

My group benefit plan



canada  life™

REGIONAL SYNOD OF CANADA INC., REFORMED CHURCH IN AMERICA

All employees

December 1, 2021

We are pleased to offer you our services. As we adhere to principles of inclusion, all genders are incorporated in the language used in our communications with you.

Canada Life™ is a leading Canadian life and health insurer. Canada Life's financial security advisors work with our clients from coast to coast to help them secure their financial future. We provide a wide range of retirement savings and income plans; as well as life, disability and critical illness insurance for individuals and families. As a leading provider of employee benefits in Canada, we offer effective benefit solutions for large and small employee groups.

Canada Life Online

Visit our website at www.canadalife.com for:

- information and details on Canada Life's corporate profile and our products and services
- investor information
- news releases
- contact information
- online claims submission

GroupNet for Plan Members

As a Canada Life plan member, you can register for GroupNet™ for plan members at www.canadalife.com or on the GroupNet Mobile app. To register, select Sign in from the menu. Then select the GroupNet for plan members tile and follow the instructions to register. Make sure to have your plan and ID numbers available when registering.

With GroupNet and GroupNet Mobile you can:

- submit claims quickly
- review your coverage and balances
- find healthcare providers like chiropractors and massage therapists near you
- save your benefits cards to your payment service application or program
- get notified when your claims have been processed

Canada Life's Toll-Free Number

To contact a customer service representative at Canada Life for assistance with your medical and dental coverage, please call **1-800-957-9777**.

Customer Complaints

We are committed to addressing your concerns promptly, fairly and professionally. Here is how you may submit your complaint.

- Toll-free:
 - Phone: 1-866-292-7825
 - Fax: 1-855-317-9241
- Email: ombudsman@canadalife.com
- In writing:

The Canada Life Assurance Company
Ombudsman's Office T262
255 Dufferin Avenue
London, ON N6A 4K1

For additional information on how you may submit a complaint, please visit www.canadalife.com/complaints.

This booklet contains important information and should be kept in a safe place known to you and your family.

The Plan is underwritten by



This booklet was prepared on: November 23, 2021

Access to Documents

You have the right, upon request, to obtain a copy of the policy, your application and any written statements or other records you have provided to Canada Life as evidence of insurability, subject to certain limitations.

Legal Actions

Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the Insurance Act (for actions or proceedings governed by the laws of Alberta and British Columbia), The Insurance Act (for actions or proceedings governed by the laws of Manitoba), the *Limitations Act, 2002* (for actions or proceedings governed by the laws of Ontario), or other applicable legislation. For those actions or proceedings governed by the laws of Quebec, the prescriptive period is set out in the Quebec Civil Code.

Appeals

You have the right to appeal a denial of all or part of the insurance or benefits described in the contract as long as you do so within one year of the initial denial of the insurance or a benefit. An appeal must be in writing and must include your reasons for believing the denial to be incorrect.

Benefit Limitation for Overpayment

If benefits are paid that were not payable under the policy, you are responsible for repayment within 30 days after Canada Life sends you a notice of the overpayment, or within a longer period if agreed to in writing by Canada Life. If you fail to fulfill this responsibility, no further benefits are payable under the policy until the overpayment is recovered. This does not limit Canada Life's right to use other legal means to recover the overpayment.

Quebec Time Limit for the Payment of Benefits

Where Quebec law applies, benefits will be paid in accordance with the terms set out in this plan within the following time period:

- for death benefits, 30 days following receipt of the required proof of claim;
- for disability income benefits for which there is no waiting period, 30 days following receipt of the required proof of claim;
- for disability income benefits for which there is a waiting period, 30 days from the expiry of the waiting period provided the required proof of claim has been received; and
- for any other benefit, 60 days following receipt of the required proof of claim.

Employer Role

The employer's role is limited to providing employees with information and not advice.

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1 Introduction

Regional Synod of Canada Inc., Reformed Church in America is pleased to provide you with a comprehensive employee benefits plan from Canada Life.

You bring skills and expertise to *Regional Synod of Canada Inc., Reformed Church in America* which enable you to make a contribution that is highly valued. In recognition of this, your employee benefits plan has been designed to help meet the needs of you and your family and to provide you with important financial security.

This booklet describes in summary your employee benefits plan as of the date shown on the front cover. Please read it thoroughly and discuss any questions you have with your manager or plan administrator.

Please note:

The information provided in this booklet is intended to summarize the contract provisions of the **group insurance policy, plan document or plan text**. If there are variations between the information in the booklet and the provisions of the policy, the policy will prevail to the extent permitted by law.

The relevant provisions of the governing documents are available for review through your employer's plan administrator. Requests for information about coverage and questions about employee benefits should be directed through your employer's plan administrator.

In this booklet, "you" means a person entitled to benefits in accordance with the terms of the governing documents.

Unless otherwise indicated, the benefits described in this booklet are administered by The Canada Life Assurance Company. However, only those benefits described as "insurance" are underwritten by The Canada Life Assurance Company.

Group Policy Number: 320761

Virtual Health Services

Group Contract Number: 320761GVHS

2 Benefit Summary

This part provides a convenient overview of your benefits plan for both employees and dependents.

You are eligible to become insured for group benefits once you complete the eligibility period of:

three months

2.1 For Employees

Life insurance

For employees under age 65:

- \$25,000

For employees age 65 or over but under age 70:

- \$12,500

The amount of insurance on an employee under age 65 will reduce:

- to \$12,500 on the earlier of the date the employee attains age 65 or retires.

The insurance on an employee will terminate on the date the employee attains age 70.

Long term disability insurance

66.67 per cent with a maximum monthly benefit of \$6,000.

To become insured for an amount greater than the no-evidence maximum of \$5,150 the employee will be required to submit evidence of insurability satisfactory to Canada Life.

Payment commences following a waiting period of 180 days of disability.

Replacement percentage is 50 per cent.

There is no indexing of the long term disability monthly benefit amount.

The insurance on an employee will terminate on the date the employee attains age 65.

2.2 For Employees and Dependents

Pay direct drug insurance

Deductible: An amount equal to the dispensing fee for each prescription.

Portion payable:

90 per cent increasing to 100 per cent after individual benefits totally \$2,000 have been paid in a calendar year.

The insurance on an employee will terminate on the date the employee attains age 65.

Health insurance

Covered expenses payable:

100 per cent

The insurance on an employee will terminate on the date the employee attains age 65.

Dental insurance (C plan)

Deductible: nil

Basic services payable:

80 per cent

Restorative services payable:

50 per cent

Orthodontic services payable:

50 per cent

Calendar year maximum for basic and restorative expenses combined:

\$1,500

Lifetime maximum for orthodontic expenses:

\$1,000

Fee schedules:

- The current dental fee schedule, on the date of treatment, approved and published by the provincial dental association of the province of residence of the covered person for general practitioners. This fee schedule applies to charges made by all dentists and is not limited to those charges made by general practitioners.
- The current denturist fee schedule, on the date of treatment, approved and published by the provincial denturist association of the province of residence of the covered person.
- The current dental hygienist fee schedule (for dental hygienists practising independently), on the date of treatment, approved and published by the provincial dental hygienist association of the province of residence of the covered person.

The insurance on an employee will terminate on the date the employee attains age 65.

2.3 Virtual health services

See description in booklet

3 General information

This part provides general information on:

- eligibility;*
- plan enrollment;*
- evidence of insurability;*
- amount of insurance;*
- changes in amount of insurance;*
- termination of insurance; and*
- definition of policyholder.*

3.1 Who is eligible for employee benefits?

You will be eligible for employee benefits on the first day that you are actively at work full-time and for full pay with the employer following completion of the eligibility period shown in the *Benefit Summary* provided:

- you have been at work continuously, actively, in full-time employment and for full pay with your employer for the eligibility period, and
- are a resident in Canada.

Full-time means performing in the required manner for the required number of hours per week all of the regular duties of the employment either at the usual place of employment or at some other location required by your employer's business.

You will not be considered to be full-time if you:

- are classified by your employer as **part-time**; or
- work for fewer than 20 hours per week.

You will be considered to be resident in Canada while on temporary assignment with your employer outside Canada for not more than 12 months.

