



# Benefits Booklet

## **Eddie Bauer of Canada Corporation**

**Plan Number:** G0614730 (EHC/Dental) and G0614731 (Other Benefits)

**Class:** A - Management

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## **A message from your plan sponsor**

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Eddie Bauer of Canada Corporation 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.

## Core Coverage and Services

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

### Dental

Your Dental Benefit is provided directly by Eddie Bauer of Canada Corporation

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

Benefit Details	Your Plan's Coverage
Participation Basis	Mandatory for you and non-mandatory for your dependents
Waiting Period	30 calendar days
Deductible	\$50 Individual, \$100 Family, per calendar year(s)
Deductible Carry-Forward	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.
Dental Fee Guide	Current Fee Guide for General Practitioners for your Province of Residence
Coverage ends	At your retirement
Combined Maximum applies to: Level I Level II Level III	\$1,500 per calendar year

Benefit Details	Your Plan's Coverage
Level IV	
<p data-bbox="121 232 485 264">Level I - Basic Services</p> <p data-bbox="121 316 485 349">Includes items such as:</p> <ul data-bbox="121 378 1003 1469" style="list-style-type: none"> <li data-bbox="121 378 730 410">▪ complete oral exam, one per 2 calendar years</li> <li data-bbox="121 430 695 462">▪ full-mouth x-rays, one per 2 calendar years</li> <li data-bbox="121 482 989 605">▪ 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</li> <li data-bbox="121 625 747 657">▪ bitewing x-rays, two films, once every 6 months</li> <li data-bbox="121 677 1003 771">▪ recall exams, and fluoride treatments, once every 6 months (fluoride treatments are a covered expense for dependent children under 19 years of age)</li> <li data-bbox="121 790 716 823">▪ routine diagnostic and laboratory procedures</li> <li data-bbox="121 842 1003 1066">▪ fillings, retentive pins and pit and fissure sealants Replacement fillings are covered provided: <ul style="list-style-type: none"> <li data-bbox="163 911 978 1005">- 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</li> <li data-bbox="163 1008 919 1066">- the existing filling is amalgam and there is medical evidence indicating that the patient is allergic to amalgam</li> </ul> </li> <li data-bbox="121 1086 894 1118">▪ pre-fabricated full coverage restorations (metal and plastic)</li> <li data-bbox="121 1138 989 1196">▪ space maintainers (appliances placed for orthodontic purposes are not covered)</li> <li data-bbox="121 1216 768 1248">▪ minor surgical procedures and post surgical care</li> <li data-bbox="121 1268 789 1300">▪ extractions (including impacted and residual roots)</li> <li data-bbox="121 1320 800 1352">▪ consultations, anaesthesia, and conscious sedation</li> <li data-bbox="121 1372 995 1469">▪ 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</li> </ul>	<p data-bbox="1073 232 1902 310">100% to a combined maximum of \$1,500 per calendar year</p>

Benefit Details	Your Plan's Coverage
<ul style="list-style-type: none"> <li>▪ injection of antibiotic drugs when administered by a Dentist in conjunction with dental surgery</li> </ul>	
<p><b>Level II - Supplementary Services</b></p> <p>Includes items such as:</p> <ul style="list-style-type: none"> <li>▪ surgical procedures not included in Level I (excluding implant surgery)</li> <li>▪ endodontic services which include root canals and therapy, root amputation, apexifications and periapical services</li> <li>▪ root canals and therapy are limited to one initial treatment plus one re-treatment per tooth per lifetime</li> <li>▪ re-treatment is covered only if the expense is incurred more than 12 months after the initial treatment</li> </ul>	<p>80% to a combined maximum of \$1,500 per calendar year</p>
<p><b>Level III - Dentures</b></p> <p>Includes items such as:</p> <ul style="list-style-type: none"> <li>▪ initial provision of full or partial removable dentures</li> <li>▪ replacement of removable dentures, provided the dentures are required because: <ul style="list-style-type: none"> <li>- a natural tooth is extracted and the existing appliance cannot be made serviceable;</li> <li>- the existing appliance is at least 60 months old; or</li> <li>- the existing appliance is temporary and is replaced with the permanent dentures within 12 months of its installation</li> </ul> </li> <li>▪ dentures required solely to replace a natural tooth which was missing prior to becoming insured for this eligible expense, are not covered</li> </ul>	<p>50% to a combined maximum of \$1,500 per calendar year</p>
<p><b>Level IV - Major Restorative Services</b></p> <p>Includes items such as:</p>	<p>50% to a combined maximum of \$1,500 per calendar year</p>

Benefit Details	Your Plan's Coverage
<ul style="list-style-type: none"> <li>▪ crowns and onlays when the function of a tooth is impaired due to cuspal or incisal angle damage caused by trauma or decay</li> <li>▪ inlays, covering at least 3 surfaces, provided the tooth cusp is missing</li> <li>▪ initial provision of fixed bridgework</li> <li>▪ replacement of bridgework, provided the new bridgework is required because: <ul style="list-style-type: none"> <li>- a natural tooth is extracted and the existing appliance cannot be made serviceable;</li> <li>- the existing appliance is at least 60 months old; or</li> <li>- the existing appliance is temporary and is replaced with the permanent bridge within 12 months of its installation</li> </ul> </li> <li>▪ bridgework required solely to replace a natural tooth which was missing prior to becoming insured under this Plan is not covered</li> </ul>	

