

# Airport Hotel - Halifax

**Group Policy Number:** G0029568

**Class:** B - Union Employees of the Airport Hotel - Halifax

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

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

## Welcome to Your Group Benefit Program

**Group Policy Effective Date:** April 01, 2003

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

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

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

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# Benefit Summary

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

**This version of the Benefit Summary produced:** August 20, 2003

## Employee Life Insurance

**Benefit Amount** - \$30,000

*Employee Life  
Insurance*

**Termination Age** - your benefit amount reduces by 50% at age 65 and terminates at age 70 or retirement, whichever is earlier.

## Dependent Life Insurance

**Benefit Amount** - \$5,000 spouse; \$2,500 each dependent child

*Dependent Life  
Insurance*

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

## Accidental Death and Dismemberment

**Benefit Amount** - \$30,000

*Accidental Death and  
Dismemberment*

**Termination Age** - your benefit amount reduces by 50% at age 65 and terminates at age 70 or retirement, whichever is earlier

## Extended Health Care

*Extended Health Care*

### *The Benefit*

**Overall Benefit Maximum** - Unlimited

*Extended Health Care -  
The Benefit*

**Deductible** - Nil

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

80% for - Medical Services & Supplies - Professional Services - Vision

# Benefit Summary

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**Note:**

The Benefit Percentage for Drugs is shown below under *ManuScript Generic Drug Plan 2 - Prescription Drugs, Payment of Covered Expenses*.

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

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

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

- drugs or medicines for the treatment of a sickness or injury, which by law or convention require the written prescription of a physician or dentist (charges for fertility drugs and anti-smoking drugs are not covered)
- oral contraceptives
- injectable medications (charges made by a practitioner or physician to administer injectable medications are not covered)
- life-sustaining drugs
- preventive vaccines and medicines (oral or injected)
- standard syringes, needles and diagnostic aids, required for the treatment of diabetes (charges for cotton swabs, rubbing alcohol, automatic jet injectors and similar equipment are not covered)

Charges for 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 are not covered.

Charges for drugs used in the treatment of a sexual dysfunction are not covered.

**- Payment of Covered Expenses**

Payment of your covered drug expenses will be subject to any Drug Deductible, any Drug Dispensing Fee Maximum and the Co-insurance of 80%.

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

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

**- No Substitution Prescriptions**

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

Payment of your covered drug expenses will be subject to any Drug Deductible, any Drug Dispensing Fee Maximum and the Co-insurance of 80%.

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

*- Payment of Covered  
Expenses*

*- No Substitution  
Prescriptions*

# Benefit Summary

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## **- Payment of Drug Claims**

*- Payment of Drug  
Claims*

Your Pay Direct Drug Card provides your pharmacist with immediate confirmation of covered drug expenses. This means that when you present your Pay Direct Drug Card to your pharmacist at the time of purchase, you and your eligible dependents will not incur out-of-pocket expenses for the full cost of the prescription.

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:

- a) present your Pay Direct Drug Card to the pharmacist at the time of purchase, and
- b) pay any amounts that are not covered under this benefit.

You will be required to pay the full cost of the prescription at time of purchase if:

- you cannot locate a participating Pay Direct Drug pharmacy
- you do not have your Pay Direct Drug Card with you at that time
- the prescription is not payable through the Pay Direct Drug Card system

For details on how to receive reimbursement after paying the full cost of the prescription, please see your Plan Administrator.

## ***Vision Care***

*Extended Health Care -  
Vision Care*

- eye exams, once per calendar year
- purchase and fitting of prescription glasses or elective contact lenses, as well as repairs, or elective laser vision correction procedures, to a maximum of \$150 during any 2 calendar year(s)
- if contact lenses are required to treat a severe condition, or if vision in the better eye can be improved to a 20/40 level with contact lenses but not with glasses, the maximum payable will be \$200 during any 2 calendar year(s)
- visual training, to a maximum of \$200 per lifetime

## ***Professional Services***

Services provided by the following licensed practitioners:

*Extended Health Care -  
Professional Services*

- Chiropractor - \$500 per calendar year(s)
- Podiatrist - \$500 per calendar year(s)
- Speech Therapist - \$500 per calendar year(s)
- Physiotherapist - \$500 per calendar year(s)
- Psychologist - \$500 per calendar year(s)

# Benefit Summary

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## Dental Care

*Dental Care*

### *The Benefit*

*Dental Care - The Benefit*

**Deductible** - Nil

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

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

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

80% for Level I - Basic Services

80% for Level II - Supplementary Basic Services

### **Benefit Maximums**

\$1,000 per calendar year combined for Level I and Level II

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

## Long Term Disability

*Long Term Disability*

**Benefit Amount** - 60% of your monthly earnings, to a maximum of \$4,000

**Qualifying Period** - 119 days

**Maximum Benefit Period** - to age 65

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

# How to Use Your Benefit Booklet

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

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

- a detailed Table of Contents, allowing quick access to the information you are searching for,
- Explanation of Common Insurance Terms, which provides a brief explanation of the insurance terms used throughout this Benefit Booklet,
- a clear, concise explanation of your Group Benefits,
- information you need, and simple instructions on how to submit a claim.

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

## ***Important Note***

The purpose of this booklet is to outline the benefits for which you are eligible as an employee of Airport Hotel - Halifax or an Affiliated Company of Airport Hotel - Halifax. The information in this booklet is a summary of the provisions of the Group Policy. In the event of a discrepancy between this booklet and the Policy (available from your Plan Administrator), the terms of the Group Policy will apply.

