

Welcome to the

MANAGEMENT AND ADMINISTRATIVE STAFF

section for the

DOUGLAS COLLEGE



Douglas
College

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GENERAL POLICY INFORMATION

The information in this booklet was last updated May 18, 2007.

Manulife Financial Benefits

The following benefits are underwritten by Manulife Financial:

Group Policy 788004	Life Insurance, Short Term Disability and Long Term Disability
Policy Number 788204	Extended Health Care and Dental Benefits

For claims inquiries, contact Manulife Financial at 1-800-575-2200

Non-Manulife Financial Benefits

The following benefits are underwritten by Industrial-Alliance Pacific Life Insurance Company under:

Group Policy 100003739	Basic Accidental Death and Dismemberment
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Important Notes

What this 'e-booklet' is:

This information has been prepared to help you toward a better understanding of your Group Insurance Coverage. It does not create or confer any contractual or other rights. The terms and conditions governing the insurance are set out in your collective agreement and the group Master Policy/ies issued by The Manufacturers Life Insurance Company. In the event of any variation between the information provided in this website and the provisions of the collective agreement or insurance policy/ies, the collective agreement and insurance policy/ies shall prevail, in that order.

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SUMMARY OF BENEFITS

This summary section is not a complete booklet. It has been prepared to give you an informal outline of the main features of your group insurance plan.

Please access the other sections of your E-booklet for further details, or contact your Human Resources Department.

WAITING PERIOD:	the first day of the month coincident with or next following the date employment commences
EMPLOYEE LIFE INSURANCE:	3 times annual earnings, to a maximum of \$800,000
OPTIONAL LIFE INSURANCE:	units of \$10,000 to a maximum of \$200,000, available to employees and/or their spouses under age 65
ACCIDENTAL DEATH & DISMEMBERMENT:	3 times annual earnings, to a maximum of \$800,000
SHORT TERM DISABILITY	
Benefit Amount:	75% of your weekly earnings, to a maximum of \$2,500/week
Qualifying Period:	30 days of continuous disability
Maximum Benefit Duration:	26 weeks
LONG TERM DISABILITY	
Benefit Amount:	75% of your month earnings, to a maximum of \$12,000/month
Qualifying Period:	212 days of continuous disability
Maximum Benefit Duration:	December 31st following your 65th birthday

SUMMARY OF BENEFITS

EXTENDED HEALTH

Deductible:	\$25 single or family per calendar year
Benefit Percentage:	100% for Hospital and Vision Care expenses 95% for all other eligible expenses
Lifetime Maximum:	Unlimited
Hospital:	up to semi-private room (not subject to the deductible)
Pay-direct Drugs:	prescriptions by law
Paramedical Services:	\$275 maximum per calendar year for each of the following: Chiropractor, Naturopath, Podiatrist/ Chiropodist, Osteopath, Psychologist, Speech Therapist, Physiotherapist or Massage Therapist
Orthopedic Shoes:	reasonable and customary charges
Orthotics:	one pair per calendar year, subject to a maximum of \$450 per pair
Private Duty Nursing:	\$5,000 every 36 months
Hearing Aids:	\$600 every 60 consecutive months
Vision Care:	\$75 every 24 consecutive months for eye exams \$40 every 24 consecutive months for spectacle lenses \$500 every 24 consecutive months for glasses or contacts

DENTAL EXPENSE

Deductible:	None
Benefit Percentage:	100% Basic Services 100% Major Services 80% Orthodontics for dependents 6-18 years
Maximums:	Basic & Major Services: unlimited Orthodontics: \$2,000 lifetime
Recall Exams/Fluoride/ Polishing:	once every 9 months (twice per calendar year for dependent children under age 19)
Scaling/Root Planing :	8 units per calendar year

GENERAL PROVISIONS

Eligibility

Permanent, non-seasonal, full-time employees who work a regularly scheduled work week of at least 20 hours (part-time employees must have half-time or more work), will become eligible for coverage on the later of the plan Effective Date, or the first day of the month coincident with or next following the date employment commences.

Retired employees are not eligible for coverage.

When Your Insurance Starts

Your insurance comes into effect on the latest of the following dates if you are actively at work on that date:

- the date you become eligible;
- the date you apply; or
- if Evidence of Insurability is required the date it is approved by the Insurer.

Evidence of Insurability

Evidence of Insurability is required if:

- you apply for insurance more than 31 days after becoming eligible to apply;
- you reapply after your insurance has terminated due to non-payment of premium; or
- you apply for Optional Life Insurance for you and/or your spouse.

When Your Insurance Terminates

Your insurance terminates in the event of:

- non-payment of premium;
- a change in your classification to one not insured;
- termination of your employment;
- termination or amendment of the Master Policy;
- your commencing active duty in any armed forces;
- your attainment of the age specified in the Schedule of Insurance section; or
- your retirement.

Note: In the event you are absent from work due to sickness, injury, layoff or leave of absence, your insurance coverages may continue for a period as outlined in the Master Policy, but only if the required premiums are paid.

Change in Amounts of Insurance

A change in the amount of your insurance shall become effective on the date of change, if you are actively at work for that full scheduled working day, otherwise on the first day thereafter on which you are actively-at-work.