### 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 or if blood contains more than 80 milligrams of alcohol per 100 millilitres of blood at the time of injury.
- 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 under any other part of this policy, by any government plan or legally mandated program
- services or supplies provided by an employer, association or trade union'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

**Benefit Details****Your Plan's Coverage**

- 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. However, where an implant is the choice of treatment and a denture or bridge would produce professionally adequate results for the condition, Manulife Financial will pay the cost of the implant expense and any related services, at a cost equal to the least expensive cost of a denture or bridge
- 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.

Claim amounts that will be applied to the maximum are the amounts paid by the Employer for Covered expenses after applying the Deductible, Benefit Percentage and any other applicable Plan Document provisions.

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.

Your Extended Health Care Benefit is provided directly by Eddie Bauer of Canada Corporation

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

Benefit Details	Your Plan's Coverage
Participation Basis	Mandatory for you and non-mandatory for your dependents
Waiting Period	30 calendar days
Maximum	Unlimited
Deductible	<p>\$100 Individual, \$100 Family, per calendar year(s)</p> <p>Not applicable to:</p> <ul style="list-style-type: none"> <li>• Hospital Care</li> <li>• Medical Services &amp; Supplies</li> <li>• Out-of-Canada Emergency Medical Treatment</li> <li>• Out-of-Canada Referrals</li> <li>• Orthopaedic Shoes</li> <li>• Professional Services</li> </ul>

Benefit Details	Your Plan's Coverage
	<ul style="list-style-type: none"> <li>Vision</li> </ul> <p>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.</p>
Co-insurance	<p>100% for Hospital Care</p> <p>80% for Drugs, Medical Services &amp; Supplies, Professional Services, Vision</p> <p><b>Note:</b> The co-insurance applicable to the Drug Dispensing Fee is shown below under EHC - Drugs.</p>
Coverage Ends	At your retirement

Exclusions

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

- 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 or if blood contains more than 80 milligrams of alcohol per 100 millilitres of blood at the time of injury.
- an illness or injury for which benefits are payable under any government plan, workers' compensation or legally mandated program
- charges for periodic check-ups, broken appointments, third party examinations, travel for health purposes, or completion of claim forms

**Benefit Details****Your Plan's Coverage**

- services or supplies provided by an employer, association or trade union'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

80% Co-insurance

100% Co-insurance for the Drug Dispensing Fee

Benefit Details	Your Plan's Coverage
<p>Manulife Managed Formulary Drugs</p> <ul style="list-style-type: none"> <li>charges incurred for any drug, medicine or diabetic supply, which is included as a benefit in the current Manulife Managed Plan Formulary, are payable when prescribed in writing by a physician or dentist and dispensed by a licensed pharmacist</li> <li>standard syringes, needles and diagnostic aids, required for treating diabetes</li> </ul> <p>No coverage for / excludes:</p> <ul style="list-style-type: none"> <li>anti-smoking drugs</li> <li>fertility drugs</li> <li>anti-obesity drugs</li> <li>sexual dysfunction drugs</li> <li>preventive vaccines and medicines (oral or injected)</li> <li>drugs, biologicals and related preparations which are administered in hospital on an in-patient or out-patient basis</li> <li>drugs determined to be ineligible as a result of due diligence</li> <li>cotton swabs, rubbing alcohol, automatic jet injectors and similar equipment used in the treatment of diabetes</li> <li>charges to administer serums, vaccines &amp; injectable drugs</li> <li>experimental or investigational drugs not approved as an effective, appropriate and essential treatment of an illness or injury</li> <li>natural health products (products with a NPN)</li> </ul>	<p>\$5.00 per prescription dispensing fee maximum</p> <p><i>The Formulary, compiled and managed by Manulife Financial, includes all drugs eligible for reimbursement, available strengths and dosage forms and the drug identification numbers. The Formulary is dynamic and subject to change, drugs may be removed when a lower cost alternative drug that has been deemed to be equally safe and effective is listed on the Manulife Managed Formulary.</i></p> <p><i>To be considered eligible for reimbursement, you and your dependents may be required by Manulife Financial to try lower cost alternative drugs or therapies before being eligible for a more expensive drug or therapy.</i></p> <p><i>Payment of Covered Expenses - Covered expenses for any prescribed drug will not exceed the price of the lower cost alternative drug that can legally be used to fill the prescription, as listed in the Provincial Drug Benefit Formulary or a lower cost alternative that provides therapeutically similar results as identified by Manulife Financial.</i></p> <p><i>Manulife Financial can limit the covered expense for any drug to that of a lower cost interchangeable drug at the time the drug is purchased.</i></p> <p><i>If there is no lower cost alternative drug for the prescribed drug, the amount payable is based on the cost of the prescribed drug if it is a covered expense under the</i></p>