***Important Note***

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

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

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

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

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

***Your Group Benefit  
Card***

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

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

# Explanation of Common Insurance Terms

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

## **Accident**

### **Accident**

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

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

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

the percentage of Covered Expenses which is payable by Manulife Financial.

## **Covered Expenses**

### **Covered Expenses**

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

## **Deductible**

### **Deductible**

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

## **Dependent**

### **Dependent**

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

### **- Spouse**

your legal spouse, or a person continuously living with you in a role like that of a marriage partner for at least 12 months.

### **- Child**

- your natural or adopted child, or stepchild, who is:
  - unmarried;
  - under age 21, or under age 25 if a full-time student;
  - not employed on a full-time basis; and
  - not eligible for insurance as an employee under this or any other Group Benefit Program.
- a child who is incapacitated on the date he or she reaches the age when insurance would normally terminate will continue to be an eligible dependent. However, the child must have been insured under this Benefit Program immediately prior to that date.

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

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

- a stepchild must be living with you to be eligible.
- for Dependent Life Insurance a child must be at least one day old to be eligible.

# Explanation of Common Insurance Terms

## ***Drug***

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

*Drug*

## ***Earnings***

your regular rate of pay from your employer (prior to deductions), including regular bonuses and regular overtime pay. Earnings may include other income as agreed to in writing by your employer and Manulife Financial.

*Earnings*

If you are being paid on a commission basis, your earnings will be as reported on your T4/T4A form for the previous year. If you have less than one year of service with your employer, your earnings will include an average of the total commissions paid over your actual period of employment.

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

- the amount reported on your claim form, or
- the amount reported by your employer to Manulife Financial and for which premiums have been paid.

## ***Experimental or Investigational***

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.

*Experimental or Investigational*

## ***Immediate Family Member***

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

*Immediate Family Member*

## ***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*

## ***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*

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

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

*Non-Evidence Limit*

## ***Provincial Plan***

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

*Provincial Plan*

# Explanation of Common Insurance Terms

<i>Qualifying Period</i>	<b>Qualifying Period</b> a period of continuous and total disability, starting with the first day of total disability, which you must complete in order to qualify for disability benefits.
<i>Reasonable and Customary</i>	<b>Reasonable and Customary</b> within the usual range of charges being made by others of similar standing in the area in which the charge is incurred when providing the same or comparable services or supplies.
<i>Take Home Pay (Net Earnings)</i>	<b>Take Home Pay (Net Earnings)</b> your earnings, less deductions normally made for federal and provincial income tax.
<i>Waiting Period</i>	<b>Waiting Period</b> the period of continuous employment with your employer which you must complete before you are eligible for Group Benefits.
<i>Ward</i>	<b>Ward</b> a hospital room with 3 or more beds which provides standard accommodation for patients.

# Why Group Benefits?

*Why Group Benefits?*

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

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

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

Your Group Benefit Program is provided by Airport Hotel - Halifax, in partnership with The Manufacturers Life Insurance Company.

## **Your Plan Administrator**

*Your Plan Administrator*

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

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

Your Plan Administrator is _____ Phone Number: (_____) _____ - _____
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*Please record the name of your Plan Administrator and contact number in the space provided.*

## **Applying for Group Benefits**

*Applying for Group Benefits*

To apply for Group Benefits, you must submit a completed [Enrolment or Re-enrolment Application form](#), available from your Plan Administrator. Your Plan Administrator then forwards the application to Manulife Financial.

## **Making Changes**

*Making Changes*

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

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

To make such changes, you must complete the [Application for Change form](#), available from your Plan Administrator.

# The Claims Process

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

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

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

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

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

### ***Claim Payment***

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

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

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

You should receive settlement of your claim within three weeks from the date of submission to Manulife Financial. If you have not received payment, please contact your Plan Administrator.

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

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

If you or your dependents are insured for similar benefits under another Plan, Manulife Financial will take this into account when determining the amount of expenses payable under this Program.

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

Plan means:

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

Plan does not include school insurance or Provincial Plans.

## ***Order of Benefit Payment***

### ***Order of Benefit Payment***

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

# The Claims Process

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- If the other Plan does not provide for Co-ordination of Benefits, it will be considered as the Primary Carrier, and will be responsible for making the initial payment toward the eligible expense.
- If the other Plan does provide for Co-ordination of Benefits, the following rules are applied to determine which Plan is the Primary Carrier.
  - For Claims incurred by you or your Dependent Spouse:

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

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

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

- For Claims incurred by your Dependent Child:

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

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

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

- Where you and your spouse share joint custody of the child, the Plan covering the parent whose birthday (month/day) is earlier in the calendar year pays benefits first. If both parents have the same birthdate, the Plan covering the parent whose first name begins with the earlier letter in the alphabet pays first.

# The Claims Process

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- A claim for accidental injury to natural teeth will be determined under Extended Health Care Plans with accidental dental coverage before it is considered under Dental Plans.
- If the order of benefit payment cannot be determined from the above, the benefits payable under each Plan will be in proportion to the amount that would have been payable if Co-ordination of Benefits did not exist.
- If the insured person is also covered under an individual travel insurance plan, benefits will be co-ordinated in accordance with the guidelines provided by the Canadian Life and Health Insurance Association.