If insurance under the Canada Life group insurance policy replaces similar insurance **within 31 days** of the termination of that prior insurance, employees not actively at work who were covered by the prior insurance are eligible to become insured for similar insurance under the Canada Life group insurance policy. This applies if the previous insurance was within the scope of the Canada Life group insurance policy.

Under these circumstances, the amount of insurance for which the employee is eligible is limited to the amount lost on termination of the prior insurance. Application for Canada Life group insurance must be made **within 31 days** of the termination of the prior insurance.

3.2 Enrollment: how do I apply?

Complete and sign your Canada Life group insurance application and return it to your plan administrator. If you acquire any dependents after becoming insured, you should apply for dependents' benefits **within 31 days** for each dependent acquired.

You may make, alter, or revoke a designation of beneficiary as permitted by law. Any designation of beneficiary you made under your employer's previous policy prior to the effective date of this policy applies to this policy until you make a change to that designation. You should review your beneficiary designation from time to time to ensure that it reflects your current intentions. You may change the designation by completing a form available from your employer.

3.3 Is evidence of insurability required?

You may be required to give evidence of insurability before becoming insured or when applying for increased amounts of insurance. Evidence of insurability may also be required for any of your dependents.

3.4 What am I insured for?

The insurance for which you are insured is described in the *Benefit Summary*.

3.5 How are changes in the amount of my insurance handled?

When a change in any circumstance would make you eligible for a different amount of insurance, the amount of insurance will be adjusted as follows:

- If the change would result in an **increase**, the increase will be effective on the later of:
 - the policy anniversary date coinciding with the date of change in circumstance if this is the case, otherwise on the policy anniversary date following the date of change in circumstance;
 - the date of return to active full-time employment for full pay if you are not actively at work full-time and for full pay on the policy anniversary date coinciding with or next following the date of change in circumstance; and
 - the date any required evidence of insurability is approved by Canada Life;

provided a written request for increased insurance is received by Canada Life.

- If the change would result in a **decrease**, the decrease will be effective on the policy anniversary date coinciding with the date of change in circumstance if this is the case, otherwise on the policy anniversary date following the date of change in circumstance unless otherwise specified in the *Benefit Summary*.

The policy anniversary date of your group insurance plan is September 1.

3.6 What is meant by insurable earnings?

Insurable earnings is the amount of earnings you receive from your employer.

Annual insurable earnings are as defined in the Canada Life group insurance policy and is the amount of earnings you receive from your employer in a single year.

Monthly insurable earnings is the amount of earnings you receive from your employer in a single month and is defined as 1/12 of annual insurable earnings.

Weekly insurable earnings is the amount of earnings you receive from your employer in a single week and is defined as 1/52 of annual insurable earnings.

What happens if my earnings are understated or overstated?

- If your earnings, as reported by your employer to Canada Life are **understated**, the understated earnings will be used to determine annual insurable earnings;
- If your earnings, as reported by your employer to Canada Life are **overstated**, the correct amount of earnings will be used to determine annual insurable earnings.

3.7 Under what circumstances can my insurance be terminated?

The policyholder may terminate your insurance by giving written notice to Canada Life or no longer paying premium.

Your insurance will terminate on the date you would cease to be eligible to become insured except if continued as provided below or as required by law. Your group insurance coverage may be continued after retirement (refer to the *Benefit Summary* to determine if this applies to your plan and contact your plan administrator for further details).

Your life insurance may be continued **with payment of premium**, while you are absent from work:

- as a result of injury or disease and:
 - you are under age 65 and do **not** qualify for waiver of premium on benefits under the Canada Life group insurance policy, until the date which is the earliest of:
 - the date your employer stops paying premiums or otherwise determines that insurance has terminated, and
 - the date you attain age 65.
 - you are age 65 or over, until the date which is the earliest of:
 - the date your employer stops paying premiums or otherwise determines that insurance has terminated, and
 - the end of the sixth month following the date you ceased to be actively at work due to disease or injury,

- as a result of leave of absence or layoff, for up to 31 days after you are absent from work.

The policyholder may elect to continue other insurance **with payment of premium**:

- during a period when you are absent from work because of injury or disease;
- or
- for up to 31 days during a period when you are absent from work because of leave of absence or layoff.

3.8 Who is the policyholder?

The **policyholder** is the party under contract with Canada Life to provide your employee benefit program.

Policyholder does **not** refer to you, the employee.

4 Life insurance

This part describes the life insurance benefit and provides details regarding:

- what happens upon becoming totally disabled;*
- conversion options; and*
- claims requirements.*

4.1 What am I insured for?

In the event of your death, Canada Life will pay the amount of life insurance for which you are insured to your named beneficiary. If you have not named a beneficiary or there is no surviving beneficiary at the time of your death, payment will be made to your estate. Amounts of life insurance are described in the *Benefit Summary*.

4.2 What happens if I become totally disabled?

If you are insured as an employee of this group for long term disability insurance with Canada Life and, prior to your 65th birthday:

- you become, as a result of injury or disease, totally disabled as defined in the long term disability insurance benefit; and
- the disability has existed for a continuous waiting period of six months or a shorter waiting period under the long term disability benefit;

or

If you are **not** insured as an employee of this group for long term disability insurance with Canada Life and, prior to your 65th birthday:

- you become, as a result of injury or disease, totally disabled and are unable to do any work; and
- the disability has existed for a continuous waiting period of six months;

your life insurance will continue **without payment of premium** from the date your disability started and during the continuance of your disability, but not beyond age 65.

Limitation

In order to have your life insurance premium waived for any period of total disability, you must be participating and co-operating in a reasonable and customary treatment program for each disabling condition during that period.

The treatment program must be:

- recommended by the licensed physician who is treating you; and
- be of the nature and frequency usually required for each disabling condition.

If you cease to be totally disabled, your waiver of premium on disability benefit will terminate. Your life insurance may continue if you are then eligible to become insured as provided under *Part 3 - General information, Section 1 - Who is eligible for employee benefits?* and premium payments for this coverage are resumed, otherwise your life insurance will terminate as provided under *Part 3 - General information, Section 7 - Under what circumstances can my insurance be terminated?*

4.3 Under what circumstances can I convert my group life insurance?

If your life insurance

- reduces; or
- terminates:
 - (i) as provided under *Part 3 - General information, Section 7 - Under what circumstances can my insurance be terminated?*; or
 - (ii) because of termination of the life insurance provided under the Canada Life group insurance policy for your division;

and you are not eligible to become insured hereunder, then you will have the right, upon written application made **within 31 days** after such reduction or termination, to obtain a new policy of life insurance without evidence of insurability, as provided below:

- if your insurance reduces, the amount of the new policy will not exceed the amount of the reduction.
- if your insurance terminates as provided in (i) above, the amount of the new policy will not exceed the amount for which you were insured immediately prior to termination.

- if your insurance terminates as provided in (ii) above, the amount of the new policy will not exceed the amount required by law.

Canada Life will issue the new policy, **without total disability benefit or accidental death benefit**, on any of its plans then available according to the class of risk to which you then belong.

The premium for the new policy will be at the rates then established by Canada Life for your class of risk, sex and current age. The new policy will not become effective until the expiration of the 31 day period.

If death occurs during the 31 day period, Canada Life will pay an amount equal to the insurance you could have converted under this provision. Payment will be made to the person who would have received the proceeds hereunder. This payment is in full settlement of all life insurance claims under this provision.

4.4 How do I have my life insurance premiums waived while I am totally disabled?

For life insurance premiums to be waived, **written proof** satisfactory to Canada Life signed by the licensed physician who is treating you must be received by Canada Life:

- while you are totally disabled; and
- within 12 months after the end of the applicable waiting period.

Otherwise, the claim for benefits will be invalid.

Canada Life at any time may request written proof of the continuance of your total disability and may request you to submit to, and co-operate in, examination by Canada Life's medical and other advisors.

If you do not provide proof satisfactory to Canada Life within **three months** following the request or if you refuse to submit to, and co-operate in, examination by Canada Life's medical and other advisors you will be considered to have ceased to be totally disabled immediately prior to the date the request was made.

Proof satisfactory to Canada Life may be required to verify statements made to establish insurability.

