Huron University College

Group Policy Number: G0074469
Class: D-OPSEU Employees under age 65 electing 3 times Life and AD&D

A message from your plan sponsor

Huron University College is pleased to be able to offer you medical and financial security by sponsoring your group benefits program. We have selected Manulife Financial as a partner to help us deliver the program. They are committed to providing excellent service for us.

At this point, you will have received some basic information about how you can connect with Manulife Financial and how to submit claims. Now, I would encourage you to spend a few moments reviewing our plan's coverage so you can better understand what's available. You'll learn about not only the more routine things, but also about some of the benefits available that you may need to draw on in a time of crisis. Your plan is here to offer you some support in the event you encounter unforeseen circumstances in the future.

After reviewing the coverage, if you have any questions, check in with our plan administrator.

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What you need to know about your plan

Who and what your plan covers

We are Manulife Financial, your plan sponsor's partner in supporting the group insurance benefits you receive at work. We know how important your coverage is and that you count on us to give you great tools to help you understand what you have.

Your dependants - your spouse, child or children who are insured under the Provincial Health Plan - may also be eligible for some of the coverage provided through this benefits program. Your plan sponsor's plan must be in effect and you and your dependants must have satisfied all of the participation requirements first, for your coverage to be active.

In the event that a provincial plan or government-sponsored program or plan or legally mandated program discontinues or reduces payment for any services, treatments or supplies formerly covered in full or in part by such plan or program, your group benefits plan will not automatically assume coverage of the charges for such treatments, services or supplies, but will reserve the right to determine, at the time of change, whether the expenses will be considered eligible or not.

The information provided here is an overview of the coverage and services your plan sponsor has chosen to offer as part of your group benefits program. It doesn't include reference to all of the plan details, limitations and exclusions or terms and conditions your employer has arranged. Those are set out in your plan sponsor's group benefits plan documents (for example, the policy or plan document and any plan amendments). Manulife's administrative team will refer to those plan documents when evaluating claims, your eligibility for coverage, and for the general administration of the program. In the event of a discrepancy between this coverage overview and the plan documents, the terms outlined in the plan documents will apply.

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

- the Policy
- your application for group benefits and
- any Evidence of Insurability you submitted as part of your application for benefits

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

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

Time Limit on Legal Action
Every action or proceeding against Manulife Financial for the recovery of insurance money payable under the plan is absolutely barred unless commenced within the time set out in the Insurance Act or applicable legislation.

Your plan sponsor is Huron University College

This booklet produced: September 08, 2017

Your plan number is G0074469
This is the main number you should provide as a reference when contacting Manulife Financial. Be sure to record this number and your plan member certificate number (from your benefits card) on all correspondence and claim forms.

Your coverage class is D-OPSEU
Employees under age 65 electing 3 times Life and AD&D

The plan effective date is May 01, 2008

This is the official day when all of the coverage and services your plan sponsor has arranged with us begins. Coverage starts once you have fulfilled any waiting period requirements set for your plan.

Your plan may include a waiting period for some benefits.

The day after the waiting period has finished is the earliest date you can use this coverage.

Enhanced information is also available on the Internet
There may be times when you may not have coverage details with you, but you need to find out about some portion of your coverage quickly. Know that you can always find the most up-to-date plan information - including an electronic version of this document - on the Plan Member Secure Site. Once registered, you can log-in any time from any Internet connection. Go to **www.manulife.ca/groupbenefits** and input your plan number and plan member certificate number. The site will tell you everything else you need to do to finish the registration process.

The electronic version also includes links to definitions, forms, and enhanced information that may help you understand how your benefits program can support you.

HOW LONG COULD IT TAKE TO HAVE MY CLAIM PROCESSED?

This will depend largely on how you submit your claim and how you choose to receive payment. Send paper claims to the address printed on the claim form. Be sure to record your plan contract number and plan member certificate number on all correspondence and claim forms.

USE MORE THAN ONE PLAN TO GET MORE MONEY BACK
Did you know that you can recover up to 100% of your expenses if you coordinate claims with your spouse's group plan? This is called coordination of benefits and here's how it works.

CLAIM IS FOR...	FIRST...	THEN...
You	submit to Manulife	for any unpaid balance, send a copy of your Manulife claim statement and the other insurance company's claim form to the other insurance company for processing.
Your spouse	submit claim to spouse's insurance company	for any unpaid balance, send a copy of the other insurance company's claim statement with a completed Manulife claim form to us for processing
Your children	send to the insurance company of the partner who has the earlier birth month and day	submit any balance to the other insurance company

Manulife Financial does not accept beneficiary appointments for any benefits other than Life Insurance and Accidental Death and Dismemberment under this Plan.

This Policy contains a provision removing or restricting the right of the group life insured to designate persons to whom or for whose benefit insurance money is to be payable.

Core Coverage and Services

Your plan sponsor has chosen to offer the following benefits to form the coverage in this program.