GENERAL PROVISIONS

Eligible Dependents

Eligible dependents under this plan shall include:

- Unmarried children who are under age 21, or under age 25 if attending an accredited school, college, or university as a full time student. Dependent children must be dependent on you for support and not employed at a regular full-time job.
- Functionally impaired children who are totally dependent upon you for support. For the purposes of this plan, functionally impaired shall mean an unmarried person who was insured as a dependent prior to becoming functionally impaired who is wholly dependent upon you for support and maintenance within the terms of the Income Tax Act.
- A child of your spouse provided,
 - i) he/she is also your biological child; or
 - ii) your spouse is living with you and has custody of the child.
- Your spouse, which includes:
 - i) a person married to you as a result of a valid civil or religious ceremony; or
 - ii) a person whose common law relationship with you has existed for a minimum period of 12 consecutive months immediately prior to the date on which a claim arose, provided the existence of such relationship includes continuous cohabitation and public representation of married status.

If you have been married to more than one person, you can only claim your current spouse or your current common law relationship if you have been cohabiting for more than 12 months.

Extended Coverage to Surviving Dependents

If you should die while insured under this policy, benefits will continue to be paid to your surviving eligible dependents for up to

- i) 12 months following your death for Extended Health Care, and
- ii) 3 months following your death for Dental Care benefits.

Co-ordination of Benefits

Payment of Extended Health Care, Vision Care and Dental benefits shall be coordinated so that benefits from all plans do not exceed 100% of the eligible claim. For this purpose, Manulife Financial has a right to receive and release information on benefits and if necessary, collect any overpayments made by it.

Order of benefit payment will be determined as follows:

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

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 expenses.

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

GENERAL PROVISIONS

Co-ordination of Benefits (Continued)

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.

When parents are separated or divorced, the following order applies:

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

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.

Submitting a Claim for Co-ordination of Benefits

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.

GENERAL PROVISIONS

Time Limitations

A claim for disability income benefits must be submitted within 6 months of the end of the qualifying disability period.

A claim for a waiver of premium benefit must be submitted within 12 months of the date disabled.

A claim for any other loss must be submitted within 15 months following the date the loss is incurred. However, in the event of termination of insurance, a claim must be submitted within 90 days following the date of termination of your insurance or the date following termination of a coverage or the policy.

Medical Information Bureau (MIB)

MIB Group, Inc. (MIB) is a non-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members.

Manulife Financial or its re-insurers may periodically report information to the MIB. If you apply to receive life, disability or health insurance coverage from another MIB member company or submit a claim for benefits to such a company, the MIB upon request will supply the other insurer with the information on file.

Manulife Financial or its reinsurers may also release information in its file to other life and health insurance companies to whom you may apply for insurance or submit a claim for benefits. All Information obtained will be treated as confidential.

Upon your request, the MIB will arrange disclosure of any information it may have in your file. If you question the accuracy of information in the MIB file, you may contact the MIB and seek a correction. Their address is: MIB, 330 University Ave., Suite 501, Toronto, Ontario, M5G 1R7. Tel: (416) 597-0590.

EMPLOYEE LIFE INSURANCE

In the event of your death while insured, the amount of your Life Insurance is payable to your beneficiary. You may change your beneficiary at any time by written notice to your Employer, subject to any policy or legal limitations.

Benefit Amount	3 X your annual earnings, rounded to the next higher \$1,000 if not already a multiple thereof, subject to a maximum of \$800,000.
Termination Age	Your coverage terminates on the date you attain age 70 or the date you retire, whichever is earlier.

Waiver of Premium for Disability

If you i) qualify for Long Term Disability benefits or ii) become totally disabled for 212 consecutive days before age 65, your Life Insurance will be continued free of charge until you cease to be totally disabled or you reach age 65, whichever occurs first.

To qualify, you must be unable to perform the regular duties of your own occupation during the Qualifying Period and the next 2 years. After this period, total disability means you are unable to work at any occupation for which you are or may become qualified by training, education or experience.

Note: In order to qualify for the Waiver of Premium benefit you must notify Manulife Financial of your disability within one (1) year of your last active day at work, and must furnish proof of your disability satisfactory to the Insurer within 18 months of that last active working day.

Conversion Privilege

If your Group Benefits terminate and you are less than 65 years of age, you may be eligible to convert your Employee Life Insurance to an individual policy, without medical evidence. You must apply for the individual policy, and pay the first monthly premium within 31 days of the termination of your Employee Life Insurance. For information on the conversion privilege, please see your Human Resources Department.

OPTIONAL LIFE INSURANCE

Benefit Amount	If you are under age 65, you may apply for this coverage for you or your spouse in units of \$10,000, subject to a maximum of 20 units (\$200,000). This coverage is available in addition to, not in lieu of, Employee Life Insurance.
No Evidence Limit	Evidence of insurability, satisfactory to Manulife Financial, shall be required for all amounts.
Termination Age	Your coverage terminates on the date you attain age 70 or earlier retirement. Your spouse's insurance terminates on your attainment of age 70 or retirement, or your spouse's attainment of age 70, whichever is earlier.

In the event of your death while insured, the amount of your Optional Life Insurance is payable to your beneficiary. In the event of the death of your spouse while insured, the amount of your spouse's Optional Life Insurance is payable to you.

However, if you or your spouse die due to self-destruction while sane or insane, Manulife Financial will not pay any part of Optional Life Insurance which became effective less than two years prior to your date of death. Misstatement of non-smoker status by you or your spouse shall constitute fraud and Manulife Financial will not pay any part of Optional Life Insurance regardless of the cause of death.