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

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

- As per the Order of Benefit Payment section, determine which Plan is the Primary Carrier and which is the Secondary Carrier.
- Submit all necessary claim forms and original receipts to the Primary Carrier.
- Keep a photocopy of each receipt or ask the Primary Carrier to return the original receipts to you once your claim has been settled.
- Once your claim has been settled by the Primary Carrier, you will receive a statement outlining how your claim has been handled. Submit this statement along with all necessary claim forms and receipts to the Secondary Carrier for further consideration of payment, if applicable.

*Submitting a Claim for  
Co-ordination of  
Benefits*

# Who Qualifies for Coverage?

## **Eligibility**

You are eligible for Group Benefits if you:

*Eligibility*

- are a full-time employee of Airport Hotel - Halifax or an Affiliated Company of Airport Hotel - Halifax and work at least the Required Number of Hours,
- are a member of an eligible class,
- are younger than the Termination Age,
- are residing in Canada, and
- have completed the Waiting Period.

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

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

## **Required Number of Hours**

Full-time employee - 20 hour(s) per week

*Required Number of Hours*

## **Affiliated Companies**

S. Jachimowicz Limited

*Affiliated Companies*

## **Evidence of Insurability**

Medical evidence is required when you apply for insurance in excess of the Non-Evidence Limit.

*Evidence of Insurability*

Medical evidence is also required for all benefits, except Dental insurance, when you make a Late Application for insurance on any person.

## **Late Application**

An application is considered late when you:

*Late Application*

- apply for insurance on any person after having been eligible for more than 31 days ; or
- re-apply for insurance on any person whose insurance had earlier been cancelled.

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

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

# Who Qualifies for Coverage?

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

Medical evidence can be submitted by completing the [Evidence of Insurability form](#) available from your Plan Administrator.

Further medical evidence may be requested by Manulife Financial.

## **Late Dental Application**

### *Late Dental Application*

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

## **Effective Date of Coverage**

### *Effective Date of Coverage*

- If Evidence of Insurability is not required, your Group Benefits will be effective on the date you are eligible.
- If Evidence of Insurability is required, your Group Benefits will be effective on the date you become eligible or the date the evidence is approved by Manulife Financial, whichever is later.

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

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

Your dependent's insurance will not be effective prior to the date your insurance becomes effective.

## **Termination of Insurance**

### *Termination of Insurance*

Your Group Insurance will terminate on the earliest of:

- the date you cease to be an eligible employee,
- the date you cease to be actively at work, unless the Group Policy allows for your coverage to be extended beyond this date,
- the date your employer terminates coverage,
- the date you enter the armed forces of any country on a full-time basis,
- the date the Group Policy terminates or insurance on the class to which you belong terminates,
- the date you reach the Termination Age, or
- the date of your death.

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

# Your Group Benefits

## Employee Life Insurance

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

*Employee Life Insurance*

### **The Benefit**

**Benefit Amount** - \$30,000

*Employee Life - The Benefit*

**Non-Evidence Limit** - \$30,000

**Qualifying Period for Waiver of Premium** - 119 days

**Termination Age** - your benefit amount reduces by 50% at age 65 and terminates at age 70 or retirement, whichever is earlier.

### **Waiting Period**

3 months for employees hired on or prior to the Group Policy Effective Date

3 months for all other employees

### **Submitting a Claim**

To submit an Employee Life Insurance claim, your beneficiary must complete the [Life Claim form](#) which is available from your Plan Administrator.

*Employee Life Insurance - Submitting a Claim*

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

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

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

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

### **Waiver of Premium**

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

*Employee Life Insurance - Waiver of Premium*

### **Definition of Totally Disabled**

Totally Disabled means a restriction or lack of ability due to an illness or injury which prevents you from performing the essential duties of any occupation for which you are qualified, or may reasonably become qualified by training, education or experience.

*Employee Life Insurance - Totally Disabled*

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

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

# Your Group Benefits

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## *Employee Life Insurance - Entitlement Criteria*

### **Entitlement Criteria**

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

- you must be continuously Totally Disabled throughout the Qualifying Period. If you cease to be Totally Disabled during this period and then become disabled again within 3 weeks due to the same or related illness or injury, your Qualifying Period will be extended by the number of days during which you ceased to be Totally Disabled.
- Manulife Financial must receive medical evidence documenting how your illness or injury causes restrictions or lack of ability, such that you are prevented from performing the essential duties of any occupation for which you are qualified, or may reasonably become qualified by training, education or experience.
- you must be receiving from a physician, regular, ongoing care and treatment appropriate for your disabling condition, as determined by Manulife Financial.

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

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

Your Waiver of Premium will cease on the earliest of:

- the date you cease to be Totally Disabled, as defined under this benefit.
- the date you do not supply Manulife Financial with appropriate medical evidence documenting how your illness or injury causes restrictions or lack of ability, such that you are prevented from performing the essential duties of any occupation for which you are qualified, or may reasonably become qualified by training, education or experience.
- the date you are no longer receiving from a physician, regular, ongoing care and treatment appropriate for the disabling condition, as determined by Manulife Financial.
- the date you do not attend an examination by an examiner selected by Manulife Financial.
- the date of your 65th birthday.
- the date of your death.

### **Recurrent Disability**

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

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

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

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

## *Employee Life Insurance - Recurrent Disability*

# Your Group Benefits

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

## **Conversion Privilege**

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

For more information on the conversion privilege, please see your Plan Administrator.