4.5 How to make a life insurance claim

For benefits to become payable, **written proof** satisfactory to Canada Life of the death must be received by Canada Life within one year after the date of death. Proof satisfactory to Canada Life may be required to verify statements made to establish insurability.

- Obtain a claim form from the employer;
- Complete the claim form according to the instructions provided on the form;
and
- Return the claim form to the employer.

5 Long term disability insurance (LTD)

This part describes the long term disability benefit and provides details on:

- long term disability payments;*
- definition of disability;*
- limitations on coverage;*
- vocational rehabilitation;*
- medical coordination;*
- recurrence of disability;*
- claims requirements;*
- yearly benefit increases; and*
- survivor benefits.*

5.1 What am I insured for?

If you are continuously disabled for the waiting period shown in the *Benefit Summary*, Canada Life will pay the monthly long term disability benefit for which you were insured at the beginning of the waiting period.

If your disability is not continuous, the days you are disabled can be accumulated to satisfy the waiting period, as long as no interruption is longer than two weeks and the disabilities arise from the same disease or injury.

Payment will accrue from the end of the waiting period and will be payable monthly thereafter during the time you continue to be disabled but not beyond death or your 65th birthday. At Canada Life's discretion, the income benefit may be paid more frequently than monthly, on a pro-rated basis.

The premium for the long term disability benefit will be waived while you are receiving long term disability benefits.

5.2 What is disability?

You are considered disabled if:

- during the waiting period **and the next 24 months** disease or injury prevents you from performing the essential duties of your regular occupation, **and**, except for any employment under an approved rehabilitation plan, you are **not** employed in any occupation that is providing you with income equal to or greater than your amount of LTD insurance under this plan, as shown in the *Benefit Summary*.

- thereafter, you are unable because of injury or disease, to be gainfully employed in any job. Gainful employment is work:
 - you are medically able to perform;
 - for which you have at least the minimum qualifications;
 - which would provide monthly earnings of at least the replacement percentage shown in the *Benefit Summary* multiplied by your monthly insurable earnings in effect at the beginning of your disability; and
 - which exists either in the province or territory where you worked when you became disabled or where you currently live.

As part of this qualification for disability, the method used to determine the amount of earnings is based on the monthly insurable earnings in effect at the beginning of disability increased by the percentage increase in the cost of living index applicable three months before the assessment date as compared to the cost of living index applicable three months before the start of the benefit period.

The cost of living index is described under *Section 9 - How and when will my monthly long term disability payment increase?*

Loss of any license required for work will not be considered in assessing disability.

5.3 What reductions occur when determining the long term disability payment?

Your long term disability monthly benefit will be reduced by:

- any amount of disability or retirement benefits for the month to which you are entitled on your own behalf under the *Canada Pension Plan*, the *Quebec Pension Plan*, or a similar plan in another country which has a reciprocal agreement with Canada or Quebec; this does not include retirement benefits that were payable for each of the 12 months before a disability period;
- any amount of income for the month to which you are entitled under any *Workers' Compensation* or similar coverage;
- any amount of income for the month to which you are entitled under employer sponsored short term disability or sick leave benefits;

- any loss of income benefits to which you are entitled under an automobile insurance plan, to the extent permitted by law; and
 - 50% of any earnings you receive for the month from an approved rehabilitation plan;
 - an amount so that the long term disability benefit together with:
 - any loss of income benefits available through legislation, except for Employment Insurance benefits and automobile insurance benefits, which you or another member of your family is entitled to on the basis of your disability;
 - the wage loss portion of any criminal injury award;
 - any amount of disability income for the month to which you are entitled under a plan of insurance available through an association; and
 - any employment income, disability benefits or retirement benefits you receive for the month that are related to any employment, **excluding** income from an approved rehabilitation plan, or employer sponsored short term disability or sick leave benefits (termination pay, severance benefits, and any similar termination of employment benefits, including any salary paid in lieu of notice, are included as employment income under this provision);
- will not exceed:**
- 80 percent of your monthly insurable earnings (**if the long term disability payment is taxable**); or
 - 85 percent of your monthly insurable earnings less deductions for federal and provincial income taxes, Canada and Quebec Pension Plan contributions, and federal Employment Insurance premiums (**if the long term disability payment is not taxable**); and
- as provided in the *Right of Subrogation* provision under *Part 10, General Provisions*.

Note: The balance of any earnings received from an approved rehabilitation plan is not used to reduce your long term disability monthly benefit except to the extent that those earnings, together with your long term disability benefit and the income from the other sources described above would exceed:

- 100 per cent of your monthly insurable earnings (**if the long term disability payment is taxable**); or
- 100 per cent of your monthly insurable earnings less deductions for federal and provincial income taxes, Canada and Quebec Pension Plan contributions, and federal Employment Insurance premiums (**if the long term disability benefit is non-taxable**).

Any such benefit not paid on a monthly basis will be considered to have been paid monthly on a reasonable basis as determined by Canada Life.

5.4 What limitations are there on coverage?

No long term disability benefit will be paid:

- for a disability that started before you become insured or that starts after your insurance ends;
- for any disability arising from a disease or injury for which you received medical care before your insurance started. This limitation does not apply if your disability starts after you have been continuously insured for one year, or you have not had medical care for the disease or injury for a continuous period of 90 days ending on or after the date your insurance took effect;
- for any period of disability during which you are not participating and co-operating in a reasonable and customary treatment program for the disabling condition. The treatment program must be recommended by the licensed physician treating you and be of the nature and frequency usually required for the disabling condition.

Depending on the severity of the condition, Canada Life may require you to be under the care of a specialist. If substance abuse contributes to your disability, the treatment program must include participation in a recognized substance abuse withdrawal program;

- any period after you fail to cooperate in applying for other disability benefits, reapplying for such benefits, or appealing decisions regarding such benefits, where considered appropriate by Canada Life;

- any period after you fail to participate or cooperate in an approved rehabilitation plan;
- any period after you fail to participate or cooperate in a recommended medical coordination program;
- any period after you fail to participate or cooperate in a required medical or vocational assessment;
- the scheduled duration of a leave of absence; this does not apply to any portion of a period of maternity leave during which you are disabled due to pregnancy;
- any period in which you are outside Canada; this exclusion does not apply during the first 30 days of an absence, or if Canada Life pre-authorized the absence prior to your departure;
- any period of incarceration, confinement, or imprisonment by authority of law;
- for any disability resulting directly or indirectly from war, insurrection or voluntary participation in a riot;
- if you do not comply with the *Right of Subrogation* provision under *Part 10, General Provisions*.

5.5 What about vocational rehabilitation?

Vocational rehabilitation involves a work related activity or training strategy that is designed to help you return to your own job or other gainful employment, and is recommended or approved by Canada Life. In considering whether to recommend or approve a rehabilitation plan, Canada Life will assess such factors as the expected duration of disability, and the level of activity required to facilitate the earliest possible return to work.

5.6 What about medical coordination?

Medical coordination is a program, recommended or approved by Canada Life, that is designed to facilitate medical stability and provide you with cost effective, quality care. In considering whether to recommend or approve a medical coordination program, Canada Life will assess such factors as the expected duration of disability, and the level of activity required to facilitate medical stability.

5.7 What if a disability recurs?

If you cease to be disabled after receiving long term disability benefits and again become disabled due to the same or a related cause:

- within six months after the previous disability ends; or
- within six months after the end of an approved rehabilitation plan;

the later disability will be considered to be a continuation of the previous disability and long term disability benefits will be paid at the same rate as before.

5.8 Important details about claims

To permit prompt assessment, it is suggested that you submit initial notice of a claim to Canada Life within 10 days after your disability starts.

Canada Life will not be liable for claims for which initial notice is submitted more than **three months** after the earlier of:

- the end of the waiting period; and
- the date the policy terminates.

Benefits will only be payable for periods for which Canada Life has received satisfactory proof that you are entitled to benefits.

You must provide information required to prove your entitlement to benefits and must also authorize Canada Life to obtain information from other sources for this purpose.

Whenever Canada Life requests information or authorization, it must be submitted within **three months**. If it is not submitted within this time, Canada Life will not be liable for any further benefits.

Proof satisfactory to Canada Life may be required to verify statements made to establish insurability.

Canada Life, in its discretion and to the extent permitted by law, may pay another person on your behalf.

