

Camosun College

Plan Document Numbers: G0083707, G0083708

Group Policy Number: G0039942

Plan: C - Exempt Employees

Employee Name:

Certificate Number:

Welcome to Your Group Benefit Program

Plan Documents Effective Date: February 01, 2010

Group Policy Effective Date: February 01, 2010

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

Group Benefits are important, not only for the financial assistance they provide, but for the security they provide for you and your family, especially in case of unforeseen
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This Benefit Summary provides information about the specific benefits supplied by Manulife Financial that are part of your Group Plan.

Employee Life Insurance

The Employee Life Insurance Benefit is insured under Manulife Financial's Policy G0039942.

*Employee Life
Insurance*

Benefit Amount - 3 times your annual earnings, to a maximum

Benefit Summary

Extended Health Care

The Benefit

Overall Benefit Maximum- Unlimited

Deductible - \$50 Individual, \$50 Family, per calendar year(s)

Not applicable to:

- Vision (other than Eye Exams)
- Professional Services (Psychologist/Clinical Counsellor only)
- Out-of-Province/Canada Emergency Medical Treatment

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

Benefit Percentage (Co-insurance)

100% for
- Vision

95% of the first \$1,000 of paid expenses and 100% thereafter for
- Hospital Care
- Medical Services & Supplies
- Professional Services (other than Psychologist/Clinical Counsellor)
- Drugs

90% for
- Professional Services (Psychologist/Clinical Counsellor)

Note:

The Benefit Percentage for Out-of-Province/Canada Emergency Medical Treatment is 100%.

The Benefit Percentage for Emergency Travel Assistance is 100%.

Termination Age - employee's retirement. On retirement, your coverage may continue for 30 days provided you have applied for health and welfare benefits under the College Pension Plan.

Prescription Drugs

drugs dispensed by a licensed pharmacist, and which by law or convention require a written prescription of a physician or dentist

oral contraceptives

injectable medications

life-sustaining drugs

diabetic supplies (excluding cotton swabs, rubbing alcohol, automatic jet injectors and similar equipment)

*Extended Health Care
Extended Health Care -
The Benefit*

*Extended Health Care -
Prescription Drugs*

Charges for the following are not covered:

the administration of serums, vaccines, or injectable drugs

drugs, biologicals and related preparations which are administered in hospital on an in-patient or out-patient basis

drugs determined to be ineligible

Benefit Summary

Acupuncturist - \$300 per calendar year

Athletic Therapist - \$500 per calendar year

Medical Travel Referral (MTB)

The Benefit

Overall Benefit Maximum - \$10,000 per person per calendar year

Deductible- Nil

Benefit Percentage (Co-insurance)- 100%

Benefit Amount- \$125 per day, to a maximum of 50 days in any calendar year for all expenses combined. However, where eligible expenses exceed \$125 per day, but do not exceed the average of \$125 per day for the year, the average will be paid.

Termination Age - employee's retirement

Dental Care

The Benefit

Deductible - Nil

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

Benefit Percentage (Co-insurance)

- 100% for Level I - Basic Services
- 100% for Level II - Supplementary Basic Services
- 80% for Level III - Dentures
- 75% for Level IV - Major Restorative Services
- 60% for Level V - Orthodontics

Benefit Maximums

- unlimited for Level I, Level II, Level III and Level IV
- \$3,000 per lifetime for Level V

Termination Age - employee's retirement. On retirement, your coverage may continue for 30 days provided you have applied for health and welfare benefits under the College Pension Plan.

*Medical Travel Referral
(MTB)*

*Medical Travel Referral
(MTB) - The Benefit*

*Dental Care
Dental Care - The
Benefit*

Long Term Disability

Long Term Disability

How to Use Your Benefit Booklet

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

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

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

Your Group Benefit Card

Your Group Benefit Card is the most important document issued to you as part of your Group Benefit Program. It is the only document that identifies you as a Plan Member. The Group Policy Number, Plan Document Number and your personal Certificate Number may be required before you are admitted to a hospital, or before you receive dental or medical treatment.

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

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

***Your Group Benefit
Card***

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

Addiction Facility

Addiction Facility

A licensed facility that specializes in the evaluati

Pharmacoeconomics

the scientific discipline that evaluates the value of pharmaceutical drugs, clinical services or supplies. This discipline includes but is not limited to clinical evaluations, risk analysis, economic value and the cost consequences to plans. Pharmacoeconomic studies serve to guide optimal healthcare resource allocation, in a standardized and scientifically grounded manner as determined by Manulife Financial.

