being paid or coverage continued on a covered person because of disability, the Administrator, acting on behalf of the Employer, may require written proof that this person remains Disabled under the terms of this Plan. This proof will be required as often as may reasonably be necessary.

Examination by the Employer

Examination by the Employer

The Administrator, acting on behalf of the Employer, reserves the right to have any person in respect of whom a claim is being made under this Plan submit to a medical, psychiatric, psychological, functional, educational and/or vocational examination or evaluation by an examiner selected by the Administrator, as often as may reasonably be required. No benefits will be payable if, without reasonable cause, the covered person fails to undergo such examination. If benefits are claimed for loss of life, the Administrator may require that an autopsy be performed. The Administrator will use the results of any such examination or autopsy to determine whether benefits are payable under this Plan.

Subrogation

Subrogation

If a covered person suffers personal injury or loss for which he has a right to bring action for damages against a third party, the Administrator, acting on behalf of the Employer, shall be subrogated to the covered person's rights to recover damages to the extent that it may be obligated to pay benefits to the covered person. In such case, the Administrator, acting on behalf of the Employer, will require the covered person to complete a subrogation reimbursement agreement. The Administrator, acting on behalf of the Employer, has the right to suspend payment of benefits until the completed agreement is received.

Upon judgement or settlement for damages, the covered person shall reimburse the Administrator, acting on behalf of the Employer, for benefits paid or payable. Unless notified to the contrary, the covered person's solicitor shall also represent the Administrator, acting on behalf of the Employer's interests in such a recovery.

Time Limit on Legal Action

Time Limit on Legal Action

No legal action against the Employer or the Administrator may be commenced less than 60 days after proof has been filed in accordance with the above requirements. No such action may be brought more than two years after the last day on which proof of claim would be accepted under the terms of this Plan.

Co-ordination of Benefits

Co-ordination of Benefits

Manulife Financial will co-ordinate its Extended Health Care and Dental Care Benefits payable under this Policy with other Plans which also cover an insured person for a similar Benefit.

Plans Co-Ordinated with this Policy

Plans Co-ordinated with this Policy

For the purposes of the Co-ordination of Benefits, Plan means:

- a) other group insurance programs;
- b) any other arrangement of coverage for individuals in a group, whether on an insured or uninsured basis, including any pre-payment coverage, capitation plan, franchise plan or services plan; and
- c) individual travel insurance plans.

Plan does not include school insurance or Provincial Plans.

How Claims are Co-ordinated

How Claims are Co-ordinated

Benefits payable under this Policy will be reduced, when necessary, so that no more than 100% of eligible expenses incurred during a calendar year are jointly paid by this Policy and all Plans which come before it in the Order of Benefit Payment.

For the purposes of this provision, eligible expenses are as defined in each Policy or Plan document, before any applicable payment limitations, such as deductible, benefit percentage and maximums, are applied. An expense is eligible only to the extent that it is Reasonable and Customary.

Order of Benefit Payment

Order of Benefit Payment

The Order of Benefit Payment is established by applying the following rules to the various Plans which cover eligible expenses. The rules are applied from first to last until an order is established.

- a) The Plan with no Co-ordination of Benefits provision in the Policy or Plan document is deemed to pay its benefits first (primary carrier).
- b) If all Plans have a Co-ordination of Benefits provision, the following rules are applied to determine the Order of Benefit Payment. The rules depend on the basis on which the person is covered in the Plan.

124 Payment of Claims

i) Employee/Member

The Plan which covers the person as an employee/member is deemed to pay its benefits before a Plan which covers that person as a dependent.

If the person is an employee/member under more than one Plan, the following order applies:

- 1) the Plan where the person is an active full-time employee, then
- 2) the Plan where the person is an active part-time employee, then
- 3) the Plan where the person is a retiree.

ii) Dependent - Spouse

If a dependent spouse is also covered as an employee/member under another Plan, the Plan which covers the spouse as an employee/member is deemed to pay its benefits before the Plan which covers the spouse as a dependent.