5.9 How and when will my monthly long term disability payment increase?

If the *Benefit Summary* shows that your long term disability benefit is to be **indexed**, then the amount of the monthly long term disability benefit payable to you during any period of continuous disability will be increased one year after the end of the waiting period and annually after that.

On a recalculation date, the rate of increase of your then current amount payable will be the lesser of:

- the indexing rate shown in the *Benefit Summary*; and
- the percentage increase in the cost of living index applicable three months before the recalculation date as compared to the cost of living index applicable 15 months before that date.

In addition to the indexing of your long term disability benefit, the percentage of monthly insurable earnings level used to calculate any further reduction for the balance of any earnings received from an approved rehabilitation plan, as described previously in *Section 3 – What reductions occur when determining the long term disability benefit payment?* is increased one year after the end of the waiting period and annually after that by the percentage increase in the cost of living index applicable three months before the recalculation date as compared to the cost of living index applicable three months before the start of the benefit period. This indexing occurs **whether or not** the *Benefit Summary* shows that your long term disability benefit is to be indexed.

What is the cost of living index?

The cost of living index is the all-item *Consumer Price Index (CPI)* for Canada, not seasonally adjusted, as published by *Statistics Canada*.

If the Consumer Price Index (CPI) is not available, another reasonable index will be determined by Canada Life.

5.10 What about survivor benefits?

In the event of your death while long term disability benefits are payable, Canada Life will pay a lump sum survivor benefit to your named beneficiary. If you have not named a beneficiary or there is no surviving beneficiary at the time of your death, payment will be made to your estate. The amount of the survivor benefit is three times your monthly long term disability benefit before reduction by other income.

5.11 How to make a long term disability claim

- To submit claims online, go to www.canadalife.com.
- To submit paper claims, obtain an *Employee Claim Submission Guide* (form M4307B) and follow the guide's instructions.

You can get this form from your employer, or online at www.canadalife.com.
click *Long Term Disability Income Benefits - Guide*.

6 Pay-direct drug insurance (Credit card drug)

This part describes the pay-direct drug insurance benefit and provides details on:

- eligible covered expenses;*
- limitations on coverage;*
- coverage by other insurance plans;*
- special continuation of coverage; and*
- claims requirements.*

6.1 What am I insured for?

If a covered person, meaning you or your insured dependent, incurs expenses in excess of the deductible for a necessary drug for the treatment of any injury or disease, Canada Life will pay:

- to a participating pharmacy, on your behalf or that of your insured dependent; or
- to you, if the pharmacy through which the drug was purchased **is not a participating pharmacy;**

a portion of the reasonable charges in excess of the deductible for such drug.

Before incurring large drug expenses, you may want to confirm your coverage by contacting Canada Life with both the name and drug identification number (DIN) of the drug prescribed. You can obtain this information from your pharmacist.

Unless medical evidence is provided to Canada Life that indicates why a drug is not to be substituted, Canada Life **can limit the covered expense to the cost of the lowest priced interchangeable drug.**

Canada Life can limit the covered expense for a drug or drug supply to that of a lower cost alternative drug or drug supply that represents reasonable treatment.

Treatment is considered reasonable if it is:

- accepted by the Canadian medical profession;
- proven to be effective; and
- of a form, intensity, frequency, and duration essential to diagnosis or management of the disease or injury.

The following drugs and drug supplies are covered when prescribed by a physician or other person entitled by law to prescribe them, and dispensed by a person entitled by law to dispense them, subject to the assessment provisions described in *Section 2 – What assessment provisions apply?*:

- drugs which require a written prescription according to the Food and Drugs Act, Canada or provincial legislation in effect where the drug is dispensed, including contraceptive drugs and products containing a contraceptive drug;
- drugs that must be injected including vitamins, insulins and allergy extracts. Syringes for self-administered injections are also covered;
- disposable needles for use with non-disposable insulin injection devices, lancets, test strips and sensors for flash glucose monitoring machines;
- extemporaneous preparations or compounds if one of the ingredients is a covered drug; and
- certain other drugs that do not require a prescription by law if they are listed in the current compendium of Pharmaceuticals and Specialties and are prescribed by your physician or dentist. If you have any questions, contact your plan administrator before incurring the expense.

Canada Life can, on such terms as it determines, cover services or supplies not otherwise covered under another benefit of the Canada Life group insurance policy, where the service or supply represents reasonable treatment.

The deductible and portion payable are shown in the *Benefit Summary*.

A **participating pharmacy** is a pharmacy that has entered into an agreement to provide prescription medicines under this pay-direct drug insurance plan.

Your employer will provide you with a prescription drug identification card. Present your card when purchasing drugs at a participating pharmacy.

6.2 What assessment provisions apply?

Covered expenses are subject to the following assessment provisions.

Prior Authorization

In order to determine whether coverage is provided for certain drugs or drug supplies, Canada Life maintains a limited list of drugs and drug supplies that require prior authorization. Prior authorization is intended to help ensure that a drug or drug supply represents reasonable treatment. If the use of a lower cost alternative drug or drug supply represents reasonable treatment, Canada Life may require a covered person to provide medical evidence why the lower cost alternative drug or drug supply cannot be used before coverage may be provided for the drug or drug supply.

Health Case Management

Health case management is a program recommended or approved by Canada Life that may include but is not limited to:

- consultation with the covered person and the attending physician to gain understanding of the treatment plan recommended by the attending physician;
- comparison with the covered person's attending physician of the recommended treatment plan with alternatives, if any, that represent reasonable treatment;
- identification to the covered person's attending physician of opportunities for education and support; and
- monitoring the covered person's adherence to the treatment plan recommended by the attending physician.

In determining whether to implement health case management, Canada Life may assess such factors as the drug or drug supply, the person's medical condition, and the existence of generally accepted medical guidelines for objectively measuring medical effectiveness of the treatment plan recommended by the attending physician.

Canada Life can, on such terms as it determines, limit the payment of benefits for a drug or drug supply where:

- Canada Life has implemented health case management and the person does not participate or cooperate; or

- the person has not adhered to the treatment plan recommended by the attending physician with respect to the use of the drug or drug supply.

Expenses associated with health case management may be paid for by Canada Life at its discretion. Expenses claimed under this provision must be pre-authorized by Canada Life.

Designated Provider Limitation

For a drug or drug supply to which prior authorization applies or where Canada Life has recommended or approved health case management, Canada Life can require that the drug or drug supply be purchased from or administered by a provider designated by Canada Life, and:

- limit the covered expense for a drug or drug supply that was not purchased from or administered by a provider designated by Canada Life to the cost of the drug or drug supply had it been purchased from or administered by the provider designated by Canada Life; or
- decline a claim for a drug or drug supply that was not purchased from or administered by a provider designated by Canada Life.

Patient Assistance Program

A patient assistance program means a program that provides assistance to persons with respect to the purchase of drugs or drug supplies. Canada Life can require a covered person to apply to and participate in any patient assistance program to which the person may be entitled. Further, Canada Life can reduce the amount of a covered expense for a drug or drug supply by an amount up to the amount of financial assistance the person is entitled to receive for that drug or drug supply under a patient assistance program.

6.3 What limitations are there on coverage?

Unless required by law, no benefit will be paid:

- for drugs or drug supplies that appear on an exclusion list maintained by Canada Life. Canada Life may exclude coverage for all expenses for a drug or drug supply, or only those expenses that relate to the treatment of specific diseases or injuries or the stages or progressions of specific diseases or injuries. Canada Life may add or remove a drug or drug supply from an exclusion list at any time.