Pharmacoeconomics

Prior Authorization

a claims management feature applied to a specific list of drugs, supplies or services to determine eligibility based on predefined clinical criteria and a pharmacoeconomic or cost effectiveness evaluation.

Prior Authorization

Provincial Plan

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

Provincial Plan

Qualifying Period

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

Qualifying Period

Reasonable and Customary

the lowest of:

Reasonable and Customary

the prevailing amount charged for the same or comparable service or supply in the area in which the charge is incurred, as determined by Manulife Financial,

the amount shown in the applicable professional association fee guide, or

the maximum pr Mane TD8.27awbenefits.

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The Claims Process

The bottom portion of this form is your claims payment, if applicable. Simply tear along the perforated line, endorse the back of the cheque and you can cash it at any chartered bank or trust company.

You should receive settlement of your claim within three weeks from the date of submission to Manulife Financial. If you have not received payment, please contact your employer.

Co-ordination of Extended Health Care and Dental Care Benefits

Co-ordination of Extended Health Care and Dental Care Benefits

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

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

Plan means:

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

Plan does not include school insurance or Provincial Plans.

Order of Benefit Payment

Order of Benefit Payment

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

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

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

- For Claims incurred by you or your Dependent Spouse:

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

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

- The Plan where the person is covered as an active full-time employee, then
 - The Plan where the person is covered as an active part-time employee, then
 - The Plan where the person is covered as a retiree.
- For Claims incurred by your Dependent Child:

The Plan covering the parent whose birthday (month/day) is earlier in the calendar year pays benefits first. If both parents have the same birthdate, the Plan covering the parent whose first name begins with the earlier letter in the alphabet pays first.

However, if you and your Spouse are separated or divorced, the following order applies:

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

Where you and your spouse share joint custody of the child, the Plan covering the parent whose birthday (month/day) is earlier in the calendar year pays benefits first. If both parents have t

Who Qualifies for Coverage?

Eligibility

You are eligible for Group Benefits if you:

Eligibility

- are an exempt employee of Camosun College, and
- are working on an active, continuing full-time or continuing part-time basis, or for Disability Insurance, Life Insurance and Accidental Death & Dismemberment, are working either a continuing full time or continuing part time basis with a workload of at least 50%;
- are a member of an eligible class,
- are younger than the Termination Age,
- for Extended Health Care and Medical Travel Referral (MTB) benefits, are covered under the Provincial plan,
- are residing in Canada, and
- have completed the Waiting Period.

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

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

Medical Evidence

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

Medical Evidence

Late Application

An application is considered late when you:

Late Application

- apply for coverage on any person after having been eligible for more than 31 days; or
- re-apply for coverage on any person whose coverage had earlier been cancelled.

Effective Date of Coverage

Effective Date of Coverage

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

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

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

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

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

Termination of Coverage

Termination of Coverage

Your Group Benefit coverage will terminate on the earliest of:

the date you cease to be an eligible employee

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

the date your employer terminates coverage

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

Employee Life Insurance

The Employee Life Insurance Benefit is insured under Manulife Financial's Policy G0039942.

*Employee Life
Insurance*

If you die while insured, this benefit provides financial assistance to your beneficiary

Waiver of Premium

Employee Life

Your Group Benefits

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

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

Termination of Waiver of Premium

Employee Life Insurance - Termination of Waiver of Premium

Your Waiver of Premium will cease on the earliest of:

the date you cease to be Totally Disabled, as defined under this benefit

the date you do not supply Manulife Financial with appropriate medical evidence documenting how your illness or injury causes complete inability, such that you are prevented from performing all the duties of:

- your own occupation, during the Qualifying Period and the 2 years immediately following the Qualifying Period
- any occupation for which:
 - you are qualified, or may reasonably become qualified by training, education or experience, after the 2 years specified above
 - the current monthly earnings are 50% or more of the current monthly earnings for your own occupation at the date of Disability

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

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

the date of your death

the date of your 65th birthday

Recurrent Disability

Employee Life Insurance - Recurrent Disability

If you become Totally Disabled again from the same or related causes as those for which premiums were previously waived, and such disability recurs within 6 months of cessation of the Waiver of Premium benefit, Manulife Financial will waive the Qualifying Period.

Your amount of insurance on which premiums were previously waived will be reinstated.

If the same disability recurs more than 6 months after cessation of your Waiver of Premium benefit, such disability will be considered a separate disability.