If the spouse is an employee/member under more than one Plan, the order of benefit payment is as outlined under "Employee/Member" above.

iii) Dependent - Child

If a dependent child is covered under more than one Plan, benefits are deemed to be paid first under the Plan of the parent with the earlier birthdate (month/day) in the calendar year. If both parents have the same birthdate, the Plan of the parent whose first name begins with the earlier letter in the alphabet is deemed to pay benefits first.

However, in situations where the parents of the dependent child are separated or divorced, the following order applies:

- 1) the Plan of the parent with custody of the child, then
- 2) the Plan of the spouse of the parent with custody of the child, then
- 3) the Plan of the parent not having custody of the child, then
- 4) the Plan of the spouse of the parent not having custody of the child.

Where divorced or separated parents share joint custody of the dependent child, benefits are deemed to be paid first under the Plan of the parent with the earlier birthdate (month/day) in the calendar year. If both parents have the same birthdate, the Plan of the parent whose first name begins with the earlier letter in the alphabet is deemed to pay benefits first.

- c) For dental accidents, Extended Health Care Plans with accidental dental coverage determine benefits before Dental Plans.
- d) If the Order of Benefit Payment cannot be established by the preceding rules, benefits will be pro-rated between or among the Plans in proportion to the amounts that would have been paid under each Plan had there been coverage by only that Plan.

Special Rules Applied

Special Rules Applied

Manulife Financial will apply the following rules in co-ordinating benefits under this Policy:

- a) if a person does not apply for a benefit for which he is eligible under another Plan, the amount of such benefit will be estimated by Manulife Financial and assumed to be paid;
- b) if only part of a Plan provides for the co-ordination of benefits, this part will be considered a separate Plan from the part which does not provide for co-ordination;
- c) this Policy is considered to be a Plan in applying the rules which establish an Order of Benefit Payment;
- d) when a Plan provides benefits in the form of service rather than cash payments, the Reasonable and Customary value of the service rendered is deemed to be both an eligible expense and a benefit paid; and
- e) if a 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.

Administration of the Provision

Administration of the Provision

Manulife Financial has the right to release to or obtain from any other insurer, person or institution, information needed to administer the Co-ordination of Benefits provision in this Policy. Manulife Financial has the right to recover any payments in excess of the amount determined to be payable in accordance with this provision.

126 Administration of the Plan

Method of Administration

Method of Administration

This Plan must be administered in accordance with the Employer's instructions.

Notice of New Employees

Notice of New Employees

The Employer must supply enrolment material to eligible Employees and inform the Administrator of the addition of new Employees as they become eligible for plan benefit coverage.

Notice of Terminated Employees

Notice of Terminated Employees

The Employer must inform the Administrator of the termination of plan benefit coverage on Employees on or before the date on which this coverage terminates. Payments made with respect to ineligible persons because of the late receipt of termination notice will be recovered from the Employer if they can not be recovered from the Employee on whose behalf they were paid.

Uniform Practices

Uniform Practices

Options available to the Employer must be chosen and administered by the Employer on a uniform basis without prejudice to any Employee.

Clerical Error and Misstatement

Clerical Error and Misstatement

A clerical error is a mistake in writing or copying data. A clerical error made by the Employer or the Administrator will not invalidate plan benefit coverage otherwise in force, or continue plan benefit coverage otherwise terminated under the terms of this Plan.

If a covered person's age has been misstated, his true age will be used to determine:

- a) the effective date or termination date of plan benefit coverage;
- b) the amount of plan benefits; and
- c) any other rights or benefits under this Plan.

The Employer will adjust the plan benefits in force where these are affected by a clerical error or a misstatement of age.

Employee Contributions

Employee Contributions

The Administrator is not responsible for the collection of any employee contributions required for plan benefits under this Plan.

Termination of the Plan

The Employer may refer to the Discontinuance of Agreement provision of the Administrative Agreement between the Employer and the Administrator for further information on terminating the Plan.

Termination of the Plan

Gender

In this Plan Document, unless the context requires otherwise, reference to the masculine gender will also include the feminine gender.