Dental

Benefit Details	Your Plan's Coverage
Waiting Period	first of the month following 3 months
Deductible	None
Dental Fee Guide	Current Fee Guide for General Practitioners for your Province of Residence If you reside in Alberta, the current Fee Guide is considered to be the 1997 Alberta Dental Association Fee Guide for General Practitioners plus inflationary adjustment as determined by Manulife Financial
Coverage ends	At the earlier of age 65 or your retirement
Combined Maximum applies to: Level I Level II	$1,500 per calendar year
Combined Maximum applies to: Level III Level IV	$2,000 per calendar year
Level I - Basic Services Includes items such as: • complete oral exam, one per 2 calendar years • full-mouth x-rays, one per 2 calendar years • one unit of light scaling and one unit of polishing once every 6 months, when the service is performed outside Quebec, or prophylaxis once every 6 months, when the service is performed in Quebec • recall exams, bitewing x-rays and fluoride treatments, once every 6 months • initial oral hygiene instruction, plus one recall • routine diagnostic and laboratory procedures • fillings, retentive pins and pit and fissure sealants Replacement fillings are covered provided: - the existing filling is at least 12 months old and must be replaced either due to significant breakdown of the existing filling or recurrent decay, or	80% to a combined maximum of $1,500 per calendar year

- the existing filling is amalgam and there is medical evidence indicating that the patient is allergic to amalgam • pre-fabricated full coverage restorations (metal and plastic) • space maintainers (appliances placed for orthodontic purposes are not covered) • minor surgical procedures and post surgical care • extractions (including impacted and residual roots) • consultations, anaesthesia, and conscious sedation • denture repairs, relines and rebases, only if the expense is incurred later than 3 months after the date of the initial placement of the denture • injection of antibiotic drugs when administered by a Dentist in conjunction with dental surgery	
Level II - Supplementary Services Includes items such as: • surgical procedures not included in Level I (excluding implant surgery) • periodontal services for treatment of diseases of the gums and other supporting tissue of the teeth, including: - scaling not covered under Level I, and root planing, up to a combined maximum of 16 units per calendar year(s) ; - provisional splinting; and - occlusal equilibration, up to a maximum of 8 units per calendar year(s) • endodontic services which include root canals and therapy, root amputation, apexifications and periapical services • root canals and therapy are limited to one initial treatment plus one re-treatment per tooth per lifetime • re-treatment is covered only if the expense is incurred more than 12 months after the initial treatment	80% to a combined maximum of $1,500 per calendar year

Level III - Dentures Includes items such as: • initial provision of full or partial removable dentures • replacement of removable dentures, provided the dentures are required because: - a natural tooth is extracted and the existing appliance cannot be made serviceable; - the existing appliance is at least 60 months old; or - the existing appliance is temporary and is replaced with the permanent dentures within 12 months of its installation • dentures required solely to replace a natural tooth which was missing prior to becoming insured for this eligible expense, are not covered	80% to a combined maximum of $2,000 per calendar year
Level IV - Major Restorative Services Includes items such as: • crowns and onlays when the function of a tooth is impaired due to cuspal or incisal angle damage caused by trauma or decay • inlays, covering at least 3 surfaces, provided the tooth cusp is missing • initial provision of fixed bridgework • replacement of bridgework, provided the new bridgework is required because: - a natural tooth is extracted and the existing appliance cannot be made serviceable; - the existing appliance is at least 60 months old; or - the existing appliance is temporary and is replaced with the permanent bridge within 12 months of its installation • bridgework required solely to replace a natural tooth which was missing prior to becoming insured under this Plan is not covered	80% to a combined maximum of $2,000 per calendar year

Exclusions

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

- *war, insurrection, the hostile actions of any armed forces or participation in a riot or civil commotion*
- *the committing of or the attempt to commit an assault or criminal offence*
- *injuries sustained while operating a motor vehicle while under the influence of any intoxicant, including alcohol*
- *dental care which is cosmetic, unless required because of an accidental injury which occurred while the patient was insured under this benefit*
- *anti-snoring or sleep apnea devices*
- *broken dental appointments, third party examinations, travel to and from appointments, or completion of claim forms*
- *services which are payable by any government plan*
- *services or supplies provided by an employer's medical or dental department*
- *services or supplies for which no charge would normally be made in the absence of insurance*
- *treatment rendered for a full mouth reconstruction, for a vertical dimension or for a correction of temporomandibular joint dysfunction*
- *replacement of removable dental appliances which have been lost, mislaid or stolen*
- *laboratory fees which exceed reasonable and customary charges*
- *services or supplies which are performed or provided by the insured person, an immediate family member or a person who lives with the insured person*
- *implants, or any services rendered in conjunction with implants*
- *treatment which is not generally recognized by the dental profession as an effective, appropriate and essential form of treatment for the dental condition*
- *services or supplies which are not specified as a covered expense under this benefit*

If you anticipate charges for any treatment to exceed $500, please submit a pre-treatment plan before receiving the service so you can understand what portion your plan may cover.

Your plan will pay benefits for the least expensive course of treatment when there are two or more courses of treatment covered that would produce professionally adequate results for a given condition. Manulife's professional dental consultant will aid in evaluating the various courses of treatment available to determine which is professionally adequate.

If you apply for coverage for Dental insurance late, Late Dental Application insurance will be limited to $125 for each insured person for the first 12 months of coverage.

All claims must be submitted within 12 months after the date the expense was incurred. However, upon termination of your insurance, all claims must be submitted no later than 90 days from the termination date.

Extended Health Care Benefit

This benefit has many components that extend your coverage to a wide variety of health care providers and services. Under the broad category there may be coinsurances, deductibles, maximums and limitations that apply to specific components of the coverage.

This plan will not automatically assume eligibility for all drugs, services and supplies. New drugs, existing drugs with new indications, services and supplies are reviewed by Manulife Financial using the due diligence process. Once this process has been completed, the decision will be made by Manulife Financial to include as a covered expense, include with prior authorization criteria, exclude or apply maximum limits.