Benefit Details	Your Plan's Coverage
	<p data-bbox="1073 152 1528 188"><i>Manulife Managed Formulary.</i></p> <p data-bbox="1073 277 1976 516"><i>No Substitution Prescriptions - If your prescription contains a written direction from your physician or dentist that the prescribed drug is not to be substituted with another product and the drug is a covered expense under this benefit, then the full cost of the prescribed product is covered.</i></p> <p data-bbox="1073 610 1871 686"><i>There is a limitation on quantity of drugs that can be dispensed and claimed at one time, to the lesser of:</i></p> <ul data-bbox="1073 735 1938 1024" style="list-style-type: none"><li data-bbox="1073 735 1938 773"><i>a) the quantity prescribed by the Physician or Dentist; or</i></li><li data-bbox="1073 821 1409 859"><i>b) a 34 day supply; or</i></li><li data-bbox="1073 907 1906 1024"><i>c) up to a 100 day supply may be payable in long term therapy where the larger quantity is recommended as appropriate by the Physician and the Pharmacist.</i></li></ul> <p data-bbox="1073 1154 1906 1230"><i>If you are a Quebec resident, your plan's coverage will coordinate with RAMQ.</i></p>

## EHC - Vision

80% Co-insurance

Benefit Details	Your Plan's Coverage
<p>Prescription Glasses, Contact Lenses, Laser Eye Surgery, Eye Exams, Visual Training</p>	<p>\$200 per 24 months for prescription glasses, elective contact lenses , repairs and elective laser vision correction procedures</p> <p>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 24 months</p> <p>Eye Exams - once per 24 months</p> <p>Visual Training - \$200 per lifetime</p>

## EHC - Health Care Professionals (Professional Services)

80% Co-insurance

Benefit Details	Your Plan's Coverage
<p>Services provided by the following licensed practitioners:</p> <p>Chiropractor, Osteopath, Podiatrist/Chiropodist, Massage Therapist, Speech Therapist, Physiotherapist/Occupational Therapist, Psychologist/Social Worker/Clinical Counsellor, Acupuncturist</p>	<p>\$500 per calendar year(s) combined for Chiropractor, Osteopath, Podiatrist/Chiropodist, Massage Therapist, Speech Therapist, Physiotherapist/Occupational Therapist, Acupuncturist</p> <p>\$2,500 per calendar year(s) for Psychologist/Social Worker/Clinical Counsellor</p> <p><i>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.</i></p> <p><i>Recommendation by a physician is required for services provided by a Massage Therapist and Physiotherapist/Occupational Therapist. Recommendation by a physician is not required for any other Professional Services.</i></p>



## EHC - Medical Supplies and Services

80% 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
<p><b>Private Duty Nursing Services</b></p> <p>Provided by a registered nurse or registered nursing assistant who has completed an approved medications training program</p> <p><b>Excludes:</b></p> <ul style="list-style-type: none"> <li>▪ custodial care, homemaking duties or supervision</li> <li>▪ services performed by a nurse practitioner who is an immediate family member or who lives with the patient</li> <li>▪ services performed while confined to a hospital, nursing home or other similar institution</li> <li>▪ services that could be performed by a person with lesser qualifications, a relative, a friend or a member of the patient's household</li> </ul>	<p>\$10,000 per calendar year(s)</p> <hr/> <p><i>Submit a detailed treatment plan estimate before Private Duty Nursing services begin so we can advise you of what benefit may be provided.</i></p>
<p><b>Orthopaedic Shoes/Orthotics</b></p>	<p>\$500 per calendar year(s) for Stock-item Orthopaedic Shoes and Custom Made Orthotic Foot Appliances (combined)</p>

Benefit Details	Your Plan's Coverage
	<p>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, up to a maximum of 1 pair per calendar year (must be constructed by a certified orthopaedic footwear specialist)</p> <p><i>Must be recommended by a physician or podiatrist.</i></p>
<p>Medical Equipment</p> <p>Includes items such as:</p> <ul style="list-style-type: none"> <li>▪ ambulance (licensed including air ambulance, provided in province of residence)</li> <li>▪ mobility equipment (crutches, canes, walkers, wheelchairs)</li> <li>▪ manual hospital beds</li> <li>▪ respiratory and oxygen equipment</li> <li>▪ other equipment usually found only in hospitals</li> <li>▪ non-dental external prostheses</li> <li>▪ braces (other than foot braces), trusses, collars, leg orthosis, casts and splints</li> <li>▪ ileostomy, colostomy and incontinence supplies</li> <li>▪ medicated dressings and burn garments</li> <li>▪ oxygen</li> <li>▪ charges for the treatment required as a result of an injury to natural teeth or jaw</li> <li>▪ surgical brassieres</li> <li>▪ wigs and hairpieces for temporary hair loss associated with medical treatment</li> </ul>	<p>4 per calendar year for surgical brassieres</p> <p>\$1,500 per lifetime for wigs and hairpieces</p> <p>\$200 per calendar year for breast prostheses</p> <p><i>Medical equipment dispensed by a hospital is not an eligible expense.</i></p> <p><i>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.</i></p> <p><i>Accidental dental treatment to the natural teeth or jaw must be provided within 12 months of the accident. Injuries sustained while biting or chewing are not covered.</i></p>

