

# Douglas College

**Plan Document Number:** G0083239

**Group Policy Number:** G0039945

**Plan:** B - Regular Faculty

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

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

## Welcome to Your Group Benefit Program

**Plan Document Effective Date:** January 01, 2010

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

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

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

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

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# Benefit Summary

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

**This version of the Benefit Summary provided electronically:** January 18, 2012

## Employee Life Insurance

**The Employee Life Insurance Benefit is insured under Manulife Financial's Policy G0039945.**

*Employee Life Insurance*

**Benefit Amount** - 3 times your annual earnings, to a maximum of \$800,000

**Benefit Reduction**- your benefit amount reduces to 1 times your annual earnings, to a maximum of \$800,000, on the August 31st next following the date you turn 65

**Termination Age** - your benefit terminates at age 71 or retirement, whichever is earlier.

## Employee Optional Life Insurance

**The Employee Optional Life Insurance Benefit is insured under Manulife Financial's Policy G0039945.**

*Employee Optional Life Insurance*

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

**Termination Age** - your benefit amount terminates at age 71 or retirement, whichever is earlier.

## Dependent Optional Life Insurance

**The Dependent Optional Life Insurance Benefit is insured under Manulife Financial's Policy G0039945.**

*Dependent Optional Life Insurance*

**Benefit Amount**

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

**Termination Age** - employee's or spouse's age 71 or employee's retirement, whichever is earlier

## Extended Health Care

*The Benefit*

**Overall Benefit Maximum** - Unlimited

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

Not applicable to:

Hospital Care

Vision (Eye Exams)

*Extended Health Care  
Extended Health Care -  
The Benefit*

# Benefit Summary

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## Benefit Percentage (Co-insurance)

100% for  
- Hospital Care  
- Vision

95% for  
- Medical Services & Supplies  
- Professional Services  
- Drugs

### **Note:**

*The Benefit Percentage for Out-of-Province/Canada Emergency Medical Treatment is 95%.*

**Termination Age** - the end of the month in which the employee attains age 71 or the last day of the month following the month in which the employee retires, whichever is earlier

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

*Extended Health Care -  
ManuScript Generic  
Drug Plan 2 -  
Prescribed 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 prescribed by a physician or dentist for the treatment of a sickness or injury

oral contraceptives, intrauterine devices and diaphragms

hematinic vitamins (vitamins to treat blood disorders) properly identified in the Compendium of Pharmaceuticals and Specialties

preventive vaccines and medicines (oral or injected)

standard syringes, needles and diagnostic aids, required for the treatment of diabetes

**Note** Dispensing fees for drugs purchased with the Pay Direct Drug card, other than compounds, will not be subject to Reasonable and Customary limitations

*The following are not Covered Expenses:*

charges for cotton swabs, rubbing alcohol, automatic jet injectors and similar equipment

charges made by a practitioner or physician to administer injectable medications

charges for dietary supplements, health foods, nutritional products, and vitamins (except injectable and hematinic vitamins)

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

# Benefit Summary

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oral drugs used in the treatment of a sexual dysfunction

## **- Drug Maximums**

Fertility drugs - \$2,500 per lifetime

Anti-smoking drugs - \$500 per lifetime

All other covered drug expenses - Unlimited

*- Drug Maximums*

## **- Payment of Covered Expenses**

*Applicable to Pay Direct drug card submissions only*

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.

*- Payment of Covered Expenses*

## **- 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.

When you have a “no substitution prescription”, please ask your pharmacist to indicate this information on your receipt, when you pay for the prescription. This will help to ensure that your expenses will be reimbursed appropriately when your claim is submitted to Manulife Financial for payment.

*- No Substitution Prescriptions*

## **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

# Benefit Summary

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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, up to \$75 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 combined maximum of \$500 per 24 consecutive months

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 1 pair of eyeglasses or contact lenses per lifetime

non-prescription reading glasses, to a maximum of \$40 per 24 consecutive months

## **Professional Services**

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

Services provided by the following licensed practitioners:

Chiropractor - \$275 per calendar year, limited to \$10 per visit for the first 12 visits in any calendar year

Osteopath - \$275 per calendar year

Podiatrist/Chiropodist - \$275 per calendar year, limited to \$10 per visit for the first 12 visits in any calendar year

Massage Therapist - \$275 per calendar year, limited to \$10 per visit for the first 12 visits in any calendar year

Naturopath - \$275 per calendar year, limited to \$10 per visit for the first 12 visits in any calendar year. Lab fees are not subject to the per visit maximum.

