

# University of the Fraser Valley

**Plan Document Number:** G0083240

**Plan C:** Regular Part-Time Employees

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

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

## Welcome to Your Group Benefit Program

**Plan Document Effective Date:** September 01, 2009

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

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

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

This booklet produced: December 22, 2023

# **Table of Contents**

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

### Extended Health Care

#### *The Benefit*

**Overall Benefit Maximum** - \$1,000,000 per lifetime

Not applicable to:

- Hospital Care
- Out-of-Province/Canada Emergency Medical Treatment

**Deductible** - \$25 Individual, \$25 Family, per calendar year

Not applicable to:

- Hospital Care
- Vision
- Out-of-Province/Canada Emergency Medical Treatment
- Out-of-Canada – Referrals

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

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

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## **Benefit Summary**

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- preventive vaccines and medicines (oral or injected)
- diabetic supplies (excluding cotton swabs, rubbing alcohol, automatic jet injectors and similar equipment)

*Charges for the following are not covered:*

- the administration of injectable medications
- drugs, biologicals and related preparations which are administered in hospital on an in-patient or out-patient basis
- drugs determined to be ineligible as a result of due diligence
- anti-obesity drugs, other than Xenical
- drugs used in the treatment of a sexual dysfunction

### **- 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



## **Benefit Summary**

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### ***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

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

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

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

## ***Important Note***

This information has been prepared to help you towards a better understanding of your Group Benefits coverage. It does not create or confer any contractual or other rights. The terms and conditions governing the coverage are set out in your collective agreement and the Plan Document(s) issued by The Manufacturers Life Insurance Company. In the event of any variation between the information provided in this booklet and the provisions of the collective agreement or Plan Document(s), the provisions of the collective agreement or Plan Document(s) shall prevail, in that order.

Your employer reserves the right to amend or discontinue any of the benefit programs referred to in this booklet at any time without notice, subject only to the terms of the collective bargaining agreement. If government legislation changes or if benefits or subsidies under government benefit plans are reduced or eliminated, your benefit programs do not automatically replace or supplement such reductions or eliminations. Your employer takes no responsibility for any changes in federal or provincial income or other taxes or levies or the impact of these changes on the taxation of any of the benefit programs. This booklet describes benefit programs for active employees and does not describe any retiree or post-employment benefit programs.

**Copyright:** The information in this booklet, along with the manner of presentation, is copyrighted by Manulife Financial. Any unauthorized reproduction, duplication or re-distribution in any form is expressly prohibited.

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

Where required by law, you or any claimant under the Plan Document has the right to request a copy of any or all of the following items:

- the Plan Document,
- your application for group benefits, and
- any Evidence of Insurability you submitted as part of your application for benefits.

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

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

## **How to Use Your Benefit Booklet**

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



## **Explanation of Commonly Used Terms**

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

### ***Adherence***

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

### ***Administrator***

Manulife Financial

### ***Advisory Body***

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

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

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

### ***Covered Expenses***

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

### ***Deductible***

the amount of Covered Expenses that must be incurred and paid by you or your dependents before benefits are payable by the administrator, acting on behalf of your employer.

### ***Dependent***

your Spouse or Child who is covered 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 22, or under age 25 if a full-time student (coverage is extended until the end of the month following attainment of age 25)
  - not employed on a full-time basis, and
  - not eligible for coverage as an employee under this or any other Group Benefit Program

## **Explanation of Commonly Used Terms**

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- 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**

### ***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***







## The Claims Process

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- If the order of benefit payment cannot be determined from the above, the benefits payable under each Plan will be in proportion to the amount that would have been payable if Co-ordination of Benefits did not exist.
- If the person is also covered under an individual travel insurance plan, benefits will be co-ordinated in accordance with the guidelines provided by the Canadian Life and Health Insurance Association.

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

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

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

## **Who Qualifies for Coverage?**

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### ***Eligibility***

You are eligible for Group Benefits if you:

- are a permanent, part-time employee of University of the Fraser Valley,
- have a 50% or greater contract,
- have completed the probationary period of 912 hours and have completed two years of continuous, active employment with your employer,
- are a member of an eligible class,
- are younger than the Termination Age,
- are residing in Canada, and
- have completed the Waiting Period.

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

Your dependents are eligible for coverage on the date you become eligible or the date you first acquire a



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

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

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

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

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

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

Your Group Benefit coverage 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 Plan Document allows for your coverage to be extended beyond this date
- the date your employer terminates coverage
- the date you enter the armed forces of any country on a full-time basis
- the date the Plan Docu

## **Your Group Benefits**

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### **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**



## **Your Group Benefits**

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### **Patient Assistance Programs**

## **Your Group Benefits**

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- preventive vaccines and medicines (oral or injected)
- diabetic supplies (excluding cotton swabs, rubbing alcohol, automatic jet injectors and similar equipment)

*Charges for the following are not covered:*

- the administration of injectable medications
- drugs, biologicals and related preparations which are administered in hospital on an in-patient or out-patient basis
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## **Your Group Benefits**

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### ***Vision Care***

- eye exams, to a maximum of \$100 per 24 consecutive months
- 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:

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

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

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

### ***- Private Duty Nursing***

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

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

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

*Charges for the following services are not covered:*

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

*Pre-Determination of Benefits*

Before the services begin, it is advisable that you submit a detailed treatment plan with cost estimates. (s)-5 (.).0.5 ( (s)-5 (.









- hospital charges for out-patient treatment
- licensed ambulance services, including air ambulance, to transfer the patient to the nearest medical facility or hospital where adequate treatment is available
- medical evacuation for admission to a hospital or medical facility in the province where the patient normally resides

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

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

### ***Emergency Travel Assistance***

Emergency Travel Assistance is a travel assistance program available for you and your covered dependents. The assistance services are delivered through an international organization, specializing in travel assistance. The following services are provided, when required as a result of a medical emergency during the first 365 days while travelling outside your province of residence.

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

## **Your Group Benefits**

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### **Medical Emergency Assistance**

A Medical Emergency is:

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

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 il(s)-2 (i)7.4 (on.)J0 Tc 0 Tw 14.25o pe

## Your Group Benefits

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### l) **Meals and Accommodation**

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

### **Non-Medical Assistance**

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

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

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

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

#### c) **Legal Referral**

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

#### d) **Interpretation Service**

Telephone interpretation service in most major languages is provided.

#### e) **Message Service**

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

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

### ***Submitting a Claim***

## **Your Group Benefits**

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- 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
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- iii) 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
  - t

## Your Group Benefits

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### e) Eligible Dependent Children

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

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

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

- i) only drugs that are on the RAMQ List are covered, and
- ii) only covered pharmacy services performed for a drug in 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.

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

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

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

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

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

## Dental Care

**Your Dental 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 require any of the dental services specified under Covered Expenses, your Dental Care benefit can provide financial assistance.

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

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







## **Your Group Benefits**

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### ***Late Entrant Limitation***



## Notes

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*This page has been provided to allow you to make notes regarding your Group Benefit Program, or how to best access your Group Benefits.*