<b>Benefit Details</b>	<b>Your Plan's Coverage</b>
<ul style="list-style-type: none"><li>breast prostheses</li></ul>	
Surgical Stockings	\$400 per calendar year

## EHC - Hospital

100% Co-insurance

Benefit Details	Your Plan's Coverage
<p>General or Rehabilitation hospitals</p>	<ul style="list-style-type: none"> <li>• in a Private Room</li> <li>• in excess of the hospital's public ward charge</li> </ul> <p>Rehabilitation Hospital (Chronic Care Facility): 180 days per disability provided admission starts within 14 days of discharge from a hospital confinement of at least 5 days.</p>
	<p><i>Charges for any portion of the cost of ward accommodation, utilization or copayment fees (or similar charges) will not be covered.</i></p> <p><i>Manulife Financial will coordinate payment after any provincial plan coverage has first been applied.</i></p>

## EHC - Medical and Non-Medical Travel Emergencies

Benefit Details	Your Plan's Coverage
<p>Emergency medical coverage</p> <p>Conditions:</p> <ul style="list-style-type: none"> <li>▪ Coverage is for immediate medical treatment required for:               <ul style="list-style-type: none"> <li>- a sudden, unexpected injury or a new medical condition which occurs while an insured person is travelling outside of their province of residence; or</li> <li>- a specific medical problem or chronic condition that was diagnosed but medically stable prior to departure.</li> </ul> </li> <li>▪ Coverage is available for medical emergencies related to pregnancy as long as travel is completed at least 4 weeks before the due date.</li> <li>▪ Valid Government Health Insurance Plan (GHP) coverage is required for you and your dependents.</li> </ul>	<p>100% with a lifetime maximum of \$5,000,000</p> <p>Coverage is limited to 180 days per trip.</p> <p>Stable means in the 90 days before departure, the insured person has not:</p> <ul style="list-style-type: none"> <li>▪ been treated or tested for any new symptoms or conditions;</li> <li>▪ had an increase or worsening of any existing symptoms;</li> <li>▪ changed treatments or medications (other than normal adjustments for ongoing care);</li> <li>▪ been admitted to the hospital for treatment of the condition.</li> </ul> <p>Coverage is not available if you (or your dependent) have scheduled non-routine appointments, tests or treatments for the condition or an undiagnosed condition.</p> <p>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.</p> <p><i>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.</i></p>

Benefit Details	Your Plan's Coverage
	<p><i>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.</i></p>
<p>Non-Emergency medical coverage</p> <p>Conditions:</p> <ul style="list-style-type: none"> <li>▪ recommendation by a practicing physician in Canada is required</li> <li>▪ 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.</li> </ul>	<p>50% with a maximum of \$3,000 every 3 calendar year(s)</p>
<p>Emergency Travel Assistance</p> <p>Including:</p> <ul style="list-style-type: none"> <li>▪ 24 hour access to multi-lingual service representatives</li> <li>▪ referral to local medical care and treatment monitoring</li> <li>▪ payment of medical bills, medical transportation, return home of dependent 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</li> <li>▪ after-hours medical advice phone support</li> </ul>	<p>100% with all maximums below stated in Canadian Funds.</p> <p>\$1,000 for return of vehicle</p> <p>\$2,000 for meals and accommodations</p> <p>\$5,000 for return of deceased</p> <p><i>See Emergency Travel Assistance for additional information, a list of phone numbers for frequent Canadian travel</i></p>

<b>Benefit Details</b>	<b>Your Plan's Coverage</b>
	<i>destinations and for participating countries.</i>

## Health Care Spending Account (HCSA)

<b><i>Benefit Details</i></b>	
Health Care Spending Account (HCSA) plan number <i>Be sure to use your HCSA number on all HCSA claims</i>	G0614732
Number of days you have to spend your Health Care Spending Account funds after they are deposited	365 days
	<i>You have 180 days after the deposit anniversary to submit claims to be paid from your HCSA funds for the previous deposit year.</i>
<p>You can find your HCSA balance on the Plan Member Secure Site. Full details about the types of things you can use your HCSA for are available from the Canada Revenue Agency website. You can find a list of eligible medical expenses, also referenced as line 330 from the deductions section of an individual tax return.</p>	



## Survivor Benefit

Benefit Details	Your Plan's Coverage
<p>If you die while your dependents are insured under the program, Manulife Financial will continue coverage for some benefits without payment of premium:</p> <ul style="list-style-type: none"><li>Extended Health Care</li><li>Dental Care</li></ul>	<p>Coverage will continue until the earliest of:</p> <ul style="list-style-type: none"><li>the date your dependent is no longer a dependent</li><li>the date similar coverage is obtained elsewhere</li><li>the date which is 90 days from your death for the Extended Health Care Benefit</li><li>the date which is 24 months from your death for the Dental Care Benefit</li><li>the date the Group Policy terminates</li></ul>

## Short-Term Disability

This Benefit is insured by Manulife Financial. The plan number is G0614731.