Your Group Benefits

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

Conversion Privilege

If your Group Benefits terminate or reduce, you may be eligible to convert your Employee Life Insurance to an individual policy, without medical evidence. Your application for the individual policy along with the first monthly premium must be received by Manulife Financial within 31 days of the termination or reduction of your Employee Life Insurance. If you die during this 31-day period, the amount of Employee Life Insurance available for conversion will be paid to your beneficiary or estate, even if you didn't apply for conversion.

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

Employee Optional Life Insurance

The Employee Optional Life Insurance Benefit is insured under Manulife Financial's Policy G0039942.

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

The Benefit

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

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

Qualifying Period for Waiver of Premium - 26 consecutive weeks or expiration of benefits under the self-insured weekly indemnity plan, whichever is greater

Termination Age - your benefit amount terminates at age 65 or retirement, whichever is earlier.

Waiting Period

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

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

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

*Employee Life
Insurance - Conversion
Privilege*

*Employee Optional Life
Insurance*

*Employee Optional Life
Insurance - The Benefit*

Your Group Benefits

Waiver of Premium

If your Employee Life Insurance premium is waived because you are totally disabled, the premium for this benefit will also be waived. (See Employee Life Insurance...Waiver of Premium).

Employee Optional Life Insurance - Waiver of Premium

Exclusions

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

Employee Optional Life Insurance - Exclusions

Dependent Optional Life Insurance

The Dependent Optional Life Insurance Benefit is insured under Manulife Financial's Policy G0039942.

Dependent Optional Life Insurance

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

The Benefit

Benefit Amount

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

Dependent Optional Life Insurance - The Benefit

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

Qualifying Period for Waiver of Premium - 26 consecutive weeks or expiration of benefits under the self-insured weekly indemnity plan, whichever is greater

Termination Age - employee's or spouse's age 65 or employee's retirement, whichever is earlier

Waiting Period

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

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

Submitting a Claim

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

Dependent Optional Life Insurance - Submitting a Claim

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

***Dependent Optional
Life Insurance - Waiver
of Premium***

Waiver of Premium

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

***Dependent Optional
Life Insurance -
Conversion Privilege***

Conversion Privilege

If your spouse's insurance terminates, y

Your Group Benefits

Waiting Period

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

Schedule of Losses

AD&D - Schedule of Losses

A loss shown in this schedule is covered provided it:

- is a direct result of the accidental injury
- occurs within 365 days from the date of the accidental injury
- is total and irreversible or irrecoverable

In the case of loss of speech or hearing, or loss of use of an arm, hand or leg, the loss must be continuous for 12 months and determined to be permanent, after which time the benefit is payable.

The amount payable for each loss is a percentage of your Accidental Death and Dismemberment benefit amount which was in effect as of the date of the injury.

- Loss of Life - 100%
- Loss of or Loss of Use of Both Hands or Both Feet - 100%
- Loss of Sight of Both Eyes - 100%
- Loss of One Hand and One Foot - 100%
- Loss of One Hand and Sight of One Eye - 100%
- Loss of One Foot and Sight of One Eye - 100%
- Loss of Hearing in Both Ears and Speech - 100%
- Loss of or Loss of Use of One Arm or One Leg - 75%
- Loss of or Loss of Use of One Hand or One Foot - 75%
- Loss of Sight of One Eye - 75%
- Loss of Speech or Hearing in Both Ears - 75%
- Loss of Thumb and Index Finger or at least Four Fingers of One Hand - 33.33%
- Loss of All Toes of One Foot - 25%
- Loss of Hearing in One Ear - 25%
- Hemiplegia, Paraplegia or Quadriplegia - 200%

Only one percentage, the largest, will be paid for multiple losses to the same limb due to any one accident.

No more than 100% will be paid for all losses due to any one accidental Injury, except in the case of hemiplegia, paraplegia or quadriplegia, where the total amount paid will not exceed 200% (provided the benefit is paid while you are living).

Your Group Benefits

Exposure and Disappearance

AD& D - Exposure and Disappearance

If a loss occurs due to unavoidable exposure to the elements, after a conveyance in which you were travelling made a forced landing, or was lost, wrecked, stranded or sank, a benefit will be payable for that loss. The amount payable will be determined in accordance with the Schedule of Losses.

If you disappear after a conveyance in which you were travelling made a forced landing, or was lost, wrecked, stranded or sank, a benefit for loss of life will be payable if your body is not found within 365 days after the incident occurred.

Aggregate Limit

AD& D - Aggregate Limit

In no event will the amount paid for total lives exceed \$5,000,000.

