

Welcome to the

CONTRACT FACULTY

section for the

DOUGLAS COLLEGE



Douglas
College

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GENERAL POLICY INFORMATION

The information in this booklet was last updated April 1, 2007.

Manulife Financial Benefits

The following benefits are underwritten by Manulife Financial:

Group Policy 788004	Life Insurance
Group Policy 788100	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	None
EMPLOYEE LIFE INSURANCE	\$10,000
SHORT TERM DISABILITY	
Benefit Amount:	70% of your weekly earnings, to a maximum of \$1,385/week
Qualifying Period:	30 days of continuous disability
Maximum Duration:	21 weeks
LONG TERM DISABILITY	
Benefit Amount:	70% of your monthly earnings, to a maximum of \$6,000/month
Qualifying Period:	180 days of continuous disability
Maximum Benefit:	to age 65
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 (not subject to the deductible) \$40 every 24 consecutive months for spectacle lenses \$500 every 24 consecutive months for glasses or contacts

SUMMARY OF BENEFITS

DENTAL EXPENSE

Deductible:	None
Benefit Percentage:	100% Basic Services 60% Major Services 50% Orthodontics
Maximums:	Basic & Major Services: unlimited Orthodontics: \$2,500 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

Contract Faculty employees who have contracts of quarter-time or more for at least 90 days duration, will become eligible for coverage on the later of the plan Effective Date, or the date employment commences.

Effective April 1, 2002, all active regular employees and active non-regular employees who are employed on a continuing basis for at least a 4 month period with 50% or more of a full-time workload will be eligible for Short Term Disability and Long Term Disability 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; or
- you reapply after your insurance has terminated due to non-payment of premium;

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 coverage may continue for a period as outlined in the Master Policy, but only if the required premiums are paid. Please contact your Plan Administrator for further details.

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 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	\$10,000
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 become totally disabled for 6 consecutive months 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 work for compensation or profit or to engage in any business or occupation and you must submit proof of your continuing disability as may be required by Manulife Financial.

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 under 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.

SHORT TERM DISABILITY

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

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

Benefit Amount	70% of your weekly earnings, subject to the maximum benefit available based on the highest salary scale in the current collective agreement. Maximum benefit is \$1,385 per week.
Benefit Begins	31st day of disability due to an accident 31st day of disability due to a sickness
Benefit Period	21 weeks
Termination Age	Coverage terminates on the date you are no longer eligible or the end of the month in which you retire, whichever is earlier.

Tax Status of Benefits

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

Definition of Weekly Earnings

Weekly earnings is defined as your normal earnings on the last day of work plus any negotiated retroactive salary increases during the sick leave period. If you work less than full-time, or your regular employment includes a period of layoff with a pre-determined recall date of less than nine months, the gross weekly earnings refers to your hours normally worked per week, as determined by averaging the number of hours you actually worked over the 52-week period immediately preceding the date of disability or illness, times your regular hourly rate, or the hourly equivalent, which are rates in effect at the date of disability.

Banked Sick Leave

Once your disability claim has been approved by Manulife Financial, you will be given the option, after the 30 day qualifying period, to use your banked sick leave or receive short term disability benefits. If your banked sick leave does not extend for the duration of the 21-week benefit period, short term disability benefits will be paid for the remainder of the benefit period, provided you are still disabled.

SHORT TERM DISABILITY

Benefit Period

Benefits will terminate on the earlier of:

- 21 weeks of payments (combination of short term disability and banked sick leave) provided you continue to be disabled as defined by the plan, or
- the end of the month in which the employee retires, or
- the day of layoff or separation as noted below:

If you are receiving benefits under this policy, you shall continue to receive such benefits upon layoff or separation until the termination of the disability or until the maximum benefit entitlement has been granted, whichever comes first; provided the notice of layoff or separation is given after the commencement of the disability for which the benefits are being paid.

In the event that layoff or separation notice was given prior to the commencement of the disability, benefits will cease on the effective date of the layoff or separation only if the disability commenced within two months of the effective date of the layoff or separation. Benefits will continue to be paid for the maximum benefit entitlement period or until termination of the disability (whichever is earlier), if notice of layoff or separation was given prior to the commencement of the disability and if the disability commenced more than two months before the effective date of the layoff or separation.