*Employee Life  
Insurance - Conversion  
Privilege*

## Dependent Life Insurance

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

### **The Benefit**

**Benefit Amount** - \$5,000 spouse; \$2,500 each dependent child

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

### **Waiting Period**

3 months for employees hired on or prior to the Group Policy Effective Date  
3 months for all other employees

### **Submitting a Claim**

To submit a Dependent Life Insurance claim, you must complete the [Life Claim form](#) which is available from your Plan Administrator. Documents necessary to submit with the form are listed on the form.

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

### **Waiver of Premium**

If your Employee Life Insurance premium is waived because you are totally disabled, the premium for this benefit will also be waived. (See Employee Life Insurance...Waiver of Premium).

### **Conversion Privilege**

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

For more information on the conversion privilege, please see your Plan Administrator.

*Dependent Life  
Insurance*

*Dependent Life - The  
Benefit*

*Dependent Life  
Insurance - Submitting  
a Claim*

*Dependent Life  
Insurance - Waiver of  
Premium*

*Dependent Life  
Insurance - Conversion  
Privilege*

# Your Group Benefits

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## Accidental Death and Dismemberment

### *Accidental Death and Dismemberment*

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

### **The Benefit**

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

**Benefit Amount** - \$30,000

**Non-Evidence Limit** - \$30,000

**Termination Age** - your benefit amount reduces by 50% at age 65 and terminates at age 70 or retirement, whichever is earlier

### **Waiting Period**

3 months for employees hired on or prior to the Group Policy Effective Date

3 months for all other employees

### **Schedule of Losses**

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

A loss shown in this schedule is covered provided it:

- is a direct result of the accidental injury
- occurs within 365 days from the date of the accidental injury
- is total and irreversible or irrecoverable

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

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

- Loss of Life - 100%
- Loss of or Loss of Use of Both Hands or Both Feet - 100%
- Loss of Sight of Both Eyes - 100%
- Loss of One Hand and One Foot - 100%
- Loss of One Hand and Sight of One Eye - 100%
- Loss of One Foot and Sight of One Eye - 100%
- Loss of Hearing in Both Ears and Speech - 100%
- Loss of or Loss of Use of One Arm or One Leg - 75%
- Loss of or Loss of Use of One Hand or One Foot - 66 2/3%
- Loss of Sight of One Eye - 66 2/3%

# Your Group Benefits

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- Loss of Speech or Hearing in Both Ears - 66 2/3%
- Loss of Thumb and Index Finger or at least Four Fingers of One Hand - 33 1/3%
- Loss of All Toes of One Foot - 25%
- Loss of Hearing in One Ear - 25%
- Hemiplegia, Paraplegia or Quadriplegia - 200%

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

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

## ***Exposure and Disappearance***

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

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

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

## ***Submitting a Claim***

To submit an Accidental Death Claim, your beneficiary must complete a [Life Claim form](#).

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

To submit a Dismemberment Claim, you must complete an [Accidental Dismemberment Claim form](#).

Both forms are available from your Plan Administrator, and require a physician's statement.

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

## ***Waiver of Premium***

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

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

## ***Exclusions***

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

***AD&D - Exclusions***

- suicide or self-inflicted injuries
- war or insurrection, the hostile actions of any armed forces, or participation in a riot or civil commotion

# Your Group Benefits

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- an infection (except pyogenic infections from an accidental cut or wound), illness or disease, or the medical treatment of any illness or disease, or bodily or mental infirmity
- riding in, boarding or leaving, or descending from, any aircraft as a pilot, operator or member of the crew
- riding in, boarding or leaving, or descending from, any aircraft which is owned, operated or leased by or on behalf of your employer
- committing or attempting to commit an assault or criminal offence
- injuries sustained while operating a motor vehicle while under the influence of any intoxicant, including alcohol

## Extended Health Care

### *Extended Health Care*

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

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

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

### **Drug Benefit for Quebec Residents**

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

### ***The Benefit***

**Overall Benefit Maximum** - Unlimited

**Deductible** - Nil

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

80% for - Medical Services & Supplies - Professional Services - Vision

### **Note:**

*The Benefit Percentage for Drugs is shown below under Manuscript Generic Drug Plan 2 - Prescription Drugs, Payment of Covered Expenses.*

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

**Waiting Period**

### *Extended Health Care - The Benefit*

# Your Group Benefits

3 months for employees hired on or prior to the Group Policy Effective Date  
3 months for all other employees

## **Covered Expenses**

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

- medically necessary for the treatment of sickness or injury and recommended by a physician
- incurred for the care of a person while insured under this Group Benefit Program
- reasonable taking all factors into account
- not covered under the Provincial Plan or any other government-sponsored program
- legally insurable

*Extended Health Care -  
Covered Expenses*

## **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.

*Extended Health Care -  
Advance Supply  
Limitation*

## **- Drug Expenses**

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

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

*- Drug Expenses*

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

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

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

- drugs or medicines for the treatment of a sickness or injury, which by law or convention require the written prescription of a physician or dentist (charges for fertility drugs and anti-smoking drugs are not covered)
- oral contraceptives
- injectable medications (charges made by a practitioner or physician to administer injectable medications are not covered)
- life-sustaining drugs
- preventive vaccines and medicines (oral or injected)

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

# Your Group Benefits

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

Charges for 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 are not covered.