Speech Therapist - \$275 per calendar year

Physiotherapist - \$275 per calendar year, limited to \$10 per visit for the first 12 visits in any calendar year

Psychologist - \$275 per calendar year

## **Dental Care**

### **Dental Care Dental Care - The Benefit**

### **The Benefit**

**Deductible** - Nil

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

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

- 100% for Level I - Basic Services

# Benefit Summary

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- 100% for Level II - Supplementary Basic Services
- 60% for Level III - Dentures
- 60% for Level IV - Major Restorative Services
- 50% for Level V - Orthodontics

## **Benefit Maximums**

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

**Termination Age** - the end of the month in which the employee attains age 71 or the last day of the month following the month in which the employee retires, 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:

***Your Benefit Booklet 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***

***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 Group Policy/ies and 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 Group Policy/ies and Plan Document(s), the provisions of the collective agreement or Group Policy/ies and Plan Document(s) shall prevail, in that order.

The information on all benefits insured or administered by Manulife Financial is up to date as at January 1, 2010.

The Basic Accidental Death and Dismemberment benefit described in this booklet is insured by Industrial-Alliance Pacific Life Insurance Company. Your Plan Sponsor has provided this wording for use in this booklet and is responsible for ensuring it is accurate, up to date and consistent with the governing policy. Manulife Financial is not responsible for any claims in connection with the booklet wording relating to this benefit. In the event of a discrepancy between this booklet and the policy, the terms of the group policy will apply. Manulife Financial shall not be responsible for any detrimental reliance that you may place on this information whatsoever.

All other benefits are insured or administered by Manulife Financial.

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.

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# How to Use Your Benefit Booklet

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

**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.*

***Your Group Benefit  
Card***

# Explanation of Commonly Used Terms

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

**Administrator**  
Manulife Financial

**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, for Extended Health Care benefits only, 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.

Only one spouse will be eligible for benefits under this plan and will be indicated by you on your application for benefits under this plan. Where this information is not contained in your application, the person who qualifies last under this plan's definition of spouse will be the eligible spouse.

## **- Child**

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

- unmarried
- under age 21, or under age 25 if a full-time student
- not employed on a full-time basis, and
- not eligible for coverage as an employee under this or any other Group Benefit Program

# 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.

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 handicap.

The administrator, acting on behalf of your employer, 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

a newborn child shall become eligible from the moment of birth

## ***Drug***

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

***Drug***

## ***Earnings***

your regular rate of pay, excluding bonuses, overtime pay, commissions, incentive pay and automobile allowance

***Earnings***

Your earnings may also include other income as agreed to in writing by your employer and Manulife Financial, and which is reported periodically by your employer to Manulife Financial.

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***

# Explanation of Commonly Used Terms

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## ***Life-Sustaining Drugs***

### ***Life-Sustaining Drugs***

drugs which are necessary for the survival of the patient.

## ***Medically Necessary***

### ***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.

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

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

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

## ***Provincial Plan***

### ***Provincial Plan***

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

## ***Qualifying Period***

### ***Qualifying Period***

a period of continuous total disability, starting with the first day of total disability, which you must complete in order to qualify for disability benefits.

## ***Reasonable and Customary***

### ***Reasonable and Customary***

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.

## ***Waiting Period***

### ***Waiting Period***

the period of continuous employment with your employer which you must complete before you are eligible for Group Benefits.

## ***Ward***

### ***Ward***

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

# 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

*Why Group Benefits?*

*Your Employer's Representative*

*Applying for Group Benefits*

*Making Changes*

# The Claims Process

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

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

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

Sign up to use Manulife's Plan Member Secure Site at [www.manulife.ca/groupbenefits](http://www.manulife.ca/groupbenefits).

When combined with your health care service provider's electronic transmission of your claim, in some cases you can go to your appointment in the morning and see a record of your claim processing on the site in the afternoon!

If your health care service provider cannot send Manulife electronic claim transmissions, you may still be able to submit your claim electronically to us online, right from the Plan Member Secure Site. If your plan sponsor has selected this service for your plan, it will only take you a few minutes to answer the necessary questions and create your own electronic claim submission.

Even if you send us paper claim forms by letter mail, we encourage you to choose to have your claim money deposited directly into your bank account when you set up your access on the Plan Member Secure Site. We will send you an e-mail telling you when your claim has been processed. You will receive your claim payment up to 70% faster than by waiting for a paper cheque!

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

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 employer 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 employer.

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

If you or your dependents are covered for similar benefits under another Plan, this information will be taken into account when determining the amount of expenses payable under this Program.

*How to Submit a Claim*

*Claim Payment*

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

# The Claims Process

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

Plan means:

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

Plan does not include school insurance or Provincial Plans.

## Order of Benefit Payment

### *Order of Benefit Payment*

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

If the other Plan does not provide for Co-ordination of Benefits, it will be considered as the Primary Carrier, and will be responsible for making the initial payment toward the eligible expense.

If the other Plan does provide for Co-ordination of Benefits, the following rules are applied to determine which Plan is the Primary Carrier.

