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This Benefit Summary provides information about the specific benefits supplied by Manulife Financial that

Benefit Summary

- Drug Maximums

Fertility drugs - \$2,500 per lifetime

Sclerotherapy - \$20 per visit

Anti-smoking drugs - \$500 per lifetime

All other covered drug expenses - Unlimited

- 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:

Benefit Summary

- x Naturopath - \$200 per calendar year
- x Speech Therapist - \$200 per calendar year
- x Physiotherapist - \$500 per calendar year
- x Psychologist - \$1,250 per calendar year combined for psychologist, registered counsellor and master social worker
- x Acupuncturist - \$100 per calendar year
- x Registered Counsellor and Master Social Worker - \$1,250 per calendar year combined for psychologist, registered counsellor and master social worker

Dental Care

The Benefit

Deductible - Nil

Dental Fee Guide - Current British Columbia Fee Guide for General Practitioners and Specialists

Benefit Percentage (Co -insurance)

100% for Level I - Basic Services

100% for Level II - Supplementary Basic Services

75% for Level III - Dentures

75% for Level IV - Major Restorative Services

75% for Level V - Orthodontics

Benefit Maximums

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

\$2,200 per lifetime for Level V

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

Long Term Disability

The Long Term Disability Benefit is insured under Manulife

How to Use Your Benefit Booklet

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How to Use Your Benefit Booklet

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, Plan Document Number and your personal Certificate Number may be required before you are admitted to a hospital, or before you receive dental or medical treatment.

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

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

Explanation of Commonly Used Terms

Explanation of Commonly Used Terms

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

Explanation of Commonly Used Terms

Immediate Family Member

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

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

Licensed, Certified, Registered

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

Life-Sustaining Drugs

non-prescription drugs which are necessary to sustain life.

Lower Cost Alternative

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

Medically Necessary

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

Non-Evidence Limit

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

Patient Assistance Program

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

Pharmacoeconomic s

Explanation of Commonly Used Terms

Why Group Benefits?

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

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

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

Your Employer's Representative

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

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

Your Employer's representative is _____
Phone Number: _____

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

Applying for Group Benefits

To apply for Group Benefits, you must submit a completed Enrolment or Re-enrolment Application form, available from your employer. Your employer then forwards the application to Manulife Financial.

Making Changes

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

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

Naming a Beneficiary

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

This Plan contains a provision removing or restricting the right of the covered person to designate persons to whom or for whose benefit money is to be payable.

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

Effective Date of Coverage

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

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

Employee Life Insurance

The Employee Life Insurance Benefit is insured under Manulife Financial's Policy G0039946.

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

The Benefit

Benefit Amount - 3 times your annual earnings, to a maximum of \$900,000

Non-Evidence Limit - \$900,000

Qualifying Period for Waiver of Premium - 94 days or expiration of benefits under your employer's short term disability plan, whichever is less

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

Waiting Period

first day of the month coincident with or following date of hire

Naming a Beneficiary

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

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

Submitting a Claim

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

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

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

Your Group Benefits

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.

- x Loss of Life - 100%
- x Loss of or Loss of Use of Both Hands or Both Feet - 100%
- x Loss of Sight of Both Eyes - 100%
- x Loss of One Hand and One Foot - 100%
- x Loss of One Hand and Sight of One Eye - 100%
- x Loss of One Foot and Sight of One Eye - 100%
- x -

- x Loss of or Loss of Use of and o One Fo

Your Group Benefits

Rehabilitation Expenses

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

- x reasonable and necessary, as determined by Manulife Financial
- x incurred within a period of 3 years from the date of the accidental injury

The amount payable is subject to a maximum of \$15,000.

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

Repatriation Expenses

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

The amount payable is subject to a maximum of \$15,000.