For greater certainty, a drug or drug supply may be added to an exclusion list for any reason including, but not limited to, the following:

- Canada Life determining that further information from professional advisory bodies, government agencies or the manufacturer of the drug or drug supply is necessary to assess the drug or drug supply; or
 - Canada Life determining that the drug or drug supply is not proportionate to the disease or injury or, where applicable, the stage or progression of the disease or injury;
-
- for drugs used to treat erectile dysfunction;
 - for atomizers, appliances, prosthetic devices, colostomy supplies, first aid supplies, diagnostic supplies or testing equipment;
 - for non-disposable insulin delivery devices or spring loaded devices used to hold blood letting devices;
 - for delivery or extension devices for inhaled medications;
 - for oral vitamins, minerals, dietary supplements, infant formulas or injectable total parenteral nutrition solutions;
 - for diaphragms, condoms, contraceptive jellies, foams, sponges, suppositories, contraceptive implants or appliances; this does not apply to contraceptive drugs and products containing a contraceptive drug, that legally require a prescription;
 - for smoking cessation products;
 - for any drug which does not have a drug identification number as defined by the *Food and Drugs Act, Canada*;
 - for any single purchase of drugs which would not reasonably be used within 34 days. In the case of certain maintenance drugs, a 100-day supply will be covered;
 - for drugs administered during treatment in an emergency room of a hospital, or as an in-patient in a hospital;
 - for preventative immunization vaccines or toxoids;
 - for non-injectable allergy extracts;

- for drugs that are considered cosmetic, including topical minoxidil or sunscreens;
- for injury or disease for which a covered person is entitled to payment under any Workers' Compensation or similar coverage;
- for any drug for which a covered person is not required to pay, or for which the covered person is entitled to reimbursement under any non-contractual arrangement or under the health plan of the province in which the covered person resides, whether or not the covered person is insured under that provincial plan;
- for drugs or drug supplies that Canada Life has determined are not proportionate to the disease or injury or, where applicable, the stage or progression of the disease or injury. In determining whether a drug or drug supply is proportionate, Canada Life may take any factor into consideration including, but not limited to, the following:
 - clinical practice guidelines;
 - assessments of the clinical effectiveness of the drug or drug supply, including by professional advisory bodies or government agencies;
 - information provided by a manufacturer or provider of the drug or drug supply; and
 - assessments of the cost effectiveness of the drug or drug supply, including by professional advisory bodies or government agencies;
- for a charge which is not permitted to be insured;
- for any portion of drugs which the covered person is entitled to receive, or for which the covered person is entitled to a benefit or reimbursement, by law or under a plan that is legislated, funded, or administered in whole or in part by a government ("government plan"), without regard to whether coverage would have otherwise been available under this plan. In this limitation, government plan does not include a group plan for government employees;
- for an injury or disease resulting from war or hostilities of any kind;
- if you do not comply with the *Right of Subrogation* provision under *Part 10, General Provisions*.

Canada Life can decline a claim for drugs or drug supplies purchased from a provider that is not approved by Canada Life.

6.4 Can my pay-direct drug benefits be reduced?

If Canada Life pays an expense under this pay-direct drug insurance benefit for which a third party is or may be liable, and you recover compensation from that third party, you may be required to reimburse Canada Life, or your benefits may be otherwise reduced. For a fuller description of where benefits may be reduced because of the liability, or possible liability, of a third party, see the *Right of Subrogation* provision under *Part 10, General Provisions*.

6.5 What if benefits are payable from another source?

If benefits with respect to the same expense are payable under this pay-direct drug insurance and from any other source, Canada Life may reduce the amount payable under this pay-direct drug insurance benefit to ensure that the total amount payable from all sources does not exceed the expense incurred.

6.6 How does the pay-direct feature work?

Your employer will provide you with a prescription drug identification card. Present your card when purchasing drugs at any participating pharmacies.

Before your prescription is filled, an Assure Claims check will be done. Assure Claims is a series of seven checks that are electronically done on your drug claim history for increased safety and compliance monitoring. This has been designed to improve the health and quality of life for you and your dependents. Checks done include drug interaction, therapeutic duplication and duration of therapy, allowing the pharmacist to react prior to the drug being dispensed. Depending on the outcome of the checks the pharmacist may refuse to dispense the prescribed drug.

6.7 In what special circumstances will my pay-direct drug insurance be continued?

If you are totally disabled because of injury or disease and are therefore unable to perform all of the duties of your occupation on the date when your pay-direct drug insurance would otherwise have terminated, coverage will be continued during the period of disability but **for not more than 90 days from the termination date**.

If an insured dependent is confined in a licensed hospital because of injury or disease on the date when their pay-direct drug insurance would otherwise have terminated, coverage will be continued during the period of hospital confinement but **for not more than 90 days from such termination date**.

6.8 Important details about claims

For benefits to become payable, **written proof** satisfactory to Canada Life of the incurring of an expense for which benefits are claimed under the policy must be received by Canada Life **not later than 15 months** following the date the expense was incurred.

Proof satisfactory to Canada Life may be required to verify statements made to establish insurability.

Canada Life, in its discretion and to the extent permitted by law, may pay another person on your behalf.

Payment for a charge by a hospital or dentist may be made directly to the hospital or dentist, instead of to you. Prescription drug benefits for drug claims submitted through the pharmacy benefits manager's electronic claims system will be issued to the pharmacy benefits manager. Such payment will be a complete discharge to Canada Life for the amount paid.

6.9 How to make a prescription drug claim

When purchasing drugs at a non-participating pharmacy, you will be required to pay the full price of the prescription. Follow this procedure to obtain reimbursement for out-of-pocket expenses incurred as a result of purchasing prescription drugs (not to include your deductible, if applicable).

- Access GroupNet for plan members to obtain a personalized claim form or obtain a claim form from your employer. Complete and submit the claim form according to the instructions provided on the form.
- If you prefer, you can submit the claim online (for expenses incurred in Canada) by entering the information on the completed claim form. To use this online service you will need to be registered for GroupNet for plan members and signed up for direct deposit of claim payments with eDetails. For online claim submissions, your Explanation of Benefits will only be available online. Online claims must be submitted to Canada Life as soon as possible, but no later than six months after you incur the expense. You must retain your receipt for 12 months from the date you submit your claim to Canada Life as a record of the transaction, and you must submit it to Canada Life on request.

7 Health insurance

This part describes the health insurance benefit and provides details on:

- eligible covered expenses;*
- limitations on coverage;*
- coverage by other insurance plans;*
- special continuation of coverage; and*
- claims requirements.*

7.1 What am I insured for?

If a covered person, meaning you or your insured dependent, incurs covered expenses in excess of the deductible, Canada Life will pay to you a portion of such covered expenses in excess of the deductible. The deductible and portion payable are shown in the *Benefit Summary*.

No amount will be paid for covered expenses otherwise payable under another benefit of the Canada Life group insurance policy.

The *Benefit Summary* shows the maximum payable for covered expenses incurred by a covered person during:

- the current year; and
- the two immediately preceding calendar years;

under this health insurance benefit and any similar coverage issued by Canada Life.

If any covered expense is not paid because the maximum amount payable has been reached, the expense may **not** be claimed in a subsequent calendar year.

Canada Life can limit the covered expense for a service or supply to that of a lower cost alternative service or supply that represents reasonable treatment.

Treatment is considered reasonable if it is:

- accepted by the Canadian medical profession;
- proven to be effective; and
- of a form, intensity, frequency, and duration essential to diagnosis or management of the disease or injury.

7.2 What are covered expenses?

Covered expenses are the reasonable charges for the medically necessary services and supplies for the treatment of any injury or disease, as described below, subject to the assessment provisions described in *Section 5 – What assessment provisions apply?*, made:

- by a licensed hospital
 - in Canada; and
 - outside Canada for a temporary period in the case of a resident of Canada who requires hospitalization due to:
 - an emergency while travelling or on vacation; or
 - because treatment is not available in Canada.
- for services rendered by a licensed physician:
 - outside the province of residence of the covered person but within Canada in excess of the charges allowed under the health plan of the province of residence whether or not the covered person is insured under that plan.

The amount payable for such services will be limited to the amount specified in the fee schedule except in an emergency while the person is travelling or on vacation.

- outside Canada when such services are required due to:
 - an emergency while travelling or on vacation; or
 - because treatment is not available in Canada;

in excess of the charges allowed under the health insurance plan of the province of residence of the covered person whether or not the covered person is insured under that plan.

The amount payable for such services is unlimited.

Fee schedule means the schedule of fees of the medical association or the *College of Physicians and Surgeons* at the time of treatment in the province of residence of the covered person.

- for services of the following if licensed by a licensing and registration authority in the province where the service is rendered:

- chiropractor;
- osteopath;
- naturopath;
- podiatrist;
- physiotherapist;
- speech therapist; and
- masseur;

limited to \$35 per visit, subject to a maximum of 20 visits for each type of such practitioner per calendar year for the covered person; and

- psychologist;

limited to \$400 per calendar year for the covered person;

Charges for services by a member of the *College of Physicians and Surgeons* are paid by the provincial health insurance plan.