The provisions of this coverage shall be the same as for Basic Life Insurance except that Waiver of Premium Benefit for the spouse ceases on the earlier of: a) the date the Waiver of Premium for Life Insurance ceases, or b) the date the policy or coverage terminates.

Definition of Non-Smoker

A person who has totally abstained from smoking cigarettes or cannabis for a one year period immediately preceding the date of his/her application for Non-Smoker Status as outlined in the Master Policy.

BASIC ACCIDENTAL DEATH AND DISMEMBERMENT

**This plan is underwritten by
Industrial-Alliance *Pacific* Life Insurance Company**

Policy Number 100003739

Eligibility

You are eligible for coverage under the Basic Accidental Death & Dismemberment benefit provided you are an eligible employee under the terms of this policy. Your insurance will become effective on the date your Life Insurance coverage commences.

Benefit Amount

3 X your annual earnings, rounded to the next higher \$1,000 if not already a multiple thereof, subject to a maximum of \$800,000.

Termination Age

Your coverage terminates on the date you attain age 70 or the date you retire, whichever is earlier.

Benefit Description

Accidental Death & Dismemberment applicable 24 hours a day each and every day.

BASIC ACCIDENTAL DEATH AND DISMEMBERMENT

Schedule of Losses

If injury shall, within 365 days of the date of the accident causing such injury, result in any of the following losses, the insurer will pay for loss of or permanent and total loss of use of:

Life	The Principal Sum.
Both Hands	The Principal Sum.
Both Feet	The Principal Sum.
Entire Sight of Both Eyes	The Principal Sum.
One Hand and One Foot	The Principal Sum.
One Hand and the Entire Sight of One Eye	The Principal Sum.
One Foot and the Entire Sight of One Eye	The Principal Sum.
Speech and Hearing in Both Ears	The Principal Sum.
One Arm	Three-Quarters of The Principal Sum.
One Leg	Three-Quarters of The Principal Sum.
One Hand	Three-Quarters of The Principal Sum.
One Foot	Three-Quarters of The Principal Sum.
Entire Sight of One Eye	Two-Thirds of The Principal Sum.
Speech or Hearing in Both Ears	One-Half of The Principal Sum.
Thumb and Index Finger of Either Hand	One-Third of The Principal Sum.
Four Fingers of Either Hand	One-Third of The Principal Sum.
All Toes of One Foot	One-Quarter of The Principal Sum.
Hearing in One Ear	One-Sixth of The Principal Sum.

PARALYSIS BENEFITS

Quadriplegia (complete paralysis of both upper and lower limbs)	Two Times The Principal Sum.
Paraplegia (complete paralysis of both lower limbs)	Two Times The Principal Sum.
Hemiplegia (complete paralysis of upper and lower limbs of one side of body)	Two Times The Principal Sum.

"Loss" as above and used with reference to hand or foot means complete severance at or above the wrist or ankle joint but below the elbow or knee joint; as used with reference to arm or leg means complete severance at or above the elbow or knee joint; as used with reference to thumb and fingers means complete severance at or above the metacarpophalangeal joint; as used with reference to toes means complete severance at or above the metatarsophalangeal joint; as used with reference to eye means the irrecoverable loss of the entire sight thereof; as used with reference to speech means the total and irrecoverable loss thereof; and as used with reference to hearing means the total and irrecoverable loss thereof. "Loss" as above used with reference to quadriplegia, paraplegia and hemiplegia means the permanent and irrecoverable paralysis of such limbs.

Any indemnity payable for Loss of Use shall be paid only if such loss is permanent, total and irrecoverable and shall have been continuous for a period of twelve months from the date of the accident.

Only one of the amounts shown on the Schedule of Losses, the largest, is payable for all losses resulting from any one accident to any one Insured Person.

Aggregate Limit of Indemnity

The aggregate limit applicable for all losses from any one accident is \$5,000,000.

BASIC ACCIDENTAL DEATH AND DISMEMBERMENT

Description of Hazards

The hazards against which insurance is provided under and subject to the provisions of this policy, is defined as injury sustained by the insured person while this policy is in force.

Beneficiary

Death Benefits – Shall be paid to the beneficiary designated under your Group Life Insurance policy. If no such designation has been filed, death benefits shall be paid to your estate.

Dismemberment Benefits - In the case of dismemberment, the benefits are payable to the employee. If death occurs within 365 days of dismemberment the death benefit will be reduced by the amount previously paid.

Additional Benefits

The **Conversion Option** may allow you to convert your insurance to an individual accident insurance plan with no evidence of insurability should you terminate active employment, other than through retirement. You must apply for conversion within 31 days of your termination date.

The **Day-Care Benefit** may pay toward the cost of day-care expenses for your children if you become fatally injured, up to a maximum of 5% of your selected amount of insurance or \$10,000.00 per year, but not to exceed four consecutive years.

The **Family Transportation Benefit** may pay up to \$10,000.00 for the transportation and lodging of an immediate family member to visit you if confined to a hospital which is at least 150km from your normal residence.

The **Home Alteration and Vehicle Modification Benefit** may pay up to \$10,000.00 to modify your home or vehicle to make them wheelchair accessible should you become permanently paralyzed, lose both feet or lose the use of both feet.