- For Claims incurred by you or your Dependent Spouse:

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

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

- The Plan where the person is covered as an active full-time employee, then
- The 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 Claims Process

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- 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.

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 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**

#### ***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?

## **Eligibility**

You are eligible for Group Benefits if you:

**Eligibility**

- are a regular faculty employee of Douglas College,
- have a minimum teaching load of four sections, (whereby four sections is the equivalent of half-time work). Half-time work shall mean sufficient available work to employ you for a minimum of two, three-credit sections or the equivalent, for two out of three semesters in an academic year.
- are a member of an eligible class,
- are younger than the Termination Age,
- for Extended Health Care benefits, are covered under the Provincial plan,
- are residing in Canada, and
- have completed the Waiting Period.

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

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

## **Medical Evidence**

Medical evidence is required for all benefits, except Dental, when you make a Late Application for coverage on any person. Medical evidence is required when you apply for coverage in excess of the Non-Evidence Limit.

**Medical Evidence**

## **Late Application**

An application is considered late when you:

**Late Application**

- apply for coverage on any person after having been eligible for more than 31 days; or
- re-apply for coverage on any person whose coverage 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 benefits more than 31 days after the date benefits terminated under your spouse's plan; or
- apply for benefits, 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 employer. Further medical evidence may be requested by Manulife Financial.

# Who Qualifies for Coverage?

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## ***Late Dental Application***

### ***Late Dental Application***

If you apply for coverage for Dental for yourself or your dependents late, the benefit will be limited to \$300 for each covered person for the first 12 months of coverage.

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

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

If medical evidence is not required, your Group Benefits will be effective on the date you are eligible.

If medical evidence is required, your Group Benefits will be effective on the date you become eligible or the date the evidence is approved by Manulife Financial, whichever is later.

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

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

Your dependent's coverage will not be effective prior to the date your coverage becomes effective. This does not apply to Dependent Optional Life Insurance which may still become effective if you are declined for Employee Optional Life.

## ***Termination of Coverage***

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

Your Group Benefit coverage will terminate on the earliest of:

the date you cease to be an eligible employee

the date you cease to be actively at work, unless the Group Policy or the Plan Document allows for your coverage to be extended beyond this date

the date your employer terminates coverage

the date you enter the armed forces of any country on a full-time basis

the date the Group Policy or Plan Document terminates or coverage on the class to which you belong terminates

the date you reach the Termination Age

the date of your death

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

# Your Group Benefits

## Employee Life Insurance

The Employee Life Insurance Benefit is insured under Manulife Financial's Policy G0039945.

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 \$800,000

**Non-Evidence Limit** - \$800,000

**Qualifying Period for Waiver of Premium** - 180 days or expiration of benefits under your employer's weekly indemnity benefit, whichever is greater

**Benefit Reduction**- your benefit amount reduces to 1 times your annual earnings, to a maximum of \$800,000, on the August 31st next following the date you turn 65

**Termination Age** - your benefit amount terminates at age 71 or retirement, whichever is earlier.

### **Waiting Period**

first of the month following date of hire

### *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 the earlier of:

15 months following the date of loss

90 days following the date of termination of your insurance

90 days following the date of termination of this Policy or a benefit therein

To submit a claim for the Waiver of Premiums benefit you must complete a Waiver of Premiums 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 18 months following the day you were last actively at work, provided notification is submitted to Manulife Financial within 12 months of the date you were last actively at work.

*Employee Life Insurance*

*Employee Life - The Benefit*

*Employee Life Insurance - Submitting a Claim*

# Your Group Benefits

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Failure to furnish such proof within the time required shall not invalidate or reduce any claim if it is not reasonable possible to furnish such proof within the required time, and if proof is given as soon as is reasonably possible.

## ***Waiver of Premiums***

***Employee Life  
Insurance - Waiver of  
Premiums***

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.

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

***Employee Life  
Insurance - Totally  
Disabled***

Totally Disabled means a restriction or lack of ability due to an illness or injury which prevents you from performing all the duties of:

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

any occupation for which

- you are qualified, or may reasonably become qualified by training, education or experience, after the 24 months specified above
- the current monthly earnings are 75% or more of the monthly earnings for your own occupation at the date of Disability

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.