Benefit Details	Your Plan's Coverage
Waiting Period	first of the month following 3 months
Maximum	Unlimited
Deductible	$25 Individual, $25 Family, per calendar year(s) Not applicable to: • Hospital Care • Out-of-Canada Emergency Medical Treatment • Vision Covered expenses used to satisfy the deductible in the last 3 months of the calendar year may also be used to satisfy the deductible in the following calendar year.
Co-insurance	100% for Hospital Care, Professional Services, Vision, Medical Services & Supplies, Drugs
Coverage Ends	At the earlier of age 65 or your retirement

Exclusions

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

(not applicable to Health Service Navigator®)

- *for Medical Travel Emergencies and Emergency Travel Assistance only, self-inflicted injuries, unless medical evidence establishes that the injuries are related to a mental health illness*
- *war, insurrection, the hostile actions of any armed forces or participation in a riot or civil commotion*
- *committing or attempting to commit an assault or criminal offence*
- *injuries sustained while operating a motor vehicle while under the influence of any intoxicant, including alcohol*
- *an illness or injury for which benefits are payable under any government plan or workers' compensation*
- *charges for periodic check-ups, broken appointments, third party examinations, travel for health purposes, or completion of claim forms*

- *services or supplies provided by an employer's medical or dental department*
- *services or supplies for which no charge would normally be made in the absence of insurance*
- *services and supplies where reimbursement would have been made under a government-sponsored plan, in the absence of insurance*
- *services or supplies which are not permitted by law to be paid*
- *services or supplies which are required for recreation or sports*
- *services or supplies which would have been payable by the Provincial Plan if proper application had been made*
- *medical treatment which is not usual or customary, or is experimental or investigational in nature*
- *medical or surgical care which is cosmetic*
- *services or supplies which are performed or provided by the insured person, an immediate family member or a person who lives with the insured person*
- *services or supplies which are provided while confined in a hospital on an in-patient basis*
- *services or supplies which are not specified as a covered expense under this benefit*

All claims must be submitted within 12 months after the date the expense was incurred. However, upon termination of your insurance, all claims must be submitted no later than 90 days from the termination date.

EHC - Drugs

100% **Co-insurance**

Benefit Details	Your Plan's Coverage
Prescription Drugs Includes the following drug classes: • oral contraceptives, intrauterine devices, and diaphragms • injectable medications • life-sustaining drugs • preventive vaccines and medicines (oral or injected) • non-prescription drugs and supplies required for the treatment of diabetes (excluding automatic jet injectors or similar equipment) No coverage for / excludes: • anti-obesity drugs • sexual dysfunction drugs • drugs, biologicals and related preparations which are administered in hospital on an in-patient or out-patient basis • drugs determined to be ineligible as a result of due diligence • cotton swabs, rubbing alcohol, automatic jet injectors and similar equipment used in the treatment of diabetes • charges to administer serums, vaccines & injectable drugs • experimental or investigational drugs not approved as an effective, appropriate and essential treatment of an illness or injury • natural health products (products with a NPN)	$2,400 per 24 months maximum on fertility drugs $300 lifetime maximum on anti-smoking prescription drugs *There is a limitation on quantity of drugs that can be dispensed and claimed at one time, to the lesser of:* *a) the quantity prescribed by the Physician or Dentist; or* *b) a 3-month supply.* *If you are a Quebec resident, your plan's coverage will coordinate with **RAMQ**.*

EHC - Vision

100% **Co-insurance**

Benefit Details	Your Plan's Coverage
Prescription Glasses, Contact Lenses, Laser Eye Surgery, Eye Exams, Visual Training	$400 per 24 months (12 months if under 18) for prescription glasses, elective contact lenses , repairs and elective laser vision correction procedures If contact lenses are required to treat a severe condition, or if vision in the better eye can be improved to a 20/40 level with contact lenses but not with glasses, the maximum payable will be $200 during any 12 months for persons under age 18 and $200 per 24 months for persons age 18 and over Eye Exams - once per 12 months for persons under age 21 and once per 24 months for persons age 21 and over Visual Training - $200 per lifetime
	*Find out about **discounts** available to you through Manulife Financial's relationship with Preferred Vision Services (PVS).*

EHC - Health Care Professionals (Professional Services)

100% **Co-insurance**

Benefit Details	Your Plan's Coverage
Services provided by the following licensed practitioners: Chiropractor, Osteopath, Podiatrist/Chiropodist, Massage Therapist, Naturopath, Speech Therapist, Physiotherapist, Psychologist, Christian Science Practitioner	$500 per calendar year(s) for Chiropractor $500 per calendar year(s) for Osteopath $500 per calendar year(s) for Podiatrist/Chiropodist $500 per calendar year(s) for Massage Therapist $500 per calendar year(s) for Naturopath $500 per calendar year(s) for Speech Therapist Unlimited for Physiotherapist $500 per calendar year(s) for Psychologist $500 per calendar year(s) for Christian Science Practitioner
	Expenses for some of these professional services may be payable in part by provincial plans. Coverage for the balance of such expenses prior to reaching the provincial plan maximum may be prohibited by provincial legislation. In those provinces, expenses under this benefit program are payable after the Provincial Plan's maximum for the benefit year has been paid. *Recommendation by a physician for Professional Services is not required.*

EHC - Medical Supplies and Services

100% **Co-insurance** (unless otherwise stated)

For all medical equipment and supplies, coverage is limited to the cost of the device or item that adequately meets the patient's fundamental medical needs.