- for x-rays by a licensed chiropractor, limited to \$45 per calendar year for the covered person;
- for surgery performed by a licensed podiatrist, limited to \$200 per calendar year for the covered person;
- for visual motor therapy by a licensed optometrist limited to \$10 per half-hour;

- for eye examinations by a licensed physician or a licensed optometrist, limited to one exam every 24 consecutive months;
- for services of a dentist for the excision of a cyst or tumour;
- for services of a dentist only if the treatment is both required as a direct result of an accidental injury to natural teeth from an external blow and the treatment is performed **within the 12 month period** immediately following the accident;

Exclusion

No benefit will be paid for biting accidents.

- for ambulance service to the nearest hospital where treatment is available;
- for private duty nursing service by a registered nurse (not ordinarily resident in the home of the covered person or related to the covered person):

- in the home of the covered person;

limited to 75 per cent of the charge for such service to a maximum of \$5,000 per calendar year for the covered person; and

- in a hospital outside Canada in the case of a resident of Canada who requires such service due to:
 - an emergency while travelling or on vacation; or
 - because treatment is not available in Canada;

provided such service:

- can be performed **only** by a registered nurse and not by a person of lesser qualifications; and
- was recommended and approved by a licensed physician.

- for an artificial eye, arm, hand, leg, foot, breast and orthopaedic brace, including repairs and adjustments, or replacement if repair is not possible, or to accommodate a growing child;
- for stump socks limited to six pair per calendar year for the covered person;

- for a hearing aid;
- for eye glasses or contact lenses following a cataract operation, limited to \$100 for each eye once only;
- for oxygen and its administration;
- for rental of a standard wheelchair, crutches or hospital bed recommended and approved by a licensed physician;
- for the following items if recommended and approved by a licensed physician:
 - elastic stockings limited to two pair per calendar year for the covered person;
 - traction appliance;
 - spinal and abdominal medical support;
 - varco traction kit, belt and similar appliance;
 - neck brace;
 - cervical collar;
 - ileostomy or colostomy kit;
- for custom built orthopaedic shoes, the charge reduced by the cost of ordinary shoes, and orthopaedic modifications to shoes; provided such shoes and modifications are recommended and approved by a licensed physician or by a licensed podiatrist;
- for a wig required for permanent hair loss as a result of any injury or disease, or for temporary hair loss as a result of medical treatment for any disease, limited to a lifetime maximum of \$700 for the covered person;
- for glasses or contact lenses when provided by a licensed ophthalmologist, optometrist or optician for the correction of vision, limited to \$200 every 24 consecutive months for each covered person.

Additional services and supplies may be included at the discretion of Canada Life.

7.3 Emergency travel assistance (referred to as Global Medical Assistance)

In addition to the covered expenses outlined previously in *Section 2 – What are covered expenses?*, covered expenses also include the reasonable charges for necessary services and supplies incurred as a result of the emergency treatment of injury or disease which occurs **during the first 60 days** of travel in any period of absence from the province of residence, for

- the **transportation, hotel/motel lodging, and custodial services** of an attendant for dependent children travelling with a covered person, left unattended by the death or hospitalization of the covered person, limited to \$2,000;
- return of the covered person's vehicle** to their residence or to the nearest appropriate rental agency, if the covered person dies or is hospitalized for more than seven consecutive days, limited to \$1,000 and one vehicle;
- transportation and hotel/motel lodging for one family member** to visit a covered person who, while travelling alone, has been hospitalized for more than seven consecutive days, limited to the cost of one round-trip economy fare and \$150 a day hotel/motel lodging and expenses for a maximum of 10 days;
- pre-arranged, pre-paid return transportation**, missed due to injury or disease of the covered person, limited to one-way economy fares, less credit for unused tickets, for the covered person and one accompanying family member;
- hotel/motel lodging and expenses incurred on and after a pre-arranged return departure date for an accompanying family member** who remains with a covered person who is hospitalized on the pre-arranged return departure date, limited to \$150 a day for a maximum of 10 days;
- preparation and shipment of the body of a deceased covered person** for burial or cremation, limited to the lesser of the cost to prepare and return the body to the province of residence and \$5,000

Exclusion

The cost of a coffin is not a covered expense.

- incidental non-medical hospital expenses** incurred by a covered person while hospitalized, limited to \$100.

Additional services and supplies may be included at the discretion of Canada Life.

7.4 Other services or supplies

Canada Life can, on such terms as it determines, cover services or supplies not otherwise covered under another benefit of the Canada Life group insurance policy, where the service or supply represents reasonable treatment.

7.5 What assessment provisions apply?

Covered expenses are subject to the following assessment provisions.

Prior Authorization

In order to determine whether coverage is provided for certain services or supplies, Canada Life maintains a limited list of services and supplies that require prior authorization. Prior authorization is intended to help ensure that a service or supply represents reasonable treatment. If the use of a lower cost alternative service or supply represents reasonable treatment, Canada Life may require a covered person to provide medical evidence why the lower cost alternative service or supply cannot be used before coverage may be provided for the service or supply.

Health Case Management

Health case management is a program recommended or approved by Canada Life that may include but is not limited to:

- consultation with the covered person and the attending physician to gain understanding of the treatment plan recommended by the attending physician;
- comparison with the covered person's attending physician of the recommended treatment plan with alternatives, if any, that represent reasonable treatment;
- identification to the covered person's attending physician of opportunities for education and support; and

- monitoring the covered person's adherence to the treatment plan recommended by the attending physician.

In determining whether to implement health case management, Canada Life may assess such factors as the service or supply, the person's medical condition, and the existence of generally accepted medical guidelines for objectively measuring medical effectiveness of the treatment plan recommended by the attending physician.

Canada Life can, on such terms as it determines, limit the payment of benefits for a service or supply where:

- Canada Life has implemented health case management and the person does not participate or cooperate; or
- the person has not adhered to the treatment plan recommended by the attending physician with respect to the use of the service or supply.

Expenses associated with health case management may be paid for by Canada Life at its discretion. Expenses claimed under this provision must be pre-authorized by Canada Life.

Designated Provider Limitation

For a service or supply to which prior authorization applies or where Canada Life has recommended or approved health case management, Canada Life can require that the service or supply be purchased from or administered by a provider designated by Canada Life, and:

- limit the covered expense for a service or supply that was not purchased from or administered by a provider designated by Canada Life to the cost of the service or supply had it been purchased from or administered by the provider designated by Canada Life; or
- decline a claim for a service or supply that was not purchased from or administered by a provider designated by Canada Life.

Patient Assistance Program

A patient assistance program means a program that provides assistance to persons with respect to the purchase of services or supplies. Canada Life can require a covered person to apply to and participate in any patient assistance program to which the person may be entitled. Further, Canada Life can reduce the amount of a covered expense for a service or supply by an amount up to the amount of financial assistance the person is entitled to receive for that service or supply under a patient assistance program.

7.6 What limitations are there on coverage?

No benefit will be paid:

- for any covered expense incurred during a period of hospital confinement which began before the covered person became insured under the policy;

This limitation will not apply to a child who became insured at birth.

- for a periodic health check-up or examination;
- for travel for health;
- for cosmetic surgery;
- for dental services except as a covered expense for:
 - the excision of a cyst or tumour; and
 - only if the treatment is both required as a direct result of an accidental injury to natural teeth from an external blow, **excluding biting accidents**, and the treatment is performed **within the 12 month period** immediately following the accident;
- for injury or disease for which a covered person is entitled to payment under any Workers' Compensation or similar coverage;
- for an expense for which a covered person is not required to pay, or for which the covered person is entitled to reimbursement under any non-contractual arrangement or under the health plan of the province in which the covered person resides, whether or not the covered person is insured under that plan;
- services or supplies that Canada Life has determined are not proportionate to the disease or injury or, where applicable, the stage or progression of the disease or injury. In determining whether a service or supply is proportionate, Canada Life may take any factor into consideration including, but not limited to, the following:
 - clinical practice guidelines;
 - assessments of the clinical effectiveness of the service or supply, including by professional advisory bodies or government agencies;

- information provided by a manufacturer or provider of the service or supply; and
 - assessments of the cost effectiveness of the service or supply, including by professional advisory bodies or government agencies;
- for a charge which is not permitted to be insured;
 - for an injury or disease resulting from war or hostilities of any kind;
 - for any deterrent or user fee, other than a chronic care co-payment fee charged by a hospital;
 - for visioncare services and supplies required by an employer as a condition of employment;
 - if you do not comply with the *Right of Subrogation* provision under *Part 10, General Provisions*.