Gender

Currency of Payment

All amounts payable under this Plan, to or by the Employer, are payable in Canadian currency.

Currency of Payment

Conformity with the Law

If a provision of this Plan Document is contrary to any law to which it is subject, this provision will be deemed to conform to the minimum requirements of such law.

Conformity with the Law

128 PLAN DOCUMENT ADDENDUM

Drug Benefit for Covered Persons who Reside in Quebec

In accordance with the requirements of the prescription drug insurance legislation in Quebec, An Act Respecting Prescription Drug (R.S.Q. c., A-29-01) and the regulations enacted under this act (hereinafter collectively the “Legislation”), the drug benefit provided under the Plan Document to covered persons who reside in Quebec will be administered as outlined in this Addendum.

If a provision of the Plan Document or this Addendum is, in full or in part, contrary to the Legislation or any other law or regulation replacing it, that provision, or the part that is deemed to be contrary will be presumed to be amended to comply with the minimum requirements of the then applicable laws and regulations.

Covered Drug Expenses

The following expenses are covered:

- a) 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
- b) drugs that are listed as a covered expense in the Plan Document 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. For all other covered drug expenses, the provisions stated in the Plan Document will apply.

a) Percentage Payable By the Administrator

Prior to the Annual Out-of-Pocket Maximum being reached, the percentage of covered expenses payable under the Plan Document will be:

- i) For any drugs on the RAMQ List which are not otherwise covered under the terms of the Plan Document, the percentage payable is as set out by the then applicable Legislation.
- ii) For any drug on the RAMQ List which is covered under the terms of the Plan Document, the percentage payable is the greater of:
 - the benefit percentage stated in the Plan Document, or
 - the percentage as set out by the then applicable Legislation.

After the Annual Out-of-Pocket Maximum has been reached, the percentage of covered expenses payable under the Plan Document 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 a covered person in a calendar year, before the percentage payable under the Plan Document will be 100%. Amounts that will be applied to the Annual Out-of-Pocket Maximum are:

- i) the deductible amounts, and
- ii) the portion of covered drug expenses that is payable by the covered person, when the benefit percentage under the Plan Document is less than 100%.

The Annual Out-of-Pocket Maximum for the Employee and his Spouse is as stipulated in the Legislation and includes those portions of covered drug expenses paid for dependent children.

For the purposes of calculating the Out-of-Pocket Maximum for the Employee and His Spouse, those portions of covered drug expenses paid for 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, stated in the Plan Document will apply, up to the Annual Out-of-Pocket Maximum. Thereafter, the deductible will not apply.

d) Lifetime Maximums

Lifetime maximums, if any, stated in the Plan Document will not apply to drugs on the RAMQ List. Drug coverage provided after the lifetime maximum amount stated in the Plan Document 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

Eligible Dependent children who are in full-time attendance at an accredited educational institution will be covered until the later of attainment of:

- i) the age specified in the Plan Document, and
- ii) age 26

130 PLAN DOCUMENT ADDENDUM

Drug coverage provided for Dependent Children after the age stated in the Plan Document 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.

f) **Termination Age for covered Drug Expenses**

Provided the person is otherwise eligible for the drug benefit under the Plan Document, the Termination Age, if any, specified in the Plan Document will not apply. Drug coverage provided after the Termination Age specified in the Plan Document 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 set out by the then applicable Legislation,
- iii) the Annual Out-of-Pocket Maximum is as stipulated in the then applicable Legislation, and
- iv) the premium required for the drug coverage is the premium for the Extended Health Care Benefit.

g) **Continuation of Coverage - Concerted Work Stoppages**

In the event of a strike, lock-out or other concerted work stoppages, coverage will continue until the later of:

- i) the length of time, if any, specified in the Plan Document, and
- ii) 30 days

Coverage for drugs that are listed as a covered expense in the Plan Document, but are not on the RAMQ List

With respect to drugs that are covered under the Plan Document but are not on the RAMQ List, all the provisions stated in the Plan Document will apply.

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