<b>Benefit Details</b>	<b>Your Plan's Coverage</b>
Waiting Period	first of the month following 180 calendar days
Benefit Amount	60% of your weekly earnings, to a maximum of \$1,500 or the Employment Insurance Maximum benefit amount, whichever is greater
Qualifying Period	none, if the disability is due to an accident 7 calendar days, if the disability is due to a sickness
	<i>If hospitalized due to sickness prior to the end of the Qualifying Period, benefits are payable from the first day of hospitalization.</i>
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.
	<i>The availability of work will not be considered by Manulife Financial in assessing your disability.</i>  <i>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.</i>
Maximum Benefit Period	26 weeks

<b><i>Benefit Details</i></b>	<b><i>Your Plan's Coverage</i></b>
Termination	age 70, or your retirement, whichever is earlier
Tax Status	<p>The tax position of any payments you receive under this benefit depends on whether you or your employer pays the cost of the benefit.</p> <p>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.</p>
Entitlement	<p>To be entitled to disability benefits, you must meet the following criteria:</p> <ul style="list-style-type: none"> <li>▪ you must be continuously Totally Disabled throughout the Qualifying Period</li> <li>▪ 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</li> <li>▪ you must be receiving from a physician, regular, ongoing care and treatment for your disabling condition</li> </ul>
Exclusions	<p><i>No benefits are payable for any disability related to:</i></p> <ul style="list-style-type: none"> <li>▪ any illness or injury which arises out of or in the course of employment, unless Workers' Compensation denies your claim</li> <li>▪ self-inflicted injuries, unless medical evidence establishes that the injuries are related to a mental health illness</li> <li>▪ war, insurrection, the hostile actions of any armed forces or participation in a riot or civil commotion</li> <li>▪ medical or surgical care which is performed solely for cosmetic purposes, except if due to an illness or injury</li> </ul>

<b><i>Benefit Details</i></b>	<b><i>Your Plan's Coverage</i></b>
	<ul style="list-style-type: none"> <li>▪ the committing of a criminal offence</li> <li>▪ injuries sustained while operating a motor vehicle under the influence of drugs or alcohol as prohibited by law</li> <li>▪ abuse of drugs or alcohol, unless you are participating in an in-patient medical treatment program for substance abuse</li> </ul>
<p>Periods for which you are not entitled to benefits</p> <p><i>(Unless your employer is required to provide coverage because of legislation, regulation, or by law)</i></p>	<p>When you are:</p> <ul style="list-style-type: none"> <li>▪ not receiving from a physician, regular, ongoing care and treatment for your disabling condition</li> <li>▪ not supplying Manulife Financial with 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</li> <li>▪ failing to participate and cooperate in an examination by an examiner selected by Manulife Financial</li> <li>▪ receiving EI (Employment Insurance) maternity, parental, compassionate care or critically ill child benefits</li> <li>▪ on lay off</li> <li>▪ on leave of absence</li> <li>▪ engaging in employment for wage or profit, except as provided for under the Rehabilitation Assistance provision</li> <li>▪ incarcerated</li> </ul>
<p>Amount of Disability Benefit Payable</p>	<p>The amount of disability benefit payable to you is the Benefit Amount shown above, less any amount you receive:</p> <p>a) for the same or related disability:</p> <ul style="list-style-type: none"> <li>▪ from Workers' Compensation or similar coverage</li> <li>▪ from any provincial motor vehicle plan or motor vehicle insurance policy that does not take into account disability benefits payable under the Employment Insurance Program</li> </ul>

<b><i>Benefit Details</i></b>	<b><i>Your Plan's Coverage</i></b>
	<ul style="list-style-type: none"> <li>▪ from an employer sponsored salary continuance plan</li> <li>b) as earnings from your employer, including severance payments and vacation pay as set out in the Employment Insurance Program</li> </ul>
Rules we use to calculate your benefit	<p>Manulife Financial will apply the following rules in determining your disability benefit:</p> <ul style="list-style-type: none"> <li>▪ benefits payable from other sources which began before the commencement of your current Disability will not be taken into account</li> <li>▪ 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</li> <li>▪ for benefits payable other than on a weekly basis, a weekly equivalent of such benefit will be estimated by Manulife Financial</li> </ul>
Subrogation	<p>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 Short-Term Disability claim.</p> <p><i>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.</i></p>
Termination of Payments	<p>Your disability benefit payments will cease on the earliest of:</p> <ul style="list-style-type: none"> <li>▪ the date you cease to be Totally Disabled, as defined under this benefit</li> </ul>