Rehabilitation Expenses

AD& D - Rehabilitation Expenses

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

reasonable and necessary, as determined by Manulife Financial

incurred within a period of 3 years from the date of the accidental injury

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

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

Repatriation Expenses

AD& D - Repatriation Expenses

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

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

Family Transportation Expenses

AD& D - Family Transportation Expenses

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

reasonable and necessary, as determined by Manulife Financial

for hotel accommodations in the vicinity of the hospital

for transportation by the most direct route to the hospital, including return fare

Your Group Benefits

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

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

Dependent Education Expenses

***AD& D - Dependent
Education Expenses***

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

in a school for higher learning above the secondary school level, or

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

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

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

5% of your Accidental Death and Dismemberment benefit amount, or

\$5,000

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

No payment will be made for:

tuition expenses incurred prior to your death

room and board expenses, or other living, travelling or clothing expenses

Spousal Occupational Training Expenses

***AD& D - Spousal
Occupational Training
Expenses***

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

reasonable and necessary, as determined by Manulife Financial

incurred within a period of 3 years from the date of the accidental injury

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

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

*AD& D - Seat Belt
Benefit*

Seat Belt Benefit

If you die as a direct result of an accidental injury sustained while driving or riding in an automobile, Manua1a

Non-Duplication of Expenses

Expenses which are eligible under this benefit and for which you are also eligible under any other benefit, policy, or plan providing similar coverage will be paid first under such other benefit, policy or plan. Any expenses not paid will then be considered under this benefit, subject to any stated maximum.

The total amount of payments from all coverages combined will not exceed 100% of the eligible expenses incurred.

Naming a Beneficiary

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

If you have not appointed a beneficiary under this policy, but you had appointed a beneficiary under a prior policy where you were covered prior to becoming covered under this policy, then the most recently appointed beneficiary under that prior policy is considered your beneficiary under this policy.

You should review your beneficiary designation to be sure that it ref

***AD&D -
Non-Duplication of
Expenses***

***AD&D - Naming a
Beneficiary***

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

Benefit Percentage (Co-insurance)

100% for
- Vision

95% of the first \$1,000 of paid expenses and 100% thereafter for
- Hospital Care
- Medical Services & Supplies
- Professional Services (other than Psychologist/Clinical Counsellor)
- Drugs

90% for
- Professional Services (Psychologist/Clinical Counsellor)

Note:

The Benefit Percentage for Out-of-Province/Canada Emergency Medical Treatment is 100%.

The Benefit Percentage for Emergency Travel Assistance is 100%.

Termination Age - employee's retirement. On retirement, your coverage may continue for 30 days provided you have applied for health and welfare benefits under the College Pension Plan.

Waiting Period

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

Covered Expenses

The expenses specified are covered to the extent that they are reasonable and customary, as determined by Manulife Financial or your employer, provided they are:

medically necessary for the treatment of an illness or injury and recommended by a physician

incurred for the care of a person while covered under this Group Benefit Program

reasonable taking all factors into account

not covered under the Provincial Plan or any other government-sponsored program

legally insurable

used as prescribed or recommended by a physician

**Extended Health Care -
Covered Expenses**

- Drug Expenses

The maximum quantity of drugs or medicines that will be payable for each prescription will be limited to the lesser of:

- a) the quantity prescribed by your physician or dentist, or
- b) a 90 day supply.

Hospital Care

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

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

charges for room and board made by an addiction treatment facility, provided the treatment is not covered by a provincial medical plan, up to \$25,000 per lifetime.

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

Prescription Drugs

- Drug Expenses

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

***Extended Health Care -
Addiction Facility***

***Extended Health Care -
Pres***

- Drug Maximums

- Drug Maximums

Fertility drugs - \$2,500 per lifetime

All other covered drug expenses - Unlimited

Vision Care

**Extended Health Care -
Vision Care**

eye exams, \$100 every 2 years

purchase and fitting of prescription glasses or elective contact lenses, as well as repairs, or elective laser vision correction procedures, to a maximum of \$1,300 every 4 years

Professional Services

**Extended Health Care -
Professional Services**

Services provided by the following licensed practitioners:

Chiropractor - \$500 per calendar year. Chiropractor is limited to \$20 per visit for the first 5 visits in any calendar year. X-rays are not covered.

Podiatrist/Chiropodist - \$400 per calendar year, limited to \$20 per visit for the first 5 visits in any calendar year. X-rays are not covered.

Massage Therapist - \$20 per visit for the first 5 visits in any calendar year, thereafter unlimited.

Naturopath - \$400 per calendar year, limited to \$20 per visit for the first 5 visits in any calendar year. X-rays are not covered. Lab fees are not subject to the per visit maximum.