The **Repatriation Benefit** may pay up to \$15,000.00 toward the expense of burial preparation and shipment of your remains to your city of residence should you become fatally injured outside of your normal city of residence.

The **Rehabilitation Benefit** may pay up to \$15,000.00 within two years of the date of the accident toward the cost of reasonable and necessary expenses resulting from undergoing special training in order to be qualified to engage in a special occupation because injury from an accident did not allow you to continue in your current occupation.

The **Seat Belt Benefit** may pay an additional 10% of your amount of insurance if at the time of the accident you were driving or riding in a vehicle and wearing a properly fastened seat belt.

BASIC ACCIDENTAL DEATH AND DISMEMBERMENT

Termination of Insurance

Insurance on an employee will automatically terminate on the last day of the month coincident with or next following:

- the date specified in the Eligibility section of this benefit,
- the date the employee terminates his employment, or
- the employee's retirement

Exclusions

The plan does not cover loss caused by suicide or any attempt thereafter while sane or insane; intentionally self-inflicted injury; injury sustained in consequence of riding as a crew member or pilot in any vehicle or device for aerial navigation; injury sustained in consequence of riding as a passenger in aircraft owned, operated or leased by your employer; declared or undeclared war or any act thereof or full-time active service in the armed forces of any country.

THIS IS AN ILLUSTRATION OF BENEFITS ONLY AND IS SUBJECT TO THE TERMS AND CONDITIONS OF THE MASTER POLICY ON FILE WITH YOUR EMPLOYER.

SHORT TERM DISABILITY

In the event you become totally disabled due to an injury or sickness you will receive a disability benefit, provided you are under the continual treatment of a qualified and licensed physician.

Total disability means that due to sickness or injury, you are unable to perform the regular duties of your own occupation.

Benefit Amount	75% of your weekly earnings (rounded to the next higher \$1 if not already a multiple thereof), subject to a maximum benefit of \$2,500 per week.
Benefit Begins	31st day of disability due to an accident 31st day of disability due to a sickness
Benefit Period	26 weeks
Termination Age	Your coverage terminates on the date you attain age 70 or the date you retire, whichever is earlier.

Tax Status of Benefits

Since Douglas College pays the entire cost of this benefit, any disability benefits you receive will be taxable income.

Recurrent Disability

If following a period of disability you return to active work for at least two weeks, a recurrence of this disability will be considered a new period of disability.

Offsets to Benefits

The amount payable to you under this benefit is calculated by deducting from your benefit any other sources of income as specified in the master policy, which includes any other disability or pension programs of your company.

Subrogation

If you recover damages from or reach a settlement with a third party who has caused or contributed to a disability for which you have received benefits under the Weekly Income Benefit, Manulife Financial has the right to be reimbursed to the extent of the payments under this Benefit.

Premium Waiver for Prolonged Disability

Once you receive benefits for the maximum Benefit Period, the premium for this benefit will begin to be waived. This premium waiver will continue while you remain disabled and unable to return to work. Upon your return to work, you must begin to pay the premium again in order to remain insured for this benefit.

SHORT TERM DISABILITY

Exclusions

Benefits are not payable for the following:

- for the portion of a period of disability during which you are not under treatment by a physician;
- disabilities arising from intentionally self-inflicted injuries;
- disabilities arising from voluntary participation in a war, riot or insurrection;
- for the portion of a period of disability during which you are
 - a) imprisoned in a penal institution; or
 - b) confined in a hospital, or similar institution, as a result of criminal proceedings;
- any period of disability, or portion thereof, during any leave of absence (including maternity leave) as defined in the General Provisions section of this booklet, subject to human rights legislation;
- for the part of your period of disability during which you are eligible to receive benefits under a Workers' Compensation plan or similar plan, unless you provide proof to Manulife Financial that you have been disqualified for such benefits;
- for a disability which commences on or after the date a strike or layoff begins except as outlined in the Master Policy, subject to applicable labour standards legislation.

LONG TERM DISABILITY

In the event you become totally disabled for the required period of time known as the Qualifying Period and you are under the continual treatment of a legally qualified physician deemed appropriate by the Insurer, you will receive a monthly income benefit.

Benefit Amount	75% of your monthly earnings (rounded to the next higher \$1 if not already a multiple thereof), to a maximum of \$12,000 per month.
Qualifying Period	212 consecutive days, or the duration of the Short Term Disability benefit, whichever is longer
Maximum Benefit Period	Benefits will continue to December 31st following your 65th birthday.
Termination Age	Your coverage terminates on December 31st following the date you attain age 65 or the date you retire, whichever is earlier.

Tax Status of Benefits

Your employer pays the entire cost of this benefit. Any disability benefits you receive will be taxable income.

Qualifying Period

The qualifying period starts when you first become totally disabled and ends after 212 days, provided your disability is continuous and you are under age 65. If the disability is not continuous, the days you are disabled will be accumulated to satisfy the qualifying disability period provided:

- 1) no interruption is longer than 2 days;
- 2) the disabilities arise from the same or related disease or injury.

Total Disability

You are considered totally disabled due to sickness or injury, if you are unable to perform the regular duties of your own occupation during the Qualifying Period and the next 2 years. After this period, total disability means you are unable to work at any occupation for which you are or may become qualified by training, education or experience.

Recurrent Disability

If a disability recurs and it is due to the same or related causes, it will be considered as one continuous disability and will not be subject to the Qualifying Period unless you have returned to active, full-time employment for a period of 6 consecutive months or longer.