Benefit Details	Your Plan's Coverage
Private Duty Nursing Services Provided by a registered nurse or registered nursing assistant who has completed an approved medications training program Excludes: • custodial care, homemaking duties or supervision • services performed by a nurse practitioner who is an immediate family member or who lives with the patient • services performed while confined to a hospital, nursing home or other similar institution • services that could be performed by a person with lesser qualifications, a relative, a friend or a member of the patient's household	$25,000 per 3 calendar year(s) *Submit a detailed treatment plan estimate before Private Duty Nursing services begin so we can advise you of what benefit may be provided.*
Hearing Aids	$400 per 5 calendar year(s) *Includes cost, installation, repair and maintenance of Hearing Aids (including charges for batteries)*

Orthopaedic Shoes/Orthotics	$400 per calendar year(s) for Stock-item Orthopaedic Shoes (provided the condition cannot be corrected by casted, custom-made orthotics or custom-made shoes) Custom Made Shoes which are required because of a medical abnormality that, based on medical evidence, cannot be accommodated in a stock-item orthopaedic shoe or a modified stock-item orthopaedic shoe, or by casted, custom-made orthotics, up to a maximum of 1 pair per calendar year (must be constructed by a certified orthopaedic footwear specialist) $650 per 3 calendar year(s) for Custom Made Orthotic Foot Appliances (provided the condition cannot be corrected by orthopaedic shoes)
	Must be recommended by a physician or podiatrist.
Medical Equipment Includes items such as: • ambulance (licensed including air ambulance, provided in province of residence) • mobility equipment (crutches, canes, walkers, wheelchairs) • manual hospital beds • respiratory and oxygen equipment • other equipment usually found only in hospitals • non-dental external prostheses • braces (other than foot braces), trusses, collars, leg orthosis, casts and splints • ileostomy, colostomy and incontinence supplies • medicated dressings and burn garments • oxygen	4 per calendar year for surgical brassieres $500 per lifetime for wigs and hairpieces
	Medical equipment dispensed by a hospital is not an eligible expense. *In the province of Quebec, microscopic and other similar diagnostic tests and services rendered in a licensed laboratory are included, up to a maximum of $1,000 per calendar year.* *Accidental dental treatment must be provided within 12 months of the accident. Injuries sustained while biting or chewing are not covered.*

• charges for the treatment required as a result of an injury to natural teeth or jaw • surgical brassieres • wigs and hairpieces for temporary hair loss associated with medical treatment	
Surgical Stockings	4 pairs per calendar year

EHC - Hospital	
100% **Co-insurance**	
Benefit Details	Your Plan's Coverage
General or Rehabilitation hospitals	• in a Semi-Private Room • in excess of the hospital's public ward charge
	Manulife Financial will coordinate payment after any provincial plan coverage has first been applied.

EHC - Medical and Non-Medical Travel Emergencies

Benefit Details	Your Plan's Coverage
Emergency medical coverage Conditions: • Coverage is for immediate medical treatment required for: - a sudden, unexpected injury or a new medical condition which occurs while an insured person is travelling outside of their province of residence; or - a specific medical problem or chronic condition that was diagnosed but medically stable prior to departure. • Coverage is available for medical emergencies related to pregnancy as long as travel is completed at least 4 weeks before the due date. • Valid Government Health Insurance Plan (GHP) coverage is required for you and your dependants.	100% with a maximum of $5,000,000 per lifetime Stable means in the 90 days before departure, the insured person has not: • been treated or tested for any new symptoms or conditions; • had an increase or worsening of any existing symptoms; • 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 dependant) have scheduled non-routine appointments, tests or treatments for the condition or an undiagnosed condition. A medical emergency ends when the attending physician feels that, based on the medical evidence, a patient is stable enough to return to their home province or territory. *You are typically responsible for payment of medical expenses amounting to less than $200 CDN. When you return from your trip, you can submit a claim to be reimbursed for those expenses through the normal claim submission process.* *For charges over $200 CDN, contact the service partner shown on your benefits card as soon as possible to arrange for payment directly to the treating physician or facility.*

Non-Emergency medical coverage Conditions: • recommendation by a practicing physician in Canada is required • suggests that you submit a detailed treatment plan with cost estimates before treatment begins. You will then be advised of any benefit that will be provided.	50% with a maximum of $3,000 every 3 calendar year(s)
Emergency Travel Assistance Including: • 24 hour access to multi-lingual service representatives • referral to local medical care and treatment monitoring • payment of medical bills, medical transportation, return home of dependant children, visit by a family member, trip interruption/delay coverage, support through convalescence after hospital discharge, identification and/or return of a deceased traveller, meals and accommodation, vehicle return, pre-trip advice on passport, visa, vaccination and inoculation requirements for a destination, assistance in replacing lost documents and tickets, referral to legal assistance in your foreign destination, telephone interpretation service, emergency message service, and • after-hours medical advice phone support	100% with all maximums below stated in Canadian Funds. $1,000 for return of vehicle $2,000 for meals and accommodations $5,000 for return of deceased *See **Emergency Travel Assistance** for additional information, a list of phone numbers for frequent Canadian travel destinations and for participating countries.*

Health for Life® - Resources to help you and your family maintain overall good health and wellness