Charges for drugs used in the treatment of a sexual dysfunction are not covered.

## **- Payment of Covered Expenses**

Payment of your covered drug expenses will be subject to any Drug Deductible, any Drug Dispensing Fee Maximum and the Co-insurance of 80%.

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

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

## **- No Substitution Prescriptions**

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

Payment of your covered drug expenses will be subject to any Drug Deductible, any Drug Dispensing Fee Maximum and the Co-insurance of 80%.

## **- Payment of Drug Claims**

Your Pay Direct Drug Card provides your pharmacist with immediate confirmation of covered drug expenses. This means that when you present your Pay Direct Drug Card to your pharmacist at the time of purchase, you and your eligible dependents will not incur out-of-pocket expenses for the full cost of the prescription.

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:

- a) present your Pay Direct Drug Card to the pharmacist at the time of purchase, and
- b) pay any amounts that are not covered under this benefit.

You will be required to pay the full cost of the prescription at time of purchase if:

- you cannot locate a participating Pay Direct Drug pharmacy
- you do not have your Pay Direct Drug Card with you at that time
- the prescription is not payable through the Pay Direct Drug Card system

*- Payment of Covered Expenses*

*- No Substitution Prescriptions*

*- Payment of Drug Claims*

# Your Group Benefits

For details on how to receive reimbursement after paying the full cost of the prescription, please see your Plan Administrator.

## ***Vision Care***

- eye exams, once per calendar year
- purchase and fitting of prescription glasses or elective contact lenses, as well as repairs, or elective laser vision correction procedures, to a maximum of \$150 during any 2 calendar year(s)
- if contact lenses are required to treat a severe condition, or if vision in the better eye can be improved to a 20/40 level with contact lenses but not with glasses, the maximum payable will be \$200 during any 2 calendar year(s)
- visual training, to a maximum of \$200 per lifetime

***Extended Health Care -  
Vision Care***

## ***Professional Services***

Services provided by the following licensed practitioners:

- Chiropractor - \$500 per calendar year(s)
- Podiatrist - \$500 per calendar year(s)
- Speech Therapist - \$500 per calendar year(s)
- Physiotherapist - \$500 per calendar year(s)
- Psychologist - \$500 per calendar year(s)

***Extended Health Care -  
Professional Services***

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

Recommendation by a physician for Professional Services is not required.

## ***Medical Services and Supplies***

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

***Extended Health Care -  
Medical Services and  
Supplies***

## ***Private Duty Nursing***

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

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

***- Private Duty Nursing***

Covered Expenses are subject to a maximum of \$10,000 per calendar year(s).

# Your Group Benefits

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*Charges for the following services are not covered:*

- service provided primarily for custodial care, homemaking duties, or supervision
- service performed by a nursing practitioner who is an immediate family member or who lives with the patient
- service performed while the patient is confined in a hospital, nursing home, or similar institution
- service which can be performed by a person of lesser qualification, a relative, friend, or a member of the patient's household

*Pre-Determination of Benefits*

Manulife Financial suggests that a detailed treatment plan be submitted with cost estimates before Private Duty Nursing services begin. Manulife Financial will then advise you of any benefit that will be provided.

## **Ambulance**

*- Ambulance*

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

## **Medical Equipment**

*- Medical Equipment*

- rental or, when approved by Manulife Financial, purchase of:
  - Mobility Equipment: crutches, canes, walkers, and wheelchairs
  - Durable Medical Equipment: manual hospital beds, respiratory and oxygen equipment, and other durable equipment usually found only in hospitals

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

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

- external prostheses
- surgical stockings, up to a maximum of 4 pairs per calendar year
- surgical brassieres, up to a maximum of 4 per calendar year
- braces (other than foot braces), trusses, collars, leg orthosis, casts and splints
- stock-item orthopaedic shoes and modifications or adjustments to stock-item orthopaedic shoes or regular footwear, up to a maximum of \$150 per calendar year(s) (recommendation of either a physician or a podiatrist is required)
- custom-made shoes which are required because of a medical abnormality that, based on medical evidence, cannot be accommodated in a stock-item orthopaedic shoe or a modified stock-item orthopaedic shoe, up to a maximum of 1 pair per calendar year (must be constructed by a certified orthopaedic footwear specialist)

# Your Group Benefits

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- casted, custom-made orthotics, up to a maximum of \$400 per 3 calendar year(s) (recommendation of either a physician or a podiatrist is required)
- cost, installation, repair and maintenance of hearing aids (including charges for batteries), to a maximum of \$500 every 5 calendar year(s)

## **Other Supplies and Services**

- ileostomy, colostomy and incontinence supplies
- medicated dressings and burn garments
- wigs and hairpieces for patients with temporary hair loss as a result of medical treatment, up to a maximum of \$250 per lifetime
- oxygen
- microscopic and other similar diagnostic tests and services rendered in a licensed laboratory in the province of Quebec
- charges for the treatment of accidental injuries to natural teeth or jaw, provided the treatment is rendered within 12 months of the accident, excluding injuries due to biting or chewing

*- Other Supplies and Services*

## **Submitting a Claim**

To submit an Extended Health Care claim, you must complete an [Extended Health Care Claim form](#) which is available from your Plan Administrator.

*Extended Health Care - Submitting a Claim*

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

All claims must be submitted within 12 months after the date the expense was incurred. However, upon termination of your insurance, all claims must be submitted no later than 90 days from the termination date.