If your new disability is due to causes unrelated to your prior disability you may begin a new disability period, subject to the Qualifying Disability Period, if you have returned to active work for at least one full day.

LONG TERM DISABILITY

Offsets

The amount payable under this benefit for total disability is calculated by deducting from your benefit any other sources of income. These are specified in the Master Policy and include the following:

- payments received from the Canada or Quebec Pension Plan, excluding payments made in respect of dependent children;
- any payments on account of your disability from any workers' compensation law or similar law.

All Source Maximum

Your total monthly income while disabled (Long Term Disability benefit plus any income listed above and any wages from retirement or pension plans, government automobile insurance and CPP/QPP family benefits) cannot exceed 100% of your net pre-disability earnings. To account for inflation, your pre-disability earnings will be adjusted one year after the start of the benefit period and annually thereafter, based on the change in the Consumer Price Index for the preceding year. If your total income exceeds 100%, your Long Term Disability benefit will be reduced accordingly.

Rehabilitative Employment

If you are receiving disability benefits and enter into a rehabilitation program approved by Manulife Financial, you will still be considered totally disabled during your participation in the program and your benefits will continue.

If you receive income from the rehabilitation program, your benefit payments from Manulife Financial will be reduced so that the total income you receive from all sources does not exceed 100% of your pre-disability earnings.

Waiver of Premium

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

Disability Case Management Program

Manulife Financial has developed a disability case management program. The purpose of this program is to assist you, in the event you become totally disabled and qualify for benefits, to return to productive employment. Our disability case management team includes medical consultants, claim adjudicators and a field coordinator. This team will work with you, your employer and your physician to assist you to recover and return to the workplace.

Subrogation

If you recover damages from or reach a settlement with a third party who has caused or contributed to a disability for which you have received benefits under the Long Term Disability Benefit, Manulife Financial has the right to be reimbursed to the extent of the payments under this Benefit.

LONG TERM DISABILITY

Exclusions and Limitations

No benefits are payable to an insured employee for any total disability commencing within twelve months of the insured employee's effective date of insurance if the disability is caused or contributed to by a sickness or accidental injury for which the employee has received medical treatment services or has taken a prescribed drug at any time within ninety days before his or her effective date of insurance.

Benefits are not payable for the following:

- for any portion of a period of disability unless you are receiving ongoing supervision/treatment by a physician deemed appropriate by the Insurer for the impairment which is causing the disability. You will not be paid for any portion of a period of disability during which you do not participate in the treatment program recommended by said physician;
- for any portion of a period of disability during which you are receiving treatment by a therapist unless such treatment is recommended by a physician deemed appropriate by the Insurer;
- for any portion of a period of disability resulting from substance abuse, including alcoholism and drug addiction, unless you are participating in a recognized substance withdrawal program;
- disabilities resulting from self-inflicted injuries or attempted suicide;
- disabilities as a result of participation in a war, riot, insurrection or criminal act;
- a disability resulting from an accident which occurs while you are operating a motor vehicle and the blood contains more than 80 milligrams of alcohol in 100 milliliters of blood (.08%);
- for the portion of a period of disability during which you are
 - a) imprisoned in a penal institution; or
 - b) confined in a hospital, or similar institution, as a result of criminal proceedings;
- any period of disability, or portion thereof, during any leave of absence (including maternity leave) as defined in the General Provisions section of this booklet;
- for a disability which commences on or after the date a strike or layoff begins, except as outlined in the Master Policy;
- if you refuse to participate in a rehabilitation program which is deemed appropriate by Manulife Financial, the attending physician or on the advice of independent medical opinion.

Canadian Residency Requirement

No benefits are payable if you reside outside Canada for any period exceeding 90 consecutive days or a total of 180 days in any 365 day period, unless:

- i) you have previously notified and received approval in writing from Manulife Financial; and
- ii) you remain under the regular care of a licensed physician deemed appropriate by Manulife Financial; and
- iii) proof of the ongoing disability can be determined on evidence satisfactory to Manulife Financial in English or French within 30 days of request.

Survivor Benefit

If you should die while Long Term Disability benefits are payable, Manulife Financial will pay a survivor benefit of three times your monthly benefit amount to your named beneficiary.

EXTENDED HEALTH CARE

In the event you incur any of the Eligible Expenses listed below, you will be paid a percentage of such expenses, as outlined below:

Deductible	For Hospital and Vision Care Expenses: Nil
	For all other Eligible Expenses: \$25 Single per calendar year; or \$25 Family per calendar year
Coinsurance	100% of Hospital and vision care expenses, and 95% of all other eligible expenses
Lifetime Maximum	Unlimited
Termination Age	Your coverage terminates on the last day of the month following the month in which you attain age 70 or the last day of the month following the month in which you retire, whichever is earlier.

Eligible Expenses

Hospital

Charges, in excess of the hospital's public ward charge, for semi-private accommodation.

Vision Care

Eye examinations performed by a qualified Optometrist or Ophthalmologist, up to a maximum benefit of \$75 during any 24 consecutive months.

One pair of spectacle lenses, up to a maximum benefit of \$40 during any 24 consecutive month period.

Purchase and fitting of prescription glasses or contact lenses or laser eye surgery, up to a maximum benefit of \$500 during any 24 consecutive month period.