Recurrent Disability

If you become disabled from the same or related disability within 14 consecutive calendar days after returning to active work, you will be considered to be within the original short term disability income benefit period. If you return to active work for one full day and become disabled from a new illness or injury unrelated to the illness or injury that caused the previous absence, it 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 short term disability benefit any other sources of income from the

- Canada or Quebec Pension Plan (primary benefits only);
- benefits under any Workers' Compensation Act or similar law except for WCB permanent partial disability awards related to this disability or WCB benefits related to any other employment with another employer.

In the case of ICBC weekly indemnity payments, offsets will apply to the extent that the combination of plan benefits and ICBC weekly indemnity payments exceed either:

- 100% of the employee's gross weekly earnings, or
- the applicable benefit percentage of the individual average total monthly income in the 12-month period immediately preceding commencement of the disability, whichever is the greater. Where this provision is to apply the employee will be required to provide satisfactory evidence of his/her total monthly income.

Where you make a successful wage loss claim against a third party for an injury for which you received or would receive short term disability income benefits, the Insurer will be entitled to recover or decrease plan benefits by an amount equal to the amount that plan benefits in combination with the wage loss claim paid exceed 100% of pay.

SHORT TERM DISABILITY

Rehabilitation

The Insurer will work with the joint union-employer Rehabilitation Committee at your institution to recommend that you undergo some suitable rehabilitative training program which would take into account the nature and limitations of your disability. If you engage in rehabilitative employment, your earnings from rehabilitative employment plus the short term disability income benefit and income from other sources specified above cannot exceed 100% of your gross earnings. If total income exceeds 100%, the short term disability income benefit will be reduced by the amount of such excess.

If an employee receives earnings from employment which has not been approved as rehabilitative employment, then the short term disability benefit will be reduced by 100% of such earnings.

Subrogation

The Insurer shall have full rights of subrogation with respect to the full or partial amount of any short term disability income benefits paid or payable to you where your disability is caused or contributed to by the action of any third party.

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.

Exclusions and Limitations

No benefit shall be payable for:

- for a disability resulting from substance abuse, including alcoholism and drug addiction, unless the employee is participating in a recognized substance withdrawal program;
- for a disability resulting from participation in the commission of a criminal offense;
- for the portion of a period of disability during which the employee is imprisoned in a penal institution.

The short term disability plan does not cover a disability or illness resulting from:

- war, insurrection, rebellion, or service in the Armed Forces of any country after the commencement of this plan;
- voluntary participation in a riot or civil commotion except while an employee is in the course of performing the duties of his/her regular occupation.

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 regular and personal care of a legally qualified physician and receiving appropriate treatment, you will receive a monthly income benefit.

Benefit Amount	70% of your monthly earnings, subject to a maximum benefit available based on the highest salary scale in the current collective agreement. Maximum benefit is \$6,000 per month.
Qualifying Period	180 consecutive days or the duration of the benefit period provided under the Short Term Disability benefit, whichever is earlier.
Maximum Benefit Period	Benefits will continue to be paid to the end of the month following your 65th birthday, or earlier recovery.
Termination Age	Age 65 or earlier retirement

Tax Status of Benefits

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

Definition of Monthly Earnings

Monthly earnings is defined as your normal earnings on the last day of work plus any negotiated retroactive salary increases during the sick leave period. If you work less than full-time, or your regular employment includes a period of layoff with a pre-determined recall date of less than nine months, the gross weekly earnings refers to your hours normally worked per week, as determined by averaging the number of hours you actually worked over the 12 month period immediately preceding the date of disability or illness, times your regular hourly rate, or the hourly equivalent, which are rates in effect at the date of disability.

Qualifying Period

The qualifying period starts when you first become totally disabled and ends after the earlier of 180 days or the end of the benefit period provided under the short term disability plan, provided your disability is continuous and you are under age 65.

Maximum Benefit Period

Benefits will continue to be paid until the earlier of:

- the date you no longer qualify,
- the end of the month following your 65th birthday or retirement, or
- the day of layoff or separation as follows:

If you are receiving benefits under this policy you shall continue to receive such benefits upon layoff or separation until the termination of the disability or until the maximum benefit entitlement has been granted, whichever comes first; provided the notice of layoff or separation is given after the commencement of the disability for which the benefits are being paid.

In the event that layoff or separation notice was given prior to the commencement of the disability, benefits will cease on the effective date of the layoff or separation only if the disability commenced within two months of the effective date of the layoff or separation. Benefits will continue to be paid until the termination of disability or until the maximum benefit entitlement period (whichever is earlier), if notice of layoff or separation was given prior to the commencement of the disability and if the disability commenced more than two months before the effective date of the layoff or separation.