<b><i>Benefit Details</i></b>	<b><i>Your Plan's Coverage</i></b>
	<ul style="list-style-type: none"> <li>▪ the date on which benefits have been paid up to the Maximum Benefit Period for this benefit</li> <li>▪ the date you retire</li> <li>▪ the date of your death</li> </ul>
<p>Recurrent Disability</p>	<p>If you become Totally Disabled again from the same or related causes within 2 weeks from the end of the period for which benefits were paid, Manulife Financial will treat the disability as a continuation of your previous disability.</p> <p>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.</p> <p>If the same disability recurs more than 2 weeks after the end of the period for which benefits were paid, such disability will be considered a separate disability.</p> <p>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.</p>
<p><b><i>Submitting Claims:</i></b> Complete the <i>Short-Term Disability Claim form</i> (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 180 days from the end of the Qualifying Period.</p> <p><b><i>Payments:</i></b> Payments will be made weekly in arrears. Any payment for a period of less than one week will be made at a daily rate of one-seventh of your weekly benefit amount.</p>	
<p><b>Rehabilitation Assistance</b></p>	

**Benefit Details****Your Plan's Coverage**

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 work.

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 work. 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.

**Disability Benefits During Rehabilitation**

You will continue to be entitled to disability benefits while participating in the Vocational Plan. Your Disability Benefit will be reduced by earnings received from any employment only if your total income from all sources exceeds:

- 100% of your pre-disability Earnings, if this Benefit is taxable; or
- 100% of your pre-disability Net Earnings, if this Benefit is non-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.

## Long-Term Disability

This Benefit is insured by Manulife Financial. The plan number is G0614731.

<b><i>Benefit Details</i></b>	<b><i>Your Plan's Coverage</i></b>
Waiting Period	first of the month following 180 calendar days
Benefit Amount	60% of monthly basic earnings to a maximum of \$10,000
Qualifying Period	182 days
Definition of Disability	<p>Totally Disabled means a restriction or lack of ability due to an illness or injury which prevents you from performing the essential duties of:</p> <ul style="list-style-type: none"> <li>▪ your own occupation, during the Qualifying Period and the 24 months immediately following the Qualifying Period</li> <li>▪ any occupation for which you are qualified, or may reasonably become qualified, by training, education or experience, after the 24 months specified above</li> </ul> <p><i>The availability of work will not be considered by Manulife Financial in assessing your disability.</i></p> <p><i>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.</i></p>
Maximum Benefit Period	To age 65



<b><i>Benefit Details</i></b>	<b><i>Your Plan's Coverage</i></b>
Non-Evidence Limit	\$6,000
Termination	Age 65 less the Qualifying Period, or your retirement, whichever is earlier
Survivor Benefit	<p>If you die while disability benefits are payable, Manulife Financial will pay a benefit to your surviving dependents. If there are no surviving dependents, the benefit is payable to your estate.</p> <p>The amount of the Survivor Benefit payable is ( 3 ) times your last monthly benefit payment, less the amount of any outstanding benefit overpayments.</p>
Tax Status	<p>The tax position of any payments you receive under this benefit depends on whether you or your employer pays the cost of the benefit.</p> <p>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.</p>
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	<p>To be entitled to disability benefits, you must meet the following criteria:</p> <ul style="list-style-type: none"> <li>▪ 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</li> </ul>

<b><i>Benefit Details</i></b>	<b><i>Your Plan's Coverage</i></b>
	<p>illness or injury, your Qualifying Period will be extended by the number of days during which you ceased to be Totally Disabled</p> <ul style="list-style-type: none"> <li>▪ 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: <ul style="list-style-type: none"> <li>- your own occupation, during the Qualifying Period and the following 24 months, and</li> <li>- any occupation for which you are qualified, or may reasonably become qualified, by training, education or experience, after the 24 months specified above</li> </ul> </li> <li>▪ you must be receiving from a physician, regular, ongoing care and treatment appropriate for your disabling condition, as determined by Manulife Financial</li> </ul> <p>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.</p>
Exclusions	<p><i>No benefits are payable for any disability related to:</i></p> <ul style="list-style-type: none"> <li>▪ self-inflicted injuries, unless medical evidence establishes that the injuries are related to a mental health illness</li> <li>▪ war, insurrection, the hostile actions of any armed forces or participation in a riot or civil commotion</li> <li>▪ medical or surgical care which is not medically necessary</li> <li>▪ the committing of or the attempt to commit an assault or criminal offence</li> <li>▪ injuries sustained while operating a motor vehicle while under the influence of any intoxicant, including alcohol</li> <li>▪ 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</li> </ul>