Speech Therapist - \$1,000 per calendar year

Physiotherapist - \$20 per visit for the first 5 visits in any calendar year, thereafter unlimited. X-rays are not covered.

Psychologist/Clinical Counsellor - \$2,070 per family per calendar year

Acupuncturist - \$300 per calendar year

Athletic Therapist - \$500 per calendar year

Expenses for some of these Professional Services may be payable in part by Provincial Plans. Coverage for the balance of such expenses prior to reaching the Provincial Plan maximum may be prohibited by provincial legislation. In those provinces, expenses under this Benefit Program are payable after the Provincial

Your Group Benefits

Medical Services and Supplies

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

**Extended Health Care -
Medical Services and
Supplies**

Private Duty Nursing

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

a registered nurse, or

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

- Private Duty Nursing

Covered Expenses are unlimited.

Charges for the following services are not covered:

service provided primarily for custodial care, homemaking duties, or supervision

service performed by a nursing practitioner who is an immediate family member or who lives with the patient

service performed while the patient is confined in a hospital, nursing home, or similar institution

service which can be performed by a person of lesser qualification, a relative, friend, or a member of the patient's household

Pre-Determination of Benefits

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

Ambulance

licensed ambulance service provided in the covered person's province of residence, including air ambulance, to transfer the patient to and from the nearest hospital where adequate treatment is available. Charges for emergency transportation within the covered person's province of residence by boat, rail, airline, or, in an acute emergency, air ambulance to the nearest hospital where adequate treatment is available are also covered.

- Ambulance

microscopic and other similar diagnostic tests and services rendered in a licensed laboratory in the province of Quebec

charges for the treatment of accidental injuries to natural teeth or jaw, to a maximum of \$5,000 per accident, provided the treatment is rendered within 12 months of the accident, excluding injuries due to biting or chewing

Out-of-Province/Out-Tj58.12 0BBBA46 0.000

Charges for the following are payable under this expense:

physician's services

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

the cost of special hospital services

hospital charges for out-patient treatment

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

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

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

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

Emergency Travel Assistance

***Extended Health Care -
Emergency Travel
Assistance***

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

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

changed treatments or medications (other than normal adjustments for ongoing care)

been admitted to the hospital for treatment of the condition

Coverage is not available if you (or your dependents) have scheduled non-routine appointments, tests or treatments for the condition or an undiagnosed condition.

Coverage is also available for medical emergencies related to pregnancy as long as travel is completed at least 4 weeks before the due date.

A medical emergency ends when the attending physician feels that, based on the medical evidence, a patient is stable enough to return to his home province or territory.

a) **24-Hour Access**

Multilingual assistance is available 24 hours a day, seven days a week, through telephone (toll-free or call collect), telex or fax.

b) **Medical Referral**

Referral to the nearest physician, dentist, pharmacist or appropriate medical facility, and verification of coverage, is provided.

c) **Claims Payment Service**

If a hospital or other provider of medical services requires a deposit or payment in full f

i) **Visit of Family Member**

Expenses incurred for round-trip economy transportation will be paid for an immediate family member to visit a covered person who, while travelling alone, becomes hospitalized and is expected to be hospitalized for longer than 7 days. The visit must be approved in advance by the administrator.

j) **Vehicle Return**

If a covered person is unable to operate his owned or rented vehicle due to illness, injury or death, expenses incurred for a commercial agency to return the vehicle to the covered person's home or nearest appropriate rental agency will be paid, up to a maximum of \$1,000 (Canadian).

k) **Identification of Deceased**

If a covered person dies while travelling alone, expenses incurred for round-trip economy transportation will be paid for an immediate family member to travel, if necessary, to identify the deceased prior to release of the body.

l) **Meals and Accommodation**

Under the circumstances described in parts f),g),h),i) 3 0hik)

Your Group Benefits

d) **Interpretation Service**

Telephone interpretation service in most major languages is provided.

e) **Message Service**

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

f) **Pre-trip Assistance Service**

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

Exceptions

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

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

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

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

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

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

Submitting a Claim

To submit an Extended Health Care claim, you must complete an Extended Health Care Claim form, except when claiming for physician or hospital expenses incurred outside your province of residence. For these expenses, you must complete an Out-of-Province/Out-of-Canada claim form. Claim forms are available from your employer. Claim forms may also be obtained from the Plan Member website at www.manulife.com/groupbenefits.

All applicable receipts must be attached to the completed claim form when submitting it to Manulife Financial.