Canada Life can decline a claim for services or supplies purchased from a provider that is not approved by Canada Life.

7.7 Can my health benefits be reduced?

If Canada Life pays an expense under this health insurance benefit for which a third party is or may be liable, and you recover compensation from that third party, you may be required to reimburse Canada Life, or your benefits may be otherwise reduced. For a fuller description of where benefits may be reduced because of the liability, or possible liability, of a third party, see the *Right of Subrogation* provision under *Part 10, General Provisions*.

7.8 What if benefits are payable from another source?

If benefits with respect to the same expense are payable under this health insurance provision and from any other source, Canada Life may reduce the amount payable under this health insurance to ensure that the total amount payable from all sources does not exceed the expense incurred.

7.9 In what special circumstances will my health insurance be continued?

If you are totally disabled because of injury or disease so as to be unable to perform all of the duties of your occupation on the date when your health insurance would otherwise have terminated, coverage will be continued during the period of disability **for not more than 90 days from such termination date**.

If your insured dependent is confined in a licensed hospital because of injury or disease on the date when their health insurance would otherwise have terminated, coverage will be continued during the period of hospital confinement **for not more than 90 days from such termination date**.

7.10 Important details about claims

For benefits to become payable, **written proof** satisfactory to Canada Life of the incurring of an expense for which benefits are claimed hereunder must be received by Canada Life **not later than 15 months** following the date the expense was incurred.

Canada Life may require a covered person to submit to examination by Canada Life's medical advisors.

Proof satisfactory to Canada Life may be required to verify statements made to establish insurability.

Canada Life, in its discretion and to the extent permitted by law, may pay another person on your behalf.

Payment for a charge by a hospital or dentist may be made directly to the hospital or dentist, instead of to you, and such payment will be a complete discharge to Canada Life for the amount paid.

7.11 How to make a health insurance claim

- Out-of-country claims (including those for expenses outlined under *Section 3 – Emergency travel assistance*)** should be submitted to Canada Life as soon as possible upon incurring the expense. It is very important that you send your claims to our Benefit Payment Office immediately as your Provincial or Territorial Medical Plan has very strict time limitations. Access GroupNet for plan members to obtain a personalized claim form or obtain the Statement of Claim Out-of-Country Expenses form from your employer. Canada Life will then send you a Government Assignment form and, if required in your province or territory, a Special Government Claim form. Complete these forms and return them to us. We will pay all eligible claims including your Provincial or Territorial Medical Plan portion. Canada Life will then be reimbursed directly from your Provincial or Territorial Medical Plan for their share of the expenses.
- If you have any questions or if assistance is required to complete any of the forms, please contact our Out-of-Country Claims Unit at 1-800-957-9777.
- Out-of-country claims must be submitted within a certain time period which varies with each province or territory. Please contact our Out-of-Country Claims Unit for the time restriction for submitting claims in your province or territory.
- For all other Healthcare claims**, access GroupNet for plan members to obtain a personalized claim form or obtain a claim form from your employer. Complete and submit the claim form according to the instructions provided on the form. Enclose receipts and statements of payments for items paid in part or in full by another source (e.g. another insurance company, government plan, Workers' Compensation, etc).
- If you prefer, **claims for expenses incurred in Canada, for paramedical services and visioncare may be submitted online**. To use this online service you will need to be registered for GroupNet for plan members and signed up for direct deposit of claim payments with eDetails. For online claim submissions, your Explanation of Benefits will only be available online. Online claims must be submitted to Canada Life as soon as possible, but no later than six months after you incur the expense. You must retain your receipt for 12 months from the date you submit your claim to Canada Life as a record of the transaction, and you must submit it to Canada Life on request.

8 Dental insurance (C plan)

This part describes the dental insurance benefit and provides details on:

- eligible covered expenses;*
- fee schedule definitions;*
- limitations on coverage;*
- coverage by other insurance plans; and*
- claims requirements.*

8.1 What am I insured for?

If a covered person, meaning you or your insured dependent, incurs covered expenses, Canada Life will pay to you a portion of the covered expenses in excess of the deductible. The deductible and portion payable are shown in the *Benefit Summary*.

The maximum amount payable for a covered person is also shown in the *Benefit Summary*.

8.2 What are covered expenses?

Covered expenses are the reasonable charges, **not exceeding those specified in the fee schedule**, incurred for necessary dental services as described below which are performed or prescribed by a licensed dentist or a denturist licensed to practise denture therapy, or performed by a dental hygienist entitled by law to practise independently. If an allowance for an expense is not included in the fee schedule, Canada Life will determine the reasonable and customary allowance. If the covered person is resident outside of Canada, the applicable fee schedule is that of the province where the Canadian head office of the policyholder is located.

The fee schedule is as described in the *Benefit Summary*.

Basic Services:

- examinations:
 - routine (once every nine months);
 - complete (once every 24 months);
- x-rays:
 - periapical, bitewing and occlusal;
 - complete series (once every five years);
 - panorex (one every five years);
- fillings;
- extractions;
- oral surgery;
- polishing (once every nine months);
- scaling (10 units every 12 months);
- fluoride treatments (once every nine months) (only for a person under 19 years of age);
- periodontal treatment of the soft and hard tissue supporting the teeth,

Exclusions

No benefit will be paid for any type of splinting, appliances, or orthodontic treatment;

- endodontics;
- rebasing, relining and repair of dentures;
- space maintainers for missing primary teeth;

Limitations of basic services:

No benefit will be paid for an expense incurred:

- for the removal of an amalgam restoration and its replacement with an alternate material unless there is evidence of recurrent decay or significant breakdown;

- for oral hygiene instruction and plaque control;
- for occlusal equilibration and adjustment;
- for orthodontic purposes including preliminary and preparatory procedures.

Restorative Services:

- onlays;
- crowns;
- fixed bridges (abutment crowns, onlays or inlays and pontics) to replace missing natural permanent teeth;
- standard dentures,

Exclusions

No benefit will be paid for a duplicate set and equilibrated dentures;

- bridge repair;

Limitations of restorative services:

No benefit will be paid for an expense incurred:

- for construction of an onlay or crown unless there is extensive decay, breakdown or fracture of the tooth at the time of construction where an amalgam or similar restorative material cannot adequately restore the tooth;
- for a precision attachment or for dental restorations for the purposes of periodontal splinting, full mouth rehabilitation, altering of the vertical dimension or modifying the occlusion;
- as a result of teeth which were missing prior to the date of becoming insured for restorative benefits under any group insurance plan or policy of the policyholder;
- for replacement of an onlay, crown or bridge unless there is extensive decay or breakdown which cannot be repaired by use of amalgam or similar restorative material;

- for replacement of dentures within five years of placement.

Orthodontic Services:

- orthodontic treatment;
- orthodontic appliances.

8.3 What general limitations are there on coverage?

No benefit will be paid:

- for a covered expense otherwise payable under another benefit of the Canada Life group insurance policy;
- for an expense incurred for cosmetic purposes;
- for injury or disease for which a covered person is entitled to payment under any Workers' Compensation or similar coverage;
- for an expense for which a covered person is not required to pay, or for which the covered person is entitled to reimbursement under any non-contractual arrangement;
- for an expense for an injury or disease resulting from war or hostilities of any kind;
- for more than one examination for a covered person during any period of nine consecutive months;
- if you do not comply with the *Right of Subrogation* provision under *Part 10, General Provisions*.

8.4 Can my dental benefits be reduced?

If Canada Life pays an expense under this dental insurance benefit for which a third party is or may be liable, and you recover compensation from that third party, you may be required to reimburse Canada Life, or your benefits may be otherwise reduced. For a fuller description of where benefits may be reduced because of the liability, or possible liability, of a third party, see the *Right of Subrogation* provision under *Part 10, General Provisions*.