Ambulance

Licensed ambulance service, including air ambulance, to and from the nearest hospital where adequate treatment is available, up to maximum benefit of \$300 per calendar year.

Convalescent Care

Semi-private accommodation for confinement in a convalescent care facility which begins following a minimum of 3 days hospital confinement.

EXTENDED HEALTH CARE

Professional Services: Charges for treatment (in excess of amounts payable by any Provincial Health Plan when permitted by law) by a practitioner who is registered and legally practising within the scope of his/her license, subject to the following maximums:

Practitioner	Calendar Year Maximum	Maximum per Visit
Chiropractor	\$275	* The first 12 visits are covered up to \$10 maximum per visit each calendar year.
Osteopath	\$275	Reasonable and customary charges.
Podiatrist or Chiropodist	\$275	* The first 12 visits are covered up to \$10 maximum per visit each calendar year.
Naturopath	\$275	* The first 12 visits are covered up to \$10 maximum per visit each calendar year.
Speech Therapist	\$275	Reasonable and customary charges.
Clinical Psychologist	\$275	Reasonable and customary charges.
Physiotherapist	\$275	* The first 12 visits are covered up to \$10 maximum per visit each calendar year.
Massage Therapist**	\$275	* The first 12 visits are covered up to \$10 maximum per visit each calendar year

Note:

- * After the first 12 visits, eligible expenses for the remainder of that year will be based on reasonable and customary charges.
- **A new physician's written referral for treatment by a Massage Therapist is required every 6 months.
- X-rays: \$50 per practitioner per calendar year.

Private Duty Nursing

Services provided in your home (other than custodial care, homemaking services and supervision) by a Registered Nurse, a Registered Nursing Assistant, a Certified Nursing Assistant, or a Licensed Practical Nurse, to a maximum of \$5,000 per 36 consecutive months.

Services provided must be services which are deemed to be within the practice of nursing.

Charges for the following services are not eligible:

- Service performed by a nursing practitioner who is related to or lives with the patient.
- Service performed while the patient is 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.

Hearing Aids

Cost, installation and maintenance (excluding charges for batteries and repairs), up to a maximum benefit of \$600 every 60 consecutive months.

Accidental Dental

Charges for the treatment of accidental injuries to natural teeth or jaw, provided the treatment is rendered within 6 months of the accident, excluding injuries due to biting or chewing.

EXTENDED HEALTH CARE

Orthopedic Shoes and Foot Orthotics

Charges for custom fitted orthopedic shoes which are an integral part of a brace and charges for foot orthotics, including repairs and modifications, which have been specially designed and molded for the patient and are required to correct a diagnosed physical impairment, provided that the following information is supplied:

- a diagnosis, including a list of symptoms and the primary complaint;
- description of the physical findings from the clinical examination;
- a brief description of the gait abnormality associated with the diagnosis; and
- confirmation that the product has been custom-made.

In order to be eligible for reimbursement, orthopedic shoes and foot orthotics must be prescribed, on an annual basis, by providers with the following professional qualifications:

- Medical General Practitioner or Specialist (MD); or
- Podiatrist (DPM); or
- Chiropracist (D CH or D Pod M); and

must be dispensed by one of the following provider types:

- Medical General Practitioner or Specialist (MD); or
- Orthotist Co(c) or CPO(c); or
- Pedorthist C Ped (C) or C Ped (MC); or
- Podiatrist (DPM); or
- Chiropracist (D CH or D Pod M).

EXTENDED HEALTH CARE

Medical Equipment and Supplies

Rental or, at your employer's option, purchase of the following services, supplies, appliances and prosthetic devices provided they are prescribed by a physician:

- standard wheelchairs, (excluding electric wheelchairs except for quadriplegics);
- standard hospital beds (excluding electric hospital beds), bed rails and trapeze bars;
- splints (excluding dental splints), canes, walkers, crutches and casts;
- Jobst burn garments, Jobst sleeves for lymphoedema following mastectomy and Jobst support hose;
- braces with rigid supports (excluding lumbar supports);
- stump socks, shoulder harnesses, head halters, traction apparatus and cervical collars;
- colostomy apparatus, ileostomy apparatus and catheters;
- enuretic devices;
- PUVA therapy for psoriasis, when administered by a dermatologist;
- intermittent positive pressure breathing machine;
- aerosol equipment, mist tents and nebulizers for cystic fibrosis, acute emphysema, chronic obstructive bronchitis, or chronic asthma;
- apnea monitors for respiratory dysrhythmias;
- iron lung;
- insulin syringe and Clinitest or similar home chemical testing supplies for diabetics;
- artificial eyes (including repairs);
- one pair of eyeglasses or contact lenses following cataract surgery;
- artificial limbs (including repairs and replacement but excluding myoelectrical limbs);
- external breast prostheses, once per calendar year, post-mastectomy;
- transcutaneous nerve stimulator for up to 6 months;
- non-union bone stimulators;
- pacemakers;
- intrauterine devices, when inserted by a physician.

Out-of-Province/Out-of-Canada Expenses

If, while traveling outside your province of residence, hospitalization or medical treatment is required due to emergency and nonelective reasons, the following expenses in excess of any provincial government plan allowance are covered, provided they are eligible for reimbursement in whole or in part by any provincial government plan.

1. reasonable and customary charges for semi-private accommodation;
2. reasonable and customary charges for the services of a physician;
3. reasonable and customary charges for hospital services and supplies furnished during hospitalization, and for x-ray examinations and laboratory tests related to medical treatment rendered without hospitalization.