Family Transportation Expenses

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

- x reasonable and necessary, as determined by Manulife Financial
- x for hotel accommodations in the vicinity of the hospital
- x for transportation by the most direct route to the hospital, including return fare

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

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

Dependent Education Expenses

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

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

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

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

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

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

No payment will be made for:

- x tuition expenses incurred prior to your death
- x room and board expenses, or other living, travelling or clothing expenses

Spousal Occupational Training Expenses

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

- x reasonable and necessary, as determined by Manulife Financial
- x incurred within a period of 3 years from the date of the accidental injury

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

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Exclusions

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

- x suicide or self-inflicted injuries
- x war or insurrection, the hostile actions of any armed forces, or participation in a riot or civil commotion
- x riding in, boarding or leaving, or descending from, any aircraft as a pilot, operator or member of the crew
- x riding in, boarding or leaving, or descending from, any aircraft which is owned, operated or leased by or on behalf of your employer

Extended Health Care

Your Extended Health Care Benefit is provided directly by University of the Fraser Valley. Manulife Financial has been contracted to adjudicate and administer your claims for this benefit following the standard insurance rules and practices. Payment of any eligible claim will be based on the provisions and conditions outlined in this booklet and your employer's Benefit Plan.

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

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

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

Drug Benefit and Pharmacy Services for Quebec Residents

Group benefit plans that provide prescription drug coverage to Quebec residents must meet certain requirements under Quebec's prescription drug insurance and pharmacy services insurance legislation

Your Group Benefits

Benefit Percentage (Co -insurance)

100% for

Hospital Care

Drugs

Vision

Professional S9hpiTd 41e(nal)/0 Tw 9.79 0 Td (593Tj EMC /P <</MCID 6 >>BDC 7.001 Tc -0.003 Tw -0.401 -1. (

Manulife Financial maintains a list of drugs, services and supplies that require prior authorization. Prior authorization is applied to ensure that the therapy prescribed is

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:

- x you cannot locate a participating Pay Direct Drug pharmacy
- x you do not have your Pay Direct Drug Card with you at that time
- x 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

- x eye exams, to a maximum of \$100 per 24 consecutive months
- x purchase and fitting of prescription glasses or elective contact lenses, as well as repairs, or elective laser vision correction procedures, to a maximum of \$500 per 24 consecutive months

Professional Services

Services provided by the following licensed practitioners:

- x Chiropractor - \$200 per calendar year, including \$20 per calendar year for x-rays combined for chiropractor and podiatrist/chiropractist
- x Osteopath - \$200 per calendar year, including \$20 per calendar year for x-rays
- x Podiatrist/Chiropractist - \$200 per calendar year, including \$20 per calendar year for x-rays combined for chiropractor and podiatrist/chiropractist
- x Massage Therapist - \$500 per calendar year
- x Naturopath - \$200 per calendar year
- x Speech Therapist - \$200 per calendar year
- x Physiotherapist - \$500 per calendar year
- x Psychologist - \$1,250 per calendar year combined for psychologist, registered counsellor and master social worker
- x Acupuncturist - \$100 per calendar year
- x Registered Counsellor and Master Social Worker - \$1,250 per calendar year combined for psychologist, registered counsellor and master social worker

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.

Your Group Benefits

Medical Services and Supplies

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

- Private Duty Nursing

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

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

Covered Expenses are subject to a maximum of \$25,000 in any 3 consecutive years.

Charges for the following services are not covered:

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

Pre-Determination of Benefits

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

Ambulance

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

Medical Equipment

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

Non-Dental Prostheses, Supports and Hearing Aids

- x external prostheses. Breast prostheses are payable to a maximum of \$200 per calendar year.
- x surgical stockings/support hose, up to a maximum of 2 pairs per calendar year
- x surgical brassieres, up to a maximum of 1 per lifetime

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

Your Group Benefits

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

Charges for the following are payable under this expense:

- x physician's services
- x hospital room and board up to the hospital maximum under this Benefit Program
- x the cost of special hospital services
- x hospital charges for out-patient treatment
- x licensed ambulance services, including air ambulance, to transfer the patient to the nearest medical facility or hospital where adequate treatment is available
- x medical evacuation for admission to a hospital or medical facility in the province where the patient normally resides

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

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

Emergency Travel Assistance

Your Group Benefits

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

d) Medical Care Monitoring

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

e) Medical Transportation

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

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

f) Return of Dependent Children

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

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

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.