## ***Entitlement Criteria***

***Employee Life  
Insurance - Entitlement  
Criteria***

To be entitled to Waiver of Premiums, 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 30 days 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 all the duties of:

- your own occupation, during the Qualifying Period and the following 24 months, and
- any occupation for which

# Your Group Benefits

- you are qualified, or may reasonably become qualified by training, education or experience, after the 24 months specified above, and
- the current monthly earnings are 75% or more of the monthly earnings for your own occupation at the date of Disability

you must be receiving from a physician, regular, ongoing care and treatment appropriate for your disabling condition, as determined by Manulife Financial

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

## **Termination of Waiver of Premiums**

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

Your Waiver of Premiums 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 all the duties 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, and
  - the current monthly earnings are 75% or more of the monthly earnings for your own occupation at the date of Disability

the date you are no longer receiving from a physician, regular, ongoing care and treatment appropriate for the disabling condition, as determined by Manulife Financial

the date you do not attend an examination by an examiner selected by Manulife Financial

the date of your death

the date of your 65th birthday

## **Recurrent Disability**

### **Employee Life Insurance - 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 Premiums benefit, Manulife Financial will waive the Qualifying Period.

# Your Group Benefits

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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 Premiums benefit, such disability will be considered a separate disability.

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

## ***Conversion Privilege***

If your Group Benefits terminate or reduce, you may be eligible to convert all or part of 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. Provincial differences may exist.

# Employee Optional Life Insurance

**The Employee Optional Life Insurance Benefit is insured under Manulife Financial's Policy G0039945.**

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

## ***The Benefit***

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

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

**Qualifying Period for Waiver of Premium** - 180 days or expiration of benefits under your employer's weekly indemnity benefit, whichever is greater

**Termination Age** - your benefit amount terminates at age 71 or retirement, whichever is earlier.

## **Waiting Period**

first of the month following date of hire

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

*Employee Life  
Insurance - Conversion  
Privilege*

*Employee Optional Life  
Insurance*

*Employee Optional Life  
Insurance - The Benefit*

# Your Group Benefits

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

## ***Waiver of Premiums***

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 Premiums).

***Employee Optional Life Insurance - Waiver of Premiums***

## ***Exclusions***

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

***Employee Optional Life Insurance - Exclusions***

## **Dependent Optional Life Insurance**

**The Dependent Optional Life Insurance Benefit is insured under Manulife Financial's Policy G0039945.**

***Dependent Optional Life Insurance***

If your Spouse dies while insured, the amount of this benefit will be paid to you.

## ***The Benefit***

***Dependent Optional Life Insurance - The Benefit***

### **Benefit Amount**

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

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

**Termination Age** - employee's or spouse's age 71 or employee's retirement, whichever is earlier

### **Waiting Period**

first of the month following date of hire

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

## ***Submitting a Claim***

***Dependent Optional Life Insurance - Submitting a Claim***

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

A completed claim form must be submitted within the earlier of:

# Your Group Benefits

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15 months following the date of loss

90 days following the date of termination of your insurance

90 days following the date of termination of this Policy or a benefit therein

Failure to furnish such proof within the time required shall not invalidate or reduce any claim if it is not reasonable possible to furnish such proof within the required time, and if proof is given as soon as is reasonably possible.

## **Waiver of Premiums**

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

## **Conversion Privilege**

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

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

## **Exclusions**

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

# Extended Health Care

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

If you or your dependents 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.

*Dependent Optional  
Life Insurance - Waiver  
of Premiums*

*Dependent Optional  
Life Insurance -  
Conversion Privilege*

*Dependent Optional  
Life Insurance -  
Exclusions*

*Extended Health Care*

# Your Group Benefits

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***

**Overall Benefit Maximum** - Unlimited

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

Not applicable to:

- Hospital Care
- Vision (Eye Exams)

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

100% for  
- Hospital Care  
- Vision

95% for  
- Medical Services & Supplies  
- Professional Services  
- Drugs

### **Note:**

*The Benefit Percentage for Out-of-Province/Canada Emergency Medical Treatment is 95%.*

**Termination Age** - the end of the month in which the employee attains age 71 or the last day of the month following the month in which the employee retires, whichever is earlier

## **Waiting Period**

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

## **Covered Expenses**

The expenses specified are covered to the extent that they are reasonable and customary, unless otherwise specified, as determined by Manulife Financial or your employer, 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 covered 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 -  
The Benefit***

***Extended Health Care -  
Covered Expenses***

# Your Group Benefits

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## ***Advance Supply Limitation***

### ***Extended Health Care - 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.

### ***- Drug Expenses***

#### **- 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 90 day supply.

## ***Hospital Care***

### ***Extended Health Care - Hospital Care***

charges, in excess of the hospital's public ward charge, for semi-private accommodation, provided:

- the person was confined to hospital on an in-patient basis, and
- the accommodation was specifically elected in writing by the patient

charges for any portion of the cost of ward accommodation, utilization or co-payment fees (or similar charges) are not covered

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

### ***Extended Health Care - ManuScript Generic Drug Plan 2 - Prescribed 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 prescribed by a physician or dentist for the treatment of a sickness or injury

oral contraceptives, intrauterine devices and diaphragms

hematinic vitamins (vitamins to treat blood disorders) properly identified in the Compendium of Pharmaceuticals and Specialties

preventive vaccines and medicines (oral or injected)

standard syringes, needles and diagnostic aids, required for the treatment of diabetes