The charges listed above are covered when referred by a physician for non-emergency treatment outside Canada, when treatment is unavailable in Canada and for which there is no medically sufficient alternate treatment available in Canada. Only charges which are in excess of any provincial government plan and eligible for reimbursement in whole or in part by any provincial medical plan are covered.

EXTENDED HEALTH CARE

Exclusions

No Extended Health Care benefits are payable for any expense which is directly or indirectly related to:

- surgical procedures or treatment performed primarily for beautification
- self-inflicted injuries
- war, riot, insurrection or civil commotion
- committing or attempting to commit an assault or criminal offence
- an illness or injury for which benefits are payable under any provincial government plan or workers' compensation
- periodic medical check-ups, third party examinations, physician's travel, broken appointments, communication costs, filling out forms, or physician's supplies
- services or supplies for which no charge would normally be made in the absence of group benefit coverage
- services or supplies which are not permitted by law to be paid
- charges which are not medically necessary to the care and the treatment of any existing or suspected injury, disease or pregnancy
- dental work where a third party is responsible for payment
- services or supplies furnished without the recommendation or approval of a physician acting within the scope of his licence
- charges for transport or travel, medical treatment or surgical procedure by a physician other than as specifically provided under this plan
- medical treatment which is not usual or customary, or is experimental or investigational in nature
- experimental drugs or supplies and those not approved by Health and Welfare - Canada

Survivor Benefits

Extended Health Care coverage for eligible dependents will continue following the death of the employee up to a maximum of 12 months from the date of death or to the date the policy or benefit terminates, whichever is earlier.

Extended Benefits

If you or one of your dependents is wholly disabled on the date insurance coverage ceases, Extended Health Care coverage will continue for a period of 90 days from such date or during the continuation of such disability, whichever is less. Coverage ceases upon termination of this policy or benefit, if either occurs while coverage is being extended.

Wholly disabled, with respect to employees, means you are incapacitated to the extent that you are unable to perform all of the usual and customary duties of your occupation. With respect to dependents, wholly disabled means the dependent 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.

PRESCRIPTION DRUGS

(part of Extended Health Care)

Deductible	\$25 Single per calendar year; or \$25 Family per calendar year
Coinsurance	95% of eligible expenses
Termination Age	Your coverage terminates on the last day of the month following the month in which you attain age 70 or the last day of the month following the month in which you retire, whichever is earlier.

Eligible Expenses

Reasonable and customary charges for medically necessary drugs and medicines **(excluding oral medications prescribed for erectile dysfunction)** which are dispensed by a licensed pharmacist and are prescribed by a physician or other professional authorized by provincial legislation to prescribe drugs for the treatment of a diagnosed illness or injury. They include:

- a) drugs which by law require a prescription for purchase ; and
- b) drugs, medicines, oral contraceptives, injectable preparations, insulin and other diabetic supplies and allergy serums

Note:

- 1) Smoking cessation aids which require a physician's prescription are covered up to a lifetime maximum of \$500 per individual
- 2) Fertility drugs, lab tests and x-rays including ultrasound are covered to a lifetime maximum of \$2,500 per individual.

Supply Limits

Drug purchases are limited to a supply which is reasonably used within 90 days.

Purchase Options:

Each time you have a drug claim, you have the option to:

- (A) Purchase your drugs and submit your receipts as a paper claim for reimbursement,

OR

- (B) Present your Drug Card to the pharmacist for point of sale assessment and no requirement to submit receipts to the Insurer. If a Brand Name drug is purchased with the Drug Card and there is a Generic substitute available, reimbursement will be based on the lowest cost Generic drug.

DENTAL EXPENSE BENEFIT

In the event you incur any of the eligible expenses listed below, you will be paid a percentage of such expenses as outlined below:

Deductible	Nil
Coinsurance	100% for Plan A - Basic Services 100% for Plan B - Major Restorative Services 80% for Plan C – Orthodontics
Benefit Maximums	Unlimited for Plan A & Plan B (Basic & Major Services) \$2,000 per lifetime for Plan C (Orthodontic Services)
Termination Age	Your coverage terminates on the last day of the month following the month in which you attain age 70 or the last day of the month following the month in which you retire, whichever is earlier.

Dental Fee Guide

The British Columbia fee guide for General Practitioners and Specialists in effect on the date the charge is incurred.

Alternate Benefits and Submission of Treatment Plan

Where there are two or more courses of treatment available to adequately correct a dental condition, Manulife Financial will determine reimbursement based on the least expensive treatment.

As a service to you, Manulife Financial will advise you in advance of the amount of its liability when a proposed course of treatment includes major restorative dentistry or orthodontics. To use this service, simply have your dentist complete and submit a treatment plan, including pretreatment x-rays if the proposed treatment involves crowns, dentures or bridgework.

DENTAL EXPENSE BENEFIT

Eligible Expenses

Charges for the following supplies and services are considered Eligible Expenses if they do not exceed the Fee Guide for General Practitioners and Specialists of the British Columbia Dental Association. Further details may be found in the Master Policy.