LONG TERM DISABILITY

Definition of Total Disability

Total disability means your complete inability because of an accident or sickness to perform all the duties of your own occupation for the first two years of disability.

After the first two years, you will still be considered totally disabled if you cannot by reason of education, training or experience perform the duties of a gainful occupation for which the rate of pay is not less than 75% of the current rate of pay of your regular occupation at the date of disability.

During a period of total disability, you must be under the regular and personal care of a legally qualified doctor of medicine.

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, or you have been in an approved rehabilitation program for more than 24 months.

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

Offsets

The amount payable under this benefit for total disability is calculated by deducting from your benefit any other sources of income from:

- the Canada or Quebec Pension Plan (primary benefits only);
- any amount payable under the Workers' Compensation Act or similar law;
- any income from any group insurance, wage continuation or pension plan of the Employer that provides disability or retirement income;
- any amount of disability income provided by any compulsory act or law;
- any amount of disability income provided by any group or association disability plan to which the disabled employee might belong or subscribe;
- any amount of Guaranteed Available Income for Need (GAIN) benefits received for the same period, except where the GAIN benefits received for that period are repaid to GAIN. Where the employee has been deemed eligible for GAIN benefits, which exceed the LTD benefits level, LTD benefits will not be subject to reduction for that additional amount.

Notwithstanding the above, in the case of ICBC Weekly Indemnity payments, integration will apply to the extent that the combination of plan benefits and ICBC Weekly Indemnity payments exceed either:

- 100% of the employee's gross monthly earnings, or
- the applicable benefit percentage of the individual average total monthly income in the 12-month period immediately preceding commencement of the disability, whichever is the greater. Where this provision is to apply the employee will be required to provide satisfactory evidence of his/her total monthly income.

Notwithstanding the above, where you make a successful wage loss claim against a third party for an injury for which you received or would receive long term disability income benefits, the Insurer will be entitled to recover or decrease plan benefits by an amount equal to the amount that plan benefits in combination with the wage loss claim paid exceed 100% of pay. Note that the amount of plan benefit recovered or decreased will be reduced or limited to the legal fees attributed to the Insurer's share of total claim recovery.

LONG TERM DISABILITY

All Source Maximum

Your total monthly income while disabled (Long Term Disability benefit plus any income listed above and CPP family benefits) cannot exceed 100% of your gross pre-disability earnings. If your total income exceeds 100%, your Long Term Disability benefit will be reduced by the excess amount.

Rehabilitative Employment

If you are receiving disability benefits and enter into a rehabilitation program approved by the Rehabilitation Committee and/or 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 not be reduced unless the total income you receive from all sources exceeds 100% of your pre-disability earnings. If you receive income from employment which has not been approved as rehabilitative employment, then the long term disability benefit will be reduced by 100% of such 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.

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

No benefits are payable to you for any disability caused by, contributed by, or resulting from a pre-existing condition and which begins in the first 12 months after your original date of hire (i.e., your first day of your most recent appointment date as a regular or non-regular employee). A "pre-existing condition" means a sickness or injury for which you received medical care in the three months prior to your original date of hire (as defined above). Medical care is considered to be obtained when you consult a doctor, use medication on the advice of a doctor, or receive other medical services or supplies.

No benefit shall be payable for:

- for a disability resulting from substance abuse, including alcoholism and drug addiction, unless the employee is participating in a recognized substance withdrawal program;
- for a disability resulting from participation in the commission of a criminal offense;
- for the portion of a period of disability during which the employee is imprisoned in a penal institution.

The long term disability plan does not cover a disability or illness resulting from:

- war, insurrection, rebellion, or service in the Armed Forces of any country after the commencement of this plan;
- voluntary participation in a riot or civil commotion except while an employee is in the course of performing the duties of his/her regular occupation.

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:

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

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	\$25 Single per calendar year; or \$25 Family per calendar year
Coinsurance	100% of Hospital and Vision Care expenses 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 are not subject to the deductible.

Vision Care

- Eye examinations performed by a qualified Optometrist or Ophthalmologist, up to a maximum benefit of \$75 during any 24 consecutive months and not subject to the deductible.
- 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 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 60% for Plan B - Major Restorative Services 50% for Plan C - Orthodontics
Benefit Maximums	Unlimited for Plan A & Plan B (Basic & Major Services) \$2,500 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 a treatment plan on forms available from your employer, 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:

- Rebasement 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

Eligible Expenses (Continued)

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

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.

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.