**Note** Dispensing fees for drugs purchased with the Pay Direct Drug card, other than compounds, will not be subject to Reasonable and Customary limitations

*The following are not Covered Expenses:*

charges for cotton swabs, rubbing alcohol, automatic jet injectors and similar equipment

# Your Group Benefits

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charges made by a practitioner or physician to administer injectable medications

charges for dietary supplements, health foods, nutritional products, and vitamins (except injectable and hematinic vitamins)

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

oral drugs used in the treatment of a sexual dysfunction

## **- Drug Maximums**

Fertility drugs - \$2,500 per lifetime

Anti-smoking drugs - \$500 per lifetime

All other covered drug expenses - Unlimited

*- Drug Maximums*

## **- Payment of Covered Expenses**

*Applicable to Pay Direct drug card submissions only*

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.

*- Payment of Covered Expenses*

## **- 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.

When you have a "no substitution prescription", please ask your pharmacist to indicate this information on your receipt, when you pay for the prescription. This will help to ensure that your expenses will be reimbursed appropriately when your claim is submitted to Manulife Financial for payment.

*- No Substitution Prescriptions*

## **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

# Your Group Benefits

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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, up to \$75 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 combined maximum of \$500 per 24 consecutive months

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 1 pair of eyeglasses or contact lenses per lifetime

non-prescription reading glasses, to a maximum of \$40 per 24 consecutive months

## ***Professional Services***

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

Services provided by the following licensed practitioners:

Chiropractor - \$275 per calendar year, limited to \$10 per visit for the first 12 visits in any calendar year

Osteopath - \$275 per calendar year

Podiatrist/Chiropodist - \$275 per calendar year, limited to \$10 per visit for the first 12 visits in any calendar year

Massage Therapist - \$275 per calendar year, limited to \$10 per visit for the first 12 visits in any calendar year

Naturopath - \$275 per calendar year, limited to \$10 per visit for the first 12 visits in any calendar year. Lab fees are not subject to the per visit maximum.

Speech Therapist - \$275 per calendar year

Physiotherapist - \$275 per calendar year, limited to \$10 per visit for the first 12 visits in any calendar year

Psychologist - \$275 per calendar year

# Your Group Benefits

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, except for services of a massage therapist, which requires a recommendation once every 6 months.

## **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 \$5,000 per 36 months.

*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. You will then be advised of any benefit that will be provided.

## **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, to a maximum of \$300 per calendar year

**- Ambulance**

# Your Group Benefits

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## *- Medical Equipment*

### **Medical Equipment**

rental or, when approved by Manulife Financial or your employer, 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. Breast prostheses are limited to post-mastectomy only, to a maximum of 1 per calendar year.

surgical stockings/support hose, 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, provided such footwear forms an integral part of a brace (recommendation of either a physician or a podiatrist is required)

casted, custom-made orthotics, up to a maximum of 1 pair per calendar year, to a maximum of \$450 per pair (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 \$600 per 5 calendar years

## *- Other Supplies and Services*

### **Other Supplies and Services**

eneuretic devices

ileostomy, colostomy and incontinence supplies

medicated dressings and burn garments

synvisc, to a maximum of 9 injections every 12 months

wigs and hairpieces for patients with temporary hair loss as a result of medical treatment

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

# Your Group Benefits

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

**-Out-of-Province/Out-of-Canada**

treatment required as a result of a medical emergency which occurs during the first 365 days while temporarily outside the province of residence, provided the covered person who receives the treatment is also covered by the Provincial Plan during the absence from the province of residence.

A medical emergency is a sudden, unexpected injury which occurs or an unforeseen illness which begins while a covered person is travelling outside his province of residence and requires immediate medical attention. Such emergency no longer exists when, in the opinion of the attending physician and supporting medical evidence, the covered person is stable enough to return to his province of residence.

*For all non-emergency medical treatment out of Canada:*

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:*

physician's services

hospital room and board up to the hospital maximum under this Benefit Program

the cost of special hospital services

hospital charges for out-patient treatment

licensed ambulance services, including air ambulance, to transfer the patient to the nearest medical facility or hospital where adequate treatment is available

medical evacuation for admission to a hospital or medical facility in the province where the patient normally resides

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

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

## **Submitting a Claim**

**Extended Health Care -  
Submitting a Claim**

To submit an Extended Health Care claim, you must complete an Extended Health Care Claim form, except when claiming for physician or hospital expenses incurred outside your province of residence. For these expenses, you must complete an Out-of-Province/Out-of-Canada claim form. Claim forms are available from your employer.

All applicable receipts must be attached to the completed claim form when submitting it to Manulife Financial. Certain claims may be submitted electronically. Please visit Manulife's Group Benefits website at [www.manulife.ca/groupbenefits](http://www.manulife.ca/groupbenefits) for details.