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

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

*Subrogation (Third Party Liability)*

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

## **Exclusions**

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

*Extended Health Care - Exclusions*

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

# Your Group Benefits

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- committing or attempting to commit an assault or criminal offence
- injuries sustained while operating a motor vehicle while under the influence of any intoxicant, including alcohol
- an illness or injury for which benefits are payable under any government plan or workers' compensation
- charges for periodic check-ups, broken appointments, third party examinations, travel for health purposes, or completion of claim forms
- services or supplies provided by an employer's medical or dental department
- services or supplies for which no charge would normally be made in the absence of insurance
- services and supplies where reimbursement would have been made under a government-sponsored plan, in the absence of insurance
- services or supplies which are not permitted by law to be paid
- services or supplies which are required for recreation or sports
- services or supplies which would have been payable by the Provincial Plan if proper application had been made
- medical treatment which is not usual or customary, or is experimental or investigational in nature
- medical or surgical care which is cosmetic
- services or supplies which are performed or provided by the insured person, an immediate family member or a person who lives with the insured person
- services or supplies which are provided while confined in a hospital on an in-patient basis
- services or supplies which are not specified as a covered expense under this benefit

## ***Continuation of Coverage***

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

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

Your dependent will be considered disabled if he or she is receiving medical treatment from a physician and confined to a hospital or to his or her home.

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

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

# Your Group Benefits

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## **Covered Drug Expenses**

The following expenses are covered:

- drugs that are on the List of Insured Drugs that is published by the Régie de l'assurance-maladie du Québec (RAMQ List), provided such drugs are on the list at the time the expense is incurred; and
- drugs that are listed as a covered expense in this Benefit Booklet, but are not on the RAMQ List.

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

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

### **a) Benefit Percentage**

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

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

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

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

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

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

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

# Your Group Benefits

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

c) **Deductible**

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

d) **Lifetime Maximums**

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

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

e) **Eligible Dependent Children**

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

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

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

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

f) **Termination Age**

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

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

# Your Group Benefits

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

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

## **Dental Care**

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

*Dental Care*

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

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

### ***The Benefit***

**Deductible** - Nil

*Dental Care - The Benefit*

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

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

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

80% for Level I - Basic Services

80% for Level II - Supplementary Basic Services

### **Benefit Maximums**

\$1,000 per calendar year combined for Level I and Level II

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

### **Waiting Period**

3 months for employees hired on or prior to the Group Policy Effective Date

3 months for all other employees

### ***Covered Expenses***

The following expenses are covered if they:

- are incurred for the necessary dental care of an insured person while insured under this benefit
- are incurred for services provided by a dentist, a dental hygienist working under the supervision of a dentist, or a denturist working within the scope of his license

*Dental Care - Covered Expenses*

# Your Group Benefits

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

## ***Alternate Treatment***

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

## ***Level I - Basic Services***

- oral exams, bitewing x-rays, light scaling and polishing, and fluoride treatments (1 each every 12 months)
- initial oral hygiene instruction, plus one recall
- full-mouth x-rays every 2 calendar years
- routine diagnostic and laboratory procedures
- fillings, retentive pins and pit and fissure sealants
- space maintainers (appliances placed for orthodontic purposes are not covered)
- minor surgical procedures and post surgical care
- extractions (including impacted and residual roots)
- pre-fabricated full coverage restorations (stainless steel crowns), excluding crowns of porcelain fused to metal, acrylic, plastic, gold, porcelain and other substances
- denture repairs, relines and rebases
- consultations and anaesthesia
- injection of antibiotic drugs when administered by a Dentist in conjunction with dental surgery

## ***Level II - Supplementary Services***

- surgical procedures not included in Level I (excluding implant surgery)
- periodontal services for treatment of diseases of the gums and other supporting tissue of the teeth, including:
  - scaling not covered under Level I, and root planing, up to a combined maximum

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

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

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

# Your Group Benefits

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of 16 units per calendar year;

- provisional splinting; and

- occlusal equilibration, up to a maximum of 8 units per calendar year

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

## **Late Entrant Limitation**

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

*Dental Care - Late Entrant Limitation*

## **Pre-Determination of Benefits**

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

*Dental Care - Pre-Determination of Benefits*

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

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

*Dental Care - Work in Progress When Coverage Terminates*

## **Submitting a Claim**

To submit a claim, you and your dentist must complete a [Dental Claim form](#) which is available from your Plan Administrator.

*Dental Care - Submitting a Claim*

All claims must be submitted within 12 months after the date the expense was incurred. However, upon termination of your insurance, all claims must be submitted no later than 90 days from the termination date.