Benefit Details	Your Plan's Coverage
Your plan also includes access to services and information you and your family can use to live healthier lives. You can access these services on the Plan Member Secure Site.	
Health eLinks® - Online resources for better health	
Take the first step toward healthier living through online tools and resources such as: Health Risk Assessment Health Library, including: • Conditions database • Medications database • Tests and procedures database • Health features • Personal Health Improvement Program	Included and available on the Plan Member Secure Site

Health Service Navigator®

Whether you or a family member have been diagnosed with a critical or chronic health condition, or you are simply curious about the services available in your area, Health Service Navigator® points you to agencies or resources that may be able to provide the information you need, including:

- tips and tools you can use to navigate through the Canadian health care landscape
- a national physician search database
- provincial health plan information
- health, medical condition, treatment plan options and medication information you can trust, and
- a second medical opinion service for times when you may want to double check a serious medical diagnosis you, your spouse or your child has received

With the exception of the second opinion service (which is available by phone only), Health Service Navigator tools are all available for you or your spouse or children any time on the Plan Member Secure Site.

Long-Term Disability

Benefit Details	Your Plan's Coverage
Waiting Period	first of the month following 3 months
Benefit Amount	66.7% of your first $2,250 of monthly earnings, plus 52.5% of the next $2,250 of monthly earnings, plus 45% of any excess amount, to a maximum of $6,000
Qualifying Period	119 days
Definition of Disability	Totally Disabled means a restriction or lack of ability due to an illness or injury which prevents you from performing the essential 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 availability of work will not be considered by Manulife Financial in assessing your disability. *If you must hold a government permit or license to perform the duties of your job, you will not be considered Totally Disabled solely because your permit or license has been withdrawn or not renewed.*
Maximum Benefit Period	To age 65
Non-Evidence Limit	$6,000
Termination	Age 65 less the Qualifying Period, or your retirement, whichever is earlier
Survivor Benefit	If you die while disability benefits are payable, Manulife Financial will pay a benefit to your surviving dependants. If there are no surviving dependants, the benefit is payable to your estate. The amount of the Survivor Benefit payable is (3) times your last monthly benefit payment, less the amount of any outstanding benefit overpayments.

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 any portion of the premium for this benefit, then any 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.
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.
Entitlement	To be entitled to disability benefits, you must meet the following criteria: • you must be continuously Totally Disabled throughout the Qualifying Period. If you cease to be Totally Disabled during this period and then become disabled again within 3 weeks due to the same or related illness or injury, your Qualifying Period will be extended by the number of days during which you ceased to be Totally Disabled • Manulife Financial must receive medical evidence documenting how your illness or injury causes restrictions or lack of ability, such that you are prevented from performing the essential duties of: - your own occupation, during the Qualifying Period and the following 2 years, and - any occupation for which you are qualified, or may reasonably become qualified, by training, education or experience, after the 2 years specified above • 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.

Exclusions	*No benefits are payable for any disability related to:* • self-inflicted injuries, unless medical evidence establishes that the injuries are related to a mental health illness • war, insurrection, the hostile actions of any armed forces or participation in a riot or civil commotion • medical or surgical care which is not medically necessary • the committing of or the attempt to commit an assault or criminal offence • injuries sustained while operating a motor vehicle while under the influence of any intoxicant, including alcohol • abuse of addictive substances, including drugs and alcohol, unless you are actively participating and co-operating in an in-patient medical treatment program for substance abuse which has been approved by Manulife Financial • a Pre-Existing Condition which causes disability within the first 12 months of your Long Term Disability coverage. A Pre-Existing Condition is any injury or illness (whether diagnosed or not) for which you were treated or attended by a physician, or for which drugs were prescribed, within 90 days prior to the effective date of your coverage
Periods for which you are not entitled to benefits *(Unless your employer is required to provide coverage because of legislation, regulation, or by law)*	When you are: • not receiving from a physician, regular, ongoing care and treatment appropriate for your disabling condition, as determined by Manulife Financial • receiving EI (Employment Insurance) maternity or parental benefits • on lay off • on leave of absence • receiving benefits under an employer sponsored salary continuance plan • working in any occupation, except as provided for under the Rehabilitation Assistance provision • incarcerated

Amount of Disability Benefit Payable	The amount of disability benefit payable to you is the Benefit Amount shown above reduced by: a) any amount 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 • any government motor vehicle automobile insurance plan or policy, unless prohibited by law b) any amount of Canada or Quebec Pension Plan benefits which another member of your family receives or is entitled to receive by reason of your disability If necessary, the amount of your benefit will be further reduced so that your total amount 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 amount you receive or are entitled to receive from: • any group, association or franchise plan • any retirement or pension plan • earnings or payments from any employer, including severance payments and vacation pay • self-employment • any government plan, excluding Employment Insurance Benefits Once benefits become payable, the amount of your benefit will not be affected by any subsequent cost of living increase in benefits you are receiving from other sources.