8.5 What if benefits are payable from another source?

If benefits with respect to the same expense are payable under this dental insurance and from any other source, Canada Life may reduce the amount payable under this dental insurance to ensure that the total amount payable from all sources does not exceed the expense incurred.

8.6 Important details about claims

For benefits to become payable, **written proof** satisfactory to Canada Life of the incurring of an expense for which benefits are claimed hereunder must be received by Canada Life **not later than 15 months** following the date the expense was incurred.

Canada Life may require a covered person to submit to examination by Canada Life's dental advisors.

Proof satisfactory to Canada Life may be required to verify statements made to establish insurability.

Canada Life, in its discretion and to the extent permitted by law, may pay another person on your behalf.

Payment may be made directly to the provider of service, instead of to you, and such payment will be a complete discharge to Canada Life for the amount paid.

8.7 How to make a dental claim

- Access GroupNet for plan members to obtain a personalized claim form or obtain a claim form from your employer. Complete and submit the claim form according to the instructions provided on the form.
- If you prefer, you can submit the claim online (for expenses incurred in Canada) by entering the information on the completed claim form. To use this online service you will need to be registered for GroupNet for plan members and signed up for direct deposit of claim payments with eDetails. For online claim submissions, your Explanation of Benefits will only be available online. Online claims must be submitted to Canada Life as soon as possible, but no later than six months after you incur the expense. You must retain your receipt for 12 months from the date you submit your claim to Canada Life as a record of the transaction, and you must submit it to Canada Life on request.

Pre-determination:

For extensive dental work over \$500, submit a claim form/estimate (available from your dental service provider) showing the proposed treatment and estimated costs so that the amount of benefits payable can be determined.

9 Provisions for dependent insurance

*This part defines the terms **dependent** and **child** and provides details on termination of dependent insurance.*

9.1 Who is classified as a dependent?

Dependent means:

- the person with whom you cohabit in a marriage like relationship (spouse);
- your unmarried child under 21 years of age and dependent on you for support;
- your unmarried child 21 years of age or over who is a full-time student attending or on vacation from an educational institution and dependent on you for support; and
- any other person required by law to be considered a dependent under the policy. This person will be considered a dependent child for the purposes of any deductible or portion payable shown in the *Benefit Summary*.

The age restriction does not apply to a mentally or physically handicapped person who had this condition and was insured as your dependent immediately before the age of 21.

Insured dependent means a person insured under the Canada Life group insurance policy as a dependent.

If dependent life insurance is in force, see the section on *dependent life insurance* to determine when coverage commences.

The following will be considered to be your **child**:

- a person related to you by blood or marriage and for whom you are the legal guardian;
- a person you are adopting, during the period of probation;

- your stepchild; and
- a child of the person with whom you are cohabiting in a marriage like relationship, provided such child is living with you.

9.2 When does dependent insurance coverage terminate?

The insurance on a dependent will terminate on the earliest of:

- the date the dependent ceases to qualify as your dependent;
- the date you cease to be insured for similar coverage under the Canada Life policy (for example should you cease being insured for employee dental benefits, the dental benefits on your dependents will also terminate);
- the date, in the case of a dependent child, determined by age limit restrictions stated in the *Benefit Summary*; and
- the date specified by the policyholder in a **written notice** to Canada Life.

If you die **and are insured** under the Canada Life group **life** insurance plan at the time of your death, any health insurance on your dependents, **other than health C and dental C insurance**, will continue for each dependent **without payment of premium** and on the same basis as immediately prior to the date of your death, until the earlier of:

- 30 months from the date of your death;
- the date the dependent would have ceased to qualify as your dependent had you not died; and
- the date you would no longer have been eligible for coverage under the Canada Life group insurance plan, had you not died.

Any health C and dental C insurance on your dependents will continue for 31 days without payment of premium.

If you die **and are not insured** under the Canada Life group life insurance plan, any health insurance on your dependents will continue for 31 days without payment of premium.

10 General provisions

This part provides details on:

- provinces and territories;*
- age discrepancies;*
- payments;*
- legal requirements; and*
- right of subrogation.*

10.1 Contract

Reference to a province includes a territory when required by the context.

10.2 Age

If the age of an insured person has been misstated, the true age will govern and there will be an equitable adjustment in the amount of premium paid by the policyholder.

10.3 Currency

All payments made to, or by, Canada Life will be in lawful money of Canada.

10.4 Conformity with law

If the contract conflicts with any law which applies to an individual's right to group insurance coverage, the contract will be amended to conform to that law.

10.5 Right of subrogation

If Canada Life pays a benefit under this contract for a loss for which a **third party is or may be liable**, Canada Life will be subrogated to your rights in any claim you assert against the third party.

Where the amount of the benefit paid by Canada Life, together with the recovery from the third party and from any other source, exceeds 100 per cent of the actual loss or expense, you will hold the benefits in excess of 100 per cent, **less the proportionate amount of unrecovered legal expenses**, in trust for Canada Life and will **reimburse Canada Life in the amount of the excess within 30 days following receipt of the third party recovery**.

If the third party recovery compensates you for future loss, any benefits otherwise payable by Canada Life will be reduced so that the total benefits payable in the future will not exceed 100 per cent of the loss.

You will co-operate with Canada Life and in no way compromise Canada Life's right of subrogation. You will execute a **subrogation reimbursement agreement and direction** and any other documentation required by Canada Life and provide details of the third party claim.

You must obtain the consent of Canada Life to any settlement of the third party claim and this consent will not be unreasonably withheld. If you fail to obtain Canada Life's consent to any settlement, you will be considered to have recovered 100 per cent of the loss from the third party.

If judgement is obtained in the third party action, you must advise Canada Life of the judgement within 10 days and provide Canada Life with the details of the total recovery. If you fail to provide these details, you will be considered to have recovered 100 per cent of the loss from the third party.

No benefits will be payable unless the requirements of this provision are satisfied.

11 Virtual health services

11.1 What are virtual health services?

Virtual health services are available to you and your insured dependents by downloading the service provider's application specified by Canada Life from time to time. These services include the following:

- access to virtual health services 24 hours a day, seven days a week
- unless prohibited by applicable laws, access to an unlimited number of consultations via telephone calls, text messaging and videoconferencing with medical professionals
- prescriptions and prescription renewals, when medically needed
- where diagnostic or laboratory tests are medically needed:
 - completion of necessary requisitions
 - results of the diagnostic or laboratory tests provided and accessible through the provider's application
- access to specialists such as psychologists, dieticians and work and life coaches for an additional fee

12 Protecting your personal information

At Canada Life, we recognize and respect the importance of privacy. Personal information about you is kept in a confidential file at the offices of Canada Life or the offices of an organization authorized by Canada Life. Canada Life may use service providers located within or outside Canada. We limit access to personal information in your file to Canada Life staff or persons authorized by Canada Life who require it to perform their duties, to persons to whom you have granted access, and to persons authorized by law. Your personal information may be subject to disclosure to those authorized under applicable law within or outside Canada.

We use the personal information to administer the group benefits plan under which you are covered. This includes many tasks, such as:

- Determining your eligibility for coverage under the plan;
- Enrolling you for coverage;
- Investigating and assessing your claims and providing you with payment;
- Managing your claims;
- Verifying and auditing eligibility and claims;
- Creating and maintaining records concerning our relationship;
- Underwriting activities, such as determining the cost of the plan, and analyzing the design options of the plan;
- Canada Life's and its affiliates' internal data management and analytics; and
- Preparing regulatory reports, such as tax slips.

We may exchange personal information with your health care providers, your plan administrator, any insurance or reinsurance companies, administrators of government benefits or other benefit programs, other organizations, or service providers working with us or the above when relevant and necessary to administer the plan.

As a plan member, you are responsible for the claims submitted. We may exchange personal information with you or a person acting on your behalf when relevant and necessary to confirm coverage and to manage the claims submitted.

You may request access or correction of the personal information in your file. A request for access or correction should be made in writing and may be sent to any of Canada Life's offices or to our head office.

For a copy of our Privacy Guidelines, or if you have questions about our personal information policies and practices (including with respect to service providers), write to Canada Life's Chief Compliance Officer or refer to www.canadalife.com.



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