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

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

Subrogation (Third Party Liability)

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

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

Exclusions

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

any illness or injury arising out of or in the course of employment when the person is insured by or is eligible for coverage by workers' compensation

- any illness or injury f

Subrogation (Third Party Liability)

Extended Health Care - Exclusions

Your Group Benefits

c) **Deductible**

Deductible amounts (if any) for the drug benefit will apply, until the annual out-of-pocket maximum is reached. Thereafter, the deductible will not apply.

d) **Lifetime Maximums**

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

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

e) **Eligible Dependent Children**

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

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

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

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

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

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

Waiting Period

First of the month following date of hire

Covered

Charges are subject to the following conditions and limitations:

referral treatment must be performed by a licensed medical specialist or ophthalmologist;

charges for travel and eligible expenses incurred outside the covered person's province or residence are not covered, unless such expenses are lesser than those incurred in the covered person's province of residence

the benefit does not apply to dental treatment unless:

—

charges for medical treatment, transport or travel, other than as specifically provided under eligible expenses

charges not included in the list of eligible expenses

charges for services or supplies which are furnished without recommendation and approval of a licensed physician acting within the scope of his or her license

charges which are not medically necessary to the care and treatment of any existing or suspected injury, disease or pregnancy

charges which are from a supplier of a drug, device, or service covered by any Workers' Compensation law or similar legislation

charges which would not normally have been incurred but for the presence of this benefit

• charges for services supplied (SNW 734400552234) TD/F18 102.0000 T253.628434 Tw(c4 1800 C

The Benefit

Dental Care - The Benefit

Deductible - Nil

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

Benefit Percentage (Co-insurance)

- 100% for Level I - Basic Services
- 100% for Level II - Supplementary Basic Services
- 80% for Level III - Dentures
- 75% for Level IV - Major Restorative Services
- 60% for Level V - Orthodontics

Benefit Maximums

- unlimited for Level I, Level II, Level III and Level IV
- \$3,000 per lifetime for Level V

Termination Age - employee's retirement. On retirement, your coverage may continue for 30 days provided you have applied for health and welfare benefits under the College Pension Plan.

Waiting Period

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

Covered Expenses

Dental Care - Covered Expenses

The following expenses are covered if they:

are incurred for Services provided by (deductible) 0.0000 TD (if applicable) 205.15145 0.0000 TD (if applicable) 59.40014 0.0000 TD (if applicable) work

Your Group Benefits

Level I - Basic Services

Dental Care - Level I - Basic Services

complete oral exam, one per 36 months

full-mouth x-rays, one per 2 calendar years

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

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

routine diagnostic and laboratory procedures

initial oral hygiene instruction, plus one recall

fillings, retentive pins and pit and fissure sealants. Gold may be used where no other material is adequate. Bonded amalgam fillings are eligible. Replacement fillings are covered provided:

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

onlays (only when function is impaired due to cuspal or incisal angle damage caused by trauma or decay)

inlays

pre-fabricated full coverage restorations (metal and plastic)

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

minor surgical procedures and post surgical care

extractions (including impacted and residual roots)

consultations, anaesthesia, and conscious sedation

prosthetic repairs, relines and rebases. Denture relines are eligible once per 24 consecutive months.

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

nervous/muscular disorders

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

- a natural tooth is extracted and the existing appliance cannot be made serviceable
- the existing appliance is at least 5 years old and cannot be made serviceable, or
- the existing appliance is temporary and is replaced with the permanent bridge within 12 months of its installation

Level V - Orthodontics

Dental Care - Level V - Orthodontics

orthodontic services

Pre-Determination of Benefits

Dental Care - Pre-Determination of Benefits

If the cost of any proposed dental treatment is expected to exceed \$500, it is suggested that you submit a detailed treatment plan, available from your dentist, before the treatment begins. You can then be advised of the amount you are entitled to receive under this benefit.

Work in Progress When Coverage Terminates

Dental Care - Work in Progress When Coverage Terminates

Covered expenses related to dental treatment that was in progress at the time your dental benefits terminate (for reasons other than termination of the Plan Document or the Dental Care Benefit) are payable, provided the expense is incurred within 31 days after your benefit terminates.