Rules we use to calculate your benefit	Manulife Financial will apply the following rules in determining your disability benefit: • benefits payable from other sources which began before the commencement of your current Disability will not be taken into account • benefits payable from other sources will not be adjusted to take into account any difference between the tax status of those benefits and the benefit payable by Manulife Financial • subsequent changes in benefits from other sources, other than cost of living increases, will be taken into consideration and a new benefit amount may be established • benefits payable under individual disability income insurance will not be taken into account • for benefits payable other than on a monthly basis, a monthly equivalent of such benefit will be estimated by Manulife Financial • if you do not apply for a benefit for which you are eligible, the amount of such benefit will be estimated by Manulife Financial and assumed to be paid
Cost of Living Adjustments	Commencing with your January payment after benefits have been payable for 12 months and with each subsequent January payment, you are eligible for a cost of living adjustment in your disability benefit. The amount of the adjustment will be based on the change in the Consumer Price Index for the 12 month period ending September 30th of each year, to a maximum of 4%.
Subrogation	If your disability is caused by another person and you have a legal right to recover damages, Manulife Financial will request that you complete a subrogation reimbursement agreement when you submit your Long Term Disability claim. *On settlement or judgment of your legal action, you will be required to reimburse Manulife Financial those amounts you recover which, when added to the disability benefits that Manulife Financial paid to you, exceed 100% of your lost income.*

Termination of Payments	Your disability benefit payments will cease on the earliest of: • the date you cease to be Totally Disabled, as defined under this benefit • the date you do not supply Manulife Financial with appropriate medical evidence documenting how your illness or injury causes restrictions or lack of ability such that you are prevented from performing the essential duties of: - your own occupation, during the Qualifying Period and the following 2 years, and - any occupation for which you are qualified, or may reasonably become qualified, by training, education or experience, after the 2 years specified above • the date you do not attend an examination by an examiner selected by Manulife Financial • the date on which benefits have been paid up to the Maximum Benefit Period for this benefit • the date of your death
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 benefits were paid, Manulife Financial will treat the disability as a continuation of your previous disability. You will not be required to satisfy any applicable 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.

Submitting Claims: *Please contact your Plan Administrator 6 to 8 weeks prior to the end of your Qualifying Period. Manulife Financial will contact you to discuss details of your Long Term Disability coverage.*

Payments: *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.*

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

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.

Life Insurance

You may also wish to consider supplementing this coverage by purchasing any available Optional or Personal Benefits coverage available for your plan.	
Benefit Details	Your Plan's Coverage
Waiting Period	first of the month following 3 months
Benefit Amount	3 times your annual earnings, to a maximum of $300,000
Non-Evidence Limit	$300,000
Reduction and Termination Age	Your benefit amount terminates at age 65 or retirement, whichever is earlier
Qualifying Period for Waiver of Premium	119 days
Waiver of Premium	If you become Totally Disabled while insured and prior to age 65 and meet the Waiver of Premium Entitlement Criteria, your Life Insurance will continue without payment of premium. Totally Disabled means a restriction or lack of ability due to an illness or injury which prevents you from performing the essential 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 availability of work will not be considered by Manulife Financial in assessing your disability. If you must hold a government permit or licence to perform the duties of your job, you will not be considered Totally Disabled solely because your permit or licence has been withdrawn or not renewed.

Conversion Privilege	If your Group Benefits terminate or reduce, you may be eligible to convert your Life Insurance to an individual policy, without needing to provide 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 Life Insurance. If you die during this 31-day period, the amount of Life Insurance available for conversion will be paid to your beneficiary or estate, even if you didn't apply for conversion. See the **conversion option** details in the Individual plan options section.

Your beneficiary or estate must **submit a claim** within 90 days of the date of death. He or she can obtain the necessary paperwork from your plan sponsor. Claims for Waiver of Premium must be submitted within 180 days of the end of the qualifying period.

If you are terminally ill and not expected to live more than 24 months, and you require financial assistance, you may qualify for a Compassionate Assistance loan.

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

You should review your beneficiary designation to be sure that it reflects your current intent.

Survivor Benefit

Benefit Details	Your Plan's Coverage
If you die while your dependants are insured under the program, Manulife Financial will continue coverage for some benefits without payment of premium: • Extended Health Care • Dental Care	Coverage will continue until the earliest of: • the date your dependant is no longer a dependant • the date similar coverage is obtained elsewhere • the date which is 1 year from your death for the Extended Health Care Benefit • the date which is 2 years from your death for the Dental Care Benefit • the date the Group Policy terminates

Accidental Death and Dismemberment Insurance

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

Benefit Details	Your Plan's Coverage
Waiting Period	first of the month following 3 months
Benefit Amount	3 times your annual earnings, to a maximum of $300,000
Non-Evidence Limit	$300,000
Reduction and Termination Age	Your benefit amount terminates at age 65 or retirement, whichever is earlier
Covered losses must: • be as a direct result of the accidental injury • have occurred within 365 days from the date of the accidental injury • be total and irreversible or irrecoverable Exclusions: No Accidental Death & Dismemberment benefits will be payable if the loss results from any of the following: • suicide or self-inflicted injuries • war or insurrection, the hostile actions of any armed forces, or participation in a riot or civil commotion • an infection (except **pyogenic infections** from an accidental cut or wound), illness or disease, or the medical treatment of any illness or disease, or bodily or mental infirmity • riding in, boarding or leaving, or descending from, any aircraft as a pilot, operator or member of the crew • riding in, boarding or leaving, or descending from, any aircraft which is owned, operated or leased by or on behalf of your employer	• 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- 66 2/3% • Loss of sight of One Eye - 66 2/3% • Loss of Speech or Hearing in Both Ears - 66 2/3% • Loss of Thumb and Index Finger or at least Four Fingers of One Hand - 33 1/3% • Loss of All Toes of One Foot - 25% • Loss of Hearing in each Ear - 25% • Hemiplegia, Paraplegia or Quadriplegia - 200%

• committing or attempting to commit an assault or criminal offence • injuries sustained while operating a motor vehicle while under the influence of any intoxicant, including alcohol	*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.* *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).*
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 covered loss list. 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.
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. Accidental Death and Dismemberment Waiver of Premium ends if this plan terminates.
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 under any other coverage will then be considered under this benefit, subject to any stated maximum. The total combined amount of payments from all coverage combined will not exceed 100% of the eligible expenses incurred.