<b><i>Benefit Details</i></b>	<b><i>Your Plan's Coverage</i></b>
	<ul style="list-style-type: none"> <li>▪ 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</li> </ul>
<p>Periods for which you are not entitled to benefits</p> <p><i>(Unless your employer is required to provide coverage because of legislation, regulation, or by law)</i></p>	<p>When you are:</p> <ul style="list-style-type: none"> <li>▪ not receiving from a physician, regular, ongoing care and treatment appropriate for your disabling condition, as determined by Manulife Financial</li> <li>▪ receiving EI (Employment Insurance) maternity or parental benefits</li> <li>▪ on lay off</li> <li>▪ on leave of absence</li> <li>▪ receiving benefits under an employer sponsored salary continuance plan</li> <li>▪ working in any occupation, except as provided for under the Rehabilitation Assistance provision</li> <li>▪ incarcerated</li> </ul>
<p>Amount of Disability Benefit Payable</p>	<p>The amount of disability benefit payable to you is the Benefit Amount shown above reduced by any amount you receive or are entitled to receive from the following sources for the same or related disability:</p> <ul style="list-style-type: none"> <li>▪ Workers' Compensation or similar coverage</li> <li>▪ Canada or Quebec Pension Plans</li> <li>▪ any government motor vehicle automobile insurance plan or policy, unless prohibited by law</li> </ul> <p>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:</p>

<b><i>Benefit Details</i></b>	<b><i>Your Plan's Coverage</i></b>
	<p>a) any amount you receive or are entitled to receive from:</p> <ul style="list-style-type: none"> <li>▪ any group, association or franchise plan</li> <li>▪ any retirement or pension plan</li> <li>▪ earnings or payments from any employer, including severance payments and vacation pay</li> <li>▪ self-employment</li> <li>▪ any government plan, excluding Employment Insurance Benefits</li> </ul> <p>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</p> <p>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.</p>
<p>Rules we use to calculate your benefit</p>	<p>Manulife Financial will apply the following rules in determining your disability benefit:</p> <ul style="list-style-type: none"> <li>▪ benefits payable from other sources which began before the commencement of your current Disability will not be taken into account</li> <li>▪ 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</li> <li>▪ 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</li> <li>▪ benefits payable under individual disability income insurance will not be taken into account</li> <li>▪ for benefits payable other than on a monthly basis, a monthly equivalent of such benefit will be estimated by Manulife Financial</li> </ul>

<b><i>Benefit Details</i></b>	<b><i>Your Plan's Coverage</i></b>
	<ul style="list-style-type: none"> <li>▪ 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</li> </ul>
Subrogation	<p>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.</p> <p><i>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.</i></p>
Termination of Payments	<p>Your disability benefit payments will cease on the earliest of:</p> <ul style="list-style-type: none"> <li>▪ the date you cease to be Totally Disabled, as defined under this benefit</li> <li>▪ 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: <ul style="list-style-type: none"> <li>- your own occupation, during the Qualifying Period and the following 24 months, and</li> <li>- any occupation for which you are qualified, or may reasonably become qualified, by training, education or experience, after the 24 months specified above</li> </ul> </li> <li>▪ the date you do not attend an examination by an examiner selected by Manulife Financial</li> <li>▪ the date on which benefits have been paid up to the Maximum Benefit Period for this benefit</li> </ul>

<b><i>Benefit Details</i></b>	<b><i>Your Plan's Coverage</i></b>
	<ul style="list-style-type: none"> <li>▪ the date of your death</li> </ul>
<p>Recurrent Disability</p>	<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>
<p><b><i>Submitting Claims:</i></b> 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.</p> <p><b><i>Payments:</i></b> 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.</p>	
<p><b>Rehabilitation Assistance</b> 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.</p>	

**Benefit Details****Your Plan's Coverage**

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.

This Benefit is insured by Manulife Financial. The plan number is G0614731.

<b>Benefit Details</b>	<b>Your Plan's Coverage</b>
Waiting Period	30 calendar days
Benefit Amount	1 times your annual earnings, to a maximum of \$250,000
Non-Evidence Limit	\$250,000
Reduction and Termination Age	Your benefit amount reduces by 50% at age 65 and terminates at age 70 or retirement, whichever is earlier
Qualifying Period for Waiver of Premium	182 days
Waiver of Premium	<p>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.</p> <p>Totally Disabled means a restriction or lack of ability due to an illness or injury which prevents you from performing the essential duties of:</p> <ul style="list-style-type: none"> <li>▪ your own occupation, during the Qualifying Period and the 24 months immediately following the Qualifying Period</li> <li>▪ any occupation for which you are qualified, or may reasonably become qualified by training, education or experience, after the 24 months specified above</li> </ul>



<b><i>Benefit Details</i></b>	<b><i>Your Plan's Coverage</i></b>
	<p>The availability of work will not be considered by Manulife Financial in assessing your disability.</p> <p>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.</p>
Conversion Privilege	<p>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.</p> <p>See the conversion option details in the Individual plan options section.</p>
<p>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.</p> <p>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.</p> <p>You have the right to designate and/or change a beneficiary, subject to governing law. The necessary forms are available from your Plan Administrator.</p>	

***Benefit Details***

***Your Plan's Coverage***

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

### Additional coverage and services available for you to purchase

Your plan sponsor has also included options for you to consider purchasing to provide additional coverage for yourself and your family in addition to what is provided as part of your core coverage and services.

## Optional Life Insurance

These Benefits are insured by Manulife Financial. The plan number is G0614731.