# Your Group Benefits

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All claims must be submitted within 15 months after the date the expense was incurred.

Claims for Out-of-Canada expenses must first be submitted to the Provincial Plan for payment. Any outstanding balance should be submitted to Manulife Financial, along with the explanation of payment from the Provincial Plan.

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

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

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

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

## ***Exclusions***

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

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

self-inflicted injuries, whether sane or insane

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

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 association, trade union or your employer's medical or dental department

services or supplies for which no charge would normally be made in the absence of group benefit coverage

services and supplies where reimbursement would have been made under a government-sponsored plan, in the absence of coverage

services or supplies which are not permitted by law to be paid

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 covered person, an immediate family member or a person who lives with the covered person

# Your Group Benefits

services or supplies which are not specified as a covered expense under this benefit

## ***Continuation of Coverage***

### ***Extended Health Care - Continuation of Coverage***

If a dependent is Disabled when coverage under this Benefit terminates, Covered Expenses related to the treatment of the Disability will continue to be payable by Manulife Financial, acting on behalf of your Employer.

Coverage will be continued for up to 90 days after coverage would otherwise have terminated while the dependent remains Disabled. However, coverage will terminate if either this Benefit, or Plan Document should terminate.

A dependent shall be considered wholly Disabled when he/she is confined to a hospital or incapacitated to the extent that the dependent is not able to perform all of the usual and customary duties or activities of a person in good health and of the same age.

## **Dental Care**

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

### ***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.

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

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

### ***The Benefit***

### ***Dental Care - The Benefit***

**Deductible** - Nil

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

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

- 100% for Level I - Basic Services
- 100% for Level II - Supplementary Basic Services
- 60% for Level III - Dentures

# Your Group Benefits

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- 60% for Level IV - Major Restorative Services

- 50% for Level V - Orthodontics

## **Benefit Maximums**

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

- \$2,500 per lifetime for Level V

**Termination Age** - the end of the month in which the employee attains age 71 or the last day of the month following the month in which the employee retires, whichever is earlier

## **Waiting Period**

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

## **Covered Expenses**

The following expenses are covered if they:

are incurred for the necessary dental care of a covered person while covered under this benefit

are incurred for services provided by a dentist, a dental hygienist working under the supervision of a dentist, or a denturist working within the scope of his license

are reasonable as determined by your employer or Manulife Financial, taking all factors into account

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

## **Level I - Basic Services**

complete oral exam, one per 24 months

complete series x-rays, one per 24 months

panoramic x-rays, one per 24 months

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

recall exams, bitewing x-rays, and fluoride treatments, once every 6 months for dependent children under age 19 and once every 9 months for any other person

routine diagnostic and laboratory procedures

### **Dental Care - Covered Expenses**

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

# Your Group Benefits

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oral hygiene instruction, limited to one per 24 months for the initial instruction.  
Recall instructions are eligible twice per calendar year

fillings, retentive pins and pit and fissure sealants. Replacement fillings are covered provided:

- the existing filling is at least 12 months old and must be replaced either due to significant breakdown of the existing filling or recurrent decay, or
- the existing filling is amalgam and there is medical evidence indicating that the patient is allergic to amalgam

pre-fabricated full coverage restorations (metal and plastic)

space maintainers (appliances placed for orthodontic purposes are not covered)

minor surgical procedures and post surgical care, other than surgical procedures covered under Level IV

extractions (including impacted and residual roots)

consultation with patient or other professionals, twice per calendar year

anaesthesia and conscious sedation

denture repairs, relines and rebases, only if the expense is incurred later than 3 months after the date of the initial placement of the denture

injection of antibiotic drugs when administered by a Dentist in conjunction with dental surgery

nervous/muscular disorders

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

## ***Dental Care - Level II - Supplementary Basic 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 of 8 units per calendar year

- provisional splinting

- occlusal equilibration

endodontic services which include root canals and therapy, root amputation, apexifications, periapical services and the bleaching of endodontically-treated teeth

- root canals and therapy are limited to one initial treatment plus one re-treatment per tooth per lifetime

# Your Group Benefits

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- re-treatment is covered only if the expense is incurred more than 12 months after the initial treatment

## **Level III - Dentures**

### **Dental Care - Level III - Dentures**

initial provision of full or partial removable dentures

replacement of removable dentures, provided the dentures are required because:

- a natural tooth is extracted and the existing appliance cannot be made serviceable
- the existing appliance is at least 5 years old and cannot be made serviceable, or
- the existing appliance is temporary and is replaced with the permanent dentures within 12 months of its installation. The total amount payable for both the temporary and permanent dentures is the amount which would have been allowed for permanent dentures.