Additional benefits related to covered losses or accidental death	
Rehabilitation	$10,000 maximum payment for reasonable and necessary expenses incurred within 3 years from the date of the loss listed above for a rehabilitation program in order to return to gainful employment.
Repatriation	$10,000 maximum payment for expenses to prepare and return your body to your residence if your death, which resulted directly from an accidental injury, occurs 150 kilometres or more from your residence.
Family Transportation	$1,500 per accident maximum payment for the hotel and travel expense incurred by a direct family member if you are confined to a hospital which is 150 kilometres or more from your residence. If travelling by a method of transportation not licensed to transport fare-paying passengers expenses are reimbursed at a rate of $0.20 per kilometre.
Spousal Occupational Training	$10,000 maximum payment for reasonable and necessary expenses incurred by your spouse within 3 years from the date of your loss listed above for an occupational training program to become qualified for employment for which he or she would not otherwise have sufficient qualifications.
Dependant Education	$5,000 or 5% of your Accidental Death and Dismemberment benefit whichever is less is the yearly maximum for a maximum of 4 years, for the payment of tuition for each child who is enrolled as a full-time student: • in a school for higher learning above the secondary school level at the time of your death, or • at the secondary school level, but who enrols as a full-time student in a school for higher learning within 365 days after your death if you die as a direct result of an accidental injury
Claims *must be submitted within 90 days of the date of injury or death. Necessary paperwork is available from your plan sponsor. Claims for Waiver of Premium must be submitted within 180 days of the end of the qualifying period.* *You have the right to designate and/or change a beneficiary, subject to governing law. The necessary forms are available from your Plan Administrator.* *You should review your beneficiary designation to be sure that it reflects your current intent.*	

Individual plan options available to purchase if you are leaving the plan

When your group coverage ends, your relationship with Manulife doesn't have to stop there. You have the option to purchase your own personal plans.

Conversion Option

Some core coverage benefits (Life, Optional Life, Critical Illness, Optional Critical Illness) give you the option to purchase individual coverage when your group benefits terminate or reduce, without needing to provide 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 coverage. Other specific conditions for coverage may be noted in each benefit information section of this document.

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

FollowMe™ Health

The FollowMe Health plan is specially designed for those whose group health coverage has recently or will soon come to an end. FollowMe Health allows you to continue enjoying health and dental benefits without completion of a medical questionnaire, so there's no need to worry about interruption of coverage for you or your loved ones.

If you apply within 60 days of your loss of group health and dental benefits, you will qualify without having to complete a medical questionnaire.

With four different plans and levels of coverage to choose from, you're certain to find the FollowMe Health plan that meets your needs.

To find out more, request a brochure, get a quote, apply online or print an application, go to ***www.coverme.com*** *or call 1-877-COVER ME® (1-877-268-3763)*

Definitions

Explanation of some of the terms used in this document

Co-insurance

The way the cost of a service is shared between you and your plan. It exists in addition to any deductibles. So for example, an 80% co-insurance means that after the deductible has been satisfied, your plan will cover up to 80% of the bill and you would pay the rest.

Co-payment

The fixed amount that you must pay towards the cost of a service each time you use your plan. Most often, co-payments exist in situations where a claim is settled at point of sale. For instance, you might see a drug benefit with a $2.00 co-pay amount. Regardless of the cost of the prescription being filled, you are required to pay $2.00.

Dependant

Your Spouse or Child who is insured under the Provincial Plan.

Spouse

- your legal spouse, or a person continuously living with you in a role like that of a marriage partner

Child

- your natural or adopted child, or stepchild, who is:
    - unmarried
    - under the age stated below:
      for Dental coverage - under age 21, or under age 25 if a full-time student;
      for Extended Health Care coverage - under age 21, or under age 25 if a full-time student
    - not employed on a full-time basis
    - not eligible for insurance as an employee under this or any other Group Benefit Program

- a child who is incapacitated on the date he or she reaches the age when insurance would normally terminate will continue to be an eligible dependant. However, the child must have been insured under this Benefit Program immediately prior to that date

- a child is considered incapacitated if he or she is incapable of engaging in any substantially gainful activity and is dependant on the employee for support, maintenance and care, due to a mental or physical disability. Manulife Financial may require written proof of the child's condition as often as may reasonably be necessary

- a stepchild must be living with you to be eligible

Drugs

- must be prescribed in writing by a physician, dentist or other health care professional whose scope of practice within their province permits them to write a prescription;
- must be dispensed by a licensed pharmacist;
- must have been approved for use by Health Canada and have a drug identification number(DIN).

RAMQ - Drug Benefit and Pharmacy Services for persons who reside in Quebec
If you and your dependants reside in Quebec, the following provisions apply to your drug benefit coverage:

- drugs that are on the List of Insured Drugs that is published by the Régie de l'assurance-maladie du Québec (RAMQ List), provided such drugs are on the list at the time the expense is incurred; and
- covered pharmacy services that are to be paid when the drug is on the RAMQ List; and
- drugs that are listed as a covered expense under your drug plan but are not on the RAMQ List.