Non-Medical Assistance

a) Return of Deceased to Province of Residence

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

b) Lost Document and Ticket Replacement

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

c) Legal Referral

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

d) Interpretation Service

Telephone interpretation service in most major languages is provided.

e) Message Service

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

f) Pre-trip Assistance Service

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

Exceptions

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

Your Group Benefits

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

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

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

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

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

Submitting a Claim

To submit an Extende

- x charges for periodic check-ups, broken appointments, third party examinations, travel for health purposes, or completion of claim forms
- x charges for services or supplies:
 - when there would have been no charge at all in the absence of plan benefit coverage
 - when reimbursement would have been made under a government-sponsored plan in the absence of plan benefit coverage
 - which are received from a medical or dental department maintained by an employer, association or trade union
 - which would have been payable by the Provincial Plan if proper application had been made
 - which are performed or provided by the covered person, an immediate family member or a person who lives with the covered person
 - which are not specified as a Covered Expense under this benefit
- x medical or surgical care which is cosmetic, other than sclerotherapy
- x medical treatment which is not usual and customary, or which is Experimental or Investigational in nature
- x charges which were considered an insured service of any provincial government plan at the time this Plan Document was issued and subsequently were modified, suspended or discontinued
- x charges for general health examinations, and examinations required for use of a third party
- x charges for eye examinations, except where included as an eligible expense
- x charges for transport or travel, other than as specifically provided under the Extended Health benefit

Drug Benefit and Pharmacy Services For Persons Who Reside In Quebec

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

Covered Expenses

The following expenses are covered:

- x 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
- x covered pharmacy services that are to be paid when the drug is on the RAMQ List, and
- x drugs that are listed as a covered expense in this Benefit Booklet, but are not on the RAMQ List.

Your Group Benefits

d) Lifetime Maximums

Lifetime maximums (if any) will not apply to drugs on the RAMQ List or covered pharmacy services. Drug and covered pharmacy service coverage provided after the lifetime maximum amount stated under the benefit is reached is subject to the following conditions:

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

e) Eligible Dependent Children

Your eligible dependent children who are in full-time

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Your Group Benefits

Your Group

Your Group Benefits

Exclusions

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Long Term Disability

The Long Term Disability Benefit is insured under Manulife Financial's Policy G0039946.

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

Definition of Totally Disabled

Totally Disabled means a restriction or lack of ability due to an illness or injury which prevents you from performing any and every duty of:

- x your own occupation, during the Qualifying Period and the 24 months immediately

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Your Group Benefits

Entitlement Criteria

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

x

- incarcerated in a prison, correctional facility, hospital or similar 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, excluding dependent benefits
- any government motor vehicle automobile insurance plan or policy, unless prohibited by law
- 50% of earnings or payments from any employer, for any work or occupation not related to Rehabilitation Assistance

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
- self-employment
- any government plan, excluding Employment Insurance Benefits
- Canada or Quebec Pension Plans' dependent benefits

Once benefits become payable, the amount of your benefit will not be affected by any subsequent cost of living increase in benefits you (s)-2 (1 Tf2 (bT.4 (n)6.1 (c)-3.6 ()1.4 (t)3.6 (.1 (y)-2 (abl)Ty)-2 (ou (sb(c)-3Tj EMC j EMC j

Rehabilitation Assistance

Once Manulife Financial determines that you are Totally Disabled, if appropriate, and at Manulife

Your Group Benefits

Termination of Benefit Payments

Your disability benefit payments will cease on the earliest of:

- x the date you cease to be Totally Disabled, as defined under this benefit, except as provided for under the Partial Disability benefit provision
- x 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 any and every duty of:
 - your own occupation, during the Qualifying Period and the following 24 months, and
 - any occupation for which you are qualified, or may reasonably become qualified, by training, education or experience, after the 24 months specified above.

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

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Survivor Benefit

If you die while disability benefits have been payable for a minimum of 180 consecutive days, Manulife Financial will pay a benefit to your surviving dependents. If there are no surviving dependents, the benefit is payable to your estate.

The amount of the Survivor Benefit payable is 3 times your last monthly benefit payment, less the amount of any outstanding benefit overpayments.

Submitting a Claim

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

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

Exclusions