## **Level IV - Major Restorative Services**

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

crowns, veneers and onlays when the function of a tooth is impaired due to cuspal or incisal angle damage caused by trauma or decay

inlays

initial provision of fixed bridgework

replacement of bridgework, provided the new bridgework is required because:

- a natural tooth is extracted and the existing appliance cannot be made serviceable
- the existing appliance is at least 5 years old and cannot be made serviceable, or
- the existing appliance is temporary and is replaced with the permanent dentures within 12 months of its installation. The total amount payable for both the temporary and permanent bridge is the amount which would have been allowed for a permanent bridge.

surgical incision and drainage

stomatoplasty, frenectomy and sialolithotomy

soft tissue biopsy, oral pathology, cytological tests and bacteriological exams

post-surgical treatment

excision of torus palatinus, unilateral and bilateral excision of torus mandibularis

# Your Group Benefits

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## ***Level V - Orthodontics***

orthodontic services for dependent children only, provided treatment commences after attainment of age 6 and the initial appliance is installed prior to reaching age 18.

***Dental Care - Level V - Orthodontics***

## ***Late Entrant Limitation***

If you or your dependents become covered 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 \$300 for each covered person.

***Dental Care - Late Entrant Limitation***

## ***Pre-Determination of Benefits***

If the cost of any proposed dental treatment is expected to exceed \$500, it is suggested 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 Plan Document 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 available from your employer.

All claims must be submitted within 15 months after the date the expense was incurred.

***Dental Care - Submitting a Claim***

## ***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, the administrator, acting on behalf of your employer may request that you complete a subrogation reimbursement agreement when you submit a claim for such expenses.

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

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

# Your Group Benefits

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## ***Exclusions***

### ***Dental Care - Exclusions***

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

self-inflicted injuries, whether sane or insane

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

committing or attempting to commit an assault or criminal offence

dental care which is cosmetic, unless required because of an accidental injury which occurred while the patient was covered under this benefit

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 association, trade union or your employer's medical or dental department

services or supplies for which no charge would normally be made in the absence of group benefit coverage

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 covered person, an immediate family member or a person who lives with the covered 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

# Your Group Benefits

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## Survivor Extended Benefit

### *Survivor Extended Benefit*

If you die while your dependents are covered under this Group Benefit Program, your employer will continue the Extended Health Care and Dental Care benefits without requiring any contribution from you, until the earliest of:

the date your dependent is no longer a dependent, according to the definition of dependent (see Explanation of Commonly Used Terms)

the date similar coverage is obtained elsewhere

the date which is one year from your death, for Extended Health Care benefits

the date which is 90 days from your death, for Dental Care benefits, or

the date the Plan Document terminates

# **Benefits Insured by Industrial Alliance Pacific**

## **SUMMARY OF INSURANCE COVERAGE**

Policy No. 100003739 issued by Industrial Alliance Pacific Insurance and Financial Services Inc.

### **BASIC ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE**

You are covered for any injury sustained as the result of an accident anywhere in the world - 24 hours per day - on or off the job.

#### **ACCIDENTAL DEATH, DISMEMBERMENT AND SPECIFIC LOSS INDEMNITY**

The "loss" or "loss of use" must occur within 365 days of the date of the accident. These benefits are payable on a lump sum basis and in addition to any other benefits you may receive.

	% of Principal Sum
Life .....	100%
Both Hands or Both Feet or Entire Sight of Both Eyes .....	100%
One Hand and One Foot or One Hand and Entire Sight of One Eye .....	100%
One Foot and Entire Sight of One Eye or Speech and Hearing in both Ears .....	100%
One Arm or One Leg .....	75%
One Hand or One Foot or Entire Sight of One Eye or Speech or Hearing in both Ears.....	75%
Thumb and Index Finger of Either Hand or Four Fingers of Either Hand .....	33 1/3%
Hearing in One Ear.....	25%
All Toes of One Foot .....	25%
Quadriplegia (total paralysis of all four limbs) or Paraplegia (total paralysis of the lower limbs).....	200%
Hemiplegia (total paralysis of one side of the body) .....	200%

#### **CONTINUATION OF COVERAGE**

Coverage can be continued while the insured is on an approved leave of absence, maternity/parental leave, lay-off or disability. This continuation is subject to continued payment of premiums and is granted for a maximum of 12 months (or to age 65 if on disability leave) or on the date the insured returns to work, whichever is earlier.

#### **CONVERSION OPTION**

Upon termination of active employment with the Policyholder, an insured may convert his/her insurance to an individual accident insurance plan, with no evidence of insurability, for an amount of principal sum equal to or lower than the amount of principal sum in force at the time of termination. Application for conversion must be made within 31 days. Premiums become payable annually in advance.