The following provisions apply to the coverage of drugs that are on the RAMQ List and pharmacy services for private plans, as legislated by An Act Respecting Prescription Drug Insurance and the Health Insurance Act (R.S.Q. c., A-29-01). Coverage for all other drugs will be subject to the regular provisions included in your benefit plan.

a) Benefit Percentage
Prior to the annual out-of-pocket maximum being reached, the percentage of covered drug expenses payable under this benefit will be as follows:

i) For any drug on the RAMQ List which is not otherwise covered under the terms of this benefit, the percentage payable is the percentage as set out by legislation.

ii) For any Legislated pharmacy services which are not otherwise covered under the terms of the Policy, the percentage is as set out by the then applicable Legislation.

iii) For any drug on the RAMQ List which is covered under the terms of this benefit, the percentage payable is the greater of:

- the benefit percentage stated under the benefit; or
- the percentage as set out by the then applicable legislation.

After the annual out-of-pocket maximum has been reached, the percentage of covered drug expenses payable under this benefit will be 100%.

b) Annual Out-of-Pocket Maximum
The annual out-of-pocket maximum is a portion of covered drug expenses or covered pharmacy services which must be paid by you and your spouse in a calendar year, before the percentage payable under this benefit will be 100%. Amounts that will be applied to the annual out-of-pocket maximum are:

i) deductible amounts, and

ii) the portion of covered drug expenses that is paid by an insured person, when the percentage of covered expenses payable under this benefit is less than 100%; and

iii) covered pharmacy services that are performed by pharmacists for drugs on the RAMQ formulary.

The annual out-of-pocket maximum for you and your spouse is as stipulated in the legislation and includes those portions of covered drug expenses and covered pharmacy services relating to a drug on the RAMQ formulary paid for your dependant children.

For the purposes of calculating the out-of-pocket maximum for you and your spouse, those portions of covered drug expenses and covered pharmacy services paid for your dependant children will be applied to the person who is closest to reaching the annual out-of-pocket maximum.

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 pharmacy service coverage provided after the lifetime maximum stated under this plan is reached is subject to the following conditions:
i) only drugs that are on the RAMQ List are covered, and
ii) covered pharmacy services that are performed for drugs on the RAMQ List, and
iii) the percentage payable by Manulife Financial for covered expenses is the percentage as set out by legislation.

e) Eligible Dependant Children
Your eligible dependant 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 or
ii) age 26.

Drug coverage and covered pharmacy services provided for dependant 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
- covered pharmacy services performed for a drug on the RAMQ List, and
- the percentage payable by Manulife Financial for covered expenses is the percentage as set out by legislation.

f) Termination Age for Covered Drug and Pharmacy Service Expenses
Provided you are otherwise eligible for the drug benefit, the termination age (if any) for the drug benefit will not apply. Drug coverage provided after the termination age specified under The Benefit is subject to the following conditions:
i) only drugs that are on the RAMQ List are covered,
ii) only covered pharmacy services related to a drug on the RAMQ List,
iii) the percentage payable by Manulife Financial for covered expenses is the percentage as stipulated in the legislation
iv) the Annual Out-of-Pocket Maximum is as stipulated in the legislation

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

Due Diligence

A process employed by Manulife Financial to assess new drugs, existing drugs with new indications, services or supplies to determine eligibility under the plan. This process may use pharmacoeconomics, cost effectiveness analysis reference information from existing Federal or Provincial formularies, recognized clinical practice guidelines, or an advisory body.

Earnings

Earnings are your regular rate of pay from your employer (prior to deductions)
- including regular bonuses
- including regular overtime pay

Earnings may include other income as agreed to in writing by your employer and Manulife Financial.

If you are being paid on a commission basis, your earnings will be as reported on your T4/T4A form for the previous year. If you have less than one year of service with your employer, your earnings will include an average of the total commissions paid over your actual period of employment.

For the purposes of determining the amount of your benefit at the time of claim, your earnings will be the lesser of:
- the amount reported on your claim form, or
- the amount reported by your employer to Manulife Financial and for which premiums have been paid.

Experimental or Investigational

Not approved as an effective, appropriate and essential treatment of an illness or injury.

Lower Cost Alternative

If two or more drugs, supplies or services result in therapeutically similar results, or prescribing guidelines recommend alternate drugs, supplies or services be tried first that are lower in cost, the lower cost alternative will be considered.

Medical and Non Medical Travel Emergencies

Sudden, unexpected injuries which occur or unforeseen illnesses which begin while travelling out-of-province or out-of-Canada for business or pleasure and for accidents or illnesses that were not previously diagnosed or treated in Canada.

Medically Necessary

Accepted and recognized by the Canadian medical profession and Manulife Financial as effective, appropriate and essential treatment of a phase of an illness or injury. Manulife Financial has the right after due diligence has been completed to determine whether the drug, service or supply is eligible under the Plan.

Non-Evidence Limit

The amount of insurance benefits you can receive without needing to provide proof of good health. Anything over this figure means that Manulife must review medical evidence before you are approved for the higher amount.

Out-Of-Pocket Maximum

This is the maximum amount of money you will have to pay on your own before your insurance benefits begin to take over and pay. It includes things like deductibles, and co-insurance, but not things like co-payments or your monthly premium.

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.

Pyogenic Infection

A bacterial infection or inflammation that produces a generally viscous, yellowish-white fluid formed in infected tissue. The fluid consists of white blood cells, dead tissue and cellular debris.

Reasonable and Customary Charges

The lowest of:

- 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; or
- the amount shown in the applicable professional association fee guide; or
- the maximum price established by law