Submitting a Claim

Dental Care - Submitting a Claim

To submit a claim, you and your dentist must complete a Dental Claim form available from your employ

Exclusions

**Dental Care -
Exclusions**

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

a charge, or a portion of a charge, which is eligible for reimbursement under any other part of this Plan, or through a government plan or legally mandated program

charges which were considered an insured service of any provincial government plan at the time this PI

Survivor Extended Benefit

Survivor Extended Benefit

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

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

the date similar coverage is obtained elsewhere

the date which is the end of the month following the month of your death, for all benefits other than Psychologist

the date which is 12 months from your death, for Psychologist benefits, or

the date the Plan Document terminates

Long Term Disability

Long Term Disability

The Long Term Disability Benefit is insured under Manulife Financial's Policy G0039942.

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

Definition of Totally Disabled

Long Term Disability - Definition of Totally Disabled

Totally Disabled means your complete inability because of accident or sickness to perform all the duties of:

your own occupation, during the Qualifying Period and the 2 years immediately following the Qualifying Period

any occupation for which

- you are qualified, or may reasonably become qualified, by training, education or experience, after the 2 years specified above
- the current monthly earnings are 50% or more of the monthly earnings for your own occupation at the date of Disability

it.

Your Group Benefits

The Benefit

Benefit Amount - 70% of monthly earnings, to a maximum of \$16,000

***Long Term Disability -
The Benefit***

Non-Evidence Limit - \$16,000

Qualifying Period - 26 consecutive weeks or expiration of benefits under the self-insured weekly indemnity plan, whichever is greater

Benefits are payable from the end of the Qualifying Period. Benefits are not payable for or during the Qualifying Period.

You must be receiving regular, ongoing care and treatment from a physician during the Qualifying Period in order for benefits to be payable at the end of the Qualifying Period.

Maximum Benefit Period

For Total and Partial Disability benefits - 2 years, but not beyond your 65th birthday

Termination Age - age 65 less the Qualifying Period, or retirement, whichever is earlier

Waiting Period

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

Entitlement Criteria

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

***Long Term Disability -
Entitlement Criteria***

you must be continuously Totally Disabled throughout the Qualifying Period. If you cease to be Totally Disabled during this period and then become disabled again within 2 weeks due to the same or related cause, your Qualifying Period will be extended by the number of days during which you ceased to be Totally Disabled.

Manulife Financial must receive medical evidence documenting how your illness or injury causes complete inability, such that you are prevented from performing all the duties of:

- your own occupation, during the Qualifying Period and the 2 years immediately following the Qualifying Period
- any occupation for which
 - o you are qualified, or may reasonably become qualified, by training, education or experience, after the 2 years specified above
 - o the current monthly earnings are 50% or more of the monthly earnings for your own occupation at the date of Disability

Your Group Benefits

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

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

Periods for Which You are Not Entitled to Benefits

You are not entitled to benefit payments for any period that you are:

not receiving from a physician, regular, ongoing care and treatment appropriate for your disabling condition, as determined by Manulife Financial

receiving treatment by a therapist unless such treatment is recommended by a Physician deemed appropriate by Manulife Financial

on lay-off during which you become Totally Disabled

Totally Disabled after the date a strike or lay-off begins, subject to any provincial Employment or Labour Standards Act

on leave of absence during which you become Totally Disabled, unless your employer is required to pay benefits during this period as a result of legislation, regulation or case law

residing outside Canada for any period exceeding 90 consecutive days or a total of 180 days in any 365 day period unless:

- you remain under the regular care of a licensed Physician deemed appropriate by Manulife Financial
- you have previously notified and received approval in writing from Manulife Financial
- proof of the ongoing Disability can be determined on evidence satisfactory to Manulife Financial within 30 days of request

incarcerated in a prison, correctional facility, hospital or similar institution as a result of criminal proceedings

Amount of Disability Benefit Payable

The amount of disability benefit payable to you is the Benefit Amount shown above reduced by any disability benefits you receive or are entitled to receive from the following sources for the same or related disability:

Workers' Compensation or similar coverage

Canada or Quebec Pension Plans, excluding dependent benefits

If necessary, the amount of your benefit will be further reduced so that your total income from all sources does not exceed 85% of your pre-disability gross earnings (net earnings, if your benefit is non-taxable). All sources include those sources stated above and any benefit you are entitled to receive from:

***Long Term Disability -
Periods for Which You
are Not Entitled to
Benefits***

***Long Term Disability -
Amount of Disability
Benefit Payable***

50% of earnings received for a different and lesser-paid occupation not related to rehabilitation assistance

any government motor vehicle automobile insurance plan or policy, unless prohibited by law

earnings or payments from any employer for a different or lesser paid occupation

Your Group Benefits

Tax Status of Benefits

Long Term Disability - Tax Status

The tax position of any payments you receive under this benefit depends on whether you or your employer pays the cost of the benefit.