#### **DAY CARE BENEFIT (\$10,000)**

If injury results in the loss of life, the Company will pay 5% of the principal sum for each year the dependent child is enrolled in a legally licensed day care (not to exceed four years) for each dependent child who is under 13 years of age and enrolled in a legally licensed day care centre on the date of the accident, or within the 12 months following.

#### **EDUCATION BENEFIT (\$5,000)**

If injury results in loss of life, the Company will pay 5% of the principal sum to any dependent child who, on the date of the accident, was enrolled as a full-time student in any institution of higher learning beyond the secondary school level (not to exceed four years). If, at the time of loss, there is no dependent children eligible for the Education Benefit, the Company shall pay an additional amount of \$2,500.00 to the designated beneficiary.

# Benefits Insured by Industrial Alliance Pacific

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## **FAMILY TRANSPORTATION BENEFIT (\$10,000)**

If injury results in confinement as an inpatient in a hospital, and such injury results in a loss being payable under the Accidental Death, Dismemberment and Specific Loss Indemnity, and the hospital is located at least 150 km from the insured's residence, the Company will pay the expenses actually incurred by a member of the immediate family for hotel accommodation and transportation by the most direct route to the confined insured.

## **HOME ALTERATION AND VEHICLE MODIFICATION BENEFIT (\$10,000)**

If injury requires the use of a wheelchair to be ambulatory, the Company will pay the cost of alterations to the insured's principal residence and/or the cost of modification to one motor vehicle utilized by the insured, provided such injury results in a loss payable under the Accidental Death, Dismemberment and Specific Loss Indemnity.

## **REHABILITATION BENEFIT (\$15,000)**

If injury requires that the insured undergo special training in order to be qualified to engage in a special occupation in which the insured would not have engaged except for such injury, the Company will pay the reasonable and necessary expense incurred for such training, provided such injury results in a loss payable under the Accidental Death, Dismemberment and Specific Loss Indemnity.

## **REPATRIATION BENEFIT (\$15,000)**

If injury results in loss of life, the Company will pay the expense incurred for shipment of the body to the city of residence of the deceased.

## **SEAT BELT BENEFIT**

If injury results in a loss payable under the Accidental Death, Dismemberment and Specific Loss Indemnity, the principal sum will be increased by 10% subject to a maximum of \$25,000 if, at the time of the accident, the insured was driving or riding in a vehicle and wearing a properly fastened seat belt.

## **SPOUSAL RETRAINING BENEFIT (\$10,000)**

If injury results in the loss of life, the Company will reimburse the spouse for the actual expenses incurred for a formal occupational training program in order to become qualified for active employment in an occupation in which the spouse would not otherwise have sufficient qualifications.

## **WAIVER OF PREMIUM**

In the event of total disability and waiver of premium has been approved and accepted by the group life carrier, then premium under this plan will be waived until the earlier of: death, recovery, attainment of age 65 or the date the policy is cancelled.

## **TERMINATION OF INSURANCE OF AN INSURED**

Coverage will terminate immediately on the earliest of: (a) the policy termination date; (b) the premium due date if the Policyholder fails to pay the insured's premium, except as a result of an inadvertent error; (c) the premium due date coinciding with or immediately following the date an insured attains age 65 or earlier retirement; (d) the premium due date next following the date an insured is ineligible for coverage.

## **LIMITED AIR TRAVEL COVERAGE**

Coverage includes injury sustained in consequence of riding as a passenger and not as a pilot or member of the crew; in boarding or alighting from or being struck by; or making a forced landing with or from:

- (a) any aircraft having a current and valid airworthiness certificate and which is operated by a person holding a current and valid pilot's license of a rating authorizing him to pilot such aircraft, or
- (b) any transport-type aircraft operated by the Canadian Armed Forces or by the similar air transport service of any duly constituted governmental authority of the recognized government of any nation anywhere in the world, provided the aircraft is not being used for test or experimental purposes.

## **Benefits Insured by Industrial Alliance Pacific**

Notwithstanding (a) and (b) above, coverage excludes injury sustained while and in consequence of riding as a passenger, pilot, operator or member of the crew, in or on, boarding or alighting from or being struck by or making a forced landing with or from any aircraft owned, operated or leased by the policyholder.

### **WHEN DOES THIS INSURANCE NOT APPLY?**

- declared or undeclared war or any act thereof;
- active full-time service in the armed forces of any country;
- suicide or any attempt thereat or intentionally self-inflicted Injury, while sane or insane;
- injury sustained in consequence of riding as a passenger or otherwise in any vehicle or device for aerial navigation, except as provided in the part titled "Limited Air Travel Coverage".

*This summary is for information purposes only. For further details, refer to the Master Policy which is on file with the Policyholder. This group Master Policy sets forth in detail the terms and conditions of the Plan and all rights and obligations are determined in accordance with the Master Policy, not this summary.*