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

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

*Subrogation (Third Party Liability)*

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

## **Exclusions**

*No Dental Care benefits will be payable for expenses resulting from:*

- self-inflicted injuries

*Dental Care - Exclusions*

## Your Group Benefits

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- war, insurrection, the hostile actions of any armed forces or participation in a riot or civil commotion
- the committing of or the attempt to commit an assault or criminal offence
- injuries sustained while operating a motor vehicle while under the influence of any intoxicant, including alcohol
- dental care which is cosmetic, unless required because of an accidental injury which occurred while the patient was insured under this benefit
- anti-snoring or sleep apnea devices
- broken dental appointments, third party examinations, travel to and from appointments, or completion of claim forms
- services which are payable by any government plan
- services or supplies provided by an employer's medical or dental department
- services or supplies for which no charge would normally be made in the absence of insurance
- treatment rendered for a full mouth reconstruction, for a vertical dimension or for a correction of temporomandibular joint dysfunction
- replacement of removable dental appliances which have been lost, mislaid or stolen
- laboratory fees which exceed reasonable and customary charges
- services or supplies which are performed or provided by the insured person, an immediate family member or a person who lives with the insured person
- implants, or any services rendered in conjunction with implants
- treatment which is not generally recognized by the dental profession as an effective, appropriate and essential form of treatment for the dental condition
- services or supplies which are not specified as a covered expense under this benefit

## Survivor Extended Benefit

### *Survivor Extended Benefit*

If you die while your dependents are insured under this Group Benefit Program, Manulife Financial will continue the Dependent Life, Extended Health Care, and Dental Care benefits without payment of premium, until the earliest of:

- the date your dependent is no longer a dependent, according to the definition of dependent (see Explanation of Common Insurance Terms),
- the date similar coverage is obtained elsewhere,

# Your Group Benefits

- the date which is 2 years from your death, or
- the date the Group Policy terminates.

## Long Term Disability

If you become Totally Disabled while insured and meet the Entitlement Criteria for this benefit, Manulife Financial will pay a disability benefit.

*Long Term Disability*

### **Definition of Totally Disabled**

Totally Disabled means a restriction or lack of ability due to an illness or injury which prevents you from performing the essential duties of any occupation for which you are qualified, or may reasonably become qualified, by training, education or experience.

*Long Term Disability -  
Definition of Totally  
Disabled*

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

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

### **The Benefit**

**Benefit Amount** - 60% of your monthly earnings, to a maximum of \$4,000

*Long Term Disability -  
The Benefit*

**Non-Evidence Limit** - \$3,800

**Qualifying Period** - 119 days

- Benefits are payable from the end of the Qualifying Period. Benefits are not payable for or during the Qualifying Period.
- You must be receiving regular, ongoing care and treatment from a physician during the Qualifying Period in order for benefits to be payable at the end of the Qualifying Period.

**Maximum Benefit Period** - to age 65

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

### **Waiting Period**

3 months for employees hired on or prior to the Group Policy Effective Date

3 months for all other employees

### **Entitlement Criteria**

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

*Long Term Disability -  
Entitlement Criteria*

# Your Group Benefits

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- you must be continuously Totally Disabled throughout the Qualifying Period. If you cease to be Totally Disabled during this period and then become disabled again within 3 weeks due to the same or related illness or injury, your Qualifying Period will be extended by the number of days during which you ceased to be Totally Disabled.
- Manulife Financial must receive medical evidence documenting how your illness or injury causes restrictions or lack of ability, such that you are prevented from performing the essential duties of any occupation for which you are qualified, or may reasonably become qualified, by training, education or experience.
- you must be receiving from a physician, regular, ongoing care and treatment appropriate for your disabling condition, as determined by Manulife Financial.

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

## ***Periods for Which You are Not Entitled to Benefits***

*You are not entitled to benefit payments for any period that you are:*

- not receiving from a physician, regular, ongoing care and treatment appropriate for your disabling condition, as determined by Manulife Financial
- receiving Employment Insurance maternity or parental benefits
- on lay-off during which you become Totally Disabled
- on leave of absence during which you become Totally Disabled, unless your employer is required to pay benefits during this period as a result of legislation, regulation or case law
- receiving benefits under an employer-sponsored salary continuance or short term wage loss replacement plan
- working in any occupation, except as provided for under the Rehabilitation Assistance provision
- incarcerated in a prison, correctional facility, or mental institution by order of authority of a criminal court

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

The amount of disability benefit payable to you is the Benefit Amount shown above reduced by any disability benefits you receive or are entitled to receive from the following sources for the same or related disability:

- Workers' Compensation or similar coverage
- Canada or Quebec Pension Plans, including dependent benefits
- any government motor vehicle automobile insurance plan or policy, unless prohibited by law

***Long Term Disability -  
Periods for Which You  
are Not Entitled to  
Benefits***

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

# Your Group Benefits

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If necessary, the amount of your benefit will be further reduced so that your total income from all sources does not exceed 85% of your pre-disability gross earnings (net earnings, if your benefit is non-taxable). All sources include those sources stated above and any benefit you are entitled to receive from:

- any group, association or franchise plan
- any retirement or pension plan
- earnings or payments from any employer, including severance payments and vacation pay
- self-employment
- any government plan, excluding Employment Insurance Benefits

Once benefits become payable, the amount of your benefit will not be affected by any subsequent cost of living increase in benefits you are receiving from other sources.

## **Benefit Calculation Rules**

Manulife Financial will apply the following rules in determining your disability benefit:

- benefits payable from other sources which began before the commencement of your current Disability will not be taken into account;
- benefits payable from other sources will not be adjusted to take into account any difference between the tax status of those benefits and the benefit payable by Manulife Financial;
- subsequent changes in benefits from other sources, other than cost of living increases, will be taken into consideration and a new benefit amount may be established;
- benefits payable under individual disability income insurance will not be taken into account;
- for benefits payable other than on a monthly basis, a monthly equivalent of such benefit will be estimated by Manulife Financial; and
- if you do not apply for a benefit for which you are eligible, the amount of such benefit will be estimated by Manulife Financial and assumed to be paid.