If your employer pays a portion or all of the cost, then any disability benefit payments you receive will be taxable. If you pay the full cost of the benefit, then any disability benefit payments you receive will be non-taxable.

Payment of Disability Benefits

Long Term Disability - Payment of Disability Benefits

Disability benefit payments will be made monthly in arrears. Any payment for a period of less than one month will be made at a daily rate of one-thirtieth of your monthly benefit amount.

Adjusted Pre-Disability Earnings

Long Term Disability - Adjusted Pre-Disability Earnings

On the first anniversary of benefit payments after qualifying for Total Disability Benefits, and annually thereafter, your pre-disability earnings will be adjusted for increases to the Consumer Price Index. The Consumer Price Index factor for an assessment or recalculation date is limited to the ratio of the Consumer Price Index as of 3 months before that date to the Consumer Price Index as of 3 months before the start of the disability period.

Rehabilitation Assistance

Long Term Disability - Rehabilitation Assistance

Once Manulife Financial determines that you are Totally Disabled, if appropriate, and at Manulife Financial's discretion, you may be offered rehabilitation to assist you in returning to gainful employment, either to your pre-disability occupation or to another occupation.

In considering whether Rehabilitation Assistance is appropriate for you, Manulife Financial will take into account:

- the nature, extent and expected duration of your disability

- your level of education, training or experience

- the nature, scope, objectives and cost of a Vocational Plan

Expenses that you incur in connection with the Vocation Plan will be reimbursed by Manulife Financial provided such expenses are:

- Reasonable and Customary

- not payable through any government program or third-party insurer

- Vocational Plan

A Vocational Plan is a training or job placement program that is expected to facilitate your return to gainful employment.

If it is determined that Rehabilitation Assistance is appropriate for you, in partnership with you and your employer, Manulife Financial will provide a structured Vocational Plan that will prepare you for a return to work, either:

with your employer

with an alternate employer

in a self-employed capacity

- Disability Benefits During Rehabilitation

You will continue to be entitled to disability benefits while participating in the Vocational Plan. If you receive any earnings as part of the plan, your disability benefit will be reduced once your total income (your disability benefit plus your earnings) exceeds 100% of your pre-disability gross earnings; net earnings if your benefit is not taxable.

If you cease to participate in the Vocational Plan because of a change in your medical status, Manulife Financial will require medical evidence documenting how your current medical status prevents you from continuing with the Vocational Plan.

If you are not available or do not co-operate or participate in the Vocational Plan, you will no longer be entitled to disability benefits.

Partial Disability Benefit

If you become Partially Disabled, Manulife Financial will pay a Partial Disability Benefit, as outlined below.

- Definition of Partially Disabled

Disability due to an accidental injury or sickness to the extent that you are able to perform only a portion of your normal workload.

In order to qualify to receive Partial Disability benefits, the following conditions must be satisfied:

you must be under the care of a legally qualified doctor of medicine for treatment of the condition that causes you to be Disabled

your inability to perform a portion of your normal instructional and non-instructional workload must be confirmed by Manulife Financial for your employer

- Vocational Plan

*- Disability Benefits
During Rehabilitation*

*Long Term Disability -
Partial Disability
Benefit*

*- Definition of Partially
Disabled*

if you qualify for a partial sick-leave absence as established under your

Recurrent Disability

Long Term Disability - Recurrent Disability

If you become Totally Disabled again from the same or related causes within 6 months from the end of the period for which Long Term Disability benefits were paid, Manulife Financial will treat the disability as a continuation of your previous disability.

You will not be required to satisfy the Qualifying Period again. The benefit payable to you will be based on your earnings as at the date of your previous disability. Benefits for all such recurrent disabilities will not be paid for a combined period longer than the Maximum Benefit Period for this benefit.

If the same disability recurs more than 6 months after the end of the period for which benefits were paid, such disability will be considered a separate disability.

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

Waiver of Premium

Long Term Disability - Waiver of Premium

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

Submitting a Claim

Long Term Disability - Submitting a Claim

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

A completed claim form must be submitted to Manulife Financial within 6 months following the first month after the end of the Qualifying Period.

Exclusions

Long Term Disability - Exclusions

No benefits are payable for any disability related to:

the commission of a criminal offence

injury or disease which occurred while you are on active duty in the armed forces of any country, state or international organization or for disability resulting from war or act of war, whether declared or undeclared

any portion of a period of disability resulting from substance abuse, including alcoholism and drug addiction(00001iessou are onpludi3.0091 Tc-2.BT176.4000iET0cETpt9-0.w(p