Plan A - Basic Services

Diagnostics:

- Standard oral and specific examinations combined: once every 9 months (twice in any calendar year for dependent children under age 19).
- Bitewing x-rays: two in any calendar year.
- X-rays: complete mouth series or equivalent once every 24 consecutive months.
- Panoramic x-rays once every 24 consecutive months.
- Consultations: twice in any calendar year

Preventive Services:

- Topical fluoride: once every 9 months (twice per calendar year for dependent children under age 19).
- Polishing: one unit every 9 months (two units in any calendar year for dependent children under age 19).
- Scaling and/or root planing: eight units in any calendar year.
- Oral hygiene: recall instruction twice in any calendar year (initial instruction once every 24 months).
- Passive space maintainers for missing primary teeth for dependent children under age 16.
- Pit and fissure sealants for permanent teeth for a dependent child under age 16, limited to once per tooth per lifetime.

(One unit of time = 15 minutes)

Restorative Services:

Amalgam, silicate, acrylic and composite restorations. White fillings on molar teeth are covered.

Surgical Services:

- Extractions.
- Other routine oral surgical procedures (surgical removal of impacted teeth, residual roots and associated post-operative care).

Endodontics:

Treatment of diseases of the pulp chamber and pulp canal (root canal).

Periodontics:

- Treatment of diseases of the soft tissue (gum) and bones surrounding and supporting the teeth, but not bone or tissue grafts.
- Acute infections, occlusal adjustment.
- Gingival curettage, gingivoplasty, gingivectomy or osseous surgery.
- Special periodontal appliances.

Prosthetic Repairs:

- Rebased or relining of dentures once in any period of 24 consecutive months.
- Repairs to dentures twice in any calendar year.
- Adjustments to dentures twice in any calendar year.

DENTAL EXPENSE BENEFIT

Plan B - Major Services

Extensive Restorative Dentistry: Those procedures, including gold inlays, onlays and crowns (including stainless steel crowns), used to restore the natural teeth to their normal functions where the tooth, as a result of extensive caries or fracture, cannot be restored with a filling.

Gold foil or cast gold restorations on teeth posterior to the second bicuspid if such treatment could not have been rendered at a lower cost by means of a reasonable substitute consistent with generally accepted dental practice.

Fixed Prosthetic Devices: The initial installation of fixed bridgework.
Re-cementing and replacement of the facing or veneer of the fixed bridgework.

Replacement of an existing appliance is not covered except if:

- The replacement is required because of extraction, loss or fracture of one or more sound natural teeth after the individual became insured under this plan, or
- The existing appliance is at least 5 years old and no longer serviceable.

Removable Prosthetic Devices: The initial installation of partial dentures or full dentures.

Replacement of an existing appliance is not covered except if:

- The replacement is required because of extraction, loss or fracture of one or more sound natural teeth after the individual became insured under this plan, or
- The replacement is more than 12 months after the individual became insured under this coverage, and the existing appliance is at least 5 years old and no longer serviceable.

Replacement of lost or stolen dentures, the duplication of dentures and personalization or characterization of dentures is not covered.

Other Major Services

Excision of hyperplastic tissue, conditioning of tissues and equilibration in connection with denture repair limited to once in any period of 24 consecutive months for each procedure

Surgical incision and drainage

Osteoplasty

Alveoplasty, removal of neoplasms and enucleation of teeth

Stomatoplasty, frenectomy and sialolithotomy

Removal of root from maxillary sinus

Diagnostic laboratory procedures including soft tissue biopsy, oral pathology, cytological tests and bacteriological examinations

Post-surgical treatment

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

Plan C - Orthodontics *(for dependent children 6 to 18 years)*

The diagnosis or correction of teeth irregularities and malocclusion of jaws, by wire appliances, braces or other mechanical aids, commonly known as "straightening of the teeth". These include active space retainers, or orthodontic appliances, for the purpose of repositioning or moving of the teeth and habit breaking appliances.

Orthodontic coverage begins upon the date your child attains the age of six years and continues until age 18. A course of orthodontic treatments begun before age 18 will be deemed an eligible expense if incurred after age 18, provided (a) the child has not attained the limiting age for dependents (under 21 years or under 25 years if a student) and (b) the child has the initial orthodontic appliance installed prior to attaining age 18.

DENTAL EXPENSE BENEFIT

Exclusions

No benefit is payable for the following:

- Miscellaneous charges such as for counselling, travel, broken appointments, completion of forms, written reports or communication costs.
- Services or supplies that are primarily for cosmetic dentistry.
- Services or supplies resulting from self-inflicted injuries.
- Services or supplies resulting from war (whether declared or undeclared), riot, insurrection or civil commotion.
- Services or supplies resulting from committing or attempting to commit an assault or criminal offence.
- Hospital charges for room and board and related services and supplies.
- Services which are payable by any provincial government plan.
- Services or supplies for which no charge would normally be made in the absence of group benefit coverage.
- Any dental examination required by a third party.
- Services or supplies which are not medically necessary to the care and treatment of any existing or suspected injury or disease.
- Services and supplies for implantology, including tooth implantation or transplantation and surgical insertion of fabricated implants.
- Services or supplies in connection with any procedures not listed as an eligible expense.

Survivor Benefits

Dental expense coverage for eligible dependents will continue following the date of the employee's death provided:

- covered expenses are incurred within 90 days after the date of the employee's death,
- a treatment plan has been filed and approved by Manulife Financial, and treatment has commenced while coverage was in force prior to the date of the employee's death, and
- dependent coverage terminated solely because of the employee's death.