*Long Term Disability -  
Benefit Calculation  
Rules*

## **Subrogation**

If your disability is caused by another person and you have a legal right to recover damages, Manulife Financial will request that you complete a subrogation reimbursement agreement when you submit your Long Term Disability claim.

On settlement or judgement of your legal action, you will be required to reimburse Manulife Financial those amounts you recover which, when added to the disability benefits that Manulife Financial paid to you, exceed 100% of your lost income.

*Long Term Disability -  
Subrogation*

## **Tax Status of Benefits**

The tax position of any payments you receive under this benefit depends on whether you or your employer pays the cost of the benefit.

*Long Term Disability -  
Tax Status*

# Your Group Benefits

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If your employer pays a portion or all of the cost, then any disability benefit payments you receive will be taxable. If you pay the full cost of the benefit, then any disability benefit payments you receive will be non-taxable.

## **Payment of Disability Benefits**

Disability benefit payments will be made monthly in arrears. Any payment for a period of less than one month will be made at a daily rate of one-thirtieth of your monthly benefit amount.

## **Rehabilitation Assistance**

Once Manulife Financial determines that you are Totally Disabled, if appropriate, and at Manulife Financial's discretion, you may be offered rehabilitation to assist you in returning to gainful employment, either to your pre-disability occupation or to another occupation.

In considering whether Rehabilitation Assistance is appropriate for you, Manulife Financial will take into account:

- the nature, extent and expected duration of your disability
- your level of education, training or experience
- the nature, scope, objectives and cost of a Vocational Plan

## **- Vocational Plan**

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

If it is determined that Rehabilitation Assistance is appropriate for you, in partnership with you and your employer, Manulife Financial will provide a structured Vocational Plan that will prepare you for a return to work, either:

- with your employer
- with an alternate employer
- in a self-employed capacity

## **- Disability Benefits During Rehabilitation**

You will continue to be entitled to disability benefits while participating in the Vocational Plan. If you receive any earnings as part of the plan, your disability benefit will be reduced once your total income (your disability benefit plus your earnings) exceeds 100% of your pre-disability gross earnings; net earnings if your benefit is not taxable.

If you cease to participate in the Vocational Plan because of a change in your medical status, Manulife Financial will require medical evidence documenting how your current medical status prevents you from continuing with the Vocational Plan.

If you are not available or do not co-operate or participate in the Vocational Plan, you will no longer be entitled to disability benefits.

*Long Term Disability -  
Payment of Disability  
Benefits*

*Long Term Disability -  
Rehabilitation  
Assistance*

*- Vocational Plan*

*- Disability Benefits  
During Rehabilitation*

# Your Group Benefits

## **Termination of Benefit Payments**

Your disability benefit payments will cease on the earliest of:

- the date you cease to be Totally Disabled, as defined under this benefit.
- the date you do not supply Manulife Financial with appropriate medical evidence documenting how your illness or injury causes restrictions or lack of ability such that you are prevented from performing the essential duties of any occupation for which you are qualified, or may reasonably become qualified, by training, education or experience.
- the date you do not attend an examination by an examiner selected by Manulife Financial.
- the date on which benefits have been paid up to the Maximum Benefit Period for this benefit.
- the date of your death.

*Long Term Disability -  
Termination of Benefit  
Payments*

## **Recurrent Disability**

If you become Totally Disabled again from the same or related causes within 6 months from the end of the period for which Long Term Disability benefits were paid, Manulife Financial will treat the disability as a continuation of your previous disability.

You will not be required to satisfy the Qualifying Period again. The benefit payable to you will be based on your earnings as at the date of your previous disability. Benefits for all such recurrent disabilities will not be paid for a combined period longer than the Maximum Benefit Period for this benefit.

If the same disability recurs more than 6 months after the end of the period for which benefits were paid, such disability will be considered a separate disability.

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

*Long Term Disability -  
Recurrent Disability*

## **Waiver of Premium**

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

*Long Term Disability -  
Waiver of Premium*

## **Submitting a Claim**

To submit a claim, you must complete the [Long Term Disability claim form](#) which is available from your Plan Administrator. Your attending physician must also complete a portion of this form.

*Long Term Disability -  
Submitting a Claim*

A completed claim form must be submitted to Manulife Financial within 180 days from the end of the Qualifying Period.

## **Exclusions**

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

- self-inflicted injuries or illnesses.

*Long Term Disability -  
Exclusions*

## Your Group Benefits

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- war, insurrection, the hostile actions of any armed forces or participation in a riot or civil commotion.
- medical or surgical care which is not medically necessary.
- the committing of or the attempt to commit an assault or criminal offence.
- injuries sustained while operating a motor vehicle while under the influence of any intoxicant, including alcohol.
- abuse of addictive substances, including drugs and alcohol, unless you are actively participating and co-operating in an in-patient medical treatment program for substance abuse which has been approved by Manulife Financial.
- a Pre-Existing Condition which causes disability within the first 12 months of your Long Term Disability coverage. A Pre-Existing Condition is any injury or illness (whether diagnosed or not) for which you were treated or attended by a physician, or for which drugs were prescribed, within 90 days prior to the effective date of your coverage.

# **Your Group Benefit Program**

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*Your Group Benefit Program has been arranged by:*

Luedey Consultants Inc.  
Suite 14 - 6960 Mumford Road  
Halifax, N.S.  
B3L 4P1