<i>Benefit Details</i>	<i>Your Plan's Coverage</i>
<i>For you as the employee</i>	
Waiting Period	30 calendar days
Amount	increments of \$10,000 to a maximum of \$350,000
Non-Evidence Limit	All amounts are subject to Evidence of Insurability.
Reduction and Termination Age	age 65 or retirement, whichever is earlier
Qualifying Period for Waiver of Premium	182 days
Waiver of Premium	<p>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 as long as you remain Totally Disabled and otherwise eligible up to the Termination Age.</p> <p>Totally Disabled means a restriction or lack of ability due to an illness or injury which prevents you from performing the essential duties of:</p>

<b><i>Benefit Details</i></b>	<b><i>Your Plan's Coverage</i></b>
	<ul style="list-style-type: none"> <li>▪ your own occupation, during the Qualifying Period and the 24 months immediately following the Qualifying Period</li> <li>▪ any occupation for which you are qualified, or may reasonably become qualified by training, education or experience, after the 24 months specified above</li> </ul> <p>The availability of work will not be considered by Manulife Financial in assessing your disability.</p> <p>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.</p>
Conversion Privilege	<p>If your Group Benefits terminate or reduce, you may be eligible to convert your 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 Optional Employee Life Insurance.</p> <p>See the conversion option details in the Individual plan options section.</p>
Exclusions	<p>If death results from suicide any amount of Optional Life Insurance that has been in effect for less than one year will not be payable.</p>
<b><i>For your spouse</i></b>	
Waiting Period	30 calendar days

<b><i>Benefit Details</i></b>	<b><i>Your Plan's Coverage</i></b>
Amount	increments of \$10,000 to a maximum of \$350,000
Non-Evidence Limit	All amounts are subject to Evidence of Insurability.
Termination Age	<p>Spouse: spouse's age 65, employee's age 65 or employee's retirement, whichever is earlier</p> <p>Child: employee's age 65 or retirement, whichever is earlier</p>
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 as long as you remain Totally Disabled and otherwise eligible up to the employee's age 65.
Conversion Privilege	<p>If your spouse's Optional Life insurance terminates, you may be eligible to convert the terminated insurance to an individual policy, without medical evidence. Your spouse's application for the individual policy, along with the first monthly premium, must be received by Manulife Financial within 31 days of the termination date.</p> <p>See the conversion option details in the Individual plan options section.</p>
Exclusions	If death results from suicide any amount of Optional Life Insurance that has been in effect for less than one year will not be payable.
<b><i>Basic coverage for your dependents</i></b>	

<b><i>Benefit Details</i></b>	<b><i>Your Plan's Coverage</i></b>
Waiting Period	30 calendar days
Amount	<p>increments of \$1,000 to a maximum of \$5,000 for each dependent child</p> <p>A child must be at least 14 days old to qualify for coverage. Evidence of insurability is not required.</p>
Termination Age	<p>Spouse: spouse's age 65, employee's age 65 or employee's retirement, whichever is earlier</p> <p>Child: employee's age 65 or retirement, whichever is earlier</p>
Waiver of Premium	<p>If you become Totally Disabled while insured and prior to age 65 and meet the Premium Entitlement Criteria, your Life Insurance will continue without payment of premium as long as you remain Totally Disabled and otherwise eligible up to the Termination Age.</p>
Conversion Privilege	<p>If your Group Benefits terminate or reduce, you may be eligible to convert your 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 Optional Employee Life Insurance.</p> <p>For more information on the conversion privilege, please see your Plan Administrator. Provincial differences may exist.</p>

***Benefit Details******Your Plan's Coverage***

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, Survivor Life) 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](http://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.

### **Dependent**

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 for at least 12 months.

### ***Child***

- your natural or adopted child, or stepchild, who is:
  - unmarried
  - under the age stated below:
    - for Dental coverage - under age 19, or under age 23 if a full-time student;
    - for Extended Health Care coverage - under age 19, or under age 23 if a full-time student
  - for other coverages (if applicable) - under age 19, or under age 23 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 dependent. 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 dependent 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
- a child must be at least 14 days old to be eligible (excluding Dental and Extended Health Care coverage)

### 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 dependents 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 stated under the Benefit.

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 dependent 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 dependent 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 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 or
- 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
- 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.

**Manulife Managed Formulary**

is a listing of all Drugs which qualify for reimbursement under your Group Benefits Program.

**Earnings**

Earnings are your regular rate of pay from your employer (prior to deductions)

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

For the purposes of determining the amount of your benefit at the time of claim, your earnings will be the lesser of:

- the amount reported on your claim form, or

- the amount reported by your employer to Manulife Financial and for which premiums have been paid.

**Experimental or Investigational**

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

**Interchangeable Drug**

Includes but is not limited to:

- a generic equivalent to the brand name drug deemed to be interchangeable by law where the drug is dispensed;
- a drug that contains the same active ingredient that has not been deemed interchangeable in the province where the drug is dispensed; but has been identified as interchangeable by Manulife Financial.

**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